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Submission to the ACT Domestic, Family and Sexual Violence Strategy

Women with Disabilities ACT

Thank you for the opportunity to make a submission on the draft Domestic, Family and Sexual Violence Strategy. Women with Disabilities ACT is the peak body for women, girls, non-binary and gender diverse people (women*) with disabilities in the ACT. The prevention of violence against women* with disabilities is part of the core mission and strategy of our organisation, and we are pleased to see progress in the development of this long-awaited Strategy. A coordinated, whole-of-government approach is needed to make progress towards ending gendered violence in the ACT.

WWDACT was part of a joint submission with other organisations calling for the Strategy and consultation process to be revisited. The Strategy represents a real opportunity for the ACT to make an ambitious commitment to ending gendered violence in the ACT. It is imperative that the Strategy includes detailed priorities, an understanding of intersecting drivers of violence, and clear accountability measures.

The strategy must be developed through meaningful consultation and co-design with the community, especially those with lived experience of gendered violence. We called for Strategy consultation to be revisited and extended, to meaningfully involve and better respond to the ACT community.

In addition to this joint submission, we wanted to highlight opportunities to improve the Strategy's inclusion of women* with disabilities and its approach to intersectionality more broadly.

Women* with disabilities and violence

Women* with disabilities experience all kinds of violence more frequently, over a longer period of time, across a wider range of settings, and perpetrated by a greater range of people than women* without disabilities¹. Sixty-five per cent of women with disabilities report experiencing at least one incident of violence since the age of 15.

¹ [Our Watch, & Women with Disabilities Victoria. \(2022\). Changing the landscape: A national resource to prevent violence against women and girls with disabilities. Melbourne, Australia: Our Watch.](#)



Australian data indicate that women with disabilities are two times more likely than women without disabilities to have experienced sexual violence².

Women* with disabilities experience the same forms of violence that all women* experience, such as family and domestic violence and sexual assault. They also experience forms of violence unique to the intersection of gender and disability. Violence against women* with disabilities includes physical, sexual, psychological, and economic violence and abuse as well as institutional violence, chemical restraint, forced or coerced sterilisation, forced contraception, forced, or coerced psychiatric interventions, medical exploitation, withholding of or forced medication, violations of privacy, forced isolation, restraint, denial of freedom of choice, denial of essential care, humiliation, and harassment³. Although these are all cases of violence against women* with disabilities, not all of these forms of violence are captured under mainstream definitions of domestic, family or sexual violence.

Definitions of domestic violence that are limited to 'an intimate, family or kinship relationship' (p.4 of draft Strategy) exclude other forms of gendered violence experienced by women* with disabilities, such as carer abuse or violence experienced in group homes. An expanded definition of violence is important to ensure that all gendered violence is captured by the Strategy, but is also important to ensure people have complete access to information about different types of violence. We have heard from countless women* with disabilities that they wished they had recognised the patterns of violence they were exposed to sooner, so they could have taken action or felt able to access appropriate services.

Ensuring the Strategy reflects unique forms of violence faced by women* with disabilities and other intersectional groups means these forms of violence become visible and that response services can be made inclusive. Women* with disabilities experience significant barriers to accessing support, including crisis services being unable to meet accessibility needs, inequitable access to the criminal justice system, and a perceived lack of credibility (women* with disabilities are less likely to be believed than their abusers)⁴. There is also a barrier when strategies, services and information are not disability-aware, and women* can struggle to identify the violence they are experiencing or feel like they are able to access help for this violence.

² [Our Watch, & Women with Disabilities Victoria. \(2022\). Changing the landscape: A national resource to prevent violence against women and girls with disabilities. Melbourne, Australia: Our Watch.](#)

³ [Women with Disabilities ACT. \(2021\). Position Statement One: Prevention of Violence against Women* with Disabilities. Canberra, Australia: WWACT.](#)

⁴ [Women with Disabilities ACT. \(2021\). Position Statement One: Prevention of Violence against Women* with Disabilities. Canberra, Australia: WWACT.](#)



It is our hope that this Strategy can be disability-aware and inclusive, ensuring actions taken are intersectional to meet the needs of women* with disabilities, and to address the intersection systems of oppression that drive violence against women* with disabilities in the ACT.

Principles

Although many of the principles in the draft Strategy are important, it is difficult to see how they have informed the focus areas and prevention activities currently articulated in the Strategy. We would like to see how these principles flow through to drive the actions in the second half of the Strategy.

We would like to draw attention to the principle 'Intersectionality, inclusion and accessibility'. We have concerns about the conflation of these very different concepts which call for different responses in the Strategy.

Intersectionality refers to an understanding that different systems of oppression compound, and is a lens to analyse the multiple intersecting and reinforcing systems of power and oppression in society. It is fundamental to a theory of change which will address and prevent violence, and should stand alone as its own principle.

Accessibility is an particularly important concept for people with disabilities and describes ensuring information, consultations, physical spaces, activities, services and attitudes are approachable, acceptable, affordable and available for people with disabilities.⁵

Inclusion is a broader term encompassing everyone in the ACT and affirming the representation of different intersectional groups in the Strategy. This includes meaningful consultation and co-design with people with experiences of intersecting systems of oppression.

Each of these principles is distinct and important. They should be articulated separately so engagement with one principle does not mask disengagement with another. For example, including funding in the Strategy to improve accessibility of crisis services for women* with disabilities is important, but it does not replace an understanding of intersectionality which should inform the entire Strategy's approach to addressing gendered drivers of violence. The principles should be separate to ensure accountability.

⁵ [People with Disability Australia, & Domestic Violence NSW. \(2021\). Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice. Sydney, Australia: PWDA.](#)



Additionally, we would like to see a commitment to co-design, both in the explicated principles and through the consultation process. The 6-week consultation and public survey has not represented meaningful engagement with the ACT community and those with lived experience. It is imperative for women* with disabilities, and for all women*, that this Strategy is co-designed with the people who the proposed actions will affect.

Focus areas and actions

This Strategy represents a real opportunity for meaningful actions which will address and end gendered violence in the ACT. To achieve this aim, the Strategy must have a strong theory of change for how its actions will address rates of violence in the ACT. To this end, we would like to see the strategy reflect a more detailed understanding of the gendered drivers of violence, and how these intersect with other systems of oppression which drive violence against women* (including but not limited to ableism, racism, colonialism, heteronormativity and cisnormativity). We also echo the joint submission and call for significantly more detail in the priorities and outcomes in the Strategy so far.

The prevention of violence should be fully included and prioritised in this Strategy and it should aim to address all drivers of violence as mentioned above. We have concerns about the development of a separate domestic, family and sexual violence prevention plan. Prevention is a core component of addressing violence and there is no reason why building and improvement to the ACT's prevention infrastructure should not fall under the remit of this Strategy. Actions to improve violence prevention in the ACT are sorely needed and should not be delayed through going through a separate Strategy/Plan development process.

The Strategy should also integrate closely with actions under the Disability Justice Strategy aimed to support people with disabilities who are survivors of DFSV to participate in the justice system (e.g. through the intermediary scheme). Design of this Strategy should be done in collaboration with the preparation of the Second Action Plan for the Disability Justice Strategy.

WWDACT is also concerned about the emphasis on a Multi-Disciplinary Centre as the primary action in the Strategy for tertiary prevention and healing. Although there is a need for strong connections between services, and the development of capacity for case management, an MDC will not suit the needs of everyone. For women* with disabilities, travelling to a central location to access services is not always possible. We have also heard from members that receiving services close to armed police can be confronting, and for many would make the space feel unsafe. We need to see



more information about the proposed MDC - the proposal should be open to consultation with the public and to those with lived experience of gendered violence. It is also imperative that services outside of the MDC are funded to expand and to provide supports to women* who may feel uncomfortable or would otherwise be unable to access the MDC.

Definitions and language

As a reference document for 10 years of actions from the ACT Government to address domestic, family and sexual violence, it is important that the language and definitions used in the Strategy are inclusive and reflect a nuanced and intersectional understanding of violence.

It is imperative that language used in the Strategy clearly outlines groups of people who experience higher rates of violence due to systems of oppression. The use of the word 'ability' rather than 'disability' is a euphemism and does not call attention to the experience of people with disabilities – we were disappointed to see this included in the draft Strategy.

We call for a Strategy that recognises that gendered violence can be experienced by all people, and that patriarchy and toxic forms of masculinity are the drivers of this violence. To that end, we propose an inclusive definition of 'gender-based violence' that is inclusive of those who are not women.

Other reference documents

The following resources should act as a starting point to inform the Strategy, highlighting the intersectional experiences of women* with disabilities who experience violence.

[Changing the Landscape: A national resource to prevent violence against women and girls with disabilities \(Our Watch\)](#)

[Position Statement 1: Prevention of Violence against Women* with Disabilities \(WWDACT\)](#)

[Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice \(People with Disabilities Australia\)](#)

If you would like to discuss this submission further, please contact WWDACT CEO Kat Reed ceo@wwdact.org.au.