

IMPROVING SERVICE RESPONSES FOR WOMEN WITH DISABILITY EXPERIENCING VIOLENCE: 1800RESPECT

FINAL REPORT

A PROJECT PARTNERSHIP



WOMEN
WITH
DISABILITIES
AUSTRALIA
(WWDA)

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PUBLISHING INFORMATION

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- 🏆 Winner, National Human Rights Award 2001
- 🏆 Winner, National Violence Prevention Award 1999
- 🏆 Winner, Tasmanian Women's Safety Award 2008
- 🏆 Certificate of Merit, Australian Crime & Violence Prevention Awards 2008
- 🏆 Nominee, French Republic's Human Rights Prize 2003
- 🏆 Nominee, UN Millennium Peace Prize for Women 2000



WOMEN
WITH
DISABILITIES
AUSTRALIA
(WWDA)

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1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE

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Senator Michaelia Cash
National Symposium on Violence
against Women and Girls with
Disabilities, Sydney, Australia
25 October 2013

It's a fact, we all know it, that women with disabilities are more vulnerable to violence than other women. Many women with a disability face additional problems in accessing appropriate support, and we all know the reality is that fewer have the option of escaping violence. Completely, totally and utterly unacceptable.

Hon Malcolm Turnbull
Prime Minister of Australia
24 September 2015

Women and children in Australia have the right to feel safe and live without fear of violence.

Senate
Community Affairs References
Committee 2015

The committee recommends that a Royal Commission into violence, abuse and neglect of people with disability be called, with terms of reference to be determined in consultation with people with disability, their families and supporters, and disability organisations.

United Nations
Committee on the Rights of
Persons with Disabilities
October 2013

The Australian Government ... [should] address, as a matter of priority, the abuse and violence experienced by women with disabilities living in institutions or supported accommodation.

Participant
Consultation Interview
April 2016

The counsellors weren't good enough. I've rung them more than once you know. They listened for a while but that was it. To me, it seemed like they didn't really care. They were just going through the motions. They didn't offer me anything. No advice, no ideas. They said they had limited time. The first time I rang them, I had to wait forty minutes on hold. I waited that time because my husband had gone up the shops. A few times when I rang, I couldn't wait on hold for the counsellor because my husband had just gone up to the letter-box. I watched him out the window and when I saw he was coming back, I had to hang up. Another time I had to wait for more than half an hour for the counsellor to come onto the phone. And that pissed me off because I waited all that time and then [the counsellor] just treated me like I was a nuisance.

Participant
Consultation Interview
April 2016

Every time I rang that 1800RESPECT number, and actually got to talk to someone – I told them straight up front that I had a disability. I told them I had an intellectual disability. I told them that I needed more support. I wanted them to be empathetic but they were cold [...]. I wanted them to find someone who could actually help me. Not just say "Oh you should leave him". Or tell me all the things they 'can't' provide [...]. There's no point just reading out a phone number of some other service. They shouldn't refer to other services unless they know that the service can actually help the person.

Participant
Consultation Interview
June 2016

Only thing I have to say is the hold on the phone. I could go to sleep on that phone. They need more people on the staff. And be a bit more patient on the phone. A couple of weeks ago I got shooed off the phone at the end of it. I thought they were more there to maybe talk you through things and how to go about it. [The counsellor] basically just told me that she had to end the call [...]. People don't ring up to make a friend with someone. They ring for a reason.

Participant
Consultation
June 2016

Most people just don't care about us.

ACKNOWLEDGMENTS

WWDA would like to thank all the women and girls with disability who contributed so passionately to this Project. Through the 4 co-design workshops, the national survey, the face to face individual and group interviews, focus groups, the written submissions provided to the Project, the many individual phone discussions, email discussions, text messages, case studies, and more – women and girls with disability have clearly shown that their expertise and experience makes them the best placed to conceptualise, design, monitor and evaluate programs and service responses to address and prevent all forms of violence perpetrated against them.

We thank Medibank Health Solutions Telehealth Pty Ltd (MHS) and the Department of Social Services (DSS) for the opportunity to undertake this critically important work. We commend MHS for its willingness to make practical, tangible changes to the 1800RESPECT website design, accessibility and usability during the course of the Project, rather than waiting for a report listing out the practical changes needed to make the website and its future content fully accessible to all women and girls with disability.

We would particularly like to acknowledge with thanks, Jane French from MHS, Manager of the 1800RESPECT Service, for the respectful and collegial way in which she and her team worked with WWDA throughout the Project, and for the many additional supports provided to us by MHS to maximise the participation of women with disability in the Project.

TigerSpike, the company engaged by MHS to re-design and re-build the 1800RESPECT website, showed great willingness and commitment to be guided by the expertise of women and girls with disability, and we extend our appreciation to Kim and her team for this.

WWDA would also like to thank our allies and supporters for helping us to implement this Project in ways that maximised the meaningful participation of women and girls with disability. In particular, we thank our wonderful colleagues at WWILD Sexual Violence Prevention Association (QLD), People with Disability Australia (PWDA), and Queensland Disability Network (QDN) for helping us out by providing venues free of charge and other forms of logistical support.

Carolyn Frohmader and Cristina Ricci

On behalf of the Board and members of Women With Disabilities Australia (WWDA)

ABOUT WOMEN WITH DISABILITIES AUSTRALIA

Women With Disabilities Australia (WWDA) is the award winning, national Disabled People's Organisation (DPO)¹ for women and girls with all types of disability in Australia. WWDA was incorporated in 1995 as a very small, independent non-government organisation (NGO) run by women with disability for women with disability. Over the past 20 years, WWDA has grown from a small group of disabled women concerned primarily with building individual confidence and self-esteem, to an internationally acclaimed civil society organisation enabling and representing the collective interests of women and girls with disability and promoting and advancing their rights and freedoms.

WWDA operates as a transnational human rights organisation and is run by women with disability, for women with disability. WWDA's work is grounded in a human rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. WWDA represents more than two million disabled women and girls in Australia, has affiliate organisations and networks of women with disability in most States and Territories, and is internationally recognised for its global leadership in advancing the human rights of women and girls with disability.

WWDA has initiated and conducted groundbreaking and critically acclaimed programs which have addressed a wide range of issues for women and girls with disability. WWDA provides rigorous, informed, and evidence based input into policy development at state/territory, national and international levels. The organisation is widely respected for its high quality, professional, and intellectually rigorous research that continually builds the evidence base in respect of legislation, policies, services, supports and programs for all people with disability. As the Disabled People's Organisation (DPO) for women and girls with all types of disability in Australia, WWDA is the recognised coordination point between Government/s and other stakeholders, (both nationally and internationally) for expertise, advice, collaboration, consultation and engagement with women and girls with disability in Australia.

The key purpose of WWDA is to promote and advance the human rights and freedoms of women and girls with disability. Its goal is to be a national voice for the rights of women and girls with disability and a national force to improve the lives and life chances of women and girls with disability.

For more information about Women With Disabilities Australia (WWDA):

-  www.wwda.org.au
-  www.facebook.com/WWDA.Australia
-  twitter.com/WWDA_AU

SUMMARY AND OVERVIEW

This document reports on a six month Project undertaken by Women With Disabilities Australia (WWDA), the national Disabled People's Organisation (DPO) for women and girls with all types of disability in Australia. The Project, entitled "*1800Respect: Improving Service Responses for Women with Disability Experiencing Violence*" was conducted over a six month period February - August 2016, and was funded by Medibank Health Solutions Telehealth Pty Ltd (MHS).

The 1800RESPECT Service is one of the Australian Governments key national initiatives to prevent violence against women and their children. It was set up in 2010 under the first action plan of the 12-year National Plan to Reduce Violence Against Women and their Children 2010-2022, and was established to provide a 24-hour, 7 days a week confidential telephone and online counselling, information and referral service to anyone whose life has been impacted by sexual assault, domestic or family violence.

The 1800RESPECT services are provided through telephone, online interactive counselling, a website, social media platforms, and an application known as the 'Daisy' app. 1800RESPECT also provides a support service for front-line workers and other professionals who are working with victims of violence.

The 1800RESPECT Service is funded by the Australian Government through the Department of Social Services (DSS). Medibank Health Solutions Telehealth Pty Ltd provides the 1800RESPECT service on behalf of the Australian Government and between 2010-2016, the telephone and online counselling component of the service was wholly contracted to Rape and Domestic Violence Services Australia (formerly NSW Rape Crisis Centre). In mid 2016, key changes were made to the counselling component of the 1800RESPECT service, which included the establishment of a 'First Response' Triage function.

As a support program for women with disability experiencing or at risk of experiencing violence, there have been significant limitations with all aspects of the 1800RESPECT Service since its establishment in 2010. In response to WWDA's advocacy on this issue, MHS, with support from DSS, agreed to work in partnership with WWDA on a 6 month Project to identify reforms needed to improve 1800RESPECT service responses to be inclusive of, and accessible to, women and girls with disability experiencing, or at risk of violence.

Recognising that the active, informed, and meaningful participation of women and girls with disability is integral to addressing all forms of violence against them, all aspects of the Project were grounded in, and informed by the voices, experiences and expertise of women and girls with disability. More than 100 women and girls with disability participated in and actively contributed to the Project, through a range of engagement and consultation mechanisms. These included for example, co-design workshops, surveys, face to face individual and group interviews, use of social media platforms, telephone interviews, focus groups, email based discussions, written submissions to WWDA, and more. The knowledge and information provided by women with disability engaged in this Project, builds on extensive evidence gathered by WWDA over the past 5 years into the adequacy of the 1800RESPECT Service for women and girls with disability experiencing and at risk of violence.

The Project was deliberately practical and action focused, and over the course of six months, focused largely on several key components:

- ▶ Evaluating the inclusiveness of the 1800RESPECT service model and scope;
- ▶ Evaluating the usability and accessibility of the 1800RESPECT website, including content and information and resource materials required for women and girls with disability;
- ▶ Evaluating the accessibility and responsiveness of the 1800RESPECT Counselling Services for women with disability;
- ▶ Assessing awareness of the 1800RESPECT service amongst women with disability.

Following a series of comprehensive **Recommendations** stemming from the Project for consideration by MHS, the Australian Government, and other key stakeholders, the Report is structured into a number of sections:

Section 1 provides information on the Project framework, including the goals and objectives, scope and focus. Importantly, the key principles driving and underpinning the Project – and indeed, WWDA's work generally – are explained including for example, the human rights approach, the focus on the right to decision-making and participation for all women with disability; the commitment to collaboration, advancing gender equality, and a focus on intersectionality. The Project governance, implementation strategies, short and longer-term outcomes are included in this section.

Section 2 gives an overview of the key policy and program context for the Project. It includes a synopsis of the status of women and girls with disability in Australia, demonstrating that they continue to be subject to widespread discrimination, systemic prejudice, paternalistic and ableist attitudes that denigrate, devalue, oppress, limit and deny their potential and their rights and freedoms. The key policy and program measures and frameworks which contextualise the Project are discussed. The *National Disability Strategy 2010-2020* and the *National Plan to Reduce Violence Against Women and their Children 2010-2022* are examined, including a brief analysis of their current limitations in addressing and responding to violence against women and girls with disability. This section also includes information on WWDA's seminal 'Stop the Violence Project (STVP)' – an 18 month COAG Reform Project which found, amongst other things, that there is an inadequate response to violence against women and girls with disability at all levels in Australia (particularly the service delivery level). In relation to the 1800RESPECT Service, the STVP found that it was inadequate to meet the specific needs of women and girls with disability experiencing or at risk of experiencing violence. A brief description of the 1800RESPECT Service is provided in this Section, including information on key changes made to the counselling component of the service during the term of WWDA's Project.

Section 3 focuses in some detail, on Australia's international human rights obligations in preventing and responding to violence against women and girls with disability. It examines each of the seven international human rights treaties to which Australia is a party in the context of addressing and preventing violence against women and girls with disability. An analysis of Australia's compliance with these treaty obligations is examined, and, regrettably, clearly demonstrates that to date, Australia has failed to meet its international human rights obligations in respect of violence against women and girls with disability. What this means in practice, is that many women and girls with disability are not afforded the same protections and responses as others, and violence against women and girls with disability – in all its forms – continues to flourish with impunity. This section provides a critically important framework of guidance for all actors involved in domestic/family violence, sexual assault, and disability services, as it provides an introduction to a holistic framework of rights protection and response for all women and girls with disability experiencing, or at risk of experiencing, violence.

Section 4 examines the way in which the 1800RESPECT Service has, to date, conceptualised 'violence against women'. It demonstrates that by virtue of its narrow definitions and conceptual understandings, and ongoing lack of clarity from government as to its scope, an inaccessible service model has resulted which has at best, rendered marginal, and at worst, excluded - the experiences and realities of many women with disability who experience, or are at risk of violence. The urgent need for a holistic and human rights service model and approach - mandated through Australia's international human rights obligations – is articulated as fundamental in responding to, and preventing violence against women – and critical in re-positioning the 1800RESPECT service as an inclusive service that promotes equality of outcomes for all women.

The information provided in **Section 5** supports the imperative of a holistic and human rights service model and approach for the national 1800RESPECT service. This section provides a synopsis of 'violence against women and girls with disability' – providing evidence-based research which clearly shows that, compared to others in the Australian population, violence perpetrated against women and girls with disability is extensive, more severe and diverse in nature, occurs in a myriad of forms, is experienced more frequently, more severely, for much longer periods, with more severe injuries as a result, and inflicted by a greater number of perpetrators. This section also illustrates how women and girls with disability experience, and are at risk of, structural and institutional forms of violence related to the law and the State – through practices such as forced sterilisation, forced abortion, forced contraception, denial of legal capacity - and that these particular egregious forms of violence remain largely hidden in the discourse on, and service responses to, violence against women.

Section 6 gives a brief snapshot from information provided by women with disability throughout the Project about the main ways they use technology and the particular platforms and methods they use to access electronic based information and services. Of particular importance is the fact that a significant number of women with disability do not have access to the internet and many women report that they are reliant on the assistance and/or support from others in their lives to access information on their behalf.

Section 7 and **Section 8** provide detailed information gathered through consultations and engagement with women with disability throughout the Project to assess and evaluate the 1800RESPECT website, and the online and telephone counseling services provided through 1800RESPECT. This section provides information directly from women with disability about things such as: the accessibility of the current 1800RESPECT website; its 'look and feel', usability; and suggestions on improving the website accessibility, usability and design. Detailed feedback is also provided on the 1800RESPECT counselling services, including accessibility and specific barriers preventing women with disability from getting the help they need from the counseling services. Women with disability provide detailed and important information about what they perceive would be an 'ideal' counselling service and provide useful suggestions to guide counsellors about call management. Referral options and data collection are also considered. The richness and integrity of the information in these sections demonstrates the critical need to respect, reflect and prioritise the experiences and expertise of the service user when conceptualising, designing, implementing and evaluating programs and service responses to address and prevent violence against women.

Drawn directly from consultation and engagement with women with disability throughout the Project, **Section 9** focuses on the need for marketing, advertising and promotion of the 1800RESPECT service to women with disability specifically, and the community more broadly. The lack of awareness of the 1800RESPECT service by many women with disability remains of great concern, as does the perception amongst many women with disability that the 1800RESPECT service is "not for us".

In **Section 10**, women with disability identify the information resources and content needed for the 1800RESPECT Website in relation to all forms of violence against women and girls with disability. The urgent need for the development of accessible and appropriate information resources and materials on violence against women and girls with disability – for women with disability themselves; frontline workers and other professionals; family, support persons, advocates and friends; and the broader community has, for several years now, consistently been identified by women with disability and other stakeholders as a matter of urgency.

Section 11 discusses the issue of the need for training on 'violence, gender and disability' for all actors working in the domestic violence and sexual assault service sector and the disability service sector. The need for specific training to be delivered to 1800Respect First Response Counsellors and RDVSA Specialist Trauma Counsellors has immediacy, and is considered critically important.

A number of **Appendices** are also included at the end of the Report.

RECOMMENDATIONS

Based on the voices, experiences, knowledge and expertise of women and girls with disability who have participated in and contributed to the “1800Respect: Improving Service Responses for Women with Disability Experiencing Violence” Project, coupled with extensive evidence gathered by WWDA over the past 5 years into the adequacy of the 1800RESPECT Service for women and girls with disability, WWDA offers the following key recommendations as critical to ensure that the 1800RESPECT Service is accessible and responsive to all women and girls with disability experiencing, or at risk of all forms of violence. Specific recommendations are provided to MHS for consideration in current and ongoing 1800RESPECT service reforms. Additional recommendations are provided for consideration by the Australian Government to ensure and promote a holistic and rights based approach and response to all forms of violence against all women, regardless of the setting/place in which it occurs, and regardless of who perpetrates it.

Future Directions: Whole of Government

Recommendation 1

Mandated through Australia’s international human rights obligations, the Australian Government should take all measures to ensure that the 1800RESPECT Service is conceptualised and developed in a holistic and human rights framework that responds to, and addresses, all forms of violence against all women, regardless of the setting/place in which it occurs, and regardless of who perpetrates it.

Recommendation 2

The Australian Government should provide leadership and the necessary support to MHS to ensure that the 1800RESPECT Service is broadened in scope to focus on, target, include, address and respond to, all forms of violence against all women – including those egregious forms of violence which women who experience multiple and intersecting forms of discrimination experience and are at risk of experiencing. Such forms of violence include for example:

- ▶ Forced sterilisation, forced abortion, forced contraception
- ▶ Female genital mutilation
- ▶ Menstrual suppression
- ▶ Chemical and physical restraint
- ▶ Restrictive practices
- ▶ Forced institutionalisation
- ▶ Deprivation of liberty, including forced isolation and segregation
- ▶ Withholding of medications
- ▶ Denial of legal capacity
- ▶ Indefinite detention
- ▶ Forced marriage
- ▶ Sexual slavery

Recommendation 3

The Australian Government prioritise, as a matter of urgency, the development of accessible and appropriate information resources and materials on violence against women and girls with disability – for women with disability themselves; frontline workers and other professionals; family, support persons, advocates and friends; and the broader community. This should include a communications and dissemination strategy in order to ensure that the information resources and materials reach women and girls with disability in the diversity of spaces, places and settings in which they live, occupy and receive services.

Recommendation 4

Consistent with Australia's international human rights obligations, and recent specific recommendations from the UN Committee on the Rights of Persons with Disabilities (through General Comment No 3: Article 6), the UN Special Rapporteur on Violence Against Women (its causes and consequences) and the UN Special Rapporteur on Disability, women with disability must lead, and be central to, the development of all information resources and materials on violence against women and girls with disability.

Recommendation 5

The Australian Government should support the development of a national 'Model Risk Assessment Framework for Identifying and Responding to Violence Against Women with Disability' for application in 1800RESPECT Services and all other relevant service settings.

Recommendation 6

The Australian Government should fund the development and delivery of tailored training to all actors working in the domestic violence and sexual assault service sector (including 1800RESPECT First Response Counsellors and Specialist Counsellors) and the disability service sector in order to improve service responses for women with disability experiencing, or at risk of experiencing violence.

Recommendation 7

Training to improve service responses for women with disability experiencing, or at risk of experiencing violence must meet Australia's human rights obligations and be in accordance with recommendations made by several of the international human rights treaty monitoring bodies and other UN special procedures for adoption by the Australian government. Training must be conceptualised and delivered in a human rights framework and use human rights language.

Recommendation 8

Appropriate training materials for all sectors on the prevention of and response to all forms of violence against women with disability must be developed in collaboration with women with disability, through their representative Disabled People's Organisations (DPO's).

Recommendation 9

In order to improve service responses for women with disability experiencing, or at risk of experiencing violence, training to all actors working in the domestic violence and sexual assault service sector (including 1800Respect First Response Counsellors and Specialist Counsellors) and the disability service sector must be delivered by women with disability, through their representative Disabled People's Organisations (DPO's). Training should incorporate the following minimum elements:

- ▶ Human Rights Principles & Obligations
- ▶ Understanding 'disability'
- ▶ Understanding 'violence against women with disability'
- ▶ Guidelines for communicating with women with disability
- ▶ Guidelines for supporting and respecting women with disability who have experienced or are at risk of violence to access the services they need

Recommendation 10

The Australian Government should continue to make funding available to Women With Disabilities Australia (WWDA) to enable continuation of the collaborative work with MHS and key stakeholders on all aspects of reform of the 1800RESPECT Services, including ongoing design, development, implementation and monitoring.

Recommendation 11

The Australian Government should develop Plain Language legislation, similar to the Plain Language Act (USA) 2010, which would require by law, Australian Government agencies and services (including contracted services) to use clear communication that the public can understand and use.

Recommendation 12

The Telstra sponsored 'SafeConnections' Project, administered by WESNET, should collaborate with DPO Australia (DPOA) to examine ways to ensure that women with disability who are experiencing violence, particularly those who are in closed settings, such as institutions, are able to access pre-paid smartphones through the 'SafeConnections' Program.

Recommendation 13

The Australian Government should investigate the feasibility of establishing a national program based on the Telstra sponsored 'SafeConnections' model, to make pre-paid IPADs available to women with disability who are experiencing, or at risk of violence, with a priority on women with disability living in institutional settings, and women with disability with communication impairments.

1800RESPECT: Service Conceptualisation, Model, Scope and Role

Recommendation 14

Consistent with the Australian Government's commitment to address violence against women in a holistic and human rights framework, the 1800RESPECT Service should be built on, and reflect a holistic understanding of 'violence against women'. This requires conceptualising 'violence against women' on a continuum that spans interpersonal and structural violence; acknowledges the structural aspects and factors of discrimination, including structural and institutional inequalities; and analyses social and economic hierarchies between women and men (*inter-gender* inequalities) and among women (*intra-gender* inequalities).

Recommendation 15

Consistent with a holistic and human rights framework and approach to address violence against women, the 1800RESPECT Service must be conceptualised, designed, implemented and evaluated in keeping with Australia's international human rights obligations to address and prevent violence against women. These obligations include prioritising and employing specific, deliberate and targeted actions and measures for women who experience multiple and intersecting forms of discrimination, particularly women with disability; Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds – in consultation with their representative organisations at all stages.

Recommendation 16

The re-design and on-going development of all aspects of the 1800RESPECT Service should be guided by, reflect and where relevant, translate into practice, the UN treaty bodies recommendations to Australia in respect of addressing and preventing violence against women and girls with disability.

Recommendation 17

The current name of the 1800RESPECT service as contained in the service logo: "1800RESPECT National Sexual Assault, Domestic Family Violence Counselling Service" should be changed to reflect an inclusive service that addresses all forms of violence for all women, for eg: "1800RESPECT National Violence and Abuse Support Service".

1800RESPECT: Marketing and Communications

Recommendation 18

Broad marketing campaigns undertaken to promote the 1800RESPECT Service should promote the service as inclusive, accessible and holistic, and include visible representation of women with disability, Aboriginal and Torres Strait Islander women, and CALD women.

Recommendation 19

Reflecting the urgent need to increase awareness of the 1800RESPECT Service amongst women with disability and other 'hard to reach groups', MHS undertake a comprehensive marketing and communications campaign that:

- ▶ Clearly articulates the scope of the service - what the service is and who it is for;
- ▶ Employs innovative strategies to ensure that the information reaches women in the diversity of places, spaces and settings they live and occupy;
- ▶ Ensures that information about the service is provided in the widest range of accessible formats;
- ▶ Utilises national Disabled People's Organisations (DPOs) and representative organisations of and for Aboriginal and Torres Strait Islander people, and CALD peoples in the development of marketing and communications campaigns and to maximise distribution of information about the service;
- ▶ Maximises the use and influence of social media platforms as mechanisms to distribute information – including for example: Twitter; Facebook; Instagram and Snapchat.

1800RESPECT: Inclusive and Accessible Service Design

Recommendation 20

All aspects of the 1800RESPECT website – including design and content - must be fully accessible and usable to all people with disability, regardless of their impairment and/or disability 'type/s'.

Recommendation 21

Recognising that website 'usability' is a critical adjunct to 'accessibility' in website design, the 1800RESPECT website re-design must be conceptualised, designed and implemented to ensure optimal usability for all users, including those with disability.

Recommendation 22

Women and girls with disability must continue to be engaged at all points of design, content development and user testing of the 1800RESPECT website and other platforms, including the DAISY app. User testing needs to include accessibility and usability of all aspects of the platforms, including the content, and should be recognised as an important on-going component of service development and quality improvement.

Recommendation 23

The 1800RESPECT Service 'design concepts' (including the website and other digital platforms) must engage and be relevant to women who experience multiple and intersecting forms of discrimination and who experience higher rates of all forms of violence - particularly women with disability; Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds - who are recognised through evidence based research, to experience exclusion from mainstream services designed to respond to, and address violence against women.

Recommendation 24

The 1800RESPECT Online Chat (online counselling service) must be understood as, and delivered as, part of the 1800RESPECT First Response (Triage) service in recognition of the fact that for many women with disability, the online counselling function is the only way they can access 1800RESPECT counselling services.

Recommendation 25

In recognition that for many women with disability, accessing 1800RESPECT counselling may only be possible via the online function, and in order to ensure non-discriminatory access to 1800RESPECT services, the online counselling service must be made available as a matter of urgency.

Recommendation 26

At every point where the 1800RESPECT phone number is promoted and/or shown as the way to contact the service (website, other digital platforms, promotional materials, etc) it must be accompanied (as a minimum) by the National Relay Service (NRS) number, the Telephone Interpreter Service (TIS) number, and the TTY number.

Recommendation 27

Displaying ways to contact the 1800RESPECT Service for those unable to ring the 1800RESPECT phone number, must be recognised and understood as a requirement, as opposed to an option. In this context, ways to contact the service for people with disability and or people who cannot use a telephone, must not be located under 'Accessibility Options' on the 1800RESPECT website.

Recommendation 28

Recognising that Internet Service Provider (ISP) costs are prohibitive for many women with disability, and their scope to access and download web based information is an issue of affordability, MHS should engage with the Australian Government (through the Minister for Communication and the Arts) and other relevant stakeholders to investigate ways that accessing and using the 1800RESPECT website is made free of charge by ISP's.

Recommendation 29

The 1800RESPECT website re-design should ensure 'light' weight and/or 'small' webpage size, with minimal file/MB size and download time to promote accessibility and usability.

1800RESPECT: Service Quality, Monitoring and Evaluation

Recommendation 30

Ongoing service design including content development, monitoring and evaluation for the 1800RESPECT website and associated digital platforms should be developed in partnership with women with disability through DPO's to ensure inclusivity, accessibility and usability.

Recommendation 31

Recognising that the active, informed, relevant and meaningful participation of women and girls with disability is integral to addressing all forms of violence against them, women with disability should be represented on all 1800RESPECT national advisory structures and mechanisms to develop, implement and monitor 1800RESPECT.

Recommendation 32

An Expert Reference Group should be established by 1800RESPECT in recognition of the need to employ extra, targeted measures to respond to and address violence against women who experience multiple and intersecting forms of discrimination. Membership of such a Reference Group should include as a priority, women with disability, Aboriginal and Torres Strait Islander women, and CALD women, who have been nominated by their respective national DPO's and representative organisations.

Recommendation 33

The 1800RESPECT services should have accessible mechanisms in place to lodge complaints and/or obtain feedback on the services provided, with specific mechanisms developed to capture the experiences and opinions of women with disability, Aboriginal and Torres Strait Islander women, and CALD women. These mechanisms should be developed in consultation with women with disability, Aboriginal and Torres Strait Islander women, and CALD women, through their respective national DPO's and representative organisations.

1800RESPECT: Referral and Response

Recommendation 34

The 1800RESPECT Counselling Services (First Response, Specialist, Online) should, as standard practice wherever possible ensure that a 'warm referral' procedure is employed when referring women with disability to other services.

Recommendation 35

The 1800RESPECT National Referral Database should include a listing of accessible crisis accommodation services throughout Australia, detailing levels of accessibility for women with disability (and/or women with children with disability) experiencing or at risk of violence.

Recommendation 36

The 1800RESPECT National Referral Database should include a listing of independent disability advocacy organisations throughout Australia, which should be utilised to secure advocacy support, where required, for women with disability (and/or women with children with disability) experiencing or at risk of violence.

Recommendation 37

To promote accessible, appropriate, adequate and quality service responses to women with disability experiencing or at risk of violence, MHS should apply a 'vetting' process before services can be included into the 1800RESPECT National Referral Database.

Recommendation 38

1800RESPECT counsellors should not refer women with disability to other services unless it has been ascertained that the service the woman is being referred to, can provide the required service support.

Recommendation 39

Mechanisms should be developed within 1800RESPECT counselling services (first response, specialist, and online) that enable mapping and/or tracking of referral pathways and outcomes in order to assess whether and/or if women with disability are able to secure a pathway to safety.

1800RESPECT: Data Collection and Use

Recommendation 40

All 1800RESPECT services data (including data from the First Response, Specialist, and Online counselling services) must be disaggregated, published annually and made publically available.

Recommendation 41

Data collected through the 1800RESPECT counselling services should be formally provided to independent disability advocacy organisations through the relevant agreed mechanisms (such as the National Disability Advocacy Program) in order to inform and promote targeted, tailored and gendered disability advocacy service responses to women with disability experiencing, or at risk of violence, including those in institutional and other closed settings.

1800RESPECT: Collaboration and Innovation

Recommendation 42

MHS should work in partnership with Women with Disabilities Australia (WWDA) and other relevant stakeholders, to develop an appropriate App on the prevention of violence against women with disability specifically tailored to women with disability, their support persons, families and friends.

Recommendation 43

The 1800RESPECT service should develop more formalised working relationships with the National Disability Insurance Agency (NDIA) and the National Disability Advocacy Program (NDAP) in order to foster and promote better intra-agency and inter-agency referral protocols and processes and to share and utilise data and information to prevent and better respond to violence against women and girls with disability.



1 THE PROJECT FRAMEWORK

In late 2015, following a planning forum in Melbourne between WWDA, Medibank Health Solutions Telehealth Pty Ltd (MHS), the Department of Social Services (DSS), and Rape and Domestic Violence Services Australia (RDVSA), the Australian Government agreed to provide a small funding grant to WWDA to undertake a project to “*identify barriers to access to 1800RESPECT, and provide suggestions to 1800RESPECT services to better meet the needs of those with disability experiencing or at risk of sexual assault, domestic or family violence (including those in an institutional situation).*”²

WWDA was subsequently funded \$92,500.00 by MHS to undertake the six-month Project “*1800Respect: Improving Service Responses for Women with Disability Experiencing Violence*”. The Project commenced on 9 February 2016.

This section of the Report provides information on the overall Project framework, including the key principles driving and underpinning the Project.

1.1 Goal of the Project

The long-term goal of the “*1800Respect: Improving Service Responses for Women with Disability Experiencing Violence*” Project is to contribute to the improvement of service responses for women with disability experiencing, or at risk of experiencing violence.

1.2 Objectives of the Project

There were nine specific objectives of this Project:

- 1.2.1 Deliver a professional, national project of excellence that builds the capacity of WWDA and women with disability to engage in reform to improve 1800RESPECT service responses to address and prevent gendered disability violence.
- 1.2.2 Research and provide evidence-based advice on good practice information, materials and resources to address and prevent violence against women with disability.
- 1.2.3 Identify appropriate existing information on violence against women with disability in a range of formats for people with disability, frontline workers, families and supporters.
- 1.2.4 Consult and actively engage with women with disability to assess, review and analyse the 1800RESPECT website, digital platforms, and counselling service to identify gaps, barriers and solutions for women and girls with disability experiencing, or at risk of experiencing violence.
- 1.2.5 In conjunction with Rape and Domestic Violence Services Australia, Medibank Health Solutions and the Department of Social Services (DSS), undertake a comprehensive review and analysis of the current approach of the 1800RESPECT Counselling Services in responding to women with disability.
- 1.2.6 Improve the relevance, engagement and accessibility of content material and resources available through the 1800RESPECT website and other digital platforms.
- 1.2.7 Improve the response, relevance, engagement and accessibility of the 1800RESPECT on-line and telephone counselling service.
- 1.2.8 Work collaboratively with Medibank Health Solutions to implement low-cost or cost-neutral practical strategies to improve the services and supports provided by the 1800RESPECT service.

- 1.2.9 Consolidate and finalise outputs, outcomes and key recommendations stemming from the Project into a Final Project Report for the Medibank Health Solutions, WWDA members, stakeholders, and constituents.

The Project addressed these objectives primarily through:

Consultation and engagement of women with disability

- ▶ Developing specific project engagement and consultation mechanisms for women and girls with disability to assess, review and analyse the 1800RESPECT website, digital platforms, and counselling service to identify gaps, barriers and solutions for women and girls with disability experiencing, or at risk of experiencing violence.
- ▶ Conducting and reporting on the proceedings and outcomes of a series of co-design workshops and focus groups with women and girls with disability
- ▶ Conducting a national survey of women with disability on the 1800RESPECT service, including the website, digital platforms, counselling service, marketing, branding, and information provision;
- ▶ Conducting individual and group targeted interviews with women and girls with disability;
- ▶ Supporting women with disability to provide written submissions to the Project;
- ▶ Promoting awareness of the 1800RESPECT services to women and girls with disability.

Stakeholder engagement

- ▶ Providing expertise and advice to web-designers and content developers on design concepts, accessibility and usability of the 1800RESPECT website across a range of platforms and devices;
- ▶ Raising awareness of the issue of violence against women and girls with disability and fostering an understanding of the issues within a human rights framework;
- ▶ Providing expertise and advice to high-level stakeholders and decision-makers in moving forward to address violence against women and girls with disability;
- ▶ Fostering collaborative approaches to the development and provision of services to address and respond to violence against women;
- ▶ Undertaking research to identify and understand existing systems and processes provided through 1800RESPECT services to address and prevent violence against women (including data collection and disaggregation, service evaluation, governance) to ascertain their inclusivity for women with disability;
- ▶ Providing expertise to the MHS Implementation Clinical Advisory Group (ICAG) for the development of a 1800RESPECT First Response Service.

Content and service improvement

- ▶ Review of 1800RESPECT Online Information – including analysing the relevance, engagement, accessibility and usability of material and content available through the 1800RESPECT website and other digital platforms;
- ▶ Providing evidence-based expertise and advice to web-designers and content developers on design concepts, accessibility and usability of the 1800 RESPECT website across a range of platforms and devices;
- ▶ Providing evidence-based advice and information on good practice principles for accessible and usable web design in

a human rights framework for women and girls with disability experiencing, or at risk of experiencing violence;

- ▶ Review of 1800RESPECT Online and Telephone Counselling Services.

Project reporting

- ▶ Reporting on the process and outcomes of the Project in a comprehensive Final Project Report including clear recommendations to support on-going work required to improve the 1800RESPECT Service (at all levels) to promote accessibility, inclusiveness and responsiveness to all women with disability experiencing, or at risk of experiencing violence.

1.3 Project Scope and Focus

The “1800Respect: Improving Service Responses for Women with Disability Experiencing Violence” Project was funded by Medibank Health Solutions Telehealth Pty Ltd (MHS) for a six month period commencing 9 February 2016. The Project was national in scope and the primary target group was women and girls with disability in Australia. In keeping with WWDA’s human rights based approach, the Project prioritised, promoted and facilitated greater participation of women with disability in policy, program and service reform in the gendered violence prevention effort.

The secondary target audience was families,³ friends, support persons, carers; along with ‘front-line workers’ and professionals in gendered violence prevention services, and those working within disability services.

The term ‘women and girls with disability’ is utilised in this Project Report, in recognition of the circumstances of young women entering relationships or whose domestic circumstances are changing from the family home to other environments/independence and the violence they may experience, or be at risk of experiencing. It is recognised however that the unique experience of violence against girls with disability requires different considerations in practice and responses which are beyond the scope of this Project.⁴

1.4 Key Principles Underpinning and Guiding the Project

1.4.1 A human rights approach

Human rights are those activities, conditions, and freedoms that all human beings are entitled to enjoy, by virtue of their humanity.⁵ They include civil, political, economic, social and cultural rights. Governments are required to guarantee these rights to all people so that everyone can live in dignity, freedom, and meet their fundamental needs. A comprehensive human rights framework and approach, consistent with Australia’s international human rights obligations and underscored by key human rights principles, is imperative to addressing and preventing of all forms of violence against all women.

These key principles include:

Universality

Human rights must be afforded to everyone, without exception. The entire premise of the framework is that people are entitled to these rights simply by virtue of being human.

Indivisibility

Human rights are indivisible, interdependent and interrelated, which means that in order to guarantee civil and political rights, a government must also ensure economic, social and cultural rights (and vice versa). The indivisibility principle recognises that if a government violates rights such as health, it necessarily affects people’s ability to exercise other rights such as the right to life or the right to vote.

Participation

People have the right to participate in and access information relating to decision-making processes that affect their lives and wellbeing. This includes but is not limited to having input on government decisions about rights. To ensure human rights,

governments must engage and support the participation of civil society on these issues.

Accountability

Governments must create mechanisms of accountability for the enforcement of rights. It is not enough that rights are recognised in domestic law or in policy rhetoric. Effective measures must be put in place so that the government can be held accountable for realising human rights.

Transparency

Governments must be open about all information and decision-making processes related to rights. People must be able to know and understand how major decisions affecting rights are made and how public institutions which are needed to protect rights, are managed and run.

Equality and Non-Discrimination

Human rights must be guaranteed without discrimination of any kind. This includes not only purposeful discrimination, but also protection from policies and practices which may have a discriminatory effect. The standard of non-discrimination is complemented by the principle of equity. Governments must secure the equal enjoyment of human rights by everyone, which may require distributing resources in a way that reduces existing inequities and prioritising actions that support those with greater needs. Governments must take specific, deliberate and targeted measures (including gendered measures) to ensure rights are enjoyed equally, in practice and in law.

Enforceability and Remedies

People must be able to enforce their rights at the national and international levels and should be provided with adequate redress for violations of their human rights.

1.4.2 Participation, decision-making, capacity building and empowerment of women and girls with disability

Although the freedom to make one's own choices and to full and effective participation and inclusion in society are recognised as basic human rights to which all people are entitled, these entitlements remain a distant goal for many women and girls with disability. Instead, women and girls with disability are subject to widespread discrimination, systemic prejudice, paternalistic and ableist attitudes that denigrate, devalue, oppress and limit their potential and rights.⁶ These discriminatory attitudes and practices, which continue to pervade many of our state institutions, see women and girls with disability often denied opportunities to speak and act for themselves and participate in decision-making about issues that affect their lives and those of their families, communities and nations.

Denial of the right to decision-making and participation has led to many women and girls with disability being deprived of many fundamental rights, including for example, the right to vote, the right to marry and found a family, sexual and reproductive rights, parental rights, the right to give consent for intimate relationships and medical treatment, the right to freedom from violence, the right to education, and the right to liberty.⁷ In addition, denial of the right to decision-making and participation has enabled serious violations of the human rights of women and girls with disability to continue unabated, through practices such as forced sterilisation, forced abortion, forced contraception, compulsory medical treatment, indefinite detention, restrictive practices, forced living arrangements, and segregation, isolation and confinement from the community in institutional and residential settings.⁸

Women and girls with disability experience significant barriers to participation in all aspects of public life, including in the development of policy, programs and services, as well as in other decision-making processes, including legislative, administrative and other matters, that affect any of their rights. Too often, women and girls with disability have their views ignored or disregarded in favour of those of 'experts', 'professionals', parents, guardians, and carers, as well as representatives of organisations not controlled and constituted by women with disability themselves.⁹

Women and girls with disability are best positioned to identify and determine their own rights, needs, will and preferences and to make decisions concerning their circumstances and conditions. The active, informed, relevant and meaningful participation of women and girls with disability is integral to addressing all forms of violence against women, including through the development of relevant policies, programs, and services.¹⁰

1.4.3 Gender equality

Achieving gender equality is intrinsic to advancing the human rights of women and girls with disability, including their right to freedom from all forms of violence.

Gender equality means that women and men enjoy the same status. It implies a fair distribution of resources between men and women, the redistribution of power and caring responsibilities, and freedom from gender-based violence.¹¹ The concept of equality acknowledges that different treatment of women and men may sometimes be required to achieve sameness of results, because of different life conditions and/or to compensate for past discrimination. A critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives.

Promoting gender equality is critical for women and girls with disability, given that, in the Australian policy context, people with disability are often treated as asexual, genderless human beings. Australian disability related policies, programs and services consistently fail to apply an appropriate gender lens, and gender related policies, programs and services fail to apply an appropriate disability lens. In reality, most policy, program and service development proceeds as though there are a common set of issues - and that men and women, girls and boys, experience disability in the same way.¹²

1.4.4 Intersectionality

Intersectionality is a construct, which at its core, focuses on multiple forms of injustice, power imbalance and social marginalisation as a way of understanding oppression. Intersectionality analyses simultaneous interactions amongst a multiplicity of forces that shape social identity, positions and experiences, such as gender, race, ethnicity, culture, class, sexuality, geography (or place), age, ability, gender identity, economic status, immigration status and religion.¹³

Understanding intersectional discrimination is critical to conceptualising disability and the human rights violations women and girls with disability experience. For example, women and girls with disability are more likely to be subjected to forced interventions which infringe their reproductive rights (such as forced sterilisation and forced abortion) than women without disability and men with disability. Women and girls with disability in institutional settings are more likely to be subject to guardianship proceedings for the formal removal of their legal capacity. This facilitates and may even authorise forced interventions. Aboriginal women and girls with disability are more likely to be subject to indefinite detention than non-Aboriginal women with disability and women without disability. These human rights violations are perpetrated on account of the interaction and intersection of various layers of identity, social position, and experiences. The resulting myriad of violations of rights in these examples include the right to non-discrimination, freedom from torture and ill-treatment, protection of personal integrity, right to legal capacity, protection from violence, abuse and exploitation, right to family, right to health, to living independently and being included in the community, and access to justice.¹⁴

Women and girls with disability are particularly subject to the effects of ableism, and experience intersectional discrimination that often has aggravating or compounding effects.¹⁵ Intersectional discrimination has unique and specific impact on women and girls with disability and requires particular consideration and remedying. In many cases, intersectional discrimination may lead to different or to another degree of discrimination or to new forms of discrimination not yet acknowledged by law, policy or in research.¹⁶

The intersectional framework ensures that against a backdrop of universal factors that motivate violence against women, specific attention must be given to the multiplicity of identities that contribute to its structural causes¹⁷ and must be included in the planning, design, development and implementation of policies, programs and services to address, respond to, and prevent violence against women.

1.5 Project Governance and Implementation

1.4.5 Stakeholder engagement & cross-sector collaboration

It is widely acknowledged that the women's movement and sector has traditionally excluded women with disability, and, although mainstream women's organisations and services are slowly improving in their efforts to be more inclusive of women and girls with disability, major challenges remain. Mainstreaming 'disability' into women's policy, programs, organisations and services involves a "twin-track approach", that is, focusing critically on 'stand-alone' work on the rights and freedoms of women and girls with disability, whilst working with mainstream women's policy, programs, organisations and services to ensure the integration of a

human rights approach and a gendered-disability analysis and perspective. Similarly, the disability sector and movement has not given due attention to gender.

Building alliances and collaborative relationships with a variety of stakeholders across a wide range of sectors, both domestically and internationally, is critical in WWDA's work to challenge and change discriminatory attitudes, prejudices and stereotypes, which have tended to exacerbate the exclusion and marginalisation of women and girls with disability from mainstream policy, programs, organisations and services. For WWDA, effective collaborative relationships are based on mutual trust and respect, and WWDA recognises that these mutually beneficial relationships achieve outcomes that extend beyond what WWDA can achieve in isolation.

1.5 Project Governance and Implementation

WWDA was solely responsible for the “1800Respect: Improving Service Responses for Women with Disability Experiencing Violence Project” management, governance, and deliverables and for reporting on the Project as required under the terms of the funding grant agreement between MHS and WWDA. The WWDA Management Committee [the WWDA Board], made up of highly skilled women with disability from around Australia, along with WWDA's accountant (Cody Burdon) provided overall financial oversight of the Project, consistent with the responsibilities of an Incorporated Association as specified within the WWDA Constitution, the Associations Incorporation Act 1991 (ACT); and the Charities Act 2013 (Cth).

A Project Management Group (PMG) was established to oversee, advise on and monitor implementation of the Project. The membership of the PMG was made up of representatives of WWDA, Medibank Health Solutions, and the Department of Social Services (Family Safety Branch). The PMG met monthly via teleconference.

A Project Activity Workplan was developed at the commencement of the Project. The Project Activity Workplan, deliberately detailed and comprehensive, provided a rigorous framework to ensure the Project was embedded in a human rights framework and provided all stakeholders with clarity and guidance on the scope, parameters, direction and intent of the Project.

The key Project staff implementing the Project were:

Carolyn Frohmader



Carolyn Frohmader is the Executive Director of Women With Disabilities Australia (WWDA) and has held this position for more than 19 years, working at the national and international levels to promote and protect the human rights of women and girls with disability. Under Carolyn's leadership, WWDA has received a number of prestigious awards for its groundbreaking work including the National Human Rights Award and a number of national and state violence prevention awards. Carolyn also has an extensive background in human rights, systemic advocacy, women's health, health policy, primary health care and community development.

Carolyn has a Masters Degree from Flinders University where she won the inaugural Michael Crotty Award for an outstanding contribution in Primary Health Care. In 2001, Carolyn received the ACT Woman of the Year Award in recognition of her contribution to the promotion of women's rights in the ACT. In 2009, in recognition of her human rights work, she was inducted into the Tasmanian Women's Honour Roll, joining her late mother Wendy, who was posthumously inducted into the Roll in 2008 for

services to education. In late 2009, Carolyn was selected as a Tasmanian finalist for the Australian of the Year Awards (Tasmania). On International Human Rights Day, in December 2013, Carolyn was announced as the winner of the National Human Rights Award [Individual] for her work for and with women and girls with disability at the national and international levels. In 2015, Carolyn was chosen as a Finalist, in Australia's 100 Women of Influence Awards 2015.

Cristina Ricci

Cristina Ricci has over 30 years experience promoting and protecting the rights of people with disability and has worked in non-government, government and academic settings, across a range of portfolios including disability, mental health, health and education. She has previously worked for the Australian Human Rights Commission, The Mental Health Council of Australia, NSW Multicultural



Disability Advocacy Association, University of Technology Sydney, The University of Sydney, amongst other organisations. She has co-authored major national reports which have resulted in significant systemic change for people with disability across Australia and delivered disability rights training internationally to Disabled Peoples Organisations, governments and national human rights institutions delivering positive outcomes for people with disability, communities and government. Cristina is now employed by WWDA as Director, Strategic Policy and Programs in a part-time role.

Cristina completed her Bachelor of Laws and Bachelor of Science (Honours) degrees at the University of New South Wales, Bachelor of Primary Education Studies at Charles Sturt University, and also holds a Master of Education, which she completed at the University of Technology Sydney and won the Gwen Muir Memorial Prize for Special Education. Cristina was also accredited as a Master Human Rights Trainer with the Asia Pacific Forum of National Human Rights Institutions in 2013.

1.6 Anticipated Project Outcomes

The Project Plan for the “1800Respect: Improving Service Responses for Women with Disability Experiencing Violence Project” identified ten key short and longer-term outcomes of the Project:

- 1.6.1 Well planned, managed and governed Project undertaken by skilled personnel and informed by WWDA members and key stakeholders.
- 1.6.2 Demonstrated high level of responsibility and accountability by WWDA to the funding body, WWDA members and stakeholders.
- 1.6.3 WWDA has increased its capacity to actively engage with the Australian Government, WWDA members, and other key stakeholders on program reform to improve service responses to address and prevent gendered disability violence.
- 1.6.4 Women with disability, their families and supporters are more aware of the services and supports offered by 1800 RESPECT.
- 1.6.5 Recommendations for improving the 1800RESPECT service have been informed by women with disability.
- 1.6.6 The 1800RESPECT website and other digital platforms are accessible to and inclusive of women with disability.
- 1.6.7 Accessible content information, material and resources to improve 1800RESPECT services to address and prevent gendered disability violence are identified.
- 1.6.8 The 1800RESPECT on-line and telephone counselling services are accessible and responsive to women with disability.
- 1.6.9 Low-cost or cost-neutral practical strategies to improve the services and supports provided by the 1800RESPECT service have been implemented.
- 1.6.10 Frontline workers in gendered violence prevention services, and disability services have access to information and resources to improve service responses to address and prevent gendered disability violence.

2 THE PROJECT CONTEXT

This section of the Report gives an overview of the key policy and program context for the “1800Respect: Improving Service Responses for Women with Disability Experiencing Violence” Project. It includes a synopsis of the status of women and girls with disability in Australia, and the Australian Government’s primary policy responses to advancing the human rights of women and girls with disability: the *National Disability Strategy 2010-2020 (NDS)*, and the *National Plan to Reduce Violence Against Women and their Children 2010-2022 (the National Plan)*. In providing a context for the Project, this section also includes information on WWDA’s seminal ‘*Stop the Violence Project (STVP)*’, which helped build the evidence for this Project. An overview of the 1800RESPECT service is also provided, including key changes made to the counseling component of the service during the term of WWDA’s Project.

2.1 An Overview of the Status of Women and Girls with Disability in Australia

Twenty per cent of the Australian female population is made up of women and girls with disability, equating to approximately two million women and girls.¹⁸ Australian women with disability come from a diverse range of backgrounds, lifestyles and beliefs including from Aboriginal and Torres Strait Islander backgrounds and from culturally and linguistically diverse communities. Some women are in heterosexual relationships; some are in lesbian relationships; some identify as bisexual, transgender, queer, inter-sex, or gender diverse, and some are single. Many are mothers, some are in paid work, and many have no paid work. While the individual nature and experience of disability for women in Australia is diverse, as a population, women with disability disproportionately experience discrimination, prejudice, violence and abuse at extreme levels.¹⁹

Historically, a focus on individual incapacity or the ‘tragedy’ of disability frequently saw women with disability as dependent, as burdens and in need of care and protection,²⁰ resulting in their isolation, segregation and exclusion from participation in the wider community. Similarly, emergent medicalisation of disability²¹ in the 20th century placed emphasis on intervention by medical, rehabilitation, psychology and educational professionals whose aim was to diagnose, treat or cure a person’s impairments, often without reference to their social context. Since the 1980s, understanding of the ways in which society is organised and structured to create and sustain disability has challenged these traditional conceptual understandings of disability.

In recent years, considerations have widened to encompass the idea that the disability experience is uniquely shaped by cultural conditions, social circumstances and personal experiences of disability. Feminist analyses of disability have argued that simplistic bio-medical and social interpretations are particularly inadequate to understand the position of women and girls with disability.²² Informed by this work, the experience of disability is understood to be shaped by a complex range of intersecting factors including gender, race, ethnicity, geographic/geopolitical location, sexuality and socio-economic positioning. An intersectional lens brings into focus a fuller range of social, political, cultural, economic and individual aspects which intersect in complex and diverse ways to marginalise and discriminate against people with disability.²³ A focus on marginalisation and discrimination is underpinned by an understanding of people with disability as the bearers of human rights.

International human rights law now recognises and upholds people with disability as equal and active subjects of their rights - as opposed to objects or burdens to be cared for or cured.²⁴ The prohibition of discrimination and the promotion of equality are fundamental human rights principles - enshrined in both international human rights law and in domestic legislative and policy and frameworks to advance the rights of people with disability, and to end all forms of discrimination against women. However, women and girls with disability in Australia have failed to be afforded, or benefit from, these provisions in international human rights law and domestic frameworks. Instead, they represent one of the most excluded groups in Australia, subject to widespread discrimination, systemic prejudice, paternalistic and ableist attitudes²⁵ that denigrate, devalue, oppress, limit and deny their potential and their rights and freedoms.²⁶ They are often not afforded dignity, recognition, respect, agency and/or autonomy.²⁷

Women and girls with disability continue to be denied the right to participate in, and remain largely excluded from, decision-making, participation and advocacy processes, about issues that affect their lives and those of their families, communities and nations. Too often, they have their views ignored or disregarded in favour of ‘experts’, ‘professionals’, parents, guardians, and carers, as well as representatives of organisations not controlled and constituted by women with disability themselves.²⁸

Although women and girls with disability in Australia experience pervasive discrimination and violations of their rights and freedoms in all areas, the right to live free from all forms of violence and abuse is consistently identified by them as the most urgent and unaddressed human rights issue they face.²⁹ Compared to their peers, women with disability experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators.³⁰ Their experiences of violence³¹ last over a longer period of time, they experience more severe injuries as a result from the violence and they have considerably fewer pathways to safety.³² The lack of knowledge and understanding of the extent, nature, incidence, and impact of violence against women and girls with disability³³ at the individual, community, service provider, and criminal justice system levels, along with the violence prevention public policy environment,³⁴ contributes to the epidemic that is violence against women and girls with disability in Australia.

Women with disability are more likely than men with disability and other women to face medical interventions to control their fertility, and experience significantly more restrictions, negative treatment,³⁵ and particularly egregious violations of their sexual and reproductive rights. They experience, and are more exposed to practices which qualify as torture or inhuman or degrading treatment, including state sanctioned practices such as forced sterilisation, forced abortion, and forced contraception.³⁶ They are more likely to be isolated and segregated within the range of settings in which they reside, are incarcerated, or receive support services;³⁷ are subjected to multiple forms and varying degrees of 'deprivation of liberty' and are more likely to be subjected to unregulated or under-regulated restrictive interventions and practices,³⁸ often imposed as a means of coercion, discipline, convenience, or retaliation by others.³⁹ Indigenous women with disability are at risk of being detained indefinitely, often without conviction, in prisons and in forensic psychiatric units throughout Australia enduring periods of indefinite detention that in some cases exceed years.⁴⁰

Women with disability in Australia have less power and fewer resources than other women and men. They are much more likely to live in poverty than people in the general population; have to work harder to secure their livelihoods; have less control over income and assets, and have little economic security. They are much more likely to be unemployed than other women and men with disability; less likely to be in the paid workforce;⁴¹ have lower incomes from employment; are more likely to experience gender and disability biases in labour markets; and are more concentrated than other women and men in precarious, informal, subsistence and vulnerable employment.⁴²

Compared to men with disability and other women, disabled women experience substantial housing vulnerability, are more likely to experience and face homelessness, and are much more likely to be affected by the lack of affordable housing.⁴³ They are more likely to be sole parents, to be living on their own, or in their parental family than disabled men,⁴⁴ are at higher risk of separation/divorce than men with disability and often experience difficulty maintaining custody of their children post-separation/divorce.⁴⁵ Mothers with disability are up to ten times more likely than other parents to have a child removed from their care by authorities on the basis of the mother's disability, rather than any evidence of child neglect.⁴⁶

Like many women, disabled women share the burden of responsibility for unpaid work in the private and social spheres, including for example, cooking, cleaning, and caring for children and relatives. Women with disability are much less likely to receive service support than other women and men with disability, across all service types and sectors.⁴⁷

It is largely through the actions of women with disability themselves – locally, nationally and globally - that this history and culture of exclusion is being challenged. Women with disability argue that one of the best ways to challenge oppressive practices, cultures and structures is to come together with other women with disability – to share experiences, to gain strength from one another and to work together on issues that affect them. Through organisations like WWDA – run by and for women and girls with disability - women with disability are afforded a mechanism to become actively and genuinely involved in organising for their rights – defining their issues, making decisions about factors that affect their lives, participating in the formulation and implementation of policies, programs and services and, taking individual and collective action to claim and advance their human rights and freedoms.

Successive Australian Governments have introduced a range of policy measures and frameworks to advance the human rights of women, and of people with disability. Whilst some of these have been successful in making violence against women a priority issue, and have translated into critical initiatives for people with disability (such as the establishment of the National Disability Insurance Scheme), the specific issues and experiences of women and girls with disability or at risk of violence have been largely absent from these key policy frameworks and responses. The following section examines two of the primary policy responses to advancing the human rights of women and girls with disability: the National Disability Strategy 2010-2020 (NDS), and the National Plan to Reduce Violence Against Women and their Children 2010-2022 (the National Plan).

2.2 The National Disability Strategy 2010-2020

The National Disability Strategy (NDS) is the ‘*foundation of Australia’s work to advance disability rights*’.⁴⁸ It is a ten-year Strategy, endorsed by COAG, that sets out the national policy framework to guide all Australian governments to meet their obligations under the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)*. The NDS sets out goals and objectives under six areas of mainstream and disability-specific public policy. The six areas are: 1) Inclusive and accessible communities; 2) Rights protection, justice and legislation; 3) Economic security; 4) Personal and community support; 5) Learning and skills; and 6) Health and well-being.

Under area 2 (Rights protection, justice and legislation) the NDS identifies the need to ‘*develop strategies to reduce violence, abuse and neglect of people with disability*’.

The NDS is being delivered in three phases through the following implementation plans:

- ▶ The first implementation plan (2011-2014) *Laying the Groundwork* set the foundation for each State and Territory Government to have its own disability plan to improve outcomes through mainstream policies, programs, services and infrastructure.
- ▶ The second implementation plan (2015-2018) *Driving Action* outlines new priority actions as well as ongoing commitments to consolidate actions that are driving improved outcomes and identify where more effort is needed.
- ▶ The third implementation plan (2019-2022) *Measuring Progress* will identify new and emerging outcomes to be implemented in order to ensure the objectives of the NDS are met.

The NDS poses a number of limitations in addressing and preventing violence against women and girls with disability. Despite successive Australian Government’s committing to ‘*strengthening the provision of gender analysis, advice and mainstreaming across Government, and ensuring that women’s issues and gender equality are taken into consideration in policy and program development and implementation*’⁴⁹ – the NDS is not gendered - it treats men and women with disability as a homogenous group. Referring only to ‘people with disability’ in all elements of the Strategy, the NDS assumes and implies that all women/girls and men/boys with disability, share the same needs and perspectives, have a common set of issues, and experience disability in the same way.⁵⁰

The NDS excludes appropriate and concrete consideration of intersectionality, which has the potential to perpetuate discrimination (and gender inequality), and result in misleading analyses of issues and/or inaccurate assessments of likely policy outcomes.⁵¹ The NDS contains limited measures to address violence against people with disability, identifying only that there is a need to ‘*develop strategies to reduce violence, abuse and neglect of people with disabilities*’. The first NDS Implementation Plan - *Laying the Groundwork: 2011–2014* - contained only one specific action to achieve this, which was to: ‘ensure that the *National Plan to Reduce violence against women and their Children 2010–2022* and the *National Framework for Protecting Australia’s Children* have priority action to improve the safety and wellbeing of women and children with disability.’⁵²

The only indicator in the NDS to measure the ‘*reduction of violence, abuse and neglect of people with disability*’ is by measuring ‘Feelings of safety in different situations’ (with the different situations being ‘At home alone during the day’; ‘At home alone after dark’; ‘Walking alone after dark’). Clearly, this sole indicator is completely ineffective in understanding, monitoring and addressing the myriad forms of violence experienced by women and girls with disability, in the diversity of places, spaces and settings they live, occupy; and receive services.⁵³

The NDS second implementation plan *Driving Action* is yet to be released by the Australian Government. However, in consultations to develop *Driving Action* people with disability identified addressing and preventing all forms of violence against people with disability as the key priority for the second implementation plan. The critical need for the NDS and its action plans to be gendered, was also identified as a priority particularly in relation to recognising, addressing and preventing all forms of violence perpetrated against women and girls with disability.⁵⁴

2.3 The National Plan to Reduce Violence Against Women and their Children 2010-2022

In May 2008, the *National Council to Reduce Violence Against Women and their Children (the National Council)* was established by the Australian Government to develop an evidence-based plan for reducing violence against women and their children. The National Council’s report, called ‘*A Time for Action*’⁵⁵ recommended that all Australian governments agree to a

long-term plan to reduce violence against women, with the Commonwealth government taking a leading role. Following extensive consultation with the community, the *National Plan to Reduce Violence Against Women and their Children 2010-2022 (the National Plan)* was developed in partnership with all states and territories, formally endorsed by the Council of Australian Governments,⁵⁶ and publicly released in February 2011.

In bringing together the efforts of all Australian Governments to reduce violence against women and their children, the National Plan provides a strategic agenda for influencing related policies to ensure that responses take account of the needs and rights of the victims and that programs implemented are effectively and appropriately targeted to both prevent and redress the issue.⁵⁷

The National Plan targets two main 'forms' of gender-based violence: domestic and family violence, and sexual assault.⁵⁸ Over its twelve-year period, it aims to achieve the following six outcomes:

1. Communities are safe and free from violence;
2. Relationships are respectful;
3. Indigenous communities are strengthened;
4. Services meet the needs of women and children experiencing violence;
5. Justice responses are effective; and
6. Perpetrators stop their violence and are held to account.

The six outcomes are delivered through four three-year Action Plans, each underpinned by a key theme to drive necessary change needed to achieve a significant and sustained reduction in violence against women.⁵⁹ The four three-year Action Plans and the themes they highlight are:

- ▶ The first Action Plan (2010-2013) *Strong Foundation* focused on building a strong foundation for the National Plan. It identified key strategies and actions as well as national initiatives to create a foundation for future work to be undertaken during the life of the National Plan.
- ▶ The second Action Plan (2013-2016) *Moving Ahead* endeavoured to take stock of what worked well in the first three years and consolidate the evidence-base for the effectiveness of the strategies and actions implemented.
- ▶ The third Action Plan (2016-2019) *Promising Results* will deliver solid and continuing progress in best practices and policies.
- ▶ The fourth Action Plan (2019-2022) *Turning the Corner* is expected to see the delivery of tangible results in terms of reduced prevalence of violence against women and their children, reduced proportions of children witnessing violence, and an increased proportion of women who feel safe in their communities.

Recognising that significant and sustained work is needed to address violence against women with disability, the First Action Plan (2010–2013) *Strong Foundation* included two key 'immediate national initiatives' specifically focused on women with disability. They were to: a) Investigate and promote ways to improve access and responses to services for women with disabilities; and b) Support better service delivery for children, Indigenous women and women with disabilities through the development of new evidence based approaches where existing policy and service responses have proved to be inadequate.

Multiple projects in a range of priority areas were funded by the Commonwealth Government under the First Action Plan to build the evidence base for the life of the National Plan. One such project was the award winning *Stop the Violence Project (STVP)*,⁶⁰ a national COAG Reform Project implemented by Women With Disabilities Australia (WWDA). Key initiatives of the First Action Plan also included establishment of Australia's National Research Organisation for Women's Safety (ANROWS) and 1800RESPECT, Australia's first national telephone and online counselling service for women experiencing, or at risk of, domestic and family violence and sexual assault.

In 2014, the Australian Government released its 'Progress Review Report', which provided a 'progress' evaluation of the First Action Plan of the National Plan. National consultations were undertaken as part of the Progress Review process. These consultations included "identifying initiatives that are important to continue or build on, as well as some gaps and areas that would benefit from an increased focus into the future under the National Plan".⁶¹

The 'Progress Review Report' highlighted that:

...there was consistent recognition of one of the key reform projects undertaken during the First Action Plan – the Stop the Violence Project for women with disability. The importance of building on the Stop the Violence Project was also highlighted. The importance of tailoring appropriate and sensitive responses to groups of women who have diverse experiences of violence or can be more vulnerable, including Indigenous women, CALD women and women with disability, was consistently raised.

In identifying the key priorities for future work under the National Plan, the Report included:

- ▶ better meeting the needs of diverse groups of women, including those who can be more vulnerable to violence. This includes Indigenous women, women with disability and culturally and linguistically diverse women; and,
- ▶ enhancement of the 1800RESPECT service.

Based on the evidence gathered from the STVP, the Second Action Plan (2013-2016) *Moving Ahead*, identified the need to deliver awareness raising, training and prevention activities and responses to violence that are specifically tailored to meet the needs of women and girls with disability.⁶² It articulated the Australian Government's intent to work with expert organisations such as WWDA to prioritise and implement key outcomes from the STVP including:

- ▶ bringing together and disseminating good practice information on preventing violence against women with disability;
- ▶ training for frontline workers to recognise and prevent violence against women and children with disability; and
- ▶ providing accessible information and support in National Plan communications.

Six years on from the commencement of the 12 year National Plan, it is now widely recognised that the National Plan has significant limitations in addressing and preventing violence against women and girls with disability. Although the Australian Government has articulated its commitment that the "*National Plan demonstrates Australia's commitment to upholding the human rights of all Australian women to live free from violence*",⁶³ the Plan, and its first two action plans have focused largely on 'traditional' and narrow conceptual understandings of 'domestic/family violence' (i.e: intimate partner/spousal violence) and sexual assault, which has resulted in other forms of violence against women and girls with disability becoming further obscured, and excluded from policy and service responses designed to address and prevent violence against women.⁶⁴

Restricting the scope of the National Plan to narrow definitions and understandings of what constitutes 'domestic/family violence' and sexual assault, has meant that many forms of violence perpetrated against women and girls with disability (such as sexual and reproductive rights violations; restrictive practices; forced treatment; seclusion and restraint; deprivation of liberty) and the many settings and spaces in which violence against women and girls with disability occurs (such as institutions, service settings, out-of-home care) remain 'outside' the key national policy framework to address and prevent violence against women.

The exclusion and neglect of women and girls with disability in the National Plan has been identified in a number of reviews and inquiries at both national and international levels. For example, the report from the *Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings*, released in November 2015,⁶⁵ recommended that the Australian Government amend the National Plan to ensure that women with disability are afforded the full range of rights protections that are available to women without disability. The recommendation also specified that the National Plan must be updated to include institutional and disability accommodation settings, and that in order to give effect to the National Plan, there must be increased funding to support women with disability escaping domestic violence.⁶⁶

The United Nations treaty monitoring bodies have also strongly recommended that the Australian Government ensure the National Plan is operationalised in a comprehensive human rights framework, and have made specific recommendations regarding the urgent need to ensure women and girls with disability are fully included in all public policy and programs on the prevention of gender-based violence, and are ensured equal access to an effective, integrated response system.⁶⁷

2.4 The Stop the Violence Project (STVP)

The STVP was implemented from 2012 to 2013 and sought to build the evidence base to identify structural issues to improve service responses to women and girls with disability experiencing or at risk of violence.⁶⁸ Managed and implemented by WWDA, in conjunction with a research team at the University of New South Wales (UNSW) and a project team from People with Disability

Australia (PWDA), the project was national in scope and intended to lay the groundwork for improved service provision by building the evidence-base for future reforms so that the service system is more responsive to the needs of women and girls with disability.

A synthesis of the STVP national survey findings, consultations with women with disability, research literature and legislative and policy mapping, and a national symposium of high-level stakeholders and decision-makers, resulted in six key thematic areas plus two critical over-arching mechanisms to support the development of good policy and the provision of good practice in service provision to address and prevent violence against women and girls with disability:

- ▶ Information, Education and Capacity Building for Women and Girls with Disability
- ▶ Awareness Raising for the Broader Community
- ▶ Education and Training for Service Providers
- ▶ Service Sector Development and Reform
- ▶ Legislation, National Agreements and Policy Frameworks
- ▶ Evidence Gathering, Research and Development
- ▶ Establishment and Development of the 'Virtual Centre for the Prevention of Violence Against Women and Girls with Disability'
- ▶ Establishment of a National 'Women with Disabilities Expert Panel' on the Prevention of Violence Against Women and Girls with Disability.

The STVP found that even though there are pockets of good policy and practice, overall there is an inadequate service response in Australia to issues of violence against women and girls with disability. Just some of the key findings of the STVP included:

- ▶ There is an inadequate service response in Australia to issues of violence against women and girls with disability;
- ▶ The main response to women with disability experiencing violence or at risk of violence, is referral. Women with disability become caught in a cycle of successive referral, without ever receiving appropriate or timely interventions that ensure their pathway to safety or supports their wellbeing. In many instances, this results in women with disability remaining in situations of violence;
- ▶ Very few domestic/family violence and sexual assault services and disability services have the 'know-how' to address violence against women with disability;
- ▶ Violence against women with disability is poorly understood at all levels – including in violence prevention legislation, in policy frameworks, in program development, in organisations and services across a range of sectors, and at the broader community level;
- ▶ Organisations and services in the family/domestic violence, sexual assault, disability and legal sectors do not necessarily understand violence against women and girls with disability as a human rights issue and have difficulty incorporating this understanding into their organisational frameworks and practices;
- ▶ There is an urgency for sector development to recognise, respond and address all forms of violence perpetrated against women and girls with disability when and where it occurs in a timely, effective and appropriate manner;
- ▶ There is a dearth of accessible information and education resources about gendered disability violence - for women with disability themselves, the service sector, and the broader community;
- ▶ Women and girls with disability have not been provided with the relevant education and information to identify violence, or risks of violence, occurring within their lives;
- ▶ Women and girls with disability must be provided support to be informed and educated, within a human rights framework, to recognise violence perpetrated against them, including the types, extent and impact of this violence;
- ▶ There is an urgent need for targeted information, resource materials, violence prevention campaigns to be developed in partnership with women with disability and made available in formats that are inclusive of and accessible to women with disability experiencing or at risk of violence;

- ▶ Cross-sectoral collaboration is essential to bring together the diverse needs of the individual women to ensure that she is on a pathway to safety;
- ▶ The lack of participation within the service system around key aspects of design, evaluation and implementation, and the lack of understanding about inclusive participatory decision making roles in ensuring gendered-disability inclusive service design, may explain the significantly low rates of gendered-disability violence recognition and response;
- ▶ Many service organisations see data capture for funding bodies, such as key government bodies, as a compliance and surveillance issue, rather than an opportunity to critically evaluate service provision standards, practices and outcomes for the service user group for whom they were designed.

The Final Report⁶⁹ of the STVP identified and recommended that the priority area for immediate action by the Australian Government was to support the development and establishment of a *Virtual Centre for the Prevention of Violence Against Women and Girls with Disability* in order to begin to address reform in the area of gendered disability violence. The 'Virtual Centre' was conceptualised by women with disability, service providers, and policy makers during the STVP, as a 'one stop shop' online resource designed to serve and meet the needs of a wide range of users, including women with disability; policymakers; front line service providers; researchers; program developers; legislators; academics; teachers; students; the broader community and more. The 'Virtual Centre' was conceptualised as an online resource to offer users:

- ▶ Principles and guidelines for good practice approaches to violence against women and girls with disability;
- ▶ Promising and/or good practice models and approaches in legislation, policy, program and service responses;
- ▶ Leading tools and evidence on what works to address violence against women and girls with disability;
- ▶ A compendium of contemporary resource materials available worldwide;
- ▶ Models, responses and approaches to support engagement and participation of women and girls with disability;
- ▶ A repository of historical information and resources;
- ▶ Human rights conventions, instruments, declarations and reference materials relating to gender, disability, violence and intersectionality;
- ▶ Scholarly, academic, and other research sources;
- ▶ Sources of expertise; and,
- ▶ Interactive spaces for communication and collaboration.

Following the completion of the STVP, consistent with the priority actions identified in the Second Action Plan (2013-2016) and reflecting the identified priority for the establishment of a *Virtual Centre for the Prevention of Violence Against Women and Girls with Disabilities*, WWDA developed a proposal to the Australian Government seeking funding to establish and develop the 'Virtual Centre' as conceptualised by the STVP.

After significant discussions and negotiations, it was agreed that the Australian Government would not fund a separate 'Virtual Centre for the Prevention of Violence Against Women and Girls with Disabilities', but rather, DSS would further invest in the 1800RESPECT service to 'improve the relevance, engagement and accessibility of the service including content material targeted for women and girls with disability in 1800RESPECT, in conjunction with and endorsed by women with disabilities.'⁷⁰

2.5 The 1800RESPECT Service

1800RESPECT⁷¹ - the National Sexual Assault, Domestic Family Violence Counselling Service for people living in Australia, is one of the Australian Governments key national domestic/family violence and sexual assault support programs. It was established by the Commonwealth Government under the *National Plan to Reduce Violence Against Women and their Children 2010-2022*. It is funded through the Australian Government Department of Social Services (DSS), and was launched in late 2010.

The 1800RESPECT service was established to provide a 24-hour, 7 days a week confidential telephone and online counselling, information and referral service to anyone whose life has been impacted by sexual assault, domestic or family violence. The 1800RESPECT services are provided through telephone, online interactive counselling, a website, social media platforms, and an

application known as the 'Daisy' app. 1800RESPECT also provides a support service for front-line workers and other professionals who are working with victims of violence.

Medibank Health Solutions Telehealth Pty Ltd⁷² provides the 1800RESPECT service on behalf of the Australian Government and between 2010-2016, the telephone and online counselling component of the service was wholly contracted to Rape and Domestic Violence Services Australia (formerly NSW Rape Crisis Centre).⁷³

In late 2015, the Australian Government engaged an independent consultant to review and investigate options for improving the responses of the telephone and online counselling component of the 1800RESPECT service. This review was commissioned due to the increasing call wait times and call abandonment rates for the counselling service, which had significantly increased since the service was established. Between 2010-2015, call volumes had grown from an average of 1,000 calls per month to over 6,000 calls in peak periods.⁷⁴ This growth was forecast to continue with ongoing promotion and awareness of the service, and the increased national focus and dialogue on violence against women – particularly domestic violence.

In 2015, approximately 50% of incoming calls to the 1800RESPECT telephone counselling service went unanswered, and many callers were left on hold for lengthy periods of time waiting for their call to be answered.⁷⁵ The Department of Social Services (DSS) advised the sector that it had received “*numerous complaints from the public and the community sector*” about this issue.⁷⁶ In 2015, the Australian Government committed an additional \$4 million to address the issue, however “*despite this additional funding, call wait times remained unacceptably high*”.⁷⁷

The review of the telephone and online counselling component of the 1800RESPECT service was undertaken by KPMG in late 2015. The review recommended that the current model was “*insufficient to respond to the increasing volume of calls*” and that the most optimal solution was to “*move 1800RESPECT to a professional first responder triage model*”.⁷⁸

In 2016, the Minister for Social Services, the Hon Christian Porter, announced that Medibank Health Solutions Telehealth Pty Ltd (MHS) would establish and implement the new 1800RESPECT first responder triage model, which will “*allow calls to be answered immediately and transferred to the right area to ensure the caller gets the service they need*”.⁷⁹ MHS subsequently established an Implementation Clinical Advisory Group (ICAG) to provide a multidisciplinary and cross-sectoral, national mechanism to inform and support the development of a sustainable clinical framework and delivery model for the 1800RESPECT First Response Function.⁸⁰

The 1800RESPECT First Response function became operational in August 2016. Under the new model, specialist trauma counselling services will continue to be provided by Rape and Domestic Violence Services Australia (RDVSA) for 1800RESPECT.

2.6 The 1800RESPECT Service and Women and Girls with Disability

As a support program for women with disability experiencing or at risk of experiencing violence, there have been significant limitations with all aspects of the 1800RESPECT Service since its establishment in 2010.

Evidence from WWDA's Stop the Violence Project (STVP) found that:

*...the 1800RESPECT service is inadequate to meet the specific needs of women and girls with disability experiencing or at risk of violence. Many women and girls with disability who face violence are unaware of the existence of the counselling services provided by 1800RESPECT, those who may be aware of these are met with a structure and remit that does not directly engage with their specific experiences of violence and while some information and assistance may be relevant, it is often inaccessible. Women with disability clients accessing 1800RESPECT services are often referred to WWDA for guidance to appropriate services. This has resulted in the identified need for 1800RESPECT services to be more accessible to women with disability clients and to improve its engagement and content and provide better links to the service system.*⁸¹

These findings echoed the experiences of, and consistent feedback to WWDA and other peak disability organisations since the 1800RESPECT Service was first implemented in 2010, which indicated that many women with disability did not know of the service. For those women with disability who knew of the 1800RESPECT Service and had tried to access and use it, feedback indicated that they found it inherently difficult (and in some cases impossible) to even access the service, and/or receive an adequate service response.⁸²

3 AUSTRALIA'S INTERNATIONAL HUMAN RIGHTS OBLIGATIONS IN PREVENTING AND RESPONDING TO VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITY

This section of the Report focuses on Australia's international human rights obligations in preventing and responding to violence against women and girls with disability. This section provides a critically important framework of guidance for all actors involved in domestic/family violence, sexual assault, and disability services, as it provides an introduction to a holistic framework of rights protection and response for all women and girls with disability experiencing, or at risk of experiencing, violence.

3.1 The International Human Rights Treaties

Australia is a founding member of the United Nations (UN) and has been an active participant in UN institutions for more than 65 years. Successive Australian Governments have articulated Australia's '*enduring commitment to human rights*',⁸³ including meeting its obligations under the human rights treaties to which Australia is a party, and ensuring that Australia remains a '*leading proponent of the consistent and comprehensive implementation of the Universal Declaration of Human Rights*',⁸⁴ which Australia helped to draft in the late 1940's.⁸⁵

Australia is a signatory to seven core international human rights treaties, all of which create obligations to promote equality, denounce discrimination against people with disability; people from culturally and linguistically diverse backgrounds; people from Aboriginal and Torres Strait Islander backgrounds; and against women. These seven international human rights treaties also create clear obligations to prevent and address *all* forms of violence - including violence against women with disability. As a party to these treaties, Australia has chosen to be bound by the treaty requirements, and has an international legal obligation to implement the treaty provisions through its laws and policies. These seven treaties are:

- ▶ Convention on the Elimination of All Forms of Racial Discrimination on 21 December 1965 ([1975] ATS 40); International Covenant on Economic, Social and Cultural Rights on 16 December 1966 ([1976] ATS 5);
- ▶ International Covenant on Civil and Political Rights (ICCPR) on 16 December 1966 ([1980] ATS 23);
- ▶ Convention on the Elimination of All Forms of Discrimination against Women on 18 December 1979 ([1983] ATS 9);
- ▶ Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) on 10 December 1984 ([1989] ATS 21);
- ▶ Convention on the Rights of the Child on 20 November 1989 ([1991] ATS 4);
- ▶ Convention on the Rights of Persons with Disabilities [2008, ATS 12].

3.2 Treaty Implementation and Monitoring

The implementation of each international human rights treaty is monitored by an international human rights treaty body. The treaty bodies are created in accordance with the provisions of the treaty that they monitor. The human rights treaty bodies are committees of independent experts in human rights compliance, who are nominated and elected for fixed renewable terms of four years by State parties to the particular treaty.⁸⁶

The treaty bodies perform a number of functions in accordance with the provisions of the treaties that established them. These include consideration of State parties' periodic reports, consideration of individual complaints, conducting country visits and inquiries, developing General Comments, interpreting treaty provisions, and organising thematic discussions related to the treaties.

In addition to the obligation to implement the substantive provisions of the treaty, each State party is also under an obligation to submit periodic reports to the relevant treaty body on how the rights are being implemented. In addition to the formal Report from the State Party, the treaty bodies can receive information on a country's human rights situation from other sources, including from civil society organisations (CSO's) and DPO's. In the light of all the information available, the relevant treaty body examines the report in the presence of a State party's delegation. Based on this constructive dialogue, the Committee publishes its concerns and recommendations, referred to as "concluding observations" or "concluding recommendations".

Concluding Observations and recommendations from the UN treaty body monitoring Committees, constitute an authoritative guide for legislative, policy, program and service development, and are an important accountability mechanism. States Parties are expected to implement the recommendations, in order to fulfil their obligations under the particular human rights treaty and also to accelerate its implementation. It is recognised that a States Parties domestic laws and policies to implement a treaty's provisions *"should not depart from the views and recommendations of United Nations committees and officials without sound and compelling policy reasons"*.⁸⁷

3.3 Treaty Obligations to Prevent Violence Against Women and Girls with Disability

Together, the seven international human rights treaties to which Australia is a party – along with their Optional Protocols,⁸⁸ General Comments⁸⁹ and recommendations adopted by the bodies monitoring their implementation - provide the framework to delineate the obligations and responsibilities of governments and other duty-bearers to comprehensively prevent and address all forms of violence experienced by women and girls with disability. Critically, implementation of these treaties is not mutually exclusive. They must be viewed and implemented as complementary mechanisms through which to create a holistic framework of rights protection and response for all women and girls with disability experiencing, or at risk of experiencing, violence.⁹⁰

3.3.1 Convention on the Rights of Persons with Disabilities (CRPD)

The *Convention on the Rights of Persons with Disabilities (CRPD)*⁹¹ was ratified by Australia on 17 July 2008 and entered into force for Australia on 16 August 2008. Its fundamental purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disability, and to promote respect for their inherent dignity.

The CRPD contains provisions regarding violence, abuse and neglect, particularly in Article 14 [Liberty and security of the person]; Article 15 [Freedom from torture or cruel, inhuman or degrading treatment or punishment]; Article 16 [Freedom from exploitation, violence and abuse]; and Article 17 [Protecting the integrity of the person].

The CRPD recognises gender as one of the most important categories of social organisation and at Article 6 [Women with Disabilities] recognises the pervasive marginalisation and discrimination experienced by women and girls with disability. Article 6 requires States parties to *"take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms", and to take "all appropriate measures to ensure the full development, advancement and empowerment of women with disabilities"*.

Obligations under CRPD Article 6 are of immediate nature.⁹² The legal nature of Article 6 is crosscutting in the sense that it accompanies all human rights enshrined in the Convention. All rights must be interpreted in light of Article 6, which means that in relation to women and girls with disability – all rights in the CRPD are subject to immediate realisation. State Parties are under a comprehensive obligation to implement the Convention in consultation with, and involving, *"real, effective and meaningful participation of women and girls with disability and their representative organisations"*.⁹³

3.3.2 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

By ratifying the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)* in 1983, Australia became obliged to protect all women and girls from discrimination and ensure the achievement of equality between men and women. CEDAW further requires States Parties to take additional, special measures for women subjected to multiple forms of discrimination, including women and girls with disability.⁹⁴

Although CEDAW does not contain a specific article that articulates rights concerning freedom from gender-based violence, the CEDAW treaty body (the CEDAW Committee), in its *General Recommendation No. 19, Violence against women*,⁹⁵ has made it clear that the definition of discrimination in Article 1 of CEDAW *"includes gender-based violence, that is, violence that is directed against a woman because she is a woman or that affects women disproportionately"*.

3.3.3 International Covenant on Civil and Political Rights (ICCPR)

The *International Covenant on Civil and Political Rights (ICCPR)* ratified by Australia in 1980, commits its parties to respect the civil and political rights of individuals, including for example, the rights to self-determination; to liberty and security of person; to family; to privacy; and to freedom from torture and cruel, inhuman or degrading treatment. Article 3 implies that all human beings should enjoy the rights provided for in the Covenant, on an equal basis and in their totality. Articles 7, 17, and 24 of the ICCPR protect the rights of women from all forms of violence; and from violations of their sexual and reproductive rights; including their right to bodily integrity.⁹⁶

3.3.4 International Covenant on Economic, Social and Cultural Rights (ICESCR)

The *International Covenant on Economic, Social and Cultural Rights (ICESCR)*, ratified by Australia in 1975, provides the legal framework to protect and preserve the most basic economic, social and cultural rights, including rights relating to work in just and favourable conditions, to social protection, to an adequate standard of living, to the highest attainable standards of physical and mental health, to education and to enjoyment of the benefits of cultural freedom and scientific progress.⁹⁷ The ICESCR also calls for special protection for mothers and children,⁹⁸ including the right to protection and support in relation to motherhood, pregnancy, sexuality, and bodily integrity.⁹⁹ The treaty monitoring body (Committee on Economic, Social and Cultural Rights) has clearly articulated that, in implementing the treaty, States parties are obligated to address all forms of violence against women, given that violence against women is a cause and consequence of women's enjoyment of their human rights on a basis equal to men.

3.3.5 Convention on the Rights of the Child (CRC)

The *Convention on the Rights of the Child (CRC)* was ratified by Australia in 1990.¹⁰⁰ It sets out the specific ways that human rights apply to all children and young people up to the age of 18 years. Gender is a key factor in implementation of the Convention, which recognises that policies, programs and other measures should be grounded in a broad approach to gender equality that ensures young women's full political participation; social and economic empowerment; recognition of equal rights related to sexual and reproductive health; and equal access to information, education, justice and security, including the elimination of all forms of sexual and gender-based violence. The CRC specifically recognises that girls with disability are often more vulnerable to discrimination due to gender discrimination, and requires that States parties pay particular attention to girls with disability by taking the necessary measures, (and when needed extra measures), in order to ensure that they are well protected, have access to all services and are fully included in society.¹⁰¹

3.3.6 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

Australia ratified the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)* in 1989. CAT strictly prohibits torture of any kind, with torture defined as any act, physical or mental, whether at the instigation, consent or acquiescence of a public official, where severe pain or suffering was intentionally inflicted for a range of purposes including discrimination. Such acts are also prohibited if they meet the slightly lower standard of "cruel, inhuman or degrading" treatment or punishment.¹⁰² The mandate has stated, with regard to a gender-sensitive definition of torture, that the purpose element is always fulfilled when it comes to gender based violence against women, in that such violence is inherently discriminatory and one of the possible purposes enumerated in the Convention is discrimination.¹⁰³ States parties' failure to prevent and protect victims from gender-based violence, or other discrimination based violence (disability, race) is a violation of CAT.¹⁰⁴

3.3.7 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)

The *International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)* was one of the first human rights treaties to be adopted by the United Nations, and was ratified by Australia in 1975.¹⁰⁵ ICERD affirms the equality of all persons' civil, political, economic and social rights without any distinction regarding race, colour, descent, or national or ethnic origin. Regarding the intersectionality of gender, the *Committee on the Elimination of All Forms of Racial Discrimination (CERD)* has emphasised that racial discrimination does not always affect women and men equally or in the same way, and certain forms of racial discrimination directly affect women - such as forced and coerced sterilisation¹⁰⁶ of indigenous women, or sexual violation against women of particular racial or ethnic groups. At the same time, racial discrimination may have consequences where women are primarily or exclusively affected (e.g. racial bias-motivated rape). Implementation of, and compliance with ICERD requires States Parties to give particular attention to complex forms of disadvantage in which racial discrimination is mixed with other causes of discrimination (such as those based on age, sex and gender, religion, disability and low socio-economic status).

3.4 Australia's Compliance with the Treaty Obligations to Address and Prevent Violence Against Women and Girls with Disability

International human rights law condemns violence against women in all its forms, whether it occurs in the home, schools, in institutions, the workplace, the community or in other public and private institutions, and regardless of who perpetrates it.

For more than a decade, several of the international human rights treaty monitoring bodies have repeatedly expressed their deep concern and regret at the high levels of all forms of violence experienced by women and girls with disability in Australia, including the egregious forms of violence that affect them disproportionately, such as forced sterilisation, forced institutionalisation and forced abortion.¹⁰⁸ They have found that the inter-connection between violence against women and discrimination on the basis of gender, disability, and other intersectional 'elements', remains poorly understood and unaddressed.¹⁰⁹ They have continued to raise serious concerns about the low rates of reporting, prosecutions and convictions, the lack of data, the lack of inclusive legislation, policies, services and support, and the lack of specific, targeted and extra measures to prevent and address violence against women and girls with disability.

The monitoring bodies have consistently called on Australian Governments to take urgent measures to address all forms of violence, abuse, exploitation and neglect experienced by women and girls with disability and to promote a culture where no form of violence against them is tolerated.¹¹⁰ They have identified women and girls with disability living in, or receiving services in, institutional, residential and/or service settings – and, aboriginal women and girls with disability – as warranting *urgent* and *immediate* action at all levels.

3.4.1 Compliance with the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)

In November 2014, the Committee Against Torture (CAT) in its *Concluding Observations* [Australia] [CAT/C/SR.1284], expressed its concern at the rates of violence perpetrated against women with disability. It called on the Australian Government to redouble its efforts to prevent and combat all forms of violence against women, particularly violence perpetrated against women with disability and indigenous women, by *inter alia*:

- ▶ taking measures to facilitate the lodging of complaints by victims and to address effectively the barriers that may prevent women from reporting acts of violence against them;
- ▶ ensuring the effective enforcement of the existing legal framework by promptly, effectively and impartially investigating all reports of violence and prosecuting and punishing perpetrators in accordance with the gravity of their acts;
- ▶ strengthening public awareness-raising activities to combat violence against women and gender stereotypes;
- ▶ increasing its efforts to address violence against indigenous women and women with disabilities;
- ▶ guaranteeing in practice that all victims benefit from protection and have access to sufficient and adequately funded medical and legal aid, psychosocial counselling and social support schemes, which take into account their special needs, and that victims not placed under the "safe at home" model have access to adequate shelters;
- ▶ further intensifying community-based approaches to addressing violence against women, with the involvement of all relevant stakeholders.

The Committee was unequivocal in its determination of forced sterilisation as a form of torture, and expressly re-iterated the recommendation that Australia "enact uniform national legislation prohibiting, except where there is a serious threat to life or health, the use of sterilisation without the prior, free and informed consent of the person concerned, and that it ensure that, once adopted, this legislation is effectively applied".

3.4.2 Compliance with Convention on the Rights of Persons with Disabilities (CRPD)

In October 2013, the Committee on the Rights of Persons with Disabilities released its *Concluding Observations* [Australia] following its September 2013 review of Australia's compliance with the CRPD.¹¹¹ The CRPD Committee made a number of *specific and urgent* recommendations to the Australian Government in relation to women and girls with disability. The Committee expressed its “*deep concern*” at the ongoing high rates of violence perpetrated against women and girls with disability in Australia and recommended that Australian Governments act urgently to:

- ▶ address and investigate, without delay, violence, exploitation and abuse experienced by women and girls with disability in institutional settings;¹¹²
- ▶ include a more comprehensive consideration of women with disability in public programmes and policies on the prevention of gender-based violence;
- ▶ ensure access for women with disability to an effective, integrated response system.

Re-iterating that involuntary sterilisation of women and girls with disability is an egregious form of violence that constitutes torture, the Committee emphasised its “*deep concern*” at its ongoing practice in Australia including “*the failure of Australia to implement the recommendations from the Committee on the Rights of the Child (CRC/C/15/Add.268; CRC/C/AUS/CO/4), the Human Rights Council (A/HRC/17/10), and the Report of the UN Special Rapporteur on Torture (A/HRC/22/53), which addresses concerns regarding sterilisation of children and adults with disabilities.*” The Committee urged the Australian Government to adopt national uniform legislation prohibiting the use of sterilisation of boys and girls with disability, and of adults with disability in the absence of their prior, fully informed and free consent.

The CRPD Committee expressed its regret at the lack of data and information about women and with disability in Australia, including indigenous women and girls with disability. The Committee recommended that Australia develop nationally consistent measures for data collection and public reporting of disaggregated data across the full range of obligations contained in the Convention, and that all data be disaggregated by age, gender, type of disability, place of residence and cultural background. Specifically, the Committee recommended that the Australian Government “*commission and fund a comprehensive assessment of the situation of girls and women with disability, in order to establish a baseline of disaggregated data against which future progress towards the Convention can be measured.*”

3.4.3 Compliance with the Convention on the Rights of the Child (CRC)

In June 2012, the Committee on the Rights of the Child (CRC), in its *Concluding Observations* (CRC/C/AUS/CO/4) to the Fourth periodic report of Australia,¹¹³ expressed its “*grave concern*” at the high levels of violence against women and children prevailing in Australia, including domestic violence, lawful corporal punishment, bullying, sterilisation, and other forms of violence. Amongst other things, the Committee urged the Australian Government to prioritise the elimination of all forms of violence against children, paying particular attention to gender.

The CRC Committee further expressed its serious concern that the absence of legislation prohibiting non-therapeutic sterilisation of girls and women with disability ‘*is discriminatory and in contravention of article 23(c) of the Convention on the Rights of Persons with Disabilities*’. The Committee urged Australia to enact non-discriminatory legislation that prohibits non-therapeutic sterilisation of all children, regardless of disability. The Committee clearly identified non-therapeutic sterilisation as a form of violence against girls and women, and recommended that the Australian Government develop and enforce strict guidelines to prevent the sterilisation of women and girls who are affected by disability. This echoed and re-iterated the recommendation to the Australian Government in 2005 by the CRC Committee, whereby it urged Australia to ‘*prohibit the sterilization of children, with or without disabilities....*’¹¹⁴ In seeking to provide clarification on sterilisation of children with disability for the international community, in 2007 the CRC Committee clearly articulated that States parties to the CRC are expected to *prohibit by law* the non-therapeutic sterilisation of children with disability.¹¹⁵

In its 2012 review of Australia, the Committee raised specific concerns regarding the significant levels of violence against women and children, noting that “*there is an inherent risk that the co-existence of domestic violence, lawful corporal punishment, bullying, and other forms of violence in the society are inter-linked*”, and that Aboriginal and Torres Strait Islander women and children are particularly affected. The Committee made a series of recommendations on the issue of violence, including the

need for Commonwealth legislation to act as a comprehensive framework to reduce violence; law that explicitly prohibits all forms of violence against children in all settings; a national system of data collection, analysis and dissemination; and a research agenda on violence against children.

3.4.4 Compliance with the Convention on the Elimination of Discrimination against Women (CEDAW)

For over a decade, the Committee on the Elimination of Discrimination against Women has been critical of Australia's on-going neglect of women and girls with disability. In its reviews of Australia undertaken in 2006 (CEDAW/C/AUL/CO/5) and again in 2010, (CEDAW/C/AUS/CO/7) the Committee made very strong recommendations regarding the need for *urgent action* by Australian governments in relation to women and girls with disability.¹¹⁶ The Committee has repeatedly expressed its deep concern about the pervasive and high levels of violence experienced by women and girls with disability, as well as the low rates of reporting, prosecutions and convictions, the lack of data, the lack of inclusive legislation, services and support, and the lack of targeted measures to prevent and address all forms of violence perpetrated against disabled women and girls. The Committee has called on Australian Governments to take urgent measures to address the violence and abuse experienced by women and girls with disability, and has recommended that Australia address, *as a matter of priority*, violence and abuse experienced by women and girls with disability living in institutions or supported accommodation.

Recognising forced sterilisation of women and girls with disability as a form of violence, the CEDAW Committee has also urged the Australian Government to enact national legislation prohibiting, except where there is a serious threat to life or health, the use of sterilisation of girls, regardless of whether they have a disability, and of adult women with disability in the absence of their fully informed and free consent.

The CEDAW Committee has also recommended that public officials, especially law enforcement officials, the judiciary, health-care providers and social services workers, are fully sensitised to all forms of violence against all women, and that the Australian Government create public awareness of violence against women as an infringement of women's human rights. The Committee has urged Australia to develop the necessary infrastructure to ensure that all women and girls with disability have access to all health and related services (including violence prevention services, and sexual and reproductive health services). The need for disaggregated data and information on women and girls with disability, as well as the need for significant investment and urgent measures to improve decision-making, representation and leadership opportunities for women and girls with disability, has also been a consistent recommendation of the CEDAW Committee.

3.4.5 Compliance with the International Covenant on Civil and Political Rights (ICCPR)

In March 2016, Australia submitted its Sixth Periodic Report to the United Nations Human Rights Committee on Australia's compliance with the ICCPR. It was required to submit its response to the List of Issues Prior to Reporting (LOIPR),¹¹⁷ (adopted by the Human Rights Committee at its 106th session) and is scheduled to appear for review by the Human Rights Committee in July 2017. Under the heading of '*Violence Against Women*', the LOIPR for Australia contains specific questions relating to a women and girls with disability, to which the Australian Government is expected to respond.¹¹⁸ Specifically, the Human Rights Committee, in its LOIPR, states:

Please provide information on whether sterilization of women and girls, including those with disabilities, without their informed and free consent, continues to be practiced, and on steps taken to adopt legislation prohibiting such sterilisations.

In the light of the Committee's previous recommendations (CCPR/C/AUS/CO/5, para. 17), and the State party's follow-up responses (CCPR/C/AUS/CO/5/Add.1, Add.2 and Add.3), please provide updated information on the legislative, administrative and other measures taken towards the elimination of all forms of violence against women, especially perpetrated against indigenous women and women with disabilities. Additionally, please provide updated information on the availability and adequacy of legal and social services for women victims of domestic violence and sexual assault, especially in rural and remote areas.

3.4.6 The Universal Periodic Review (UPR) Recommendations

The Universal Periodic Review (UPR) is a process undertaken by the United Nations and involves the “peer” review of the human rights records of the 192 Member States once every four years. The UPR provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfil their human rights obligations. The ultimate aim of the Review is to improve the human rights situation in all countries and address human rights violations wherever they occur.

Australia has been reviewed under the UPR in 2011 (A/HRC/17/10) and again in 2015 (A/HRC/31/14). The situations of women and girls with disability, Aboriginal and Torres Strait Islander women; women from culturally and linguistically diverse backgrounds, and women in immigration detention – have been identified by UN member States, as warranting significant and urgent action by Australian Governments. In the 2015 UPR, a total of 290 recommendations, endorsed by the UN Human Rights Council, were made to Australia by its UN member State peers, spanning a number of key thematic areas, including: women’s rights, Indigenous Australians, disability rights, Children and youth, and Sexual orientation, gender identity and intersex rights.

The issue of violence against women, particularly violence against women and girls with disability and violence against indigenous women, was a key and urgent recommendation from many of Australia’s UN member State peers. The urgent need for concrete measures to address violence, exploitation and abuse experienced by women and girls with disability in institutional settings was identified, as was the urgency to enact national legislation to prohibit forced sterilisation.

In responding to the 290 recommendations adopted by the Human Rights Council following the 2015 UPR of Australia, the Australian Government formally stated its commitment to:

...eradicating violence against women, especially family violence [...] Australia is implementing its National Plan to Reduce Violence against Women and Their Children as well as the recently announced \$100 million Women’s Safety Package. The Australian Government will continue to implement measures under these activities that pertain to women and girls with disabilities, those from culturally and linguistically diverse backgrounds, and Indigenous women.¹¹⁹

4 CONCEPTUALISING VIOLENCE AGAINST WOMEN IN 1800RESPECT

The Australian Government has made it clear that it views freedom from violence as a pre-requisite to women's exercise and enjoyment of their human rights.¹²⁰ It has committed to addressing and preventing violence against women in *all* its forms, regardless of the place and/or setting in which it occurs, and regardless of who perpetrates it. The Australian Government has clearly articulated its position on addressing and preventing violence against women in a human rights framework:

*The Australian Government understands that eliminating violence against women requires a holistic approach. This involves measures to prevent violence from occurring in the first place, such as education to change societal attitudes and improving health and economic outcomes for women and their children, ensuring that women who have experienced violence receive the support and assistance they need to recover and rebuild their lives, and that perpetrators are held to account.*¹²¹

Furthermore, the Australian Government has also explicitly recognised and acknowledged that:

- ▶ violence against women and girls with disability in Australia is 'widespread';¹²²
- ▶ women and girls with disability are 'extraordinarily vulnerable' to violence and abuse;¹²³
- ▶ women and girls with disability experience significant barriers in accessing domestic/family violence and sexual assault services and support;¹²⁴
- ▶ there is a need for improved services for women with disability;¹²⁵ and,
- ▶ violence against women and girls with disability is "utterly unacceptable".¹²⁶

The international human rights treaty bodies, in reviewing Australia's compliance against the seven treaties to which Australia is a party, have given clear commentary and recommendations regarding the need for Australia to urgently improve its response to violence against women and girls with disability. The need for inclusive, comprehensive, integrated and accessible policies, services and support – including targeted and extra measures – to prevent and address *all* forms of violence against women and girls with disability has been identified as urgent¹²⁷ and has particular implications for the 1800RESPECT service.

4.1 Current Conceptual Framework for the 1800RESPECT Service

Since the establishment of the 1800RESPECT Service, the Australian Government has promoted and talked about the 1800RESPECT Service in different ways, which has led to confusion and lack of clarity amongst stakeholders (including women with disability) about "who" the service is for and "what" the service actually is.

For example, on its 'National Plan' website, the Australian Government defines and describes the 1800RESPECT Service as:

a confidential and professional counselling, information and referral service available 24 hours a day, 7 days a week. The service is available to individuals who have experienced or are at risk of domestic and family violence and/or sexual assault, their family and friends, as well as frontline and isolated workers.

In the Progress Report¹²⁸ stemming from the evaluation of the First Action Plan of the National Plan, the 1800RESPECT service is described as providing:

- ▶ Professional telephone and innovative online counselling and support to people who have experienced or are at risk of violence, their family members and friends;
- ▶ Referrals to people who have experienced or are at risk of violence, their family members and friends;

- ▶ Support to isolated workers in domestic and family violence and sexual assault services who did not previously receive the support they required;
- ▶ Support to frontline workers who encounter women who have experienced violence, including workers in the drug and alcohol and mental health sectors.

The Second Action Plan 'Moving Ahead', describes the 1800RESPECT Service in several different ways within the same document:

...1800RESPECT: Australia's first professional national telephone and online counselling service for women experiencing, or at risk of, domestic and family violence and sexual assault.

...1800RESPECT.....to provide support to women who have experienced violence, as well as isolated and frontline workers in mainstream services.

...1800RESPECT provides counselling and referrals to people who have experienced violence, as well as those at-risk, and their family and friends.

...1800RESPECT will introduce and expand innovative tools to enable women experiencing or at risk of violence, as well as their friends and family, to access information and help. It will also explore the best ways to appropriately support victims of complex forms of violence, including forced and servile marriage, with a particular focus on children and young people.

The 1800RESPECT website describes the service in the following way:

1800RESPECT is the National Sexual Assault Domestic Family Violence Counselling Service. It is a confidential online and telephone counselling, information and referral service available 24 hours a day, 7 days a week. 1800RESPECT provides high quality support for people experiencing, or at risk of, sexual or domestic violence; their family and friends; and frontline workers and professionals.

It is the only national service of its kind and it is designed to ensure victims of domestic and family violence and their families can access counselling, information, and support when and where they need it.

As well as the hotline, the 1800RESPECT website has information for women and their family and friends, as well as a web portal to help frontline workers identify and support victims of domestic and family violence. The portal contains valuable resources and information, as well as useful referral information and resources to support workers in dealing with cases of sexual and domestic violence.

It is clear from these examples that there are different perceptions and understandings within Government and the service itself, as to the scope of the 1800RESPECT service – including 'who' the service is for, as well as what 'types' of violence the service 'covers'. For example, from the few examples outlined above, the service is promoted and described as being for:

- ▶ **women** who have **experienced** or are at risk of experiencing **violence**;
- ▶ **people** who have **experienced** or are at risk of **violence**;
- ▶ **individuals** who have **experienced** or are at risk of **domestic and family violence** and/or **sexual assault**;
- ▶ people experiencing, or at risk of, sexual or domestic violence;
- ▶ **victims of complex forms of violence**;
- ▶ **isolated workers** in **domestic and family violence** and **sexual assault services**;
- ▶ **frontline workers** who **encounter women** who have **experienced violence**;
- ▶ **workers dealing with** cases of **sexual and domestic violence**;
- ▶ **isolated and frontline workers** in **mainstream services**;
- ▶ family and friends.

What emerges from these examples is an apparent underlying assumption that ‘violence against women’ means ‘domestic and family violence and/or sexual assault’ and vice-versa.

Women and girls with disability in consultations undertaken during WWDA’s six-month “1800Respect Project” consistently and repeatedly identified that the current conceptual framework for the 1800RESPECT service – focusing on ‘two types’ of violence against women (sexual assault and ‘domestic/family violence’), is intrinsically discriminatory, in that it excludes forms of violence that women and girls with disability experience, and are at risk of, as well as the many settings and spaces in which they experience violence. ‘Domestic’ and/or ‘family’ violence is typically understood as intimate partner and/or spousal violence that occurs within the family setting between former or current spouses or partners.¹²⁹

[1800RESPECT] should be for all different types of violence. Not just rape and dv. Women with disability have lots of violence. They should change the name of it so that it’s for everyone – for all different sorts of relationships, all different types of violence, and for all people

Consultation Interview, Brisbane, 22 June 2016

We are not included in this service. There is a lack of understanding about the sorts of violence that are perpetrated against us.

Survey Response, June 2016

Change the name. It’s stupid. It doesn’t tell you what its for.

Survey Response, June 2016

Defining, describing and conceptualising ‘violence against women’ as primarily ‘domestic/family violence’ and/or ‘sexual assault’, is not only discriminatory, it is inherently dangerous for women and girls with disability. The focus on narrow conceptual understandings of domestic and family violence as spousal and/or intimate partner violence risks seeing other forms of violence against women, such as those identified with gendered disability violence, become further obscured, resulting in their marginalisation in policies and service responses (including 1800RESPECT) designed to address and prevent violence against women.¹³⁰

Importantly, conceptualising ‘violence against women’ principally as ‘domestic/family violence’ and sexual assault, hides the structural and institutional forms of violence related to law, the state and culture that women and girls with disability not only experience, but are more at risk of³¹ – such as forced sterilisation, forced abortion, forced contraception, denial of legal capacity, forced treatment, restrictive practices, restraint, and indefinite detention.¹³²

As a major initiative of Australia’s 12 year *National Plan to Reduce Violence Against Women and their Children*, the 1800RESPECT Service has been developed and conceptualised in a framework of equality and non-discrimination against women versus men (ie: an *inter-gender focus*), leaving challenges in analysing *intra-gender* differences among women. Even though all women are at risk of experiencing violence, not all women are *equally* susceptible to acts and structures of violence.¹³³

The United Nations Special Rapporteur on Violence against women (its causes and consequences) in her report¹³⁴ to the UN General Assembly, has recently clarified that:

...the lack of recognition of intra-gender inequality and discrimination has led to the privileging of experiences of urban middle-class women, despite the importance of social location for women’s vulnerability to and experiences with violence. This leads to the experiences of all other women and also the impact of social location on women’s vulnerability to violence being obscured. The consequence is that programme designs and goals advanced in the interest of women may only reach the rights violations experienced by some women. More often than not, the women whose rights are protected are not the women whose social location renders them especially vulnerable to gender-based violence.

The need for a ‘holistic approach and framework’ - mandated through Australia’s international human rights obligations – is fundamental in responding to, and preventing violence against women – and critical in positioning the 1800RESPECT service as an inclusive service that promotes equality of outcomes for all women. Such an approach and framework requires situating violence against women on a continuum that spans interpersonal and structural violence; acknowledges the structural aspects and factors of discrimination, including structural and institutional inequalities; and analyses social and economic hierarchies between women and men and *among* women.¹³⁵

5 UNDERSTANDING VIOLENCE AGAINST WOMEN WITH DISABILITY

Violence against women with disability in Australia is widely acknowledged as an urgent, unaddressed national crisis, of epidemic proportions, yet remains marginalised within policy and service responses relating to violence prevention, and from policy and service responses relating to advancing the human rights of people with disability. Where ‘violence against women with disability’ is acknowledged in policy frameworks – even *prioritised* in some – there is a failure to translate this policy language and in some cases, policy promises, into tangible positive measures at the legislative, policy, service delivery, criminal justice, research, and community levels.

For decades, women with disability have argued for national leadership and wide-ranging reforms in law, policy, programs and services to address the epidemic that is violence against them. Their calls for action have been echoed and affirmed by the international human rights treaty monitoring bodies and mechanisms since 2005. A recent Senate Inquiry,¹³⁶ investigating violence against people with disability in institutional and residential settings, found that violence against people with disability – particularly women – is so widespread and entrenched, that a Royal Commission is urgently warranted:

The committee recommends that a Royal Commission into violence, abuse and neglect of people with disability be called, with terms of reference to be determined in consultation with people with disability, their families and supporters, and disability organisations.

Despite over-whelming, indisputable and mounting evidence of the epidemic that is violence against women and girls with disability our governments at all levels have consistently failed to act. In their apathy, indifference and inaction, they have subsequently been complicit in, and provided de facto permission for, the commission of acts impermissible under the international human rights treaties to which Australia is a party.¹³⁷

5.1 The Scale of Violence Against Women with Disability in Australia

Violence against women and girls with disability in Australia is far more extensive than violence amongst the general population and is significantly more diverse in nature and more severe than for women in general.¹³⁸ Compared to their peers, women with disability experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators.¹³⁹ Their experiences of violence last over a longer period of time, and more severe injuries result from the violence.¹⁴⁰

The gendered nature of violence against people with disability sees more than 70% of women with disability having been victims of violent sexual encounters at some time in their lives.¹⁴¹ A staggering 90% of women with an intellectual disability have been subjected to sexual abuse, with more than two-thirds (68%) having been sexually abused before they turn 18 years of age.¹⁴² Twenty per cent of women with disability report a history of unwanted sex compared to 8.2% of women without disability,¹⁴³ and the rates of sexual victimisation of women with disability range from four to 10 times higher than for other women.¹⁴⁴ More than a quarter of rape cases reported by females in Australia are perpetrated against women with disability.¹⁴⁵ Twenty-one per cent (21%) of women with disability report feeling ‘very unsafe’ after dark, compared to 8% of men with disability and 4.5% of people without disability.¹⁴⁶ Only 4 in 10 Australians are aware of the greater risk of violence experienced by women with disability.¹⁴⁷

Women with disability are 40% more likely to be the victims of domestic violence than women without disability.¹⁴⁸ Evidence indicates that every week in Australia, three women are hospitalised with a brain injury as a direct result of family violence.¹⁴⁹ Violence is present in the lives of one in four women with disability who accessed some form of service support in Australia between 2012-13.¹⁵⁰ Eighty-five (85%) of women with mental health impairment report feeling unsafe during hospitalisation, 67% per cent report experiencing sexual or other forms of harassment during hospitalisation and almost half (45%) report experiencing sexual assault during an in-patient admission.¹⁵¹ Women comprise 74% of all elder abuse victims,¹⁵² and are more likely to experience elder abuse than males, at a rate two and a half times higher.¹⁵³

Women with disability represent more than 50% of the female prison population in Australia. More than half of all women incarcerated in Australian prisons have a diagnosed psychosocial disability and a history of sexual victimisation.¹⁵⁴ The percentage

of women with disability in prisons is greater than men with disability. The rate of incarceration of women with disability from Aboriginal and Torres Strait Islander backgrounds is also higher than equivalent figures for men.¹⁵⁵ Women with psychosocial disability and intellectual or learning disability are disproportionately classified as high security prisoners and are more likely to be in high security facilities, than other prisoners.¹⁵⁶

Women and girls with disability experience, and are at particular risk of, forms of violence that are recognised worldwide as not only egregious forms of violence against women, but also as practices which violate the absolute prohibition of torture and ill treatment.¹⁵⁷

For example, electroconvulsive therapy (ECT) performed on involuntary persons (ie: without that persons consent) indicates that in Australia three times more women than men are subject to the practice, across all age cohorts.¹⁵⁸ Forced contraception through the use of menstrual suppressant drugs is a widespread, current practice in Australia, particularly affecting girls and women with intellectual and/or cognitive impairment. It is a practice widely used in group homes and other forms of institutional settings, and is often justified as a way of reducing the 'burden' on staff/carers who have to 'deal with' managing menstruation of disabled women and girls.¹⁵⁹ Furthermore, women and girls with disability in Australia continue to be at risk of, and experience, other gross violations of their reproductive rights, such as forced sterilisation and forced abortion (often wrongfully justified by theories of incapacity and therapeutic necessity).¹⁶⁰

Women and girls with disability are regularly deprived of the information, education, skills and supports required to recognise and address violence. Those who live, occupy, and/or experience institutional, residential and service settings are often taught and 'rewarded' for, unquestioning compliance. In such settings, criminal behaviours are often normalised and no action is taken against perpetrators. Many women and girls with disability do not recognise the violence perpetrated against them as a crime, are unaware of how to seek help and support; are actively prevented from seeking help and support; and/or are unlikely to find a pathway to safety even if they seek support. There is a dearth of accessible information and education resources about violence against women and girls with disability - for the women themselves, the service sector, and the broader community.¹⁶¹

Violence perpetrated against women and girls with disability falls through a number of legislative, policy and service delivery 'gaps' as a result of the failure to understand the intersectional nature of the violence that they experience, the vast circumstances and spaces in which such violence occurs, and the multiple and intersecting forms of discrimination which make them more likely to experience, and be at risk of, violence.¹⁶² At the practical level, the norm is to use silo models and approaches of service delivery which address a narrowly defined set (or sub-set) of issues, and operate alongside other institutions which deliver services to another narrowly defined issue. For example, women's refuges in Australia have identified that they often do not have the capacity, or the 'know-how', to assist women with disability – or women who have children with disability.¹⁶³

Research has found that the lack of a clear definition and conceptual understanding of violence against women with disability in legislation and policy frameworks results in low priority being given to the issue in service environments, where the service sector is largely governed by a range of specific legislative and policy frameworks designed to ensure effective service delivery that addresses one area alone such as disability or gendered violence.¹⁶⁴

Regardless of setting or context, violence against women and girls with disability in Australia continues to be conceptualised, downplayed and 'detoxified' as 'abuse' or 'neglect' or 'service incidents,' or 'administrative infringements' or a 'workplace issue to be addressed'¹⁶⁵ - rather than viewed as 'violence' or crimes.¹⁶⁶ This is particularly the case in institutional and residential settings - including group homes, boarding houses, respite services, day support services, mental health facilities, and prisons - where violence perpetrated against women and girls with disability is rarely recognised or understood as 'violence', and more often than not, is deliberately minimised, trivialised, ignored, dismissed, excused, covered up, or normalised. The downplaying of violence against women and girls with disability is also a common response to women with disability experiencing violence perpetrated by a partner or carer – where the violence is often re-framed as an 'incident' and is then 'excused' or minimised because the woman has a disability, and she therefore must be to 'blame'.¹⁶⁷

Reframing crimes of violence as 'incidents' or as 'abuse' creates a greater potential for such 'incidents' to go undetected, unreported, and not investigated or prosecuted. For example, research suggests that disability service providers have wide discretion in determining whether an alleged 'incident' of sexual assault against women with disability justifies reporting the 'incident' to the police, even if there is a requirement of mandatory reporting.¹⁶⁸

The lack of a clear definition and conceptual understanding of violence against women with disability at all levels means in effect, that their experiences of violence are not properly recognised across the legal and service systems, they are given less protection than their counterparts who do not have disability, and the likelihood of them benefiting from integrated and coordinated responses, including prevention, is substantially compromised.¹⁶⁹

Inclusive, consistent, and comprehensive definitions and conceptual understandings of 'violence' - which include the full variety of violent acts experienced by women and girls with disability, in the full range of settings and relationships experienced by them - are critical to ensure that women who have experienced violence, or are at risk of violence, have equal access to, and receive the support and assistance they require.

The multiple forms and complex nature of violence perpetrated against women and girls with disability currently sit in a legislative, policy and service response vacuum. What this means in practice, is that many women and girls with disability are not afforded the same protections and responses as others, and violence against women and girls with disability – in all its forms – is allowed to flourish with impunity.

6 WOMEN WITH DISABILITY AND THEIR USE OF TECHNOLOGY

According to the Australian Bureau of Statistics (ABS), 62% of people with disability in Australia have internet access at home, and the most common activities performed using the internet are: general browsing (90%); using email/accessing chat sites (83%), and accessing government services (51%).¹⁷⁰ Importantly, the available data in Australia on internet and computer use by people with disability is not disaggregated and relates only to “*people aged 15 years and over with a reported disability who live in private dwellings, excluding those who reported only having a disfigurement or deformity without any limitations*”.¹⁷¹

The internet offers many opportunities to women with disability that are unavailable through any other medium. It offers independence and freedom. Yet despite the significant potential for inclusivity that the internet represents, women with disability experience barriers in accessing the internet in a full, meaningful and inclusive way. Affordability and accessibility remain major barriers for women and girls with disability in their use of information and communication technologies. Lack of access to ICT education and training, lack of digital literacy, incompatible devices and technologies, poorly designed websites – are just some of the issues that exacerbate these common barriers for women with disability.¹⁷²

Many women and girls with disability do not have access to any digital platforms – particularly women with disability who live in institutional and other closed settings and environments. Women with disability in these settings often have limited, if any, access to internet based information and services, and are often reliant on ‘gatekeepers’ for access to information on any issue – including violence prevention. This issue was raised consistently in the *Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings*, and resulted in a series of recommendations in the final Senate Report – including the critical need for all levels of Government to “*increase training for people with disability to recognise violence, abuse and neglect so they can self-report*”.¹⁷³

As part of the consultations undertaken with women with disability during WWDA’s Project, participants were asked about their technology use, including how they find information on the internet, and how they decide if the information is “trustworthy”. A brief summary of the combined feedback gathered through the consultations is provided here.

6.1 Technology Use

The majority of women who participated in the co-design workshops, surveys and interviews conducted during WWDA’s Project (see [Section 7.1](#) of this Report for a description of the methodology), used their mobile phone as the main device to access information and services on the internet. They identified that a “smart phone” was their “ideal” mobile phone, however many of the women providing information on their technology use, did not have smart phones, and identified affordability as the main reason for this.

Women with disability identified Ipads as important devices for them, due to factors such as usability, portability, screen size, lightweight – but again, affordability was cited as a key barrier to owning an iPad. Several women had “second-hand” devices (phones, laptops, Ipads) which had been given to them by family and/or friends, but the women identified that old and outdated devices caused problems for them – in relation to issues like outdated software, the weight of the device, incompatibility with assistive technologies and so on. Laptops and desktop computers were more likely to be used by women with disability who were in paid employment, with several women identifying that they used their work based computers to find information, as the computers were more modern and up to date.

Significantly, a large number of women with disability who engaged in the Project, either had no access to the internet, or, had the technology to access the Internet, but didn’t know how to use it. Two women with disability who live in institutional settings, had a mobile phone, but no mobile data on their phone and no access to wireless within the institutions in which they resided. Several women stated that they were reliant on a third party to get the information they required – on any issue:

If I want anything I ring up my sister and get her to look it up on the internet.

I ask my sister and my nephew too.

I ask my sister in Melbourne to look things up for me.

I have a tablet but I don't know how to use it.

I got given an old laptop but no one has shown me how to use it and I tried myself a few times but just got frustrated with it.

I'm technologically challenged.

I have a mobile phone but I can't use it for the internet because my eyesight is poor and I can't see the words. So if I want to find something on the internet, I ask the people who live in my block of flats.

I asked the manager if I could have access to the Internet and she said "No" because I might use it "inappropriately".

6.2 Use of the Internet and Social Media, Looking for Information and How Do You Tell If Information is Trustworthy?

Women with disability who engaged in the Project, were asked about their internet use – how they find information and how they determined if information was 'trustworthy'. They offered the following feedback:

If I google something – I am more likely to click on something I have heard of, so I would probably click on it.

In conversations with other people with disability you hear of the good services. My mum and sister have disability and we talk together and see if we can remember it. If they are memorable it is usually for bad reasons. Word of mouth is really powerful.

If I need to know anything I just google it.

The only book I read these days is facebook.

I love google.

I go on google to look for a service – and I check if it's Australian to make sure it's credible.

I use Facebook to ask disability groups for recommendations.

I am a member of WWDA – and I would trust WWDA's recommendations.

You can tell by the web address if it is going to be trustworthy or not. The way it is set out. If it doesn't look professional then it is less likely to be believed.

The top results or those on the first page are the best and most relevant.

If I need a service, I ring Telstra Directory Assistance 1234 and they tell you.

Through newsletters and groups.

Twitter is good for finding out stuff.

I can ask my local library and they will help me.

Disability advocacy services should be able to help find information.

I learn about services through Newspapers and tv and radio advertising.

Disability and women's groups – ones that are in the community and also the ones that are on the internet, like on Facebook.

7 WOMEN WITH DISABILITY EVALUATE THE 1800RESPECT WEBSITE

Over the five years that 1800RESPECT has been in operation, WWDA has consistently received direct feedback from many women with disability about the 1800RESPECT website and counselling service when they have called WWDA for emergency assistance when experiencing or at risk of experiencing violence. This feedback has been supplemented with responses from women with disability who contributed directly to the Project through a number of different ways including: completing a comprehensive survey about the website and counselling service, attending a co-design workshop, attending a focus group, direct interviews, provision of written evidence, and more. A description of some of the primary methodologies used is provided below, followed by a summary of the combined feedback gathered through these key mechanisms.

7.1 Methodology

7.1.1 Direct feedback to WWDA over the past 5 years

For more than twenty years, women with disability experiencing or at risk of experiencing violence have contacted, and continue to contact, WWDA for emergency assistance, advice and information. Although 1800RESPECT was launched in late 2010, the overall number and frequency of these calls has not decreased during this time. Surprisingly, many women with disability were directed by 1800RESPECT to call WWDA for assistance, and many were directed back to WWDA after WWDA had recommended that they call 1800RESPECT. Other reasons that women with disability experiencing or at risk of experiencing violence contacted WWDA in the first instance was that they did not know of its existence⁷⁴ or had called WWDA on previous occasions for assistance and felt supported.

Since the launch of 1800REPSECT in late 2010, when women with disability experiencing or at risk of experiencing violence called WWDA for emergency assistance, advice and support the Executive Director WWDA has documented many of these calls, including feedback about the 1800RESPECT website and counselling service.

I rang 1800RESPECT. I was ringing to try to get some advice and help for my sister, who has social phobia and is being abused by close relatives that she lives with – including being badly bashed. I had to wait on the line for 40 minutes. When I finally got to talk to someone, I tried to explain the situation and I told them my sister needed someone to help her. As soon as I said my sister had a disability – and mentioned social phobia and agoraphobia – they weren't interested. They told me to ring WWDA and they gave me WWDA's phone number.

WWDA, May 2016

When I contacted 1800RESPECT I wanted them to give me advice and tell me where I could get real help. I tried to explain to them that my abusive husband says that I will lose the kids if I report him to the police. He says that because I have a disability, they will give him the kids. The 1800RESPECT lady wasn't interested in talking with me. She told me to contact WWDA or Lifeline.

WWDA, March 2016

7.1.2 Survey

The survey Evaluation of the 1800RESPECT Website www.1800respect.org.au: Improving Service Responses for Women with Disability Experiencing Violence (see [Appendix 1](#)) was developed by WWDA to inform the redevelopment of the 1800RESPECT website and counselling service. Questions were designed to both capture information about the level of accessibility and relevance of the current website and also seek ideas to improve accessibility and relevance for all women and girls with disability experiencing or at risk of experiencing violence. The survey contained many questions where respondents were required to complete tasks on the website.

Questions were divided into 13 areas:

1. Basic demographic information
2. Your technology use
3. Awareness of 1800RESPECT website
4. Marketing
5. Accessibility
6. Finding your way around the website
7. 'Look and feel' of the website
8. Getting help
9. Referral options
10. Guidance for counsellors about call management
11. Resources
12. Information about 'what is violence'
13. Data collection
14. General feedback

In addition to the actual questions, women with disability were also invited to add any further comments or information that thought relevant. Women with disability were given the option to complete the survey electronically or provide a handwritten response or respond to questions over the phone. Invitees were told they did not have to answer all the questions and that the survey would take approximately 30 minutes to an hour to complete depending on the length of their responses. Invitees were advised that they would receive a \$50 gift voucher if they completed the survey to thank them for their participation and time in completing the survey. Invitees were also advised that the information they provided would remain anonymous, and comments would be de-identified where necessary in all reports produced to improve the redevelopment of 1800RESPECT.

Thirty-one women with diverse disabilities from across Australia (all WWDA members) were invited by email to complete the survey and contribute to the redevelopment of 1800RESPECT:

Nine women with diverse disability responded formally

- ▶ 2 from ACT, 4 from NSW, 2 from QLD and one from SA
- ▶ 5 women lived in city/metropolitan areas and four lived in regional areas.

Along with the formal written responses received, WWDA also assisted several women with disability to contribute to the survey, by working with them over the phone and face-to-face to enable them to provide their thoughts and feedback on the survey questions.

7.1.3 Co-design Workshops

Co-design workshops with women with disability were developed to help inform the redevelopment of 1800RESPECT website and counselling service for women with disability experiencing or at risk of experiencing violence (see [Appendix 2](#) for a copy of the Co-Design Workshop Flier).

Co-design workshops were held with women with diverse disabilities in accessible venues in Sydney, Brisbane and Melbourne. An additional workshop was held in Brisbane with women with intellectual disability. Workshop numbers were limited to a maximum of 8 participants per workshop to ensure active participation and robust discussion. As workshop numbers were small, personal invitations were issued to a small number of women with disability by WWDA and organisations that generously agreed to provide a venue for the workshop to be held (People with Disabilities Australia in Sydney; Women With Intellectual Disability in Brisbane; Queensland Disability Network in Brisbane).

While the workshop in Melbourne was held at Medibank Head Office, Women with Disabilities Victoria assisted with the distribution of invitations to women with disability in Melbourne. Workshops varied in duration between 3 to 4 hours and were fully catered. Workshop participants were given a \$50 gift voucher to thank them for their participation and time and provided with taxi vouchers to attend the workshop if required.

The workshops covered the following topics (see Appendix 3 for a copy of the Agenda):

1. Technology and internet use
2. Imagining an ideal phone and internet service when emergency help is needed
3. Critique of webpages from 1800RESPECT and other similar services
4. Creating your version of 1800RESPECT

The co-design workshop was designed to ensure maximum participation and engagement with all participants. For example, PowerPoint presentations were not utilised to ensure all participants had equal access to information; there was a strong emphasis on large and small group discussions to ensure everyone had the opportunity to contribute and share their opinions and experiences and ask questions; handouts were kept to a bare minimum (printouts of screenshots of a variety of websites, including 1800RESPECT) and available in large print and electronic format as required. Links to the various website pages for group work were also made available in advance of the workshop when requested (see Appendix 4 for a list of the website links).

The number of participants at each workshop was as follows:

1. Sydney (workshop held at PWDA) - 6 women with disability
2. Brisbane (workshop held at WWILD) - 7 women with disability
3. Brisbane (workshop held at QDN) - 6 women with disability
4. Melbourne (workshop held at Medibank Head Office) - 5 women with disability

7.1.4 WWDA National Forum and Focus Group

In early April 2016, WWDA held a 'National Forum for Women and Girls with Disability' which was held in Melbourne and attended by more than 50 women with disability from all around Australia. The key aims of the Forum were to:

- ▶ Identify and prioritise the key issues that affect women and girls with disability in Australia;
- ▶ Identify and prioritise tangible solutions and actions to address the issues identified;
- ▶ Actively engage with the Australian Government on issues relevant to Australian women and girls with disability;
- ▶ Learn more about the Australian Government's priorities for women and for people with disability;
- ▶ Contribute toward setting WWDA's strategic direction for 2016 -2021; and,
- ▶ Network, build new friendships and alliances, and have the opportunity to develop a sense of autonomy and agency.

WWDA used the National Forum as an additional opportunity to engage with women with disability around their awareness and utilisation of the 1800RESPECT Service. Approximately 27 women with disability were surveyed during the WWDA National Forum to gauge their awareness of the 1800RESPECT Service. The Forum provided an important opportunity for WWDA to promote the 1800RESPECT to women with disability, their support workers, allies, and friends. The day after the WWDA National Forum, WWDA conducted a small Focus Group with 9 women with disability to enable the women to provide feedback on the current 1800RESPECT Website. The Focus Group was held at the Medibank Head Office in Melbourne.

7.2 Results – Women with Disability Outline the Barriers

7.2.1 Accessibility of the 1800RESPECT website

Very few women with disability who participated in the consultations for this Project, had used the 1800RESPECT website prior to the Project.

When asked to examine the website or provide feedback about previous use of the 1800RESPECT website, most women with disability said the website was inaccessible. They provided the following feedback:

Too busy. Needs to be simpler. Needs to say things just once.

Site is too cluttered.

[Need] easy read for women and girls with cognitive / intellectual disabilities.

The website should be for everyone. All the information should be there for everyone however they need it. For a start, there should be an audio version of the whole website.

When I attempted to access the counselling via the website. I saw a notice advising the feature is currently unavailable. I think this greatly letting down women with disability, as some women with disability don't have verbal communication and may be only able to communicate via typing responses.

When promoting 1800RESPECT reference is made to sexual assault / family violence. Women with disability may not know that the service is applicable to them if they live away from their family or they may require further explanation to understand what constitutes sexual assault and other forms of violence and/or pictorial explanations – similar to the National Disability Abuse and Neglect Hotline when it was operated by People with Disability Australia.

There is no reference to the National Relay Service as a mode of contacting 1800RESPECT, it should an option on the where to get help and contact us tabs.

They should have a TTY number. It should not be in accessibility, as that should be where you can perhaps access the ability to make the website more functional, i.e. be able to enlarge font and perhaps access a Plain English version of the website. Consulting with the NSW Council for Intellectual Disability (CID) would be helpful for this.

The QUICK EXIT button is not prominent, and should throw you to an innocuous page, not the search engine page.

Triple 0 info is too small.

737732 does not correspond to RESPECT which is 7377328.

Cannot comment on WCAG2.0 compliance, when first designed it was shocking but has been simplified in colour contrast since then.

The name of the DAISY app is confusing for people who are vision impaired/blind because this is the name of a playback device.

Website 'busy' and difficult to navigate.

Website history collected.

No predictive text or suggestions of alternative spelling.

Does not engage with colour palette.

Really difficult to navigate.

One woman who had used the website said:

Website – delivered if you had a high level of computer skills to access all components.

Other positive comments included:

It is accessible for me, accessing information. However accessing online counselling seems very difficult.

As long as girls and women with disability are made aware of the website it does its job well.

Website currently down for maintenance, which is the reason for "neutral" rating on accessibility. From what is available the language is plain with good contrast between background and writing and clear labelling of the information and links.

7.2.3 Navigating the 1800RESPECT website

Responses were mixed about how easy it was to navigate the 1800RESPECT website. One woman with disability said it was easy to navigate her way around the website generally “but not the counselling section”.

Women with disability who found it difficult provided the following reasons:

It's really confusing.

My impressions were disability is an afterthought. The get help tab and the contact us tab were confusing. Are they the same or different? I went to contact us thinking it would be the way to contact a counsellor from 1800RESPECT. Where to Get Help I thought would have other useful numbers, such as, accessible alternative / emergency accommodation options / the contact details of disability support agencies – i.e. advocacy organisations in every state and territory.

I clicked on fact sheets and the only ones there were work related ones and not for people seeking help for themselves.

When asked to complete a specific task starting from the homepage (www.1800respect.org.au), see if you can find a link to talk online with a 1800RESPECT counsellor. Did you find it? The task was difficult for approximately half the respondents, and impossible in one instance. One woman with disability indicated that she found the link to talk to the online counsellor “eventually”. Few women with disability indicated that the task was “very easy”.

7.2.4 Clarity of text, pictures, layout, links and design

When asked if there was anything on the website that was confusing (for example: text, pictures, layout, links, design), the majority of women with disability said ‘yes’.

Women with disability who found aspects of the website confusing provided the following reasons:

Where it says Get Help twice on the same page... its like um.... I dunno which one?? In a time poor situation there needs to be the fewest number of decisions for a person to make. Say it once and say it well.

It's too messy and confusing. It's not clear. And it's not accessible and there's nothing for women with disabilities and particularly women with intellectual disabilities.

Layout of the website and each page I found confusing.

I expected fact sheets to contain fact sheets on planning an escape, or fact sheets on what DV is and how it might apply to me.

My impressions were disability is an afterthought. The get help tab and the contact us tab were confusing. Are they the same or different? I went to contact us thinking it would be the way to contact a counsellor from 1800RESPECT. Where to Get Help I thought would have other useful numbers, such as, accessible alternative / emergency accommodation options / the contact details of disability support agencies – i.e. advocacy organisations in every state and territory.

Downloading the Daisy 'app' – this process is not something I'm familiar with. I tried to do it and it seemed charges might apply???

Online counselling links

Safety links

\$\$ access

7.2.5 'Look and feel' of the 1800RESPECT website

When asked to examine the 1800RESPECT website and provide general comments about the look and feel of the website women with disability stated:

Layout was confusing plus nothing really stood out on website – colour wise as in attention grabbing.

Cluttered and busy

While it was easy for my use, I think it is very word dependent, and this could make it harder for women who need to find information at a difficult time in their lives, so the easier it would be to find the information, the easier it could be for the woman to seek help.

It is not is not inclusive of people with disability and it is very white. It does not reflect societal diversity.

There should be information there that is about and for women with disabilities.

It should be obvious that women with disabilities are welcome and included.

It should be for women first and everyone else second.

More female friendly perhaps would be encouraging as majority of victims are female.

It should be simple.

It should be accessible.

It should be user friendly.

It's too businesslike – professional

On a more positive note about the general 'look and feel' of the website, two women with disability felt that the website "looks good, conveys information clearly."

Women with disability were also asked for their thoughts about the pictures/photos used in different sections of the website. Women with disability said:

Needs revamping

It is not is not inclusive of people with disability and it is very white. It does not reflect societal diversity.

PHOTOSTOCK, WASPish

There should be lots of pictures. Lots of [people] are illiterate.

Good to have various faces from various cultures and ages

There should be picture based storybooks as well as Plain English and Easy English information.

There should be stories about life before and after violence. Testimonials and short stories from all sorts of women about their life before they escaped the violence and their life after they escaped the violence.

There are many women, including women with disabilities, who find it too hard to stay away, an/or leave for good. Sometimes it can be really hard. Being able to read or hear about other women's experiences – especially their life after they escaped – would be really useful to other women.

There should also be stories from and about women with disabilities who are not in the traditional "home" – for example, positive stories about women with disabilities in institutions who have been able to escape or report the perpetrators. Advice about how they did it.

Images are sympathetic, good to see in the 'talking to a friend' section at least one male figure was represented as the friend (we do have them!). Also good to see not every image of 'disabled' was someone in a wheelchair (thanks!).

When asked more specifically if they "liked" the pictures/photos on the website, most women with disability said they felt "neutral" about them.

7.2.1 Barriers preventing women with disability from getting the help they need from 1800RESPECT

Women with disability suggested the following barriers might be stopping women and girls with disability experiencing violence or abuse from getting the help they need:

Frustration at the website.

Not knowing what to do and not finding help on the fact sheets page.

Difficulty navigating website.

No internet access

No access to a computer

Feeling excluded from a service by its parameters of service delivery

Lack of understanding of what services must supply

Inaccessible services

Lack of understanding of the sorts of violence that are perpetrated against women with disabilities, such as institutional violence

Lack of understanding from others about violence against women with disabilities

A general [lack of] understanding of what violence is.

Lack of services for women living in disability specific settings such as disability group homes, where the relationships are not defined as "domestic" and therefore may exclude them from services.

Gatekeepers.

The type of disability the woman has.

Negative attitudes towards women with disabilities – fear of not being believed, and not having their needs understood and accommodated.

Most people just don't care about us.

Some women with disabilities don't have the confidence to get help. Some simply can't get help.

Being trapped in violent relationships and settings.

An assumption that women with disabilities – specially women with intellectual disabilities – must have deserved the violence, or brought it on themselves.

Fear of [losing] support.

Fear of not being believed.

No \$\$

A lack of funding to adequately resource disability responsive crisis services for women.

How will they facilitate access via a third party

7.3 Women with Disability Envisage a New 1800RESPECT Website

7.3.1 Suggestions to improve accessibility of website

Women with disability made the following suggestions to improve the accessibility of the 1800RESPECT website:

Online counselling or immediate help require a one step process to ensure clients don't drop out.

000 needs to be able to connect directly if needed and it needs to be obvious and uncluttered.

Clear links to immediate \$\$ support to facilitate safety. Approx \$10,000 per woman, immediate needs: accommodation – external or safety upgrades; legal support; new iPhone or iPad; new chair or immediate access to loan equipment

3rd party on ground contact for safe support to also be facilitated through 1800RESPECT if necessary

Make it less busy.

There should be simple, everyday language. Use words that the ordinary everyday person uses and understands.

All the information should be easy to read and understand.

The website should be really easy to use and it should be easy to find information.

The website and all the information on it should be available for every type of disability. It should also be in languages other than English. Young people should be able to understand all the information on it as well.

Clear labelling of information, links and navigation tabs; using headings in plain language that stand out from the body of the text, and navigation tabs/buttons that are formatted to clearly stand out as something that should be clicked on.

Plan English / easy read text and pictures for women with reading difficulties.

There should be audio format.

Need to ensure it is accessible for women with Sensory Disabilities

Using the online counselling is complex, because you have to block pop-ups

Using the telephone is complex because you do it via skype and need a good internet connection (I only gleaned this from watching the AUSLAN video)

There's a lot of people out there who still have download limits and they should be able to access the information on the website for free. I don't think ISP's should count the downloads from the site – it should be free.

Some people cant afford a high monthly download and so the website should be made in a way that doesn't require someone to use a lot of their data limit.

Having a website representative in real time available like facetime/skype to help people navigate around the website. Also be useful to have real time representative using Auslan while speaking.

Consider the use of an avatar for face-to-face information conversations. Ie Siri / Cordana

Due to my circumstances, being online and navigating on website and talking to someone in real time is more beneficial for me to find the right information, as being on the phone I have people who live here who are controlling and always like to listen in on my phone conversations and then fire 100's of questions about who I'm talking to and about what etc when it's none of their business.

I utilise voice activated software – Dragon Speaking to navigate computers and their various functions and the website was not responsive to voice commands.

The referrals should have a button on the homepage

The site should have links to ANROWS and Our Watch and The Line

Service information should also be intersecting- ie. CALD women and girls with disabilities, Aboriginal women and girls with disabilities etc.,

It should/could also have links to local DV/FV services and local SA services. Our ACT services say they have NEVER been contacted by anyone who used 1800RESPECT or got a referral from a counsellor. It would help to have this linkage with a f2f counselling service and trauma informed long-term assistance. OOPS have just seen that ACT is not listed in the referrals.

Separating phone numbers so that they can be easier for quick reference – maybe one phone number per line.

Is there any easy way to forward this website on to a friend? It would be useful if this 'forwarding on' or 'share with a friend' was built into the website.

7.3.2 Suggestions to improve the 'look and feel' of the website

When asked How do you think the website should 'look and feel' to make it more relevant to women with disability who experience violence, or to those who support someone who is experiencing violence? women with disability responded as follows:

Clear description of parameters of service

Inclusive statements – authentic and match with service delivery

Ease and access for all to key components: info and counselling

Include pictures of women with disability to make the site more relatable. Also, including statistics is a good idea, as then women realise that they are not alone in their experience.

I think using attention grabbing photos and colour scheme and bigger/different fonts will help.

Simple, easy. Uncluttered.

The last thing I think you need is 'shocking' images of women bruised and battered. This is so much the cliché image of what violence is / involves. I think it's good your website goes to a deeper level, trying to get to what can be unseen violence.

The fact that the website has a positive 'look and feel' is good.

It is ok, and would be willing to forgo photos to have it simpler

Photos – colours – symbols

7.3.3 Suggestions to improve 1800RESPECT website so women with disability experiencing violence and abuse get the help they need

Women with disability suggested the following solutions to ensure women with disability experiencing violence and abuse get the help they need from 1800RESPECT:

Being inclusive of women with disability in the frameworks and policies that are developed, so their perspectives and needs are catered for.

Ensure that women in disability specific relationships, such as those with paid and unpaid carers, and co-residents in shared living arrangements, are recognised and are included in the service provision.

Accessibility needs to be addressed to make the website easier to navigate for a person with vision impairment, a person who is deaf, and people intellectual and mental disabilities as well as for people of various cultures.

Give reassurance that help can be found and they will be heard. Perhaps something that says "We will listen"

In the same ways as other women through counselling support and referral provision. It just needs to be accessible in multiple ways and the counsellors need to [be] disability aware.

A free app. It could have an emergency button on the app that automatically rings for police. The app should work on any device you use. Not just phones but tablets and computers as well.

I think for women with disabilities who live in group homes and other sorts of institutions, they should have a free Ipad with apps and information already loaded on it. They should be taught how to use it.

Any woman with a disability who has someone else "caring for them" or paid to care for them, should have a free Ipad. It should also be in the NDIS. Any woman with a disability who doesn't have spoken communication should have a free Ipad or something like that, where they can be in control themselves. Its not like women with disabilities

in group homes are going to be able to just ring 1800Respect, or go on the website. There should be much more done with women with disabilities who are stuck or trapped in these sorts of places. They should have the same rights as any other woman to use the 1800Respect services.

Education – that as the one being abused they are not to blame.

Education – about what violence is.

Information – about who and where to turn to.

There is a newsletter for workers and professionals – why not for girls and women with disabilities generally, to offer connection and continue to build relationships (both between those women and girls and 1800RESPECT and potentially between each other, sharing comments, questions, stories?)

Links to key sites women with disability access now

Community education.

\$\$

Change the name. Its stupid. It doesn't mean anything.

\$ allocation per woman – for example with significant safety needs \$10,000 is required to ensure safety

Many more opportunities to link women or girls to services specific eg. DV or SVP services

7.3.4 Suggested design ideas for 1800RESPECT website to ensure accessibility and relevance for women with disability

One of the principal aims of the Co-Design Workshops was to allow women with disability the opportunity to engage in the design process and directly contribute ideas to the redevelopment of the 1800RESPECT website to ensure the new website was accessible and relevant to women with disability. Below are design ideas by women with disability, including new designs for consideration for the home page (Figures 1 – 4).

7.3.4.1 Sydney Co-Design Workshop

Layout:

Need help now and Quick Exit – much larger font and colour so stands out

What is violence? In the middle

Need font size and read aloud options on home page

Text back option if waiting – so not on phone for ½ hour waiting

Click on 'need help now' - direct dial as well as LIVE chat.

Like on lifeline page – have options – live chat and calling.

Warnings on every page but definitely on the home page – i.e. the orange square call 000 for danger

"Safety planning" on every page

'worried about my friend or family member' button - but not the little kid images

White print on dull orange background hard to read

In an emergency – call 000 – should be larger font, CAPS and bolded – call 000

Concern re Cartoonish aspect of the “support a friend”

In Auslan video section, concern re word “Victim” – remove. Not victim/survivors – surprised to see the word victim – it should be ‘women experiencing violence’

Should say if there is going to be a long wait – especially if you are nervous and stressed. It is about expectation – if you know you are going to be on hold – then not so bad adrenalin surging. Even a warning – you may not get to talk to someone straight away.

If there are often wait times, this needs to be advertised on the website and the warning removed only when wait times no longer exist.

Q: what happens when waiting?

First language should be ‘Plain English’ then add other languages, including community languages.

“Stay informed Newsletter” – it’s just directed at workers and professionals – not something for women – or to be open to everyone. Should therefore only be on workers and professionals tab not on the home page. If it is on the homepage then it should be open to everyone.

1800respect – the name doesn’t mean anything – doesn’t indicate what the service is. Need name change.

Need option to provide feedback for the whole site not just page by page. Was this page helpful – need a ‘was this site helpful?’

What must the website have:

- ▶ *Easy to read, nicely spaced out, easy to read, balance of words and pictures, needs to be accessible for all diverse groups, easy to use, works on phone and iPad*
- ▶ *Number to call, free online service,*
- ▶ *Community forum – e.g. discussion on diverse issues*
- ▶ *Images must have diversity, good case studies and successful outcomes,*
- ▶ *Skype/web, especially as option for deaf people who want counselling*

Imagery ideas that might be associated with this service:

- ▶ *flower – how can daisy help you – each petal has a particular area – cultural services, legal services etc and click on the petal they want. And in middle of flower has the 1800R contact. Stem – has things*
- ▶ *Violence ribbon*
- ▶ *Front page of the website is visual – like the poppy*

7.3.4.2 Brisbane Co-Design Workshop (WWILD)

Home page:

Bright colours

1800RESPECT in the middle

With phone number under it

I need help now button top right and under phone – can choose a call back or to ring

Icons down the side like the BBC how to guides with big writing next to it

Like the big button to push like on the lifeline website. On the top right and then also under the 1800RESPECT in the middle

Picture of a person with someone next to them saying when “friend or family needs help”

Top in the middle – what is violence for people with disability

It is better like that not too crowded

Other pages

Information and other services page

Help page

How to stop violence

What is counselling (what to expect)

Read stories and share your story, Tell other women about your problems, listen to a story, watch

What is the 1800respect like

Safety plan – like a dot on your hand saying I am in trouble to press for your friend or sister in law

Support, adjustments and advocacy – how woman with a disability can get someone to help them get a DVO or other things. A link to someone who can provide one on one support.

1800RESPECT - What needs to change? Website:

Name needs to change – needs to say for all different types of violence

Tell that it is for all sorts of violence, not just physical violence. And for other people. not just rape and domestic violence. Then you might think if you have other violence then not for you.

Women with disability have lots of violence. What does violence mean. People might not know what violence is or that it happens in the home and on the street

Its about all different types of relationships, and all different types of violence and all people

And what does violence mean. E.g. sexual, emotional, etc

Images

Bigger photos

Photos of people

Photos of all different types of people and relationships – people with disability, ATSI, Multicultural

7.3.4.2 Brisbane Co-Design Workshop (QDN)

Listen function good for women who are not vision impaired/blind (they have screen readers) but who don't read well.

Video – talking about sharing stories and how they have been helped. All different kinds of cultures and disability. Stories about how the service helped you. I called, they were great, they connected me with an advocate for the court, they made a safety plan with me. Stories about how the website and counselling service helped them

On the home page. A button saying watch videos about how this service can help you.

Other women sharing their stories.

They need hope to say we will listen and you can be helped.

“About” button is what the service offers

Feedback from people we have used 1800RESPECT: How we helped/who we helped

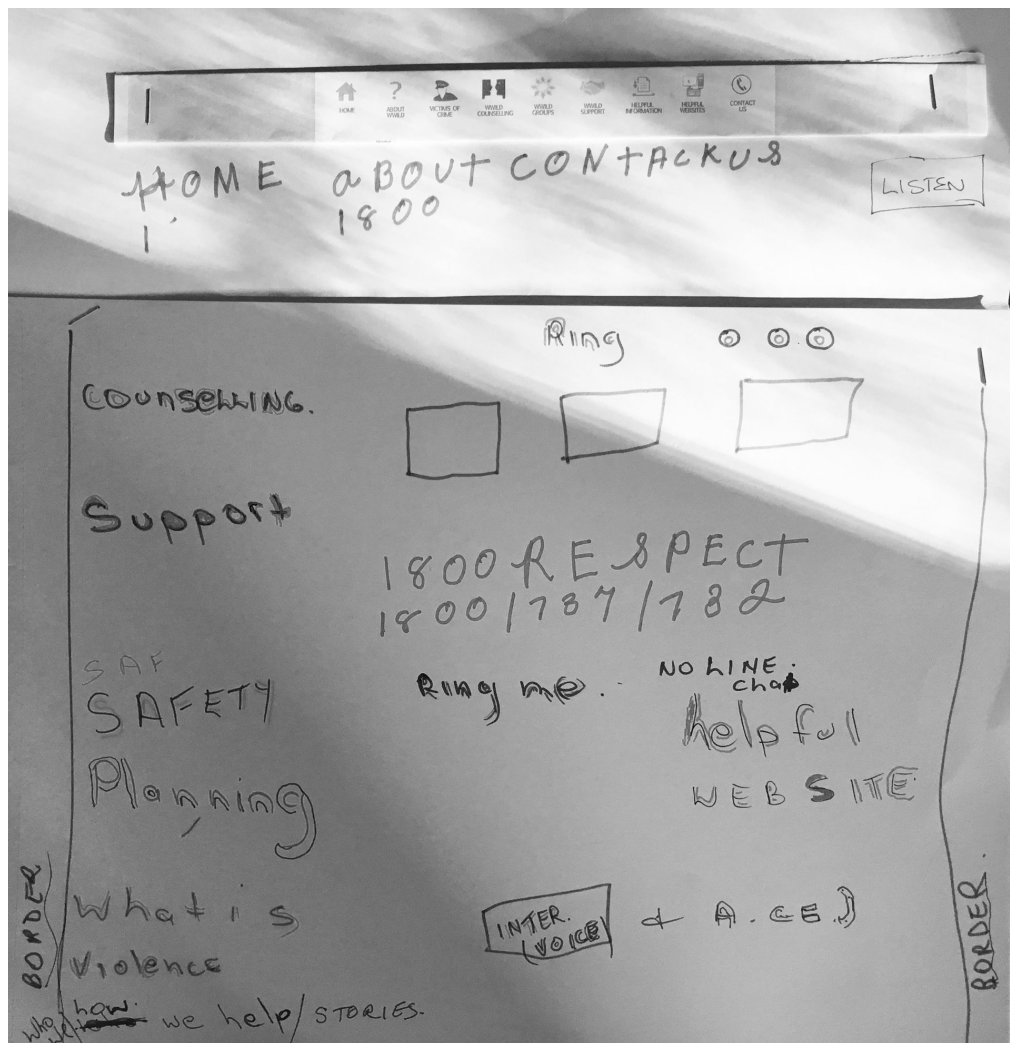


Figure 3.

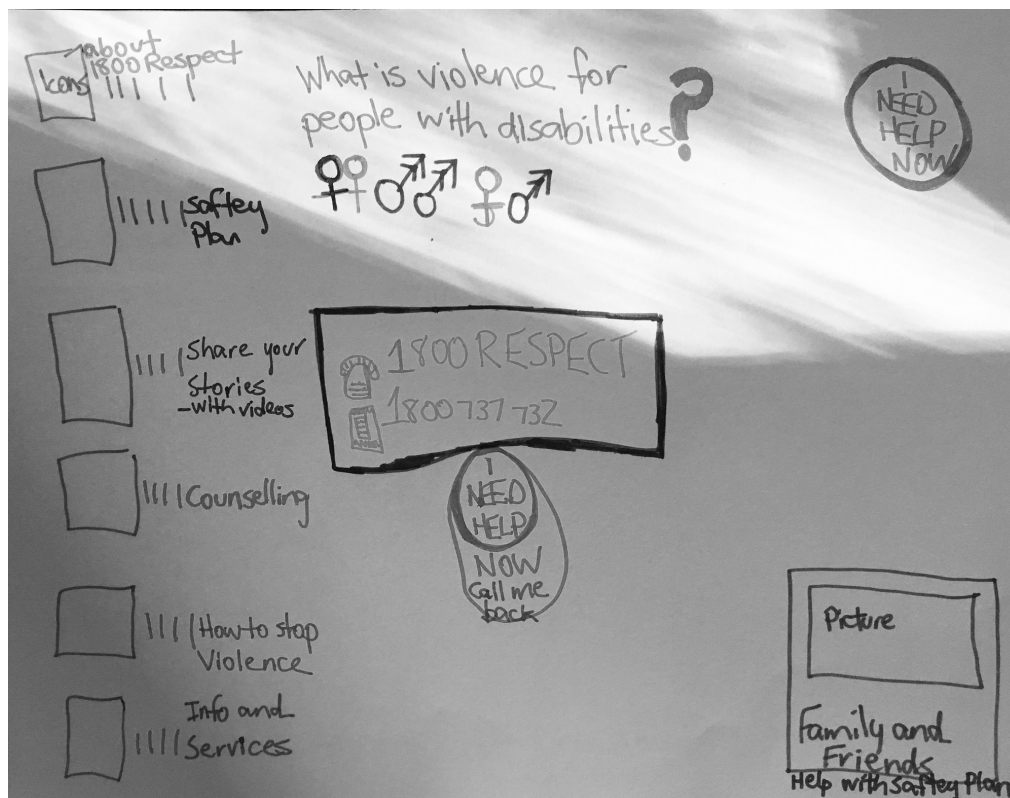


Figure 4.

8 WOMEN WITH DISABILITY EVALUATE THE 1800RESPECT COUNSELLING SERVICE

Over the five years that 1800RESPECT has been in operation, WWDA has received direct feedback from many women with disability about the 1800RESPECT website and counselling service when they have called WWDA for emergency assistance when experiencing or at risk of experiencing violence. This feedback has been supplemented with responses from women with disability who contributed directly to the Project through a number of different ways including: completing a comprehensive survey about the website and counselling service, attending a co-design workshop, attending a focus group, direct interviews, provision of written evidence, and more. A description of the methodology is provided in Section 7.1 of this Report and summary of the combined feedback about the counselling service is presented below.

8.1 Results: Women with Disability Outline the Barriers

8.1.1 Accessibility of counselling service

Very few women with disability who participated in the consultations for this Project – particularly the co-design workshops and the survey - had used the 1800RESPECT counselling services prior to the Project.

When asked to provide feedback about previous use of the 1800RESPECT counselling service, women with disability provided the following feedback:

The counsellors weren't good enough. I've rung them more than once you know. They listened for a while but that was it. To me, it seemed like they didn't really care. They were just going through the motions. They didn't offer me anything. No advice, no ideas. They said they had limited time. The first time I rang them, I had to wait 40 minutes on hold. I waited that time because my husband had gone up the shops. A few times when I rang, I couldn't wait on hold for the counsellor because my husband had just gone up to the letter-box. I watched him out the window and when I saw he was coming back, I had to hang up. Another time I had to wait for more than half an hour for the counsellor to come onto the phone. And that pissed me off because I waited all that time and then she just treated me like I was a nuisance. She wasn't exactly rude, but I didn't feel like I mattered. Caroline at WWDA – she always tells me to ring the 1800Respect number and I have tried – but they aren't the same as Caroline. She understands.

Every time I rang that 1800Respect number, and actually got to talk to someone – I told them straight up front that I had a disability. I told them I had an intellectual disability. I told them that I needed more support. I wanted them to be empathetic but they were cold. I would have liked them to spend a bit of time on the phone with me – explaining things in a deeper way. I needed practical advice and support. I wanted them to find someone who could actually help me. Not just say "Oh you should leave him". Or tell me all the things they 'can't' provide. What's the point of having a 24-hour support service for women who have been through violence (or still going through it), if the service doesn't actually give you advice or find you proper help? There's no point just reading out a phone number of some other service. They shouldn't refer to other services unless they know that the service can actually help the person."

Only thing I have to say is the hold on the phone....I could go to sleep on that phone. They need more people on the staff. And be a bit more patient on the phone. A couple of weeks ago I got shooed off the phone at the end of it. I thought they were more there to maybe talk you through things and how to go about it. She basically just told me that she had to end the call. If someone rings you up and says they have been touched inappropriately and without their permission – then they should listen to you. People don't ring up to make a friend with someone. They ring for a reason. I think you will hear it a lot - that you don't get patience."

I rang 1800RESPECT. I was ringing to try to get some advice and help for my sister, who has social phobia and is being abused by close relatives that she lives with – including being badly bashed. I had to wait on the line for 40 minutes. When I finally got to talk to someone, I tried to explain the situation and I told them my sister needed someone to help her. As soon as I said my sister had a disability – and mentioned social phobia and agoraphobia – they weren't interested. They told me to ring WWDA and they gave me WWDA's phone number.

When I contacted 1800RESPECT I wanted them to give me advice and tell me where I could get real help. I tried to explain to them that my abusive husband says that I will lose the kids if I report him to the police. He says that because I have a disability, they will give him the kids. The 1800RESPECT lady wasn't interested in talking with me. She told me to contact WWDA or Lifeline.

I got a good response from the 1800RESPECT Service. But I think that's because I rang in my capacity as a front line worker (even though I am a woman with disability) and I rang specifically to get support with vicarious trauma. They were really good.

I got an awful response from that Service. I live alone in a rural area and I've been persecuted for years by people in the town because of my disability. I rang the 1800RESPECT Service after being set on and physically assaulted by a group of residents. I'd already rung the police and been through that side of things – which was a nightmare because the police reckon I'm a nutcase. I wanted to get some ongoing support so I rang that 1800RESPECT number. It was a waste of my time. They weren't interested in listening to my story – which I admit is complex – they just wanted to get me off the phone

When I said I had a disability they seemed to switch off completely actually. They told me they couldn't help and told me to go back to the Police.

I wanted to talk to them about being sterilised against my will when I was a child. They told me to ring WWDA.

Its my experience that the counselling service works well for professionals.

8.1.2 Barriers preventing women with disability from getting the help they need from 1800RESPECT counselling service

Women with disability suggested the following barriers might be preventing women and girls with disability experiencing violence or abuse from getting the help they need from the 1800RESPECT counselling service:

Having phone contact may be very hard for the individual to be able to articulate how they are feeling and find it hard to open up about their circumstances. Plus the thought of getting found out by house mate etc by accessing the service for help over the phone might trigger for more behaviour from the bully etc.

Being inclusive of women with disability in the frameworks and policies that are developed, so their perspectives and needs are catered for.

Lack of understanding, fear, lack of money, lack of access to telephone/transport/interpreters, lack of confidence, shame, worry about the consequences of 'rocking the boat'...

A lack of funding to adequately resource disability responsive crisis services for women.

Negative attitudes towards women with disabilities – fear of not being believed, and not having their needs understood and accommodated.

Lack of understanding of the sorts of violence that are perpetrated against women with disabilities, such as institutional violence.

Lack of services for women living in disability specific settings such as disability group homes, where the relationships are not defined as "domestic" and therefore may exclude them from services.

Gatekeepers.

The type of disability the woman has.

No internet access.

No opportunity to use the phone.

No access to a computer.

Inaccessible services.

Most people just don't care about us.

Some women with disabilities don't have the confidence to get help. Some simply can't get help. Being trapped in violent relationships and settings.

Lack of understanding from others about violence against women with disabilities.

An assumption that women with disabilities – specially women with intellectual disabilities – must have deserved the violence, or brought it on themselves.

A general understanding of what violence is. Fear of losing support. Fear of not being believed.

No \$\$ - lack of understanding of what services must supply

Feeling excluded from a service by its parameters of service delivery

How will they facilitate access via a third party

8.2 Women with disability envisage a new 1800RESPECT Counselling Service

8.2.1 An ideal counselling service

Women with disability who attended the Co-design Workshops were asked If you wanted to get some information, or some emergency help and couldn't get to a face-to-face service – how would you like the information to be delivered? Or what would you like the service to look like?

Women with disability outlined the following 'ideal' service if they were in crisis and needed help:

Search number – click on it and it dials directly

Pick up the phone straight away.

They listen

Respect – polite about the way they talk

Patient – they listen and try to work out what I'm saying without being hurried

Try to understand what you are trying to say

Patient, especially if you are having trouble speaking and words don't come straight out

Never used videoconference – probably wouldn't use skype

When I've called, I've just wanted someone to talk to, especially if my counsellor is not available, I've wanted someone to talk to, for 5 minutes or 30 minutes or more.

They give advice and say it nicely – for example, have you considered police, hospital – they help you make sense of what to do

The service empowers you to make choices – you're in control – they put you back into power and make decisions – “choice” – here is advice about what to do next, but up to you

Need to be open

Let me use their ear

Feeling of being welcomed

Feel that you will be OK

Give me time about what I need to talk about

Pick up straight away

If it's a deaf person need some help. Amplifier on the phone.

Wheelchair people – gets you the help you need

They are nice. Kind. Not gruff or cranky on the phone.

They are interested in you and what you have to say.

No swearing on the phone.

Repeat what is said and say it slowly.

Some people yell or swear on the phone – this doesn't happen.

Able to hear clearly, not crackly. Good line.

I hate answer machines. Don't want to leave number. Hate being called back. Don't know who it is and wrong time (like dinner time or sleeping).

If get called back sometimes get people like Telstra or the kinder selling you stuff and don't know who it is calling you back.

You can feel the feeling in your body on the phone or on the internet. It needs to have nice talking back 'have a good day' something like that.

Not loud music, the call waiting music.

Nice talking back

Being polite and pleasant

Would need a counselling service.

Someone who has patience.

Legal information, my brother is a solicitor but other people don't have that, they need someone in law, like if you are going to court having someone with you,

If you have got problems you can ring them up.

Not judgemental.

Not hypocritical.

If just have phone it would be more helpful to have a service that helps you know what to look for – as you might not have the name of the service.

When you do get hold of them – you get straight through. Put you through.

Provides information about services and support - Need to know about services in your local area / close by and they put you through to them when/where possible. And they know when they are open and send you to 24/7 service if need it.

Someone to talk to

Has advocates or someone to go with you, for example, if you need to talk to the police (EVERYONE SAID THIS WAS CRITICAL)

To report to

Good listener

Access to legal information

Don't discriminate against people with disability

Don't make assumptions about people with disability'

A couple of months ago we got broken in to. Police said we may send someone or may not. I rang 'x' (support worker). She said ring the police back. say you need this priority – you have a disability and you need support now – and the police sent someone in half an hour.

Sometimes once people find out you have a disability they stop listening – it goes out the door. Not like the wheelies and the blinkies.

Service would need to be responsive. Not just provide the information but actually do something – help – and have some sort of authority. Like they can put the call to the police and have authority to elevate it so police come.

Follow up call to see how you are and what happened.

Can lodge complaints and they follow up complaints.

Has a helpline.

ACE – Australian communications exchange – is connected to the service for people with communication impairment. ACE - telecommunications for people with disability.

Connected to interpreting services

All workers of service know how to do relay calls - professionally trained

Post out information with list of services if you don't have a computer, for example, ACE – one participant didn't know it existed. I wouldn't have a clue about half the stuff I am entitled to on Centrelink. I just found out about the companion card.

Sends info if needed through post

Assist with safety planning

Know about people in your local area.

You need a loop somehow if for any reason you can't understand them, or they you – that you can get a loop to extra support.

Need to have someone you can call with a code word to help you (especially if the police don't come).

Strategies for managing anxiety to keep people safe.

I would always rather talk to someone than go online. The voice makes it seem like a human connection. I am happy not to see them and for them not to see me actually so would rather telephone not Skype.

social anxiety disorder – sometimes talking on a phone is near impossible. Hard to focus on social anxiety stuff plus the phone information. So sms or online chat. But definitely like a call back option: can't speak now but maybe call me back in 5 minutes would be good.

I like to speak to someone – but at the same time if I am seeking information for example and they are telling me phone numbers and this service and that – it is hard to take note at the same time – so emailing information too would be better or messaging (visual impairment). If I was seeking specific information it would be better to email someone and get an email back. If in a crisis and upset then better to speak to someone so what I want can be teased out over the phone. Prefer over the phone than skype.

Have used National relay service on internet but not ideal – in a crisis I would like to speak to someone. Obviously I can't speak but I like someone on the other end of the line rather than typing – not skype as I would get anxious and don't like the idea of someone seeing me distressed. My friends on phone ask yes or no questions this could

be translated (system of sound for me typing yes and silence for no on phone).

I am torn as I don't like to speak to people I don't know because of speech impediment and I'm slow at typing but if time is of the essence when stressed I might prefer talking if I knew the person was going to be patient and not patronising. But I don't usually know that with phones. Like everyone else I am anti-Skype for this. Skype is exposing when you don't know someone. I would like the person on the phone to have training on speech impediment. Counsellors and phone operators to have training on communicating with people with speech impairment and mental health issues – for example how to speak to someone who has anxiety but not patronising

Advantage of anonymity with typing (online chat) - I can imagine in a violent situation then typing something may be safer if the man was around. There may be a strategic value rather than where your voice being heard.

the website needs to be discrete / look discrete – the bright orange is not – it is very noticeable – needs to be discrete so if seen partner cannot figure out what it is for.

a deaf person may be more comfortable with a Skype option. Or text option.

lots of types of disability – different strokes for different folks- need flexibility so that different women with different disability have the options for them

Also true for all women – All the options so people can choose the one for them.

8.2.2 What would help women and girls with disability to get the help they need when they are experiencing abuse or violence?

Women with disability who responded to the survey suggested the following strategies would assist women and girls with disability to get the help they needed if they were experiencing violence or abuse:

Having someone to talk to who has been through similar – ie. Someone who has a disability who has experienced abuse or violence.

Also creating a plan with the individual to help them come up with coping strategies but also to help create a plan to minimize the abuse or violence or to totally get out of the environment.

Referral to appropriate local organisations in the individuals community to help them complete their plan and to revise and evaluate how the plan is going to help minimize or to totally get the individual out of the toxic environment.

People who listen and trust what they hear. People who give the abused woman or girl space and time. A place to go and a way of getting there. Education – that as the one being abused they are not to blame. Education – about what violence is. Information – about who and where to turn to. Support (ongoing) once a cycle of abuse is broken and a process of repair begins.

F2F casemanager or friend who can listen directly. Via website it is difficult

A service provider that enables the woman to remain in control over her choice to stay or leave/report to police, support to identify and consider the options available using crisis intervention principles, emotional support and practical support to access accommodation/disability support/financial assistance etc. This should be coordinated so that the woman only needs to access one service rather than have to contact several.

I think it is going how somewhere it said the at women are the experts on their situation and so it's important to take their lead; I think it's also important to restate that point in relation to women and girls with disabilities. If a woman or girls appears at a counselling service, (violence, in this instant), then that what they need support for, not their disability.

On the ground services that could link (and do) with 1800RESPECT to ensure safety upgrades or assist with removal to safe location.

8.2.3 How could the 1800RESPECT Counselling Service help women and girls with disability to get the help they need when they are experiencing abuse or violence?

Women with disability suggested the following strategies be adopted by the 1800RESPECT Counselling Service to ensure women and girls with disability experiencing violence get the help they need:

Give reassurance that help can be found and they will be heard. Perhaps something that says "We will listen"

In the same ways as other women through counselling support and referral provision. It just needs to be accessible in multiple ways and the counsellors need to be disability aware.

Have counsellors who have disability training awareness, know links to disability & violence services for supports (practically in current environment this is a big ask – but something that must be resolved)

Ensure that women in disability specific relationships, such as those with paid and unpaid carers, and co-residents in shared living arrangements, are recognised and are included in the service provision.

More awareness. In ways that will get to women with disabilities in all sorts of places, including institutions.

They need to understand that we have a right to help and support.

1800Respect should do more outreach to women with disabilities. And other women too, like Aboriginal women. It shouldn't just expect that women with disabilities will somehow find the service or the website. And because the name is stupid, it's even more important that the actual service is advertised and promoted, because no-one would have a clue what's it for with a name like "1800Respect".

\$ allocation per woman – for example with significant safety needs \$10,000 is required to ensure safety

Third party person or organisation who can transition / practical / pragmatic who can support women and girls to safety / legal support / new iPhone or iPad

Many more opportunities to link women or girls to services specific eg. DV or SVP services

8.2.3 Referral options

When asked to identify services that 1800RESPECT should include in its list of referral options for women and girls with disability experiencing violence, women with disability suggested the following:

Most important though, the services in the list should be able to actually do something to help. It's not much use having a heap of services in a list, if they can't actually help you (or don't want to help you).

I want any woman contacting 1800RESPECT to be able to receive individualised advice on what supports are available to them locally, and which ones may be most relevant to their circumstances. Women in such situations need someone to help them navigate the services available. I think the list would vary from person to person, jurisdiction to jurisdiction. The worst thing is being referred to a service that cannot respond to your individual needs, and feeling like you need to start over.

There should be all sorts of services that can help someone. Not just DV or sexual assault services. There should also be disability services, legal services – especially free legal services. There should be women's services, Dr's surgeries, hospitals, health centres.

Police, welfare, advocacy and DPOs

People with Disability Australia

National Disability Abuse and Neglect Hotline

Self Advocacy Sydney

Multicultural Disability Advocacy Association

Disability Advocacy NSW

First Peoples' Disability Network

Community Legal Centres

NSW Ombudsman and other equivalences

National Individual Advocacy services

Housing contacts

Health Care complaints bodies

DV and S/A services

Ethno specific services and ATSI specific services

Girls / Women's Health services

The referral list should be jurisdiction specific,

Responding to Disclosures of Sexual Assault Webinar Useful Links

[There] Is not a self explanatory heading that indicates links to contact details for state territory sexual assault services

There should be someone who works in 1800RESPECT who sticks up for women with disabilities and who makes sure we aren't just palmed off.

Question is - who will assist or facilitate the referral?

8.2.4 Guidance for counsellors about call management

Women with disability outlined the following suggestions be considered and adopted by 1800RESPECT counsellors who receive a call from a woman or girl with disability experiencing violence:

Listen carefully. Use easy English. No jargon. Ie 'hit' not 'assault' Ask up front if they are safe right now. If they say no then keep them online while you contact police. Don't ask them to hang up and call police instead, this may result in them feeling rejected especially if they have called police in the past and got a negative response from them. Of course this may result in some calls to police that may have been unnecessary, but many women with disabilities are used to no being believed and not being listened to and if they are phoning or online then they are asking to be heard and taken seriously. Don't be one more person that belittles minimizes or rejects them.

See the callers to 1800RESPECT, as people first and foremost. Listen and believe them. Be patient!

Don't be rushed, take time to understand,

Familiarise yourself with the disability movement and the issues facing women with disabilities. Familiarise yourself with the social model of disability. Don't focus on the women's disability type – focus only on what is relevant to her access to safety. E.g. any disability support needs or access requirements that may need to be addressed.

They need to understand the types of violence against women with disabilities and how it impacts on us

They need to know about other services and where women with disabilities can get real help

They should have training about disability and about violence against women with disability

They don't know anything about disability. The onus is on me to try to explain my disability and then when I do that, they just want to get rid of me.

Already answered, point in relation to drawing focus to why women and girls need support.

Establish clearly what the issue is – woman or girl may have experienced years of abuse but for today she requires assistance with

All of the key requirements of their position

Don't be frightened by disability be open to it.

It would be good if you could talk to the same person when you rang up. And it would be good if there was a way you didn't have to keep telling your story over and over again. I think its important to be able to have the same person because then you can build a relationship with that person. Sometimes women with disabilities will need time to be able to trust someone before they can tell their story.

It is important that people understand that some women with disabilities will need practical help – a real person who is going to actually help them. And sometimes women with disabilities might need someone to contact 1800RESPECT for them because they cant do it themselves.

Don't assume that a service provider or worker will give information to women with disabilities – because they don't. Sometimes they are the ones who are violent, so its stupid to think that they are going to help women with disabilities learn about violence and then get help.

8.2.5 Data collection

In order to ensure that 1800RESPECT provides women and girls with disability experiencing violence the help and support they need, women with disability suggested the following questions may all be relevant and appropriate to be asked by operators and counsellors if introduced sensitively and clearly:

- ▶ Do you have a disability? Answer “Yes/No”
- ▶ What support/s do you need?
- ▶ Where are you currently living / receiving services? (for example: house/apartment; group home; institutional setting; mental health facility; aged care facility; etc)
- ▶ What is your relationship to the perpetrator/s?

While most women thought it would be appropriate to ask the question: What is your disability? Type/s of disability to be specified it was also suggested that the more appropriate question should be:

How does your disability affect daily living?

Similarly, while most women thought it would be appropriate to ask the question: What is your relationship to the perpetrator/s? it was also suggested that another way of asking this question might be:

How do you know the person who is hurting you?

It was also suggested that these questions should be aligned with a risk assessment framework:

Align this with a risk assessment framework so that it is already collecting the right info as the NCRAFIS developed

Other comments and suggestions about data collection included the following:

Maybe ask the question ‘How can 1800 Respect help?’

‘What would you like us to help you with or help find answers for you with’

You should ask if they have a safe person’s name and number. So if they drop out you can contact the safe person to go and check on them or organize someone else to do so. They may not always be able to provide this but if they can it would be helpful.

Not everyone declares that they have a disability. Sometimes shame is attached to the declaration. Or previous experience has not been positive, especially so when coming into contact with services where they are be turned away because the disclosure may have resulted in either receiving inappropriate service referral because of the disability, or not receiving the support at all.

Are you safe now?

What time do we have now to speak or be online?

Language interpreter?

Data collected on this site needs to be made available to advocacy services so they can better know what kinds of advocacy are needed.

It should align with priorities under the third action plan

Clear acknowledgement and quick intro to what service they have rung – who funds and who they are speaking to.

9 MARKETING AND ADVERTISING 1800RESPECT TO WOMEN WITH DISABILITY

Over the five years that 1800RESPECT has been in operation, WWDA has received direct feedback from many women with disability that they are unaware of the existence of 1800RESPECT and the services they provide. A successful marketing and advertising campaign is essential if 1800RESPECT is to successfully reach and support women with disability experiencing or at risk of experiencing violence. Information contained in this section was gathered from women with disability who either completed a comprehensive survey about the website and counselling service or attended a co-design workshop as part of this Project. A description of the methodology is provided in Section 7.1 of this Report and a summary of the combined feedback about marketing and advertising 1800RESPECT to women with disability is presented below.

9.1 Awareness of 1800RESPECT

While WWDA is aware that most women with disability are unaware of 1800RESPECT, most women who attended the Co-design workshops and completed the survey had heard of 1800RESPECT. This is not surprising as these women are active members of WWDA or other disability organisations. A summary of their responses is presented below:

Sydney Co-design workshop:

I have heard of the name I am not sure how – not for personal use maybe for women’s policy. If I google something – I am more likely to click on something I have heard on so I would probably click on it. When you scroll down the google page if you have heard of it you are more likely to click on it. I don’t know where you hear from them – work, tv I don’t know

Brisbane Co-design Workshop (WWILD):

Everyone said yes

Long wait time

Wouldn’t use online chat because of spelling problems

Twice got cut off after telling story – they said “Sorry, I have to go now”. I felt hurried.

Always had good experiences

Never used website, only called

Have used 1800RESPECT – called

Have never used website

Tried to look it up but couldn’t find 1800RESPECT

Nearly all women with disability who responded to the survey indicated that they had heard of 1800RESPECT WEBSITE and indicated they had heard of it through the following mechanisms:

- ▶ via Internet
- ▶ via a violence service
- ▶ via a women's service
- ▶ via a disability service
- ▶ via the WWDA Newsletter
- ▶ via a friend / Word of mouth
- ▶ via WWDA Facebook

Just over half the women with disability who responded to the survey indicated that they had heard of 1800RESPECT COUNSELLING and indicated they had heard of it through the following mechanisms:

- ▶ via a violence service
- ▶ via a women's service
- ▶ via a disability service
- ▶ via the WWDA Newsletter
- ▶ via Internet
- ▶ via Social media, email or other media / news

9.2 Suggestions About Where and How To Advertise 1800RESPECT

Women with disability suggested the following places to advertise 1800RESPECT to ensure that as many women and girls with disability as possible find out about this service:

I've never seen any advertising about the 1800Respect. Nowhere. Except from WWDA. Its actually pretty simple when you think about it: 1800Respect should be advertised anywhere and every where a woman goes. Not just in places like doctor's surgeries or hospitals –think more about places like the K-Mart, Woolies, Coles, pubs, hairdressers, priceline, chemists, Target. They also need to think about smart ways to advertise it for women who might be stuck – like stuck at home, or in an institution. Not only for women with disabilities but for all women who might be trapped or stuck somewhere where they don't get to go to places in the community.

Facebook, Drs and other Allied Health Surgeries, Support services, Schools, University, Day Service Programs; anywhere and everywhere that women and girls with disabilities are.

Centrelink; disability agencies; social media; support agencies and care providers

Lanyards, armbands, pens, nail files, app of supports – all of which could be distributed.

Facebook – having an 1800 Respect facebook page that can direct women and girls with disabilities to the website to find out more about the service.

The people in charge of 1800RESPECT should go and talk to the Daniel Morcombe foundation. They are really good at advertising and getting information out to all sorts of places.

Disability Organisations/Advocacy organisations – websites to have link to 1800 Respect website and advertisement in Newsletters and e-mail newsletters

Advertise on school newsletters and on service provider newsletters. This lets women with disability know this service includes help for them.

Disability organisations – Guardianship mechanisms / individual advocacy organisations / residential settings / Australian Disability enterprises / National Disability Abuse and Neglect Hotline

Facebook groups that people with disability are members of

Hospitals/Carers groups

Accessible public toilets, as I have seen posters for 1800 Respect in abled-bodied female toilets. But not accessible ones.

Housing organisations – both government and community

Workplaces

Disability Expos

Television advertisement

Poster in hospitals, clinics, GP's

Disability websites

Advocacy – via television and radio interviews

Schools – visits to High Schools by advocates

Seek business sponsors to stand with and promote 1800RESPECT

Disability conferences and forums

Community Services which provide transport , activities, etc

Social media sites for disability peak orgs, violence services, women's services, Our Watch, The Line

Op Eds and small articles in free news papers

Via general practice, brochure, and video (as below) could run on loop in surgeries

TV and Radio.

9.3 Awareness Campaigns About 1800RESPECT

Women with disability were asked “what type of awareness campaigns would you like 1800RESPECT to run?”

Suggestions include the following:

(1) Multi-media (2) targeted viewing on Foxtel (3) Action – awareness campaigns which step out the process of contact: support-counselling-safety

Ads which show women in wheelchairs accessing refuge, which essential support or staying 'safe at home' – orders – cameras – locks – in their campaigns

Domestic Violence in relation to verbal and emotional and financial abuse and controlling behaviour.

Awareness of the kinds of violence experienced by women with disability including financial control/theft; emotional abuse/coercion; unwanted sexual contact/comments; rape; threats of harm to self, family members, and pets; isolation; restraint; and pushing/shoving hitting/biting/kicking; putting mobility aids out of reach/taking communication devices away

Awareness that violence is not okay as a solution to behaviour/ non-compliance awareness

Awareness that WWD deserve same respect as everyone else

Awareness that you can get help for someone else.

I would like 1800RESPECT to run awareness campaigns that are reflective and inclusive of women with disability. 1800RESPECT should engage women with disability to speak about the unique types of violence they experience. Perhaps 1800RESPECT could partner with and utilise art exhibitions, such as, Silent Tears for a campaign.

Focus on Schools program in particular

Positive awareness about support that is available

Interviews on radio – including community radio, radio print handicapped,

Social media – with captioned video of talking head about operation, interview with individual who has used counselling to 'stay at home' leaving violence,

Counsellors MUST have NDIS awareness, to recommend that women also contact NDIS for early intake in their areas, and Counsellors must be able to contact NDIS in the appropriate area to alert as well.

TV and Radio ad campaigns to provide simple information about what the service is and how to access it.

For a start, there should be more basic stuff about violence. Not just DV. There's all sorts of violence against women and girls. And for women with disabilities, DV can be different than for other women – but its still DV. Like if you are in an institution, its still DV. There should be more awareness about how violence affects women with disabilities, and aboriginal women, and migrant women.

There needs to be MORE inclusion in advertising of Violence in general. There also should be advertising which spells out the violence does not have to be “Domestic” or only related to intimate partner relationships, for a woman or girl with a disability to seek assistance for a crisis line, or police or any other form of assistance to flee the situation.

10 INFORMATION RESOURCES NEEDED FOR THE 1800RESPECT WEBSITE

Information contained in this section was gathered from women with disability who either completed a comprehensive survey about the website and counselling service or attended a co-design workshop as part of this Project. The information in this section further builds on extensive evidence from WWDA gathered over several years which demonstrates that there is an urgent need for the development of information and resource materials about violence against women with disability. A summary of the combined feedback about essential information resources needed for the 1800RESPECT website is presented below.

10.1 Evaluation of Resources Currently Available on the 1800RESPECT Website

Women with disability were asked if they thought the information and resources on the current 1800RESPECT website would be useful for women and girls with disability who are experiencing violence. Women with disability responded as follows:

Many women with disabilities live in supported accommodation of one kind or another and may not relate to the 'family violence' if they are the victim of a support worker or co-tenant.

Many women with disability are unaware of sex, sexual and related words, so terms that could relate would be 'touched' 'hurt' Society is not very good at providing education relating to sex. Women with disabilities are often taught 'infantile terms' about sex organs such as 'wee-wee' 'boobies' etc.

Information about how to access alternate accessible accommodation in the event they need to leave where they are residing.

Information about the individual disability advocacy services that are available nationally for in the event they want advocacy support whilst addressing their concern/s.

Yes

Have some info about 'disability friendly' or something that indicates SKYPE video can be used (and set it up)

There is nothing anywhere to indicate that there is any disability expertise in house.

A specific extension triage to a disability trained counsellor would help

There should be a guide for service providers and other people (like banks and stuff) about how to work with women with disabilities

It would be good if we could download resources from the website. It would be good if there was a book that tells you about women with disabilities and violence, how to deal with it, and options, and also how to get help.

There should be a pocket booklet – also in Easy English – that you can download and hide in a safe place

Again, I think there needs to be an easy read page for women and girls who cannot read, or are put off by large clumps of text. I think this could be initiated by a tab like "click hear for easy read".

I'm looking at the orange box with a blue triangle and an explanation make, and wondering if that would further alert women and act as a deterrent??? I don't know, it'll be interesting to see if anyone else makes that comment.

Requires much more

This is a project on its own

10.2 Suggestions of Resources for Consideration On The New 1800RESPECT Website

Women with disability made the following suggestions about other information and resources that would be important for women and girls with disability visiting the website:

Important to have 'staying safe' information

Important to have information in compics

Important to have reassuring information.

See above (Information about how to access alternate accessible accommodation in the event they need to leave where they are residing.

Information about the individual disability advocacy services that are available nationally for in the event they want advocacy support whilst addressing their concern/s.)

Understanding very quickly how this service can help them.

They are searching so want confirmation of their experience.

10.3 Information About 'What Is Violence'

Women with disability were specifically asked what information they thought women and girls with disability needed to have to identify if what they were experiencing was a form of violence. Women with disability made the following suggestions:

1800RESPECT need to cover the unique experiences of violence that women with disability experience. The definitions of violence need to be made more, broader and applicable to women with disability.

Definition of each type of form of violence and abuse. But also a checklist of signs to look for in a bully etc.

A list of common things said by bullies under each type of violence/abuse people can experience.

Info on coercion; bullying; unwanted touching; financial violence; isolation; restraint;

The facts clearly articulated

Legal status of crimes

Inclusive definition of violence against women as relevant to women with disability

Making you feel unsafe; touching you in ways or at times you don't want to be touched; taking your money; not letting you have access to your money; stopping your friends or family from visiting, not letting you visit your friends or family members; giving you too much of your medication; locking you in or out of your home; tying you to anything; holding you too hard so that it hurts; causing bruises, marks, pulling hair, kicking, biting, pushing, dragging

Information about their rights and information about what healthy relationships look like, including power dynamics. When women with disabilities know their own rights and what a healthy relationship looks like, they can more easily identify abusive relationships.

Women with disabilities need to be more educated about what violence is, and all the different things that are actually violence.

All the service providers and anyone who works in the area should have to do a compulsory course about violence and women with disabilities. And also human rights. It should be compulsory in all education and training from schools and taves right through to universities.

I think it'll be useful to include specific and relevant instances of violence that women with disabilities face, and where it can happen. So places like SRF's, Group homes, Day Services Programs. And also who can perpetrate the violence. So not just boyfriends and husbands, but anyone who exercises power over them, and that it CAN be other people with disabilities.

The information offered on the website is extensive – opens more doors than the usual 'husband hitting his wife' version.

Talk to sexual health and family planning people about how they deal with this for PWID in online modules (there must be some already out there)

There should be short courses everywhere for women with disabilities about what is violence and it should be free.

There should be people who can go into institutions and teach the women about what violence and abuse is. They should be able to do that without any of the staff present.

10.4 Getting Information Out to Women with Disability

Women with disability made the following suggestions about how 1800RESPECT could get essential information out to women and girls with disability, and especially information about 'what is violence?':

Social Media is a very powerful tool to get information out to targeted audience and word of mouth.

Invite them to the website via advertising campaign. Get them used to using the website. Have a series of trial days so support workers and family members can help women make contact and see how it works before they need it so they are already a bit familiar with it.

By producing resources that are accessible, i.e. using Plain English and/or pictorial formats. By attending disability expos and services that people with disability access.

Again, schools programs – once, this was the sort of area a Theatre in Education company would have devised or commissioned a play about to tour into schools. Unfortunately, most of the arts funding for our state TIE companies has been withdrawn – we no longer have this valuable resource (I used to run a TIE Company attached to a State Theatre Company). So many essential issues were explored in this way and opened up to a young audience.

Perhaps one-off project funding could be found for 1800RESPECT to do the same?

Social media – for women who are more engaged. For those most isolated, outreach by advocacy organisations, TV and Radio may be more appropriate.

They should make more efforts. They should have to go to where women with disabilities are.

Advertising. There need to be an inclusion of women and girls with disabilities in ANY and ALL advertising of violence against women and girls.

Via disability networks / agencies etc

Advertising

Centrelink

Schools etc

Tons of ideas!!!!

11 TRAINING FRONTLINE WORKERS IN VIOLENCE, GENDER AND DISABILITY

This section briefly discusses the need for training on ‘violence, gender and disability’ for all actors working in the domestic violence and sexual assault service sector and the disability service sector. The need for specific training to be delivered to 1800Respect First Response Counsellors and RDVSA Trauma Counsellors is considered critically important.

11.1 Education and Training Needs of Service Providers

Research shows that in the Australian context, the need for staff training in violence prevention and disability awareness has been identified as a priority by front line workers in domestic violence and sexual assault services (59%) and disability service sectors (53%).¹⁷⁵ A national survey of more than 367 domestic violence and sexual assault services and disability services (across all jurisdictions at urban, regional and rural levels) found that very few services felt that they had the ‘know-how’ to address violence against women with disability in terms of:

- ▶ a readily identifiable skill set overall;
- ▶ available organisational policy and procedures;
- ▶ accessibility from a disability perspective; and
- ▶ a broader awareness in the organisational culture of the issue to promote effective recognition of violence against women and girls with disability.

Of great concern was the fact that almost 100% of all service provider respondents identified that extensive sector development is urgently needed to:

- ▶ cater more effectively for women and girls with disability experiencing, or at risk of experiencing violence; and,
- ▶ recognise, respond and address all forms of violence perpetrated against women and girls with disability when and where it occurs in a timely, effective and appropriate manner.

An additional key issue facing the domestic violence and sexual assault service sector and the disability service sector is that many supervisory and management staff are also not aware of the issue. The lack of knowledge, expertise and skills among supervisory level staff means that service provision staff do not necessarily get the best level of advice or training in the area. It may also mean that staff are not necessarily encouraged to actively respond to instances of violence for women and girls with disability when they present to their service.¹⁷⁶

It is clear from decades of research and evidence, that women and girls with disability themselves have not been provided with the relevant education and information to identify violence, or risks of violence, occurring within their lives. In many cases redress is not actively pursued and women and girls with disability continue living at risk of harm.¹⁷⁷ Services that are funded to support this group in some capacity are often unable to recognise covert forms of violence, and therefore rely upon women with disability, including women with complex communication needs, to disclose such violence. This extends to recognising the signs of violence and abuse in people who do not have spoken language due to their impairment. This indicates a need for professionals working in all relevant sectors to undertake targeted training in recognising and responding to violence that occurs *specifically* within the lives of women with disability.¹⁷⁸

11.2 Education and Training of Service Providers as a Human Rights Obligation

Violence against people with disability – particularly women and girls with disability - is frequently subject to commentary in the various concluding observations and recommendations from United Nations (UN) treaty bodies and the Human Rights Council following assessment of Australia’s human rights performance;¹⁷⁹ in General Comments on specific human rights issues from UN

treaty bodies;¹⁸⁰ and from independent human rights experts with UN mandates to report and advise on human rights.¹⁸¹

Several of the international human rights treaty monitoring bodies and other UN special procedures, have clearly articulated the critical role of training of professionals, service providers (and others working with women and girls with disability), as an immediate and urgent requirement of States parties in preventing and addressing all forms of violence against women and girls with disability. The requirement for such training to be “standard and compulsory” has been recommended to Australia by the UN Committee Against Torture (CAT), which has also recommended that Australia significantly “*increase its efforts to address violence against women with disabilities and indigenous women*”.¹⁸²

UN Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, in her report¹⁸³ to the General Assembly 2012 on violence against women and girls with disability recommended:

Appropriate training materials on the prevention of and response to violence against women with disabilities for all sectors should be developed, in collaboration with women with disabilities, thereby enhancing the relevance of the materials and the skills of disabled peoples.

Appropriate training materials on the prevention of and response to violence against women with disability for all sectors should therefore be developed, in collaboration with women with disability, through their representative Disabled People’s Organisations (DPO’s).¹⁸⁴

11.3 Key Elements of Training to Improve Service Responses for Women with Disability Experiencing, Or At Risk of Experiencing Violence

It is critical that all relevant actors working in the domestic violence and sexual assault service sector – including 1800Respect First Response Counsellors and RDVSA Trauma Counsellors - and the disability service sector undertake dynamic, ongoing, professional, competency based training that is developed and delivered in conjunction with women with disability through their representative DPO’s. As outlined earlier, DPO’s are self-determining organisations led by, controlled by, and constituted of, people with disability. DPO’s collectively form a disability rights movement that places people with disability at the centre of decision-making in all aspects of their lives. This is known internationally through the motto, “*Nothing About Us, Without Us*”.¹⁸⁵

Such training should incorporate the following minimum elements:

Human Rights Principles & Obligations

- ▶ Australia’s international human rights obligations to prevent and address violence against women (under the seven international human rights treaties to which Australia is a party)
- ▶ key rights of people with disability as set out in the CRPD and the interdependence of these rights, including the critical importance of implementation of Article 6 of the CRPD
- ▶ assisting workers in recognising how they can apply the principles in the Convention in their workplace and their roles

Understanding ‘disability’

- ▶ incidence and prevalence
- ▶ concept and models of disability, definitions, myths and facts
- ▶ status of women with disability in Australia
- ▶ impairment types, access requirements, reasonable adjustments
- ▶ barriers for people with different types of impairment, including: physical access and mobility barriers; communication barriers; transport; attitudinal barriers; structural barriers; financial barriers
- ▶ guidelines for talking about disability, ie: language, terminology
- ▶ guidelines for communicating with women with disability

- ▶ case studies/scenarios - applicable to actors working in the domestic violence and sexual assault service sector and the disability service sector
- ▶ intersectionality

Understanding 'violence against women with disability'

- ▶ incidence and prevalence
- ▶ manifestations, types and extent of violence against women with disability at the individual; community and service provider levels;
- ▶ causes, consequences and impacts of violence against women with disability;
- ▶ barriers to disclosure and reporting
- ▶ factors contributing to violence against women with disability;
- ▶ intersectionality;
- ▶ responses to violence against women with disability
- ▶ case studies/scenarios - applicable to actors working in the domestic violence and sexual assault service sector and the disability service sector

Guidelines for communicating with women with disability

Guidelines for supporting and respecting women with disability who have experienced or are at risk of violence to access the services they need

ENDNOTES

- 1 Disabled People's Organisations (DPO's) are recognised around the world and in international human rights law as self-determining organisations led by, controlled by, and constituted of, people with disability. The 'will and preferences of people with disability' are at the top of the hierarchy in decision making of DPO's. Importantly, DPO's are organisations "of" people with disability, as opposed to organisations "for" people with disability. See for eg: United Nations General Assembly (12 January 2016) Report of the Special Rapporteur on the rights of persons with disabilities. Human Rights Council, Thirty-first session. UN Doc. No. A/HRC/31/62
- 2 Department of Social Services (2015) 1800RESPECT: Meeting the Needs of Women with Disability: Project Plan (DRAFT). Prepared by M. Steele for the Family Safety Branch, DSS. Unpublished.
- 3 WWDA recognises that 'families' comes in all shapes and sizes, and that the term 'family' is a social construct, and that the term "families" covers several distinguishable realities of human social and economic relations, of kin and non-kin, within households and also beyond them. See for eg: 'Contemporary Families: A Review of the Literature' at: <http://traditionalfamilies.blogspot.com.au/p/contemporary-families-review-of.html>
- 4 Dowse, L., Soldatic, K., Didi, A., Frohmader, C. & van Toorn, G. (2013) Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia, Background Paper, Women With Disabilities Australia, Hobart.
- 5 International Justice Resource Centre, Overview of the Human Rights Framework, accessed online July 2016 at: <http://www.ijrcenter.org/ihr-reading-room/overview-of-the-human-rights-framework/>
- 6 Frohmader, C., Dowse, L., and Didi, A. (2015) 'Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective'. Women With Disabilities Australia (WWDA), Hobart, Tasmania. ISBN: 978-0-9585268-4-5.
- 7 Committee on the Rights of Persons with Disabilities, General Comment No 1 (2014) – Equal recognition before the law, 11th sess, UN Doc CRPD/C/GC/1 (19 May 2014).
- 8 Frohmader, C., & Sands, T. (2015) Australian Cross Disability Alliance (ACDA) Submission to the Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings'. Australian Cross Disability Alliance (ACDA); Sydney, Australia.
- 9 United Nations General Assembly (12 January 2016) Report of the Special Rapporteur on the rights of persons with disabilities. Human Rights Council, Thirty-first session. UN Doc. No. A/HRC/31/62
- 10 WWDA (forthcoming) Participation and Decision-Making: Position Statement.
- 11 The attainment of gender equality requires equal representation and participation of both men and women in the economy, decision-making, as well as in social, cultural and civil life. It means that women and men have equal conditions for realising their full human rights and potential to contribute to national, political, economic, social and cultural development, and to benefit from the results. Gender equality does not mean that men and women become the same; only that access to opportunities and life changes is neither dependent on, nor constrained by, their sex. Achieving gender equality requires women's empowerment to ensure that decision-making at private and public levels, and access to resources are no longer weighted in men's favour, so that both women and men can fully participate as equal partners in productive and reproductive life. See for example: UNFPA; Promoting Gender Equality. Accessed online March 2014 at: https://www.unfpa.org/gender/resources_faq.htm; See also: Asia-Pacific Economic Cooperation (1999) Framework for Integration of Women in APEC. APEC Secretariat, Singapore. See also: Status of Women Canada (1996) Gender-based analysis: a guide for policy-making. Ottawa, Ontario.
- 12 Frohmader, C. (2014) 'Gender Blind, Gender Neutral': The effectiveness of the National Disability Strategy in improving the lives of women and girls with disabilities. Prepared for Women With Disabilities Australia, Hobart, Tasmania. ISBN: 978-0-9585268-2-1.
- 13 Cited in Rees, S. (2015) Intersectionality and the prevention of violence against women and their children: Informing a future framework to ensure inclusivity and relevance to all Australians. Paper prepared for Our Watch. Available in Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia, Our Watch, Melbourne, Australia. See also: Committee on the Rights of Persons with Disabilities (22 May 2015) General comment on Article 6: Women with disabilities. Draft prepared by the Committee; UN Doc. No. CRPD/C/14/R.1.
- 14 Frohmader, C. and Sands, T. (2015) OpCit.
- 15 Committee on the Rights of Persons with Disabilities (22 May 2015) General comment on Article 6: Women with disabilities. Draft prepared by the Committee; UN Doc. No. CRPD/C/14/R.1.

- 16 Frohmader, C. and Sands, T. (2015) OpCit.
- 17 Cited in Rees, S. (2015) OpCit.
- 18 Australian Bureau of Statistics (2011) Disability, Australia, 2009, Cat. No. 4446.0. Accessed online July 2014 at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4446.0>
- 19 Committee on the Rights of Persons with Disabilities (22 May 2015) General comment on Article 6: Women with disabilities. Draft prepared by the Committee; UN Doc. No. CRPD/C/14/R.1. See also: Ortoleva, S. & Lewis, H. (2012) Forgotten sisters: A report on violence against women with disabilities: An overview of its nature, scope, causes and consequences, Northeastern University School of Law Research Paper, 104-2012. Accessed online October 2014 at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2133332. See also: Dowse, L. et al (2013) OpCit.
- 20 See for eg: Oliver, M. (1983) Social Work with Disabled People. Basingstoke: Macmillan; Finkelstein, V. (1993) Disability: A social challenge or an administrative responsibility? In Finkelstein, V., S. French & M. Oliver (eds) Disabling Barriers – Enabling Environments. London: Open University Press/Sage; See also: Dowse, L. et al (2013); OpCit., Frohmader, C. and Sands, T. (2015) OpCit.
- 21 Oliver, M. (1990) The Politics of Disablement. London: Macmillan.
- 22 Thomas, C. (2004) Disability and impairment in Swain, J., S. French, C. Barnes & C. Thomas (eds.) Disabling barriers - Enabling environments. London: Sage. See also: Frohmader, C. & H. Meekosha (2012) Recognition, respect and Rights: Women with Disabilities in a Globalised World, Chapter 18 in Goodley, D., B. Hughes & L. Davis Disability and Social Theory: New Developments and Directions. Basingstoke: Palgrave Macmillan.
- 23 Meekosha, H. & R. Shuttleworth (2009) What's so 'critical' about critical disability studies. Australian Journal of Human Rights. Vol. 15, No. 1, pp. 47-75. See also: Dowse, L. et al (2013).
- 24 United Nations General Assembly (12 January 2016) Report of the Special Rapporteur on the rights of persons with disabilities. Human Rights Council, Thirty-first session. UN Doc. No. A/HRC/31/62. See also: Committee on the Rights of Persons with Disabilities, General Comment No 1 (2014) – Equal recognition before the law, 11th sess, UN Doc CRPD/C/GC/1 (19 May 2014).
- 25 The influence of ableism is poorly recognised in Australia, but is a term used to capture the way that the construction of social systems with able-bodied people as the norm results in the systemic, structural, intersecting and individual forms of discrimination against and exclusion of people with disabilities. People with disability, by virtue of the exceptional status of falling away from this norm, are often treated as less than fully human. See for example: Campbell, F.K. (2011) Stalking ableism: using disability to expose 'abled' narcissism, in D. Goodley, B. Hughes & L. Davis (eds), Disability and social theory: New developments and directions, Basingstoke: Palgrave Macmillan.
- 26 WWDA (2015) Ableism. Draft Paper for the National Framework to Prevent Violence Against Women and their Children, Our Watch.
- 27 Frohmader, C. (2013) 'Dehumanised: The Forced Sterilisation of Women and Girls with Disabilities in Australia'. Women with Disabilities Australia (WWDA), Rosny Park, Australia.
- 28 United Nations General Assembly (12 January 2016) Report of the Special Rapporteur on the rights of persons with disabilities. Human Rights Council, Thirty-first session. UN Doc. No. A/HRC/31/62.
- 29 WWDA (2016) Proceedings from the WWDA National Forum (forthcoming).
- 30 WWDA (2007) Forgotten Sisters - A Global Review of Violence against Women with Disabilities. WWDA Resource Manual on Violence Against Women With Disabilities. Hobart, Tasmania: Women With Disabilities Australia
- 31 Dowse, L. et al (2013) OpCit.
- 32 Frohmader, C., Dowse, L., and Didi, A. (2015) OpCit.
- 33 'Gendered disability violence' is conceptualised as 'violence directed against a woman because she is a woman, which is shaped by the disability context, and which affects women with disabilities disproportionately as individuals and as a group.' See: Frohmader, C., Dowse, L. and Didi, A. (2015) Preventing Violence against Women and Girls with Disabilities: Integrating a Human Rights Perspective. Think Piece Document for the Development of a National Framework to Prevent Violence against Women. Hobart, Tasmania: Women With Disabilities Australia.
- 34 Frohmader, C., Dowse, L. and Didi, A. (2015) OpCit.
- 35 Committee of Ministers of the Council of Europe (2009) Declaration: Making gender equality a reality. 119th Session of the Committee of Ministers, Madrid, 12 May 2009.
- 36 Frohmader, C. (2013) OpCit., ACDA Sub, NDS Gender Blind
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- 38 Office of the Public Advocate (2010) Submission to the Victorian Law Reform Commission in Response to the Guardianship Information Paper. Accessed online October 2011 at: <http://www.publicadvocate.vic.gov.au/file/file/Research/Submissions/2010/OPA-Submission-to-VLRC-May-2010.pdf> See also: French, P., Dardel, J. & Price-Kelly, S. (2010) Rights Denied: Towards a National Policy Agenda About Abuse, Neglect & Exploitation of Persons with Cognitive Impairment. People With Disability Australia (PWD), Sydney, NSW.

- 39 Frohmader, C. and Sands, T. (2015) OpCit.
- 40 Ibid.
- 41 Australian Bureau of Statistics, 4433.0.55.006 - Disability and Labour Force Participation, 2012.
- 42 See for eg: Frohmader, C. (2014) 'Gender Blind, Gender Neutral': The effectiveness of the National Disability Strategy in improving the lives of women and girls with disabilities. Prepared for Women With Disabilities Australia (WWDA), Hobart, Tasmania. ISBN: 978-0-9585268-2-1.
- 43 Australian Human Rights Commission (2010) Australia's Implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). See also: Australian Cross Disability Alliance (ACDA) (2016) Submission to the CRPD Committee 14th Session 'Day of General Discussion (DGD) on the right of persons with disabilities to live independently and be included in the community'; 19th April 2016; Prepared by Carolyn Frohmader for the Australian Cross Disability Alliance (ACDA).
- 44 Meekosha, H. (2004) Gender and Disability. Entry for the Sage Encyclopaedia of Disability.
- 45 Arnade, S. & Haefner, S. (2006) Gendering the Draft Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. Legal background paper. Published by Disabled Peoples' International (DPI), Berlin.
- 46 This happens in two main ways: a) the child is removed by child protection authorities and placed in foster or kinship care; and b) a Court, under the Family Law Act, may order that a child be raised by the other parent who does not have a disability or by members of the child's extended family. See: Victorian Office of the Public Advocate (OPA) (2012) OPA Position Statement: The removal of children from their parent with a disability. <http://www.publicadvocate.vic.gov.au/research/302/>
- 47 Frohmader, C. (2014) 'Gender Blind, Gender Neutral': The effectiveness of the National Disability Strategy in improving the lives of women and girls with disabilities. Prepared for Women With Disabilities Australia (WWDA), Hobart, Tasmania. ISBN: 978-0-9585268-2-1.
- 48 Woolcott, P. (2013) Australia's appearance before the Committee on the Rights of Persons with Disabilities: Australia's Opening Statement, 3 September 2013. In: Frohmader, C. (2013) Report from the United Nations Committee on the Rights of Persons with Disabilities (CRPD) 10th Session - Review of Australia.
- 49 Australian Government, Department of Prime Minister and Cabinet, 'Whole of Australian Government'; Office for Women; accessed online April 2014 at: <http://www.dpmc.gov.au/women/woag/index.cfm>
- 50 Frohmader, C. (2014) OpCit.
- 51 For example, Outcome Area 2 of the National Disability Strategy (NDS) [Rights protection, justice and legislation] has five key Policy Directions to meet this outcome. Policy Direction 4 is: 'People with disability to be safe from violence, exploitation and neglect'. However, the actions designed to address Policy Direction 4 exclude consideration of intersectionality are therefore not necessarily appropriate for women with disability, children with disability, Aboriginal and Torres Strait Islander people with disability, or people with disability from non-English speaking and culturally or linguistically diverse backgrounds. For a more detailed discussion of these issues, see: Frohmader, C. (2014) Gender Blind Gender Neutral, OpCit.
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- 54 Frohmader, C. (2014) Ibid.
- 55 Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (March 2009) Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009 – 2021. National Council to Reduce Violence against Women and their Children, Commonwealth of Australia.
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- 66 Ibid. See Recommendation 24.
- 67 Committee on Economic, Social and Cultural Rights (CESCR) (2009) Concluding Observations of the Committee on Economic, Social and Cultural Rights: Australia, 12 June 2009, UN Doc. E/C.12/AUS/CO/4. See also: Committee on the Rights of Persons with Disabilities (2013) Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session, 2-13 September 2013; UN Doc. CRPD/C/AUS/CO/1.
- 68 Dowse, L. et al (2013) OpCit.
- 69 Ibid.
- 70 Department of Social Services, Family Safety Branch, Email correspondence to WWDA, 3 March 2015.
- 71 See: <http://www.1800respect.org.au>
- 72 Medibank Health Solutions, 'About Us', accessed July 2016 at: <https://www.medibankhealth.com.au/about.asp>
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- 74 1800RESPECT Stakeholder Communication, Email, 31 May 2016.
- 75 Department of Social Services, Family Safety Branch, Correspondence to AWAVA, June 2016.
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- 79 Department of Social Services, Family Safety Branch (2016) Stakeholder Fact Sheet "The facts about the new 1800RESPECT Triage model.
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- 85 The Universal Declaration of Human Rights was adopted by the UN General Assembly on 10 December 1948. See: <http://www.dfat.gov.au/un/> See also: Australian Government (2012) Draft 5th Report by Australia on the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment For the period 1 January 2008 to 30 June 2012; Attorney-General's Department, Canberra.

- 86 See for example: <http://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx>
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- 89 The Committees publish their interpretation of the content of human rights provisions, known as general comments on thematic issues or methods of work. These cover a wide range of subjects, from the comprehensive interpretation of substantive provisions, such as the right to life or the right to adequate food, to general guidance on the information that should be submitted in State reports relating to specific articles of the treaties. See: <http://www.ohchr.org/EN/HRBodies/Pages/TBGeneralComments.aspx>
- 90 The UN Special Rapporteur on Torture has emphasised this: "it is necessary to highlight additional measures needed to prevent torture and ill-treatment against people with disabilities, by synthesizing standards and coordinating actions in line with the CRPD". See: Juan E. Mendez, Special Rapporteur, Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, 22nd sess, UN Doc A/HRC/22/53 (1 February 2013), para, 62.
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- 92 The progressive realisation clause does not apply to non-discrimination duties.
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- 100 The CRC generally defines a child as any human being under the age of eighteen years, and requires States parties to ensure that all children within their jurisdiction enjoy all the rights enshrined in the Convention without discrimination of any kind.
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- 111 Committee on the Rights of Persons with Disabilities (October 2013) Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013); UN Doc. CRPD/C/AUS/CO/1.
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- 113 Committee on the Rights of the Child; Consideration of reports submitted by States parties under article 44 of the Convention; Fourth periodic report of States parties due in 2007: Australia. 14 June 2011; UN Doc. CRC/C/AUS/4. Available on line at: http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.AUS.4_en.pdf
- 114 UN Committee on the Rights of the Child, UN Doc. CRC/C/15/Add.268
- 115 CRC General Comment No.9 [at para.60] states: 'The Committee is deeply concerned about the prevailing practice of forced sterilisation of children with disabilities, particularly girls with disabilities. This practice, which still exists, seriously violates the right of the child to her or his physical integrity and results in adverse life-long physical and mental health effects. Therefore, the Committee urges States parties to prohibit by law the forced sterilisation of children on grounds of disability.' See: Committee on the Rights of the Child (CRC), General Comment No. 9 (2006): The rights of children with disabilities, 27 February 2007, UN Doc. CRC/C/GC/9.
- 116 Committee on the Elimination of Discrimination against Women, Concluding comments of the Committee on the Elimination of Discrimination against Women: Australia, 3 February 2006, CEDAW/C/AUL/CO/5.
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- 185 DPOs are representative organisations of people with disability, and distinct from representative organisations for people with disability. The Convention on the Rights of Persons with Disabilities (CRPD) outlines the obligation of States Parties to guarantee the participation and involvement of representative organisations of people with disability in decision-making in all aspects of our lives (Article 4(3)), to promote the establishment of organisations of people with disability (Article 29) and ensure our participation in CRPD implementation and monitoring (Articles 4 and 33). The CRPD provides the framework to ensure that people with disability, through our representative organisations are the main participants in CRPD implementation, and our opinions should always be given priority in matters affecting our lives. See for eg: UN Special Rapporteur on the Rights of Persons with Disabilities, 'Report of the Special Rapporteur on the rights of persons with disabilities', UN Doc A/HRC/31/62, Agenda item 3.



WOMEN
WITH
DISABILITIES
AUSTRALIA
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1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE **COUNSELLING** SERVICE

Evaluation of the 1800RESPECT Website

www.1800respect.org.au

Improving Service Responses for Women with
Disability Experiencing Violence

May 2016

Introduction

1800RESPECT is the National Sexual Assault, Domestic Family Violence Counselling Service for people living in Australia. It is one of the Australian Government's key national family violence support programs. It was launched in late 2010 and provides a 24-hour telephone and online, crisis and trauma counselling service to anyone whose life has been impacted by sexual assault, domestic or family violence. It also includes an information and referral service.

Australian women with disability are abused every day. Currently, however, there are no clear pathways to safety for many women with disability experiencing violence.

For women with disability experiencing violence, there are also significant limitations with the website, counselling and referral services of 1800RESPECT:

- Many women with disability still do not know that the 1800RESPECT website exists
- Women with disability have identified that it is difficult, and in some cases impossible, for them to access the website and counselling service of 1800RESPECT
- Women with disability have provided feedback that the 1800RESPECT counsellors lack understanding and knowledge about violence against women with disability, including confusion and uncertainty of referral pathways.

These problems have resulted in the identified need for 1800RESPECT services to be more appropriate and accessible to women with disability. This includes the need to improve engagement, content and better links to the service system.

Improvement of 1800RESPECT services for women with disability

WWDA has been contracted by Medibank Health Solutions to assist with redeveloping the 1800RESPECT services, including the website and counselling services, to ensure that the services are accessible and relevant to all women and girls with disability.

You have been asked to provide written feedback on the accessibility of the current 1800RESPECT website. This feedback will be combined with other feedback from women and girls with disability to inform the redevelopment of the service.

In this document we have provided a set of guiding questions to assist with this task. In addition to these questions you are also welcome to add any further comments or information that you feel is relevant.

Your feedback on the 1800RESPECT website will help us think of ways to make the service better. The information you provide will remain anonymous, and comments will be de-identified where necessary, in all reports produced to improve the redevelopment of 1800RESPECT.

Thank you for your willingness to support the improvement of this extremely important service.

Support for you

Talking about violence, abuse or neglect can bring up strong feelings.

If you feel like you need to talk to someone during or after the providing this feedback, please call any of the numbers listed below or visit their websites.

1800RESPECT

1800 737 732

Centre Against Sexual Assault (CASA) Crisis Line

1800 806 292

Lifeline

13 11 14

TTY users phone 133 677 then ask for 13 11 14

Speak and Listen users phone 1300 555 727 then ask for 13 11 14

Internet relay users connect to the NRS then ask for 13 11 14

<https://www.lifeline.org.au/Get-Help/Online-Services/crisis-chat>

Suicide Call Back Line

1300 659 467

Kids Helpline

1800 55 1800

<http://kidshelpline.com.au/>

QLife - National telephone and web counselling service for lesbian, gay, bisexual, trans and intersex (LGBTI) people, families and friends.

1800 184 527

<https://qlife.org.au/>

Mensline

1300 789 978

Evaluation of the 1800RESPECT Website

www.1800respect.org.au

The following pages include questions to help you provide feedback on the 1800RESPECT website. The guiding questions have been divided into 13 areas:

15. Basic demographic information
16. Your technology use
17. Awareness of 1800RESPECT website
18. Marketing
19. Accessibility
20. Finding your way around the website
21. 'Look and feel' of the website
22. Getting help
23. Referral options
24. Guidance for counsellors about call management
25. Resources
26. Information about 'what is violence'
27. Data collection
28. General feedback

You do not have to answer all the questions.

All feedback will be useful. If you are unsure how to answer a question or wish to arrange a time to provide your feedback verbally, please contact Cristina Ricci (Director, Strategic Policy and Programs, WWDA) on the details below:

By email: cristina@wwda.org.au

By phone: 0413 249 385

Once you have completed this document, please return by email or post to Cristina Ricci:

By email: cristina@wwda.org.au

By post: Cristina Ricci
Women With Disabilities Australia (WWDA)
PO Box 407
Lenah Valley
Tasmania 7008

Evaluation of the 1800RESPECT Website

<http://www.1800respect.org.au>

1. Basic demographic information

1.1 Are you a woman with disability?

- ☐ No
- ☐ Yes

If 'No', please select one of the following to describe yourself:

- ☐ Family member / friend of a woman with disability
- ☐ Carer / support worker of a woman with disability
- ☐ Service provider
- ☐ Advocate
- ☐ Other. Please specify _____

1.2 In which State or Territory do you live?

- ☐ ACT
- ☐ NSW
- ☐ NT
- ☐ QLD
- ☐ SA
- ☐ TAS
- ☐ VIC
- ☐ WA

1.3 Where do you live?

- ☐ City / metropolitan area
- ☐ Regional area
- ☐ Rural area
- ☐ Remote area

2. Your technology use

2.1 What devices do you use to access the internet? (Please tick as many as appropriate)

- ☐ Smartphone
- ☐ iPad or Android tablet
- ☐ Laptop
- ☐ Desktop
- ☐ Other. Please specify _____

2.2 Do you use social media sites/groups to seek support and advice?

- ☐ No

☐ Yes

3. Awareness of 1800RESPECT

3.1 Before now, had you heard of the 1800RESPECT website?

☐ No
☐ Yes

If 'Yes', where did you find out about the service?

☐ Internet
☐ A friend / Word of mouth
☐ Violence service
☐ Women's service
☐ Disability service
☐ WWDA Newsletter
☐ Other. Please specify _____

3.2 Before now, had you heard of the 1800RESPECT counselling service?

☐ No
☐ Yes

If 'Yes', where did you find out about the service?

☐ Internet
☐ A friend / Word of mouth
☐ Violence service
☐ Women's service
☐ Disability service
☐ WWDA Newsletter
☐ Social media, email or other media / news
☐ Other. Please specify _____

3.3 Have you used either the 1800RESPECT website or counselling service?

☐ No
☐ Yes

If 'Yes', how would you rate your experience?

☐ Very dissatisfied
☐ Dissatisfied
☐ Neither dissatisfied or satisfied
☐ Satisfied
☐ Very satisfied

How would you describe your experience?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

We would be interested to hear your ideas on how best to let women with disability know about 1800RESPECT.

Please open the 1800RESPECT website in your web browser (www.1800respect.org.au).

5.1 Overall, how accessible is the website to women and girls with disability?

- ☐ Very inaccessible
- ☐ Inaccessible

- ☐ Neutral
- ☐ Accessible
- ☐ Very accessible

Do you have any comments about the accessibility of the website?

5.2 Do you have any suggestions about how to make the website more accessible to you?

5.3 Do you have any suggestions about how to make the website more accessible to other women and girls with disability?

5.4 If you are a regular internet user, what are some websites that you find easily accessible?

6. Finding your way around the website

Open the 1800RESPECT website in your web browser (www.1800respect.org.au).

Please explore the website then answer the following questions:

6.1 Did you find it easy to find your way around the 1800RESPECT website?

- ☐ No
☐ Yes

If 'No', please describe why it was difficult.

6.2 Is anything on the website confusing for you (for example: text, pictures, layout, links, design)?

- ☐ No
☐ Yes

If 'Yes', what was confusing?

6.3 Starting from the homepage (www.1800respect.org.au), see if you can find a link to talk online with a 1800RESPECT counsellor. Did you find it?

- ☐ No
- ☐ Yes

If 'Yes', was it easy or difficult to find this information?

- ☐ Very difficult
- ☐ Difficult
- ☐ Neutral
- ☐ Easy
- ☐ Very easy

7. 'Look and feel' of the website

Open the 1800RESPECT website in your web browser (www.1800respect.org.au).

Please explore the website then answer the following questions:

7.1 What are your general thoughts about the 'look and feel' of the website?

7.2 What are your thoughts about the pictures/photos used in different sections of the website?

7.3 Do you like the pictures/photos on the website?

- ☐ Not at all
- ☐ Slightly
- ☐ Neutral
- ☐ Very much
- ☐ Extremely

7.4 How do you think the website should 'look and feel' to make it more relevant to women with disability who experience violence, or to those who support someone who is experiencing violence?

8. Getting help

- 8.1 What would help women and girls with disability to get the help they need when they are experiencing abuse or violence?

- 8.2 What do you think might stop or prevent a women or girl with disability from getting this help?

- 8.3 How do you think 1800RESPECT could support women and girls with disability experiencing violence?

9. Referral options

- 9.1 What services do you think 1800RESPECT should include in its list of referral options for women and girls with disability experiencing violence?

10. Guidance for counsellors about call management

- 10.1 What suggestions would you like to make to 1800RESPECT counsellors who receive a call from a woman or girl with disability experiencing violence?

11. Resources

Open the 1800RESPECT website 'Get help' page in your web browser (www.1800respect.org.au/get-help/).

Please explore the page then answer the following questions:

- 11.1 Do you think the information and resources provided on the website would be useful for women and girls with disability who are experiencing violence?

- 11.2 What other information and resources do you think would be important for women and girls with disability visiting the website?

12. Information about 'what is violence'

- 12.1 What information do you think women and girls with disability need to have to identify if what they are experiencing is a form of violence?

12.2 How do you think 1800RESPECT could get this information out to women and girls with disability?

13. Data collection

13.1 In order to ensure that 1800RESPECT provides women and girls with disability experiencing violence the help and support they need, operators and counselors will need to ask certain questions. Please tick the questions that you think are appropriate to ask:

- ☐ Do you have a disability? Answer "Yes/No"
- ☐ What is your disability? Type/s of disability to be specified
- ☐ What support/s do you need?
- ☐ Where are you currently living / receiving services? (for example: house/apartment; group home; institutional setting; mental health facility; aged care facility; etc)
- ☐ What is your relationship to the perpetrator/s

13.2 Do you have any comments or are there other questions you would like to suggest?

14. General feedback

- 14.1 Do you have any other comments you would like to make about the 1800RESPECT website, counseling service or anything else you think may be relevant?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for your valuable feedback!

Once you have completed this document, please return by email or post to:

Cristina Ricci

Director, Strategic Policy and Programs
Women with Disabilities Australia (WWDA)

By email:

cristina@wwda.org.au

By post:

Cristina Ricci
Women With Disabilities Australia (WWDA)
PO Box 407
Lenah Valley, Tasmania 7008

Improving **1800RESPECT** for all women who experience violence

Co-design workshop

for women with disability

Women with disability often experience violence, abuse and neglect.

The national helpline, 1800RESPECT, provides counselling, information and referral services to women affected by violence.

You are invited to participate in a co-design workshop aimed to help improve 1800RESPECT services for women with disability.

Your thoughts and ideas will be invaluable to this process.



To RSVP, please contact Cristina Ricci
cristina@wwda.org.au 0413 249 385

Friday 27th May 2016
11:00am - 3:00pm
Tower 1, Level 10
1 Lawson Square
Redfern NSW

1800RESPECT
NATIONAL SEXUAL ASSAULT, DOMESTIC
FAMILY VIOLENCE COUNSELLING SERVICE



WOMEN
WITH
DISABILITIES
AUSTRALIA
(WWDA)

APPENDIX 3 CO-DESIGN WORKSHOP AGENDA



Improving **1800RESPECT** for all women who experience violence

Co-Design Workshop With Women with Disability

AGENDA

Thursday 23rd June 2016
11:00am - 3:00pm
QDN, 11/7 O'Connell Terrace
Bowen Hills, QLD 4006

- 11.00AM** **Welcome and workshop overview**
- 11.10AM** **Participant introductions**
- 11.20AM** **Session 1: Technology and internet use**
- Do you seek specific information and information about services on the internet?
- What aspects of the information or site determine whether the information is relevant / useful / targeted to you? What gains your trust and interest?
- 11.40AM** **Session 2: Accessing emergency help**
- If you couldn't access a face-to-face service or needed emergency help, what type of service would you like to access?
- 12.10PM** **Session 3: Website critique**
- Critique of webpages from 1800RESPECT and similar services
- 1.00PM** **Lunch**
- 1.40PM** **Session 4: Creating your version of 1800RESPECT**
- 2.50PM** **Wrap-up and where to from here**
- 3.00PM** **Workshop close**

APPENDIX 4 1800RESPECT CO-DESIGN WORKSHOPS – LINKS TO WEBPAGES FOR CRITIQUE EXERCISE

1. 1800RESPECT - home page <https://www.1800respect.org.au>
2. 1800RESPECT – get help page <https://www.1800respect.org.au/get-help/>
3. 1800RESPECT – counselling page <https://www.1800respect.org.au/telephone-and-online-counselling/>
4. RDVSA – home page <http://www.rape-dvservices.org.au>
5. RDVSA – get help <http://www.rape-dvservices.org.au/Get-Help/Our-Services>
6. RDVSA – online counselling – open link to online counselling connect now icon on get help page <http://www.rape-dvservices.org.au/Get-Help/Our-Services>
7. Lifeline – home page <https://www.lifeline.org.au>
8. Lifeline – I need help now page <https://www.lifeline.org.au/Get-Help/I-Need-Help-Now>
9. Lifeline - online services - <https://www.lifeline.org.au/Get-Help/Online-Services/Online-Services>
10. Lifeline – get help page <https://www.lifeline.org.au/Get-Help/>
11. DVRCV – For women with disabilities <http://www.dvrcv.org.au/help-advice/women-disabilities>
12. DVRCV – Talk to someone – Supports and Services <http://www.dvrcv.org.au/support-services>
13. Better Health Channel - Family violence and women with disabilities <https://www.betterhealth.vic.gov.au/health/healthyliving/family-violence-and-women-with-disabilities>
14. Beyondblue – get support page <https://www.beyondblue.org.au/get-support/get-immediate-support>
15. BBC – accessibility page - <http://www.bbc.co.uk/accessibility/>
16. WWILD – what is counselling – Easy English Page <http://wwild.org.au/what-is-counselling.html>



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