

“From the Ground Up!” Including women and girls with disability in the Queensland Women’s Strategy - QDN’s submission on the Consultation for a new Queensland Women’s Strategy Discussion Paper

QDN

QUEENSLANDERS WITH DISABILITY NETWORK
NOTHING ABOUT US WITHOUT US

Submitted to the Office for Women and Violence Prevention,
Department of Justice and Attorney-General, October 2021

About Queenslanders with Disability Network (QDN)

Queenslanders with Disability Network (QDN) is an organisation of, for, and with people with disability. The organisation's motto is "nothing about us without us". QDN operates a state-wide network of over 2,000 members and supporters who provide information, feedback and views from a consumer perspective to inform systemic disability policy and disability advocacy. This submission is informed by the lived experience of our members, all of whom have disability, which includes an online women's network of 53 members from around the State.

QDN value statement

QDN believes that:

- All people with disability have a right to a place in the community and have contributions to make to the community. This is as empowered, free citizens who are as valued, present, participating and welcomed as members of a dynamic and diverse society.
- The place of people with disability in the community is not just about people with disability having a house in the community. Core to this is that they are welcomed in the community as ordinary citizens where they are genuinely given opportunities to contribute and actively participate. People with disability need to be in communities where their individuality, their talents, and their lived experiences of disability are recognised and acknowledged.
- Culturally and historically, people with disability are not afforded the same value, opportunities or access to community life.
- Any inclusion in community for people with disability is conditional and vulnerable to withdrawal.
- Many people with disability in Queensland are excluded from the most basic experiences of ordinary lives.
- Current exclusionary practices are unacceptable and must be challenged.
- These issues affect not only people with disability but the whole community.
- The responsibility is shared. It lies within government (federal, state and local) and the community at large, to ensure that people with disability have a place and are resourced to belong in community.

Introduction

"From the ground up! Women with disabilities have poorer societal outcomes in general, whether that is education, training, opportunities and assistance. Did you know there are more men than women on the NDIS? It's from the very beginning.

We need to make sure women with disability are equipped with the skills. I know I am just lucky, my parents pushed and fought all the way [or I would not have had an ordinary life].

Changing the way professions have lowered expectations of women with disabilities as well.

There are so few people visible or have opportunities now" – online group chat of women with disability, talking about how to improve leadership opportunities for women with disability, October, 2021

QDN welcomes the opportunity to make a submission to the "Consultation for a new Queensland Women's Strategy Discussion Paper". It is generally recognised that women and girls with disability have

very low levels of employment and leadership roles and are over-represented in terms of poor health outcomes, poor well-being, and high rates of violence and abuse. QDN's response refers to women, girls, feminine identifying, and non-binary people with all types of disability in Queensland; and uses the term 'women and girls' to refer to our members throughout this document.

More than 4.4 million people in Australia have a disability and there are 900,000 Queenslanders with disability. This equates to almost one in five Australians. It is broadly acknowledged that people with disability face risks, barriers and impacts in relation to many areas of their lives. This relates not only to their health and disability needs, but is also impacted by individual and contextual factors such as age, gender, socio-economic status, family environment, where someone lives, whether they are Aboriginal or Torres Strait Islander, and whether they are from culturally and linguistically diverse backgrounds.

QDN welcomes the announcement by the Queensland Government to develop a new Queensland Women's Strategy. QDN believes that the next Queensland Women's Strategy must have a human rights approach and specifically align with:

- The Queensland Human Rights Act 2019;
- The International Covenant on Economic, Social and Cultural Rights;
- The Convention on the Rights of the Child;
- The Convention Against Torture;
- The Convention on the Rights of Persons with Disabilities; and
- The Convention on the Elimination of All Forms of Discrimination against Women.

In our submission QDN highlights specific barriers Queensland women with disabilities face in relation to key areas identified in the previous plan:

- **Leadership** - Women and girls with disability have the right to take part in all areas of life, including in politics, work, education and in the community. However, in Queensland, across Australia and the world, women with disability are often excluded from meaningful participation and leadership opportunities. QDN advocates for strategies to increase the meaningful participation of women and girls with disability in Queensland.
- **Employment** - Everyone has the right to access education at all levels and to be employed. QDN believes that accessing employment is fundamental to the enjoyment of other rights such as access to adequate food, clothing, housing; as well as the ability to meaningfully take part in a democratic society.
- **Health and well-being** - Women and girls with disability have the right to access adequate healthcare (including sexual and reproductive healthcare) and to make decisions about their own body and relationships. Women and girls with disability have not had the same rights as others to adequate healthcare and sexual and reproductive rights. QDN supports the rights of all women and girls with disability to control and make free and informed decisions about their health, body, sexuality and relationships.
- **Safety (including freedom from violence)** - Women and girls with disability have the right to be safe and free from all forms of violence, abuse, neglect and exploitation in all settings. This includes at home, in schools, healthcare settings, workplaces and the community. However, women and girls with disabilities in Queensland and Australia continue to experience high rates of all forms of violence.

QDN women members have also identified climate change as an existential threat that should be a priority issue included in every strategy and policy developed by government. Our members believe women with disability, particularly those with chronic health conditions, will particularly feel the effects of climate change and this will have further impacts on vulnerable groups already experiencing stress through insecure housing and homelessness, especially disabled women.

What a disability inclusive Queensland Women's Strategy looks like

QDN and our women's members support a Queensland Women's Strategy with the following characteristics:

- **A gender-equal Queensland for women and girls with disability:** QDN women believe that this means equal and intersectional representation at all levels and in all aspects of our society. For example, our government would be equally representative of Queensland's demographics of gender, race and disability. This would also be seen in workplaces, community, educational settings, and basically anywhere you go. QDN women acknowledge that to see equal representation at that level, much work would need to happen across many areas and this would need to be embraced by all Queenslanders to be effective. This also includes equal employment and equal pay for women with disability.
- **Leadership opportunities that acknowledge the diversity of Queensland women with disability:** Women and girls with disability need the opportunity to engage in leadership programs that they may not traditionally have had the opportunity to access. See the "Leadership" section of our submission below to see specific strategies of how to make leadership programs accessible and the importance of creating opportunities for women with disability to come together, connect, share life experiences, and learn from one another in a safe environment.
- **Gender equality strategies which take into consideration our specific needs as women with disability:** Including equitable leadership opportunities, proactive policies and programs to achieve employment equity for women with disability, improving the health outcomes of women and girls with disability through the development of a stand-alone Queensland Women's Health Strategy, ensuring women with disability are safe in all areas of their lives, including being free from violence.
- **Incorporating the positive learnings of COVID-19:** QDN has seen great strides in the skills of our members to connect digitally, partake in paid employment and have a voice at the table on important policy issues during the pandemic. QDN has played a role in working with partners to ensure people have access to free IT devices and equipment to keep connected with friends, family and supporters during the pandemic. Recognising the increased vulnerabilities due to lockdowns that women with disability face, to domestic and family violence, and working to create proactive strategies to address these. Flexible work practices such as working from home have also highlighted to women with disability the potential to participate in paid work. Telehealth has enabled already vulnerable people to keep connected to their doctors and specialists during lockdown periods. It is also at least a part solution to addressing inaccessible doctors' surgeries and makes getting to the doctor easier for people reliant on accessible transport. Since the COVID-19 pandemic, QDN has worked alongside the Queensland government across a range of areas – health, housing, homelessness, domestic violence, health, information and communication technology, to name a few.

- **Opportunities to celebrate the achievements of women and girls with disability:** through programs and awards recognising excellence of women with disability in: the arts (performance, visual, literary), STEM, academic excellence, sporting excellence, community service excellence, policy and program excellence. This extends women’s leadership beyond the domain of disability. Inviting women and girls with disability to nominate their leaders and their nomination-worthy achievements, create opportunities for women leaders to share their skills.
- **Strategies that ensure women and girls with disability have a voice and take up leadership roles in communities, businesses and politics:** proactive and positive portrayals of women and girls with disability in the media, TV shows, news, current affairs, advertising; increasing the opportunities for women and girls with disability to have a voice and take up leadership positions in issues that affect their lives; listen to our ideas, provide funding opportunities and seeding grants to get our business ideas off-the ground; encourage the inclusion of women with disability in political parties through disability-inclusive strategies, such as Labor-Enabled, and proactively seek women with disability for pre-selection.

Leadership

QDN has had a role in developing the leadership of people with disability in Queensland since its inception. QDN’s current leadership initiatives include:

- **26 peer support groups around Queensland (including an online women’s support group and a support group focused on the issues of young people with disability):**¹ QDN peer support groups connect people with disability together to talk about the things that matter to them. They are places for sharing lived experiences, connecting with people with disability in their local community or around a shared topic or issue. Peer support groups are also leading and influencing change in their own communities. They are an avenue for people with disability to have a voice on important issues such as housing, health, information on COVID-19, accessible and priority testing and vaccination, transport, education and human rights.
- **Changing Lives, Changing Communities:** Changing Lives, Changing Communities was a two-year project which saw a series of six two-day events held across Queensland. Changing Lives, Changing Communities was about bringing people together from all parts of the community to co-create solutions to ensure everyone is included in their community and can access what they need, such as: a place to call home, good health, transport, education and meaningful employment. Changing Lives, Changing Communities has been a partnership between QDN, Queensland Council of Social Services (QCOS), and Queensland Human Rights Commission (QHRC). The Changing Lives, Changing Communities events were funded through Information, Linkages and Capacity Building (ILC) National Readiness Grants – National Disability Insurance Agency (NDIA).
- **Emerging Leaders Program**²: This is a leadership development program for people with disability. It supports emerging leaders to:
 - Build capacity and develop the skills and confidence to contribute to their community
 - Lead change in their lives and community

¹ Learn more about QDN Peer Support Groups here: <https://qdn.org.au/our-work/peer-support-groups/>

² Learn more about QDN’s Emerging Leaders Program here: <https://qdn.org.au/our-work/emerging-leaders-program/>

- Create a more inclusive community, and
- Inform, connect, lead and influence.

Emerging Leaders in the program are involved in:

- monthly training sessions (face to face meetings, online interactive sessions),
 - mentorship,
 - community activities to develop critical thinking,
 - exploring leadership theory practice and techniques,
 - holding inquiring conversations,
 - building relationships, and
 - connecting with established leaders.
- **Peer leadership in disaster planning**³: During the period of COVID-19 and other recent environmental disasters, QDN Peer leaders have been helping others to learn about Person-Centred Emergency Preparedness (P-CEP). Peer leaders have been working with people with disability and their peer support groups and their networks to become more prepared in an emergency. In the planning process our peer leaders focus on strengths-based and person-led actions to help people think about what they would need in an emergency.

QDN believes women with disability “bear a disproportionate burden of poverty” and experience greater social exclusion due to socio-economic disadvantage, intersectional discrimination, poor service access, inadequate and unsafe housing, violence, inadequate health care, and a lack of opportunities to actively participate in society⁴. Women with disability experience a greater risk of institutionalisation⁵; are over-represented in public housing; less likely to own their own homes; pay the highest level of their gross income on housing although they are in the lowest income brackets; are at increased risk of homelessness⁶; with older women (including older women with disability) being the fastest growing cohort of homeless Australians⁷⁸.

³ Learn more about QDN’s Peer Leadership in Disaster Planning here: <https://qdn.org.au/our-work/disability-inclusive-disaster-risk-reduction/peer-leadership-in-disaster-planning/>

⁴ Disabled People’s Organisations Australia and the National Women’s Alliances, *The Status of Women and Girls with Disability in Australia*, Position Statement to the Commission on the Status of Women (CSW) Twenty-Fifth Anniversary of the Fourth World Conference on Women and the Beijing Declaration and Platform for Action 1995, Women with Disabilities Australia, 2019, p. 7. <http://wwda.org.au/wpcontent/uploads/2019/12/The-Status-of-Women-and-Girls-with-Disability-Asustralia.pdf>

⁵ Committee on the Rights of Persons with Disabilities, *General comment No. 5 (2017) on living independently and being included in the community*, op. cit., para 72.

⁶ Disabled People’s Organisations Australia and the National Women’s Alliances, op. cit., p. 8.

⁷ Australian Human Rights Commission, ‘Older Women’s Risk of Homelessness: Background Paper – exploring a growing problem’ (April 2019). Available at: <https://humanrights.gov.au/our-work/age-discrimination/projects/risk-homelessness-older-women>

⁸ Women With Disabilities Australia (2021) Submission in response to the National Disability Insurance Scheme (NDIS) Consultation Paper on ‘An ordinary life at Home’ Tasmania: Rosny Park.

To address some of the barriers that exist, QDN believes targeted leadership programs need to be developed that are inclusive of women with disability with the following qualities or characteristics⁹:

- **A rights-based approach:** Australia is signatory to seven human rights conventions and treaties. Each of these makes specific reference to how the human rights of all people should be protected. QDN endorses a human rights approach to leadership as a powerful way to challenge previous medical or charity models of disability. These models tended to divide the disability community into medical groupings and the “haves” and “have nots”. Women with disability have the human right to take leadership of their own lives.
- **Acknowledging diversity:** women with disability in Queensland come from diverse backgrounds including women from Aboriginal and Torres Strait Islander (A&TSI) backgrounds, Cultural and Linguistically Diverse backgrounds, different religious backgrounds, socioeconomic status, age, LGBTQIA+ communities.
- **Inclusion and access:** QDN believes in order for women with disability to be included they must experience an inclusive environment which includes not just physical access, but access to information and activities. Furthermore, inclusion must extend to the culture of the group and be mindful that each person is a welcome and participating member and able to speak up about their specific needs around inclusion.
- **Women with disability leading their own training and leadership groups:** fundamental to all of QDN’s work is the power of co-design and people with disability being included in a leadership capacity from the start in policies, programs, services and products. Women with disability are experts in their own lives and must be accorded opportunities to lead programs about them.
- **Women with disability building confidence, pushing boundaries and exploring wider leadership opportunities:** as women with disability build their confidence, it is important that they are able to take up opportunities to advance their leadership and develop skills, interests and abilities in a diverse range of areas outside of disability such as politics, the arts, science, technology, to name a few.
- **Women with disability instilling pride:** QDN believes leadership should be transformational and women with disability should have opportunities to challenge negative stereotypes and embrace the positive parts of their identities.
- **Women with disability speaking with a collective voice:** QDN believes the most powerful resource of our peer support groups is the collective knowledge and insights among each group. From this comes the collective voice from which all of QDN’s work is based. QDN strongly believes it is vital to do some targeted work to build a strong, collective voice of women with disability in Queensland.

The Information, Linkages and Capacity Building Program¹⁰ (ILC) provides funding to organisations to deliver projects in the community that benefit all Australians with disability, their carers, and families. These projects create connections between people with disability and the communities they live in. Projects aim to build the knowledge, skills and confidence of people with disability, and improve their

⁹ Content adapted from: Loud Proud and Passionate: An Innovative, Rights-based Facilitator’s Guide for Leadership Training of Women with Disabilities Based on Mobility International USA’s Women’s Institute on Leadership and Disability (WILD) By Susan Sygall, Cindy Lewis and Susan Dunn, 2016.

¹⁰ Learn more about the ILC program here: <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/information-linkages-and->

access to community and mainstream services. The ILC transferred from the National Disability Insurance Agency (NDIA) to the Department of Social Services (DSS) from mid-2020.

ILC comprises four programs:

- **Individual Capacity Building:** The Individual Capacity Building (ICB) program seeks to enable systemic, nationwide access to peer support, mentoring and other skills building for people with disability, their families, and carers.
- **National Information Program:** National Information Program (NIP) focusses on providing information on supports and services to people with disability, their families and their carers through consistent national information programs and products.
- **Economic and Community Participation:** Economic and Community Participation (ECP) focusses on improving pathways to employment and increasing participation by people with disability.
- **Mainstream Capacity Building:** Mainstream Capacity Building (MCB) focusses on improving the capacity of mainstream services to respond to and include people with disability, increasing accessibility and use of mainstream services.

QDN sees the capacity for leadership opportunities for women and girls with disability to be developed through the ILC and also acknowledges the State Government has a joint responsibility in this.

Employment

As highlighted above, women with disability are more likely to live in poverty and less likely to be in paid employment as their non-disabled peers and men with disability. Men with disability (51.3%) are much more likely to be employed than women with disability (44.4%). Women with disability have lower incomes from employment; are more likely to experience gender and disability biases in labour markets; and are more concentrated than other women and men in precarious, informal, subsistence and vulnerable employment. Working-age women with disability who are in the labour force, regardless of full-time or part-time status, are much more likely to be in lower paid jobs than men with disability. Women with disability have a much higher rate of part-time employment (56% of women with disability who are employed) than men with disability (22% of men with disability who are employed). Many young people with disability do not enter the labour force at all over the first seven post-school years (18% compared to 5% of those without a disability) and are much more likely to experience long-term unemployment (13%) than those without a disability (7%)¹¹.

¹¹ https://dpoa.org.au/factsheet-employment/#_edn4 See for e.g.: Price Waterhouse Coopers (PWC) (2011) *Disability expectations: Investing in a better life, a stronger Australia*; accessed online at: <https://www.pwc.com.au/industry/government/assets/disability-in-australia.pdf>. See also: Australian Bureau of Statistics (ABS), 4433.0.55.006, OpCit. See also: Australian Bureau of Statistics (ABS), 4446.0 – Disability, Australia, 2009. See also: Australian Human Rights Commission (2016), OpCit., Frohmader, C. (2014) *'Gender Blind, Gender Neutral': The effectiveness of the National Disability Strategy in improving the lives of women and girls with disabilities*. Prepared for Women with Disabilities Australia (WWDA), Hobart, Tasmania. ISBN: 978-0-9585268-2-1, Available at: http://wwda.org.au/wp-content/uploads/2013/12/WWDA_Sub_NDS_Review2014.pdf

For these reasons QDN believes it is important to have a gendered approach to employment and people with disability. Specific strategies could include:

- **Proactive policies and programs to increase the employment of women with disability** with the State Government taking the lead in developing leadership and mentoring programs, traineeships, and graduate programs that lead to sustainable jobs in government for people with disability with specific quotas for marginalised groups such as women, A&TSI people and CALD people.
- **Develop partnership opportunities for businesses and the community sector to proactively employ women with disability** through accessible engagement, recruitment and retention and career development of workers. QDN would like to see the take up of women with disability in diverse careers, however also acknowledges that the community sector is the fastest growing sector and is predominantly made up of women.
- **Developing programs that raise the awareness of the increased risk of violence against and harassment of women with disability in the workplace** and the development and implementation of proactive strategies to monitor and effectively respond to this.
- **Collecting disaggregated data on employment of women with disability** is vital to addressing the issue of un- and under employment of women with disability.

Health and Wellbeing

QDN members regularly tell us of their experiences of in the health system and report feelings of: not feeling respected; not being involved in the decisions that affect their health care and treatment; not being able to get onto an examination table; or the recurrent focus on their disability, rather than their health concerns. These issues seem further compounded for women with disability who face additional barriers to receiving accessible sexual health screening such as cervical and breast cancer screenings and limited choices relating to issues such as birth control, making decisions around their fertility and sexuality or even having a say in simple things like diet and exercise.

In relation to health and wellbeing, it is commonly understood that¹²:

- Higher rates of poverty and housing stress and lower levels of education and employment are experienced by women with disability, compared with men with disability, or women without disability.
- Lower levels of health knowledge among some women with disability and fewer or no people with a vested interest in their healthcare may contribute to delays in obtaining treatment and lower participation in health promotion and prevention services.
- Health information is not provided in a range of accessible formats for women with disability.
- Primary carers and health care providers who do not see beyond the woman's disability, who may miss recognising her holistic health needs, or who do not adjust their care and services to meet those needs, exclude women from mainstream health services.

¹² Adapted from: Access to Health Services for women with disabilities: Women with Disabilities Victoria, pg. 2. Accessed at: <https://www.wdv.org.au/documents/Access%20to%20health%20services%20-%20the%20issues%20for%20women%20with%20disabilities.pdf>

- Gender based violence is experienced by women with disability up to two to three times more often than women without disability, with lower rates of access to justice and health systems.
- Higher rates of mental health issues co-exist with having a disability and are exacerbated by the higher rates of violence, socio-economic factors and lack of adequate mental health support and prevention services.
- Women with disability experience barriers in being served by health services in relation to their sexual and reproductive health needs and entitlements. Community attitudes and perceptions of disability, sexuality and gender contribute to the lack of appropriate information and accessible services.
- Access to health promotion initiatives, including screening, is as important for women with disabilities as for women in general. However these programs, including those for mammography and Pap screening, are not currently meeting their service obligations for this group of women.
- International, national and state policies enshrine the rights to health, freedom, respect, equality and dignity. These principles need to be translated into equitable and accessible services. Significant practical, attitudinal and organisational barriers to inclusive services for women with disabilities remain.
- The lack of Australian research on the health service needs of women with disabilities contributes to the maintenance of these barriers.

QDN supports research which indicates that equitable access and uptake of treatment and preventative health services and full participation in decision-making by women and girls with disability requires¹³:

- Further research about the barriers faced by women with disability in accessing health services. This includes data collection describing women's use of health services and research protocols that mandate the inclusion of women with disabilities.
- Professional development for health service providers that addresses attitudes and prior assumptions. Gaps in knowledge and skills have been shown to result in a reluctance to provide health services to women with disability. Evidence demonstrates that training by women with disability is most effective in improving knowledge and skills.
- Health information which is clear and concise with appropriate health messages about treatment, screening and lifestyle issues. Multimedia methods of disseminating health information are required. Use of reminders, recall systems or other mechanisms to ensure women receive the necessary information and feel included as part of the program are also required.
- Multi-disciplinary teams and cooperation between services, practice nurses, social workers, disability workers and others can facilitate continuity of care and advocacy. This may require the development of inter-agency policies and procedures between agencies such as the NDIS, domestic violence, sexual assault, justice, housing and health services (treatment and preventative), which respect the privacy of clients.

QDN agrees that increasing accessibility in health services requires¹⁴:

¹³ *ibid*, pg. 3.

¹⁴ *ibid*, pg. 3.

- Removing cost as a barrier to access of services through providing supports such as the free, accessible transport or continuation of services such as telehealth, as provided during the COVID-19 pandemic.
- Physical access including ramps, clear signage to assist navigating the environment, the building and the office, disability accessible facilities and examination table.
- Effective communication informed and competent staff who are knowledgeable about the additional burdens that women with disabilities may face. Talking directly to the woman and where women do not have the capacity involving a designated family member or carer.
- Additional time and resources, including flexible, longer and multiple appointments if necessary to gain a full understanding of the information and health needs of women, particularly those with intellectual and communication disabilities.
- Acknowledging the important role of carers, family and friends, but not to the exclusion of primary decision-making resting with women themselves (except if this not possible).
- A holistic approach to health care for women with disability requires services that recognise women's broader health needs beyond those related to their specific impairment, and the recognition of their rights to live full sexual and reproductive lives.

Uniting with our colleagues in the disability and women's health and violence sectors, QDN advocates that alongside the Queensland Women's Strategy, a Queensland Women's Health Strategy should be developed. This strategy must include a range of strategies (as outlined above), accessible information and targets for increasing the health outcomes for women and girls with disability and be inclusive of women and girls with all types of disability, particularly women and girls with intellectual disability and women and girls from an Aboriginal and Torres Strait Islander backgrounds (A&TSI), culturally and linguistically diverse backgrounds (CALD), women who are at risk through homelessness, living in closed systems such as hospitals, psychiatric institutions, group homes, supported accommodation facilities and prisons, and young women. Targets should include increased access to sexual health screening, cancer prevention screening, accessible information and resources on fertility, pregnancy and contraception, access to information on diet, exercise, mental health and wellbeing programs, and priority COVID-19 testing and immunisation.

Since the COVID-19 pandemic, QDN has worked alongside the Queensland government across a range of areas – health, housing, homelessness, health, information and communication technology, to name a few, to ensure the voices of people with disability are included in government responses to keep people safe during this challenging time. QDN was impressed that government and the community sector could work together to put temporary strategies in place to address homelessness and provide accessible information and support to marginalised people with disability on the COVID-19 vaccine during the pandemic. QDN believes that some of the lessons and strategies employed during COVID could help to inform the next Queensland Women's Strategy.

Safety (including freedom from all forms of violence)

QDN women members believe that in a gender equal Queensland, women and girls with disability would all feel safe, all the time, and have a variety of options for help if they didn't feel safe. Our members have told us that it is hard to be equal when so many women and girls with disability are held back because they are:

- Not able to access safe accommodation
- Not able to leave unsafe relationships (partnered, family, carer, group living or other)
- Not able to disconnect from unsafe supports (abuse in group homes, locked wards facilities, community and home supports)

Increasing the safety of women and girls with disability requires a range of approaches to ensure:

- **Women and girls with disability can move about safely in their communities:** accessible, well-lit pathways, accessible transport, designated places of safety if people need assistance, specialised response services and teams (such as police) to respond sensitively in emergencies.
- **Ensuring women and girls with disability are safe online:** that they have targeted, accessible information available to them about online safety, including scam-awareness, safe storage of passwords and data, recognising catfishing and stalking, appropriate and safe use of social media and other online platforms.
- **Laws are created in a way that are inclusive of women and girls with disability** and offer them the same protections afforded other women and don't lead to more women with disability being incarcerated.
- **Sexual health services are inclusive of women and girls with disability** and provide information, resources and options on safe sex practices, fertility, safe termination and access to reproductive technologies to the same level afforded all women.
- **Targeted strategies to protect women and girls from all forms of violence.**

It is now well known that compared to women without disability, women with disability experience significantly higher levels of all forms of violence, more intensely and frequently. Their experiences of violence last longer¹⁵; more severe injuries result; women with disability are far less likely to receive service support to address violence; they are often not believed when reporting sexual assault and other forms of violence; they are often denied the right to legal capacity¹⁶ and effective access to justice¹⁷; and they have considerably fewer pathways to safety^{18,19}.

The legal definition of DFV varies across states and territories of Australia and most do not contain definitions which do justice to, nor encompass, the range of domestic/family settings in which women with disability may live. Women with disability often living in 'domestic' relationships that included shared living arrangements where they live with the same four people for four decades without change. This needs to be considered and acknowledged as we move forward. Nor do they contain definitions which capture the

¹⁵ Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. (2013). Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper. Hobart: Women with Disabilities Australia. Available online at: http://wwda.org.au/wp-content/uploads/2013/12/STV_Background_Paper_FINAL.pdf

¹⁶ United Nations General Assembly, Human Rights Council (2013) Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Juan E Méndez; 1st February 2013; UN Doc. A/HRC/22/53.

¹⁷ Frohmader, C. (2014). 'Gender Blind, Gender Neutral': The effectiveness of the National Disability Strategy in improving the lives of women and girls with disabilities. Prepared for Women with Disabilities Australia (WWDA), Hobart, Tasmania. ISBN: 978-0-9585268-2-1.

¹⁸ Dowse, et al. (2013) op.cit.; Disabled People's Organisations Australia and the National Women's Alliances, The Status of Women and Girls with Disability in Australia, op. cit., PP. 23-28. Available at: <http://wwda.org.au/wp-content/uploads/2019/12/The-Status-of-Women-and-Girls-with-Disability-Asutralia.pdf>

¹⁹ Women with Disabilities Australia (WWDA) (2020). 'Submission to the House Standing Committee on Social Policy and Legal Affairs' inquiry into family, domestic and sexual violence'. August 2020. WWDA: Hobart, Tasmania.

range of relationships and various dimensions and experiences of DFV and GBV as experienced by people with disability, (particularly women with disability)²⁰.

Research shows because women with disability's experiences of violence may not fit contemporary definitions and understandings, that violence perpetrated against them often goes unidentified, unreported, un-investigated, inadequately investigated, or results in poor outcomes for the person concerned²¹. Traditional definitions of GBV and DFV do not reflect contemporary understandings of what constitutes violence against women with disability nor the complexities and the forms it can take, and the settings in which it can occur. For example violence that occurs in group home settings can be typically reframed as 'challenging behaviour', 'abuse' or 'service incidents', and the response tends to be one of 'adopting behaviour management strategies' or 'staff disciplinary processes' rather than involving outside scrutiny of police or other services and supports typically available to women without disability²².

While for many years QDN and our members have advocated the systemic benefits to people with disability, the general community, governments and businesses of people with disability being involved in co-design of policies, programs and products from conception to evaluation stages, it is fair to say that traditionally women with disability have largely been excluded from policies, programs, services and measures to progress gender equality. There is very little data on the experience of violence, abuse, neglect and exploitation by specific groups of women and girls with disability, such as those who are Indigenous, those from culturally and linguistically diverse backgrounds, those who are migrants, refugees or asylum seekers, those who are lesbian, bisexual, non-binary, transgender or intersex, or those living in rural and remote communities²³

There also needs to be recognition of the more subtle types of violence often experienced by women with disability at the hands of intimate partners or service providers, such as deliberately leaving a woman's assistive technology (such as a power wheelchair) off the charger and therefore restricting her freedom of movement, abusing a woman's assistance animal, rough handling of body parts during intimate personal care, over-medicating a woman with psycho-social disability to keep her "compliant", deliberately belittling a woman with intellectual disability so she feels unsure of herself and becomes more dependent on her abuser²⁴. There are also service practices such as restrictive practices²⁵ and arbitrary service decisions

²⁰ Frohmader, C. (2011). Submission to the Preparation Phase of the UN Analytical Study on Violence against Women and Girls with Disabilities, (A/HRC/RES/17/11). Prepared for Women with Disabilities Australia (WWDA). Available online at: <http://wwda.org.au/issues/viol/viol2011/>

²¹ Frohmader, C. & Swift, K. (2012). Opening minds & opening doors: Reconceptualising 'domestic violence' to be inclusive of women with disabilities in institutions. *CDFVRe@der*, Vol. 11, No. 2, PP. 7-8.

²² French, P., et al. (2010). *Rights Denied: Towards a National Policy Agenda About Abuse, Neglect & Exploitation of Persons with Cognitive Impairment*. PWD, NSW.

²³ Disabled People's Organisations Australia and the National Women's Alliances, *The Status of Women and Girls with Disability in Australia*, op. cit., PP. 23-28. Available at: <http://wwda.org.au/wp-content/uploads/2019/12/The-Status-of-Women-and-Girls-with-Disability-Asustralia.pdf>

²⁴ Adapted from Queenslanders with Disability Network, *Recommendations to protect people with disability experiencing Domestic Violence during COVID-19 phases*, provided to Minister Farmer Minister for Child Safety, Youth and Women and Minister for the Prevention of Domestic and Family Violence

²⁵ Restrictive practices refer to a range of practices to restrict a person's movement and/ behaviour and can include containment, seclusion, physical restraint, mechanical restraint, chemical restraint and restricting access. These practices are required to be documented and used in conjunction with a behaviour support plan.

based on workplace health and safety²⁶ that need to be further examined to fully understand the impact of domestic violence and GBV on women with disability.

Women (and men) with disability face various barriers in the legal/ criminal justice system and are often over-represented in prisons as a result. Women are often not believed when reporting sexual assault and other forms of violence. They are often denied the right to legal capacity ²⁷and effective access to justice²⁸ Men's behaviour change programs aren't targeted at men with intellectual disability and there are not enough accessible programs available.

Women with disability also need additional support in navigating health and hospital settings when seeking examinations for violence, sexual assault and rape, which is often a requirement for filing police charges.

Conclusion

QDN is pleased to have this opportunity to present our response to you outlining key strategies to ensure a disability inclusive Queensland Women's Strategy. Women and non-binary QDN members have highlighted key concerns and strategies ensuring they are included in all aspects of leadership development, employment, health and wellbeing and safety (including freedom from all forms of violence). QDN believes a human rights approach to the development of the new Queensland Women's Strategy is essential. QDN looks forward to further collaborating with the Office for Women and Violence Prevention, Department of Justice and Attorney-General to develop a disability-inclusive Queensland Women's Strategy.

²⁶ Workplace health and safety can often be cited as a reason for not doing a particular action. In some instances this can result in a person not having their personal care needs met or experiencing limitations of their freedom. For example, during a Disability Royal Commission Public Hearing, a witness outlined the situation of her daughter, who was not provided with support to shave her legs because the group home policy deemed it as a risk, although support workers assisted men to shave their faces. See: Disabled People's Organisations Australia and the National Women's Alliances, *The Status of Women and Girls with Disability in Australia*, op. cit., PP. 23-28. Available at: <http://wwda.org.au/wp-content/uploads/2019/12/The-Status-of-Women-and-Girls-with-Disability-Australia.pdf>

²⁷ United Nations General Assembly, Human Rights Council (2013) Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Juan E Méndez; 1st February 2013; UN Doc. A/HRC/22/53.

²⁸ Women With Disabilities Australia (WWDA) 'WWDA Position Statement 1: The Right to Freedom From All Forms of Violence'. WWDA, September 2016, Hobart, Tasmania. ISBN: 978-0-9585268-6-9