



PEOPLE WITH DISABILITY
AUSTRALIA



Building Access End of Project Report

Findings and Recommendations



Acknowledgement of Country

People with Disability Australia (PWDA) acknowledges and pays respects to all Aboriginal and Torres Strait Islander people across Australia, who are the Traditional Owners and Custodians of the land and waters on which we live and work. We pay respects to Elders past and present and acknowledge the positive legacy left by ancestors.

We thank all those Aboriginal and Torres Strait Islander people who have contributed to this project and who will continue to shape better outcomes for women with disability.

Acknowledgement of lived experience

PWDA acknowledges the lives and experiences of the women with disability represented in this report. We recognise the individual stories that form the basis of this project.

We thank all those women with lived experience who have contributed to this project and with whom we will continue to work to drive awareness of, and break down the unique barriers to accessing support for domestic and family violence, experienced by women with disability.

Language

This document uses binary language such as 'women'. We recognise that gender is socially constructed and does not exist in binary categories. We also recognise that there are people whose experiences are not captured using binary language, and that many of the experiences outlined in this document may be experienced by others in the Australian community. This project seeks to improve outcomes for women, feminine identifying and non-binary people with disability experiencing violence in Australia. However, we acknowledge that by considering women, girls, feminine identifying and non-binary people together, the experiences of non-binary and transgender people may not be captured or addressed effectively by this project.



About PWDA

People with Disability Australia (PWDA) is a leading disability rights, advocacy, and representative organisation of and for all people with disability. We are the only national, cross-disability organisation – we represent the interests of people with all kinds of disability. We are a non-profit, non-government organisation.

PWDA's primary membership is made up of people with disability and organisations primarily constituted by people with disability. PWDA also has a large associate membership of other individuals and organisations committed to the disability rights movement.

We have a vision of a socially just, accessible, and inclusive community, in which the human rights, belonging, contribution, potential and diversity of all people with disability are recognised, respected, and celebrated with pride. PWDA was founded in 1981, the International Year of Disabled Persons, to provide people with disability with a voice of our own.

PWDA is a New South Wales (NSW) and national peak organisation and founding member of Disabled People's Organisations Australia (DPO Australia) along with Women With Disabilities Australia, First Peoples Disability Network Australia, and National Ethnic Disability Alliance. Disabled Peoples Organisations (DPOs) are organisations that are led by, and constituted of, people with disability. The key purpose of DPO Australia is to promote, protect and advance the human rights and freedoms of people with disability in Australia by working collaboratively on areas of shared interests, purposes, strategic priorities, and opportunities.

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Executive Summary

The Building Access project, managed by People with Disability Australia (PWDA), aims to better meet the needs of women and children with disability, funded by Women NSW under the Domestic and Family Violence (DFV) Innovation Fund. It seeks not only to improve the accessibility of frontline DFV services, but also to advance the fundamental human rights of Women with Disability (WWD).

Phase 1 of the project supported domestic and family violence services to audit their accessibility across key domains and develop plans to address these barriers. Over a four-year period, reviews were conducted of the accessibility of premises, staff attitudes, policies, and procedures, in addition to workplace training and education. Significant personal and service-level changes resulted from these activities; however, resource constraints have prevented the implementation of all required measures.

The Building Access project was granted an extension until June 2023 to address the recommendations from the Phase 1 Evaluation Report of June 2021. These recommendations proposed that resourcing be made available to allow the implementation of accessibility and inclusion measures in DFV services; that cross-sector disability training be conducted; that capacity-building work be informed and driven by WWD; and that a resource platform be created to support services with their implementation of planned measures.

To address these recommendations, PWDA have used three methods. Firstly, research was conducted in order to provide an evidence base for ongoing advocacy work. This advocacy will urge funding sources to allocate resources for accessibility and inclusion measures. PWDA also developed their own resources and online resource library, which promote best practice for DFV services assisting WWD. These resources, along with other consultation and collaboration actions, have been driven by WWD that have lived experience of violence.

The Key Findings of these actions are divided into two sections. The first section, *Women with Disability with lived experience of domestic and family violence*, has a dual focus; firstly, looking at pre-barriers to access and then at the barriers which exist when accessing services. Pre-barriers identified included fear and mistrust, negative past experiences, lack of support after disclosure, lack of realisation that abuse is occurring, inadequate accessibility or availability of services, insufficient access to information and difficulty when accessing it, privacy and confidentiality concerns and financial constraints.

If WWD were able to overcome these pre-barriers, they might then go on to face new challenges. For example, clients were not asked about their access needs and were not made to feel welcome when they arrived. Physical accessibility was reported as a problem when trying to leave the place where violence was occurring and

was not guaranteed within services once they arrived. Supports, support workers and carers were further highlighted as barriers, as assistance was unpredictable and systems unreliable. Overall, lack of knowledge stopped many WWD from accessing support. These barriers were often exacerbated in Regional, Rural and Remote areas, where there are fewer services and more confidentiality issues due to smaller populations. However, according to interviewees, privacy was always respected when accessing the services that they encountered.

The Key Findings of the second section focuses on research with the Domestic and Family Violence Sector in NSW. It was reported that being part of the Building Access project significantly increased accessibility within services; more WWD were accessing services and also identifying as having a disability. The presence of WWD as clients also contributed to this, and interviewees believed that the recruitment of Specialist Disability Workers would assist further. Overall, all interviewees reported that they feel confident in supporting WWD because of their involvement in the project, and that the Community of Practice was key to sustaining this confidence and best practice. Highlighting the changes that had been made was important not only to DFV services, but also for referring services. Organisations are ready and willing to make additional changes.

Despite this, organisations have been limited in the measures they can implement, due to a lack of financial and human resources. Initiatives from the Building Access project, such as the Disability Inclusion Action Plans (DIAP), have made

it easier for organisations to apply for and obtain funding. Also, the comprehensive training, availability of resources, and ongoing support from Building Access has been a critical factor to integrating accessibility. Based on these findings, PWDA has made further recommendations to continue addressing the barriers faced.

To do this, PWDA recommends the recommissioning and funding of the Building Access project for a further five years. This funding will allow ongoing disability awareness training, particularly to the Core and Cluster DFV Service Providers, including National Disability Insurance Scheme (NDIS) providers. PWDA also recommends that all DFV Service Providers in NSW are supported to conduct accessibility audits; and, from this, develop and implement DIAPs with inclusive policies and procedures. Alongside this, there is a need to overhaul the systems in Independent Living Arrangements and Group Homes is needed; to improve the accessibility of Short-term Housing and Emergency Accommodation; and to improve pathways to external support for WWD.

Finally, funding that is specific, separate and targeted should be made available for WWD of other marginalised communities. This must include, but is not limited to, those who are Culturally and Linguistically Diverse (CALD), First Nations people, and the LGBTQ+ community. As with the Building Access project, these initiatives must intentionally incorporate the voices of lived experience. Without this, meaningful and sustainable change is difficult to achieve.

Project Overview and Context



The Building Access project, managed by PWDA, is an innovative initiative enabling DFV services to better meet the needs of women and children with disability. It is funded by Women NSW under the Domestic and Family Violence Innovation Fund. The project is not only unique in addressing and increasing the accessibility of DFV services across NSW but is also of national significance.

The Building Access Project seeks not only to improve the accessibility of frontline DFV services but also to advance the fundamental human rights of WWD.

The statistics

Women With Disability (WWD) experience significantly higher levels of all forms of violence, including Domestic and Family Violence (DFV).¹ Many women find it harder to escape violence because DFV services are inaccessible for women with disability.

The available literature tells us that women with disability are 40% more likely to experience domestic and family violence than women without disability.² Further, women with disability stay in abusive relationships much longer, often experience violence from multiple perpetrators and are less likely to receive support from DFV services than their non-disabled peers. Women with disability experience DFV in a broader range of settings and encounter barriers that are not experienced by women without disability.^{3 4}

Women with disability are twice as likely than women without disability to experience sexual violence in their lifetime. Women with disability are more likely to experience intimate partner violence (36%), compared to 21% of women without disability, 15% of men with disability and 7% of men without disability, and are also 2.5 times more likely to have experienced DFV in the past 12 months.⁵

According to a recent Australian Bureau of Statistics (ABS) disability and violence report, women with disability are almost twice as likely as women without disability to have experienced physical or sexual violence by a cohabiting partner over a 12-month period (2.5 per cent compared with 1.3 per cent).⁶ The likelihood of emotional abuse by a cohabiting partner is also significantly increased – 6.3 per cent compared with 4.1 per cent (ABS 2021). An intellectual or psychological disability puts women further at risk. A woman with an intellectual or psychological disability is almost three times more likely than a woman with a physical disability to experience physical or sexual violence by a cohabiting partner (ABS 2021). She is more than twice as likely to experience emotional abuse by a cohabiting partner (ABS 2021).

Women with disability experience unique forms of violence

While women with disability experience all the same forms of DFV that other women experience, they are at risk of additional forms of DFV, including forced sterilisation, seclusion and restrictive practices. Their need for disability supports also means they experience DFV in a range of institutional and service settings, including independent living arrangements, large residential institutions, group homes, respite centres, boarding houses, private homes, and on the street.⁷ Perpetrators include intimate, cohabiting partners, family members, formal or paid carers, informal or unpaid carers, staff in residential institutions other residents in residential institutions, and disability support workers.⁸ The Crimes (Domestic and Personal Violence) Act 2007 (NSW)

reflects the intersectional experience of violence for women with disability.

DFV commonly includes physical, emotional, sexual, and financial abuse. However, women with disability experience forms of abuse in each of these categories, which are not experienced by women without disability. Some of the unique forms of DFV perpetrated against women with disability include:

- Physical abuse, such as the withholding of food, water, medication or support services; the use of chemical or physical restraints, and the destruction or withholding of disability-related equipment (Healey 2013, p38)
- Sexual violence, such as inappropriate touching during care giving, sexual activity being demanded or expected in return for care, taking advantage of a physical impairment to force sexual activity, and control of reproductive processes (Healey 2013, pp39–40)
- Emotional abuse, such as denial of disability, threats to withdraw care or services, threats to institutionalise, violation of privacy, neglect, abandonment and deprivation (Healey 2013, p39)
- Economic abuse, such as theft of disability-related payments, abuse of Powers of Attorney and refusal to pay for essential medication or disability-related equipment (Healey 2013, p39)
- Coercive control that results from existing hierarchies between people with disability and people without disability, such as people with disability being led to believe that the abusive behaviours occur in all relationships⁹ (Healey 2013, p44).

Underreporting and dismissal

It is widely accepted that violence against women with disability is significantly underreported. Although three in four (74 per cent) women with disability experienced anxiety or fear for their personal safety, following their most recent incident of physical assault by a man, fewer than one in three (29 per cent) reported the incident to police (ABS 2021). Furthermore, the data used in the ABS disability and violence report excludes residential care and institutional facilities, such as group homes. It also excludes participants who need third party assistance with communication.

Too often, the experiences and voices of women with disability are dismissed. Women with disability are frequently not believed upon disclosing their experiences of DFV (Healey 2013, p43), which may make them less likely to disclose. It can also normalise their experiences of violence and oppression (Maher et al 2018, p36–40).

Access is a human right

Women with disability being able to access DFV services is a human right. The United Nations Convention on the Rights of Persons with Disabilities (CRPD), to which Australia is a signatory, exists to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.¹⁰

Violence against women is a human rights issue, as is the rights of people with disability to access services, including DFV services. A human rights framework needs to inform our understandings of, and responses to women with disability experiencing domestic and family violence. At best, WWD and their fundamental human rights to accessibility are overlooked due to ignorance. At worst, their rights are dismissed due to discrimination and attitudinal beliefs, or lack of funding and human resources.



The Building Access Project

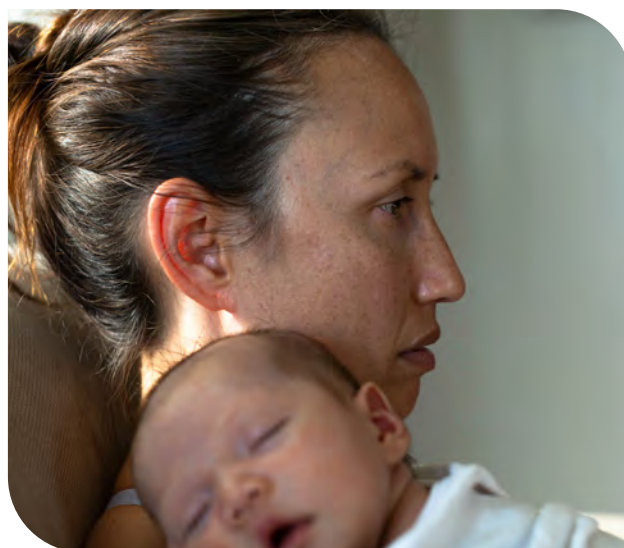
The Building Access project is an innovative initiative enabling domestic and family violence (DFV) services to better meet the needs of women and children with disability.

Many women find it harder to escape violence because DFV services are inaccessible for women with disability. PWDA's Building Access project aims to increase the accessibility of DFV services for women with disability in New South Wales.

PWDA has worked with Domestic Violence NSW and Women's Community Shelters to improve responses for women with disability experiencing violence.

The DFV services include but are not limited to:

- Women's health centres
- Counselling services
- Accommodation and homelessness services
- Family support services
- Legal services
- Women's resource centres
- Organisations tackling these issues on a sector-wide systemic level



Project logic

A participatory workshop was held in March 2019 with the support of Clear Horizon to clarify the goals of the Building Access project and map the causal links between project activities and intended outcomes. This was done using a Project Logic tool.

These broader goals include:

- That rights based practice is embedded into government, services, and the broader community;
- That Women with Disability are aware of, and access, supportive and high quality DFV services; and
- That the Government ensures DFV services are well resourced to be inclusive and accessible for Women with Disability.

Together, these goals describe an ideal future society that the Building Access project is working towards. Three End of Program Outcomes relating to DFV organisations, and the broader sector will contribute to this ideal future society:

- Firstly, higher rates of WWD accessing DFV organisations;
- Secondly, WWD having a safer and more inclusive experience when accessing the engaged DFV organisations; and
- Thirdly, the sector and funding bodies provide an enabling funding and policy environment that ensures inclusive practices in DFV services for WWD are mainstreamed.

Three pathways were identified to achieve these outcomes:

- Outcomes pathway 1: Access Consultants
- Outcomes pathway 2: DFV organisations
- Outcomes pathway 3: Funding bodies and PWDA and its sector network.

An excerpt from the Project Logic, describing these pathways, is outlined below:

Outcomes pathway 1: Access Consultants

A key feature of the project is the involvement of WWD as Access Consultants who perform audits and consultations in the DFV organisations. Employing WWD as Access Consultants ensures changes to DFV organisations are informed by WWD. While there is no explicit focus on outcomes for the Access Consultants, we expect that their involvement in the project may lead to some positive benefits for them.

If Access Consultants receive quality training, then they may be more aware of their rights, more aware of how to exercise these rights within their community and will also gain the skills and experience in advocating. Through sharing their lived experience within their community during this process, the self-confidence of Access Consultants may improve. As a result of these increases to knowledge, awareness and confidence, Access Consultants may become local advocates for their accessibility needs within their communities.

The project may focus on achieving these desired outcomes more explicitly in the future.

Outcomes pathway 2: DFV organisations

The audit process PWDA facilitates alongside the Access Consultants will play a driving force in affecting change within DFV organisations. Having PWDA, backed with advice from the CoP and the Expert Advisory Group (EAG), provide recommendations to the DFV organisations will be a key factor in persuading change in these organisations and operationalising their Disability and Inclusion Action Plan (DIAP).

Through the audit process and the provision of additional training and expert advice offered by PWDA, DFV organisations will understand rights-based practice and will have an increased awareness of the prevalence of DFV for WWD. As a result of these immediate changes, they will adopt a more inclusive attitude to disability and accessibility and hence increase their networks and relationships with likeminded organisations and the disability sector. Through a Community of Practice (CoP), services will support and learn from each other about how they are eliminating barriers to access. DFV services will embed rights based and inclusive practices that are both physically and emotionally accessible and will actively advocate for improved accessibility for WWD within the sector.

Ultimately, we expect that the changes to the DFV organisations will result in an improved experience for WWD who require access to these services, as they will feel safer and more included when accessing those services. Additionally, there will be higher rates of WWD accessing inclusive DFV organisations as we assume more WWD will be aware of the services.

Currently in the project logic there are no key activities connecting local WWD to the engaged DFV services that have increased accessibility. PWDA hopes to one day support engaged DFV organisations to promote their accessible services to WWD.

Outcomes stream 3: Funding bodies and PWDA and its sector networks

By communicating the effectiveness of PWDA's work in this space and by facilitating Expert Advisory Groups (EAG) and a Community of Practice (CoP), the project will influence change in the broader enabling environment, including funding bodies (actual and potential), PWDA, and its sector networks. In the first instance, the Funding Bodies are influenced by the evidence base created in the reporting submitted by PWDA which in turn increases their understanding and convinces them of the need for projects relating to WWD and DFV.

PWDA and its networks are influenced by the EAGs and CoPs that are convened by PWDA and Women NSW, increasing these groups' understanding of the issue and their ability to influence the sector more strategically. The changes to knowledge and behaviour for the funding bodies, PWDA and their networks will result in a sector that is actively collaborating on the issue of DFV for WWD. There is an improved enabling sectoral environment responsive to issues affecting WWD in relation to DFV.

The Key Evaluation Questions (KEQs) for the interim evaluation report were then developed in relation to the End of Program Outcomes in the Project Logic.

To achieve these outcomes, the project delivered seven key activities:

- Access Consultant onboarding (foundational)
- Consultations and audits performed by access consultants
- Training for DFV services
- PWDA to deliver audit recommendations to DFV services on how to remove barriers for WWD and promote their work in the sector
- Provision of reporting to contribute to an emergent evidence base within the sector
- Facilitation of advisory groups and a community of practice
- Together, these activities influence four key stakeholder groups, being: Access Consultants, DFV organisations (and their clients), funding bodies, and PWDA and its networks.

Assumptions

For the Project Logic to hold true for the pilot project, three important assumptions were identified for monitoring. These were:

- **Outcomes stream 1:** When Access Consultants perform audits and consultations, they will have a positive experience that may lead to an increase in skills and experience in advocacy.
- **Outcomes stream 2:** We assume that WWD will feel more encouraged to access engaged DFV organisations via word of mouth, DFV organisation, PWDA and sectoral promotion of accessible services.
- **Outcomes stream 3:** We assume that the evidence base created in reporting is going to increase their understanding of the issues relating to WWD accessing DFV services and that they are hence influenced to fund more like-minded projects.

Findings in relation to these assumptions can be seen in the Project Deliverables and Key Findings section.



Building Access Phase 1

Phase 1 of the *Building Access Project* was a four-year long project developed and conducted by PWDA. This project saw PWDA work with DFV services to review the accessibility of their premises, staff attitudes, policies and procedures and conduct workplace training and education. The objective of this project was to improve access to DFV services for women and children with disability in NSW.

Over the course of Phase 1 of the project PWDA worked with 13 DFV services in NSW. The services that were involved with the Building Access project included, but were not limited to:

- Women's health centres
- Counselling services
- Accommodation and homelessness services
- Family support services
- Legal services
- Women's resource centres
- Organisations tackling these issues on a sector-wide systemic level.

Throughout Phase 1 of the Building Access project PWDA invited domestic and family violence services to audit their accessibility across key domains and develop plans that would address barriers to better meet the needs of women with disability. Women with disability were engaged as Disability Access Consultants, to provide input, advice and critical perspective to the audit processes, and they were also engaged in an Expert Advisory Group (EAG). PWDA worked with Domestic Violence NSW and Women's Community Shelters to improve responses for women with disability experiencing violence.

Some services who were willing to undergo this review were not accessible or inclusive on all fronts. As part of the project, services participated in training, Community of Practice meetings, created Disability Inclusion Action Plans (DIAPs) and began implementing changes.

Despite cultural change taking place within the participating services as a result of the project, significant barriers remained to accessibility. Primarily, DFV services did not have funding allocated for implementing accessibility and inclusion measures.

One key example is that there are no specific grants to allow the creation of easy-read information and other communication technologies, including accessible websites. For most services, the buildings they operate in are also not entirely physically accessible, and some are completely physically inaccessible. Additionally, staff are not trained in communicating with clients who have disability, meaning that information does not effectively reach

these clients. Overall, services do not have adequate time or human resources to create the inclusive policies that would mainstream these practices for WWD.

The first phase of the Building Access project identified that there is further work to be done to improve DFV service provision for women with disability who are or have experienced violence and neglect.

During Phase 1 PWDA worked with DFV services to review the accessibility of their premises, staff attitudes, policies and procedures and conduct workplace training and education.



Building Access Phase 2

Building Access was granted an extension to continue the project work, with the objective of making domestic and family violence services more accessible to women and children with disability. This work was continued on from Phase 1 of the project (which ended in March 2022), through to June 2023. It was identified in the evaluation report of Phase 1 of the Building Access Project that the voices of WWD need to be captured. It was also identified that PWDA needed to undertake research that will help provide an evidence base for our ongoing advocacy work. The following objectives were developed according to these findings.

Key objectives

In Phase 2 of Building Access, the following objectives were central to the project's design and implementation:

- To understand why women with disability are not reaching, and/or getting the support they need when they are experiencing violence.
- To report on the barriers and challenges women with disability face when accessing services when they are experiencing violence.
- 'Nothing about us without us' – all facets of the project led by, informed by and designed alongside women with disability who have lived experience of DFV.
- To create resources to support frontline services working with women with intellectual disability as identified by a gaps analysis in the Phase 1 evaluation.
- To better equip DFV services with resources that help them develop inclusive policies and practices to ensure a welcoming, accessible, safe and inclusive organisation for both their workforce and their clients.
- To develop, promote, and distribute easy-read information and resources to reach and support more women with disability.
- To collaborate with other peak bodies to support an increasing number of services to take action to increase accessibility and inclusion.
- To ensure that WWD experiencing violence are represented in policy development and strategy.
- Ensuring women with disability experiencing abuse will have more supportive experiences and better outcomes in the DFV sector.
- To promote the Building Access project and present the findings and learnings to a wider audience.

Project deliverables

Research

This advocacy will target the government and non-government sectors, including policy makers, to meet the needs of women with disability – those living with and escaping violence, abuse and neglect. As a result, this will help to make change both systemically and individually.

Phase 2 of the Building Access project therefore sought to understand the experiences of women with disability, when it comes to violence and abuse, and the barriers they face when trying to access DFV services. This research was conducted by and with women with disability, with lived experience of domestic and family violence. Concurrent research was also conducted with organisations in the DFV sector, which involved surveying key staff sector-wide, and conducting separate interviews with organisations involved in Phase 1 of the Building Access Project. It also involved a Literature Review. The Key Findings and Recommendations from this research can be found further on in this report.

Resource development and promotion

The second phase of Building Access saw the development of resources as recommended by Phase 1 of the project. These resources were determined essential for the Domestic and Family Violence (DFV) sector to deliver best practice regarding inclusivity and accessibility. They are the first resources of their kind in the DFV space for services working with women with disability experiencing violence.

PWDA collaborated with women with lived experience, the Expert Advisory Group, DVNSW (Domestic Violence NSW) and frontline services including WWILD, to create an online resource library to assist services in becoming more accessible. This included the updating of resources that inform key policies and organisational practices, and the development of online training and self-assessment tools. One of the key tools developed was to help DFV services better support women with intellectual disability who are experiencing violence.

Easy-read resources were also included in the library. These were developed to ensure that information about abuse and how to seek support when experiencing violence was more accessible (for women with disability as clients of referring services). This was specifically developed to provide more resources for women with intellectual and cognitive disability, and also to WWD in culturally and linguistically diverse communities.

All of these resources, guidelines and training materials are listed below and housed under the Building Access Website and are an excellent resource for the sector. They are designed to sit alongside the practical implementation support from PWDA, which aims to increase accessibility for services.

Advocacy, consultation and collaboration

Another key part of the Building Access project was to represent WWD who are experiencing violence, in key forums such as stakeholder meetings, government consultations, and other sectoral advocacy work that strives for access and inclusion across the sector. The Building Access



project informed the work of co-design committees, DFV conferences, leaders in primary prevention of violence against women and their children in Australia, state and national government strategies, and other initiatives across many NSW and national government departments. We collaborated with DVNSW to create resources for individual organisations and the sector at large, as well as an online seminar in 2022 as part of the 16 Days of Activism.

Specific deliverables

Create resources and update existing guidelines and training material for DFV services.

Several resources including the Handbook on Supporting People with Intellectual Disability who have Experienced Domestic and Family Violence were created. Our DFV service resource toolkit created in collaboration with DVNSW, included accessibility guidelines, DIAP guide and guidelines for policy and practice, and was updated to better support the needs of staff and clients with disability. All resources are housed in a library on the Building Access website.

- [A Handbook on Supporting People with Intellectual Disability who have Experienced Domestic and Family Violence](#)
- 30 Ways to Make Your Service More Accessible – available as [PDF](#) and [Word](#)
- Creating an Inclusion Action Plan – available as [PDF](#) and [Word](#)
- Women with Disability and Domestic and Family Violence: A guide for policy and practice – available as [PDF](#) and [Word](#)
- Easy read resources for women with disability experiencing violence:
 - [Easy Read: About abuse](#)
 - [Easy Read: About sexual abuse](#)
 - [Easy Read: Consent Form](#)
 - [Easy Read: How to report abuse or sexual violence to the police](#)

In addition to these, at the end of 2022 the Building Access Project manager and PWDA's Training Facilitator, in collaboration with DVNSW, hosted a [Webinar and Disability Awareness Panel](#) as part of the 16 Days of Activism which is available on the DVNSW You Tube channel.

Promote accessible training videos and all resources developed to date

All of the resources, both video and print, have been presented to many stakeholders, promoted in Sector meetings and conferences as well as on social media and downloaded extensively. The Handbook on Supporting People with Intellectual Disability who have Experienced Domestic and Family Violence and packs of the Easy Read resources have been printed and distributed across the DFV Sector and to their referring services.

Review existing research and literature around experiences of women with disability with lived experience of violence/abuse

A literature review was undertaken and the findings of previous research, articles, including findings from the Disability Royal Commission, as well as concurrent research conducted nationally by KPMG for the Department of Social Services, all support the findings of the Building Access research. The data from this Literature Review informed our Key Recommendations.

Seek input from women with disability experiencing violence to hear about their experiences seeking supports and accessing services

- **Develop interview questions along with a Safety Plan to inform the interview process.**

Before conducting the research, PWDA created and implemented a Risk Treatment Action Plan to ensure that the comfort, safety, privacy and confidentiality of the interviewees was thoroughly considered and the

likelihood of trauma and distress to both the interviewees and interviewer was minimised. A Research Information Pack was developed by the project team that included contextual information about the research, the process, the questions that would be asked, and also a consent form. This was then evaluated and edited by the Expert Advisory Group to ensure both the information pack in its entirety, and more specifically the interview questions, were trauma informed, appropriate, relevant, and ethical.

- **Trauma informed one on one interviews with women with disability who have lived experience of domestic and family violence**

Eight interviews were scheduled. Seven interviews in total, each approximately 75 minutes in length, were conducted with victim survivors. The eighth interview could unfortunately not proceed, due to health limitations.

The Community of Practice research brief indicated that the interviews were to be conducted by a disabled woman with lived experience of violence, which they were. Five of these interviews were audio recorded and all of them auto transcribed by the Zoom platform, with permission of the interviewees. Once the transcripts were edited for accuracy, deidentified and then finalised, any recordings were deleted.

Conduct a survey of Service Providers in the DFV Sector to hear about their experiences of women with disability seeking their supports and accessing services, as well as the confidence, knowledge, and awareness of disability within the workforce

Members of the DFV workforce in NSW were surveyed via an online Survey monkey platform. The surveys were conducted over two time periods – October 2022 and March/April 2023. In total 40 surveys were undertaken. 33 of the surveys were completed in their entirety and another 7 surveys were partially completed.

Conduct interviews with service providers to input into the Findings and Recommendations Report

Six interviews, each approximately 60 minutes long, were conducted by Zoom with some of the frontline service teams involved in the Building Access Project Phase 1. Some interviews were attended by multiple team members and in total 11 people from the workforce were interviewed.

Promotion of accessibility audits / Access Consultants

The 2021 COVID-19 lockdown in NSW meant that further accessibility audits could not go ahead. A new and current pool of Access Consultants (with lived experience of disability) needs to be rebuilt, particularly for regional areas. Promotion of accessibility audits in 2023 have been met and PWDA currently have three frontline services waiting for an audit which will now be able to proceed with the announcement of the extra year of funding.



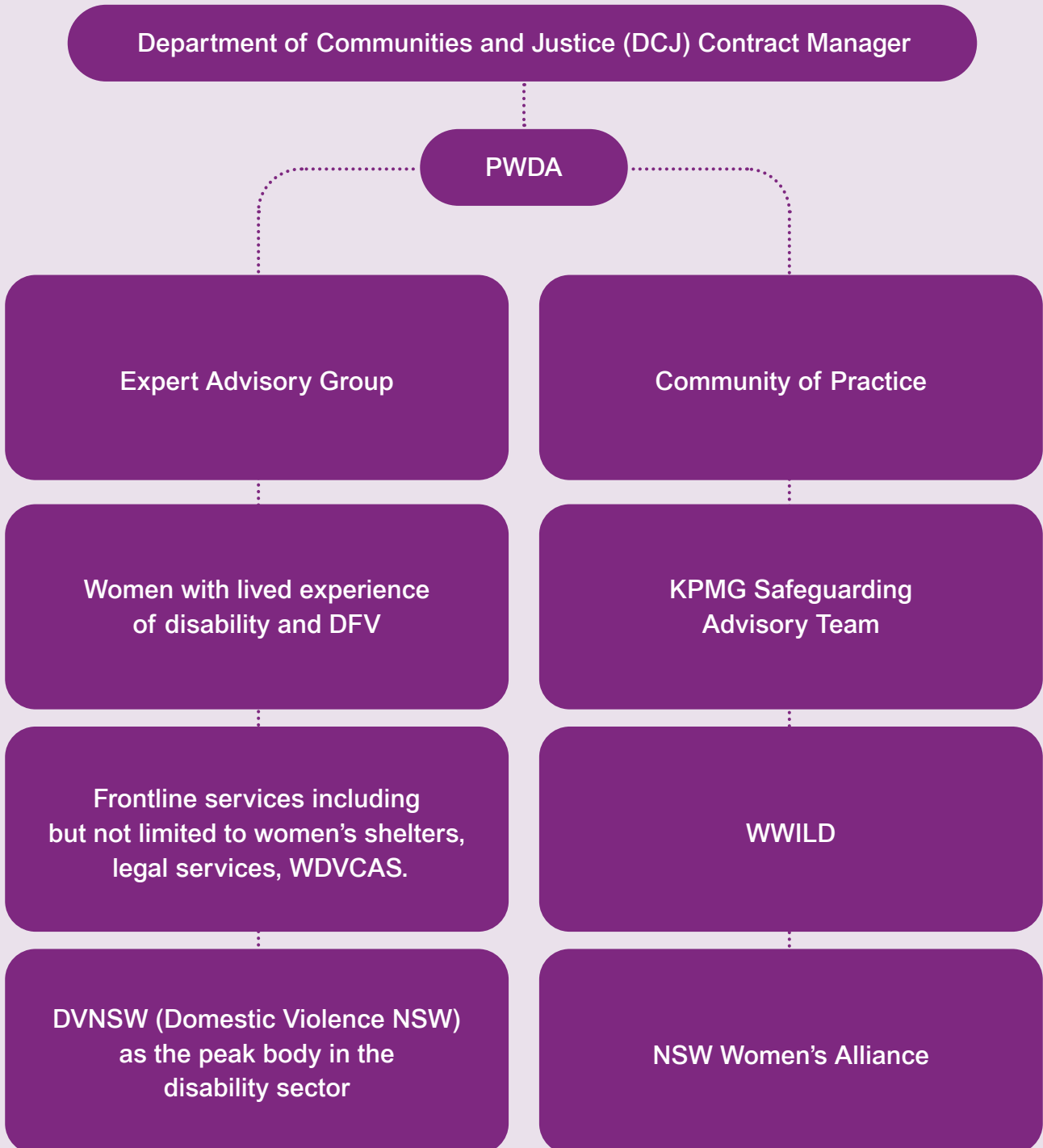
Community of Practice (CoP) Meetings

Community of Practice meetings were scheduled for 2021 and 2022. During the intensive research phase of 2023, due to time and budgetary constraints, it was decided that feedback, consultation and input from the Community Practice would be taken individually via written communication and individual meetings

Identify speaker and other opportunities to share project findings for 2023 and raise awareness of the issues that women with disability face in the NSW DFV sector

The project managers of Building Access and the Director of Strategic Projects at PWDA have both presented on the Building Access Project on numerous occasions to a variety of stakeholders. In the second half of 2023 once this Recommendations and Finding report is published, the team is booked and engaged to present findings at several sector stakeholder and interagency meetings, an upcoming national DFV conference, as well as two more conferences including a Global DFV conference, pending abstract submissions being accepted.

Stakeholder engagement



Data Collection

At PWDA we conduct research that complies with our research protocols. Our protocols emphasise inclusive emancipatory/ participatory action research, that is led by and for people with disability – “*nothing about us, without us*”. That is, research that is led for and by people with disability, that answers the questions people with disability want answered; and that provides solutions that people with disability want to see implemented – in line with the Convention on the Rights of Persons with Disabilities (CRPD).

Our ethics process is founded in our organisational principles and strategic direction and underpinned by the CRPD. People with disability have the right to conduct research that will develop data to support policies and legislation that impact our daily lives.

Our research projects have advisory groups to support transparent work, that is ethical, collaborative and consistent with the CRPD.

Our methods use both qualitative and quantitative methodologies within a grounded theory approach. That is, we set out to find a solution from systematically collated data, using comparative analysis. This is a flexible research methodology and well suited to emancipatory/ participatory action research.

Along with the research conducted directly by the Building Access team, these findings are informed by the Building Access Literature Review that was conducted by the project. The findings of the project also draws on both statewide and national data, from The Disability Royal Commission; NSW Bureau of Crime Statistics and Research; Australian Bureau of Statistics; research by ANROWS (Australia’s National Research Organisation for Women’s Safety); research by Newcastle Women’s Domestic Violence Court Advocacy Service; Our Watch Forum outcome papers; policy and submission reports; *Access and Accessibility in Domestic and Family Violence Services for Women With Disabilities: Widening the Lens* – a research article by Sally Robinson, Patsy Frawley and Sue Dyson of Flinders, Deakin and La Trobe Universities respectively; *A Systematic Review of Interventions Addressing the Primary Prevention of Violence Against Women With Disability* – a research article by Georgina Sutherland, Jen Hargrave, Lauren Krnjacki, Gwynnyth Llewellyn, Anne Kavanagh and Cathy Vaughan; and *The Australian Disability and Violence Data Compendium* – Byars S, Sutherland G, Vashishtha R, Kavanagh M, Bollier AM, Krnjacki L, Hargrave J, Llewellyn G & Kavanagh.

1:1 Interviews – women with disability experiencing violence

PWDA and the Building Access project sought to ascertain how NSW domestic and family violence services can be more accessible and inclusive for women and children with disability. An important way of doing this is to listen to those with lived experience of disability and who have experienced domestic and family violence in the past. We conducted seven individual interviews with women with disability who have experienced violence, asking them about their experiences accessing, trying to access and barriers to accessing, services and supports for domestic and family violence.

Before conducting the research, PWDA implemented the following measures to ensure the safety and wellbeing of the women being interviewed:

Risk treatment action plan

A risk treatment action plan was created to ensure that the comfort, safety, privacy and confidentiality of the interviewees was thoroughly considered and the likelihood of trauma and distress to both the interviewees and the interviewer was minimised. An important part of the plan was having multiple avenues of support for both the interviewer and the interviewees after the interview was conducted. These included check-ins in the following days and the availability of a trauma informed advocate and trauma informed counselling and referral service.

Research information pack

A Research Information Pack was developed by the project team and then evaluated and edited by the Expert Advisory Group to ensure both the information pack in its entirety, and more specifically the interview questions, were trauma informed, appropriate, relevant and would pass an ethics committee. The information pack included information about the research, the process, the questions that would be asked, and a consent form. The Research Information Pack and the contained Consent Form were also created in Easy Read and other accessible options for potential interviewees.

Remuneration

The interviewees were remunerated for their time, including correspondence. PWDA gave interviewees a \$150 gift voucher to acknowledge their participation. They were remunerated even if they decided not to answer some of the questions or if they changed their mind and did not go ahead with the interview on the day.

Records

Five of the interviews were audio recorded and transcribed and two others were auto-transcribed only, at the request of the interviewee. The transcriptions were completely deidentified and once finalized by the Building Access team, any recordings were deleted.

Demographics

Category of disability	Number of participants	Types of disability
Physical	5	Limb difference, paraplegic, EDS, congenital hip dysplasia, rare genetic disorder (redacted), cyclic vomiting syndrome, long covid, endometriosis, autoimmune disorders
Psychosocial	6	Anxiety, depression, PTSD, cPTSD, intergenerational trauma, obsessive compulsive disorder, PMDD
Cognitive/Intellectual	0	
Sensory	1	Vision impairment
Neurological	3	Sensory processing disorder, autism, ADHD, dyscalculia, dyslexia, misophonia

Gender identity	Number of participants
Female	4
Non-binary	2
Agender	0
Genderfluid	1

Accessibility/remoteness index	Number of participants
Metropolitan/Urban	3
Regional	2
Rural	2
Remote	0

First Nations	Number of participants
Yes	4
No	3
Unsure	0

Culturally and linguistically diverse	participants
Yes	1
No	6
Unsure	0

LGBTQ+	Number of participants
Yes	3
No	4
Unsure	0

Service providers

Collection of data from service providers was completed in two separate research streams. Firstly, an online survey was conducted and secondly, an interview review was conducted with some of the teams involved in Phase 1 of the Building Access Project.

Online survey

The online survey was conducted in two stages in October 2022 and in March/April 2023. This survey sought to understand several areas of the DFV sector:

- Did the workforce feel trained, equipped and confident to adequately support WWD experiencing DFV?
- Had the number of WWD engaging with their service increased and had the number of WWD identifying as such increased?
- Whether they viewed their service as a safe and welcoming space to WWD experiencing violence.
- Whether they understood and recognized ableism in their workplace.
- Whether they understood and felt equipped to be respectful and responsive to those who experience multiple forms of oppression (intersectionality). For example, First Nations people with disability, people with disability from CALD communities and people with disability who are LGBTQIA+

Interviews with service providers who participated in the Building Access Project

The surveys were conducted with five of the teams from organisations who took part in Phase 1 of the Building Access project, as well as an additional service provider who wasn't part of the program but had consulted with PWDA to improve accessibility. In total across the six teams, eleven staff members took part in the interviews. The interviews sought to understand the following:

- Has accessibility continued to increase at the service for both staff and clients?
- Are there any women with disability employed at the service or on the board?
- Are more WWD accessing the service?
- Are more WWD identifying as disabled when accessing the service?
- Is the service highlighting and promoting its accessibility to their communities and referring services?
- To understand if there has been a shift in attitudinal accessibility and if so, how is this impacting WWD and their children.
- To understand if the resources created were being used and if they were useful.
- To understand which parts of the Building Access project created meaningful changes in accessibility for WWD and children with disability.

Key Findings

The findings from the research conducted as part of Phase 2 of the Building Access project in NSW echo the findings of similar research conducted on a national level concurrently by KPMG Safeguarding Advisory for the Department of Social Services. We have broken the key findings down into two sections:

1. Women with Disability with lived experience of domestic and family violence.
2. Domestic and Family Violence Sector in NSW.



1. Key findings from research conducted with women with disability with lived experience of domestic and family violence

1a) Pre-access barriers experienced

Barriers to access can be complicated. At best, WWD experience some setbacks and must navigate additional barriers when seeking support from DFV services. At worst, the required network of support does not exist, and women are unable to leave the place where violence is being perpetrated.

Our research shows an extensive range of reasons that prevent WWD from attempting to reach DFV services in the first place. For CALD and First Nations WWD, barriers include a lack of knowledge related to their rights or to the law against DFV; not knowing where to go to seek support; visa vulnerability; family commitments; lack of culturally appropriate support; and being unable to leave their partner for cultural reasons.

“There are so many little barriers before you even get into a centre and actually talking to someone. Sometimes it’s things that seem simple like not being able to, you know, afford petrol [and drive to a regional centre] or not being able to find accessible parking. And then just having sensory overwhelm. Or, having an anxiety attack and having a panic attack. And then all that [means that] today’s done before you even get to a service. Not having the capacity to actually get out the door... there’s so many little barriers before you even get to a physical building, for support.”

“If I had to tell somebody else [who was needing to access support for DFV]: a), a good luck finding them, b) you probably won’t be entitled to them and c) if you are there’s a waitlist of a million years.”

Below is a list of the pre-access barriers identified in the Building Access Project research conducted with WWD who have lived experience of DFV:

Fear and mistrust

All (100%) of the interviewees told us they experienced fear about accessing services or other forms of support and that this was a significant barrier.

28% told us the fear of having their children removed from them, if they seek help, is very real. This was due to personal experiences of discrimination in the wider community; being familiar with the system; and witnessing other people with disability having children taken out of their care or being unduly scrutinized – specifically because they were a parent with disability. Aboriginal and Torres Strait Islander interviewees had a significantly increased fear and distrust of services such as police or child protection.

Some of the interviewees also felt that the consequences of seeking help, both physical and emotional, were worse than the help they were going to receive. This was due to the fear of being punished, minimisation, dismissal, or having witnessed the experiences of parents,

family, or friends with disability. Other fears included the possibility of becoming homeless or living in poverty if they left home to escape violence. They also feared that they would be shamed by family, friends, or the community, or that no-one would believe them if they disclosed.

71% of interviewees talked about discrimination in other areas of their lives (workplaces, social services, paramedical services, healthcare, community, public places) and this informed them about how people perceived their disability. This meant that they did not trust the services in the DFV sector, or the people in their workplaces, to support them and facilitate access. Rather, they felt the risk of further harm (usually emotional) was too high to engage with systems or services at all.

“And I didn’t reach out to services at the time, because by that stage I was a wheelchair user. And I was exhausted from the previous episode [of family violence] with my first husband. There was a high risk – people look at you and see the wheelchair. They just remove your children before asking any questions. You know, making quick judgments, taking children, judging you as a parent, basically. So I kept it very very low key.”

“If I present as an Aboriginal woman with a walking stick, I get very different treatment than if I present as Dr [redacted] and physically capable of walking.”

“Where on paper a service looks great, but then, what are the staff actually doing? What biases do they have? And those sorts of issues, you know. So I guess knowing about industry from the perspective of a worker... it made me even more wary.”

“I found many colleagues making assumption about my work ability, and suddenly I had somehow in their views lost any worth and any capacity to be a good worker So... that experience really impacted also on my willingness to reach out to services, because I just got this picture as to how I was perceived like, bang, overnight. Suddenly [redacted] is obviously also cognitively impaired, or something. You were concerned about reaching out to support because that might cause further harm rather than receiving the support you are after. And people feel you’re unworthy of being listened to feeling like doors just shutting in my face because I was only seen as a wheelchair user. Seen only as a disabled person. And that really did impact my confidence, I guess, to bother reaching out and looking for assistance with the domestic violence.”

Negative past experiences

A huge barrier to accessing support were previous negative experiences of accessing support or attempting to access support. These experiences often caused further harm, due to discrimination or inaccessibility.

57% of the WWD interviewed had a fear or complete avoidance of authorities due to negative past experiences with them, including dismissal, discrimination, attitudinal barriers, being mocked and experiencing violence.

71% of interviewees indicated that they would not report the violence to police if they experienced DFV in the future.

“Seeing my own mother reaching out for help, for family violence. She just never seemed to be able to get that. She was a woman with disability too. My mom actually ended up being institutionalised in a psychiatric institution. She couldn’t access the help that she needed. So that taught me as a young person – what’s the point in reaching out? If that support is not there... You end up just being locked up in a psychiatric ward and still don’t access specialist family violence services. So that childhood experience conditioned me to not reach out because I won’t get help. You’re a person with disability. No one will help you.”

“I already had a mistrust in police, which was a huge barrier for me, reaching out for that as well. I think that speaks to the whole picture of marginalisation growing up in government housing, in poverty with disabilities. All the factors, all the intersectional factors, are all a player in that whole picture. It’s complex when I have to put it into words... Everything from them [authorities] was a punishment. When I was struggling. So yeah, that was the barriers.”

“So that’s really, really, distressing, because public [mental health] services are just holding cells. They don’t do anything. They don’t progress your care or anything. It’s just a holding pen. They just keep you there and keep you safe, and that’s it.”

“So, if it happened to me again: I would still have significant hesitancy to access mainstream, family or sexual violence support, because I’m not entirely convinced that it’s disability inclusive or accessible. I think it’s better, than what it was. But I think most of that focus on accessibility is being focused around wheelchair accessibility – physical disability. I know I absolutely don’t believe that any of these services are really fully equipped to support neurodivergent women, they just don’t and we just operate differently.”

“So for me. I think [after] all of my experiences, if it was to happen to me again, look there’s still barriers there. I think for me I would be very likely to go to the police again if it’s a criminal matter. But to go somewhere for emotional support or accommodation? I use my own networks of safety and support and community rather than using services.”

Lack of support after disclosure

Interviewees disclosed violent incidents in a range of settings, such as healthcare, and to disability support workers, family and employers. Responses ranged from inappropriate, inconsistent or incomplete support, through to the disclosure being completely dismissed. Only one of the interviewees had a completely positive experience, on one occasion, with one specific governmental service provider. “I think I just got lucky, with the person at the agency.”

“So that more complete care is [needed] acknowledging the barriers that exist for people with mental health and the ability to do those kind of tasks that are helping you put those supports in place before you leave [hospital]. Because the whole reason you’re there is because you’re not “all there.” But you’re expected to act like you’re “all there,” [capable of executing multiple bureaucratic tasks] even though everyone’s acknowledging that you’re sick.”

This lack of support, validation and help with referral to appropriate services was a huge barrier to further accessing services for interviewees.

Not realising at the time that what they were experiencing was abuse

85% of interviewees told us that at least once, they did not recognize that they were experiencing abuse at the time. Understanding or recognising abuse was further complicated if the perpetrator was also a person with disability.

Women with disability are frequently not believed upon disclosing their experiences of DFV and this can normalise their experiences of violence and oppression (Maher et al 2018, pp36–40).

“We think about us reaching out to help when we leave relationships. But I know for me, I had violence and stalking used for 4 years after I left that relationship. I remember thinking back then there’s no help out there for me, because I’m not currently living in an abusive relationship.”

“Like I never had that like idea of what was going on was bad, even though it felt bad... And not even understanding or realising it fully that you were experiencing violence.”

Accessing official service providers was too difficult or not available

The planning, emotional and financial resources required to leave a place where violence is being perpetrated is significant for many women, and it is more for most women with disability. The experience of navigating this situation, plus additional barriers to access for WWD, means that opportunities to find and contact supports are significantly reduced.

Most interviewees had at least one experience in which they overcame the pre-access barriers and were able to reach a service – only to be refused access. Or their access needs were too complicated,

and continuity of service was an issue. They were told that beds were unavailable; the service could not accommodate them; the only accessible shelter they could be placed in was 7 hours away; or the service would completely misunderstand their situation. The effect of these situations is devastating and far-reaching, and more impactful for WWD than women without disability, because of the pre-access barriers they have already had to overcome. Our research indicates it’s one of the reasons that WWD stop trying to access support for DFV.

Our research revealed that WWD are forced to find other ways to help themselves, because the existing process is too difficult to navigate. All of the interviewees have identified using their own accessible informal forms of support when escaping violence. This has occurred on at least one, and sometimes every occasion, because service providers are inaccessible to them.

“If you do find a support that it never lasts, it’s always 3 sessions or something and then it finishes. So, the continuity of service isn’t there. Continuity is almost impossible. Especially when you have specialised needs.”

“So just having the capacity it’s just, you know, at times. I just didn’t have the energy to do it was too much of a barrier. I didn’t have capacity to even pick up the phone in order to try and do the admin work, especially after the barrier of being turned away once. They said come back next week, a month will go past because it’s really hard to muster that kind of energy and then have the capacity to do it all again, especially if you likely face rejection.”

“It’s so difficult to find even crisis accommodation, or to find any coordination or any assistance any overall coordination. DV (Domestic Violence) and mental health intersection is massive, very easy for one sector to push it over to the other, so it’s not their responsibility.”

Our research also shows that if WWD are experiencing violence and they did not know if a service was physically accessible, they would not even attempt to access it. WWD in group homes or Independent Living Arrangements often do not have access to alternative accommodation if they are experiencing violence, particularly if their support needs are complex. Also, their barriers to seeking access are greater. This is compounded by living in a regional, rural or remote area.

“Being disabled in an able-bodied world is honestly exhausting. I can’t stress this enough. Services need to be flexible and be able to accommodate WWD by coming to them or organising support that doesn’t involve lengthy trips and waits. Many of the systems and processes are prohibitive for WWD.”

“There’s not an easy all-encompassing way to navigate that system. And that is like a huge barrier. It’s so siloed. So you go to one person for that, and another person for that and another person for that, and nobody really just wraps around and goes – we can help you do all the things. I hear that commonly from other women with disability. They’re like fk services. I’m already managing the NDIS and multiple medical appointments. I don’t need 14 other people that I need to see to go get supports around that [DFV.]”**

WWD did not know how to access supports when experiencing violence

40% of Australians would not know where to get help if they were experiencing violence.¹¹ The research conducted by PWDA in the Building Access project indicated that 71% of interviewees did not know where to seek support. This was further increased for WWD experiencing violence in regional, rural, and remote areas, for women with intellectual or neurological disability, and for WWD experiencing violence for the first time.

Lack of access to information and difficulty of accessing information

Accessing information about experiencing violence and where to seek help was a significant barrier for over half of the interviewees. This was due to a variety of reasons, and sometimes multiple reasons for some individuals. These included inaccessibility of websites and resources for screen readers; executive dysfunction; and visually and cognitively inaccessible websites.

It was discussed and noted in two of the interviews that trauma was a significant barrier because of how it affects the brain. Both interviewees worked in the DFV sector during a time that they experienced violence. Despite the knowledge they had, and skills with helping other people experiencing violence, they could not access that part of their brain whilst they themselves were experiencing trauma or feeling distressed.

42% of interviewees had neurological disability including one or more of the following – autism, ADHD, dyscalculia, dyslexia, and sensory processing disorder. Executive dysfunction and overwhelm were significant barriers to accessing information,

websites, and initiating the steps needed to receive support. Some of them also mentioned that they did not know if services understood neurological disability which resulted in heightening their overall anxiety about reaching out. As a result, they felt paralysed about seeking support.

“I was just basically unable to even get out of bed and shower, let alone make an email, or research things on a website. It’s because some of the websites can be like so much information or not enough information... And again, waiting and calling, Centrelink takes hours...it was exhausting. It didn’t feel very accessible.”

Privacy and confidentiality concerns

All (100%) of the interviewees who also work in the sector, find that the process of accessing DFV services is difficult to navigate, and this made them hesitant to do so. They were not only concerned about their personal privacy and confidentiality, but also about the repercussions for their employment, status and how people would perceive their capabilities if they disclosed.

Previous experiences of bias and discrimination from their community, and past experiences of confidentiality breaches, meant that WWD working in the DFV sector are less likely to disclose. This was significantly compounded for those in regional, rural, and remote area due to the smaller size of the communities.

“As far as domestic violence services during that time? I didn’t get support. I didn’t reach out to domestic violence services in [redacted] because it’s so small and they all know me. So I didn’t feel safe that things would be confidential.”

“I didn’t access services because I feared a breach of my privacy in my little town.”

Financial

One of our interviewees spoke extensively about the financial barriers to accessing support, because she did not fall into the low-income bracket and many supports are cut off at a certain income level. This didn’t take into account the additional supports she was providing for two adult children with disability, and it meant the services she needed weren’t available to her.

Financial abuse is a huge barrier to WWD seeking support. Our research shows that many WWD are not aware of what financial abuse is and that someone having power and control over their finances has always been part of their lives. Many WWD lack understanding about what financial supports they are entitled to when experiencing violence.

Living with disability can be very expensive and many WWD felt that if they left the family home where violence was being perpetrated, they would not be able to afford to support themselves. Fear of poverty is not unfounded; WWD experience poverty and homelessness at a higher rate than women without disability.

“But these escaping violence payments have got roadblocks, too, for women with disability.”

“I wouldn’t even be able to pay the children’s Netflix on disability, let alone the mortgage. There is really no real help. I cannot access my own super to assist myself to live... I’m not dying fast enough to access it. You’re completely and utterly on your own. If you’re not wealthy, with private health insurance and an immense wealthy family to support you with time and money. You’re completely stuffed.”

1b) Challenges and barriers WWD experienced when accessing DFV services

For WWD who have overcome the pre-access barriers to reaching services, the services must then be safe, accessible and inclusive. These barriers to access can be complicated. At best WWD experience some setbacks, complications and must navigate additional barriers when seeking support for experiencing DFV. At worst, the required web of support does not even exist, and they are unable to leave a place where violence is being perpetrated.

It is important to note that most interviewees have accessed multiple services over the years, often for separate incidents. Their experiences vary wildly from service to service. There were some examples where people had overall positive experiences in receiving support, but it is important to note that all of these involved the police, Family and Community Services (FACS) and/or court system. They did not support services directly in the DFV sector.

Below is a list of the Key Findings from the Building Access Project research conducted with women with disability who have lived experience of DFV:



Asking what access needs a client has

Our research shows that it is not standard practice in the DFV sector to ask WWD, and clients in general, if they have any access needs when arriving at services. All (100%) of the WWD interviewed disagreed with the statement “I was asked if I had any access needs”, and 100% of those who did have access needs for a service, so the statement was applicable, also disagreed that services always provided access for them.

WWD do not always feel welcome when accessing services

71% of women agreed, when considering their experiences with different DFV services, they have not felt welcome when accessing DFV services. Some interviewees noted that they are still experiencing discrimination when accessing services.

Physical accessibility

- **Physical spaces poorly designed and not accessible** – Our research indicates that although cursory or arbitrary measures are often implemented to improve the appearance of physical accessibility, they are not accessible in practice. Lack of width was an issue in hallways, bedrooms, communal areas, entrances, and bathrooms. This prevented clients from being able to turn and navigate in a full-sized wheelchair. Rugs and barriers on floors, in addition to other clutter, present barriers to women and children who have reduced mobility and mobility aids. The handles and keypads are not accessible or able to be opened without assistance.

- **Parking spaces not to code and not adequate** – Our research indicated that even though there might be an allocated disabled parking space, there was often inadequate room to accommodate mobility devices when disembarking and navigating around the vehicle. It was also noted that entrances to the buildings from disabled parking areas, parking areas in general, or street access from other forms of transport, are usually exposed to the weather.
- **Physically unable to attend appointments or be at services in person** – Most services discussed during interviews did not offer outreach. This resulted in fragmented support, and the effort to receive support often resulted in withdrawing from the service. It was difficult to navigate in some instances for all women interviewed and others were unable to attend due to a range of barriers. These included a lack of wheelchair access, lack of timely and accessible transport, executive dysfunction, pain, and inability to be away from the support structure that their home provides for the required amount of time.
- **Sensory overwhelm** – Additionally, not having access to safe sensory spaces for either women or children with neurological disabilities, causes significant overwhelm. This has often meant that WWD or children with disability, whose parents are accessing support because of violence, either do not access the service, become overwhelmed in the process, or must leave emergency accommodation due to overwhelm and distress. This can mean they return to the environment where violence is being perpetrated or are unable to leave at all.

Complicated and overburdened systems

It was found that wait times for services were too long; sometimes the service delivery had time, funding and resource limitations; systems were bureaucratic and confusing; and WWD felt like they were being passed from one service to another. In terms of communication, WWD found service providers difficult to understand and that information was not clear. Too much information was shared verbally and unable to be retained, or the information shared was not accessible. Additionally, the support provided was inconsistent and WWD did not feel represented or understood.

“I’m an academic and I teach academic and scientific writing and editing, and some of the stuff that I’ve been asked to tick off before I’ll be even eligible to access any system is even completely incomprehensible to me. So, I can’t even imagine how anyone with English as a second language would have any chance, or how indeed any young people that have a normal education would understand any of it. And I think we use language as a barrier. Anyway, we use language as a divisive tool. It’s very, very easy to do that. And that’s why people find it so hard to access help in the system.”

No viable options to leave the place where violence is being perpetrated

Our research found that sometimes there are no options or pathways to leave the place where violence is being perpetrated, particularly for women with complicated or high support needs and those in group homes. This is further compounded for those living in regional, rural, and remote areas.

“She came to our service seeking referrals to protect her finances and to find alternative accommodation. She cannot leave this relationship because she cannot live alone without support. We have tried to explore a range of supported accommodation support together with her NDIS service provider. There are currently no options for her to do this in [redacted]. Her situation is unusual but there is essentially no model of accommodation that could support her... We could not refer her to either emergency accommodation or any refuge as her support needs were too high.”

– Service Provider Interview

Supports, support workers and carers

There is a lack of consistency in the support provided and in the support systems overall. This is further compounded because the supports operate in parallel to each other; in particular, the supports setup of NDIS is less than ideal to support a person leaving situation where violence is being perpetrated, due to workforce awareness and training, policies and protocols being implemented if they exist at all, inaccessible information, and siloed systems.

One of the barriers experienced by WWD escaping violence is the loss of both formal supports such as NDIS support workers, and informal supports like friends and family (particularly when that support was from their partners network) in a transition period when escaping violence.

One of the women interviewed spoke of difficulty and loss of supports during the transition period of escaping violence in a regional town and moving back to an urban area. “You need to close services in one location to have them set up ready at your new location.” This meant that the interviewee was without services at a crucial time when she was leaving the situation of violence. Her informal network was also unavailable to her because they were all friends and family of the perpetrator. She spoke of how her NDIS supports could only be accessed in one region at a time, and if you plan to move to another region, you must transfer your services. So, during this transitional gap, she was left without supports, support workers, personal carers, and emotional support. The interviewee found the entire process difficult and an unnecessary burden.

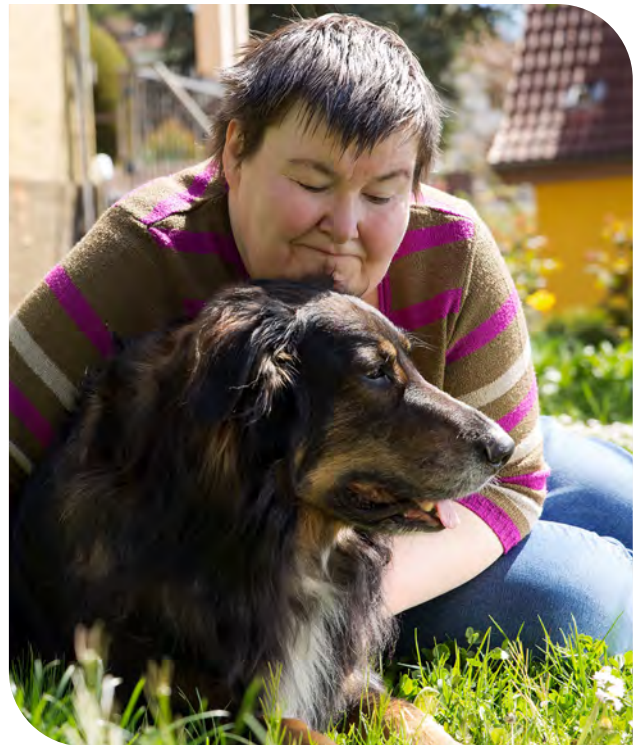
WWD often experience violence from one of more of the people they receive support from. Leaving the situation can therefore become even more complicated. Our research shows that there is further risk of violence if the perpetrator is remaining in the person’s life as a support.

Regional, rural and remote (RRR) challenges

Living in regional, rural, and remote areas came with additional barriers and challenges to accessing supports. These included geographical and logistical challenges, and concerns around confidentiality. 57% of the interviewees either lived in, or had previously lived in, a RRR area when they experienced violence. Of these, 100% of them noted privacy and confidentiality as a major barrier to seeking and/or accessing support.

Appropriate transport services for many WWD are hard to access or unavailable in many areas, but our research shows this is significantly compounded in regional areas. The timing of public transport in regional and rural areas means that leaving a situation undetected (in an accessible way), where violence is being perpetrated, is not possible.

Living in RRR often made it harder to find accessible support. If the only service providers in the area are not accessible, often there are no other options. One interviewee reported that they had moved to a regional area, when the violence against her started. The whole town was new to her, including the layout, general services, transport, and the people. Vision impairment meant learning about the new town was hard, so the barriers to seeking support were significantly increased, and she felt completely isolated.



2. Key findings from the research conducted with the domestic and family violence sector in NSW

“Two massive barriers keep coming up. Women with disability, and women on temporary visas, having nowhere to go when seeking support. Being able to offer supported safe spaces for women on temp visas, and then when Building Access came up, we were able to extend that [supported, safe space] to more women with disability.”

– Samantha, The Haven

The findings from our research with participants in the Building Access Project and the wider DFV sector are as follows:

Being part of the Building Access Project significantly increases accessibility

All (100%) of the participants in the Building Access Project noted a significant shift in their accessibility. Before being part of the project, they were unaware of how inaccessible their service was. Our research found that the greatest shift, and the most important shift, was that of attitudinal accessibility. Attitudinal barriers result when people think, and act, based on false assumptions. The training provided by the Building Access Project was highly valued because it challenged assumptions, and effected meaningful change in the workforce, specifically because it was delivered by a team of WWD. Five years on, these services continue to implement and improve accessibility, within their available means. All (100%) of service providers who took part in the end of project interviews said

that accessibility is now part of every aspect of their organization, and no longer an afterthought or too difficult. Operational and strategic decisions are made with a disability lens and accessibility is integrated into their policies and procedures. DFV Service Providers who participated in the Building Access Project are also championing disability awareness in the sector, adjacent sectors and in their communities.

“We want to acknowledge [since being part of the Building Access project] that it’s an ongoing commitment, but we are open to learning. What we’ve done really well as a team is embedding accessibility into what we do, across the whole team and service. Accessibility is no longer an afterthought; it is integrated into everything we do.”

– The Haven

Attitudinal beliefs are key to accessibility

Our research show that until audits and training are completed, service providers are unaware of how inaccessible their service is to both staff and clients, and shocked how much work needs to be done to change accessibility, particularly when it comes to their own personal and organisational biases. Service providers that received organisational disability awareness training and were supported to have a Disability Inclusion Action Plan (DIAP) in place noted a significant attitudinal shift of individual staff and as whole workplace.

It was apparent in our research that services need to not only understand *what*, but also *why* the changes need to be made to increase accessibility across any of the areas. When staff understood the nuances and details of why it needs to be accessible. Workforce belief changes need to occur first. Once the attitudinal shift has begun and anchored into the service, the workforce said that further accessibility work, whether physical, information or attitudinal, was easier to implement.

Workplace training and education was identified as invaluable to the five frontline service teams who conducted a Final Access Review Interview, in order for them to become more attitudinally accessible. Their teams received training via Disability Awareness workshops conducted by PWDA. Every single team mentioned that key to their individual and organisational attitudinal shifts was that this training was delivered by women with lived experience of disability. Alongside the training, having an accessibility audit completed, and then being assisted to put a DIAP in place, set the foundation for organisational change, and attitudinal accessibility, to occur.

Additionally, DFV Service Providers who participated in the Building Access Project have not only have increased attitudinal accessibility, but they are championing disability awareness in the sector, adjacent sectors and in their communities.

“It built passion and awareness in the team – that was the value of the training. Meaningful accessibility wouldn’t have happened if we didn’t have the training from BA and all of the learnings from processes and policies in the DIAP – and the systems built from being part of the project.”

– Jade, The Haven

“The major thing we needed to do was change everyone’s attitude toward people with disability.”

– Kim, Illawarra Women’s Health Centre

Services are ready and willing to increase accessibility

Our research showed that 100% of Service Providers who participated in the Building Access project, as well as others who participated in our online sector survey, in addition to other services we have spoken to throughout the course of the project, are ready and willing to increase accessibility. In general, the services implement what is available to them, with the knowledge they possess, and with the funding and human resources that they have.

DFV Service providers who participated in the project are committed to disability awareness training; trauma informed training; creating DIAP’s and implementing them; making information accessible; and being attitudinally accessible. Every interviewee mentioned the comprehensive training and ongoing support from Building Access as being a critical factor to integrating accessibility. However, frontline services are struggling to apply for and/or receive funding grants and/or structural approvals, which are key to implementing these changes.

“We are wanting WWD to have great quality of life outcomes. But [we’re] working in a sector that isn’t designed for people with disability – I never realised just how behind the eightball many services are when it comes to disability support.. And with funding and bureaucracy, it makes it difficult for orgs to be innovative or comply.”

– Lynda, TFSS (Tamworth Family Support Services)

Increase in WWD accessing the service

DFV Service Providers who participated in the project noticed an increase in Women and Children with Disability accessing their services. They attribute this to having a DIAP, awareness training and the subsequent shifts in attitudinal accessibility. An increase in confidence of the workforce and promotion to their referring networks was a factor, as well as an increase in clients disclosing as having a disability, which has been noted as a separate finding below. Additionally, 53% of those surveyed agreed, or strongly agreed that they have seen an increase in WWD accessing their services in the past 5 years. It was noted however, that they weren't always able to accommodate WWD trying to access their service, especially those with limited mobility.

Increase in clients accessing services identifying as having a disability

All services interviewed noticed an increase in clients identifying as having a disability. Those with invisible disability sometimes disclosed straight away, due to the change in questions being asked by service providers as part of the intake process. It was also suggested that this could have been due to the space feeling safer and more available to WWD, although research with the WWD using the services would be needed to confirm this. This finding was noted because of the teams' awareness about disability increasing and the shift in attitudinal accessibility.

Having WWD as clients further increases accessibility of the service

Our research found that organisations were able to further increase their physical, attitudinal, procedural, and informational accessibility, after having a WWD as a client. It was noted by several of the organisations interviewed that having WWD as clients increases accessibility due to open conversations, asking relevant questions, and finding creative solutions for providing accommodation.

“Asking WWD how they already do these things and problem solve with them. We have design people coming through, working with the women, and finding the day-to-day small inconveniences to help things to be more comfortable, and remove barriers.”

– Bernie, Housing Plus

Organisations with a DIAP in place reported grants/funding for accessibility easier to apply for

Those organisations with a DIAP in place reported that funding for accessibility became easier to apply for, and they were more likely to receive the funding to implement accessibility measures. These funds could come from Local, State or Federal funding. Having meaningful policies and practices in place is an important foundational piece, that many small services need support to create and implement.

In practice, all services that participated in the BA project describe how inclusion and access continues to be an active part of organisational development. The drafting and actioning of DIAPs is a concrete measurement of this practice and change.

Services who were part of the Building Access Project now feel confident in supporting WWD

Results from research delivered in a hearing at the Disability Royal Commission shows that over 70% of the workforce did not feel confident supporting WWD experiencing violence.¹² It was reported by the workforce who took part in the Building Access project that they now feel confident working with, and supporting, WWD. This included supporting women with intellectual disability and even if 100% accessibility is not possible for the people they are working with. Services now work with the WWD to come up with creative solutions for access needs.

“Staff are more aware and conscious to identify WWD and are more confident and better prepared to ask questions regarding disabilities and access requirements.”

Highlighting accessibility and inclusive practices to the community and to referring organisations is important

Highlighting the work that a DFV service has done around access and inclusion was important for women with disability and their support networks, to know that a service is approachable, safe, and available to them. Informing local disability organisations about the work that has been done around access and inclusion enables them to confidently refer women with disability to the service. 100% of the DFV Services interviewed, who took part in the Building Access Project and highlighted their accessibility to their wider community, saw an increase in WWD accessing their service. Highlighting their accessibility (and similarly noting access limitations) to relevant networks is also important, and these services also saw an increased number of WWD referred to them.

Community of Practice (CoP) and staying connected

Our research has indicated that DFV service providers value a Community of Practice. CoPs enable service providers, peak bodies, and other relevant parties from their communities to share resources and support, as well as ideas and initiatives. This was valuable in order to save time and maximise effort. Having a support network and framework around the process of implementing accessibility measures is also important, and was expressed in the PWDA interviews, as well as research conducted by Newcastle Women’s Advisory Court Advocacy Service (WDVCAS.) It was noted that staying connected with other services who are improving accessibility is important and helpful for support, accountability, momentum and sharing achievements.

Specialist disability workers

DFV service providers have identified that they need a disability specialist on their team. This specialist will not only work on the frontline with clients but will also keep the rest of the team up to date, trained, and accountable, as well as reviewing policies and procedures, and ensuring implementation of the DIAP. However, only 20% of the service providers were able to allocate human resources to the area via their own internal funding of existing staff, and even then, it was only 0.2 Full Time Equivalent hours (FTE). They all identified a need for ongoing funding for specialist disability workers.

Key Recommendations

Alongside the findings from the Building Access research, these recommendations are also informed by the Building Access Literature Review conducted during the project.

1. Disability inclusion and accessibility must be embedded in the core and cluster model

PWDA recommends that as the peak body for the disability sector, we are funded to assist with delivering ongoing disability awareness training to the workforce of the Core and Cluster DFV Service Providers, along with ensuring that all policies and practices are in line with our recommendations for accessibility. This is essential to ensure Core and Cluster models are inclusive, safe, available and accessible to all WWD and their children with disability. This recommendation is endorsed by DVNSW and the NSW Women's Alliance.

PWDA recommends that all units, staff offices and client common areas in the Core and Cluster developments are designed and built to Silver Level accessibility standards, and that at least one unit on each site be rated to Gold Level accessibility standards.

We recommend that all websites are funded to be upgraded to Web Content Accessible Guidelines (WCAG) standard 2.0 and all resources developed are accessible to screen readers, as well as available in audio format, video resources are captioned and interpreted into AUSLAN, and Easy Read resources are available.

We recommend that all organisations and frontline workers involved in the Core and Cluster model receive disability awareness training and ongoing support to implement and review accessibility both in policy and in practice.

In line with PWDA's NSW Election Platform 2023, the findings of the Building Access project also support the recommendation for a fund to be created that improves accessibility of existing DFSV (Domestic, Family and Sexual Violence) services – including but not limited to funding physical modifications.

2. Further marginalised communities experiencing violence including, First Nations women with disability, CALD women with disability, LGBTQ+ people with disability, receive specific, targeted funding as separate projects, managed by people and organisations, at those intersections

Whilst the Building Access project was active, PWDA was able to offer more individualised support to services where needed. Although this is still available as a fee for service, it is unnecessarily prohibitive to most service providers as they do not have the funding to engage the work needed. This issue is compounded for the most vulnerable in our community, as small organisations working with First Nations; Regional, Rural and Remote; CALD; and LGBTQ+ intersections will be most affected by the discontinuation of funding.

We also recommend funding a project that specifically increases access to safe and adequate support for WWD with cognitive and intellectual disability, and for those with complex support needs.

3. The diverse voices of lived experience must be intentionally incorporated in the decisions, policies and practices that affect them

The Department of Communities and Justice (DCJ) and the DFV sector, including frontline services, must incorporate the voices of WWD in decisions, policy and practice that affects them. Furthermore, a diverse range of disability must be considered, including women with intellectual and cognitive disability. The experiences of women with disability who have experienced, or are experiencing violence, must be valued. WWD are best placed to produce creative solutions to issues that are complex and contribute to the development of effective policy and practice, in a system that is less than perfect.

The role of women with disability in sharing their experiences and building the capacity of the DFV sector came through strongly in the evaluation report of Phase 1. In particular, the involvement of the Disability Access Consultants was valued, and it was identified that people with disability driving this work was key to the project's success. The process of peer education,

whereby women with disability who have lived experienced of violence, can share their stories to inform and educate services is important to attitudinal accessibility. Both phases of the project produced this key recommendation.

Women with disabilities should also be actively included, in the planning and strategic stages of service development, because they are the experts on their own lives.¹³

“The wellbeing and rights of people should be at the heart of government decision-making. It would put the obligation of the government to ensure deep and meaningful consultation with people with disability regarding any positions that disproportionately impacts them.”

– Alice Drury¹⁴

4. Women with disability must be represented in the DFV workforce in order to promote inclusive workplaces

Given that WWD experience significantly higher rates of violence (ABS, 2021), a lot more representation in the DFV workforce is needed. Only 1 in 25 workers in the DFV sector identify as having a disability.¹⁵ We recommend that funding be provided for accessible offices and workplaces. We further recommend as part of the 10-year DFV Workforce strategy, being implemented by DCJ, that identified positions are funded for WWD at a governmental and policy level, for peak bodies and in frontline services. PWDA would also recommend that WWD have access to grants for formal training / obtaining qualifications in the DFV sector.

As part of the New Frontline Workers in the DFV Sector Plan from Commonwealth Funding that will sit alongside the NSW Domestic and Family Violence Plan (2022–2027), PWDA recommends that any FTE employment and traineeship opportunities allocated to specialised disability roles exceed the bare minimum

of 5.5 FTE. These allocations are also an excellent opportunity to increase diversity and representation across the workforce. Women with disability make up approximately 18% of our population and are 40% more likely to experience DFV (as well as experiencing it more frequently, severely, and often from multiple perpetrators) than women without disability.¹⁶ PWDA therefore recommends that the Department of Communities and Justice in NSW increase the number of minimum allocated positions from 5.5 FTE (of the 148.4 FTE) to a number that is representative of these statistics. Women with disability are employed at almost half the rate of women without disability¹⁷ and are less employed after graduation than women without disability.¹⁸ Therefore, the creation of these positions is an excellent entry opportunity for our community to enter the DFV workforce, contribute lived experience, and upskill.

5. Short-term housing and emergency accommodation that have accessible pathways to long term housing must be accessible to women with disability experiencing violence

The NSW Government must ensure that accessible, affordable and secure emergency accommodation, women's shelters and short-term housing options are available for women with disability experiencing violence. This will enable independent living – safe from violence, abuse, neglect, and exploitation – and must also cater to those who have complex support needs. Housing can also mean the difference between whether WWD use or lose their disability supports.

It is also imperative that there is a pathway out of temporary accommodation, into long-term accessible, sustainable housing.

The commitments we're seeking from the NSW Government are outlined in PWDA's 2023 NSW Election Platform and are as follows:¹⁹

- Make all new homes accessible for people with disability, by incorporating the Livable Housing Design Standard found in the National Construction Code into NSW legislation in line with the Building Better Homes campaign
- Assist people with disability to obtain secure and affordable housing, by:
 - Committing to ongoing funding for the Department of Communities and Justice Together Home program²⁰

- Providing the \$2.6 billion a year for the next 10 years to build 5,000 new social housing properties each year in line with Homelessness NSW's Tip the Scales campaign. PWDA recommends all new social housing properties must be accessible. Along with our social sector partners, including the NSW Council of Social Service and the NSW Women's Alliance, PWDA notes the importance of increasing social housing for women and children – including women and children with disability – experiencing domestic and family violence (DFV)
- Investing sufficient funds to provide timely home modifications in social housing properties
- Providing at least \$500,000 in targeted funding to minimise delays repairing existing social housing properties, in line with the Homelessness NSW Tip the Scales campaign.²¹

“We could Replicate this model twice over and fill every space, but we need money.”

– Kim, Illawarra Women's Health Centre

“Rentals are difficult to get and for someone who is in a modified house and their carer is abusing them – where do they go? There is a complete lack of accessible housing in a regional area.”

– TFSS

6. An overhaul of the systems in independent living arrangements and group homes must be undertaken to address the lack of pathways to external support for women with disability

Overall, PWDA recommends that a transition plan away from segregated group home environments is developed as a matter of urgency. This must be led, implemented, and monitored by people with disability, to achieve the following outcomes²²:

- All congregate housing, including group homes, be phased out urgently and according to a clear target deadline.
- No new people with disability to enter congregate housing, including group homes.
- Proper resourcing is provided to improve contemporary, accessible, and affordable housing options.
- All people with disability living in congregate housing be relocated to contemporary, accessible, and affordable housing options as a matter of urgency.
- People with disability are provided with the essential supports and services needed to transition from congregate housing to living independently in the community.

In the interim, PWDA recommends that primary prevention strategies within group homes be developed and implemented during the transition period. This is aimed at preventing violence and abuse from occurring in the first instance and embedding a culture of safety in group homes for people with disability.

WWD are too often dismissed when disclosing violence. This is compounded for WWD in independent living arrangements and in group homes. Many of these operating structures are designed to deal with disclosures of violence internally, and WWD do not have easy access to the same external supports that are available to the rest of the population.

WWD living in these arrangements have a right to the same reporting structures and external supports as anyone else. PWDA recommends that appropriate protocols be implemented consistently and according to the wishes of the women experiencing violence. PWDA also recommends that appropriate support and advocacy be put in place. For example, WWD have the right to report violence to the police, and not only have the violence addressed internally within their accommodation structure.

Policies need to be upheld and workers need to address disclosures appropriately and consistently. As a key safeguard we recommend the following reforms to the Official Community Visitors Scheme in NSW:

- improve the remuneration of, and increases the number of visitors in, the Official Community Visitors Scheme
- ensure the Official Community Visitors Scheme has sufficient geographical coverage across NSW and proportion of services visited tracks up in a sharp trajectory year on year
- increase the number of allocated visits to visitable services in the Official Community Visitors Scheme, including the capacity for visitors to undertake return visits
- improve the scope of what constitutes a visitable service in the Official Community Visitors Scheme, so all settings that are susceptible to a high risk of violence, abuse, neglect and exploitation can be visited.

7. NDIS providers need to be comprehensively trained in supporting people with disability who are experiencing violence

Frontline workers have ongoing and established relationships with many WWD. Our research with WWD experiencing violence indicates that even when disclosure occurred to a disability support worker, appropriate support and referrals did not take place. Given that the prevalence of WWD experiencing violence is 40% greater than women without disability and 90% of women with intellectual disability have experienced sexual violence, we recommend that Disability Support providers, and their teams of disability support workers, all have the following training, delivered by people with disability:

- Disability awareness training, including how to support people with intellectual disability.
- Domestic violence awareness training, with disability and trauma informed lenses. This must include signs to look for if you are concerned about a client, processes on how to manage a situation when a client discloses violence, how to ask questions in a trauma-informed way, and how to refer a client to an appropriate service.

8. The Building Access Project should be recommissioned and funded for a further 5 years and all Domestic and Family Violence Service Providers in NSW supported to conduct accessibility audits; develop and implement a DIAP with inclusive policies and procedures; and undertake disability awareness training.

It is essential that the Building Access Project continue to be funded for a further five years to help achieve each of the recommendations outlined in this Report. It is the only program of its type in NSW and is significant on a national scale.

As such, PWDA recommends that we are funded in an ongoing way so that the Building Access program can be rolled out across every DFV service in NSW (and we also recommend that this program is adopted nationally.) We recommend this to help frontline DFV services meet legal obligations to make their services accessible to WWD.

Firstly, we recommend that DFV service providers have a comprehensive initial accessibility audit undertaken by suitably skilled WWD. The initial audit should be reviewed after 12 months, and subsequent audits should be taken regularly.

Secondly, we recommend DFV service providers be supported to develop a DIAP and implement this in a way that results

in meaningful changes to policies and procedures. Our research shows that the drafting and actioning of DIAPs is a concrete measurement of practice and change.

Thirdly, we recommend that the workforce of each DFV service provider undertake Disability Awareness Training. Our research shows that this training, being delivered by WWD, is integral to service providers becoming attitudinally accessible.

PWDA's recommendations are echoed as part of their Good Practice Guidelines. DV NSW also recommends that all DFV services "Adopt inclusive policies and hold regular audits such as accessibility audits: built environment, informational, staff attitudinal, policy and procedures."

This is imperative to create a strong foundation for accessible services, and to give frontline services a solid base from which to apply for specific accessibility grants. Also, these foundations play a critical role in the attitudinal shift required to build a culture and service that is safe and available to WWD. Throughout the entirety of the project so far, the

Building Access Project has provided key experience and learning and developed excellent resources that complement and support the audit, DIAP and Training processes. These deliverables, sitting alongside the research data, will allow for an efficient streamlined project delivery to more frontline services.

Recommissioning of the Building Access Project is also essential for the NSW government to deliver against commitments made to support WWD in both the National Plan and the NSW Domestic and Family Violence Plan 2022–2027:

“Partner with stakeholders to ensure that resources and services for victim-survivors with disability are accessible”
(p.36 Action, Pillar 3, NSW Domestic and Family Violence Plan 2022–2027)



Conclusion

WWD have the right to access services for DFV. They have a right to dignity when accessing services, including temporary housing. Services have legal and ethical obligations to ensure they are attitudinally, physically, procedurally, and informationally accessible. Implementing these responsibilities will help contribute towards improving the overall quality of life for women and children with disabilities in Australia, to promote and protect their rights to freedom from violence, exploitation, and abuse.²³

The Building Access Project highlights that DFV Services are willing and ready to engage in meaningful changes to make their services more accessible. Our research demonstrates that what is lacking is funding and skilled human resources. DFV services need grants to increase all types of accessibility and an allocated and funded specialist disability worker to ensure continuity of inclusive policies and practices.

Women with disability may be excluded from services if the service does not recognise the specific kinds of DFV women with disability experience (Frohman et al 2015, pp15,17). To be inclusive of women with disability, a service's policies should address these forms of DFV and the ways in which gender and disability

discrimination intersect. We know that cross sector collaboration – between DFV and disability specialists – will be vital in this process (Frawley et al 2017, p4). When accessibility is limited for either WWD or their children, this can mean that both the parent and their children end up returning to the place where violence is being perpetrated.

WWD are exhausted. WWD are fearful and mistrustful of systems and services. Leaving a situation of DFV is hard enough as it is with timing, opportunity, energy, and fear. The barriers that WWD face day to day also make life harder. The combination of these factors compounded with unnecessary service inaccessibility means that leaving a DFV situation is sometimes impossible. WWD are often even further isolated, and the perpetrator of violence may be the person's only carer and support and/or the perpetrator may control the finances, medication, and access to aids. We need safer, accessible supports and services for WWD. They need to be available right from the point of disclosure, through to sustainable housing and longer term supports.

Our research clearly indicates that inclusive policies and practices produce better outcomes for WWD, both as staff and clients of DFV services.



Our research clearly indicates that inclusive policies and practices produce better outcomes for WWD, both as staff and clients, of DFV services. These policies and practices, along with accessibility audits and disability awareness training create an environment of attitudinal accessibility. This means notable and meaningful organisational change with accessibility integrated into their organisational structure, planning and delivery, and WWD experiencing violence getting the support they need.

“What we’ve done really well as a team, is embedding accessibility into what we do, across the whole team and service. Accessibility is no longer an afterthought; it is integrated into everything we do.”

– Samantha, The Haven

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