

‘Women with disabilities need to be involved in emergency planning from the beginning...’ – 2021 Survey Respondent

Involved from the Beginning

Using COVID-19 experiences to plan a better future for women, girls, feminine identifying, and non-binary people with disabilities in the ACT

Final report from Women with Disabilities ACT’s 2021 COVID-19 Outreach Project.

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**Women with
Disabilities ACT**

Women with Disabilities ACT would like to acknowledge the Ngunnawal people, the traditional custodians of the ACT Region, on whose land our office is located, and our research took place. We pay our respects to their Elders past, present and emerging. We acknowledge their spiritual, social, historical, and ongoing connection to these lands and the contribution they make to the life of the Australian Capital Territory.

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About Women with Disabilities ACT

WWDACT is a systemic advocacy and peer support organisation for women, girls, feminine identifying, and non-binary people with disability in the ACT region.

Established in 1995, WWDACT follows a human rights philosophy based on the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). It works with government and non-government organisations to improve the status and lives of women* with disabilities in the ACT and surrounding region.

WWDACT is a Disabled People's Organisation, governed by women, feminine identifying, and non-binary people with disabilities.

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Executive Summary

Prior to the COVID-19 emergency, women* with disabilities in Australia faced systemic marginalisation. Attitudinal and environmental barriers lead to lower economic and social status, increased risk of violence and multiple discrimination. In addition, women* with disabilities faced barriers to accessing education, health care, sexual and reproductive health rights, information and services, justice, and civic and political participation.¹

Research demonstrates that disasters are profoundly discriminatory and exacerbate pre-existing disadvantages.² It was therefore inevitable that in addition to unique challenges, COVID-19 was going to intensify the systemic marginalisation of women* with disabilities in the ACT.

It became evident early in the pandemic that women were facing more economic impacts than men, more health impacts, an inequitable increase in care roles and household responsibilities, and an increase in domestic and family violence. People with disabilities have also faced increased expenses, reduction in supports, and barriers to their usual health care. Women* with disabilities felt the intersecting and compounding effects of this gender and disability discrimination. While Federal and Local governments identified women* with disabilities as a vulnerable population in initial COVID-19 planning, a lack of intersectional strategies left their needs haphazardly addressed.

This study shows that women* with disabilities in the ACT have experienced an exacerbation of pre-existing disadvantage. There has been a rise in the number of women* with disabilities experiencing new or increased mental health issues. Physical health has also suffered greatly because of increased physical labour, decreased access to structured exercise, and reduction in formal and informal support.

¹ UN Women. *The Empowerment of Women and Girls with Disabilities: Towards Full and Effective Participation and Equality*. New York: UN Women, 2018. Accessed 8 September 2021. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/empowerment-of-women-and-girls-with-disabilities-en.pdf?la=en&vs=3504>

² Victorian Council of Social Services. *Disaster and disadvantage: Social vulnerability in emergency management*. Victorian Council of Social Services: Victoria, 2014. Accessed 12 October 2021. <https://apo.org.au/sites/default/files/resource-files/2014-06/apo-nid40069.pdf>

While COVID-19 has, on balance, been a negative experience for women* with disabilities, positive changes to community structures and interactions have occurred. Increased money from Centrelink (for those eligible) improved financial security; telehealth appointments made health care more accessible; the normalisation of video calls and online events increased community participation; and working from home provided physical and financial benefits. These changes that improved aspects of everyday living for women* with disabilities should be explored, and where possible, brought forward in efforts to address longstanding disadvantage.

Over eleven percent of respondents who completed the women*'s safety section of the survey (which was optional) reported new or increased family or domestic violence. Of these women* fifty percent identified as LGBTIQ+. Forty percent of these women* reported they had no access to crisis services.

The survey points to a shared belief amongst women* with disabilities that services available to those experiencing family and domestic violence are inadequate. COVID-19 has exacerbated this situation and raised awareness of the issues.

All survey respondents were asked what they would like the ACT Government to know in relation to the COVID-19 experience of women* with disabilities in the ACT. While many respondents commented on COVID-19 specific issues such as vaccination and testing, a majority indicated that COVID-19 worsened pre-existing disadvantage and discrimination experienced by women* with disabilities in the ACT. There is a clear request that the ACT Government endeavour to address the systemic marginalisation and disadvantage experienced everyday by women* with disabilities.

Recommendations

1. Women with Disabilities ACT to work with the ACT Government and relevant stakeholders to urgently address everyday inequality and disadvantage experienced by women* with disabilities. (Priority areas to address include health inequalities, equitable participation in decision making, and prevention of violence against women* with disabilities)
2. Women with Disabilities ACT to work with the ACT Government and necessary stakeholders to ensure women* with disabilities are considered as a distinct cohort in all future emergency planning.
3. Women with Disabilities ACT to work with the ACT Government to ensure intersectional women* with disabilities actively participate in ongoing and future emergency planning. For example, LGBTIQ+ people with disabilities, First Nations women* with disabilities, culturally and linguistically diverse women* with disabilities and women* with different types of disability.
4. ACT Government to work with disability services and the community sector to adequately plan for an surge workforce of support workers during emergencies. This must include provision for non-NDIS participants.
5. ACT Government to work with relevant stakeholders to plan for a surge workforce of mental health workers during emergencies. This must include mental health practitioners experienced in disability, as well as LGBTIQ+ specific services.
6. ACT Government and Domestic Violence Crisis Services (DVCS) to work with WWDACT to produce disability specific messaging regarding violence against women* with disabilities. This must include broader definitions of both 'domestic' and 'violence' to include carer abuse and institutional violence.
7. ACT Government to support DVCS and relevant stakeholders to urgently create more accessible support services for women* with disabilities.

8. ACT Government to lobby the Federal Government maintain the availability of Telehealth and other digital health services after the pandemic.

9. ACT Government to work with WorkSafe ACT, and Fair Work Ombudsmen to better communicate employer obligations regarding provisions for flexible work arrangements. Flexible work arrangements should be made available to all employees on request to reduce stigma.

Introduction

The COVID-19 pandemic brought with it rhetoric of the great equaliser. Politicians and commentators rhapsodised a newfound solidarity. Comfort was offered in the form of morale boosting fallacy: at least to those Australians whose position in society was already one of privilege. Disasters are not equalisers. They are, as has long been established, profoundly discriminatory in nature. Prior to COVID-19, women, girls, feminine identifying, and non-binary people (women*) with disabilities in Australia faced serious systemic marginalisation, discrimination, and disadvantage. For these women*, the rhetoric of the great equaliser could offer no boost to morale. The ACT Government, aware of the threat disasters present to disadvantaged populations, produced the *COVID-19 – An ACT Operational Plan for People with Disability* (the Operational Plan) and the *ACT COVID-19 Disability Strategy* (the Strategy).³ While the Strategy addressed the concerns of the disability community at large, it did not address the unique needs of women* with disabilities (as distinct from men with disabilities). Consequently, the needs of women* with disabilities during the emergency were haphazardly addressed. This project was designed WWDACT in acknowledgment of the problem.

In 2020, Women with Disabilities ACT (WWDACT) conducted a study into how women* with disabilities were experiencing COVID-19 in the ACT. The project culminated in a report titled 'The Responsibility has Fallen on Us'.⁴ The report found women* felt they were being left behind. They were more heavily impacted by social isolation and disruption to essential services. These findings were in keeping with

³ ACT Health. *COVID-19 – An ACT Operational Plan for People with Disability: Complementing the Australian Government Department of Health Management and Operational Plan for People with Disability*. ACT Health: Canberra, 2020. Accessed 12 July 2021.

https://www.communityservices.act.gov.au/__data/assets/pdf_file/0007/1626748/COVID-19-An-ACT-Operational-Plan-for-People-with-Disability-FINAL-10092020.pdf; ACT Government. *ACT COVID-19 Disability Strateg*. ACT Community Services Directorate, Inclusion and Participation: Canberra, 2020. Accessed 12 July 2021. https://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/1565667/Final-Public-COVID-19-Disability-Strategy.pdf

⁴ Women with Disabilities ACT. "*The Responsibility has Fallen on us' Perspectives on the impact of COVID-19 on Women* and Girls with Disabilities in the ACT and Region for Women and Girls, Feminine Identifying & Non-binary People with Disabilities in the ACT*". Women with Disabilities ACT: Canberra, 2020. Accessed 12 July 2021. <https://d35ohva3c1yycw.cloudfront.net/wp-content/uploads/2020/07/06110218/WWDACT-Covid-19-Report-FINAL2.pdf>

broader studies of disability during COVID-19.⁵ The current project follows on from 'The Responsibility has Fallen on Us'. It asks more nuanced questions about experiencing COVID-19 at the intersection of gender discrimination and disability discrimination.

The goal of this project was to consult with women* with disabilities in the ACT about their experiences of COVID-19 and establish recommendations that will ultimately improve ongoing and future emergency planning. Four key areas are addressed: mental and physical wellbeing; periods of respite and recovery; safety of women* with disabilities; and direct messages from women* with disabilities. Unsurprisingly, the report finds that pre-existing disadvantage has been exacerbated by COVID-19. The success of future emergency planning is entirely dependent on the ACT's ability to address this disadvantage before another emergency hits.

⁵ People with Disability Australia. *People with Disability and COVID-19*. People with Disability Australia: 2020. Accessed 14 September 2021. https://pwd.org.au/wp-content/uploads/2020/06/PWD_and_COVID_report-final.pdf

Methodology

The research design used both quantitative and qualitative methods to collect and interpret information on the COVID-19 experiences of girls, women, feminine identifying, and non-binary people (women*) with disabilities in the ACT and surrounding region.

An online survey was conducted from 11th May 2021 – 25th July 2021 to consult with a representative sample of women* with disabilities in the ACT to collect quantitative and qualitative data.

The survey sought to answer the following research questions:

- How did COVID-19 impact on the physical and mental health of women* with disabilities?
- How did COVID-19 impact pre-existing gender inequalities?
- Did women* with disabilities have sufficient access to government relief during the height of the pandemic and recovery period?
- Did experiences of domestic and family violence change for women* with disabilities during COVID-19?
- How did intersectional identities shape experiences of COVID-19 for women with disabilities in the ACT?

Respondents qualifying for the survey were girls, women, feminine identifying, and non-binary people (women*) living in the ACT or surrounding region.

The online survey provided all participants with information about the project including the attempt to capture the immense diversity of women* with disabilities to understand how this diversity shaped personal experience.

Respondents were informed that data would be used in systemic advocacy to address the needs and rights of women* with disabilities in COVID-19 responses and recovery planning.

It was stated that no identifiable data was kept, and privacy is respected.

Non-probability voluntary and convenience sampling were used. The survey was available via a link distributed through WWDACT's social media and email networks. To further distribution and reach beyond disability communities, the survey was sent to government departments, ACT businesses, LGBTIQ+ organisations, schools, and non-disability specific community organisations.

The survey was open for ten weeks and five days. A total of 92 eligible participants completed the survey.

Literature Review

The objectives of the literature review were to explore the recent available research on:

- The status of women, girls, feminine identifying, and non-binary people with disabilities in Australia.
- Why emergency planning must make provisions for vulnerable populations
- How women have experienced the pandemic internationally, nationally, and locally
- How people with disabilities experienced the pandemic internationally, nationally, and locally
- Local provisions for women* with disabilities in Federal and Territory planning

This literature was used to identify key areas where gender and disability discrimination may intersect resulting in compounding disadvantage.

Women* with Disabilities in Australia

Women* with disabilities in Australia face systemic marginalisation. Attitudinal and environmental barriers lead to lower economic and social status, increased risk of violence and multiple discrimination. In addition, women* with disabilities face barriers to accessing education, health care, sexual and reproductive health rights, information and services, justice, and civic and political participation. This systemic marginalisation prevents women* with disabilities from participating in all aspects of life on an equal basis with others.⁶

As there is minimal gender and disability disaggregated data kept in Australia, it is difficult to fully understand the levels of disempowerment. Despite this, it is known that women* with disabilities in Australia bear a disproportionate burden of poverty; they are amongst the poorest demographic in our society. Given this, they are more at risk of social exclusion, socio-economic disadvantage, social isolation, violence, poor health care, and a lack of opportunities to actively participate in society.⁷

⁶ UN Women. The Empowerment of Women and Girls with Disabilities

⁷ Carolyn Frohmader. *The Status of Women and girls with Disability in Australia*, Tasmania: Disabled People's Organisations Australia and the National Women's Alliance, Tasmania, 2019. Accessed 12 October

Women* with disabilities continue to be denied the right to participate in, and are often entirely excluded from, decision making, participation and advocacy processes. They are therefore not permitted a voice about issues that affect their lives as well as the lives of their families, communities, and nation. As well as signifying the stark inequality faced by women* with disabilities, their absence in public decision making diminishes awareness of their rights, sidelines issues of importance to them, and reinforces negative stereotypes and discriminatory practices.⁸

Emergencies and Pre-existing Disadvantage

Experience and research have demonstrated that disasters are profoundly discriminatory in the way they affect people. For people already facing disadvantage, impacts of emergencies can be overwhelming and disproportionate. People facing disadvantage, including people with disabilities, are more vulnerable before, during and after a disaster.⁹

*'Disasters operate as a kind of lens, allowing society to perceive what was before its eyes all along. The best way to prevent social disadvantage from becoming deadly during disasters is to eliminate the disadvantage, rather than merely focusing on the disaster situation. The social disadvantages our society treats as ordinary and unremarkable (can) become deadly in dramatic ways during the course of a disaster.'*¹⁰

Past experiences in Australia demonstrate the inadequacy of many public health emergency responses.¹¹ Ethical and equitable emergency responses need to

2021. <https://wwda.org.au/wp-content/uploads/2020/06/The-Status-of-Women-and-Girls-with-Disability-Asustralia.pdf>

⁸ Carolyn Frohmader. The Status of Women and girls with Disability in Australia

⁹ Victorian Council of Social Services. *Disaster and disadvantage*

¹⁰ Danial A. Farber. 2007. 'Disaster Law and Inequality.' *Journal of Law & Inequality*, 25:2

¹¹ Nous Group. *The impact of pandemics on vulnerable groups*, Nouse Group, Australia, (undated). Accessed 12 October 2021. https://www.nousgroup.com/wp-content/uploads/2020/04/The-impact-of-pandemics-on-vulnerable-groups_final.pdf

recognise the unique needs and cultural values of different members of Australian communities.¹²

At the outset of the COVID-19 pandemic there was a clear understanding on the part of national, state and territory governments, that risks to vulnerable communities must be mitigated. It was known that certain social determinants of health would potentially exacerbate the impact of pandemics. These determinants included, but were not limited to:

- Income, unemployment, and job security
- Disability
- Pre-existing chronic conditions
- Mental Illness
- Aboriginality
- Age
- Gender
- And Cultural and Linguistic Diversity

Evidently, governments in Australia had a clear understanding that those facing pre-existing disadvantage, such as women* with disability, were likely going to experience the impacts of COVID-19 more profoundly than the general population.

The Pandemic for Women

The convergence of the COVID-19 pandemic health emergency and resulting economic emergency has generated a social crisis for women globally. During health crises, women are typically more vulnerable to infection, absent from decision making, take on more care roles and suffer increased violence¹³. COVID-19 impacts on women have come from multiple fronts: infection and risk of infection, measures adopted to control the spread, measures adopted to mitigate economic downturn and pre-existing gender inequalities. These pressures have compounding effects

¹² Nous Group. *The impact of pandemics on vulnerable groups*

¹³ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham. 2021. 'More than a public health crisis: a feminist political economic analysis of COVID-19.' *Global Public Health*. 16:8-9.

and should be considered inextricable.¹⁴ In Australia, women faced greater economic impacts than men, more health impacts, an inequitable increase in care roles and household responsibilities, and experienced a devastating increase in domestic and family violence.

Australian women lost more jobs than men, took on more of the increase in unpaid work, and were less likely to receive government support.¹⁵ Women were overwhelmingly employed in industries hit hardest by government-imposed lockdowns and reduced patronage.¹⁶ Women were more likely to manage increased childcare and school obligations, and a disproportionate level of household responsibilities (even among dual earning couples).¹⁷

COVID-19 restrictions coupled with unemployment and financial stress have caused an increase in domestic violence. Despite additional Federal Government funding, frontline support workers reported they lacked the resources to meet this unprecedented demand.¹⁸ An Australian Institute of Criminology survey revealed nearly ten percent of women in a relationship had experienced domestic violence during the initial stages of the COVID-19 pandemic. Two thirds of these women stated the violence started or escalated because of the pandemic.¹⁹

¹⁴ UN Women. *Policy Brief: The Impact of COVID-19 on Women*. New York: United Nations Entity for Gender Equality and the Empowerment of Women, 2020. Accessed 12 October 2021. [/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406](https://media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406).

¹⁵ Danielle Wood, Kate Griffiths, Tom Crowley. 'Women's work: The impact of the COVID crisis on Australian women.' *Grattan Institute: Australia*, 2021. Accessed 8 September 2021. <https://grattan.edu.au/report/womens-work/>

¹⁶ Danielle Wood, et. al.. 'Women's work: The impact of the COVID crisis on Australian women.'

¹⁷ Helen McArdle. 'The impact of COVID-19 on women'. *AMA*. "The Impact of COVID-19 on Women," *AMA*, March 2021. Accessed 1 September 2021. <https://ama.com.au/articles/impact-covid-19-women>.

¹⁸ Else Kennedy. "The Worst Year": domestic violence soars in Australia during COVID-19'. *The Guardian*, December 2020. Accessed 12 April 2021. <https://www.theguardian.com/society/2020/dec/01/the-worst-year-domestic-violence-soars-in-australia-during-covid-19>

¹⁹ Hayley Boxall, Anthony Morgan, and Rick Brown. 'The Prevalence of Domestic Violence among Women during the COVID-19 Pandemic.' *Australian Institute of Criminology: Statistical Bulletin*. 28. (July) 2020 Accessed 12 April 2021. https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf.; Kerry Carrington, Christine Morley, Shane Warren, Bridget Harris, Laura Vitis, Matthew Ball, Jo Clarke and Vanessa Ryan. 'The impact of COVID-19 Pandemic on Domestic and Family Violence Services, Australia.' *Centre For Justice Research Report Series*: Brisbane, 2020. Accessed April 12, 2021. <https://research.qut.edu.au/centre-for-justice/wp-content/uploads/sites/304/2020/11/Research-Report-Series-November-2020-COVID.pdf>

Women in the Australian Capital Territory were more likely to work in sectors impacted by unemployment. Between April and May 2020, 5500 women became unemployed. Women accessed their superannuation at higher rates than men.²⁰ There has been an increase in women seeking support for domestic and family violence. Women with disability have experienced a lack of information about how to access these services. There was an 170% increase in demand for housing for women and children experiencing domestic and family violence. Significant increase in legal services for women includes: 55% for divorce, 34% for separation, 60% for child residency, 60% for employment, 97% for family and domestic violence, and 162% for DFV orders.²¹ Evidently, despite low levels of COVID-19 infection and spread, the experience of women in the ACT has closely reflected that of Australian women and women globally.

The Pandemic for People with Disabilities

Prior to the COVID-19 emergency, people with disabilities were experiencing entrenched structural disadvantage. This includes barriers to accessing health care, high rates of poverty, lower employment rates, and lower education levels when compared to the general population.²² Consequently, people with disabilities were, and continue to be, disproportionately affected by the health, social and economic impacts of COVID-19. In May 2020, the Secretary-General of the United Nations outlined these issues in his policy brief *A Disability-Inclusive Response to COVID-19*.²³

Globally, people with disabilities are:

- At greater risk of contracting COVID-19²⁴

²⁰ ACT Government. 'Impact of COVID-19 On Canberrans 2020-Community Sector' ACT Government: Presentation to the ACT Community sector [delivered online], 2020.

²¹ ACT Government. 'Impact of COVID-19 On Canberrans 2020-Community Sector' ACT Government: Presentation to the ACT Community sector [delivered online], 2020.

²² Elena S. Rotarou, Dikaios Sakellariou, Emily J. Kakoullis, and Narelle Warren. 2021. 'Disabled people in the time of COVID-19: identifying needs, promoting inclusivity.' *Journal of Global Health*. 11:03007.

²³ United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*. United Nations: New York, 2020. Accessed 12 May 2021. https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

²⁴ United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*

- At greater risk of experiencing severe forms of COVID-19 (including being more likely to die from the virus)²⁵
- At greater risk of discrimination in the provision of health care (e.g. rationing and triage protocols)²⁶
- More disadvantaged by socio-economic consequences of restrictions and measures to control the pandemic²⁷

Given these facts, the Secretary-General called for a disability inclusive COVID-19 response and recovery. The policy brief outline that responses needed to: be non-discriminatory; be intersectional in approach; be fully accessible; and encourage and support the participation of people with disabilities.

On 26th March 2020, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability released a *Statement of concern: The response to the COVID-19 pandemic for people with disability*.²⁸ This statement outlined the very real concerns of people with disability facing the pandemic and highlighted the general feeling that people with disabilities were feeling 'left behind or ignored in government and community responses'.

A survey conducted by People with Disability Australia showed that Australians with disabilities were some of the most excluded of all Australians in relation to the impacts of the coronavirus. People with Disability have faced increased expenses, changes to supports, and changes to their health care. In the survey, 91% of respondents reported increased expenses, mostly relating to groceries, healthcare, internet, and hygiene/sanitising equipment. Forty-one percent reported reduced NDIS support, while 47% reported reduced non-NDIS disability support.²⁹

²⁵ United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*

²⁶ United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*

²⁷ United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*

²⁸ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 'Statement of concern: The response to the COVID-19 pandemic for people with disability'. Royal Commission: undated. Accessed 18 June 2021. <https://disability.royalcommission.gov.au/system/files/2020-03/COVID-19%20Statement%20of%20concern.pdf>

²⁹ People with Disability Australia. *People with Disability and COVID-19*

As of July 2021, The Australian government still did not know how many people with disabilities have contracted COVID-19. This is despite the Royal Commission noting eight months prior that the lack of national data was inconsistent with UN obligations.³⁰

Pandemic Provisions for Women* with Disabilities in the ACT

On 9 April 2020, the Australian Government Department of Health released the *Management and Operational Plan for People with Disability* (The Commonwealth Plan) as part of the *Australian Health Sector Emergency Response Plan for the Coronavirus*. The Commonwealth Plan focuses on health and social care advice and essential supports and services for people with a long-term physical, mental, intellectual, and cognitive or sensory impairments or conditions.

The Commonwealth Plan called for direct involvement of people with disability in the refinement of the Plan, including feedback from priority populations. Here, women with disabilities are listed as a priority population. This is the only mention of women with disabilities in initial National strategies.

The ACT Government produced the *COVID-19 – An ACT Operational Plan for People with Disability* (the Operational Plan). This plan laid out the actions and responsibilities of the ACT Health Directorate, hospital, primary healthcare, and specialist disability services as well as people with disability and their formal and informal carers. Unlike the Commonwealth Plan, the ACT's Operational Plan was inclusive of all people with disability in the ACT.

In addition, on 18 May 2020 the ACT Government released the *ACT COVID-19 Disability Strategy* (the Strategy). The Strategy was aimed at upholding the rights of people with disabilities and to ensure they were supported throughout the COVID-19 health emergency. The Strategy acknowledged the additional and unique challenges that people with disabilities might face during COVID-19. This included increased risk of contracting the virus, experiencing more severe health and social impacts and

³⁰ Luke Henriques-Gomes. 'Government still doesn't know how many Australians with disability contracted Covid.' *The Guardian*. July 2021. Accessed August 2021. <https://www.theguardian.com/society/2021/jul/31/government-still-doesnt-know-how-many-australians-with-disability-contracted-covid>

the associated public health measures (restrictions) put in place. While the Strategy addressed the concerns of the disability community at large, it did not address the unique needs of women* with disabilities (as distinct from men with disabilities).

Consequently, at a national and local level the needs of women* with disabilities during the emergency were haphazardly addressed. For example, their needs and rights were represented through disability planning, planning for women, LGBTIQ+ planning and planning for culturally and linguistically diverse communities. Prevailing inequality between women* with disabilities and men with disabilities was not addressed. This proved problematic as the pandemic greatly exacerbated existing inequality and disadvantage.

Demographics

Age

Ninety-two eligible women* with disabilities completed the survey between 11th May 2021 – 25th July 2021. Table 1 shows the age groups of the women* who responded to the survey.

Age	Number	Percent
Under 18	0	0.00%
18-24	8	8.70%
25-34	20	21.74%
35-44	24	26.09%
45-54	19	20.65%
55-64	15	2.17%
65+	6	6.52%

Figure 1: Table showing ages of women* with disabilities who responded to the survey.

Gender and Sexuality

Twenty-three respondents (25%) identified as being LGBTIQ+. This figure is higher than the estimated 11% of the general population believed to have diverse sexual orientation, sex, or gender identity.³¹ Factors that may influence the greater diversity amongst survey respondents include:

- LGBTIQ+ identifying people are more likely to have disability
- People in same-sex couples are more likely to live in capital cities
- WWDACT's strong position welcoming all women, girls, feminine-identifying and non-binary people.

³¹ The Australian Human Rights Commission. *Face the facts: Lesbian, Gay, Bisexual, Trans and Intersex People*. Australian Human Rights Commission: Sydney, 2014. Accessed 16 September 2021. https://humanrights.gov.au/sites/default/files/7_FTF_2014_LGBTI.pdf

Thirteen respondents (14.13%) identified as Gender Diverse.

Gender Identity	Number	Percent
Transgender	3	3.26%
Non-binary	10	10.87%
Gender non-conforming	8	8.70%
Queer	1	1.09%
Agender	1	1.09%

Figure 2: Table showing gender identities of women* who responded to the survey.

Nineteen respondents (20.65%) identified their sexuality as same sex attracted, bisexual, pansexual or asexual. Based on the Australian Bureau of Statistics 2014 General Social Survey, 3.0% of adults identified as gay, lesbian or as having an 'other' sexual orientation.³²

Sexuality	Number	Percent
Same sex attracted	5	5.43%
Bisexual	13	14.13%
Pansexual	8	8.70%
Asexual	2	2.17%

Figure 3: Table showing sexual identity of women* who responded to the survey.

Cultural Background

Two respondents (2.17%) identified as Aboriginal and/or Torres Strait Islander.

Four respondents (4.35%) identified as persons of colour or as ethnically diverse.

Six respondents (6.52%) identified as migrants.

³² Australian Institute of Health and Welfare. 'Australia's health 2018: Lesbian, gay, bisexual, transgender and intersex people'. *Australia's Health Series* 16: AUS 221. Accessed 1 October 2021. [https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af-857b3eef25c1/aihw-aus-221-chapter-5-5.pdf.aspx#:~:text=by%20sexual%20orientation%2C%202016&text=The%20most%20recent%20National%20Survey,heterosexual%20people%20\(ABS%202008\).](https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af-857b3eef25c1/aihw-aus-221-chapter-5-5.pdf.aspx#:~:text=by%20sexual%20orientation%2C%202016&text=The%20most%20recent%20National%20Survey,heterosexual%20people%20(ABS%202008).)

When asked to describe their cultural background, eighty respondents (86.96%) provided information about their ethnicity.

- One respondent (1.09%) identified as Aboriginal
- Thirty-four (36.96%) identified as Anglo-Celtic Australian and 19 (20.65%) identified as unspecified Australian. This total of fifty-three respondents (57.60%) is lower than the percentage Australian Capital of Anglo-Celtic/unspecific Australians in the Australian Capital territory (63.4%)³³
- Twenty-four respondents (26.09%) indicated ethnic backgrounds that were not Anglo-Celtic
- Six respondents (6.52%) did not provide information about ethnic background
- Six respondents (6.53%) did not answer the question

Cultural Background (Ethnicity)	Number	Percent
Aboriginal	1	1.09%
Anglo-Celtic Australian	34	36.96%
Australian (non-indigenous)	1	1.09%
Australian (Non-specific)	19	20.65%
Anglo-Celtic Australian, third-generation Prussian refugee	1	1.09%
Anglo-Celtic Australian and Sephardic Mizrahi Jewish	1	1.09%
Belgian	1	1.09%
Canadian First Nations and Australian (Non-specific)	1	1.09%
Dutch	2	2.17%
Dutch-Australian (paternal) Anglo-Celtic Australian (maternal)	1	1.09%
English	3	3.26%
Greek / Australian (Non-specific)	1	1.09%
Indian / Australian (Non-specific)	1	1.09%
Italian	2	2.17%

³³ Australian Bureau of Statistics. '2016 Census Quick Stats: Canberra.' ABS: undated. Accessed 1 October 2021. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED801

Japanese / Australian (Non-specific)	1	1.09%
Jewish	1	1.09%
Middle Eastern and Jewish	1	1.09%
New Zealand Migrant	1	1.09%
Parents from Hungary and Ireland	1	1.09%
Scottish and Australian (Non-specific)	1	1.09%
South African	1	1.09%
Sri Lankan	1	1.09%
Sudanese	1	1.09%
United States	1	1.09%
United States Multi-ethnic	1	1.09%
Not enough information	6	6.52%
Not Answered	6	6.52%

Figure 4: Table showing ethnic background of survey respondents.

When asked to describe their cultural background, too few respondents commented on religious background, socio-economic background, gender, or linguistic background to understand the demographic spread.

Ninety-one respondents (98.91%) stated they did not need or prefer interpreting support or information in a language other than English. One respondent (1.08%) provided an invalid response.

Employment

Prior to COVID-19 forty-five respondents (48.91%) were employed either full-time or part-time and were not seeking more work or hours. As of the 2016 census, 63.5% of people aged 15 years and older worked full time. While 26.4% worked part time. This difference in employment – 48.1% compared to 89.9% - is greater than the discrepancy between labour force participation rate for working-age people with disability and working-age people without disability.³⁴

³⁴ Australian Institute of Health and Welfare. *People with disability in Australia: 2019 in brief*. Australian Institute of Health and Welfare: 2019. Accessed 12 August 2021. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-in-brief/contents/how-many-are-employed>

Twelve respondents (13.04%) were casually employed. Four of these respondents (4.35%) were also studying. Two respondents (2.17%) who were casually were underemployed.

Three respondents (3.26%) were unemployed looking for work, two of these respondents (2.17%) were unemployed due to disability. One was also a part-time student and full-time unpaid carer.

Employment Status	Number	Percent
Employed full Time	24	26.09%
Employed full time/ part time student	1	1.09%
Employed part time	19	20.65%
Employed part time / underemployed	1	1.09%
Casually employed	8	8.70%
Casually employed / full time student	5	5.43%
Unemployed looking for work	3	3.26%
Unemployed due to disability	17	18.48%
Unemployed	1	1.09%
Full time student (no work)	4	4.35%
Part-time student (no work)	6	6.52%
Full-time carer	3	3.26%
On leave due to disability	1	1.09%
Self-employed	3	3.26%
Full-time volunteer	1	1.09%
Retired	4	4.35%

Figure 5: Table showing type of employment prior to COVID-19.

Eighteen respondents (19.57%) work in the public service (including ACT Public Service and Australian Public Service. This number may be higher as respondents may have provided more specific industries (e.g., health, IT, Law etc.). In the 2016 census, 21.5% of ACT residents worked in the public service.

Twelve respondents (13.04%) work in health or health related fields.

Only two respondents (2.17%) specifically mentioned working in the disability sector.

This number may be higher as those respondents working in community services and care work did not specify further.

Eight respondents (8.70%) work in education. This includes teaching, university education and vocational training.

Industry	Number	Percent
Accounting	2	2.17%
ACT Public Service	3	3.26%
Administration	2	2.17%
Australian Public Service	3	3.26%
Arts and academia	1	1.09%
Auto Mechanics	1	1.09%
Public Service (Unspecified)	12	13.04%
Catering	1	1.09%
Communications	1	1.09%
Community Services	6	6.52%
Disability	2	2.17%
Education	4	4.35%
Employment	1	1.09%
Fitness	2	2.17%
Hairdressing	1	1.09%
Health	10	10.89%
Higher Education	4	4.35%
Human services	1	1.09%
IT	1	1.09%
Jewelry	1	1.09%
Justice Community Sector	1	1.09%
Law	2	2.17%
Medical Physics/Imaging	1	1.09%

Pathology	1	1.09%
Real Estate	1	1.09%
Retail	4	4.35%
Support Worker	1	1.09%
Vintage Antiques	1	1.09%
Full time parent	1	1.09%
No industry / unanswered	20	21.74%

Figure 6: Table showing industry respondents work in.

Mental and Physical Wellbeing

Key Findings

- 78% of women* with disability experienced new or increased mental health issues because of COVID-19
- 87% of LGBTIQ+ people with disability experienced new or increased mental health issues because of COVID-19 compared to 71% of cisgender women with disability.
- Employment status prior to COVID-19 was not a predictor of mental health outcomes for women* with disability.
- 28% of women with disability were impacted negatively by increased physical labour during COVID-19.

Mental Health

According to the Black Dog Institute, 'common consequences of disease outbreaks include anxiety and panic, depression, anger, confusion, and uncertainty, and financial stress'.³⁵ It is estimated that between 25% and 33% of the general population will experience high levels of worry and anxiety during a pandemic. At the beginning of the COVID-19 pandemic, the Black Dog Institute warned that those with pre-existing anxiety disorders, existing health anxiety, and other mental health disorders were at greater risk of increased mental health concerns.³⁶ In addition they noted health care workers, those in quarantine, unemployed and casual workers were at significant risk.

In Australia, higher rates of mental health problems co-exist with having a disability'.³⁷ Women with disabilities are more vulnerable to mental health problems due to the social and economic disadvantage. As a result, women* with disabilities

³⁵ Black Dog Institute. 'Mental Health Ramifications of COVID-19: The Australian context.' Black Dog Institute: undated: 2. Accessed 14 August, 2021. https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-reccomendations.pdf

³⁶ Black Dog Institute. 'Mental Health Ramifications of COVID-19: The Australian context.'

³⁷ Women with Disabilities Victoria. 'Access to Health Services for Women with Disabilities'. Women with Disabilities Victoria: Victoria, undated: 2. Accessed 14 August 2021. <https://www.wdv.org.au/documents/Access%20to%20health%20services%20-%20the%20issues%20for%20women%20with%20disabilities.pdf>

were more at risk of new or increased mental health issues during the COVID-19 outbreak.

Surveys conducted by the Australian Bureau of statistics showed that around one in five Australians (20%) experienced high or very high levels of psychological distress in June 2021, March 2021 (20%) and November 2020 (21%). Of those people, 48% reported pre-existing mental health conditions.³⁸

Eighty-nine survey respondents answered the survey question which asked, 'did you experience new or increased mental health issues during COVID-19?'. Of these respondents, 69 (77.53%) indicated they did experience new or increased mental health issues.

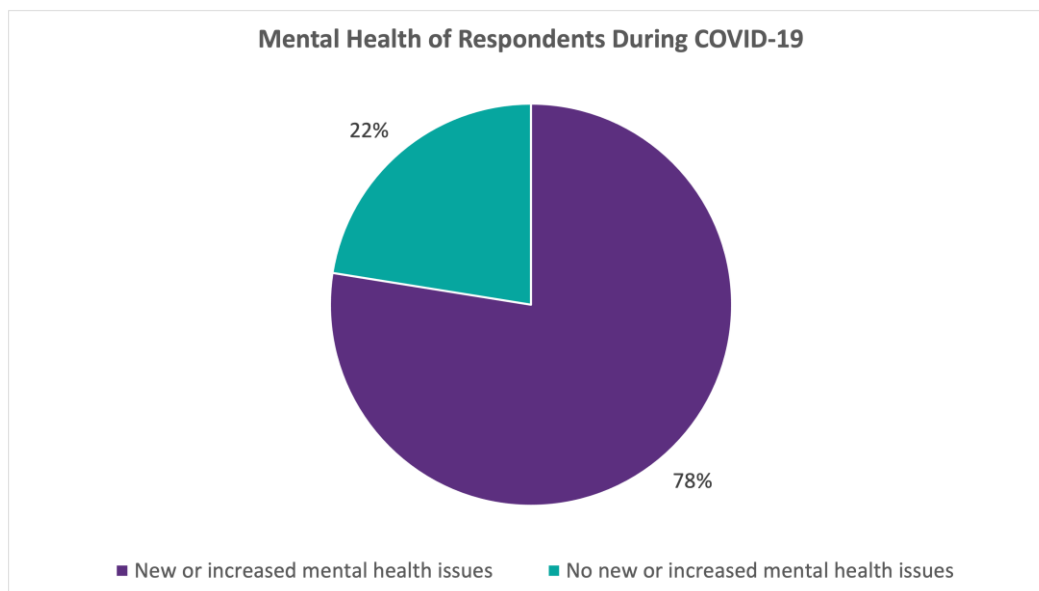


Figure 7: Pie chart showing mental health of respondents during COVID-19.

Of those respondents who indicated they experienced new or increased mental health issues, 68 elaborated. While the open-ended nature of elaboration means data is limited, issues raised by respondents can be seen as their primary concerns.

³⁸ Australian Bureau of Statistics. 'Household Impacts of COVID-19 Survey: Insights into the prevalence and nature of impacts of COVID-19 on households in Australia.' ABS: July 2021. Accessed 12 August 2021. <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release>

The two biggest issues were anxiety, experienced by 56.52% and depression experienced by 30.43%. Isolation was also mentioned by 21.74% of respondents.

Mental Health Issue	Number	Percent
Anxiety	39	56.52%
Depression	21	30.43%
Stress	6	8.70%
suicide attempt/suicide ideation	2	2.90%
Isolation	15	21.74%
Other	5	7.25%

Figure 8: Table showing mental health experiences of respondents.

Some respondents' answers also gave insights into the consequence of worsening mental health. Physical consequences included migraines, 'more prominent' ADHD and Autism, relocation, increased fatigue, increased pain, and worsened ticks. Five respondents (7.25%) also mentioned decreased or lack of access to services for mental health. Two respondents (2.90%) went on medication for mental health for the first time.

Those aged 54-65 years had the greatest percentage (92.86) of individuals whose mental health was impacted by COVID-19. This age group was closely followed by those aged 24-35 years (90.00%) and 18-24 years (87.50%).

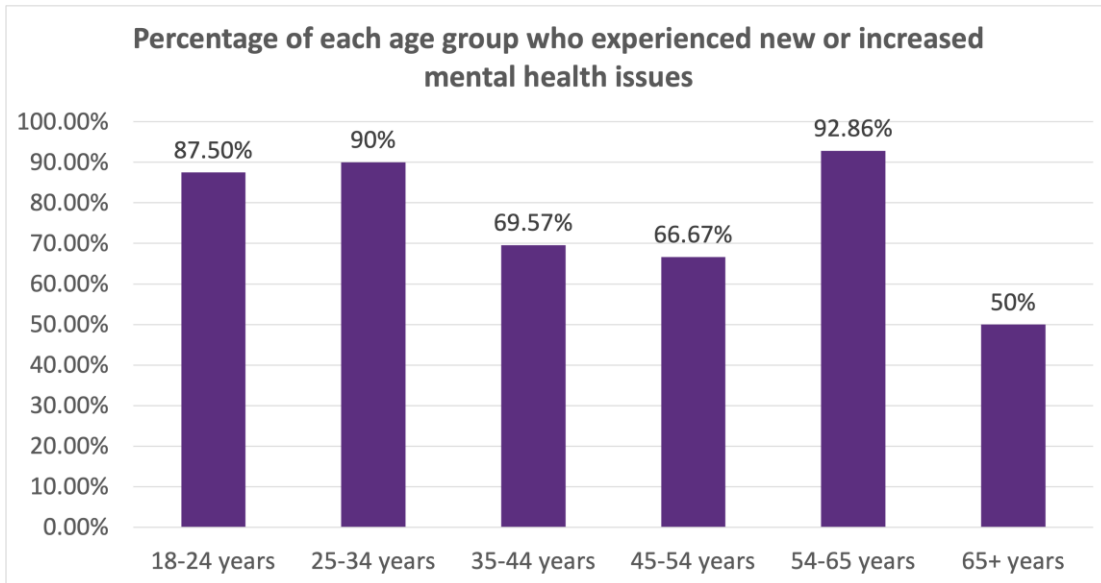


Figure 9: Table showing mental health distress by age.

When employment is considered, those with full-time employment reported the lowest increase in mental health issues (75%). 83.87% of casual and unemployed workers reported increase in mental health issues, and 89.47% of part-time employees.

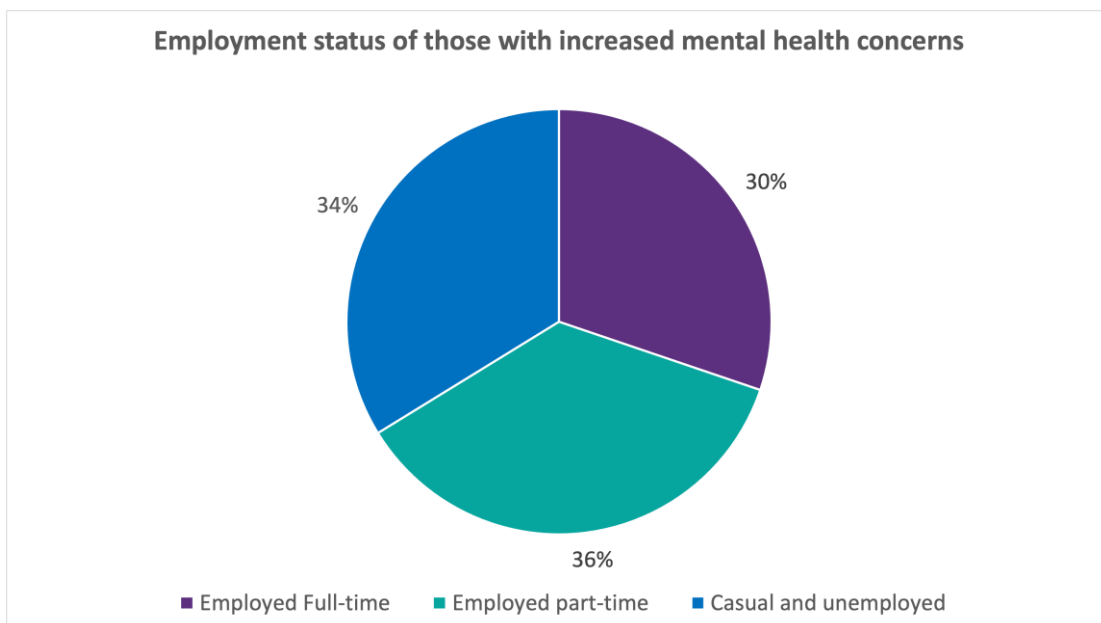


Figure 10: Chart showing employment status of respondents with increased mental health concerns.

Of casual workers who took the survey, only two worked exclusively (2.17%) in retail – one of Australia’s hardest hit industries. Two additional respondents (2.17%)

worked retail but also had other work. Additionally, only four unemployed respondents were seeking work. Given job security and financial stress were major contributors to COVID-19 triggered mental health issues, this goes some way to explaining why casual respondents did not present higher mental health issues than full and part time employed workers.

In contrast, 57.9% of part-time workers (those with the highest reported increase in mental health issues) work in high-risk industries (health care, disability, community services and aged care). Employment type or industry does not, however, determine likelihood of mental health issues for respondents. Of full-time employees only 20% worked in high-risk industries (health and support work).

Of the respondents who lost income due to COVID-19 85.19% experienced new or increased mental health issues during COVID-19.

LGBTIQ+ people are two and half times more likely to experience and be diagnosed with a mental health condition than the general population. In April 2021, LGBTIQ+ Australia found 71.2% of LGBTIQ+ people aged over 18 reported being diagnosed with a mental health condition at some point in their life. 51.9% reported being diagnosed or treated for a mental health condition in the prior twelve months.³⁹ These statistics are evidence that LGBTIQ+ people were more at risk of new or increased mental health issues arising from COVID-19.

In the survey, 86.9% of LGBTIQ+ respondents reported new or increased mental health issues during COVID-19. Of these respondents, 51.90% self-reported new or increased anxiety and 44.44% self-reported new or increased depression. Of those respondents who elaborated further, the following issues were reported:

'My diagnosed OCD spiked as well and my anxiety peaking caused regular migraines.'

³⁹ LGBTIQ+ Health Australia. 'Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People'. LGBTIQ+ Health Australia: April 2021. Accessed 12 August 2021. https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

'Increased anxiety and unable to access psychological support'

'Panic attacks about money'

'More chronic pain problems, more isolation and time in bed recovering. Harder to work, hard to study.'

'Increased anxiety, issues either executive function, isolation, due to stress from ongoing coercive control and systems abuse in family court. Courts and associated services seemed even less able/willing to look at insidious abuse, and therefore dismissed or victim blamed, leading to the issues continually looping.'

'increased low mood, increase stress, increased arguments with husband leading to marital problems'

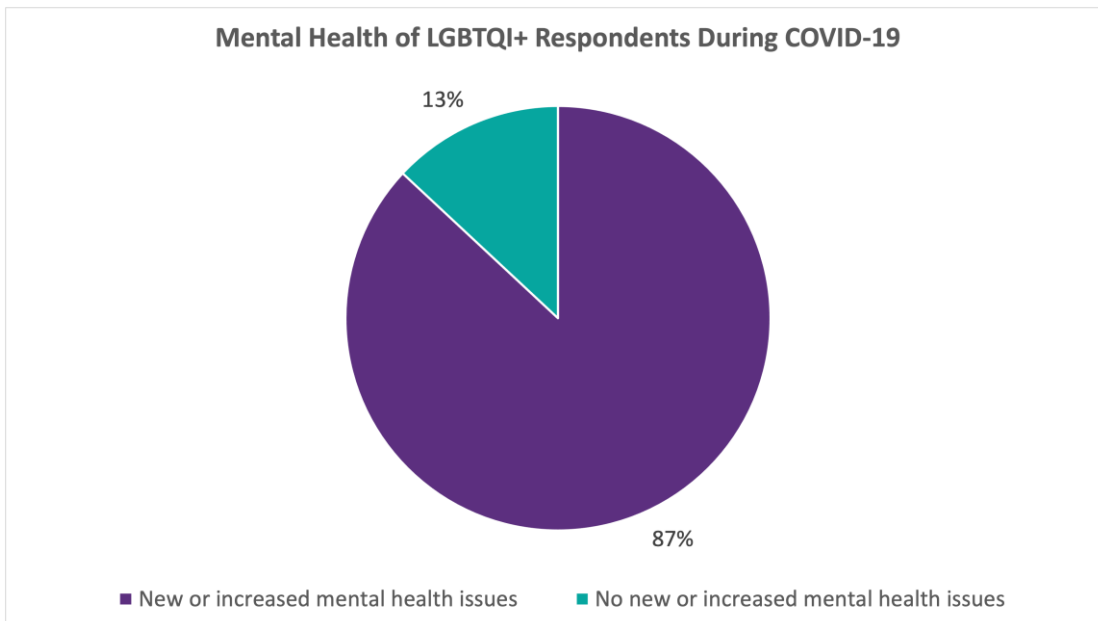


Figure 11: Chart showing mental health of LGBTQIQA+ respondents.

In contrast 71.01% of respondents who were not LGBTQIQA+ people reported new or increased mental health issues.

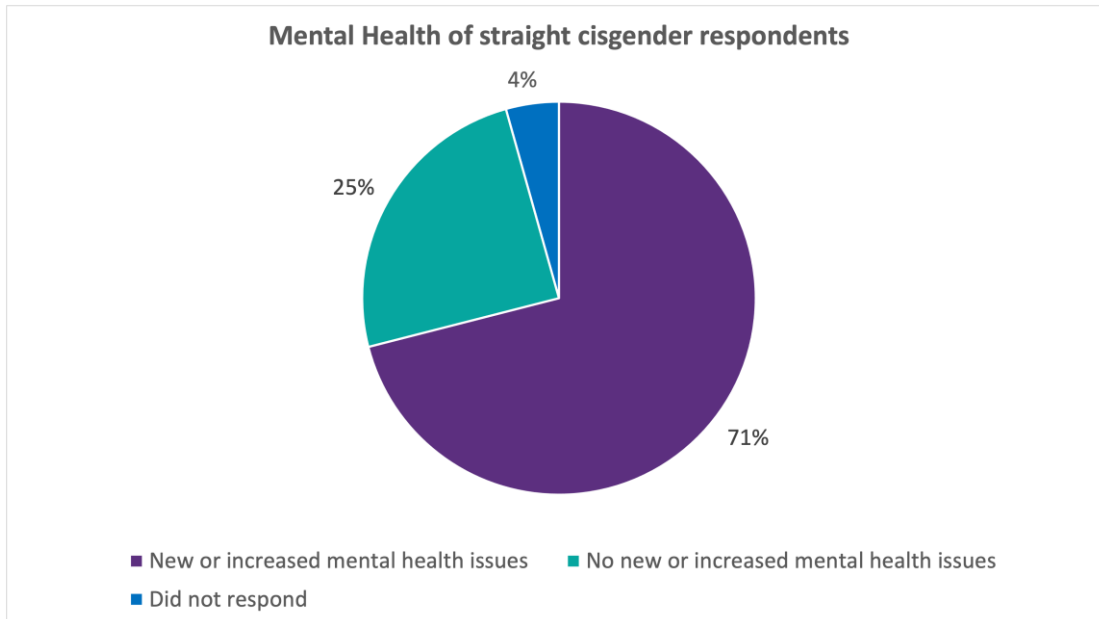


Figure 12: Chart showing mental health of straight cisgender respondents.

This suggests that COVID-19 resulted in a greater increase in mental health concerns for LGBTIQ+ communities. This may be due to several factors including:

- Isolation from safe and supportive LGBTIQ+ communities
- Greater health related anxieties related to historic and ongoing inequity in health care

These findings are consistent with research that indicates the daily lives of gender non-conforming persons 'with disabilities experience intersectional discrimination, marginalization, and stigma that is distinct from the intersectional discrimination experienced by women and girls with disabilities'.⁴⁰

Survey results showed no statistically significant difference between people from culturally and linguistically diverse backgrounds and those not from culturally and linguistically diverse backgrounds. These findings are likely linked to inadequate representation of migrants and refugees amongst survey respondents. In addition, no respondent indicated language barriers.

⁴⁰ 'The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health Rights, Gender-Based Violence, and Related Rights'. UNFPA and Women Enabled International: 2021: 8. Accessed 12 September 2021. https://www.unfpa.org/sites/default/files/pub-pdf/NEW_UNPRPD_UNFPA_WEI_-_The_Impact_of_COVID-19_on_Women_and_Girls_with_Disabilities.pdf

Structured Physical Activity: Exercise

In Australia, there was a consensus that COVID-19 restrictions had the potential to negatively impact on the physical health of Australians.⁴¹ Numerous publications were prepared to emphasise the importance of physical health and suggest ways to maintain physical wellbeing during restrictions.⁴² Reduced levels of physical activity during COVID-19 have been associated with depression and anxiety.⁴³

In one Canadian study, it was shown that during COVID-19 women were significantly less physically active than men and reported more barriers and fewer facilitators to physical activity.⁴⁴ Women engaged in less physical activity were more likely to report poor mental health, low social, emotional and psychological wellbeing, and significantly higher levels of anxiety.⁴⁵ Another study showed that people with disabilities are more likely to experience inequalities in relation to sporting and physical activity opportunities. This inequality was exacerbated by COVID-19.⁴⁶ These studies focused heavily on what is traditionally thought of as 'exercise'.

Although survey respondents were not directly asked about how COVID-19 impacted their level of exercise. When asked how household responsibilities impacted mental and physical health, three respondents (3.26%) still mentioned the impact of decreased physical activity.

⁴¹ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/ongoing-support-during-coronavirus-covid-19/exercising-and-staying-active-during-coronavirus-covid-19-restrictions>

⁴² Australian Government Department of Health. 'Exercising and staying active during coronavirus (COVID-19) restrictions.' *Department of Health*: 2021. Accessed 12 October 2021. [https://www.comcare.gov.au/about/forms-publications/documents/publications/safety/coronavirus-the-importance-of-physical-health.pdf](https://www.comcare.gov.au/about/forms-publications/documents/publications/safety/coronavirus-the-importance-of-physical-health.pdf/about/forms-publications/documents/publications/safety/coronavirus-the-importance-of-physical-health.pdf) ; <https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/importance-of-looking-after-your-physical-health.html>

⁴³ Paulo José Puccinelli, Taline Santos da Costa, Aldo Seffrin, et al. 2021. 'Reduced level of physical activity during COVID-19 pandemic is associated with depression and anxiety levels: an internet-based survey'. *BMC Public Health*. 21:425.

⁴⁴ Carp P. Nienhuis and Iris A. Lesser. 2020. 'The Impact of Covid-19 on Women's Physical Activity Behaviour and Mental Well-Being.' *Int J Environ Res Public Health*. 12:23.

⁴⁵ Carp P. Nienhuis and Iris A. Lesser. 2020. 'The Impact of Covid-19 on Women's Physical Activity Behaviour and Mental Well-Being.'

⁴⁶ Denise Kamyuka, Liz Carlin, Gayle McPherson, and Laura Misener. 2020. 'Access to Physical Activity and Sport and the Effects of Isolation and Cordon Sanitaire During COVID-19 for People with Disabilities in Scotland and Canada.' *Frontiers in Sports and Active Living*. Accessed 8 October 2021. <https://www.frontiersin.org/articles/10.3389/fspor.2020.594501/full>

'I did not get to go to the gym as much as I was doing beforehand, and also did not have a support worker to take me for walks to keep me active'

'Could not access physiotherapy & gyms costing so much more also no social activities causing both physical and mental health [problems]'

'Physical health suffered as I was doing less. It was more tempting to sit and watch TV rather than create some sort of activity'

These unprompted responses suggest there is a need to research the impact of COVID-19 restrictions on the structured exercise regimes designed specifically to meet individual needs (e.g., physiotherapy, rehabilitation programs, hydrotherapy etc.). Poor or no access to this form of exercise can negatively impact on the overall health and well-being of women* with disability.

Increased Physical Labour

Survey respondents were asked directly to comment on how changes in household responsibilities impact their mental and physical health. Responses show that increased mental and physical workloads had a detrimental impact on the overall health of many respondents.

Twenty-six respondents (28.26%) directly stated their household workload increased, and that this increase had a negative impact on their physical wellbeing.

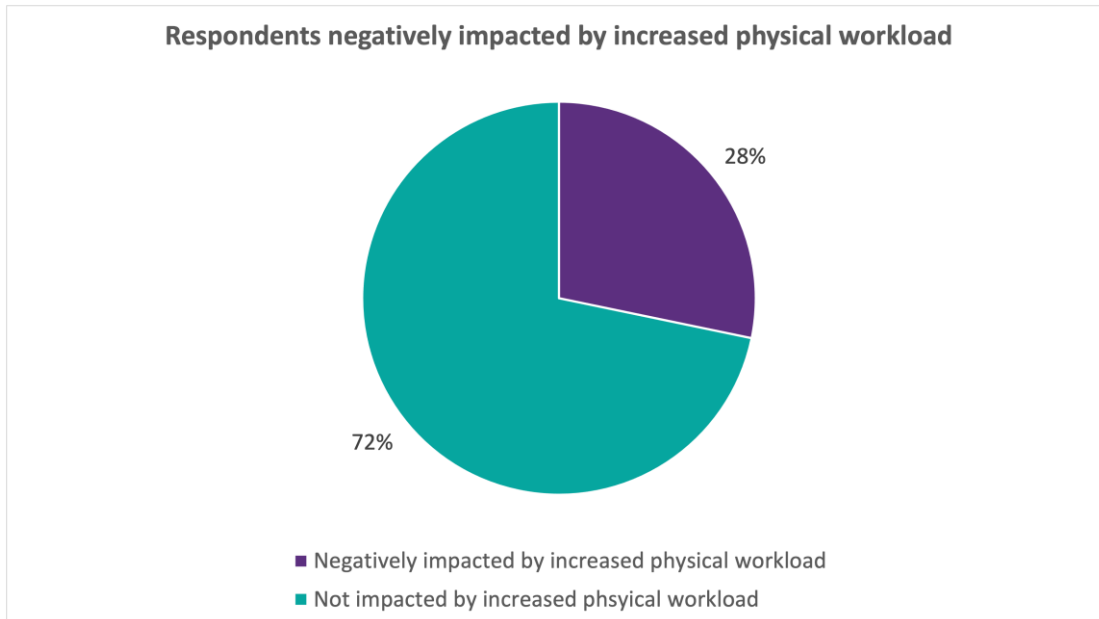


Figure 13: Chart showing percentage of respondents impacted by increased physical workload.

Where respondents commented, the most common cause of increased physical workload mentioned was cleaning (57.69%). This was due to a combination of factors including more people being active in the home during the day, the extra need brought on by COVID-19 and reduced access to support workers.

Of those twenty-six respondents who stated their workload was detrimental to their physical health, twenty-five (96.15%) also reported new or increased mental health issues during COVID-19.

Other physical strains mentioned by respondents include:

- More frequent shopping
- General housework increase
- Increased cooking
- Home-schooling

Seven respondents (7.61%) directly mentioned COVID-19 led to a decrease in access to formal and informal support (support workers and family assistance). This lack of access compounded the increased workload experienced by women* with disabilities.

Four respondents (4.35%) stated their experienced increased in pain levels due to increased workloads at home.

Respite and Recovery⁴⁷

Key Findings

- Although on balance COVID-19 has been a negative experience for women* with disabilities, over 75% of respondents experienced positive social changes.
- Positive changes brought about COVID-19 and restrictions included: increased social security payments; increased availability of Telehealth appointments; the normalisation of video calls; the ability to work from home; and a greater community awareness of infection control, isolation, and loneliness.
- Preserving these positive impacts into the future will increase the social and economic participation of women* with disabilities. This will go some way to addressing the existing disadvantage they face.
- There was low uptake of primary financial relief and support options by women* with disabilities in the ACT.

Experience of Positive Changes

While COVID-19 has on balance been a negative experience for women* with disabilities, it is valuable to acknowledge and understand the positive changes to community structures and interactions that have occurred in the ACT. These changes that improved aspects of everyday living for women* with disabilities should be explored, and where possible, brought forward through the recovery period and into the future.

When asked 'What positive changes did you experience as a direct result from COVID-19?' Seventy-one respondents (77.17%) reported positive impacts to varying degree of impact. Only ten respondents (10.87%) specifically reported no positive impacts. The remaining eleven respondents (11.96%) were neutral or chose not to answer the question.

⁴⁷ This section of the survey was completed before the 2021 outbreak of the Delta Strain, and subsequent lockdown. It is included here because the period is still highly relevant to future emergency and recovery planning.

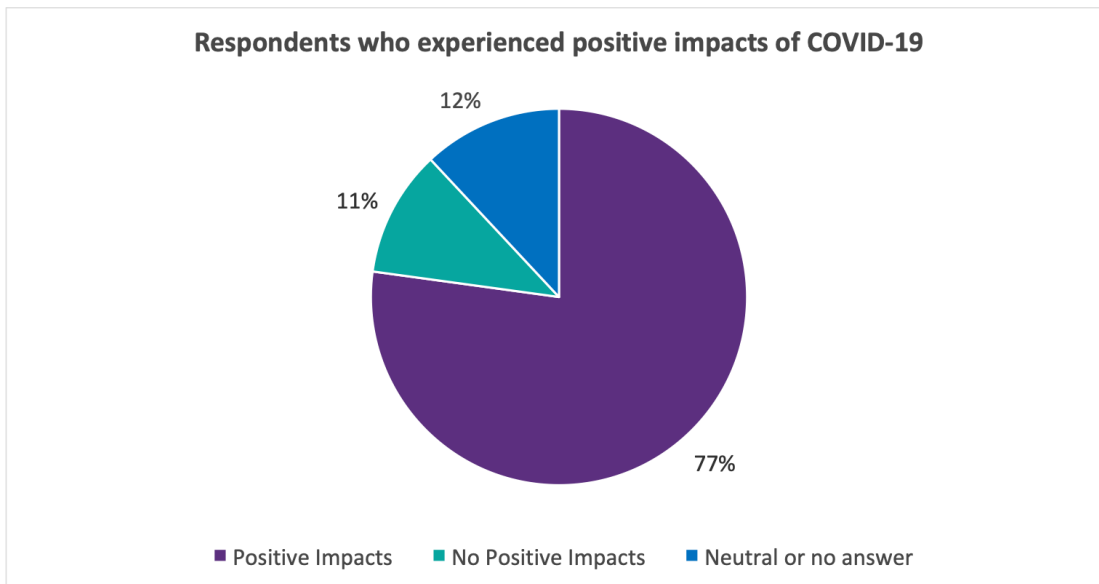


Figure 14: Chart showing percentage of respondents who experienced positive impacts of COVID-19.

LGBTIQA+ respondents were slightly more likely to have not experienced any positive impacts (13.04%). This finding is in keeping with the higher levels of mental health issues experienced by LGBTIQA+ respondents.

The COVID-19 Supplement

The temporary increase in Centrelink payments was referenced by several respondents as being a positive outcome during the initial stages of COVID-19.

‘Extra money from Centrelink’

‘Above-poverty-line social security. When push comes to shove, even the Superior Economic Managers(tm) understand Keynesian economics in a crisis.’

‘Jobseeker increase (liveable payment)...’

In March 2020, in response to the economic crisis caused by COVID-19, the Australian government replaced the Newstart payment with JobSeeker. Prior to COVID-19, the Disability Support Pension (DSP) provided financial support to working age people with disabilities. The inadequacy of these payments to support women* with disabilities aside, the tightening eligibility in recent years has led to 25-

30% of people with disability receiving Newstart (successful DSP claims declined from 69% in 2011 to 29.8% in 2018). Newstart provided an even lower rate of pay.⁴⁸

For over a decade, campaigns to increase the rate of Newstart have preoccupied community sectors.⁴⁹ As of January 2020, just prior to the outbreak, the Australian Council of Social Services (ACOSS) recommended the Newstart payment be increased by \$95 a week to simply cover basic living costs of a single unemployed person.⁵⁰ This call for an increase does not consider the additional basic living costs women* with disabilities face.

When JobSeeker replaced Newstart, recipients were entitled to an addition \$550 to their fortnightly payments. This increase – over double what ACOSS had called for only months earlier – allowed women* with disability on JobSeeker an income that covered their basic living costs.

When the Australian Government wound down the \$550 COVID-19 supplement, there were renewed calls to increase the base rate for JobSeeker. The sudden rise in unemployment in Australia had created an awareness that the base payment was inadequate. Yet, when a permanent increase was implemented, the addition \$25 a week came nowhere close to the \$95 dollars required to simply meet basic living costs.⁵¹

Of the respondents quoted above all were unemployed women* with disabilities. One, was homeless at the beginning of the pandemic.

⁴⁸ ACOSS. 'Raise the Rate of Newstart and other allowances.' ACOSS: 2020. Accessed 1 October 2021. <https://www.acoss.org.au/wp-content/uploads/2020/01/200229-Newstart-Increase-Briefing-Note.pdf>

⁴⁹ Luke Michael. 'A sad and sorry history of Newstart'. *PRObono Australia*: 2019. Accessed 1 October 2021. <https://probonoaustralia.com.au/news/2019/11/a-sad-and-sorry-history-of-newstart/>

⁵⁰ ACOSS. 'Raise the Rate of Newstart and other allowances.' ACOSS: 2020. Accessed 1 October 2021. <https://www.acoss.org.au/wp-content/uploads/2020/01/200229-Newstart-Increase-Briefing-Note.pdf>

⁵¹ ABC. 'How much is the JobSeeker payment now and when does it end?' ABC News: March 2021. Accessed 1 October 2021. <https://www.abc.net.au/news/2021-03-18/how-much-is-jobseeker-when-does-it-end-what-are-new-rules/13259460>

Only six respondents (6.52%) accessed JobSeeker during the pandemic. Of these, three respondents (50%) mentioned the increase in payment as positive impact. Respondents were not asked if they received the DSP. It is still worth noting that women* with disabilities on the DSP saw an increase in cost of living but did not receive an increase in payments.

Telehealth Appointments

Nine respondents (9.78%) reported Telehealth appointments provided a positive change during COVID-19. One respondent clearly articulated the way in which Telehealth was life-changing for them:

‘Greater availability of services online and greater availability of delivery options for purchases. As an autistic person with fibromyalgia resulting in mobility issues, being able to attend appointments without having to leave the house has been life changing. I don't need to take as many pain killers/muscle relaxants etc, and my social anxiety isn't as bad during appointments. Additionally, I get to attend appointments without using anywhere near as many spoons/energy, so I am better able to cope with everything else I have to do on appointment days, and I save money on transport.’

Another respondent noted Telehealth appointments ‘were a godsend’. The survey results showed the change allowed people to better manage fatigue, energy levels, and exposure to illnesses. Additionally, women* with disabilities had improved access to health care as Telehealth removed physical barriers.

Online Social Connection

The normalisation of video calls and online events were commonly reported by survey respondents as a positive change. This change was especially important as it directly impacted how many women* with disabilities could access and participate in community activities.

‘Events and classes were made more accessible (being online/recorded). Friends were more willing to call to catch up, which made it more accessible to me, because in person was not an option...’

One respondent even stated they experienced ‘An increased sense of community, funnily enough’.

Women* with disabilities face systemic marginalisation that prevents them from participating in all aspects of life on an equal basis with others.⁵² The importance of improved community participation cannot, therefore, be understated.

Working from home

Fourteen respondents (15.22%) listed working from home as a positive change they experienced as a direct result of COVID-19. There was a consensus among those who provided further explanation that working from home had physical benefits.

‘Working from home (as a normalised practice) resulted in the reduction of sensory stimulations, which I think reduced my stress while working.’

‘Working from home was easier for me to manage with my musculoskeletal issues.’

Not having to worry about how I physically felt getting up every morning and not having to rush to work meant I took my time which was better for my body. Not having the pressure to go to work when I felt unwell was so much better for my stress levels

‘Working from home has eased stress on my body’

⁵² UN Women. *The Empowerment of Women and Girls with Disabilities*

‘It is worth highlighting too, that this positive change was derived from more than simply the ability to work from home. The societal shift normalising working from home removed attitudinal barriers as well as physical.’

‘Working from home has now been normalised! Which is absolutely brilliant as I’ve always preferred to work from home due to my disabilities.’

‘Ability/trust to work from home’

There is a lack of gender-disaggregated data available in Australia on the economic position of women* with disabilities.⁵³ What is known, is that in Australia, people with disability are more likely to be unemployed and face longer periods of unemployment than people without disability. In Australia, only 9% of people with disability report that they have the same employment opportunities as people without disability.⁵⁴ While labour force participation rates for people without disabilities have been rising (prior to COVID-19), there has been no improvement in labour force participation for women* with disabilities in the last two decades.⁵⁵

As identified by the 2019 report, ‘The status of women and girls with disability in Australia’ there are no specific policies or programs that address the lack of employment participation of women with disability, including addressing the structural barriers to their workforce participation.’⁵⁶

⁵³ Carolyn Frohmader. *The Status of Women and girls with Disability in Australia*

⁵⁴ Carolyn Frohmader. *The Status of Women and girls with Disability in Australia*

⁵⁵ Carolyn Frohmader. *The Status of Women and girls with Disability in Australia*

⁵⁶ Carolyn Frohmader. *The Status of Women and girls with Disability in Australia*

On this issue, many in the disability community have been appealing for a right to work from home as an accessibility issue.⁵⁷ While having a disability qualifies employees to ask to work from home, businesses maintain the right to deny the request. Under the Disability Discrimination Act (1992) however, employers are required to make reasonable adjustments.

WWDACT's survey shows that working from home has, in many cases, removed physical and attitudinal barriers women* with disabilities face when seeking equitable economic participation and opportunities. It therefore stands to reason those efforts should be made to maintain the increased level of workplace flexibility. The long-term implications of equitable employment mean women* with disabilities will not be as disadvantaged going into future emergencies.

Community Awareness

Another common theme that arose from respondents' comments was the increased community awareness about common issues facing women* with disabilities. In some instances, this was the practical impact of people understanding infection control, and not wanting to contract or spread the new virus.

'Less exposure to people "soldiering on" with a cold meant I got sick less frequently'

'Improved hygiene practices'

'Increased awareness from community in regard to germs and effect to low immune persons.'

For other respondents, social distancing from others stopped setting them apart from the general public:

⁵⁷ Emma Di Bernardo. 'Do you have a right to keep working from home forever?' ABC Every Day: July 2021. Accessed 19 August 2021. <https://www.abc.net.au/everyday/do-you-have-right-to-keep-working-from-home-forever/100243658>

At the beginning when everyone was so scared, people were very good at keeping their distance from each other and no longer looked at me like I'm a weirdo for giving all strangers a wide berth.

There was also a perceived increase in empathy towards others:

'In general, normal people are finally more understanding about mental health issues especially anxiety and have been kinder and more considerate.'

'Others gained greater insight into the effects of isolation.'

Respite, recovery, and financial assistance

Survey respondents were asked if they accessed any of the following financial relief and support options open to them as ACT residents:

- Rent reduction
- Early end to rental lease
- Pause in rent payments
- JobKeeper
- JobSeeker
- Respite Effect and Recovery Grants
- Access to Superannuation
- Other
- None of the above

In total, 61 (71.76%) of respondents did not access any of these financial relief and support options.

One respondent (1.18%) accessed rent reduction.

Six respondents (7.06%) accessed JobKeeper

Six respondents (7.06%) accessed JobSeeker

Seven respondents (8.24%) accessed the Respite Effect and Recover Grants.

Two respondents (2.35%) accessed their superannuation.

Four respondents (4.71%) selected 'other': one accessed the covid supplement through the parenting payment; one received a one-off DSP payment; one accessed online exercise classes; and one used the extended Medicare rebates for psychology visits.

Low numbers of respondents accessing support may be explained by the high levels of employment.

Safety of Women* with Disabilities

Key Findings

- COVID-19 restrictions created conditions for women* with disability that can exacerbate family and domestic violence.
- 12% of women* with disability experienced new or increased domestic violence due to COVID-19.
- 22.73% of LGBTIQ+ people with disability experienced new or increased family or domestic violence during COVID-19 in contrast to 7.25% of cisgender women.
- Women* with disability aged 25-44 were most at risk of experiencing new or increased domestic or family violence during COVID-19.
- 40% of women* with disabilities experiencing family or domestic violence did not have access to appropriate services.

In comparison to women without disability, women* with disability ‘experience significantly higher levels of all forms of violence, more intensely and frequently’.⁵⁸ In addition, violence lasts longer and results in more severe injuries. Women* with disabilities are less likely to receive support services, are often not believed on reporting, and are often denied the right to legal capacity and effective justice. As found by Women with Disabilities Australia, women* with disabilities have ‘considerably fewer pathways to safety’.⁵⁹ These issues were coming to light prior to COVID-19 with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (ongoing).⁶⁰

In 2020, restrictions, unemployment and financial stress caused by COVID-19 resulted in increased domestic violence cases across Australia.⁶¹ Despite the federal

⁵⁸ Women with Disabilities Australia. Inquiry into family, domestic and sexual violence: Submission to the House Standing Committee on Social Policy and Legal Affairs. Women with Disabilities Australia: Tasmania, 2020. Accessed 12 September 2021. <https://wwda.org.au/wp-content/uploads/2020/08/Submission-to-the-House-Standing-Committee-on-Social-Policy-and-legal-Affairs-Inquiry-into-family-domestic-and-sexual-violence2.pdf>

⁵⁹ Women with Disabilities Australia. Inquiry into family, domestic and sexual violence

⁶⁰ <https://disability.royalcommission.gov.au/>

⁶¹ Else Kennedy. ‘The Worst Year’: domestic violence soars in Australia during COVID-19’

government committing additional domestic violence funding, there have not been the resources to meet demand for support services.

Concerning Household Dynamics

As part of the survey, women* were asked ‘How do you feel COVID-19 impacted on your household responsibilities and how did this impact your mental and physical health? You might consider extra cleaning, home-schooling, family organisation etc.’ In response to this question, the comments of several respondents raise red flags regarding women’s safety. For example:

‘Isolation, less informal help. It made co-parenting as separated parents more difficult (or allowed my ex to utilise that), and allowed my ex to isolate me further from the school/community.’

‘Increased issues with family violence due to child not attending school. Increased isolation and [decrease in] supports’

‘Confined to home, which is in chaos, with no ability to change it.’

‘Isolated from family and friends.’

‘Social isolation’

‘...lessened autonomy and increased dependence for all of us on my husband.’

‘I had to plan privacy for my therapy appointments and be on guard during them...’

While these comments are not necessarily indicative of violence, or the danger of violence occurring, they highlight ways in which COVID-19 changed family dynamics to increase risk of violence and opportunities for perpetrators.

New or Increased Violence

Eighty-four respondents answered the question 'During COVID-19 did you experience new or increased domestic violence?'.

Of these respondents ten (11.90%) reported new or increased family or domestic violence; seventy-one respondents (84.52%) reported no new increased family or domestic violence; and three (3.57%) selected 'I prefer not to answer this question'.

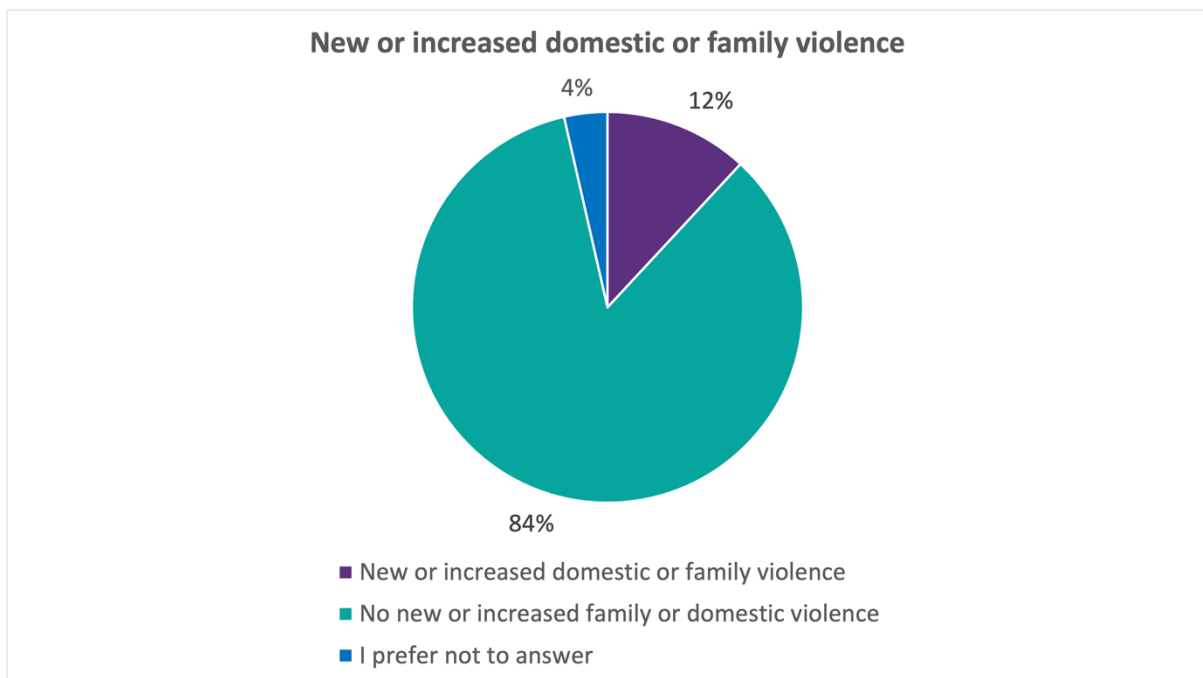


Figure 15: Chart showing percentage of respondents who experienced new or increased domestic or family violence.

Rates of family or domestic violence were highest among those aged 25-34 and 35-44.

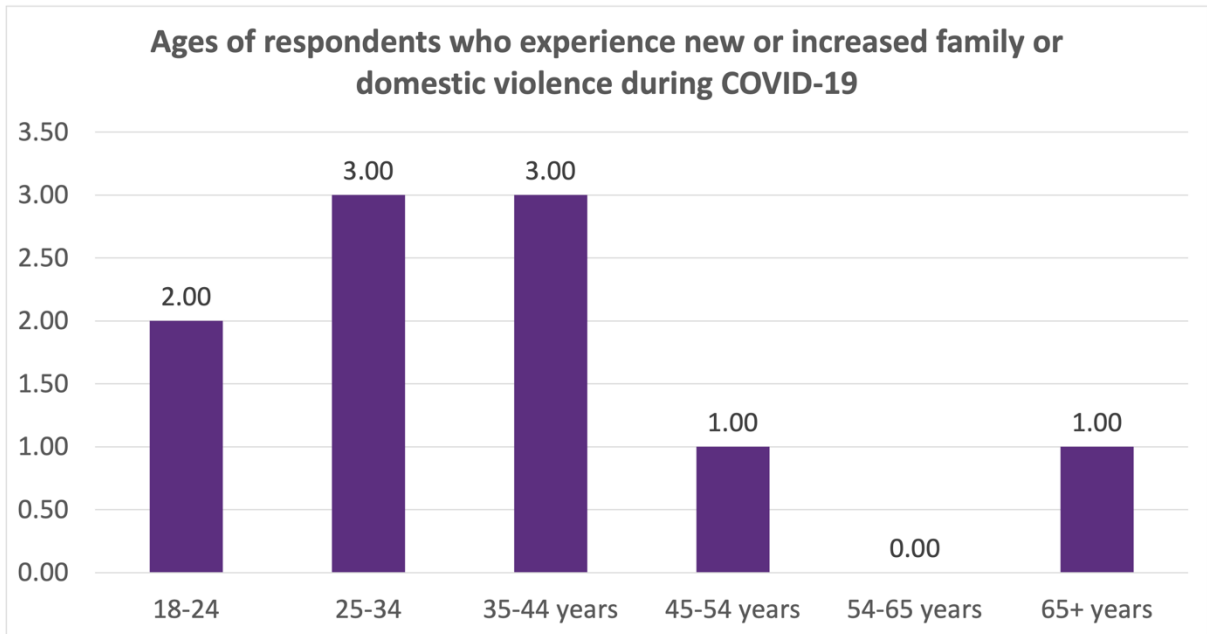


Figure 18: Table showing ages of respondents who experienced new or increased violence.

Five (50%) of the respondents who experienced new or increased family or domestic violence identify as LGBTIQ+. While there is a lack of comprehensive data on violence experienced by LGBTIQ+ people, rates of violence are believed to be at least comparable to that of women in the general population.⁶² Yet, 22.73% of LGBTIQ+ respondents in this survey experienced new or increased family or domestic violence in contrast to 7.25% of cis women.

⁶² Our Watch. 'Quick Facts'. *Our Watch*: undated. Accessed 7 October 2021. <https://www.ourwatch.org.au/quick-facts/>; Monica Campo and Sarah Tayton. 'Intimate partner Violence in lesbian, gay, bisexual, trans, intersex and queer communities.' Australian Institute of Family Studies: 2015. Accessed 12 August 2021. <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtq-communities>

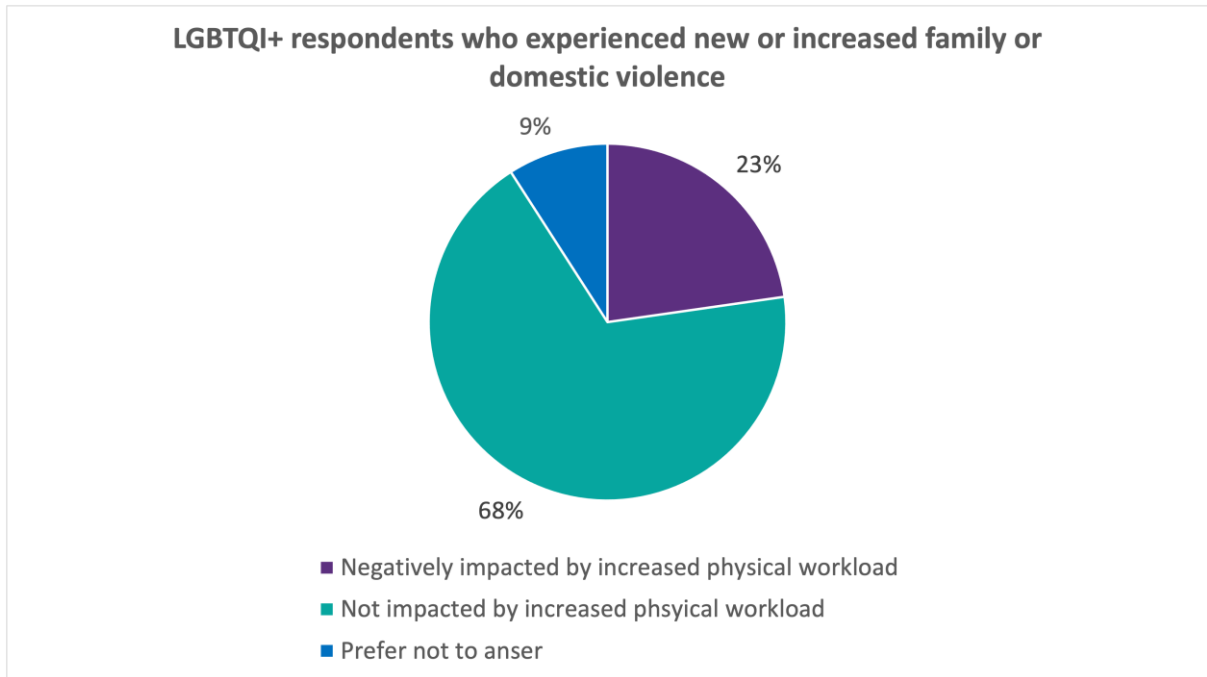


Figure 16: Chart showing percentage of LGBTQIQA+ respondents who experienced new or increased family or domestic violence.

One respondent (10%) who experienced new or increased family or domestic violence identifies as coming from a culturally diverse background. As discussed earlier in this report, inadequate representation from migrant and refugee women* limits the accuracy of this finding.

One respondent (10%) worked full time; two respondents (20%) worked part-time; one respondent (10%) was a casual worker and part-time student. Three respondents (30%) were unemployed due to disability. Those unemployed by disability represent over one third of those impacted by new or increased family or domestic violence. Unemployed women* are at greater risk of violence as they have less avenues to safety.

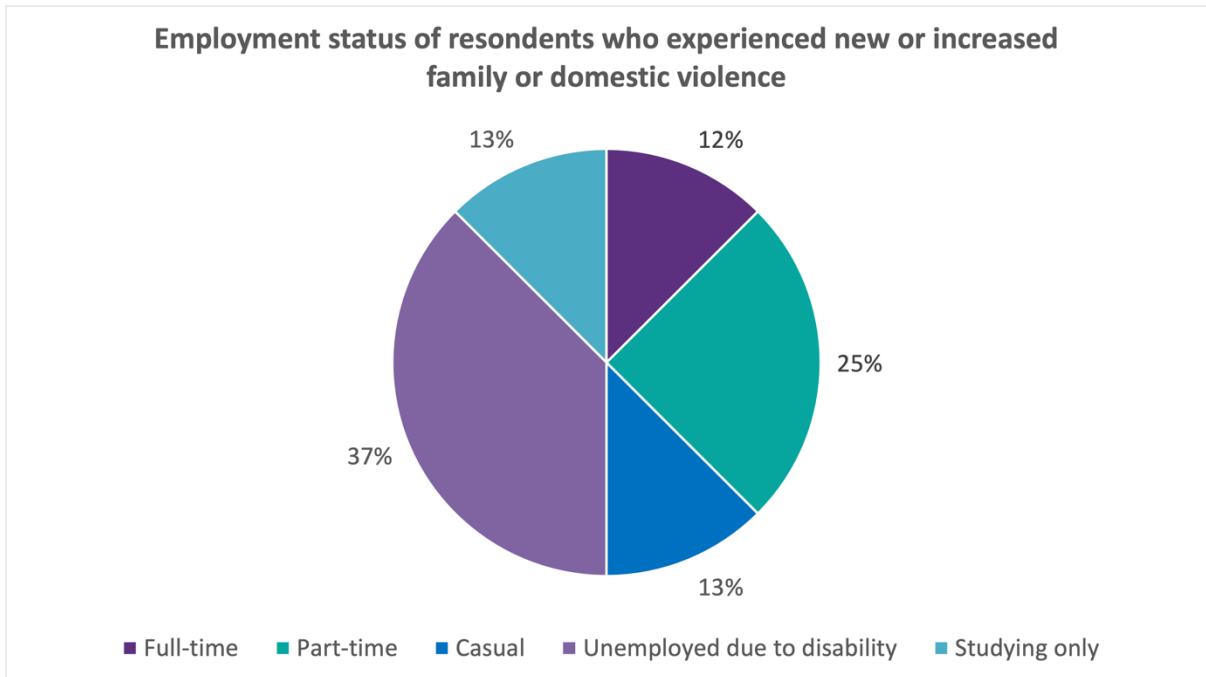


Figure 17: Chart showing employment status of respondents experiencing new or increased family or domestic violence.

Six respondents (60%) who experienced new or increased family or domestic violence also experienced reduced income due to COVID-19.

Of respondents who reported new or increased family or domestic violence 1 respondent (10%) had access to services, 4 respondents (40%) had no access to services, 4 respondents (40%) did not require access to services and 1 respondent (10%) preferred not to answer.

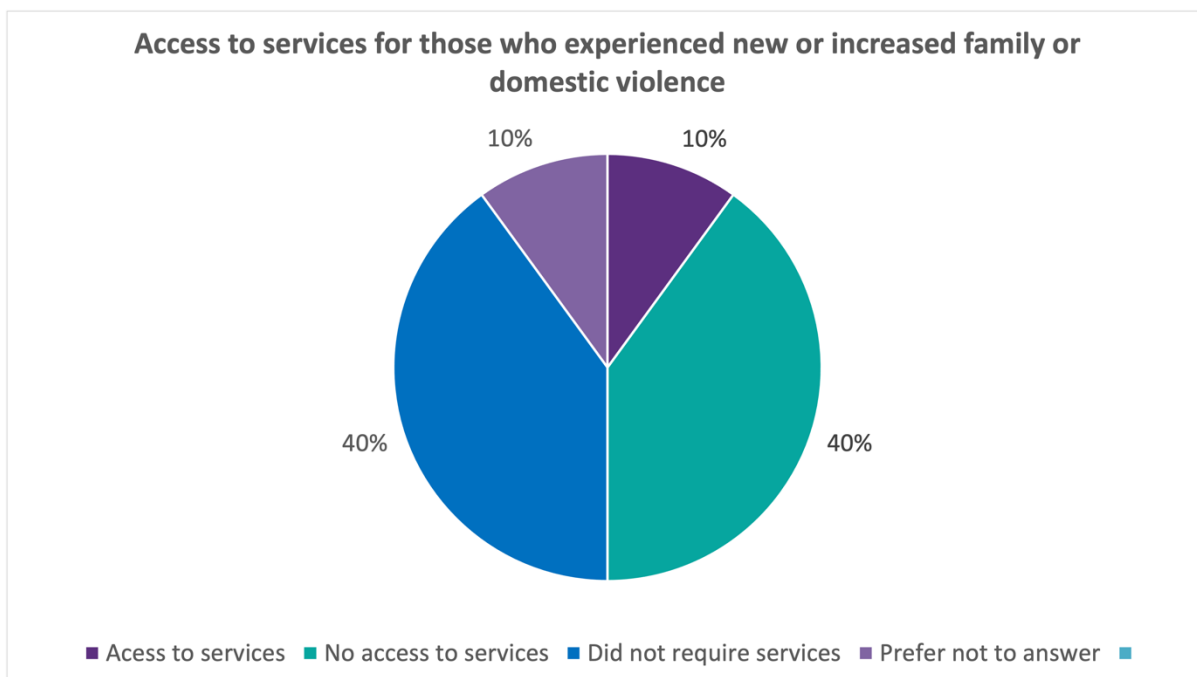


Figure 18: Chart showing percentage of respondents who accessed violence prevention services.

Of those who did not have access to services, three respondents answered the follow up question ‘What would you like us to know so we can advocate for better services and emergency responses for women* with disabilities experiencing domestic and family violence?’. Their responses are as follows:

‘Children CAN BE the perpetrators of violence and we do not have enough or appropriate services in the ACT to deal with this issue. CYPS (Child Youth and Protection Services) outright denied this could be an issue. Police aggravated the issue further. More training and services needed in the responding to challenging Autism behaviours.’

‘Make it easier to locate available services.’

‘As well as my problems with my partner one of my children lived in our home for a month with 2 children, escaping domestic violence. She could not speak or visit services for women to find out what she could do as it had to happen in working hours... The services need to be funded for all after hour periods so woman do not have to fear

talking about their needs while at work or after work when they need to calm children down and get them to sleep. Accessibility 24 x 7 is the funding key! [Some information has been redacted due to privacy concerns]

All three responses point to a lack of adequate and accessible services that meet diverse needs. When women with disabilities seek help to end violence, they often need the services of two large uncoordinated systems: violence prevention and disability services. Both systems require improvements to support women* with disabilities. This has been recognised through recent reforms and inquiries such as the Royal Commission into Family Violence and inquiries into abuse in disability services.⁶³ COVID-19 experiences have highlighted this pre-existing flaw in the system that fails to protect women* with disabilities.

Of those who had access to services, did not require services, or preferred not to answer, five respondents provided feedback. Their responses are as follows:

‘We need case managers, and they need to be able to work across both state (including cross border of necessary) and federal jurisdictions, because this is the reality for many. I would like to see a long-term case manager as standard for anyone classed as “vulnerable”. An increase in the capacity of CYPS [Child Youth and Protection Services], to include all children subjected to all forms of family violence, and any child who is subject to family law proceedings or where there are any allegations of family violence. This should occur alongside Safe and together model training, abs implementation, to ensure a reduction in victim blaming culture, and that things like disabilities are appropriate dealt with, both in terms of help being offered, and disabilities not being used against a parent in any way.’

⁶³ Women with Disabilities Victoria. *Position statement: violence against women with disabilities*. Victoria: Women with Disabilities Victoria, 2019. Accessed 7 September 2021. https://www.wdv.org.au/wp-content/uploads/2019/07/position-statement_Jul19_P2.pdf

'verbal domestic violence is an area that needs to be labelled and put out there. The fear from one's spouse is real, not in a physical sense but more in a long term effect on myself and my children. I am trying to educate my husband and children however when my husband isn't aware there is a problem with himself - that's the issue'

'need someone to talk to that doesn't cost money'

'Someone to call when it's not extreme but it is happening.'

'Importance of providing day to day support to people trying to escape family violence (i.e. I have been unable to leave due to lack of financial and caring support away from my partner). Also that many victims' particular circumstances may not look like the expectations, and that services need to be based on needs, not just ticking the boxes of what "counts"'

These comments suggest there is a need for pre-crisis support for women* with disabilities experiencing violence.

Community Perception of Family and Domestic Violence

All survey respondents were asked to answer the question 'What would you like us to know so we can advocate for better services and emergency responses for women* with disabilities experiencing domestic and family violence?'. This was to gauge community understandings of services, trust in services and perceived accessibility. Twenty-five respondents (in addition to those experiencing domestic violence because of COVID-19) provided comment.

One respondent, reflecting on their own previous experience prior to COVID-19, summarised many of the concerns and complexities that arise when looking at violence for women with disabilities:

'Women with disabilities can feel like they are less able to seek help and that their circumstances make them a lot more complex to help, and therefore less likely to be able to find appropriate help and

support, especially if they do not have a good income. It can also be a lot more difficult to decide to take decisive action regarding domestic violence as they can feel like 'they deserve it' due to 'being a burden on everyone around them', and deeply guilty about even considering leaving or taking action against a person who has been helping them with their disability, regardless of the frequency, nature or ensuing abusive consequences of that help.'

Eleven respondents (44%) mentioned the need to increase the funding, reach, or accessibility of services. This included the need for accessible emergency accommodation for women* with disabilities escaping domestic or family violence.

Several respondents also referred to the need for 'women to be listened to' and 'believed'. While these comments are true of the general population, they speak volumes to the treatment women* with disabilities have historically received.

The survey would indicate that there is a shared belief amongst women* with disabilities that services available to those experiencing family and domestic violence are inadequate. COVID-19 has exacerbated this situation and raised awareness of the issues. This is unsurprising given women* with disabilities in Australia identify the right to live free from all forms of violence as the most urgent and unaddressed human rights issue they face. Justice services and pathways often do not effectively support the access of women* with disabilities. Usually, economic security, housing stability and care support services are not readily accessible to women* with disabilities seeking to escape violence.⁶⁴

⁶⁴ Janemaree Maher, Claire Spivakovsky, Jude McCulloch, Jasmine McGowan, Kara Beavis, Meredith Lea, Jess Cadwallader and Therese Sands. *Women, disability and violence: Barriers to accessing justice. Key findings and future directions*. Sydney: ANROWS, 2018. Accessed 7 September 2021. https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/Maher-et-al-Compass-Policy-to-Practice_1-1.pdf.

Messages from Women* with Disabilities to Government

Key Findings

- COVID-19 exacerbated pre-existing systemic discrimination and marginalisation of women* with disabilities including.
- Women* with disabilities in the ACT are calling on the ACT Government to better address systemic disadvantage and discrimination to improve outcomes in future emergencies.
- Women* with disabilities are calling to be consulted on and included in future emergency planning.

As part of the survey, all respondents were asked 'What would you like the ACT Government to know about the experience of women* with disabilities in the ACT in relation to their COVID-19 response, ongoing recovery and/or future emergency planning?' The purpose of this question was to in some ways overcome unforeseen limitations placed on respondents by survey questions. It provided respondents with an opportunity to reflect more broadly on their experiences, and to articulate specific messages they most wanted heard.

Sixty-nine respondents (75%) provided answered the question 'What would you like the ACT Government to know about the experience of women* with disabilities in the ACT in relation to their COVID-19 response, ongoing recovery and/or future emergency planning?'. Of these respondents, four (5.79%) indicated they were unsure or did not have anything to contribute to this question.

While many respondents commented on COVID-19 specific issues such as vaccination and testing, a majority indicated that COVID-19 worsened pre-existing disadvantage and discrimination experienced by women* with disabilities in the ACT. There is a clear request that the ACT Government endeavour to address the systemic marginalisation and disadvantage experienced everyday by women* with disabilities. Issues of discrimination raised are not a direct result of COVID-19, but rather have been intensified by the state of emergency, threat of the virus, and restrictions put in place.

Listen to Women* with Disabilities

Women* with disabilities in the ACT want the ACT Government to listen, and take meaningful action based on their lived experience.

'It felt like we were left out at the beginning. Women with disabilities need to be an integral part of emergency planning and given assistance to recover from the increased anxiety and stress of Covid 19, particularly following on from the stress of the bushfires - it feels like we haven't had a chance to rest and recover'

'Women with disabilities need to be involved in emergency planning from the beginning and need information in emergencies that is relevant and timely. Needs to be understood that women with disabilities may feel anxious and reluctant to return to 'normal' until the vaccination program is well underway'

'It's time to raise consciousness in Australia that people with disabilities are a very diverse group. Not just wheelchairs or physical/intellectual disabilities but invisible illnesses and a wide range of conditions'

General and Specialist Health Services

Women* with disabilities in the ACT feel they do not have adequate or equitable access to specialist health services.

'Waiting times are really unacceptable. I have been having to travel to Sydney for my rheumatologist due to long waiting times in Canberra which is much harder during a pandemic. We need more specialists here so we don't need to travel and risk being subject to stay at home orders / quarantine etc.'

'That healthcare - both physical and mental - is extremely important yet a lot of women in the ACT can't access it, especially during COVID-19. More needs to be done to address this!'

Mental Health Services

Women* with disabilities in the ACT feel they do not have equitable access to specialist health services.

'Having easily accessible financial help available, this helps pay for extra psychologist and doctor appointments when struggling in quarantine. Readily available mental health Services would help too (waiting lists are super long)'

'More help and easy service for women that are not coping. Payments to women that have a family and need more help and support because of the decline in health.'

'need more mental health awareness and free support'

Crisis and Violence Prevention Services

Women* with disabilities in the ACT are asking for crisis and violence prevention services that are fully accessible and work to keep the community safe.

'I rang up the CAT team because I felt I needed immediate support from my husbands verbal abuse due to being mentally unwell. Result, I was told they do not get involved in couple's disputes, I had sat outside too frightened to be inside my home for an hour before I rang the CAT team. My psychiatrist said I was not professionally

looked after here in the ACT. I had also tried 1800 Respect, the call centre lady said she had difficulty hearing me and had then hung up while I tried to raise my voice without my partner hearing I had rung. I felt at the time I was out of solutions to gain immediate help.'

'It's harder to take advantage of things, especially if family violence is involved, and especially if there are family court proceedings. Being subjected to family violence and systems abuse via family law proceedings is incredibly traumatic, isolating, detrimental to health. The most important thing needed is removal of abuse/access to justice. Health improvements can occur with just this. Having a disability means having that used against you inappropriately, while having increased barriers accessing help. It is so bad that often the full scale of it is not believed/realised, or it is ignored because it seems too hard to solve. (It's not.) Of many things, I would like to see the government look at a trauma recovery centre for women who have been subjected to family violence. This is relevant to a COVID-19 response because of the way COVID-19 intersects with family violence. I would like to see more targeted help for women with disabilities subjected to family violence, and much more discussion about this. I would also like to see more inclusion of survivors in talking about solutions, including those still being subjected to it. I think it would be great for the government to fund more educational opportunities for survivors, especially women with disabilities, through Advocacy work.'

Financial Stability and Support (Including Flexible Work Arrangements)

Women* with disabilities in the ACT know that equitable participation in the community, safety, and health are reliant on financial stability and support.

'Despite having the support of my doctors and specialists, and being fired from several different workplaces for my disabilities I'm still

struggling to be approved for the disability pension, and that is still not enough to support a single parent family.'

'Work from home is now disappearing again. That leaves me little opportunities to give me a liveable income.'

'Women on the disability pension were not entitled to the same financial inputs that single women on payments of any other kind received. It caused disadvantage'

Allied Health Services

Women* with disabilities in the ACT want the ACT Government to know they do not currently have adequate access to allied health services.

'Must increase availability of allied health services in the ACT. PWD and carers struggling and burning out. 12 month wait lists unacceptable.'

Telehealth

Women* with Disabilities in the ACT would like the ACT Government to do all in its power to bring telehealth forward as an ongoing option.

'Please please please keep medical assistance available via the internet.'

Communication

Women* with disabilities in the ACT want the ACT Government to continue to produce and advocate for accessible communication.

'It is really important that the ACT Gov continues to lobby [sic] the federal government to create binding and enforced regulations around accessible communication (e.g. easy-read docs, Auslan interpreters, captioning, WCAG compliant design and web content, etc.)'

Housing

Women* with disabilities in the ACT want the ACT Government to address the lack of appropriate housing for people with disabilities in the ACT.

'You can't stay at home without a home to stay in.'

Limitations of the Study

The use of non-probability voluntary and convenience sampling led to sample bias that limited access to an appropriate scope of participants. Of note, the survey failed to reach:

- Non-English-speaking women* with disabilities
- Girls* under 18 years old
- Statistically significant numbers of First Nation's women*
- Statistically significant numbers of women* who identify as ethnically diverse
- Women* who rely on Easy English

Consequently, this study cannot accurately comment on if findings are representative of the experiences of women* from these cohorts. A follow up study should actively seek to access women* from these cohorts using a more targeted sampling method.

In accommodating limitations of the project, it was decided to limit questions about sexual and reproductive health to two heavily gendered issues arising from the literature: access to contraception and IVF services. In retrospect, this question should have more broadly included:

- Access to testing for sexually transmissible infections
- Access to education and information regarding sexual health
- Access to medication and associated services for trans people transitioning

These issues deserve further study so they can be adequately addressed in future emergency planning.

When asked to describe their cultural background, too few respondents commented on religious background, socio-economic background, or linguistic background. While this question was deliberately left broad, it is clear further guidance should have been given.

As the project progressed, it became clear that information regarding NDIS participation would have been beneficial. Services and supports for NDIS

participants and non-NDIS participants differed greatly. Knowing which services respondents were accessing would have led to more nuanced understanding of the systems.

The Delta outbreak in the ACT, and subsequent lockdown, occurred following the collection of data. As such, this report does not capture the 2021 lockdown. Ongoing dialogue between the project officer and WWDACT members suggests the ACT Government adapted and responded to feedback leading to better communication and service provision than during the first lockdown. However, there is also a shared sense that the second lockdown has been harder. The appropriate and welcome efforts of the ACT Government still could not overcome the widespread systemic disadvantage faced by women* with disabilities. Regardless, an analysis of the effectiveness updated strategies should be conducted to determine their place in future planning.

Conclusion

This project has brought to light two overarching findings which will determine the effectiveness of any future emergency planning. First, women* with disabilities must be included from the beginning. They must be included through consultation, in decision making processes, and in ongoing assessments of systems. Second, the success of future emergency planning is entirely depended on the ACT's ability to address systemic disadvantage before the next emergency hits.

COVID-19 has exacerbated poor physical and mental health outcomes for women* with disabilities, demonstrated that flexibility and accessibility is achievable, and highlighted the pervasiveness of violence amongst women* with disabilities. When asked directly what they want the government to know, respondents made a clear request that the ACT Government endeavour to address the systemic marginalisation and disadvantage experienced everyday by women* with disabilities.

References

ABC. 'How much is the JobSeeker payment now and when does it end?' ABC News: March 2021. Accessed 1 October 2021. <https://www.abc.net.au/news/2021-03-18/how-much-is-jobseeker-when-does-it-end-what-are-new-rules/13259460>

ACOSS. 'Raise the Rate of Newstart and other allowances.' ACOSS: 2020. Accessed 1 October 2021. <https://www.acoss.org.au/wp-content/uploads/2020/01/200229-Newstart-Increase-Briefing-Note.pdf>

ACT Health. *COVID-19 – An ACT Operational Plan for People with Disability: Complementing the Australian Government Department of Health Management and Operational Plan for People with Disability*. ACT Health: Canberra, 2020. Accessed 12 July 2021. https://www.communityservices.act.gov.au/__data/assets/pdf_file/0007/1626748/COVID-19-An-ACT-Operational-Plan-for-People-with-Disability-FINAL-10092020.pdf;

ACT Government. *ACT COVID-19 Disability Strateg*. ACT Community Services Directorate, Inclusion and Participation: Canberra, 2020. Accessed 12 July 2021. https://www.communityservices.act.gov.au/__data/assets/pdf_file/0009/1565667/Final-Public-COVID-19-Disability-Strategy.pdf

ACT Government. 'Impact of COVID-19 On Canberrans 2020-Community Sector' ACT Government: Presentation to the ACT Community sector [delivered online], 2020.

Australian Bureau of Statistics. '2016 Census Quick Stats: Canberra.' ABS: undated. Accessed 1 October 2021. https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED801

Australian Bureau of Statistics. 'Household Impacts of COVID-19 Survey: Insights into the prevalence and nature of impacts of COVID-19 on households in Australia.' ABS: July 2021. Accessed 12 August 2021. <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release>

Australian Government Department of Health. 'Exercising and staying active during coronavirus (COVID-19) restrictions.' *Department of Health*: 2021. Accessed 12 October 2021. <https://www.comcare.gov.au/about/forms-publications/documents/publications/safety/coronavirus-the-importance-of-physical-health.pdf/about/forms-publications/documents/publications/safety/coronavirus-the-importance-of-physical-health.pdf>;
<https://coronavirus.beyondblue.org.au/managing-my-daily-life/coping-with-isolation-and-being-at-home/importance-of-looking-after-your-physical-health.html>

The Australian Human Rights Commission. *Face the facts: Lesbian, Gay, Bisexual, Trans and Intersex People*. Australian Human Rights Commission: Sydney, 2014. Accessed 16 September 2021. https://humanrights.gov.au/sites/default/files/7_FTF_2014_LGBTI.pdf

Australian Institute of Health and Welfare. 'Australia's health 2018: Lesbian, gay, bisexual, transgender and intersex people'. *Australia's Health Series* 16: AUS 221. Accessed 1 October 2021. <https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af-857b3eef25c1/aihw-aus-221-chapter-5->

5.pdf.aspx#:~:text=by%20sexual%20orientation%2C%202016&text=The%20most%20recent%20National%20Survey,heterosexual%20people%20(ABS%202008)

Australian Institute of Health and Welfare. *People with disability in Australia: 2019 in brief*. Australian Institute of Health and Welfare: 2019. Accessed 12 August 2021. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-in-brief/contents/how-many-are-employed>

Beyond Blue. 'Mental Health and the Mental Load,' *Beyond Blue*, undated. Accessed 12 April 2021. <https://coronavirus.beyondblue.org.au/COVID-normal/family-life/mental-health-and-the-mental-load>

Black Dog Institute. 'Mental Health Ramifications of COVID-19: The Australian context.' Black Dog Institute: undated: 2. Accessed August 14, 2021. https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/20200319_covid19-evidence-and-recommendations.pdf

Campbell, Vincent A., Janylle A. Gilyard, Lisa Sinclair, Tom Sternberg, and June I. Kailes. 2009. 'Preparing for and Responding to Pandemic Influenza: Implications for People with Disabilities' *American Journal of Public Health*. 99: S294_S300. Accessed 8 October 2021 <https://doi.org/10.2105/AJPH.2009.162677>

Campo, Monica. and Sarah Tayton. 'Intimate partner Violence in lesbian, gay, bisexual, trans, intersex and queer communities.' Australian Institute of Family Studies: 2015. Accessed 12 August 2021. <https://aifs.gov.au/cfca/publications/intimate-partner-violence-lgbtq-communities>

Carrington, Kerry. Christine Morley, Shane Warren, Bridget Harris, Laura Vitis, Matthew Ball, Jo Clarke, and Vanessa Ryan. 'The impact of COVID-19 Pandemic on Domestic and Family Violence Services, Australia.' *Centre For Justice Research Report Series*: Brisbane, 2020. Accessed April 12, 2021. <https://research.qut.edu.au/centre-for-justice/wp-content/uploads/sites/304/2020/11/Research-Report-Series-November-2020-COVID.pdf>

Di Bernardo, Emma. 'Do you have a right to keep working from home forever?' ABC Every Day: July 2021. Accessed 19 August 2021. <https://www.abc.net.au/everyday/do-you-have-right-to-keep-working-from-home-forever/100243658>

Farber, Danial A. 2007. 'Disaster Law and Inequality.' *Journal of Law & Inequality*, 25:2

Frohman, Carolyn. *The Status of Women and girls with Disability in Australia*: Disabled People's Organisations Australia and the National Women's Alliance, Tasmania, 2019. Accessed 12 October 2021. <https://wwda.org.au/wp-content/uploads/2020/06/The-Status-of-Women-and-Girls-with-Disability-Asustralia.pdf>

Hare, Julia. 'Gender Equality is Going Backwards Fast in Australia', *Australian Financial Review*, March 2021. Accessed 12 October 2021. <https://www.afr.com/policy/economy/gender-equality-going-backwards-fast-in-australia-report-20210331-p57fj8>

Henriques-Gomes, Luke. 'Government still doesn't know how many Australians with disability contracted Covid.' *The Guardian*. July 2021. Accessed August 2021. <https://www.theguardian.com/society/2021/jul/31/government-still-doesnt-know-how-many-australians-with-disability-contracted-covid>

Kamyuka, Denise. Liz Carlin, Gayle McPherson, and Laura Misener. 2020. 'Access to Physical Activity and Sport and the Effects of Isolation and Cordon Sanitaire During COVID-19 for People with Disabilities in Scotland and Canada.' *Frontiers in Sports and Active Living*. Accessed 8 October 2021. <https://www.frontiersin.org/articles/10.3389/fspor.2020.594501/full>

Kennedy, Else. "The Worst Year": domestic violence soars in Australia during COVID-19'. *The Guardian*, December 2020. Accessed 12 April 2021. <https://www.theguardian.com/society/2020/dec/01/the-worst-year-domestic-violence-soars-in-australia-during-covid-19>

LGBTIQ+ Health Australia. 'Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ People'. LGBTIQ+ Health Australia: April 2021. Accessed 12 August 2021. https://d3n8a8pro7vhnmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

Maher, Janemaree. Claire Spivakovsky, Jude McCulloch, Jasmine McGowan, Kara Beavis, Meredith Lea, Jess Cadwallader and Therese Sands. *Women, disability and violence: Barriers to accessing justice. Key findings and future directions*. Sydney: ANROWS, 2018. Accessed 7 September 2021. https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/Maher-et-al-Compass-Policy-to-Practice_1-1.pdf.

McArdle, Helen. 'The impact of COVID-19 on women'. *AMA*. "The Impact of COVID-19 on Women," *AMA*, March 2021. Accessed 1 September 2021. <https://ama.com.au/articles/impact-covid-19-women>.

Michael, Luke. 'A sad and sorry history of Newstart'. *PRObono Australia*: 2019. Accessed 1 October 2021. <https://probonoaustralia.com.au/news/2019/11/a-sad-and-sorry-history-of-newstart/>

Nienhuis, Carl P. and Iris A. Lesser. 2020. 'The Impact of Covid-19 on Women's Physical Activity Behaviour and Mental Well-Being.' *Int J Environ Res Public Health*. 12:23.

Nous Group. *The impact of pandemics on vulnerable groups*, Nouse Group, Australia, (undated). Accessed 12 October 2021. https://www.nousgroup.com/wp-content/uploads/2020/04/The-impact-of-pandemics-on-vulnerable-groups_final.pdf

Our Watch. 'Quick Facts'. *Our Watch*: undated. Accessed 7 October 2021. <https://www.ourwatch.org.au/quick-facts/>

People with Disability Australia. *People with Disability and COVID-19*. People with Disability Australia: 2020. Accessed 14 September 2021. https://pwd.org.au/wp-content/uploads/2020/06/PWD_and_COVID_report-final.pdf

Puccinelli, Paulo José. Taline Santos da Costa, Aldo Seffrin, et al. 2021. 'Reduced level of physical activity during COVID-19 pandemic is associated with depression and anxiety levels: an internet-based survey'. *BMC Public Health*. 21:425.

Rotarou, Elena S. Dikaios Sakellariou, Emily J. Kakoullis, and Narelle Warren. 2021. 'Disabled people in the time of COVID-19: identifying needs, promoting inclusivity.' *Journal of Global Health*. 11:03007.

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 'Statement of concern: The response to the COVID-19 pandemic for people with disability'. Royal Commission: undated. Accessed 18 June 2021. <https://disability.royalcommission.gov.au/system/files/2020-03/COVID-19%20Statement%20of%20concern.pdf>

Schwab, Klaus. et al. *Global Gender Gap Report 2020 Insight Report*. Geneva: World Economic Forum, 2019. Accessed 12 October 2021. <https://apo.org.au/sites/default/files/resource-files/2014-06/apo-nid40069.pdf>

Smith, Julia. Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham. 2021. 'More than a public health crisis: a feminist political economic analysis of COVID-19.' *Global Public Health*. 16:8-9.

'The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health Rights, Gender-Based Violence, and Related Rights'. UNFPA and Women Enabled International: 2021. Accessed 12 September 2021. https://www.unfpa.org/sites/default/files/pub-pdf/NEW_UNPRPD_UNFPA_WEI_-_The_Impact_of_COVID-19_on_Women_and_Girls_with_Disabilities.pdf

United Nations. *Policy Brief: A Disability-Inclusive Response to COVID-19*. United Nations: New York, 2020. Accessed 12 May 2021. https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

UN Women. *Policy Brief: The Impact of COVID-19 on Women*'. New York: United Nations Entity for Gender Equality and the Empowerment of Women, 2020. Accessed 12 October 2021. [/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406](https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406).

UN Women. *The Empowerment of Women and Girls with Disabilities: Towards Full and Effective Participation and Equality*. New York: United Nations Entity for Gender Equality and the Empowerment of Women, 2018. Accessed 8 September 2021. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/empowerment-of-women-and-girls-with-disabilities-en.pdf?la=en&vs=3504>

Victorian Council of Social Services. *Disaster and disadvantage: Social vulnerability in emergency management*. Victorian Council of Social Services: Victoria, 2014. Accessed 12 October 2021. <https://apo.org.au/sites/default/files/resource-files/2014-06/apo-nid40069.pdf>

Women Enabled International. *Women Enabled International Facts: Sexual and Reproductive Health Rights of Women and Girls with Disabilities*. Washington, D. C.: Women Enabled International, undated. Accessed 7

September 2021. <https://www.womenenabled.org/pdfs/Women%20Enabled%20International%20Facts%20-%20Sexual%20and%20Reproductive%20Health%20and%20Rights%20of%20Women%20and%20Girls%20with%20Disabilities%20-%20ENGLISH%20-%20FINAL.pdf>

Women with Disabilities ACT. *‘The Responsibility has Fallen on us’ Perspectives on the impact of COVID-19 on Women* and Girls with Disabilities in the ACT and Region for Women and Girls, Feminine Identifying & Non-binary People with Disabilities in the ACT*. Women with Disabilities ACT: Canberra, 2020. Accessed 12 July 2021. <https://d35ohva3c1yycw.cloudfront.net/wp-content/uploads/2020/07/06110218/WWDACT-Covid-19-Report-FINAL2.pdf>

Women with Disabilities Australia. Inquiry into family, domestic and sexual violence: Submission to the House Standing Committee on Social Policy and Legal Affairs. Women with Disabilities Australia: Tasmania, 2020. Accessed 12 September 2021. <https://wwda.org.au/wp-content/uploads/2020/08/Submission-to-the-House-Standing-Committee-on-Social-Policy-and-legal-Affairs-Inquiry-into-family-domestic-and-sexual-violence2.pdf>

Women with Disabilities Australia. Position statement 4: *Sexual and Reproductive Rights*. Tasmania: Women with Disabilities Australia, 2016. Accessed 7 September 2021. https://wwda.org.au/wp-content/uploads/2016/10/Position_Statement_4_-_Sexual_and_Reproductive_Rights_FINAL_WEB.pdf

Women with Disabilities Victoria. ‘Access to Health Services for Women with Disabilities’. Women with Disabilities Victoria: Victoria, undated. Accessed 14 August 2021. <https://www.wdv.org.au/documents/Access%20to%20health%20services%20-%20the%20issues%20for%20women%20with%20disabilities.pdf>

Women with Disabilities Victoria. *Position statement: violence against women with disabilities*. Victoria: Women with Disabilities Victoria, 2019. Accessed 7 September 2021. https://www.wdv.org.au/wp-content/uploads/2019/07/position-statement_Jul19_P2.pdf

Wood, Danielle. Kate Griffiths, Tom Crowley. ‘Women’s work: The impact of the COVID crisis on Australian women.’ *Grattan Institute: Australia*, 2021. Accessed 8 September 2021. <https://grattan.edu.au/report/womens-work/>