

**Building the
evidence to
stop violence
before it
starts**



‘No More Excuses’ – Primary Prevention of Violence Against Women with Disability

A report prepared by:
The University of Melbourne for **Respect Victoria**



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Acknowledgement of Country

The University of Melbourne & Respect Victoria acknowledge the traditional owners of the land and water on which we live and work. We acknowledge Aboriginal and Torres Strait Islander people's deep spiritual connection to this land and water, and that Aboriginal sovereignty was never ceded. We extend our respects to Elders past, present and emerging.

One in two Australian Aboriginal women have a disability – we acknowledge their strength and resilience in facing sexism, ableism, racism, and the effects of colonisation.

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We are also grateful to the policy makers and other stakeholders who volunteered their time to listen and learn from women's experiences, and for their ideas and enthusiasm for change. We thank the key informants who shared their perspectives on the disability support workforce and opportunities for primary prevention intervention.

The title of this final report - **No More Excuses** – was a phrase used by one of our participants, noting that action to stop violence against women with disability is urgent and long overdue. We hope findings from this research can be used to generate positive change.

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Cover artwork: Diversity, Enkha Balazic (she/her) Melbourne based artist living with fibromyalgia.

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Contents

Acknowledgements 3

Author 3

Suggested citation..... 3

Contact information 3

Executive Summary 8

 Part One: Building the Evidence. 8

 Part Two: Setting Priorities..... 9

 Part Three: Feasibility Study 10

 Guidance on Next Steps 11

Terminology and Language..... 14

Background 17

Project Overview 20

 Aims 20

 Ethics 21

Guiding Theoretical Concepts Underpinning the Project 22

 Inclusive participatory research..... 22

 Feminism and intersectionality 22

Part One: Building the Evidence 24

 Summary 24

 Key learnings 26

Part Two: Setting Priorities 28

 Methodological approach 29

 Findings 30

 Why focus on the disability support workforce? 33

Part Three: Feasibility Study **34**

 Methodological approach 34

 Findings 35

 Summary 45

 Key informant interviews 46

Guidance on next steps **52**

 Overall 53

 At an individual level 53

 At the relationship level 54

 At the organisational level 54

 At the policy level 55

 At the society level 55

References **57**

Executive Summary

This research project was commissioned by Respect Victoria. The project aimed to consolidate the current state of knowledge on the extent and nature of violence against women with disability in Australia, and on ‘what works’ to prevent violence from happening in the first place. In addition, the research aimed to work with women with disability to identify priority settings for primary prevention action.

This final report, titled **No More Excuses**, brings together key findings from:

- analyses of data from the Personal Safety Survey and a review of the international literature on effective and promising practices in primary prevention (Part One)
- a series of in-depth workshops with women with disability to identify priority settings for intervention (Part Two)
- a study testing the feasibility of embedding primary prevention initiatives in the disability support workforce in Victoria (Part Three).

The methodological approach was guided by the principles of disability inclusive and participatory research. While the initial evidence-building phases (Part One) were researcher-driven, subsequent components of the project were participatory and guided the latter research design (i.e., our focus on the disability workforce was directly informed by women with disability). The project was also grounded in the theory and practice of contemporary feminist research, reflecting our commitment to building evidence in the primary prevention of violence against women with disability that acknowledges and addresses intersecting and interlinking forms of discrimination and exclusion.

Part One: Building the Evidence.

In Part One of this project, analysis of the most recent national data on the experiences of violence among women with disability in Australia was undertaken, followed by a review of the international literature on the effectiveness of primary prevention interventions.

Analyses of the Personal Safety Survey (PSS) confirm that violence against

women with disability in Australia is widespread. One in three women with disability report at least one incident of violence since the age of 15. The sampling frame and data collection methods exclude many women with disability from participating in the PSS which means that prevalence estimates are likely to be a significant underestimate of the scale of the problem.

The review of the international literature indicates that the evidence base on 'what works' to prevent violence is small. Studies investigating the mechanisms by which the disability sector can move towards being more inclusive, respectful and provide gender equitable service delivery show promise in terms of their potential to contribute to the prevention of violence against women with disability. To date, however, a large proportion of programmatic and research resources have been invested in evaluating strategies at the individual level only that are unlikely to result in significant and sustained reductions in violence.

Part Two: Setting Priorities

In Part Two of this project, the project team worked with women with disability in a series of in-depth workshops informed by the principles of deliberative dialogue. The aim of the workshops was to co-create new knowledge about priority settings for primary prevention action.

The first three workshops followed a semi-structured format and used key learnings from the Evidence Synthesis and a range of participatory tools to support dialogue. In the fourth and final workshop, policy stakeholders from across the disability, women's health, education and training and prevention of family violence sectors were invited to listen to, and engage with, the perspectives of women with disability on what is required to prevent violence.

Three priority settings emerged from the participatory workshops with women with disability and included: disability service settings; disability support workers and educational settings.

These priority settings were presented to policy and practice stakeholders. While a range of issues were discussed, the disability support workforce - that provide services and supports to women in homes, in days programs and across community settings – was identified as pivotal in primary prevention. Women acknowledged that disability support workers can play an important role in

challenging the key drivers of violence against women with disability through service provision that challenges negative stereotypes that normalises violence, fosters social inclusion and supports (rather than restricts) decision-making, autonomy and independence. The focus on the final component of this project, therefore, was on the disability support workforce.

Part Three: Feasibility Study

In Part Three of this project, the feasibility of embedding primary prevention initiatives within the disability support workforce in Victoria was explored. This included mapping the legislative, regulatory and policy frameworks with either direct or indirect implications for people with disability and/or the practice of disability support workers, followed by a series of interviews with key informants in the fields of safeguarding, regulation/registration, disability services and violence prevention.

In the mapping exercise 24 legislative, regulatory and policy frameworks were identified, yet few addressed the prevention of violence in either disability service settings or in other environments. At the Commonwealth level, only the National Disability Insurance Scheme (NDIS) Quality and Safeguards Framework recognises the gendered nature of violence and the heightened risk for women and girls with disability to violence, but it only applies to NDIS participants. At the Victorian level, the State Disability Plan recognises the increased risk of family violence but does not specifically address violence against women with disability. Although family violence policies were not a key focus, both the *National Plan to Reduce Violence against Women and their Children 2010–2022* and Victoria's *Free from Violence Strategy* recognise the need to support non-violence specialist services to build capacity to identify, respond and prevent violence against women with disability. Neither, however, include actionable strategies that focus on the disability sector or its workforce.

Interviews with key informants aimed to extend understanding about the capacity of the disability support workforce to support primary prevention. Four key themes emerged from the interview data and included:

- the potential for primary prevention in paid support relationships

- the nature and conditions of (gender inequitable) work under the current market model
- cultures of disrespect – violence in and around the support relationship
- the role of training within a broader system of change.

Guidance on Next Steps

Findings from this project give rise to several considerations in research, policy, and practice for advancing action on the primary prevention of violence against women with disability. They arise from the synthesis of evidence; the experience and perspectives of women with disability; and those of policymakers and key informants working in academic, policy, support and service environments.

It is now well-established that factors that enable and tolerate violence transcend multiple levels of influence - individual, relationship, organisation, policy and society – and that to be effective primary prevention needs to reach all levels. The following guide, therefore, is organised around these different levels of influence. They should be considered as part of the ‘building blocks’ for long-term, comprehensive, coordinated and mutually reinforcing primary prevention action.

Overall

- women and girls with disability should play a central role in building evidence and in the design, delivery and evaluation of evidence-informed policies and practices in primary prevention. While participatory and co-produced approaches to research are an important vehicle for change, there is also a need to invest in the leadership and careers of women with disability in research and policy.

At the individual level

Women with disability sent us a strong message about the critical role the disability support workforce can play in challenging the drivers of violence against women with disability by providing services that empower women, foster social inclusion and support decision-making and independence. The systematic review of international evidence similarly highlighted disability service provision as an area with significant promise for preventing of violence against women

with disability. Training as a part of disability support worker registration is currently being established in Victoria. From July 2021 workers who elect to register with the Disability Worker Commission will be required to have a Certificate III or a minimum two-years' of work experience. This new legislative framework offers opportunities to:

- investigate the implications and feasibility of training that supports workers to deliver safe, respectful, inclusive, and equitable services being linked to registration with the Victorian Disability Worker Commission (and as a part of required ongoing professional development)
- better understand the perspectives of women with disability and support workers including incentives for registration and training.

At the relationship level

Despite the significant structural impediments inherent in the 'uberisation' of the disability support sector, the shift toward facilitating choice and flexibility in disability services and support brings with it potential to address attitudes and practices that drive violence against women with disability. Women with disability, as well as policy makers and key informants raised the importance of the relationship between women with disability and their paid support workers, noting it as an important conduit for the empowerment of women, participation and social inclusion. This project provides a platform for further research to:

- explore how women with disability and their paid support workers navigate the support relationship and what works to build relationships of empowerment, trust and respect.

At the organisational level

The evidence synthesis highlighted the pivotal role that organisations play in facilitating positive actions at the individual and relationships level. Key informants, however, noted additional systemic workforce issues that are likely to affect the extent to which disability support workers can enact positive cultural change for violence prevention. Not least among these are the structural and gendered inequalities embedded in the sector where the workforce is highly feminised, and the work is undervalued. Consideration should be given to:

- exploring sector-specific and intersectional workplace-based gender equality initiatives that address ways in which gender and social inequality disproportionately impacts on women in the disability support workforce
- considering opportunities for leadership, enhanced training pathways and recognition of women's skills and qualifications in the disability sector.

At the policy level

Mapping of the key policy, legislative and regulatory frameworks that pertain to services and support systems for people with disability illustrated a significant disconnect between evidence-based programs and practices that govern family violence prevention and safeguarding mechanisms in the disability sector. Until this is rectified women with disability will continue to fall through policy 'gaps' in relation to primary prevention action. Of note is that several national and state-based policy frameworks are currently in negotiation (*National Plan to Reduce Violence against Women and their Children, National Disability Strategy and the Victorian State Disability Plan, Free from Violence*), and therefore the time is right to:

- support Commonwealth and state-based disability, family violence and violence against women policy frameworks to draw on evidence on the intersecting drivers and explanatory factors for violence against women with disability and what works to prevent it.

At the society level

Women with disability identified several key settings for action including the need for whole-of-community interventions to tackle harmful social norms like ableism and sexism. Women shared personal stories about 'everyday' harms experienced across all facets of their lives. A strong theme emerging from the participatory workshops was a focus on education settings and the role that community – students, staff, parents and carers – can play in addressing ableist attitudes. Future research could focus on:

- the feasibility of incorporating ableism, discrimination, and disability inclusion into the Respectful Relationships curricula in Victoria.

Terminology and Language

Language is powerful and words have various meanings for different people. The way language is used is critical to understanding disability and the prevention of violence against women. Below is a list of important terms that appear in this report.

Ableism

The term ableism is used to denote a form of discrimination in which people with disability are seen as less worthy of respect, rights and opportunities; less able to contribute and participate, or of less inherent value than others. Ableism may be conscious or unconscious and may be enacted by individuals and embedded in institutions, systems, or the broader culture of a society.

Co-production

Co-production as a process of collaboration and collective decision-making, which involves disrupting traditional power relations separating users and producers of knowledge.

Disability

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognises disability as a function of the way society is organised and the way in which impairments interact with systemic barriers to hinder equal participation in society [1]. The term disability (in the singular) is used as per the CRPD conceptualisation of disability as arising from social and cultural processes and interactions and not a characteristic of a person.

Disability Support Worker

A person who is paid to provide support and assistance to people with disability.

Family Violence

In Australia the terms family violence, domestic violence and intimate partner violence are often used interchangeably. These terms refer to a range of behaviours that are violent, threatening, coercive or controlling that occur within current or past family or intimate relationships. These behaviours are overwhelmingly perpetrated by men against women and include physical and sexual assault, emotional and psychological abuse, economic control, social isolation, coercion. In Victoria, the Family Violence Protection Act (2008) extends the definition of ‘family member’ to include a person deemed to be ‘like’ a family member, such as the relationship between a person with disability and their carer.

Impairment

Aligned with the CRPD, the term impairment is used to refer to difficulties in body function or structure such as loss of vision, hearing, loss of a limb, as well as mental functions such as impairment of mood or emotion. Their effects are experienced differently by different people.

Intersectionality

Intersectionality is understood as a central feminist concern that seeks to identify and address how different social identities and systemic conditions intersect in place, time and circumstance to reproduce and compound experiences of inequality.

National Disability Insurance Scheme (NDIS)

The NDIS is an Australia-wide scheme for the delivery of supports and services to eligible people with disability. Administered by the National Disability Insurance Agency, the NDIS was progressively rolled out across States and Territories in Australia from 2013.

Primary Prevention

Primary prevention refers to initiatives that aim to stop violence before it occurs by addressing the underlying drivers and reinforcing factors for different manifestations of violence [2].

Violence against women

This report acknowledges the United Nations definition which describes violence against women as ‘...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’ [3].

Woman/Women

The term woman is used to include any person who identifies as a woman including trans women. We understand that gender is non-binary but note that the many of the sources referred to in this report define people as women or men.

Background

It is now well-established that women with disability in Australia, and globally, experience significantly more violence and abuse than women without disability [4]. Not only are rates of violence higher, but violence tends to be experienced in more diverse ways, manifesting in multiple, inter-related and recurring forms [5]. Due, in part, to the array of settings in which women with disability live and work, they are also more likely than women without disability to experience violence from multiple perpetrators across their lifetime. The risk of violence is particularly heightened in specific contexts where there are inherent power differentials, both in domestic and ‘institutional’ settings [6]. Recent data collected during the early stages of Australia’s response to COVID-19 found that women with disability were at greater risk of experiencing the onset of, or an escalation in, sexual and physical violence, emotional abuse and coercive control than women without disability [7].

Along with forms of gender-based violence that are commonly experienced by women in the community (e.g., intimate partner, sexual, psychological, and emotional violence), there are violent and abusive behaviours that are specifically targeted at women with disability. This may include, for example, exploitation and/or violation of bodily autonomy including reproductive coercion, withholding or forced medication, restrictive practices and denial of access to social and other supports.

In Australia, the *National Plan to Reduce Violence against Women and their Children 2010–2022 (the National Plan)* has provided a long-term policy framework for guiding government action on prevention, early intervention and response [8]. Implemented through a series of four, three-year action plans, the *National Plan* has focussed on building and implementing a strong evidence base to reduce violence against women. To date, however, there has only been limited attention paid to the particular circumstances faced by women with disability, beyond its construction as a risk factor *for* violence. The evidence base remains insufficient for evidence-informed policy development, while prevention and response systems continue to fall far short of being inclusive, equitable and responsive to the needs of women with disability. Only the most recent *Fourth Action Plan* applies an intersectional lens noting the potential for

violence to 'be exacerbated within certain settings and where gender inequality intersects with other forms of disadvantage and discrimination' [9]. This includes disadvantage and discrimination on the basis of, for example, disability as well as that associated with racism, colonialism, ageism and homophobia.

Policy and service frameworks that specifically address Australia's obligations under the United Nations Convention of the Rights of Persons with Disabilities (CRPD), such as the National Disability Strategy (NDS) 2010-2020, do not adequately address gender and violence, nor the intersection of the two. The current NDS addresses the need for violence prevention as an area for 'future action.' It is not clear whether or how this will be addressed in the new strategy to be released later this year (2021).

This lack of targeted attention in both family violence and disability national policy is despite an emerging international body of evidence about the drivers or explanatory factors for violence against women with disability [5, 10].

Conceptualised in the literature as gendered disability violence, there are compelling reasons to consider the way gender-based, disability-based, and other forms of discrimination and exclusion intersect to create the social conditions that enable and tolerate violence against women with disability [5, 10]. These social conditions are enacted at the community, organisational, relationship and individual level resulting in range of factors that place women with disability at risk of violence including social isolation, poverty, normalisation of inequality, inequitable power dynamics when receiving disability and economic support, exclusion from participation in community life (e.g., education and employment) and lack of access to decision making and representation.

There continues, however, to be a significant knowledge to practice gap. The gap is due, in part, to the ongoing 'siloing' of policy frameworks in which neither the family violence or disability sectors meaningfully attend to gendered disability inequality, discrimination and exclusion as key factors in violence prevention. But there are other policy factors at play. Significant among these is Australia's shift to personalisation and marketisation of disability support systems as a result of policy reform under the National Disability Insurance Scheme (NDIS). While participants in the NDIS make up only 10% of disabled Australians [11], the NDIS shapes disability service arrangements more broadly including policy and practice levers for addressing violence [12, 13]. To date,

quality, safeguarding and oversight mechanisms built around the shift toward this new market model have not attended to gender-based violence in any meaningful way. This is a lost opportunity to embed a primary prevention ‘what works’ framework within a disability support system focused on facilitating choice and control.

This project was commissioned by Respect Victoria in response to identified gaps in both knowledge and practice. Respect Victoria’s vision was for a project *‘developed in partnership with women with disabilities to ascertain their needs, prioritise their rights and make their lived experience visible’*.

This final report, titled **No More Excuses**, brings together findings from this mixed method research project. In the first section of this final report, a brief background to the project is provided including an overview of the project aims and its key components and the theoretical underpinnings that informed our approach. A summary of Part One – **Building the Evidence** – is presented with key learnings of relevance (see final Evidence Synthesis report at www.respectvictoria.vic.gov.au/research). In the next section the methodological approach and findings from Part Two – **Setting Priorities** and Part Three – **Feasibility Testing** is outlined. In the final section, a series of recommendations for action on the primary prevention of violence against women is presented.

Project Overview

Aims

The project's overall aims were to:

- build an understanding of the extent and nature of violence against women with disability in the Australian context
- consolidate existing evidence on the effectiveness of proven and promising practice in the primary prevention of violence against women with disability (what works)
- increase understanding of disabled women's perspectives on approaches to preventing violence against women with disability, and identify priority settings for change
- assess the feasibility of primary prevention initiatives based on disabled women's identified needs and priorities.

To address these aims a multi-phase, mixed method project comprising the following three parts was undertaken:

1. Building the Evidence

Analysis of the most recent national data on the experiences of violence for women with disability in Australia and a review the international literature on the effectiveness of primary prevention interventions. This synthesis of evidence informed the subsequent research design – a series of co-designed workshops with women with disability and key sector stakeholders.

2. Setting Priorities

Informed by the principles of participatory research, priority settings (or contexts) where primary prevention initiatives could be targeted were identified by working collaboratively with women with disability and key sector stakeholders in a series of workshops. From these discussions the disability support workforce was identified as a key sector for the prevention of violence against women, with a particular emphasis on disability support workers.

3. Feasibility Study

To assess the feasibility of embedding primary prevention initiatives in the disability support workforce legislation, policy and regulation pertaining to

disability support workers was identified, mapped and summarised. This exercise focused on Commonwealth and Victorian frameworks and approaches to violence prevention. Qualitative inquiry with key informants then focused on the primary prevention capacity of the disability workforce.

Ethics

This project was approved by the University of Melbourne Human Research Ethics Committee (ethics ID 14378). In line with ethical requirements, all those involved in workshops and interviews were provided with detailed information about the project using a Plain Language Statement, also available in Easy English. Consent forms were signed and collected for confidential storage. Women with disability were reimbursed for the time and expertise they contributed to the project.

Guiding Theoretical Concepts Underpinning the Project

Inclusive participatory research

The principles of disability inclusive and participatory research guided the methodological approach used in this project. Participatory research is a term used to describe research designs, methods and frameworks that prioritise collaboration with individuals and communities affected by the issue being studied [14]. Melding inclusive and participatory approaches challenges traditional power relations where research is done *on* rather than *by* or *with* people with disability [15]. Instead of being the ‘subjects’ of traditional research, participatory approaches facilitate collaboration between researchers and the community.

The broad objectives of this project were developed by Respect Victoria, rather than initiated by women with disability (as would be expected in participatory action research). However, it responded to decades of advocacy by national and state-based Disabled People’s Organisations calling for targeted contributions to the evidence base through co-designed projects [5]. Methodologically, inclusive, participatory research practices were applied by working collaboratively with women with disability to identify settings to prioritise for primary prevention intervention. This was significant in research of this kind because the perspectives of women with lived experience of disability were privileged in how the research proceeded.

Feminism and intersectionality

In addition to being guided by inclusive and participatory approaches, this project was also grounded in the theory and practice of contemporary feminist research. This reflects our commitment to building evidence to prevent violence against women with disability that acknowledges and addresses intersecting and interlinking forms of discrimination and exclusion. Originally coined by the critical race theorist, Professor Kimberlé Crenshaw [16], intersectionality is understood as a central feminist concern that seeks to identify and address how different social identities and systemic conditions intersect in place, time and

circumstance to reproduce conditions of inequality.

In the context of this project, the aim was to understand the specific and diverse ways that women with disability talk about the prevention of family violence, prioritising their perspectives, concerns and lived experiences. While it proceeded from the starting point that gender equality is the key to preventing all forms of violence against women, it acknowledges that for women with disability considering gender alone is insufficient to build effective primary prevention intervention. This report, therefore, adopts an intersectional approach by acknowledging and attending to the ways in which experiences of violence for women with disability intersect with gender and other social identities.

Part One: Building the Evidence

The evidence building phase of this project comprised three components:

- an analysis of population level data on the nature and extent of violence against women with disability in Australia
- a systematic review of the effectiveness of interventions to prevent violence against women with disability
- a summary of primary prevention programming and practice (learning from practice).

The final Evidence Synthesis report was completed in June 2020 and is available on the Respect Victoria website (see <https://www.respectvictoria.vic.gov.au/research>). Findings from the Evidence Synthesis informed our approach to identifying priority settings for primary prevention (Part Two). A summary is provided below.

Summary

Extent and nature of violence against women with disability

The Personal Safety Survey (PSS) administered by the Australian Bureau of Statistics (ABS) is currently the only source of population-level data on the extent and nature of different types of violence experienced by Australians [17]. Despite several limits to its sampling frame and data collection methods, the PSS is an important data asset for building the empirical evidence base on the prevalence of, and risk factors for, violence against women with disability. It is important to note that the survey is conducted in private homes and not in any group home or institutional environments, and that adjustments for disability access are not made.

Analyses of the 2016 PSS confirm that experiences of violence for women with disability in Australia are common; one in three reported at least one incident of violence since the age of 15. Sexual violence is of particular concern with results showing that women with disability are at a heightened risk of sexual violence in comparison to men and women without disability. Women with psychological and/or cognitive impairment, particularly young women (aged 18-29 years) experience very high rates of all types of violence; much higher than among

young women without disability. While these data represent only a partial picture because many women with disability are excluded from the PSS sampling frame, they offer a stark reminder of the scale of the problem.

Analyses encompassed people with disability up to the age of 65. It is known that violence occurs across the lifespan, and that the effects of ageing can increase the risk for older women with disability and older women who acquire disability. Women over 65 years of age may experience violence for decades without appropriate prevention or intervention.

Review of intervention effectiveness

A systematic review of the effectiveness of interventions was done by searching international research papers (peer-reviewed using scientific research processes) and research reports (typically community generated and reviewed using community processes; sometimes referred to as ‘grey’ literature). The search was purposively broad to capture the widest range of evidence and yielded 22 publications in total.

Interventions were varied and included young people and adults with disability (men and women), service providers and other people who work and/or support with people with disability and the community more broadly. Evaluations reporting on process and/or outcome indicators from a range of different study designs were included.

Most studies addressed change at the individual level. These interventions were commonly educational and/or informative in nature ‘teaching’ people with disability to recognise violence and enact safety skills and self-advocacy. A few studies explored this type of educational intervention among disability and other support workers. A handful of studies explored sexuality and relationships training for young people and adults with intellectual disability. Among these most reported on process indicators only.

Overall, studies demonstrated positive outcomes across a range of measures including awareness, knowledge, attitudes, skills and behaviour. Although the quality assessment of most studies was low, positive effects were demonstrated among studies employing more robust study designs (e.g., randomised controlled trials). The interventions themselves, nonetheless, are problematic in terms of how primary prevention was typically operationalised; namely that

people with disability are responsible for preventing violence by arming themselves with the knowledge and skills to ‘ward’ off violent and abusive behaviour.

Few studies focused on potential drivers or reinforcing factors for violence operating at the relationship, community, organisational, or societal level. Studies investigating the mechanisms by which the disability sector can move towards being more inclusive, respectful and provide gender equitable service delivery show promise in terms of their potential to contribute to the prevention of violence against women with disability. Research in this area requires a long-term investment in development, implementation and evaluation co-designed with women with disability and key sector stakeholders.

Learning from practice

The summary of primary prevention programming and practices in Australia was identified from a search of the literature (as described above). It drew on the extensive knowledge of the community researcher (JH) in relation to the disability advocacy, disability services and prevention of violence against women sectors, supplemented by contact with key informants. In keeping with the prior review of effectiveness it included the broadest possible scope of primary prevention programming and practice. The summary showed interventions with varying aims: some designed to prevent violence against women with disability as a specific aim, some designed to prevent violence against all women, and some designed to prevent disability abuse more broadly. Other programs had broader aims such as the empowerment of people with disability, workforce capacity building, or influencing of government policy. The latter category was included because of its potential to impact on resourcing and positioning of women with disability creating opportunities to influence the drivers of, and reinforcing factors for, violence.

Key learnings

The evidence building phase of this project confirmed the need for evidence-based approaches to the primary prevention of violence against women with disability. While better data are needed in Australia to understand the prevalence, nature and forms of violence perpetrated against women with disability in all settings, this shouldn't be an impediment to action. To date, the main barrier

seems to be a lack of political will to act on what evidence is available, and to address institutional, structural and social drivers of violence against women with disability in Australia.

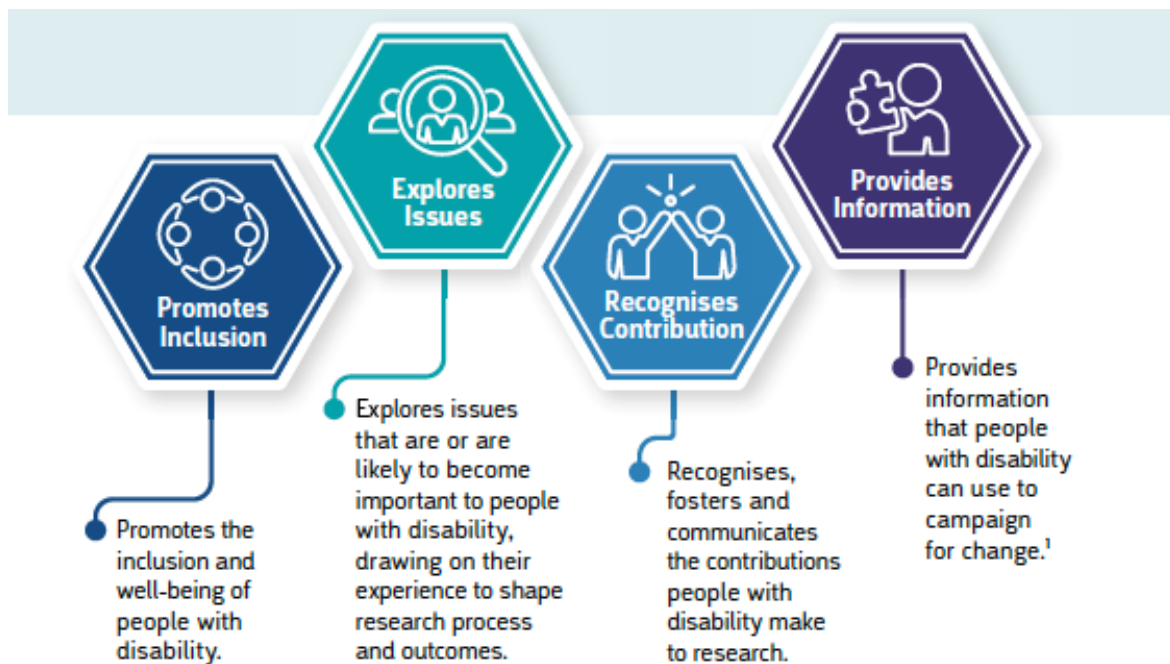
Analyses of the PSS confirm decades of research and advocacy that violence against women with disability is pernicious and frequent. While the scale of the problem is large, the evidence base on ‘what works’ in prevention is small. A key conclusion from the review of effectiveness of interventions in primary prevention is that a large proportion of programmatic and research resources to date have been invested in evaluating strategies at the individual level only (i.e., knowledge and skill development for people with disability) that are unlikely to result in significant and sustained reductions in violence.

Part Two: Setting Priorities

Informed by the principles of disability inclusive practice and participatory research, the research team worked with women with disability to co-produce new knowledge about priority settings for primary prevention action. The key objectives were to:

- increase understanding of the perspectives of women with disability on effective approaches to the primary prevention of violence
- identify priority settings (and/or contexts) for violence prevention
- build women's capacity to confidently share their experiences and ideas for change.

The approach utilised in this component of the project is illustrated in the diagram below*. This approach is based on the premise that co-production can help to ensure the concerns, experiences, perspective and interests of women with disability are *central* to research processes and outputs, increasing opportunities for real-world impact [18].



*The diagram above is a flow chart showing four components of co-production: promotes inclusion, explores issues, recognises contribution, and provides information.

Methodological approach

A series of in-depth workshops informed by the principles of deliberative dialogue was undertaken. Deliberative dialogue refers to a form of facilitated discussion in which small groups of people exchange and weigh ideas and opinions about a particular issue in which they share an interest [19]. The purpose here was not to try to solve the problem of violence against women with disability, but to explore and co-create knowledge about promising and actionable avenues for primary prevention that were grounded in disabled women's lived experience. The focus was on listening to each other's point of view, exploring new ideas and perspectives, and searching for points of agreement.

The first three workshops involved women with disability and the project team working together to identify the intersections between violence based on gender and disability; review what is known about 'what works' to prevent violence against women generally and specifically for women with disability, and to prioritise settings for intervention.

In the fourth and final workshop, disability, women's health and prevention of family violence policy makers and practitioners were invited to listen to, and engage with, the perspectives of women with disability on what is required for the prevention of violence.

Workshops and participants

While our original aim was to recruit around ten women with disability, the workshops coincided with COVID-19 restrictions in Victoria limiting in-person meetings. As a result, the workshops were held virtually using Zoom videoconferencing and to accommodate this change amendments were made to the workshops' format and structure to better support virtual engagement, including recruiting a smaller number of women to take part in the discussions. The final group included two members of the project team who co-moderated the discussions (one with a disability) and six women with disability.

Represented among the group were Aboriginal women, women from the LGBTIQ+ community, women living in regional areas of Victoria, as well as a diverse range of ages and impairments. The first three workshops followed a semi-structured format and used key learnings from the Evidence Synthesis

(summarised above) and a range of participatory tools to support dialogue.

Workshop 1: The first workshop was exploratory in nature with two areas of focus: 1) establishing trust and cohesion in the group and 2) collectively identifying the issue. The workshop enabled the group to explore perspectives about family violence (what it is); factors that drive or underpin violence and shape women's experiences, and knowledge and views on current initiatives in primary prevention.

Workshop 2: The second workshop shifted from exploration to inquiry and focused on women's priorities in relation to primary prevention, including identification of areas perceived as requiring urgent attention and change; exploration of appropriate (and inappropriate) sites and strategies for prevention initiatives.

Workshop 3: The third workshop was dedicated to bringing the deliberative process to an end by summing up what had been said throughout the workshops, acknowledging points of agreement and disagreement and arriving at a shared sense of action.

Workshop 4: The fourth workshop attended to one of the conditions required for disabled women's concerns and experiences to facilitate change – that is, by inviting key policy and practice stakeholders to listen and engage with the identified priority settings/contexts for action.

Findings

Participatory workshops

Three priority settings for primary prevention interventions emerged from the participatory workshops and are summarised below. The statements are based on women's collective experiences and how the group elected to present these ideas to policymakers in the final workshop:

Priority Setting One: Disability Service Settings

- women need to have safe places to stay and live whether it be in family homes, group homes, nursing homes, refuges, boarding houses or other community settings
- disability service settings should be environments where people:

- are aware of their rights to safety and respect
- feel confident to report safety concerns and receive a safe and appropriate response.
- to date, there has been some focus on improving responses to violence in disability service settings, but there also needs to be attention on prevention of violence
- prevention includes changing the culture in disability service settings to prevent more violence in the future.

Priority Setting Two: Disability Support Workers

- disability support workers have contact with people in their homes, day programs, and a whole range of community settings, therefore, they are an important group to engage with around primary prevention
- this is a female dominated workforce; however, men do also work in the sector – primarily but not exclusively in more senior roles
- people with disability also work in support roles
- there is a high turnover of staff in the disability service sector, and little resourcing for delivery of workforce training
- disability support workers don't always know what violence is
- disability support workers need to have a standard set of training and the necessary skill set to be equipped to work with women and girls with disability to prevent violence from occurring by empowering women, decision-making and inclusion.

Priority Setting Three: Education

- all education settings from kinder through to university are important for prevention
- intervention in educational settings needs to take a whole-of-community approach, from the children to the teachers, parents and guardians
- broadening the concept of Respectful Relationships to include disability in the content - tackling sexism and ableism together – could be a potential avenue for primary prevention intervention

- this could be a useful mechanism for raising awareness among teachers and staff of the need to prevent and respond to ableist attitudes
- the program would need to consider how informative resources around disability and violence could be adapted for the younger generations
- the Respectful Relationships program should also consider increasing accessibility, including interpreters for Deaf/deaf and non-English speaking students.

Policy Workshop

The final workshop aimed to model safe, respectful and inclusive ways of sharing and learning and in addition to the project team included ten policy and practice stakeholder representatives from across state and Commonwealth government and community agencies in the areas of disability, family violence, education and training. Over the course of the day, broad agreement was reached about:

- the significant gap between the disability and family violence/violence against women sectors including across legislation, policy, practice, programs and funding
- the potential value in closing that gap by finding a common language and linking up approaches to eliminating violence (for example, by creating high level mechanisms to link disability services into government gender equity resources, funding and legislation; by linking national plans and strategies)
- the need to strengthen understanding and responses in the disability sector of the ways inequality in power and control drive violence against women particularly in relation to disability support for women in their homes (or places of residence)
- the role the ‘contributor’ workforce can play in building capacity in primary prevention, for example disability support workers and teachers.

Based on these discussions, two key settings were identified with potential to significantly strengthen intersectoral partnerships to address the underlying drivers of violence against women with disability:

1. incorporate ableism, discrimination and disability inclusion into the Respectful Relationships program.

2. embed primary prevention initiatives into Victoria's disability support workforce.

The focus in Part Three of this study is the disability support workforce.

Why focus on the disability support workforce?

While women with disability identified a range of settings and contexts where violence happens, they specifically identified paid support relationships as important for primary prevention initiatives. This was considered relevant both to preventing violence from workers, but also early identification and intervention of violence from other perpetrators of violence against women with disability (e.g., intimate partners and/or other family members).

Disability support workers provide services and supports to women across a range of home and community settings including those at heightened risk of violence such as women with severe cognitive and psychosocial disability. They are well-placed, therefore, to can play a critical role in enabling respectful, inclusion and responsive service provision that empowers women, challenges negative stereotypes, fosters social inclusion and supports decision-making and independence - the key drivers of violence against women with disability.

We note, however, that women with disability are not a homogenous group and not all interact with paid support workers. Given the diversity of women with disability and their diverse experiences of violence, we acknowledge that no single initiative in primary prevention will be equally relevant to all groups.

Part Three: Feasibility Study

This final component of this project aimed to assess the feasibility of embedding primary prevention initiatives within the disability support workforce in Victoria. Our specific research questions were:

- what are the key policy, legal and regulatory frameworks for disability support workers in Victoria, both at the commonwealth and state level?
- how do these frameworks intersect with family violence policy and practice to enable action to prevent violence against women with disability?
- what are the opportunities within the disability support workforce and regulatory environments to embed primary prevention initiatives?
- what is the capacity of the workforce to support primary prevention in the context of the individualisation and marketisation of disability care?

Methodological approach

First, legislation, policy and regulation that affect people with disability and pertain to disability support workers were identified, mapped and summarised, focusing on Commonwealth and Victorian frameworks. A rapid analysis was then undertaken to determine the extent to which the frameworks address gendered disability violence and/or intersect with family violence prevention policy and practice.

Second, a series of qualitative, in-depth interviews was completed with key informants in the fields of safeguarding, regulation/registration, disability services and violence prevention. Key informants were purposively recruited and invited to participate in an interview with two members of the project team.

In advance of the interview, participants were provided with background information about the project and several domains for discussion. The domains included:

- the capacity of the workforce to support primary prevention efforts
- current training requirements for disability support workers
- the need and demand for further education and training
- the supports that need to be put around training to make it meaningful

- the type/s of incentives might be needed.

Findings

Mapping of legislation, policy, and regulation

The following describes key aspects of Commonwealth and Victorian legislative, regulatory and policy frameworks affecting people with disability with a focus on oversight of disability support workers. The purpose is to understand the context in which these relevant laws and policies attend to the prevention of violence against women with disability and possible points of intervention.

This mapping exercise was undertaken in March to May 2020, and thus refers to legislation current at that time.

Overarching each is the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The purpose of the Convention is to set out the full human rights of all persons with disabilities. The convention elaborates in detail the rights of persons with disabilities and set out a code of implementation. Australia ratified the CRPD and the Optional Protocol in 2008, committing to the obligations of the CRPD. Article 16 states “Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

Commonwealth

Disability Services Act (1986)

The Act aims to provide a comprehensive framework for the funding and provision of disability support services, including the accreditation, certification, and Commonwealth funding of services for people with disability including advocacy, employment, and rehabilitation services.

The Disability Services Act established the Disability Service Standards (1986), which have since been updated to the **National Standards for Disability Services (1993)**.

The act does not contain specific provisions for the prevention of violence against women with disability.

National Standards for Disability Services (NSDS,1993)

The NSDS apply to all disability service providers. There are six core standards:

1. Rights
2. Participation and Inclusion
3. Individual Outcomes
4. Feedback and Complaints
5. Service Access
6. Service Management.

The 'Rights' standard states that a service must actively prevent abuse, harm, neglect and violence. The Standards do not mention violence against women or gender-based violence specifically.

Disability Discrimination Act (1992)

The Act makes it illegal to harass or discriminate against a person with disability, on the basis of disability. It speaks to the establishment of standards that can prevent harassment and discrimination. The Act also establishes the Commonwealth Disability Discrimination Commissioner.

The Act does not directly relate to Disability Service Workers. The Act does not cover the prevention of gender-based discrimination or harassment.

National Disability Strategy: 2010-2020 (NDS)

The NDS is a national 10-year plan to support people with disability to maximise their potential and participate as equal citizens in Australian society.

Policy Direction 4 stipulates that people with disability be safe from violence, exploitation, and neglect, specifying that all protective measures be undertaken, including addressing gender-based aspects.

The Strategy references (once, in passing) the National Plan to Reduce Violence against Women and their Children as a related current commitment.

National Disability Insurance Scheme

The following frameworks only apply to participants under the National Disability Insurance Scheme (NDIS).

National Disability Insurance Scheme Act (2013)

The National Disability Insurance Scheme Act establishes:

1. the **National Disability Insurance Scheme** (NDIS, see below)
2. the **National Disability Insurance Agency** (NDIA, see below)

National Disability Insurance Scheme (NDIS)

The NDIS is a national scheme providing funding directly to individuals to access supports. Only people recognised as having a permanent (or likely to be permanent) and significant disability are eligible for the Scheme.

Part of the NDIS is the development of a national approach to quality and safeguards.

These requirements are covered in the **NDIS Quality and Safeguards Framework** (see below).

National Disability Insurance Agency (NDIA)

The NDIA implements the NDIS to determine the eligible reasonable and necessary supports for a participant of the NDIS.

The NDIA aims to play a central role in the safeguarding interest of the participants. This includes working with participants to assess and manage risks.

The quality and safety of services is covered by the **NDIS Quality and Safeguards Framework** (see below).

NDIS Quality and Safeguarding Framework

The NDIS Quality and Safeguarding Framework aims to provide a national approach to help support NDIS participants to exercise choice and control, while ensuring appropriate safeguards are in place. The framework applies to disability service workers and directly speaks to the prevention of violence against people with disability. It has three specific safeguarding aims:

1. **Developmental:** Strengthen the capability of people
2. **Preventative:** Prevent harm and ensure quality
3. **Corrective:** Resolve problems

These three components contain measures targeted at individuals, the workforce and providers. The preventative components aimed at the workforce and the providers is most relevant to the prevention of violence against people with disability.

Providers of NDIS services and supports can be either **registered or unregistered**:

- Registered providers are intended to be held to strict requirements and can provide high-risk supports
- Unregistered providers can provide what are called low risk supports only (e.g., gardening) or are covered under other professional regulation (such as health practitioners).

Funding can be **self-managed** or **externally managed** (by the NDIA):

- People managed by the NDIA can only use registered providers
- People who self-manage can choose from registered and unregistered providers.

Those self-managing are encouraged to use workers with checks or screening clearances, but this is not required and is at the discretion of the participant.

The **NDIS code of conduct** (see below) applies to all providers, both registered and unregistered.

The **NDIS Practice Standards** (see below) apply to all registered providers and includes core standards and specific practice standards.

The additional safeguards of **NDIS worker screening** applies to all workers delivering supports that pose a higher risk. Screening requirements are set out in the **NDIS (Practice Standards – Worker Screening) Rules**.

The framework recognises gendered-violence and the heightened risk of violence for women and girls with disability to violence. In practice, the development of an NDIS Plan includes a risk assessment that recognises individual circumstances which may include violence.

The Framework references (once, in passing) the National Plan to Reduce Violence against Women and their Children as a related policy.

NDIS Code of Conduct

The NDIS Code of Conduct sets out expectations for the conduct of both **registered and unregistered** NDIS providers and workers. The Code requires those who deliver supports to:

- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of supports provided to people with disability
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect, and abuse of people with disability
- Take all reasonable steps to prevent and respond to sexual misconduct.

The code does not specifically mention violence against women.

NDIS Practice Standards

The Practice Standards apply to **registered providers** and have both core modules and supplementary models that apply depending on the type of support and services.

There is a standard that specifically states that participants accessing supports are free from violence, abuse, neglect, exploitation and discrimination. The following indicators should be demonstrated by providers:

- Policy and procedures to actively prevent violence
- Participants provided access to an advocate
- Allegations and incidents are acted upon, investigated and action is taken.

The standards do not mention gender-based violence or violence against women. The only reference to gender is that reasonable efforts should be made to allow participants to select a worker of preferred gender where workers are providing personal supports.

Note - National Standards for Disability Services applies to all services while the NDIS Practice Standards apply to services provided to NDIS participants only.

NDIS Practice Standards – Worker Screening Rules (2018)

NDIS worker screening is designed to record people who have worked in disability services and been found to pose an unacceptable risk so that they can be stopped from further work with NDIS participants.

The screening is designed and overseen by the NDIS Registrar but operational responsibility rests with the states and territories. In Victoria, the screening is managed by the Department of Justice and Community Safety.

The screening applies to Disability Service Workers who work for registered NDIS providers in risk-assessed roles.

Risk assessed roles include those providing specified supports or specified

services to a person with disability, and those with more than ‘incidental contact’ with participants.

Unregistered providers (who may only perform non-risk assessed roles) do not require screening, but screening can be requested by a self-managing participant.

The NDIS Worker Screening Database supports the **NDIS Worker Screening Check** by keeping a register of cleared and excluded workers, ongoing monitoring of criminal history records of workers, providing a centralised place to verifying interstate clearances and helping providers with their record keeping requirements.

The Database allows registered and unregistered NDIS providers and self-managed participants to verify and check the NDIS Worker Screening clearance status of workers engaged to provide NDIS supports and services.

The screening check would ideally prohibit someone with a history of violence from working in a risk-assessed role.

Commonwealth (Other)

National Disability Advocacy Program (NDAP)

The NDAP provides people with disability with access to disability advocacy which aims to promote, protect, and ensure their rights. It aims to connect people with a disability to advocacy services.

The NDAP can be used to assist with issues that may arise with the NDIS.

The NDAP does not directly relate to Disability Support Workers or to the prevention of violence against women with disability. The advocacy service may help women to advocate for services that promote their safety (such as housing, education and employment) and could potentially be used to help with making complaints about unsafe services.

National code of conduct for unregistered health workers (COAG 2015)

Provides minimum standards of conduct and practice for all health care workers who are not registered under the **National Registration and Accreditation Scheme** for health practitioners. This can include service providers such as counsellors, dieticians and massage therapists.

It does not restrict entry into practice but allows for action to be taken against an unregistered health worker who fails to comply with standards of conduct or practice

- Clause 1 stipulates that health care workers provide services in a safe and ethical manner.
- Clause 13 stipulates that health care workers not engage in sexual misconduct.

Victoria

State Disability Plan

The Plan is a whole of Victorian Government approach to achieving greater inclusion for people with disability.

The 2017-2020 Plan includes a pillar on Fairness and Safety with advocacy in the areas of family violence, safeguards and disability advocacy.

The Fairness and Safety indicators include:

- Increased community safety
- Reduced experiences of interpersonal violence
- Reduced prevalence of abuse and neglect

The Disability Act (VIC, 2006)

The Disability Act 2006 introduced reforms aimed at improving services for people with a disability in Victoria.

The Act established stated provisions for:

- a stronger government response to the rights and needs of people with a disability
- a framework for the provision of services and supports for people with a disability

The Act established the position of the **Disability Services Commissioner** who reports to the Victorian Parliament. The Act was amended by the Victorian Government to formalise a principle of zero tolerance of abuse and neglect.

The Act is currently under review, given the nationalisation of services. The role of the Disability Services Commissioner will cease to exist as some responsibilities will be handed to the National NDIS Quality and Safeguarding Commission, and other duties will be abandoned.

Disability Services Commissioner (DSC)

The DSC is required (under **The Disability Act 2006**) to support the Victorian disability sector to prevent and respond effectively to allegations of abuse and neglect through the provision of education and information.

The Commissioner's annual report publishes information about the number and type of complaints and the outcome of the complaints dealt with in a financial year.

The Commissioner may name in an annual report a disability service provider who has unreasonably failed to take action to remedy a complaint.

Disability Services Safeguards Act (2018)

The Act provides for the voluntary registration of disability workers and students, and the regulation of registered and unregistered disability workers.

The Act established the **Victorian Disability Worker Commissioner** and **Disability Worker Regulation Scheme**.

Victorian Disability Worker Commission

Victorian Disability Worker Commission administers the **Disability Worker Regulation Scheme**.

It appoints the:

- Victorian Disability Worker Commissioner
- Disability Worker Registration Board

The Disability Worker Regulation Scheme

The scheme applies to all disability workers in Victoria.

The Scheme:

- Registers Victorian disability workers
- Sets registration standards for registered workers
- Investigates complaints about registered and unregistered workers
- Can prohibit workers from providing disability services.

It sets out the **Disability Service Safeguards Code of Conduct** and the **Disability Worker Registration Scheme**.

Disability Worker Registration Scheme

Effective from July 2021, the Disability Worker Registration Scheme is voluntary. Registration signifies that workers meet minimum standards for the safety and quality of delivery of disability standards. The registration standards are:

- A Certificate III (or equivalent training) or two-years' work experience
- Criminal history (consistent with NDIS worker screening)
- Continuing professional development
- Competency in English.

Service providers will have access to a public register of registered workers. Registered workers will be regulated by the **Disability Worker Regulation Scheme**. The scheme will replace the Disability Worker Exclusion Scheme.

Disability Services Safeguards Code of Conduct (The Code)

The Code sets out the obligations that all Victorian disability support workers (both registered and unregistered) must abide by and provides a standard to protect people with disability from harm and abuse.

The Code is designed to complement the **NDIS Quality and Safeguarding Framework** to promote a safe and skilled disability workforce within Victoria.

The Code adopts the **NDIS Code of Conduct**, promoting consistency in the requirements for worker conduct in Victoria, regardless of whether they are funded through the NDIS or other providers.

As with the NDIS Code of Conduct, the Code requires workers to:

1. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability
2. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability
3. Take all reasonable steps to prevent and respond to sexual misconduct.

The code does not specifically mention the prevention of violence against women.

Office for the Public Advocate (Community Visitors Program)

Community Visitors are trained volunteers who visit Victorian accommodation facilities for people with disability or mental illness.

They check on the quality of services and care provided, and that residents are

treated with dignity and respect.

The Visitors may play a role in the prevention of violence against women with disability as they can report suspected safety issues. They can check on Disability Service Workers and speak on behalf of a person with disability.

Disability Abuse Prevention Strategy (2018)

The Strategy outlines a zero-tolerance approach to abuse. It provides a guide for individuals, service providers and the sector to understand promote and enhance safeguards and prevent abuse.

The strategy recognises the role service providers and the disability sector have in stopping abuse from happening.

It recognises that women with disability are more likely to experience abuse and it has specific actions aimed to empower women with disability and increase awareness of gender equity.

The strategy states that the existing Victorian Government quality and safeguarding will be in place until the transition to the **NDIS Quality and Safeguarding Framework** is fully implemented.

Summary

In total 24 legislative, regulatory and policy frameworks were identified that had either direct or indirect implications to people with disability and/or the practice of disability support workers. There were four regulations that applied to *all* people with disability on a national level, and of these, only the National Disability Strategy (currently under review) recognises gendered violence against women with disability. The strategy, however, does not meaningfully address the prevention of violence in either disability service settings or in other environments.

Of the seven regulations that fall under the NDIS, only the NDIS Quality and Safeguards Framework recognises the gendered nature of violence and the heightened risk for women and girls with disability to violence. In practice, the only measures suggested to address this is the development of an NDIS Plan that includes a risk assessment that recognises individual circumstances (such as risk of violence). However, NDIS participants represent only 10% of disabled people in Australia, thus leaving 90% not covered by the frameworks and safeguarding processes developed specifically for the NDIS.

There were ten regulatory frameworks specific to Victoria. The State Disability Plan recognises the increased risk of family violence but does not specifically address violence against women with disability. The recent Disability Services Safeguard Act that came into effect in 2018 is the most relevant piece of legislation to the practice of disability support workers in Victoria. The legislation applies to all the services provided, not just those with an NDIS plan. The Act establishes the Disability Worker Commission and the Disability Worker Regulation Scheme (and associated voluntary worker registration) that are unique to Victoria. The Scheme sets standards for disability service workers (effective July 2021). The Scheme and associated Code of Conduct does not currently make any reference to violence against women with disability.

The Victorian Disability Abuse Prevention Strategy is the only strategy that includes specific actions to address the prevention of violence against women with disability. The current strategy is in place while the transition to the NDIS Quality and Safeguarding Framework is being fully implemented. The future of the strategy after the transition to the NDIS Quality and Safeguarding Framework is unknown.

Although mapping the key violence prevention policies was beyond the scope of this project, of note is that the *National Plan to Reduce Violence against Women and Children (2010-2022)* refers to the diversity of needs for women with disability; that primary prevention initiatives should be inclusive of women with disability; that response services should be flexible in meeting the needs of women with disability and that women with disability may require specialist support. The current *Fourth Action Plan (2019-2022)* emphasises the high levels of violence experienced by women with disability. It notes that disability support services may be a point of contact for victims/survivors of sexual violence, and that it is important that all workers be trained to respond appropriately. While the *National Plan* recognises the need to support non-violence specialist services to identify and respond to the needs of women experiencing violence, there are no specific actions outlined within the overarching *National Plan* or the current *Action Plan* that aim to build capacity of the disability sector or disability support workers.

In Victoria, the state strategy, *Free from Violence*, notes that women with disability are more likely to be subjected to sexual violence and family violence than women without disability; that women with disability are diverse and have a range of violence-related experiences and that requiring assistance from others can increase the risk of violence. However, there is no specific mention of initiatives in the disability sector or with disability support workers or that this might be a specific setting for primary prevention. While investment has been made in other sectors (e.g., maternal child health) in recognition of ‘contributor’ workforces in violence prevention, there has not been a commensurate focus on the disability workforce. This is a significant lost opportunity.

Key Informant interviews

As part of the feasibility study, 10 key informants were interviewed, either in-person or via Zoom/Microsoft Teams videoconferencing, including people from the following roles/organisations:

- experts in disability safeguarding and violence prevention
- representatives from community organisations involved in the provision of safety training

- organisations who specialise in the training and regulation of disability service providers and support workers
- academics in the fields of disability support work, gender equality and social policy
- government policy experts in disability support worker regulation.

Each interview lasted for approximately one hour. With permission, interviews were audio-recorded and transcribed using an automated speech to text translation app (otter.ai) with transcripts then reviewed for accuracy. Data collection and analysis occurred concurrently to allow for further exploration of emerging ideas in the subsequent interviews. Interviews were analysed using an inductive thematic approach [20]. Four major themes emerged from the data and are detailed below.

Theme One: The potential for primary prevention in paid support relationships

There was consensus among experts that effective prevention of violence initiatives for women with disability rely on quality disability supports. Quality support relationships are defined as relationships where the worker and client have a positive, ongoing relationship. Many noted that the presence of quality supports can facilitate the empowerment of women, their participation in the community and social inclusion.

The capacity of the workforce to support primary prevention efforts includes:

- providing quality support to enable relationships of respect, trust, agency, choice and control
- workers supporting women with disability to be in positive relationships
- workers supporting women with disability to recognise negative relationships
- supporting people with disability in the awareness of violence and abuse.

Experts agreed that there is a desperate need to improve the systems that surround support work to enable better relationships between support workers and women with disability. Many experts recommended that any consideration of expanded education and training must consider the workforce issues that are affecting support workers' ability to deliver safe, respectful, and consistent services and supports.

“There is some use of casual staff and agency staff, rather than permanent staff. And a lot of this is also about really getting to know a person if you’re going to support them by often performing very personal or intimate tasks. It’s ideal to have a consistent workforce, that the person can really get to know, and they can develop a working professional relationship”.

Theme Two: The nature and conditions of (gender inequitable) work under the current market model

There was strong agreement among experts about the structural inequalities that impact the disability support workforce and concern about whether there was potential for sustainable primary prevention initiatives to be embedded in the current personalised and marketised system. In Australia, that marketisation strategy is the NDIS, and there was universal agreement among interview participants that the NDIS market model poses *the* most significant barrier to effective development and implementation of best practices in responding and preventing violence against women with disability.

“... it’s a different workforce. It’s casualised. It’s a market model. It’s not block funding how it used to be. They don’t get paid to deliver or undertake training anymore.”

Experts raised numerous issues including the feminisation of the workforce, the undervaluing of ‘care’ work including the low status ascribed to ‘care’ work within wider society, as well as individual conditions of work that include low pay, ‘gig’ work, precarious employment and minimal opportunities for career development, upskilling, or to develop ongoing, positive relationships with clients or other service workers.

“The space to treat people with respect and dignity is predicated on ‘decent’ work – to provide good quality services. Poor working conditions means less space to provide good care”

All agreed that under the NDIS model of funding, there was minimal funded support for workers to access further education, training and other supports. There was also a lack of funding and support to create ‘communities of practice’ where workers could discuss problems or engage in peer-to-peer learning. They

described situations of inadequate supervision and training, and that support workers are increasingly isolated from professional and supervisory supports and from each other.

“Training might be one thing that continues to be lost in this space. And with that lack of training a positive culture is lost”

A key take home message from the interviews was that an unsafe and unsupported disability support worker cannot provide quality support to women with disability, let alone be engaged in efforts to prevent violence.

Theme Three: Cultures of disrespect – violence in and around the support relationship

Key informants described that gender-based violence takes many forms and discussed the importance of considering all forms of violence that occur in and around the support relationship, these can include violence in the context of the support relationship, the place or residence, the family home and in the broader community. Violence can include:

- Violence from a support worker to a woman with disability
- In family settings, violence from family members
- In group homes, violence from resident to resident
- Violence from other known or unknown people in the community towards woman with disability which may include violence perpetrated online, at workplaces, at day programs, on specialised transport, and in other settings frequented by women with disability
- Violence from support worker to support worker and/or family members or others

Several interview participants also pointed to the culture and normalisation of disrespect towards disability support workers, noting gender inequality, racism, and discrimination as intersecting factors for women with disability, as well as those employed in care work.

“Disability support workers are pretty powerless in the overall scheme of the broader workforce in society. They are not being treated with respect, and this can translate in how they engage with people, as they may ‘push it down’. So, one line of thought is that we want the

workforce to feel more empowered, partly in terms of getting quality services – with workers empowered to be able to take that initiative, to feel confident to call out practices around them. But part of it is empowering them so that they can operate in a respectful and appropriate manner. All of these relationships are important, they are all interrelated.”

Theme Four: The role of training within a broader system of change

While there was a consensus that training for disability support workers can play an important role in the primary prevention of violence against women with disability, most agreed that training alone was unlikely to be effective in shifting towards safe, positive, and respectful support relationships. As one participant noted:

“Training is necessary but not sufficient.”

Many experts noted that there needs to be supports around training and on-going commitment to organisational cultural change. The main message was that while training is important, it should not be viewed as a ‘magic bullet.’

The importance of leadership and supervision was also flagged by many experts as being key to supporting staff in violence prevention efforts. Many noted that there are often no supervisors available, and workers do not have the support they need to navigate complex situations. Experts agreed that the impact of any training would be enhanced if workers had ongoing access to supervision and broader leadership to support cultural change.

“If you don’t have supervision, or leadership that actually supports prevention or sees it as important, it’s not going to stick, that’s basically it. It’s one thing to train someone in knowing what that [violence] is, but if there’s nowhere for them to go to talk it through, it can actually be quite a disempowering experience.”

The concept of positive ‘communities of practice’ among disability support workers was raised by several key informants. This is where workers have a time to develop professional relationships and engage in reflective practice with each other about their approaches to care. Again, interviewees flagged that the ability of workers to incorporate learning and benefit from training would be

enhanced by positive peer support. Participants also discussed the need to improve workers confidence in their organisations.

Guidance on next steps

This project aimed to consolidate the current state of knowledge on the extent and nature of violence against women with disability in Australia, and on ‘what works’ to prevent violence from happening in the first place. In addition, the research aimed to work with women with disability to identify priority settings for action and test the feasibility of primary prevention initiatives in the disability sector and with disability support workers.

Overall, project findings make it clear that tailored, evidence-based approaches to building the capacity of disability support workers to deliver respectful, inclusive and responsive services that challenges the key drivers of violence against women with disability can play a strategic role in primary prevention. While policy frameworks at both the state and national level reference the need to build capacity in nonviolence specialist workforces, to date there has been little investment in building capacity among disability support workers. Mechanisms to ensure the safety of women and girls with disability is lacking from both the family violence and disability sectors.

Findings from this project give rise to several considerations in research, policy and practice for advancing action on the primary prevention of violence against women with disability. They arise from the synthesis of evidence; the experience and perspectives of women with disability; and those of policymakers and key informants working in academic, policy, support and service environments.

While there is a need to develop stronger understandings of the drivers and reinforcing factors for violence against women with disability (a recommendation put forward in the Evidence Synthesis), it is well known that factors that enable and tolerate violence transcend multiple levels of influence - individual, relationship, organisation, policy and society. To be effective primary prevention needs to reach all levels. The following guide, therefore, is organised around these different levels of influence. They should be considered as part of the ‘building blocks’ for long-term, comprehensive, coordinated and mutually reinforcing primary prevention action.

Overall

Women and girls with disability should play a central role in building evidence and in the design, delivery and evaluation of evidence-informed policies and practices in primary prevention. While participatory and co-produced approaches to research are an important vehicle for change, there is also a need to invest in the leadership and careers of women with disability in research and policy.

At the individual level

Women with disability sent us a strong message about the role of the disability support workforce in preventing violence against women including that *'disability support workers need to have a standard set of training and the necessary skill set to be equipped to work with women and girls with disability to prevent violence from occurring.'* Key informants noted both challenges and opportunities within the current environment shaped by the shift towards unit-costed personalised services plans with scarce staff training budgets, and trends in isolation and disempowerment of support workers.

Required training as part of disability support worker registration is currently being established in Victoria. From July 2021 workers who elect to register with the Disability Worker Commission will be required to have a Certificate III or a minimum two-years' of work experience. Ongoing professional development will also be required as a condition of registration. While registration is voluntary, registered workers will be able to 'market' themselves as quality service providers, encouraging workers to become registered. This new legislative framework offers opportunities to:

- investigate the implications and feasibility of training that supports workers to deliver safe, respectful, inclusive and equitable services being linked to registration with the Victorian Disability Worker Commission (and as part of required ongoing professional development)
- better understand the perspectives of women with disability and support workers including incentives for registration and training.

At the relationship level

Despite the significant structural impediments inherent in the ‘uberisation’ of the disability support sector, the shift toward facilitating choice and flexibility in disability services and support brings with it potential to address attitudes and practices that drive violence against women with disability. Women with disability, as well as policy makers and key informants raised the importance of the relationship between women with disability and their paid support workers, noting it as an important conduit for the empowerment of women, participation and social inclusion. While the importance of these relationships in the lives of young people with disability is increasingly acknowledged [21], to date, little attention has been paid to support relationships and the primary prevention of violence against women with disability. This project provides a platform for further research to:

- explore how women with disability and their paid support workers navigate the support relationship and what works to build relationships of empowerment, trust and respect.

At the organisational level

The evidence synthesis highlighted the pivotal role that organisations play in facilitating positive actions at the individual and relationships level. While there are likely limits to organisational oversight in the current environment where workers are distanced from the organisations that employ them or are without organisational employers at all, it is critical that disability service providers consider their role in fostering cultures of respect. Many key informants noted the pivotal role that organisations play in facilitating change and this was documented in the findings of the *Building Safe and Respectful Cultures* report [22].

There are additional systemic workforce issues that are likely to affect the extent to which disability support workers can enact positive cultural change for violence prevention. Not least among these are the structural and gendered inequalities embedded in the sector where the workforce is highly feminised, and the work is undervalued. While initiatives in Victoria, such as the Gender Equality Act 2020, are a potential impetus for change by compelling public sector entities to take positive action towards remedying systemic causes of

inequality, the disability workforce falls outside this gender-equality lever. Consideration should be given to:

- exploring sector-specific and intersectional workplace-based gender equality initiatives that address ways in which gender and social inequality disproportionately impacts on women in the disability support workforce
- considering opportunities for leadership, enhanced training pathways and recognition of women's skills and qualifications in the disability sector.

At the policy level

Mapping of the key policy, legislative and regulatory frameworks that pertain to services and support systems for people with disability illustrated a significant disconnect between evidence-based programs and practices that govern family violence prevention and safeguarding mechanisms in the disability sector. Until this is rectified women with disability will continue to fall through policy and service 'gaps' in relation to primary prevention action. Of note is that several national and state-based policy frameworks are currently in negotiation (*National Plan to Reduce Violence against Women and their Children, National Disability Strategy and the Victorian State Disability Plan, Free from Violence*), and therefore the time is right to:

- support Commonwealth and state-based disability, family violence and violence against women policy frameworks to draw on evidence on the intersecting drivers and explanatory factors for violence against women with disability and what works to prevent it.

At the society level

Women with disability identified several key settings for action including the need for whole-of-community interventions to tackle harmful social norms like ableism and sexism. Women shared personal stories with us about 'everyday' harms experienced across all facets of their lives. Note a strong theme emerging from the participatory workshops was a focus on education settings and the role that community – students, staff and parents – can play in addressing ableist attitudes. Future research could focus on:

- the feasibility of incorporating ableism, discrimination and disability inclusion into the Respectful Relationships curricula in Victoria.

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