

# Response to the Family Violence Reform Implementation Monitor's Call for Submissions: Monitoring the Family Violence Reforms – July 2020

## Submission #125 – Organisation – Women with Disabilities Victoria

### Overarching recommendations for Victorian Government work post RCFV from Women with Disabilities Victoria

Women with disabilities comprise 20% of Victorians. Sexism and ableism combine, placing women and girls with disabilities at 3 times the risk of family violence to women without disabilities. The RCFV made specific recommendations regarding people with disabilities and people experiencing mental health issues. However, **improved access for women with disabilities to the FV system is not evident from available data or what women tell us. This is particularly of concern when we try to find data on people with disabilities access to The Orange Door, crisis response, refuge, case management, general brokerage, men's behaviour change, and other aspects of the system.** COVID-19 does create additional FV prevention and response access barriers for women with disabilities. However, there were already profoundly significant barriers in place. Therefore, we put forward the following **recommendations to the Victorian Government** to address the existing barriers to safety for Victorians with disabilities experiencing family violence.

1. That the Victorian government lead development of an **authorising framework for gender sensitive collaboration between the FV and disability sectors (as well as Police and Sexual Assault services)** to support the safety of people with disabilities – working with the Federal Government where possible. This would include encouraging collaboration between the Victorian Minister for Disability and the Minister for the Prevention of Family Violence. Here when we refer to the disability sector, it is important to understand this is inclusive of disability service providers (businesses), disability advocacy services such as WDV, and community members who are people with disabilities. This would be a key mechanism to tackle the systemic discrimination we heard of in the RCFV, and the 'systemic neglect' we are hearing about in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities.
2. That **long term strategy and resourcing** is put in place to address the complexity of violence against people with disabilities in family like relationships, particularly for women and girls. The shift to the NDIS has seen a shift to a market-based model which presents complex issues for us in attempting to influence practices such as risk assessment, referral and information sharing in that sector. Following strong advocacy during RCFV implementation, DPC began work with DHHS and FSV on an inter-departmental workplan to build cross sector capacity, but this work has not had follow through. Resourcing for the safety of women with disabilities should be in-line with the population levels and violence risks of our population.
3. That the Victorian Government invest in a **Family Violence Disability Practice Leader role in each region as a high priority**. This has been a WDV recommendation for more than ten years. These roles would support the use of MARAM, safety planning and a range of other aspects of the system for people with disabilities. They would develop cross sector links which would support info sharing, referral, RAMPs, Regional Family Violence Committees, MOUs with disability service providers, and a range of other system functions. Funding for five practice leaders was announced in the 2019 state budget but they were not implemented. FSV has said that three Practice Leaders will come on board in the future. There needs to be at least one in each region so that they can support each other and develop practice across the state. While the RCFV implementation has seen many published resources

developed, the most valuable resources of all are experienced people on the ground, and these practitioners could be informing further published resources to be practical and useful. Over time, **these roles would be a primary resource for Victoria to collect evidence (including improving approaches to data collection) and build knowledge** regarding what is happening and what works to support people with disabilities to be safe from family violence. These types of roles spearheading change cannot work in isolation and require crucial mass to support each other and make an impact.

4. **That outreach work is protected as an essential part of Victoria's FV system.** The nature of how gender based violence and disability based violence combine and compound, and the life circumstances of many women with disabilities, make outreach an essential service model.
5. **That disability access to courts, police and justice services gains attention,** as it remains a long term issue of neglect following several inquiries such as VEOHRC's 2014 'Beyond Doubt' report, although these recommendations did not receive direct attention from the RCFV. The Disability Discrimination Act remains a tool to focus attention.
6. **That the Making Rights Reality program is given a statewide rollout.** This established program is a tailored response to sexual assault experienced by people with cognitive and communication impairments. It is a much needed response statewide, given the serious risks and service barriers experienced by the cohort. Again, this would be a form of Practice Leadership across the state.
7. **That universal accessible housing is given a program of work within government.** The RCFV report did not attend to the total lack of disability-accessible, affordable housing for Victorian Women serves as a reinforcing factor for family violence. To address it would be to prevent and to appropriately respond to family violence experienced by Victorians with disabilities. This work would begin by auditing numbers of properties with disability access features among crisis, transitional, social and public housing stocks so we have a baseline to measure progress.
8. **That Men's Behaviour Change practice is reconsidered** in light of how it is inclusive of men with disabilities and responds to violence against women with disabilities. This is a program of work that has never had any appropriate level of attention. It has natural links to how Victoria's DHHS and CASAs respond to concerning sexual behaviours of people with disabilities and coordinated development would be appropriate.
9. **That tailored prevention programs for people with disabilities are expanded.** Through the school Respectful Relationships programs we saw no evidence of how they impacted students with disabilities. Children and adults with disabilities need programmatic access to prevention programs. Further, broad population PVAW programs need to represent people with disabilities.
10. **That the government grow the Office for Disability.** In the last five years, three new agencies were established, FSV, Respect Victoria, and the Implementation Monitor. How these agencies engage with the Disability State Plan (including disability employment targets), Disability Action Plans, and the DHHS Office for Disability is something WDV have tried to support but it has not been embedded. A well resourced Office for Disability could be supporting new agencies to develop a raft of improved approaches to disability, from external campaigns and communications through to internal policies and practices. This would break the cycle of Disabled Persons Organisations running rolling on-the-spot disability education explanations on accessible consultations, documents, etc. A similar role for the Office for Disability could be to advise government on disability-inclusive acquisition guidelines (eg. appointment of consultants who are competent at disability access).

11. That there is investment in **building knowledge and practice for people with Acquired Brain Injury, and for young people who use violence and sexually harmful behaviours.**
12. That when managing reforms and consultations, **the government take a serious approach to representation and feminist intersectionality.** When some population groups are so excluded that they cannot be represented in number in consultations, effort must be made to weight their input and understand their areas of expertise.
13. **That there be greater state budget transparency.** The shift to a dedicated FV budget is an enormously positive outcome of the RCFV. Unfortunately, the budgets have lacked transparency. For example, LGBTQ+ and Disability initiatives were largely reported in the same 2019 budget figure. After making inquiries to FSV, some delineation was made available. Five Disability Practice Leaders were budgeted and consulted on, however these have not been implemented, reportedly due to COVID-19. However the pandemic occurred towards the end of that budget year. Having five Practice Leaders established across Victoria would have been a strikingly positive initiative to support women with disabilities who seek family violence supports following COVID-19, as so many will not have the opportunity to do so during the pandemic. Further, following the findings of the VAGO report on The Orange Doors, TODs are still being rolled out with little explanation of the rationale in approach.
14. That **women with disabilities have resourced involvement in decision making and delivery of future work to address violence against women.**

These recommendations were accompanied by a submission to the FVIM.