



Women With Disability and Domestic and Family Violence: A Guide For Policy and Practice



People with Disability Australia (PWDA)
PO Box 666
Strawberry Hills NSW 2012
Ph: (02) 9370 3100
Fax: (02) 9318 1372
Email: pwd@pwd.org.au
Website: www.pwd.org.au

Domestic Violence NSW (DVNSW)
PO Box 3311
Redfern NSW 2016
Ph: (02) 9698 9777
Fax: (02) 9698 9771
Email: admin@dvnsw.org.au
Website: www.dvnsw.org.au

The information in these documents was prepared by Meredith Lea, as part of a collaboration between People with Disability Australia and Domestic Violence NSW.

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

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What is disability?

Disability is now usually understood using the social model of disability, which emphasises that disability results from disabling environmental and social barriers. Physical, attitudinal and communication barriers reduce the opportunities afforded to people with impairments, resulting in unequal access, exclusion and/or discrimination. The social model of disability highlights that it is a shared responsibility to ensure equality of access for all by addressing barriers to inclusion and full participation for people with disability.ⁱ

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) was established in 2006 to recognise the human rights of people with disability. Australia ratified the Convention in 2008. The CRPD outlines the rights of people with disability, using the social model to explain the subsequent obligations of State parties to promote, protect and uphold these rights. These rights and obligations also outline the responsibilities of your service, and include ensuring access to physical locations, information, employment, adequate standards of living, support services and assistive technologies.

In accordance with the dominant conventions in the disability sector in Australia, the terms 'people with disability' and 'women with disability' will be used throughout this manual. However, some people prefer other language – such as 'disabled woman' or 'woman with a disability' – and this should be respected.

Disability in Australia

There are approximately 4.2 million people with disability in Australia,ⁱⁱ constituting 18.5% of the total Australian population. Approximately 52% are women. Women with disability comprise 19% of all women in Australia.

Women with disability are estimated to be 37.3% more at risk of domestic violence than their peers.ⁱⁱⁱ In NSW alone, 43% of the women who experienced personal violence in 2011 were estimated to have a disability or long-term health condition, 7% higher than the national average.^{iv}

It is worth noting that these statistics may have excluded a number of women with disability due to these studies' methodology. Further, the social stigma attached to both disability and domestic and family violence may also skew these statistics, making it difficult to tell how many women with disability are currently experiencing domestic and family violence.

Nonetheless, these figures demonstrate both that your service may already have engaged (knowingly or unknowingly) with women with disability, and the urgency of ensuring that your service is accessible for them.

Further, women accessing your service may have family members who have a disability who require access as well. Broadening the accessibility of your service will make it easier for all women, whatever their background or disability status, to access to your service.

Disability, Gender and Domestic and Family Violence

Violence against people with disability, much like violence against other people, is a heavily gendered phenomenon. As noted above, women with disability are at a heightened risk of experiencing violence. The Second Action Plan of the National Plan to Reduce Violence against Women and their Children 2010-2022 prioritises women with disability. It recognises that women with disability are disproportionately affected by domestic and family violence. The NSW Government's domestic and family violence 'It Stops Here' framework also prioritises women with disability as a high risk group.

Women with disability are vulnerable to violence due to a combination of gender- and disability-based discrimination.^v The term 'intersectionality' is used to describe how discrimination based on gender and disability interact and result in unique experiences for women with disability. It is important that services respond to the needs of all women, not only those they have historically supported.

Women with disability experience domestic and family violence in a range of ways. However, the issues of power and control, as seen in domestic and family violence perpetrated against other women, are also present in domestic and family violence against women with disability.

Some of the unique forms of domestic and family violence against women with disability, in addition to more familiar forms of domestic and family violence, include:

Physical Violence, such as the withholding of food, water, medication or support services, misusing medication as a restraint, using physical restraints and destroying or withholding disability-related equipment.^{vi}

Sexual Violence, such as inappropriate touching during care giving, taking control of reproductive processes and demanding sexual activities.

Emotional Violence, such as verbal abuse, forced isolation, denying or trivialising the disability, humiliating the individual, threatening violence, institutionalisation or the withdrawal of care, and threatening to hurt guide dogs, pets or other family members.^{vii}

Financial Violence, such as stealing or taking control of money, taking control of investments and refusing to pay for essential medication or disability-related equipment.

Particular forms of coercion and manipulation that result from existing hierarchies between people with disability and people without disability, such as individuals being led to believe that all relationships function in this way.

Women with disability experience domestic and family violence in a variety of settings, relationships and contexts. Settings may be as varied as large residential institutions, group homes, respite centres, boarding houses, private homes and on the street. To ensure that women with disability are given access to the services they require, it is important to acknowledge this. Perpetrators may include intimate partners, family members, formal or paid carers, informal or unpaid carers, staff in residential institutions, other residents in residential institutions and disability support workers.^{viii}

The Crimes (Domestic and Personal Violence) Act 2007 (NSW)^{ix} reflects the intersectional experience of violence for women with disability. This is an excellent legislative model for services and refuges.

Inclusive Policies

Women with disability often face discrimination when trying to gain access to services, including domestic and family violence refuges. Sometimes, the ways in which domestic and family violence is experienced by women with disability are not well recognised by service providers, leading to the exclusion of these individuals.

Domestic and family violence services and refuges should be aware of and implement an intersectional understanding of domestic and family violence in their policies. This should acknowledge that for many women, gender is not the only dynamic which influences the experience of domestic and family violence. Disability also affects the experience, as does class, age, geographical location, Aboriginal and Torres Strait identity, culturally and linguistically diverse (CALD) background, sexuality, or being intersex, trans or gender diverse.

An intersectional approach to domestic and family violence service provision requires two things. First, that existing services be made as accessible as possible. Second, that various accommodation, programs and supports targeted at women with disability be developed. Despite their significantly increased risk of domestic and family violence, there are few services tailored for women with disability, and need outstrips supply.^x

In particular, the experiences of women with psychosocial disability are often overlooked. These women may not identify as having mental illness, and may consequently be seen as difficult service users. Domestic and family violence services may feel ill equipped to deal with women exhibiting what may be called 'challenging' behaviours.

However, all women who have experienced trauma may demonstrate a range of coping strategies. These might include emotional outbursts, anger, sadness, confusion, withdrawal, increased sensitivity, isolation or other forms of seemingly erratic behaviours. These are normal responses to trauma, and should be acknowledged and responded to appropriately. Ensure that your staff are competent in the delivery of trauma informed services, and that you have appropriate vicarious trauma policies in place. Seeking to ensure staff safety by excluding women who are manifesting trauma responses is inadequate.

If you feel that your service does not have the expertise to give women with psychosocial disability the support that they need, it is your service's responsibility to first address any professional development needs for staff, and second, at an organisational level, to develop partnerships with appropriate disability and/or mental health organisations to assist these women.

Furthermore, Rape and Domestic Violence Services Australia provide debriefing and counselling services on 1800RESPECT (1800 737 732) if you require their assistance.

Barriers To Seeking Assistance: Difficulties Experienced By Women With Disability

There are a number of barriers that women with disability frequently face, which may affect their likelihood of accessing domestic and family violence services. These also often exacerbate their risk of experiencing violence, especially because perpetrators may take advantage of their social isolation.

Women with disability may not seek assistance for domestic and family violence as they are unaware of what services are available to them. Information about domestic and family violence services may be actively denied to them by the perpetrator of violence, or it may not be available in the correct formats (Easy English, Auslan, braille etc).^{xi}

Inappropriate or inadequate education can also mean that women with disability are unaware of their rights, or that domestic and family violence is a crime.^{xii} As such, providing women with disability with accessible information about domestic and family violence - what it is, that it is a crime, how they can seek assistance and where accessible refuges or services are located – may increase their ability or willingness to leave abusive situations.^{xiii}

Despite often experiencing discrimination and violence throughout their whole lives, women with disability are frequently not believed upon disclosing their experiences of violence and abuse. This makes them less likely to disclose, and can normalise their experiences of violence and oppression.^{xiv}

Inappropriate responses to disclosure often result from prominent social myths about people with disability. For instance, some people may hold the misconception that people with disability are innocent, do not have sexual feelings, or are incapable of sustaining relationships, and therefore will never experience domestic and family violence. On the other hand, some believe that disability might make people ‘hypersexual’ or deviant, lacking the ability to control themselves, which can lead people to blame women with disability for sexual assaults. As such, myths often shift the blame from the perpetrator to the person being abused.

Discriminatory stereotypes also contribute to the belief that women with disability are a burden to those supporting them. This idea of carer sacrifice can make people, including police or services, unwilling to acknowledge that formal and informal supporters can be violent towards these individuals. Indeed, media representations frequently excuse intimate partner violence on the basis of the woman’s disability.

Additionally, women with disability may be reluctant to report domestic and family violence as they may be afraid of losing custody of their children to their abusive partner or family member.^{xv} This fear is not unjustified, as women with disability do disproportionately have children removed from their care.

Women with disability, and support services such as disability services or police, may believe that crisis accommodation or refuges will be inaccessible and unable to provide them with enough personal support. As such, they may not leave their violent situation due to their fear of losing support services, financial assistance or care provisions.

For instance, women with disability may be reliant on their abuser for daily, personal care. Some women with disability have low levels of employment, which increases their dependence on others. Indeed, women with disability may not be able to choose who provides her support – due to financial pressures, or a lack of services – even if their current support worker or informal carer (including family members) is abusing them. This places women with disability in unequal power relationships that can lead to exploitation, neglect and abuse.^{xvi} Such dependence on formal or informal supporters not only puts women with disability at a heightened risk of violence, but also fundamentally reduces their opportunities to report or disclose the violence or ill treatment.

Women with disability may fear that accessing domestic and family violence services will result in them being institutionalised. These are reasonable fears, because accessible housing in the community is so limited it can force people to live in institutions. Indeed, women with disability generally face precarious housing situations upon leaving their homes. They often face discrimination when looking for rental properties, and may not have sufficient financial resources to set up a new living environment that supports their independence.^{xvii}

Lastly, women with disability may be physically segregated in residential institutions or disability-specific services, or socially segregated due to discrimination and prejudice. Being isolated – physically or socially – means that women with disability may not have supportive informal networks that could help them escape violent situations.^{xviii}

Access To Domestic and Family Violence Services For Women With Disability

The following are but a selection of barriers that women with disability face when trying to access services and refuges. Your service should use a Disability Action Plan to identify and address any other barriers that are currently hindering access for women with disability.

In acknowledging these barriers, it is worth keeping the Disability Discrimination Act 1992 (DDA) in mind. The DDA outlines that it is unlawful to discriminate against people on the basis of their disability, or perceived disability.^{xix} It emphasises equality, ensuring that people with disability have equal access to information, physical premises and employment, among many other things. Indeed, according to the DDA, changes and alterations must be made to ensure that women with disability are not (intentionally or unintentionally) discriminated against.

For your service, this means that you have an obligation to develop inclusive policies, procedures and practices, review them regularly, and implement a myriad of changes to ensure that women with disability are not discriminated against.

‘ Best practice means going above and beyond what is required under the DDA which is a basic minimum, and negotiating this together with disabled women. ^{xx}

No single change will automatically make your service accessible. Women with disability are unique and have individual capacities, desires and needs that your service must take into consideration.^{xxi} Making flexible changes can help to ensure that accommodations benefit a wide range of women and their children, not just women with disability.

Barrier 1: Inaccessible Information And Communication

Information provided by services is not always accessible, nor communicated effectively, to women with disability. For instance, information may not be available in alternative formats, may not be distributed in locations frequented by women with disability, and may not acknowledge the complex difficulties faced by women with disability who are experiencing domestic and family violence. As a result of this dearth of information, women with disability may be totally unaware that domestic and family violence services and refuges even exist. In services, inaccessible information and inappropriate communication techniques can create problems such as women being unaware of rules, regulations and expectations. Additionally, unclear or inadequate information may prevent women with disability from feeling safe or welcome in refuges and other domestic and family violence services.

Recommendation 1:

Information must be made accessible for all individuals who may require access to your service. Informative materials should highlight the accessibility of your service, to ensure that women with disability know that they are not only welcome, but that you have specifically thought about how to accommodate them in your service.

Information about your service must be widely available, distributed in areas frequented by women with disability.^{xxii} For instance, informative materials should be available at disability services, advocacy organisations, doctor's offices, supermarkets, schools, community centres, accessible bathrooms and so on. Local disability organisations should also be informed that your service is taking steps towards improved inclusivity, so they can confidently refer women with disability to your service.

Your website should have an accessible design and should comply with the [Web Content Accessibility Guidelines \(WCAG\)](#). Options to change the contrast or font size of the website should be easily located. Websites should provide easy to read information that is formatted appropriately. Any downloads should be available as Microsoft Word documents, as these are more accessible than PDFs. Screen-readers, devices that read text aloud, are much more suited to Microsoft Word documents.

Informative materials should be available in [braille](#), [large print](#), [Easy English](#) (preferably with pictures), [audio](#) and [electronically](#).^{xxiii} Some of these formats could also help women from culturally and linguistically diverse (CALD) backgrounds, women with low literacy, or women who do not identify as having a disability gain access to information about your service.

During intake, the accessibility and communication needs of all women seeking assistance should be ascertained.^{xxiv} For instance, women with intellectual disability may have difficulty remembering large amounts of information. At the introductory stage, a lot of information, rules and regulations are provided. This should all be communicated in a clear and concise way to ease understanding. It could be helpful to break any induction session up into different parts, allowing sufficient time for the women to digest information.

Alternatively, information and rules can be provided in writing (as well as braille, large print and Easy English options), so that women have a hard copy to refer back to. Recorded versions of this information could also assist comprehension and retention, providing this information via audio recording or even an informative DVD to be shown at arrival.

Within your service, Auslan and other interpreters should be made available if this is what the woman requires, and she should select her interpreter. However, keep in mind that cultural/linguistic communities are often quite small and confidentiality is a complex matter.

Barrier 2: Physical Inaccessibility

It can be particularly difficult for women with disability to find physically accessible crisis accommodation and services. Physical access is a huge barrier for women with a range of impairments, not just wheelchair users. Women with physical, visual, and hearing impairments and/or mental illness all face various barriers in environments that do not accommodate their presence.

Recommendation 2:

Physical access concerns much more than ensuring that women with disability are able to reach your service. Within the service itself, there may be many physical barriers that exclude women with disability. Addressing these barriers requires changes that facilitate different types of disability and do not impede access for any other service user.

The first step towards making your service more accessible is performing an access audit. Consulting people with various impairments can help you get a firsthand account of how accessible your service is, and how it could be improved to accommodate women with different kinds of disability. Some changes will be specific to certain rooms, such as bathrooms, kitchens and bedrooms, while others will need to be implemented throughout all areas of the service. Some of these changes may be cost- and time- intensive, however, many of them will be relatively small and easy to perform and maintain.

Minor and easy changes include minimising clutter, having adequate storage, eliminating trip or slip hazards, ensuring that each room has sufficient lighting, adequate seating, and installing handrails. Ensuring that furniture is arranged to maximise the breadth of corridors or walkways is also important. Another straightforward change is ensuring that all women using the service are mindful of the impact they can have on the physical accessibility of areas. For instance, care should be taken to place items back in their cupboards, mess should not be left in common areas, furniture should not be drastically rearranged without notice, and doors should be left consistently closed or consistently wide open.^{xxv} Other women accessing your service should also be aware that loud noise should be kept to particular areas, and minimised where possible to assist women with vision or hearing impairment. It should be made clear to women with disability that this has been communicated to other women using the service.

It is important to recognise that it may take women with disability a while to get used to the physical environment and layout of the service. Women with disability should be given support and time to get confidence and independence in these seating. Women with vision impairment, for instance, often rely on their memory to navigate buildings. As such, simple designs, clear walkways and set places for furniture will benefit these individuals. It is important that the physical environment of the service remains consistent, and if for any reason changes have to be made, people with vision impairment should be made well aware of these alterations.

Vision Australia provides excellent suggestions as to how different rooms and areas can be made more accessible for people with vision impairment. See <https://www.visionaustralia.org/business-and-professionals/creating-an-accessible-environment/accessible-design-for-homes> and <https://www.visionaustralia.org/business-and-professionals/creating-an-accessible-environment/accessible-design-for-public-buildings> for their extensive list of recommendations.

Barrier 3: Organisational Attitudes and Experience

The attitudes of service staff, managers and governance bodies can also be barriers to women with disability. Your governance body may not have a clear sense of their role in ensuring the accessibility of your organisation.

Attitudinal barriers about disability, based on stereotypes and myths, are quite pervasive and often deeply entrenched. Additionally without support to explore how to provide services in a flexible and responsive manner, staff members may struggle to engage with women with disability. This lack of staff awareness, skills and training, often means that stereotypes and inexperience create significant barriers for women with disability. This can contribute to putting women with disability at risk if they do not feel the service is focussed on supporting their autonomy.

Recommendation 3:

Increasing staff awareness, participating in disability training, and encouraging staff to engage with your Disability Action Plan will all contribute to a more accessible service. Raising staff awareness about disability should illustrate the intersectional experience of domestic and family violence experienced by women with disability, and how this often changes the severity and duration of domestic and family violence. [People with Disability Australia \(PWDA\)](#) offer various training packages to inform services about the rights of women with disability, address stereotypes and myths, encourage respectful interactions with people with disability and to provide a more thorough understanding about how people with disability experience domestic and family violence.

Training should be provided by disability services or women with disability themselves. Additionally, serious efforts should be made to hire staff with lived experience of disability, or disability specific training. These individuals can further help to combat any attitudinal barriers by breaking down discriminatory beliefs or policies from within.

Furthermore, all staff should be actively engaged in making your service more accessible. Involve staff members in the development and implementation of your service's Disability Action Plan. Staff should be given specific tasks to perform or be allocated responsibility for a particular aspect of the Disability Action Plan. This will provide them with a greater understanding of the countless barriers faced by women with disability in their everyday lives, and consequently lead them to reassess their attitudes or interactions with women with disability. Staff should also be encouraged to come up with best practice guidelines and standards to "mainstream" disability in all policies and procedures.

The inclusiveness of your organisation should be made part of a strategic plan under the guidance of the governance body. Ensuring the participation of women with disability in this governance body is an excellent way to make their lived expertise available to your service.

Barrier 4: Perceived Discrimination

Women with disability may believe that domestic and family violence services and refuges are unsafe, unapproachable and inaccessible. Furthermore, they may fear that these services will discriminate against them on the basis of their disability, which in turn increases their likelihood of becoming homeless.

Recommendation 4:

Performing policy audits and creating a Disability Action Plan are positive steps towards eliminating discrimination against women with disability in your service. Women with disability should be encouraged to participate in these audits or workshops and information about them should be freely distributed.

First and foremost, your Disability Action Plan must ensure that recruitment policies don't discriminate, and instead implement measures towards equal employment. This also applies to governance bodies. To demonstrate your anti-discrimination policies and desire to include women with disability in your service, it is important to have women with disability represented among your staff. This requires advertising jobs in accessible locations, or using your networks to ensure that women with disability have an equal chance to apply for jobs.

Consider employing a specialist disability worker to support women with disability who require access to your service. Employing women with disability in such roles would improve the experiences of women with disability engaging with your service, as the lived experience of staff with disability may make them more attuned to the complex issues at play. However, it is important to ensure that this is not done in a tokenistic manner, as these individuals should be given equal opportunities, equal voice and their experiences and knowledge should be respected^{xxvi}. Furthermore, women with disability should be made aware of, and included in, any promotional pathways that exist within your service.

Looking Forward

In making changes, you will be readying your service for people with disability, and moving towards inclusion. However, it is important to keep in mind that this process is a continual one. Refuges and domestic and family violence support services cannot become fully accessible and inclusive overnight. While initial changes are vitally important, maintaining these accessible practices is equally as important.

Barriers and recommendations must be revisited on an ongoing basis, with regular follow-ups required to ensure that guidelines are consistently being implemented. Your organisation's strategic plan should ensure that this is happening. You might want to include an annual audit. Making changes requires continued consultation with women with disability and other clients using your service. Hosting regular workshops with women with disability, disability advocacy organisations, disability services or accessibility auditors may also assist in this process. Consistent feedback can help keep track of progress to ensure that your service, and its accessibility, is continually improving.^{xxvii}

In addition to the recommendations outlined in this document, DVNSW and PWDA have compiled a separate factsheet with suggested practical guidelines to help you make manageable changes to your service. These recommendations and guidelines include changes that can realistically be made over a three year period, and will help you take the steps required to make your service more accessible for people with disability. Guidelines for physical, information, attitudinal and procedural audits are also provided in more detail separately.

Contacts

Partnerships between domestic and family violence services can help make services more accessible, as sharing ideas about increasing accessibility can shed light on various tactics that might not have previously been considered. It is important to remember that your service is not the only one that has to make these changes.

Look at the existing Disability Action Plans of similar organisations and consider how they could be adapted to your service. Alternatively, sharing your Disability Action Plan with others may encourage reflection about how other domestic and family violence services could implement similar plans in their organisations, and may also support the development of a community of practice around disability accessibility.^{xxviii}

Domestic and family violence services and the disability sector should work together to support women with disability through their experiences of domestic and family violence. Both sectors should have a keen awareness about the experiences of domestic and family violence for women with disability, and should aim to collaborate to ensure women with disability don't fall through the service gaps. Clear, open and frequent communication between services will aid this process. Establishing collaborative relationships such as these can ease the transition to a refuge for women with disability. Make sure that your local disability services, and especially disability advocacy organisations, are aware that your service is accessible so they can confidently refer people with disability to you.

NSW Disability Advocacy Organisations

The following list of services provide assistance to people with disability across NSW. For a more extensive list of disability peaks and organisations, see <http://www.pwd.org.au/library/australian-advocacy-directory.html>

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

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

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

Central Coast Disability Network - ccdn.com.au

Deaf Society of NSW - deafsocietynsw.org.au

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

Illawarra Advocacy - illawarraadvocacy.org.au

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

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

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

NSW Council for Intellectual Disability - nswcid.org.au

Penrith Disabilities Resource Centre - pdrc.org.au

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

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

Self Advocacy Sydney Inc - sasinc.com.au

Side By Side Advocacy Inc - sidebysideadvocacy.org.au

We would like to acknowledge Carolyn Frohmader for all her previous work in this area which has substantially informed our work here. See also Frohmader, C. 2007. 'More than just a ramp: a guide for women's refuges to develop disability discrimination act action plans', Women With Disabilities Australia, http://wwda.org.au/wp-content/uploads/2013/12/More_Than_Just_A_Ramp.pdf.

A lot of the following resources have been drawn from the Stop the Violence Resource Compendium on domestic and family violence, available at <http://www.stvp.org.au/RC-Domestic-and-Family-Violence.html>.

The Stop the Violence Resource Compendium also provides more general resources concerning violence against women with disability. It is available at <http://www.stvp.org.au/Resource-Compendium.html>.

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