**Women With Disability and**

**Domestic and Family Violence:**

**A Guide For Policy and**

**Practice**



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As information gets updated, new versions of this document will be available on

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**Women With Disability and Domestic and Family Violence:**

**A Guide For Policy and Practice**

**What is disability?**

Disability is now usually understood using the social model of disability, which emphasises

that disability results from disabling environmental and social barriers. Physical, attitudinal and

communication barriers reduce the opportunities afforded to people with impairments, resulting in

unequal access, exclusion and/or discrimination. The social model of disability highlights that it is a

shared responsibility to ensure equality of access for all by addressing barriers to inclusion and full

participation for people with disability.i

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was established

in 2006 to recognise the human rights of people with disability. Australia ratified the Convention in

2008. The CRPD outlines the rights of people with disability, using the social model to explain the

subsequent obligations of State parties to promote, protect and uphold these rights. These rights

and obligations also outline the responsibilities of your service, and include ensuring access to

physical locations, information, employment, adequate standards of living, support services and

assistive technologies.

In accordance with the dominant conventions in the disability sector in Australia, the terms ‘people

with disability’ and ‘women with disability’ will be used throughout this manual. However, some

people prefer other language – such as ‘disabled woman’ or ‘woman with a disability’ – and this

should be respected.

**Disability in Australia**

There are approximately 4.2 million people with disability in Australia,ii constituting 18.5% of the

total Australian population. Approximately 52% are women. Women with disability comprise 19%

of all women in Australia.

Women with disability are estimated to be 37.3% more at risk of domestic violence than their

peers.iii In NSW alone, 43% of the women who experienced personal violence in 2011 were

estimated to have a disability or long-term health condition, 7% higher than the national average.iv

It is worth noting that these statistics may have excluded a number of women with disability due

to these studies’ methodology. Further, the social stigma attached to both disability and domestic

and family violence may also skew these statistics, making it difficult to tell how many women with

disability are currently experiencing domestic and family violence.

Nonetheless, these figures demonstrate both that your service may already have engaged

(knowingly or unknowingly) with women with disability, and the urgency of ensuring that your

service is accessible for them.

Further, women accessing your service may have family members who have a disability who

require access as well. Broadening the accessibility of your service will make it easier for all

women, whatever their background or disability status, to access to your service.

1



**Disability, Gender and Domestic and Family Violence**

Violence against people with disability, much like violence against other people, is a heavily

gendered phenomenon. As noted above, women with disability are at a heightened risk of

experiencing violence. The Second Action Plan of the National Plan to Reduce Violence against

Women and their Children 2010-2022 prioritises women with disability. It recognises that

women with disability are disproportionately affected by domestic and family violence. The NSW

Government’s domestic and family violence ‘It Stops Here’ framework also prioritises women with

disability as a high risk group.

Women with disability are vulnerable to violence due to a combination of gender- and disability-

based discrimination.v The term ‘intersectionality’ is used to describe how discrimination based

on gender and disability interact and result in unique experiences for women with disability. It is

important that services respond to the needs of all women, not only those they have historically

supported.

Women with disability experience domestic and family violence in a range of ways. However, the

issues of power and control, as seen in domestic and family violence perpetrated against other

women, are also present in domestic and family violence against women with disability.

Some of the unique forms of domestic and family violence against women with disability, in

addition to more familiar forms of domestic and family violence, include:

**Physical Violence**, such as the withholding of food, water, medication or support services,

misusing medication as a restraint, using physical restraints and destroying or withholding

disability-related equipment.vi

**Sexual Violence**, such as inappropriate touching during care giving, taking control of

reproductive processes and demanding sexual activities.

**Emotional Violence**, such as verbal abuse, forced isolation, denying or trivialising the

disability, humiliating the individual, threatening violence, institutionalisation or the withdrawal

of care, and threatening to hurt guide dogs, pets or other family members.vii

**Financial Violence,** such as stealing or taking control of money, taking control of investments

and refusing to pay for essential medication or disability-related equipment.

Particular forms of coercion and manipulation that result from existing hierarchies between

people with disability and people without disability, such as individuals being led to believe

that all relationships function in this way.

Women with disability experience domestic and family violence in a variety of settings,

relationships and contexts. Settings may be as varied as large residential institutions, group

homes, respite centres, boarding houses, private homes and on the street. To ensure that women

with disability are given access to the services they require, it is important to acknowledge this.

Perpetrators may include intimate partners, family members, formal or paid carers, informal or

unpaid carers, staff in residential institutions, other residents in residential institutions and disability

support workers.viii

The Crimes (Domestic and Personal Violence) Act 2007 (NSW)ix reflects the intersectional

experience of violence for women with disability. This is an excellent legislative model for services

and refuges.

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**Inclusive Policies**

Women with disability often face discrimination when trying to gain access to services, including

domestic and family violence refuges. Sometimes, the ways in which domestic and family violence

is experienced by women with disability are not well recognised by service providers, leading to

the exclusion of these individuals.

Domestic and family violence services and refuges should be aware of and implement an

intersectional understanding of domestic and family violence in their policies. This should

acknowledge that for many women, gender is not the only dynamic which influences the

experience of domestic and family violence. Disability also affects the experience, as does class,

age, geographical location, Aboriginal and Torres Strait identity, culturally and linguistically diverse

(CALD) background, sexuality, or being intersex, trans or gender diverse.

An intersectional approach to domestic and family violence service provision requires two

things. First, that existing services be made as accessible as possible. Second, that various

accommodation, programs and supports targeted at women with disability be developed. Despite

their significantly increased risk of domestic and family violence, there are few services tailored for

women with disability, and need outstrips supply.x

In particular, the experiences of women with psychosocial disability are often overlooked. These

women may not identify as having mental illness, and may consequently be seen as difficult

service users. Domestic and family violence services may feel ill equipped to deal with women

exhibiting what may be called ‘challenging’ behaviours.

However, all women who have experienced trauma may demonstrate a range of coping strategies.

These might include emotional outbursts, anger, sadness, confusion, withdrawal, increased

sensitivity, isolation or other forms of seemingly erratic behaviours. These are normal responses to

trauma, and should be acknowledged and responded to appropriately. Ensure that your staff are

competent in the delivery of trauma informed services, and that you have appropriate vicarious

trauma policies in place. Seeking to ensure staff safety by excluding women who are manifesting

trauma responses is inadequate.

If you feel that your service does not have the expertise to give women with psychosocial disability

the support that they need, it is your service’s responsibility to first address any professional

development needs for staff, and second, at an organisational level, to develop partnerships with

appropriate disability and/or mental health organisations to assist these women.

Furthermore, Rape and Domestic Violence Services Australia provide debriefing and counselling

services on 1800RESPECT (1800 737 732) if you require their assistance.

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**Barriers To Seeking Assistance: Difficulties Experienced By Women**

**With Disability**

There are a number of barriers that women with disability frequently face, which may affect their

likelihood of accessing domestic and family violence services. These also often exacerbate their

risk of experiencing violence, especially because perpetrators may take advantage of their social

isolation.

Women with disability may not seek assistance for domestic and family violence as they are

unaware of what services are available to them. Information about domestic and family violence

services may be actively denied to them by the perpetrator of violence, or it may not be available

in the correct formats (Easy English, Auslan, braille etc).xi

Inappropriate or inadequate education can also mean that women with disability are unaware

of their rights, or that domestic and family violence is a crime.xii As such, providing women with

disability with accessible information about domestic and family violence - what it is, that it is a

crime, how they can seek assistance and where accessible refuges or services are located – may

increase their ability or willingness to leave abusive situations.xiii

Despite often experiencing discrimination and violence throughout their whole lives, women with

disability are frequently not believed upon disclosing their experiences of violence and abuse.

This makes them less likely to disclose, and can normalise their experiences of violence and

oppression.xiv

Inappropriate responses to disclosure often result from prominent social myths about people with

disability. For instance, some people may hold the misconception that people with disability are

innocent, do not have sexual feelings, or are incapable of sustaining relationships, and therefore

will never experience domestic and family violence. On the other hand, some believe that disability

might make people ‘hypersexual’ or deviant, lacking the ability to control themselves, which can

lead people to blame women with disability for sexual assaults. As such, myths often shift the

blame from the perpetrator to the person being abused.

Discriminatory stereotypes also contribute to the belief that women with disability are a burden to

those supporting them. This idea of carer sacrifice can make people, including police or services,

unwilling to acknowledge that formal and informal supporters can be violent towards these

individuals. Indeed, media representations frequently excuse intimate partner violence on the

basis of the woman’s disability.

Additionally, women with disability may be reluctant to report domestic and family violence as they

may be afraid of losing custody of their children to their abusive partner or family member.xv This

fear is not unjustified, as women with disability do disproportionately have children removed from

their care.

Women with disability, and support services such as disability services or police, may believe that

crisis accommodation or refuges will be inaccessible and unable to provide them with enough

personal support. As such, they may not leave their violent situation due to their fear of losing

support services, financial assistance or care provisions.

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For instance, women with disability may be reliant on their abuser for daily, personal care. Some

women with disability have low levels of employment, which increases their dependence on

others. Indeed, women with disability may not be able to choose who provides her support – due

to financial pressures, or a lack of services – even if their current support worker or informal carer

(including family members) is abusing them. This places women with disability in unequal power

relationships that can lead to exploitation, neglect and abuse.xvi Such dependence on formal or

informal supporters not only puts women with disability at a heightened risk of violence, but also

fundamentally reduces their opportunities to report or disclose the violence or ill treatment.

Women with disability may fear that accessing domestic and family violence services will

result in them being institutionalised. These are reasonable fears, because accessible housing

in the community is so limited it can force people to live in institutions. Indeed, women with

disability generally face precarious housing situations upon leaving their homes. They often face

discrimination when looking for rental properties, and may not have sufficient financial resources

to set up a new living environment that supports their independence.xvii

Lastly, women with disability may be physically segregated in residential institutions or disability-

specific services, or socially segregated due to discrimination and prejudice. Being isolated

– physically or socially – means that women with disability may not have supportive informal

networks that could help them escape violent situations.xviii

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**Access To Domestic and Family Violence Services For Women With**

**Disability**

The following are but a selection of barriers that women with disability face when trying to access

services and refuges. Your service should use a Disability Action Plan to identify and address any

other barriers that are currently hindering access for women with disability.

In acknowledging these barriers, it is worth keeping the Disability Discrimination Act 1992 (DDA)

in mind. The DDA outlines that it is unlawful to discriminate against people on the basis of their

disability, or perceived disability.xix It emphasises equality, ensuring that people with disability

have equal access to information, physical premises and employment, among many other things.

Indeed, according to the DDA, changes and alterations must be made to ensure that women with

disability are not (intentionally or unintentionally) discriminated against.

For your service, this means that you have an obligation to develop inclusive policies, procedures

and practices, review them regularly, and implement a myriad of changes to ensure that women

with disability are not discriminated against.

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Best practice means going above and beyond what is required under

the DDA which is a basic minimum, and negotiating this together with

disabled women.’ xx

No single change will automatically make your service accessible. Women with disability are

unique and have individual capacities, desires and needs that your service must take into

consideration.xxi Making flexible changes can help to ensure that accommodations benefit a wide

range of women and their children, not just women with disability.

**Barrier 1: Inaccessible Information And Communication**

Information provided by services is not always accessible, nor communicated effectively, to women

with disability. For instance, information may not be available in alternative formats, may not be

distributed in locations frequented by women with disability, and may not acknowledge the complex

difficulties faced by women with disability who are experiencing domestic and family violence. As

a result of this dearth of information, women with disability may be totally unaware that domestic

and family violence services and refuges even exist. In services, inaccessible information and

inappropriate communication techniques can create problems such as women being unaware of

rules, regulations and expectations. Additionally, unclear or inadequate information may prevent

women with disability from feeling safe or welcome in refuges and other domestic and family

violence services.

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**Recommendation 1:**

Information must be made accessible for all individuals who may require access to your service.

Informative materials should highlight the accessibility of your service, to ensure that women with

disability know that they are not only welcome, but that you have specifically thought about how to

accommodate them in your service.

Information about your service must be widely available, distributed in areas frequented by

women with disability.xxii For instance, informative materials should be available at disability

services, advocacy organisations, doctor’s offices, supermarkets, schools, community centres,

accessible bathrooms and so on. Local disability organisations should also be informed that your

service is taking steps towards improved inclusivity, so they can confidently refer women with

disability to your service.

Your website should have an accessible design and should comply with the Web Content

Accessibility Guidelines (WCAG). Options to change the contrast or font size of the website

should be easily located. Websites should provide easy to read information that is formatted

appropriately. Any downloads should be available as Microsoft Word documents, as these are

more accessible than PDFs. Screen-readers, devices that read text aloud, are much more suited

to Microsoft Word documents.

Informative materials should be available in braille, large print, Easy English (preferably with

pictures), audio and electronically.xxiii Some of these formats could also help women from

culturally and linguistically diverse (CALD) backgrounds, women with low literacy, or women who

do not identify as having a disability gain access to information about your service.

During intake, the accessibility and communication needs of all women seeking assistance should

be ascertained.xxiv For instance, women with intellectual disability may have difficulty remembering

large amounts of information. At the introductory stage, a lot of information, rules and regulations

are provided. This should all be communicated in a clear and concise way to ease understanding.

It could be helpful to break any induction session up into different parts, allowing sufficient time for

the women to digest information.

Alternatively, information and rules can be provided in writing (as well as braille, large print and

Easy English options), so that women have a hard copy to refer back to. Recorded versions of this

information could also assist comprehension and retention, providing this information via audio

recording or even an informative DVD to be shown at arrival.

Within your service, Auslan and other interpreters should be made available if this is what the

woman requires, and she should select her interpreter. However, keep in mind that cultural/

linguistic communities are often quite small and confidentiality is a complex matter.

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**Barrier 2: Physical Inaccessibility**

It can be particularly difficult for women with disability to find physically accessible crisis

accommodation and services. Physical access is a huge barrier for women with a range of

impairments, not just wheelchair users. Women with physical, visual, and hearing impairments

and/or mental illness all face various barriers in environments that do not accommodate their

presence.

**Recommendation 2:**

Physical access concerns much more than ensuring that women with disability are able to reach

your service. Within the service itself, there may be many physical barriers that exclude women

with disability. Addressing these barriers requires changes that facilitate different types of disability

and do not impede access for any other service user.

The first step towards making your service more accessible is performing an access audit.

Consulting people with various impairments can help you get a firsthand account of how

accessible your service is, and how it could be improved to accommodate women with different

kinds of disability. Some changes will be specific to certain rooms, such as bathrooms, kitchens

and bedrooms, while others will need to be implemented throughout all areas of the service. Some

of these changes may be cost- and time- intensive, however, many of them will be relatively small

and easy to perform and maintain.

Minor and easy changes include minimising clutter, having adequate storage, eliminating trip or

slip hazards, ensuring that each room has sufficient lighting, adequate seating, and installing

handrails. Ensuring that furniture is arranged to maximise the breadth of corridors or walkways

is also important. Another straightforward change is ensuring that all women using the service

are mindful of the impact they can have on the physical accessibility of areas. For instance, care

should be taken to place items back in their cupboards, mess should not be left in common areas,

furniture should not be drastically rearranged without notice, and doors should be left consistently

closed or consistently wide open.xxv Other women accessing your service should also be aware

that loud noise should be kept to particular areas, and minimised where possible to assist women

with vision or hearing impairment. It should be made clear to women with disability that this has

been communicated to other women using the service.

It is important to recognise that it may take women with disability a while to get used to the

physical environment and layout of the service. Women with disability should be given support

and time to get confidence and independence in these seating. Women with vision impairment,

for instance, often rely on their memory to navigate buildings. As such, simple designs, clear

walkways and set places for furniture will benefits these individuals. It is important that the physical

environment of the service remains consistent, and if for any reason changes have to be made,

people with vision impairment should be made well aware of these alterations.

Vision Australia provides excellent suggestions as to how different rooms and

areas can be made more accessible for people with vision impairment. See

https://www.visionaustralia.org/business-and-professionals/creating-an-accessible-environment/

accessible-design-for-homes and https://www.visionaustralia.org/business-and-professionals/

creating-an-accessible-environment/accessible-design-for-public-buildings for their extensive list of

recommendations.

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**Barrier 3: Organisational Attitudes and Experience**

The attitudes of service staff, managers and governance bodies can also be barriers to women

with disability. Your governance body may not have a clear sense of their role in ensuring the

accessibility of your organisation.

Attitudinal barriers about disability, based on stereotypes and myths, are quite pervasive and often

deeply entrenched. Additionally without support to explore how to provide services in a flexible

and responsive manner, staff members may struggle to engage with women with disability. This

lack of staff awareness, skills and training, often means that stereotypes and inexperience create

significant barriers for women with disability. This can contribute to putting women with disability at

risk if they do not feel the service is focussed on supporting their autonomy.

**Recommendation 3:**

Increasing staff awareness, participating in disability training, and encouraging staff to engage

with your Disability Action Plan will all contribute to a more accessible service. Raising staff

awareness about disability should illustrate the intersectional experience of domestic and family

violence experienced by women with disability, and how this often changes the severity and

duration of domestic and family violence. People with Disability Australia (PWDA) offer various

training packages to inform services about the rights of women with disability, address stereotypes

and myths, encourage respectful interactions with people with disability and to provide a more

thorough understanding about how people with disability experience domestic and family violence.

Training should be provided by disability services or women with disability themselves.

Additionally, serious efforts should be made to hire staff with lived experience of disability, or

disability specific training. These individuals can further help to combat any attitudinal barriers by

breaking down discriminatory beliefs or policies from within.

Furthermore, all staff should be actively engaged in making your service more accessible. Involve

staff members in the development and implementation of your service’s Disability Action Plan.

Staff should be given specific tasks to perform or be allocated responsibility for a particular aspect

of the Disability Action Plan. This will provide them with a greater understanding of the countless

barriers faced by women with disability in their everyday lives, and consequently lead them to

reassess their attitudes or interactions with women with disability. Staff should also be encouraged

to come up with best practice guidelines and standards to “mainstream” disability in all policies

and procedures.

The inclusiveness of your organisation should be made part of a strategic plan under the guidance

of the governance body. Ensuring the participation of women with disability in this governance

body is an excellent way to make their lived expertise available to your service.

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**Barrier 4: Perceived Discrimination**

Women with disability may believe that domestic and family violence services and refuges are

unsafe, unapproachable and inaccessible. Furthermore, they may fear that these services will

discriminate against them on the basis of their disability, which in turn increases their likelihood of

becoming homeless.

**Recommendation 4:**

Performing policy audits and creating a Disability Action Plan are positive steps towards eliminating

discrimination against women with disability in your service. Women with disability should be

encouraged to participate in these audits or workshops and information about them should be

freely distributed.

First and foremost, your Disability Action Plan must ensure that recruitment policies don’t

discriminate, and instead implement measures towards equal employment. This also applies to

governance bodies. To demonstrate your anti-discrimination policies and desire to include women

with disability in your service, it is important to have women with disability represented among your

staff. This requires advertising jobs in accessible locations, or using your networks to ensure that

women with disability have an equal chance to apply for jobs.

Consider employing a specialist disability worker to support women with disability who require

access to your service. Employing women with disability in such roles would improve the

experiences of women with disability engaging with your service, as the lived experience of staff

with disability may make them more attuned to the complex issues at play. However, it is important

to ensure that this is not done in a tokenistic manner, as these individuals should be given

equal opportunities, equal voice and their experiences and knowledge should be respectedxxvi

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Furthermore, women with disability should be made aware of, and included in, any promotional

pathways that exist within your service.

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**Looking Forward**

In making changes, you will be readying your service for people with disability, and moving

towards inclusion. However, it is important to keep in mind that this process is a continual one.

Refuges and domestic and family violence support services cannot become fully accessible

and inclusive overnight. While initial changes are vitally important, maintaining these accessible

practices is equally as important.

Barriers and recommendations must be revisited on an ongoing basis, with regular follow-ups

required to ensure that guidelines are consistently being implemented. Your organisation’s

strategic plan should ensure that this is happening. You might want to include an annual audit.

Making changes requires continued consultation with women with disability and other clients

using your service. Hosting regular workshops with women with disability, disability advocacy

organisations, disability services or accessibility auditors may also assist in this process.

Consistent feedback can help keep track of progress to ensure that your service, and its

accessibility, is continually improving.xxvii

In addition to the recommendations outlined in this document, DVNSW and PWDA have compiled

a separate factsheet with suggested practical guidelines to help you make manageable changes

to your service. These recommendations and guidelines include changes that can realistically be

made over a three year period, and will help you take the steps required to make your service

more accessible for people with disability. Guidelines for physical, information, attitudinal and

procedural audits are also provided in more detail separately.

**Contacts**

Partnerships between domestic and family violence services can help make services more

accessible, as sharing ideas about increasing accessibility can shed light on various tactics that

might not have previously been considered. It is important to remember that your service is not the

only one that has to make these changes.

Look at the existing Disability Action Plans of similar organisations and consider how they could

be adapted to your service. Alternatively, sharing your Disability Action Plan with others may

encourage reflection about how other domestic and family violence services could implement

similar plans in their organisations, and may also support the development of a community of

practice around disability accessibility.xxviii

Domestic and family violence services and the disability sector should work together to support

women with disability through their experiences of domestic and family violence. Both sectors

should have a keen awareness about the experiences of domestic and family violence for women

with disability, and should aim to collaborate to ensure women with disability don’t fall through the

service gaps. Clear, open and frequent communication between services will aid this process.

Establishing collaborative relationships such as these can ease the transition to a refuge for

women with disability. Make sure that your local disability services, and especially disability

advocacy organisations, are aware that your service is accessible so they can confidently refer

people with disability to you.

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**NSW Disability Advocacy Organisations**

The following list of services provide assistance to people with disability across

NSW. For a more extensive list of disability peaks and organisations, see

http://www.pwd.org.au/library/australian-advocacy-directory.html

Aboriginal Disability Network NSW (ADN NSW) - adnnsw.org.au

Association of Blind Citizens of NSW - asnblind-nsw.org.au

Brain Injury Association of NSW (BIA) - biansw.org.au

Central Coast Disability Network - ccdn.com.au

Deaf Society of NSW - deafsocietynsw.org.au

Disability Advocacy NSW (DA) - da.org.au

Illawarra Advocacy - illawarraadvocacy.org.au

Intellectual Disability Rights Service (IDRS) - idrs.org.au

Indigenous Disability Advocacy Service (IDAS) - idas.org.au

Multicultural Disability Advocacy Association (MDAA) - mdaa.org.au

NSW Council for Intellectual Disability - nswcid.org.au

Penrith Disabilities Resource Centre - pdrc.org.au

People With Disability Australia (PWDA) - pwd.org.au

Physical Disability Council of NSW (PDCN) - pdcnsw.org.au

Self Advocacy Sydney Inc - sasinc.com.au

Side By Side Advocacy Inc - sidebysideadvocacy.org.au

We would like to acknowledge Carolyn Frohmader for all her previous work in this area which has

substantially informed our work here. See also Frohmader, C. 2007. ‘More than just a ramp: a guide for

women’s refuges to develop disability discrimination act action plans’, Women With Disabilities Australia,

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A lot of the following resources have been drawn from the Stop the Violence Resource Compendium on domestic and

family violence, available at http://www.stvp.org.au/RC-Domestic-and-Family-Violence.html.

The Stop the Violence Resource Compendium also provides more general resources concerning violence against

women with disability. It is available at http://www.stvp.org.au/Resource-Compendium.html.

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