



Women  
With  
Disabilities  
Australia  
(WWDA)

***Completely Knocked Out: Australian  
perspectives on disability,  
disempowerment and domestic violence***

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## **Abstract**

*World wide the incidence of domestic violence is of alarming proportions. This paper examines its genesis, cultural origins and impact from the viewpoint of women with disabilities. The cycle of poverty, low education and low employment perpetuate the disempowerment and power imbalances that enable domestic violence to thrive. There is an ongoing lack of global, national and local initiatives to address this scourge. These shortcomings are examined in the context of various UN actions, including Human Rights Conventions and the Millennium Development Goals.*

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## **Introduction**

People with disabilities number approximately 650 million world wide – 10% of the world's population. Estimations of the numbers of women with disabilities differ widely, with the Centre for Reproductive Rights (2002) reporting that women make up three quarters of people with disabilities in low and middle income countries with between 65% and 70% of such women living in rural areas. Other sources (UNESCAP 2002) quote women as comprising less than 50% of the overall numbers of the disabled, with neglect of the girl child, and death following parturition cited as reasons for this appalling loss. Whilst both figures are unimaginably large, it is safe to label each statistic as a fairly rubbery under-estimate in countries where culture renders disability invisible, and disabled women are uncountable, unaccountable, unmentionable and expendable.

In Australia one could assume that a certain degree of enlightenment would accompany developed world status and economic prosperity. However for the more than 2 million women with disabilities in this country, cultural considerations are also a major barrier to equity.

## **Cultural Overtones**

Degrees of poverty are comparative; the annual income and life opportunities for a woman with disabilities in the developing world would be miniscule compared to her counterpart on a NewStart Allowance (NSA) in Australia. However, what both women have in common is that the twin discriminators of gender and disability continue to perpetuate a situation where women with disabilities are locked into the most marginalised sectors of whichever society we choose to examine.

What produces that inevitable association between double discrimination and domestic violence? Unfortunately double discrimination is an intrinsic element of the marginalisation experienced by women and girls with disabilities which makes them particularly vulnerable to a greater range of more frequent and more prolonged incidents of domestic violence.

The Bangkok Statement (UNIFEM 2007) issued at the UN Regional Conference on Men as Partners to Eliminate Violence Against Women (EVAW), identified the deeply embedded cultural values and negative social attitudes towards women, which result in domestic violence and the perpetuation of the failure to prosecute offenders or bring about needed changes in male behaviour. Masculine use of violence in many aspects of their lives, across diverse cultures, spills over to have harmful consequences for women and girls as well as the boys and men themselves. The Statement further emphasised that a multi-sectoral approach is needed plus an attitude of zero tolerance. These cultural attitudes and values do, in fact, affect policy makers and limit their ability to put women's rights in proper perspective, or back up policy with effective programs.

In Australia, domestic violence has an enormous economic impact on society through increased use of a range of professional and health services as well as through lost productivity. In 2002–03, Access Economics (Access Economics 2004) estimated the total cost of partner violence (using a definition including emotional, social and financial abuse) to be \$8.1 billion, including a \$3.5 billion estimate of pain, suffering and premature death. In both Australia and globally, women with disabilities constitute an unknown component of such productivity losses.

Irrespective of country or culture, domestic violence needs to be addressed through a gender sensitive human rights approach which encompasses strengthening police, judiciary, and service providers. There need to be programmes for rehabilitation of offenders using a multi-sectoral coordination approach and gender sensitive education. Both mainstream and alternative media need to be involved to highlight and reinforce boys' and men's caring, nurturing and non-violent attributes. Experience in developed countries, with high levels of literacy, access to media and money, has not had marked success in counteracting the predominant paradigms. The challenges in the developing world are greater.

## **Human Rights**

Considerations which outline the enormity of the domestic violence problem for all women highlight the proportionately greater difficulties for women with disabilities. It is undeniable that freedom from domestic violence is a human right, yet for women with disabilities it is a right denied. The Universal Declaration of Human Rights, of which the first Article commences with the statement that: *"All human beings are born free and equal in dignity and rights"*, should be sufficient to produce a stream of equitable actions which ensure that freedom, equality, dignity and respect are rights afforded to all.

The raft of human rights conventions and declarations which continue to emerge from the UN attests to the difficulty of curbing inhumane behaviour, and to a non-diminishing need to protect the vulnerable. For women, the Convention on the Elimination of (All Forms of) Discrimination Against Women (CEDAW) adopted by the UN in 1979, is one international attempt to address the negative imbalances affecting women. Unfortunately no mention of disabilities is made in the entire document, although once again any application of the general principles enshrined therein should ensure that neither disability nor gender discrimination persists. Thus CEDAW fails to address disability in a gender context, and signatory nations, including Australia have slipped through this loophole.

As a signatory to CEDAW, Australia must report on a regular basis to the CEDAW Committee about its achievements in meeting the requirements of the Convention. Somewhat overly positive Government reports have been counterbalanced by Shadow Reports submitted by Non Government Organisations (NGOs), notably the Women's Rights Action Network of Australia (WRANA, 2005) which undertook Australia wide consultations in 2005, including an analysis of the human rights situation for women with disabilities in each life category discussed, e.g. housing, health, education, and employment.

The CEDAW Committee's subsequent assessment of the Australian Government's combined Fourth and Fifth Reports had some constructive concluding comments (CEDAW, 2006), to make about women with disabilities. In part it said:

*'.....The Committee regrets the absence of sufficient information and data on women with disabilities. The Committee requests the State Party to include adequate statistical data and analysis, disaggregated by sex, ethnicity and disability, in its next report so as to provide a full picture of the implementation of all the provisions of the Convention. It also recommends that the State Party regularly conduct impact assessments of its legislative reforms, policies and programmes to ensure that measures taken lead to the desired goals and that it inform the Committee about the results of these assessments in its next report.'*

*'.....The Committee is further concerned that the health needs of disabled women are inadequately met due to the lack of special equipment and other infrastructure.....The Committee recommends that the State Party develop the necessary infrastructure to ensure that disabled women have access to all health services.'*

WWDA regards these comments as encouragement for the Government to show leadership at a Commonwealth level, to address inequities in data collection/analysis so that these tools can be used in policy/programme development.

Women in the disability sector are further encouraged by the substance of the latest UN Convention, which addresses gender discrimination in a disability context. The Convention on the Rights of Persons with Disabilities (CPRD) was adopted by the UN in mid December 2006. More than a decade of wrangling over wording including lobbying by Australian Government delegations for inclusions of clauses wholly supported by WWDA, has seen the emergence of a document which makes numerous specific mention of gender discrimination which negatively affects women with disabilities. Paragraph (q) of the Preamble recognises that *"women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation"*. Much of the work of WWDA over the past decade had been directed at reducing these manifold risks for women with disabilities both in Australia and overseas, so that to have the problems starkly articulated in the Convention validates its role.

The CPRD Article 6, entitled *"Women with disabilities"* further spells out actions to be undertaken. State Parties which ratify the Convention must undertake *"measures to ensure the full and equal enjoyment by (women and girls with disabilities) of all human rights and fundamental freedoms."* There is further need for legislation and policies which are women- and child- focussed to ensure that exploitation, violence and abuse (Article 16/5, CPRD) is identified, investigated and prosecuted. The Convention pinpoints the essential protection of the standard of living of women and girls with disabilities through social protection and poverty reduction programmes (Article 28/2(b), CPRD).

Australia was an early signatory to CPRD (nation number 43), and the Human Rights and Equal Opportunity Commission (HREOC) is taking a lead role in assisting governments, peak disability organisations, disability service organisations and individuals to understand the implications of CPRD and to identify actions which need to be taken for its successful ratification in Australia.

The elimination of poverty for women and girls is an essential strategy for reducing domestic violence. International initiatives which seek to engage the developed world in assisting developing countries are outlined in the 8 Millennium Development Goals (MDGs), the first of which is dedicated to the eradication of extreme poverty and hunger, and the 3rd of which is for the promotion of gender equality and the empowerment of women.

Across the world, cultural and social constructs limit the lives of women with disabilities. Country by country we could examine the way these limitations are manifested. The underlying changes which need to be made are already contained in the UN conventions and declarations. Work for societal change for all women and women with disabilities must be done through leadership from prime ministers and presidents, with policies and programs, advocacy and example. WWDA's systemic

advocacy is directed at using these instruments both at home and abroad in this particularly unsavoury and unacceptable sphere of discrimination.

## **Forgotten Sisters**

Any focus on solutions to the domestic violence situation for women with disabilities needs to be informed by thorough research. In 2005-07, WWDA was funded by the Office for Women in the Department of Family, Community Services and Indigenous Affairs to undertake such work. The resultant WWDA publication *"Resource Manual on Violence Against Women With Disabilities"*, is a definitive work. It consists of four Booklets one of which looks at how the very definitions of both domestic violence and disability mean that domestic violence for women with disabilities is not adequately addressed anywhere in the world. *"Forgotten Sisters: a global review of violence against women with disabilities"* defines these terms at both national and international level, with comprehensive analysis of the prevalence and nature of domestic violence, responses to it and suggestions for its prevention.

The UN Declaration on the Elimination of Violence Against Women 1993 (EVAW) defines gender-based violence 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 deprivations of liberty, whether occurring in public or private life.'*

In Australia, WWDA contends that definitions of domestic violence (AUSTLII 2007) are far too narrow to describe the full range of domestic situations in which women with disabilities live. Where definitions fall short of adequate description, legal and domestic systems cannot achieve justice for women clients with disabilities. A Model Domestic Violence Law was drawn up in 1999, but has never been acted upon so that essential uniformity between State/Territory and Australian Government law is lacking. Semantics do have an additional negative affect. By refusing to name the problems as 'domestic violence', or see them as criminal offences (Sherry 2000) combined with widespread use of euphemisms such 'incident', 'neglect' and 'misconduct', we trivialise and ignore them.

For women with disabilities, domestic violence needs to be widely defined. There are many factors which make us particularly vulnerable to violence and abuse both inside and outside the home. Low self esteem can act as a magnet to those who seek gratification through dominance. Power imbalances fill a void created by one person's compromised independence.

In *Forgotten Sisters* these factors are outlined. I ask each of you in the audience who is employed and thus relatively affluent; who is here and thus relatively mobile, and independent, to consider

the affect on your psyche if any one of the following conditions applied to you. They all apply to women with disabilities.

### **Poverty & Lack of Economic Independence**

Irrespective of country or culture, poverty and lack of economic independence robs women with disabilities of autonomy, puts them at high risk of domestic violence and other forms of exploitation, and prevents them leaving a violent situation, especially where children are involved.

### **Lack of Education**

Lack of access to education affects girls with disabilities across the world. The levels of education differ according to country and culture, but in comparison to their male peers or the non disabled, women with disabilities are universally disadvantaged. The consequences are lack of access to finance, employment and equality, and increased vulnerability both inside and outside the home.

### **Social isolation**

The lack of education, lack of employment, and resultant poverty results in a high degree of social isolation. Access to the community can be limited by prejudice as well as the inaccessible physical environment, and lack of carer support. My non disabled colleagues comment on the social isolation they feel when they are home carers of children, or work from home. Imagine extrapolating that situation to one where leaving the house is impossibility.

### **Low Self Esteem & Lack of Assertiveness**

Cultural factors have a large impact on the esteem of women with disabilities. Western society is riddled with images of the body beautiful. The stereotypes are unattainable for all, but there are compounded negative impacts for women whose bodies are affected by disabilities. Public and private taunts about slurred speech or awkward gait erode the esteem over time. Many women with disabilities develop Pavlovian responses of compliance in order to avoid both subtle discrimination and overt threats. Lack of complaint can be an indication of resignation to a negative situation.

### **Dependence on others**

Where a woman with disabilities is unable to fulfill all the functions of daily living, from personal care, to socialising, they are in a situation of vulnerability to the whims of caregivers. The cunning of the abuser can be such as to only carry out the abuse when there are no witnesses. Such behaviour can be entrenched in the culture of care giving organisations, and the powerlessness of the victim perpetrated in policy. Currently the position of 'care giver' is undervalued, underpaid, under trained so that jobs can be taken by unsuitable candidates.

### **Credibility & Fear of Disclosure**

Many non-disabled women who experience domestic violence have also experienced the incredulity of those to whom they disclose, and are therefore reluctant to invite the undeserved consequences of disclosure, such as shame and more violent retaliation. Behaviours which arise out of the situation are labelled as erratic, madness, lying and exaggeration. How much worse for the women with disabilities, especially those with intellectual disabilities, whose credibility can be questioned at the best of times? Moreover the justice system tends to reject cases where a witness is regarded as 'not reliable'. Too often, the victim knows no other behaviours from those who come in contact with her.

### **Threats**

The fear of having children taken away is very real for a woman with disabilities. Conventional opinion has already intruded on her right to have children, and societal retribution can be swift when a domestic situation is seen as unstable. Too often the violent partner is seen as a better parent than the woman with disabilities. The option of putting appropriate community supports in place is rarely considered.

### **Places of Residence**

Most importantly *Forgotten Sisters* looks at the places which women with disabilities may have to call home. Women with disabilities are disproportionately housed in dwellings other than a family home - community based group homes, residential institutions, boarding houses, shelters, refuges, hospitals, psychiatric wards, and nursing homes. Too often, it is the people who work in these places of residence who are the perpetrators of domestic violence. At times it is other residents. Sometimes, escape from one domestic violence situation is followed by entrapment in another.

### **Communication**

Wherever there are barriers to communication, there are increased risks of conflict, violence and exploitation. There are sometimes only limited attempts to understand, couple with immediate doubting of the credibility of the hard-fought-for disclosure.

### **Lack of Services & Support**

For the non disabled, lack of information about where to go, how to go, how to organise to escape domestic violence brings on a sense of trapped panic. How much more difficult for a woman who is dependent on others in some aspect of her life? In the disability sector the lack of 'appropriate, available, accessible and affordable services, programs and support' (WWDA [a] 2007) is well known. Current Commonwealth and State/Territory battles over funding through the intergovernmental Disability Agreement (CSTDA) has once again highlighted the

unmet need for people with disabilities. In its submission to government, WWDA has emphasised the disproportionate amount of funding which goes to services for men.

## **Nature of Domestic Violence against women with disabilities**

The list of forms of violence experienced by women with disabilities is long, and encompasses all the forms experienced by the non-disabled but with unfortunate additions to their suffering. Once again *Forgotten Sisters* gives a comprehensive overview to enable enhanced understanding of the situation for women with disabilities. The summary included here lists only the forms of violence to which the non disabled are unlikely to be subjected. Once again, I ask you to put yourself in a wheelchair with a communication board as your means of interacting with others, and consider the power imbalance which walks through the door with every visitor to your place of residence.

### **Physical violence**

Physical violence also includes (but is not limited to) deprivation of water, food, or heat; inappropriate use of drugs; use of restraints (both chemical and physical); withholding or alteration of equipment, and withholding of essential services.

### **Sexual violence**

Sexual violence includes (but is not limited to) sexual activity demanded or expected in return for help; being rough with intimate body parts; being left naked; denial of appropriate reproductive health care; forced/involuntary sterilisation; menstrual suppression, and forced abortion.

### **Emotional or Psychological Violence**

Emotional or psychological violence includes (but is not limited to) denial of disability; threats to withdraw care and/or services; threats of any kind (punishment or abandonment, removal of children, institutionalisation); restriction of social interaction, and violations of privacy.

### **Control of Reproduction as a Form of Violence**

*Forgotten Sisters* continues articulation of the long-held WWDA policy position that forced sterilisation of girls or women with disabilities is a criminal act of personal and domestic violence, and must only be done in extreme cases for strictly therapeutic medical reasons. Most justifications given for sterilisations of minors are stated as being 'in the best interests of the child' but when analysed evaporate to being in the 'best interests of the carer/s'. It is understandable that carer/s who have never had adequate day-to-day support cannot envisage coping with anything which increases their levels of input. However, so long as

sterilisation continues as a way of 'managing' menstruation, there will be no planning for adequate sex education, funding, accommodation and respite care.

Interventions undertaken in the name of simplifying the management of severely disabled girls can have horrific repercussions for all involved. The high profile case of the multiple interventions authorised for Ashley X (TimesOnline 2007) in the USA earlier this year was shocking enough. News last month that one of the surgeons (MSNBC 2007) involved took his own life only adds to the multiple losses and seriousness of the situation. In the UK, the sterilisation of minors is illegal, but nevertheless pursued by carer/s and their doctors. A current legal argument is being mounted there by those who would sterilise 15 year old Katie Thorpe (Telegraph Blog) in order that she not be frightened by menstrual blood. Vigilance, strong systemic advocacy, and above all support for those primarily concerned is needed. In Australia, WWDA believes that current draft legislation '*Children with Intellectual Disabilities (Regulation of Sterilisation) Bill 2006*' under consideration by the Standing Committee of Attorneys-General will regulate sterilisations rather than preventing them. We need only refer back to the CRPD to see (Article 23[c]) that: "*Persons with disabilities, including children, (should) retain their fertility on an equal basis with others*". Blatant sexism is involved, here coupled with lack of community supports for families of children with severe disabilities.

### **Hate Crimes and domestic violence**

A "hate crime" is a criminal act perpetrated against someone because of an actual or perceived trait (such as disability) that they possess (Sherry 2000). US legislation was amended in 2000 to specifically include hate crimes against people with disabilities. Sobsey (1993) and Chenoweth (1997) (ibid.) and others have attempted to quantify the rate at which hate crimes are experienced, and to identify where the crimes are perpetrated. In a way the incidence of the crimes is irrelevant, as all experience of such assaults is an offence and offensive. Hate crimes are a specific manifestation of the negative power imbalance affecting women with disabilities. So long as women with disabilities are objectified as 'the other', devalued and dehumanised, the potential for abuse is magnified. Such psychological mindsets are the mechanisms through which soldiers are able to kill the 'constructed' enemy. A consequence of this objectification is also that the punishment for perpetrators is less than that for crimes against the non-disabled, and that some such crimes are not even deemed worthy of reporting. The fact that the perpetrators are very likely to come from the disability services sector is reprehensible but not amazing. Police do restrict themselves in their pursuance of crimes, limiting investigations to those where they believe that there is a reasonable chance of a conviction. If their bias is that the victim would not be a reliable witness, often matters do not proceed beyond a non-committal nod on one side of the interview table. The greater the number of carers with whom a woman with disabilities comes in contact, the greater the risk of a hate crime.

Social, cultural, economic, physical and psychological factors all contribute to a climate in which disabled people become the victims of hate crimes. Cultural stigma coupled with poverty and the absence of support for the carer/s has drastic, violent outcomes. For girls with disabilities in developing countries, infanticide is too often a solution. Judge (1987) reviewed 13 cases where parents killed their children with disabilities. The crimes were committed through various means including shooting, poisoning, strangulation, drowning, burning and drug overdoses. In 11 of these 13 cases, the parent was not sentenced to jail.

Indian disability activist Kuhu Das (in Nelson 2003) believes that almost 90 per cent of disabled women experience sexual abuse, exploitation and violence from the very people who are supposed to be helping them - care-givers, close relatives and family members. Ugandan disability activist Patrick Kirumira (ibid.) cites the case of a blind primary school student who became pregnant after being raped by two motorcycle taxi boys. The rapists gambled on the inability of their victim to identify them. A Ugandan disability counsellor reported that it is acceptable for a disabled person to marry another disabled person so that together they share their curse rather than contaminating others.

Negative stigma against women with disabilities is particularly focussed where the disability is HIV/AIDS. Too often they do not get information in accessible formats, and may be completely excluded from treatment policy and programs. They are expendable.

In community research undertaken with women with disabilities in Tanzania (Kaaven & Braathen 2006) one respondent summed up her situation: *“Women are nothing to a man., they have no say in anything, they can not say no to anything.... Are men afraid that women with disabilities can not give them children? Maybe, but they are more afraid of the practical things; can she carry water and so on”*.

## **Lack of Data**

As a result of the lack of data collected about women with disabilities and domestic violence in Australia, it is necessary to extrapolate from information that is available about all women. WWDA has repeatedly asked to be included in data collection, such as the Personal Safety Survey (PSS) conducted in 2005, and its predecessor the Women’s Safety Survey (WSS 1996). The survey design challenges that this would apparently present to statisticians have so far proved insurmountable. No attempt has been made to conduct any separate survey. In the PSS, ‘partner violence’ refers to a range of behaviours, such as physical assault, that are recognised as criminal offences (including violence experienced but not reported to police). The incidence of partner

violence is alarmingly high, with an estimated 1.3 million women aged 18 years and over having experienced some form of it since turning 15 years of age. Further analysis of the PSS data is reported in the ABS Australian Social Trends (ABS 2007).

Let us narrow our gaze to violence experienced by women in the 12 months prior to interview and identify particularly vulnerable groups. Women with no post school qualifications were almost 2 times as likely to experience violence that those with higher levels of education (women with disabilities are over-represented in groups with lower levels of education). Women in lower socioeconomic groups are more than 2 times as likely to experience partner violence than those in the higher income groups (another area with over-representation of women with disabilities). Similarly, women who are unemployed are 5 times more likely to experience partner violence (the unemployment rate for women with disabilities is significantly greater than for any other group in the population). Women with a past history of child abuse (and many women with congenital disabilities are in this category) were also more at risk (women with congenital and long term disabilities are over represented here too). Lastly, women at risk are also 5 times more likely to have experienced additional violence from a second person known to them in addition to that perpetrated by their partner. Women with disabilities are vulnerable in this category too because they come into contact with a range of people who are potential perpetrators. All these propensities for partner violence are indicators of the need for a personal safety survey dedicated to women with disabilities to supplement the more general PSS.

## **Changes in the legal system**

Part of the problem for women with disabilities experiencing domestic violence in Australia is the inability of the legal system to recognise what constitutes 'domestic' with regard to the perpetrator and victim and to their place of living. In contrast to the narrow PSS description of 'partner violence', WWDA ([b] 2007) believes that it is imperative that broader definitions of 'family' and 'domestic relationship' are used. These should include:

- a) spousal relationships (past and present);
- b) intimate personal relationships (past and present, including dating relationships, same sex relationships, and non-sexual intimate personal relationships);
- c) family relationships (with a broad definition of relative which also reflects the extent of kinship and family relationships within indigenous and CALD communities);
- d) formal and informal care relationships (between a person and a carer which takes place for fee or reward, or for no fee or reward); and,
- e) persons who are ordinarily members of a household.

In addition, specialist Domestic Violence courts (models are already in existence, e.g. in the ACT) should be set up in all jurisdictions. They need to be strongly endorsed so that there is no perception of less stringent action on perpetrators (Stewart 2005). Such courts can recognise the unique nature of domestic violence, enable the professionals involved to develop expertise and offer streamlined judicial decision-making. It is essential that women with disabilities can interact with people who understand their challenges. Specialised domestic violence courts offer this possibility.

## **Remedies**

When the non-disabled reach out for help, 80% tell family, friends, neighbours or colleagues, and over 30% seek professional help (ABS 2007). For women with disabilities the avenues of assistance are scarce indeed. Despite the bleak picture, of course there are a great many professionals and carers working with women with disabilities who are dedicated to bringing about changes. And many changes need to be made.

Among the remedies to reduce violence against women with disabilities are:

1. addressing systemic issues – carer culture, disability culture, culture of the legal system;
2. general reduction in prejudice, negative attitudes and bias;
3. self advocacy training and confidence enhancement;
4. staff training;
5. support for reporting whistleblowers in service provider organisations;
6. better financial and respite support for carers, including family members;
7. better community (non-institutional) accommodation;
8. support for higher educational achievements;
9. better employment opportunities for women with disabilities;
10. autonomy for hiring and firing individual support staff;
11. mental health supports, and
12. accessible refuges

## **Conclusion**

The rationale for change is there. Human Rights conventions and declarations provide the framework on which policies and programs can be built. No country or culture is exempt from the need to examine its treatment of women with disabilities particularly in the area of domestic violence. The home, irrespective of the form it takes, should be a safe haven.

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