



Responses to Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022-2032)

August 2026

About us

JFA Purple Orange is an independent, social-profit organisation based in South Australia that undertakes systemic policy analysis and advocacy across a range of issues affecting people with disability and their families. Our work is characterised by co-design and co-production and we work extensively in multi-stakeholder consultation and collaboration. We also host a range of user-led initiatives including peer networks with people with disability including people with intellectual disability, physical and sensory disability, younger people, people from culturally and linguistically diverse backgrounds, and people in regional South Australia. We are working towards a more inclusive world where people with disability have access to the same opportunities as everyone else.

Summary

Women and children with disability experience domestic, family and sexual violence (DFSV) at significantly disproportionate levels compared to those without disability. Some people with disability who also face intersectional forms of inequity can experience much higher rates of violence again.

In the Disability Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disability (Disability Royal Commission) final report, it is stated that:

- 72 percent of women with intellectual or psychosocial disability aged between ages 15-64, have experienced violence after the age of 15 years (compared with 54 percent of women with disability of any type)¹; and that
- people with disability before the age of 15, 21% of reported experiencing sexual violence, compared with 10% of people without disability².

We envisage that these two figures would be significantly higher again had women with disability aged 65 and above also been included.

In terms of children with disability, the Disability Royal Commission final report noted that “Research into South Australian child protection and Western Australia hospital data shows that, in the cohort considered [children who had a mother hospitalised for assault], children with disability were exposed to more than twice as much family and domestic violence as children without disability”³.

Whilst there are limitations which constrain what can be understood via each of the above statistics⁴, it nonetheless highlights the importance of a domestic family and sexual violence system which prevents and addresses violence against women and children with disability.

Women and children with disability should be able to access the mainstream supports and services they need without barriers or discrimination. Unfortunately, as evident through the Disability Royal Commission final report, as well as the South Australian Royal

Commission into Domestic, Family and Sexual Violence (2024-25) (SA Royal Commission), people with disability currently face compounding impacts of barriers and gaps across prevention, early intervention, response and recovery, as well as the impacts of discrimination, stigma and negative attitudes. In order to address this, the Second Action Plan of the National Plan to End Violence against Women and Children (the Second Action Plan) **must include targeted actions with dedicated funding** to achieve genuine outcomes for women and children with disability.

These actions must be co-designed with lived experience and draw upon the learnings from the Disability Royal Commission and SA Royal Commission and decades of advocacy to ensure they are robust, measurable and timebound. We support recommendations from Women with Disabilities Australia (WWDA) for “ongoing dedicated funding for a disability-led gender-based violence working group to support the design and implementation of the Second Action Plan across prevention, early intervention, response, recovery and healing”⁵.

We also stand with Aboriginal and Torres Strait Islander communities in calling for strong Aboriginal and Torres Strait Islander led implementation of Our Ways- Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036. Aboriginal and Torres Strait Islander women are 27 times more likely than other Australian females to be hospitalised due to family violence”⁶, and “over half of Aboriginal and Torres Strait Islander people who experience violence have a disability”⁷. Much more work must be done in this space alongside these communities.

We acknowledge the release of the Disability Lens to the first National Plan to End Violence against Women and Children, which was released exceptionally late and therefore unable to be utilised until now. We believe the Disability Lens is a useful tool that may support the implementation of the Second Action Plan however, there are currently too many additional barriers and gaps within the DFSV system for it to be successful on its own. With targeted and well-resourced actions incorporated into the Second Action Plan, we hope to see these barriers and gaps addressed, providing greater equity for women and children to access the services they need.

More research and reliable data needed for people with disability experiencing DFSV

Additional focus is needed on addressing the evidence, data and research gaps about prevention, response and experiences of people with disability (inclusive of those with intersectional identities) experiencing violence. This applies not just to quantifying rates of violence, but also to how systems and services respond. Many people with disability, and intersectional identities or experiences (including LGBTQIA+, culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islander people and people in regional and remote communities etc), face specific barriers where targeted responses are needed. However, there is not enough tangible data and research available to adequately identify and respond to these barriers with confidence.

We appreciate the role of the Federal Government and its agencies, particularly the Australian Bureau of Statistics (ABS), in data collection and reporting but urge you to examine the challenges for data collection about DFSV to the extent to which your powers allow. Many of the surveys intended to collect data, including the ABS' 'Personal Safety' survey, are inaccessible to many people with disability. Further, many victim-survivors do not disclose their experiences to anyone. Community attitudes, self-blame, fear of the person using violence, and minimising the experience as 'not serious enough' may be reasons for this. This is exacerbated for victim-survivors with disability if they rely on the person who uses violence for essential support, especially for day-to-day living and personal care. It is made even worse if a woman with disability has a child/ren they fear losing if they are judged as unable to provide care as a solo parent without the perpetrator being present.

Approach to this Submission

We have presented this submission as a table to show the relationship between the reforms needed, the rationale and the recommendations. We first present some general overarching priorities (urgency of action, co-design, implementation, intersectionality etc), before addressing in turn each of the five priority topics raised in the consultation paper, from a disability rights perspective. In preparing this submission, we draw on our previous work in this space as well as speaking with women with disability, whilst also providing a response building upon human rights, organisational values. We have also drawn on policy staff expertise from who have worked alongside and with women with disability who have been at risk of or experiencing violence over many years.

Language and Terminology

We recognise that people have individual preferences for terminology and language used to discuss disability. Some people prefer person-first language (e.g. 'person with disability') whereas others may prefer identity-first language (e.g. Disabled, Autistic, Deaf). JFA Purple Orange uses person-first language (people with disability) as the default first option, with the flexibility to also use identity-first (disabled person) if it is a preference of the person or group we are referencing. Please refer to the JFA Purple Orange Language Guide (developed in partnership with people with disability) for further information: <https://purpleorange.org.au/library/language-guide/>

In line with the National Plan to End Violence against Women and Children (2022-2032), we have chosen to mainly use the terms domestic family and sexual violence (and to abbreviate as either DFSV or violence) throughout. Please note that we use these terms inclusively – intending to include all the various types of abuse, coercive control and violence that children, young people, women, non-binary people, LGBTQIA+ folk, and men experience or use. We also include all the distinct and similar forms of violence that people with

disability experience (inclusive of violence by (family/friend) carers or (paid) support workers). In speaking of women and children experiencing disability, we also very actively intend to include young people as well.

Contact us

We would be happy to clarify or discuss further any of the topics in this submission. [REDACTED]

Proposed reform	Commentary	Recommendations
Coordinated targeted action needed in response to the needs of the disability community		
The Second Action Plan must include coordinated targeted action to respond to the needs of the disability community; co-designed with people with disability and disability advocacy and representative organisations.	- Women and children with disability experience violence and abuse at disproportionate levels. The compounding impacts of barriers and gaps across prevention, early intervention, response and recovery, and the impacts of discrimination, stigma and negative attitudes to people with disability across society have profound impacts. - Recommendation 8.23 from the Disability Royal Commission called for a five-year Disability Action Plan for Women and Children with Disability (Disability Action Plan) to accompany the National Plan to End Violence against Women and Children⁸. The Australian Government agreed in principle but instead produced and released a <i>Disability Lens for the First Action Plan 2023–2027</i>⁹ to the First Action Plan to the National Plan to End Violence against Women and Children in response. - The Disability Lens report acknowledges key issues and makes suggestions for ways “existing actions under the First Action Plan may be interpreted and strengthened through a disability	Recommendation 1: The Australian, State and Territory Governments should commit to ensuring that the Second Action Plan of the National Plan to End Violence against Women and Children includes targeted, measurable, funded and resourced activities to address the additional barriers faced by women and children with disability, including those with intersectional identities. The Second Action plan should be co-designed with women with and children with disability, disability advocacy and representative organisations, and other key stakeholders. The Second Action Plan should: address all drivers of violence against women and children with disability;

	lens”¹⁰, however it does not introduce nor commit to any new actions or obligations to address the needs of women and children with disability. It alone cannot address the significant barriers, gaps and inequity women and children with disability face. • Our Watch’s work on prevention of violence against women and children with disability, talks of the need to change the landscape; which is effortful but necessary ¹¹. • It requires sustained leadership, co-design with people with disability, and practical action to address barriers and inequities; including strong reporting, monitoring and accountability mechanisms, and regular review. • This must be developed as a matter of urgency as the Second Action Plan is developed. As the Disability Lens has argued, disability inclusion “must be embedded from the outset in every decision and initiative”¹². • Women with Disabilities Australia (WWDA) has called for “ongoing dedicated funding for a disability-led gender-based violence working group to support the design and implementation of the Second Action Plan across prevention, early intervention, response, recovery and healing”¹³. They further proposed that “WWDA should lead the group in partnership with [Disabled Persons’ Organisations] DPOs and [Disability Representative Organisations] DROs, with appropriately paid women, girls and gender-diverse people with disability contributing relevant lived and policy expertise”¹⁴. We endorse this recommendation.	• include strong reporting, monitoring and accountability mechanisms; • be reviewed regularly; and • ensure disability access, equity and inclusion are prioritised as a matter of urgency. Recommendation 2: The Australian, State and Territory Governments should continue to ensure that all actions in the Second Action Plan of the National Plan to End Violence against Women and Children are inclusive and equitably accessible to women and children with disability. Recommendation 3: The Australian State and Territory Governments should provide Women with Disabilities Australia (WWDA) with ongoing dedicated funding for a disability-led gender-based violence working group to support the design and implementation of the Second Action Plan (National Plan to End Violence Against Women and Children) across prevention, response, recovery and healing. WWDA should lead the group in partnerships with Disabled Persons Organisations (DPOs) and Disability Representative Organisations (DROs), with appropriately paid women, girls and gender-diverse people with
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	• We also join with Our Watch and others in emphasising that “funding needs to be increased across all the domains, at levels commensurate with the scale of the problem”¹⁵ if we are to genuinely tackle to national crisis in gender-based violence across Australia. This must include adequate funding to address additional barriers intersectional identities face. • Whilst The Disability Lens is not enough on its own to see genuine outcomes, it should be used as a useful tool to inform development of the Second Action Plan and targeted, measurable and resourced actions for people with disability.	disability contributing relevant lived and policy expertise.
Embrace diversity and eliminate stigma and discrimination.	• Stigma, negative attitudes and discrimination against people with disability, are structurally embedded and normalised across many areas of life, across society, and within services. • Despite sustained advocacy and activism and the extensive over-representation of women and children with disability amongst those at high risk of or experiencing violence, stigma and discrimination remain one of the largest barriers inhibiting women and children from accessing the services that they need to be and stay safe, and seek help when needed. Whilst this is not new, we are yet to see effective actions reducing and breaking down these attitudes; rebuilding services, systems, policies, pathways and procedures that are equitable to all. • Pervasive negative societal attitudes that either de-sexualise or overly sexualise women with disability also contribute to incorrect assumptions that women with disability do not want or are not engaged in healthy intimate partner relationships, resulting in cross-sector service system design that is not inclusive (health sector, justice sector, women’s sector etc). It	Recommendation 4: The Australian, State and Territory Governments should work with people with disability and disability representative organisations to identify effective evidence-based approaches to challenge and shift negative societal attitudes about people with disability that are impacting safety as well as health and wellbeing. Approaches should be reflected in activities that are timebound, measurable and adequately resourced. Recommendation 5: The Australian, State and Territory Governments should invest further resources into evidence-based efforts to eliminate stigma, ableism and intersectional discrimination across the domestic,

	can also have flow-on impacts on the extent to which children and young people with disability are included with their peers in receiving relationship and sex education, including in accessible formats if needed. Narrow definitions of DFSV have also contributed to the forms of violence experienced by women and children with disability not always being recognised, and a lack of prevention, and accessible support and response pathways. • Unconscious bias that considers people with disability as automatically fragile or that their evidence regarding crimes is unreliable (or not as strong as a non-disabled person) results in police and justice services that are often inaccessible. There are many areas in which violence does not receive an adequate justice response. For example, a recent Australian Law Reform Commission report noted that “even though sexual violence is common in Australia, there are low reporting rates, low prosecution rates, and low conviction rates”¹⁶, noting a finding from the Personal Safety Survey that 92% of women had not reported their most recent experience of sexual violence to police¹⁷. Prevalence is high: women with disability are twice as likely as women without disability to have experienced sexual violence through their lifetime, but the barriers to reporting these crimes are magnified¹⁸. • Stereotypes and community attitudes such as those which wrongly/unjustly paint family carers as “heroes”¹⁹, and people with disability as “burdens”, are deeply problematic, and must be challenged²⁰. These attitudes contribute to attitudinal barriers which markedly impact the level of support that women and children with disability face in reporting crime, and the decisions as to whether women and children with disability are likely to be considered “reliable witnesses”²¹.	family and sexual violence and related systems, sectors and services.
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	Assumptions and myths can also be dangerous, in that they can be used by people using violence to disguise that violence is occurring, to extend coercive/controlling behaviours, to use systems abuse and to further undermine victim-survivor confidence.	
Evidence and Research gaps must be addressed		
Require robust disability and intersectional research.	- The National Plan to End Violence against Women and Children states that: "Data is crucial to understanding the problem of gender-based violence, measuring our progress towards ending it, and informing decisions about funding, service design and delivery"²². Yet there is so much that remains unknown about the experiences of people with disability, and people with intersectional identities, experiencing violence, including for example, women and children who acquire disability as a result of DFSV. - In the Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023-2028, Australia's National Research Organisation for Women's Safety (ANROWS) identified that there are almost no research reports focusing on "rural and regional communities, people with disability, LGBTQI+ people, pregnant women, single mothers, older women, people with mental illness and sex workers"²³. - From a disability rights perspective, many of these experiences and identities can co-occur, for example: - more people with disability identify with the LGBTQIA+ community than the broader population, - people with disability also face increased rates of mental ill health,	Recommendation 6: The Australian, State and Territory Governments should, through a genuine co-design process, work to strengthen the collection and analysis of data and research on priority populations, including people with disability, and intersectional identities, who are at risk of or experience domestic and sexual violence. Deidentified data and research should be made publicly available and used to update implementation of the Second Action Plan of the National Plan to End Violence against Women and Children where appropriate. Recommendation 7: The Australian, State and Territory Governments should consider increased resources to Australia's National Research Organisation for Women's Safety (ANROWS) to expand their work with

	○ people with disability are more likely than others to live outside major cities²⁴. • As ANRA identifies, "violence and power are intrinsically linked"²⁵, and given the immense extent to which women and children with disability experience stigma, discrimination, abuse and violence (as demonstrated repeatedly in the Disability Royal Commission Final Report²⁶), these existing gaps must be urgently addressed. • We strongly support an Aboriginal and Torres Strait Islander and community-led research agenda as part of ANRA. At the same time, we emphasise the importance of intersectional considerations addressing disability related barriers being considered as part of work, especially given, the disproportionate number of Aboriginal women and children victims/survivors with disability. • We are supportive also of calls from the DFSV Commission to strengthen ANROWS, by consolidating its role and reach as the national evidence convenor²⁷. In particular, we also highlight the need for ANROWS to continue to further its work in partnership with priority and intersectional populations.	people with disability and advocacy or representative organisations.
Implementation		
Ensure implementation efforts result in genuine outcomes for women and children with disability.	• In the Domestic Family and Sexual Violence Commission Yearly Report to Parliament (2025), the Commissioner highlighted that some of the existing gaps in this space are not only in evidence, but in "implementation and monitoring outcomes". The DFSV Commission also highlighted the importance of "real-time responsiveness" of action plans, noting that there need to be mechanisms to adapt to changing circumstances²⁸. We strongly	Recommendation 8: Australian, State and Territory Governments should ensure that the implementation approaches of the Second Action Plan of the National Plan to End Violence against Women and Children are co-designed with women with disability

	agree with the need for a much stronger focus on implementation and measurable outcomes. • Implementation processes for the Second Action Plan should be co-designed, including monitoring, with people with disability, to maximise inclusion and impact for people whose experiences may otherwise not be adequately recognised or impacted. • As you may be aware, the Disability Royal Commission defines co-design as “a design process where stakeholders are equal partners and take leadership roles in the design of products, services, systems, policies, laws and research”²⁹. See JFA Purple Orange co-design guide for more information on genuine co-design processes here.	and disability advocacy organisations, and that lived experience engagement is sustained throughout the lifecycle of the plan. Implementation should be coordinated and include robust monitoring and reporting. Recommendation 9: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children is able to be responsive to emerging evidence and changing circumstances. Recommendation 10: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children requires states and territories to take a coordinated approach to implementing identified mandatory minimum components of good practice across Australia.
Ensure information is accessible and available in multiple formats.	• Anecdotally we hear that many people with disability, especially those in CALD communities or people with intellectual or cognitive disability, are unaware of their rights, the services, supports and pathways that are available to them.	Recommendation 11: The Australian, State and Territory Governments should require that government and non-government agencies, work alongside people with disability and disability

	• Accessible information needs to be equitably available in diverse and accessible formats: easy English, plain English, multiple languages, video, audio, Auslan interpreted, accessible websites etc. • Information should be co-designed with diverse people with disability and needs to take a holistic approach centring the experience and needs of the intended audience rather than on individual organisational services and supports or only providing partial information and pathways.	representative organisations and services, to review and implement a holistic, inclusive and accessible approach to ensuring information about domestic, family, and sexual violence, rights, pathways, supports and services are available to all. Information should be made available in multiple formats including easy read, plain English, Auslan videos (and other formats).
Aboriginal and Torres Strait Islander people with disability		
Address the gross over-representation of Aboriginal and Torres Strait Islander women and children with disability who experience, and those who acquire disability through DFSV.	• Our Ways – Strong Ways – Our Voices, the National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036 emphasises the disproportionate rate of violence experienced by Aboriginal and Torres Strait Islander people, including that: ○ "Aboriginal and Torres Strait Islander women are 27 times more likely than other Australian females to be hospitalised due to family violence"³⁰; ○ "Over half of Aboriginal and Torres Strait Islander people who experience violence have a disability"³¹; ○ children and young people with disability are over-represented in child protection, out-of-home care and youth justice systems³²; ○ experiences of domestic, family and sexual violence can lead to disability, and highlights the link between violence and brain injury³³; and that ○ targeted actions and responses must be culturally safe and trauma informed³⁴.	Recommendation 12: The Australian, State and Territory Governments should ensure that the national plan: Our Ways - Strong Ways - Our Voices is supported, implemented and adequately resourced in order to address the gross over-representation of Aboriginal and Torres Strait Islander women and children, including those with disability, who experience family, domestic and sexual violence.

	- Approximately 25.9% of Aboriginal and Torres Strait Islander women have disability³⁵, a prevalence considerably higher than the rate for non-Aboriginal and Torres Strait Islander women³⁶. - In relation to psychosocial disability, First People's Disability Network (FPDN) emphasise that Aboriginal and Torres Strait Islander people with disability as being "invisible at the intersection"³⁷. - There were horrendous and harrowing findings from the Senate Inquiry into Missing and Murdered First Nations women and children, a report in which it is also acknowledged the extent to which "ageism, disability, discrimination, classism, homophobia, and transphobia, . . . exacerbate experiences of violence" and create additional barriers and risks for First Nations Women³⁸. - We strongly support additional action in partnership with Aboriginal and Torres Strait Islander communities in addressing the barriers and inequities experienced, particularly by those with disability.	
Culturally and Linguistically Diverse People with Disability		
Work with Culturally and linguistically diverse (CALD) People with disability to ensure <u>their</u> needs are met.	- People with disability from CALD communities, can face additional stigma, intersectional discrimination, risks and barriers both with regards to disability, and in relation to DFSV, when systems are not culturally, linguistically and disability inclusive. - There are also additional issues to consider in relation to those on visa's or seeking asylum, for example: - for, those experiencing violence who are on or seeking visas: people who use violence can use threats that they	Recommendation 13: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children is co-designed with representation from culturally and linguistically diverse (CALD) people with disability, their families and representative organisations (including organisations representing asylum

	will report to the Department of Home Affairs as part of coercive control; or o refugees and asylum seekers new to Australia may also be more likely to experience coercive control and financial abuse at times when they do not have the same financial standing as others and aren't yet familiar with social services or other supports.	seekers/refugees) to identify effective ways to systematically address the intersectional barriers faced by CALD people with disability experiencing domestic, family and sexual violence. Recommendation 14: The Australian, State and Territory Governments should ensure that the experiences of women and children who experience violence in Australia and who have a visa or are seeking asylum, inclusive of those with disability, are incorporated Second Action Plan of the National Plan to End Violence against Women and Children.
Priority Area 1: Victim-Survivors		
Understand and address the unmet need of accessible, inclusive and equitable services, supports and resources.	• Recommendation 8 of the DFSV Commission's Yearly Report to Parliament (2025) called for a need to expedite needs analysis for unmet need in the DFSV crisis response, recovery and healing (with a view to finding a pathway to quantifying needed funding levels, aligning also with the Rapid Review of Prevention Approaches)³⁹ • We are supportive of further needs analysis, especially to achieve a better understanding of the unmet need experienced by people with disability experiencing DFSV (inclusive of those with intersectional experiences). To do this, we highlight the importance of inclusive DFSV definitions, inclusive research and inclusive data collection approaches to ensure that the diverse	Recommendation 15: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children expedites a needs analysis for unmet need in accessible, inclusive and equitable domestic family and sexual violence prevention, crisis response, recovery and healing, with a view to quantifying needed services, supports and resources. This needs analysis should be designed in partnership with people

	experiences of people with disabilities (women, children, men, people who are non-binary) are adequately considered. • In considering unmet need, we emphasise the importance of taking account of the “Whatever it Takes: Access for women with disabilities to domestic and family services: Final Report” – in particular, the need to partner with women with disabilities and disability advocacy organisations to shape services and planning. In developing approaches to measure unmet need and funds needed, it is important that both specialist DFSV services and women with disability, disability advocacy services, and disability service providers are funded to allow for partnerships to adequately occur. • As highlighted above and in publications from the SA Royal Commission into DFSV, systems intended to support prevention and to respond to DFSV are much less, or not at all, accessible to people with disability. • We do not advocate for ‘special’ separate responses for victim-survivors with disability, but for all existing services, and additional services to meet the unmet need, be fully accessible and inclusive with more specialised supports provided within the context of mainstream services.	with lived experience, including people with disability.
Ensure an equitable and accessible justice system including the implementation of an adequately resourced Witness Intermediary Scheme.	• Historically, the justice system has expected participants to adapt to it, with very limited steps taken to ensure the systems themselves are accessible and inclusive of the needs of all those interacting with it. However, equal recognition before the law is a human right⁴⁰. The right to equal and effective access to justice applies to defendants, but also victim-survivors⁴¹. Court	Recommendation 16: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children commits to adequate and equitable justice system responses both to people with disability who have experienced and

	proceedings, and the legal processes that come before them, must be fair for all. • To make systems equitable, there are a vast array of changes needed, both structural and in supports (for example, access to disability advocacy when needed to support people in engaging with specialist DFSV services, lawyers and court systems (we discuss advocacy further later in this paper)). • A particular challenge we wish to highlight, is one impacting people who face communication barriers. People with intellectual disability, cognitive impairment, acquired brain injury, or related circumstances, and all those experiencing communication barriers, should have access to expert assistance when being interviewed or questioned by police, such as a familiar and trusted person, intermediary, lawyer, or Communication Partner being present, in keeping with the <i>Statutes Amendment (Vulnerable Witnesses) Act 2015</i> (the Act). • The Act is intended to improve the position of parties in circumstances of vulnerability, including children and adults with disability, within the justice system, both in and out of court, and was the statutory basis for the (now failing⁴²) Communication Partner Service in South Australia. We welcome the recommendation from the South Australian Royal Commission into Domestic, Family and Sexual Violence for an intermediary scheme to address this issue and note that many other states already have such schemes.	those that have used domestic, family and sexual violence. Recommendation 17: The Australian, State and Territory Governments should ensure there are coordinated efforts across all the relevant national and state/territory action plans, including in partnership with people with disability, to ensure that a witness intermediary program or equivalent is available to all people facing communication barriers needing to, at risk of or engaging with justice systems.
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Fund individual advocacy	• When available, disability advocacy services can offer individual support to people with disability experiencing barriers to accessing DFSV services, or a combination of services, that meet their needs. • In its Final Report, the Disability Royal Commission emphasised that independent advocacy services are essential for upholding the human rights and wellbeing of people with disability⁴³. It recognises that all people with disability should have access to high-quality, well-resourced, independent advocacy services. • The Disability Royal Commission also found that existing advocacy programs are not meeting demand and therefore additional investments are needed⁴⁴. • We endorse Disability Royal Commission Recommendation 6.21(c) that affirms “state and territory governments should ensure long-term and stable funding for disability advocacy programs in their jurisdictions to meet demand”. This recognises that all people with disability should have access to high-quality, well-resourced, independent advocacy services. • We welcomed federal and some state investments, but in South Australia, successive governments have failed to fulfil their responsibility to fund independent disability advocacy adequately, or at all, since 2007. This must be rectified immediately.	Recommendation 18: The Australian Government should recommend that the South Australian Government immediately fund independent, individual, representative/peer group and systemic disability advocacy programs specifically for people with disability at risk of or experiencing domestic, family, and sexual violence.
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	• The Productivity Commission, in its 2017 NDIS Cost Study Report also stated that independent disability advocacy should be funded by both tiers of government. The longer South Australia goes without critical state-funded independent advocacy services, the greater the safeguarding risk to the lives and wellbeing of people with disability. South Australia is the only state not to adequately invest in this key responsibility, with others such as Queensland increasing funding significantly after the Disability Royal Commission. • Adequate ongoing individual and representative (peer networks) advocacy funding would give people with disability a pathway to navigate the systems and services they need and remove the barriers restricting them from living a fair and equitable life. In 2017, a Cost Benefit Analysis commissioned by Disability Advocacy Network Australia estimated for every dollar spent on independent advocacy, there is \$3.50 return⁴⁵. • Independent advocacy services should be made available across the whole state, and specialist services for Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people in closed systems, people with complex communication needs, and similar should be funded in all three streams. These advocacy programs are essential, not only in responding to immediate needs, but also in ensuring the recovery and healing of victim-survivors by empowering them with information, choice, and control over their healing journey.	
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Priority Area 2: Prevention and Early Intervention

Additional research, evidence and data is required to enable a coordinated primary prevention and early intervention approach.

- Whilst there has been increased focus on prevention of violence against women and children with disability over recent years, as Sutherland et al. (2023) noted in their systematic review, much less is known about “what works” in preventing violence for women with disability⁴⁶.
- Sutherland et al. found in their meta-analysis, “Primary prevention strategies that target individual-level risk in isolation are unlikely to result in significant or sustained social change, without a commensurate and coordinated focus across multiple levels of influence, including at the relationship, community and societal levels”⁴⁷. They also indicated that “the evidence base on the primary prevention of violence against women with disability remains substantially underdeveloped”.
- There are considerable quantitative and qualitative evidence gaps, and research efforts frequently, implicitly or explicitly, exclude people with disability. There is a strong need for more research led by and/or co-designed with people with disability, on disability-related topics.
- All of the above, in combination with the extensive over-representation of people with disability amongst those experiencing various forms of violence, means that at present the first National Plan prevention and early response efforts, may not be sufficiently targeted to preventing harm amongst those most likely to experience violence; women and children with disability.

Recommendation 19: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children has a strong focus on addressing the research, evidence and data gaps that are impacting the success of prevention and early intervention efforts in relation to family, domestic and sexual violence against people with disability, inclusive of those with intersectional identities. This should include research examining the impact of community attitudes, stigma, ableism and intersectional discrimination.

This research should be used to update the Second National Plan as required.

	• We have deep respect for the work of Our Watch on topics such as “Changing the Landscape”, and their work acknowledging the evidence and data gaps. However, were disappointed not to see the needs of people with disability (including those with intersectional identities) feature in their recent public briefing much more prominently in the priorities of Our Watch for the Second Action Plan of the National Plan to End Violence against Women and Children ⁴⁸; we hope to that this is rectified in their official submission on the Second Action Plan of the National Plan to End Violence against Women and Children. • We call for actions improving evidence and data, and actions preventing harm against people with disability to be a key focus in prevention efforts going forward. • We also call for more inclusive research on, followed by targeted actions, to address the drivers of violence against women and children with disability, including but not limited to community attitudes, stigma, ableism and intersectional discrimination.	
Additional research, evidence and data needed to prevent and address disability-specific types of abuse related to health and/or disability support needs.	• There continues to be further research needed on how to prevent, intervene and respond in relation to disability-specific types of abuse women and children with disability can experience by having aspects of their health and/or disability support needs used against them, for example: ○ a wheelchair battery being repeatedly and deliberately taken off a charger as a way to prevent a woman with disability leaving the house; ○ using the delusions or hallucinations that a woman is experiencing due to mental ill health as a way to discredit	Recommendation 20: The Australian, State and Territory Governments should <u>ensure</u> the Second Action Plan of the National Plan to End Violence against Women and Children requires co-designed, disability-led research on disability-specific types of domestic, family violence or abuse, and how to prevent, intervene early and better respond.

	them and their statements about violence that they are experiencing; ○ people with disability experiencing coercive control and prevented from engaging with NDIS or other service system workers for supports; or ○ challenging someone's sense of reality, by being abusive or using violence only when the person is feeling side-effects of medication necessary to their health etc. • More needs to be known as to how to prevent and better respond in the power dynamics of a carer relationship, and how it impacts on the choices and options for people with disability giving and/or receiving care, who are also experiencing DFSV.	
Prevent and address the rising rates of technology facilitated abuse and violence.	• Technological change is occurring so fast that prevention and response initiatives, as well as legislation, are struggling to keep pace with online violence and harm, including but not limited to cyber-bullying, stalking and movement tracking, deep-fakes, scams, doxxing, promotion and collection of child-abuse materials, exposure to echo-chambers promoting violence and harm, threats of misogyny, misinformation, communities of people using violence exchanging information that escalates DFSV harm, use of dating apps by people using violence to facilitate attacks on women with disabilities, on LGBTQIA+ communities etc. • The move towards greater use of and reliance on artificial intelligence also paves the way for new opportunities of violence and abuse. • Additional impacts for people with disability might also occur in relation to hacking of assistive technology/smart home solutions	Recommendation 21: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children includes targeted responses to preventing and addressing technology-facilitated Domestic, family and sexual violence as part the Second Action Plan of the National Plan to End Violence against Women and Children. The Second Action Plan should include mechanisms to allow for the ever emerging and evolving types of technology-based violence and abuse.

	that people with disability may be using, amplified use of systems abuse and more. Continued attention is required to ensure that mechanisms are put in place that can keep pace with the changing technology and respond to the emerging and evolving types of violence and abuse.	
Priority Area 3: Children and Young People in their Own Right		
Prioritise and respect the voices of children and young people with disability and implement subsequent strategies.	- As stated previously, children and young people with disability are over-represented amongst those in contact with child protection, living in out-of-home care, and in youth justice. - Despite this, whilst there has been increasing emphasis on the importance of listening to the voices of children and young people, there is often not sufficient focus on ensuring that a diverse array of children and young people with disability (and advocacy and representative bodies) are amongst those sharing their views and/or experiences. - When (for example in the Australian National Research Agenda), they too often focus on the challenges of engaging with children and young people with disability, rather than sufficient attention on the rights of this cohort, their over-representation amongst those experiencing violence, or the learnings that can be that can be implemented as a result⁴⁹. - The rights of children and young people with disability need to be respected, their voices and /or experiences heard and actions derived from this, resourced and implemented.	Recommendation 22: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children requires coordinated targeted effort to include and respect the voices of children and young people with disability, including those with intersectional identities. Activities should be prioritised, implemented and adequately resourced accordingly.

Address violence, abuse, and sexual violence of children and young people in institutional and segregated settings.	• Children with disability and Aboriginal and Torres Strait Islander children, including Aboriginal and Torres Strait Islander children with disability, are more likely than other children to be in institutional and quasi-institutional settings involving segregation and isolation, both of which are significant risk factors for abuse. These settings include out-of-home care, “special” schools and units, “day options” or similar activities, detention facilities, Australian Disability Enterprises (ADEs), and religious institutions. • Not only does this expose children to greater contact with potential offenders in a closed setting where violence, abuse and sexual violence is more likely to occur, there are considerably less avenues to access safeguards, including adults who are not the offender. who could offer an avenue for disclosure. Indeed, the Royal Commission into Institutional Responses to Child Sexual Abuse found that just over 20 per cent of victim-survivors with disability had no one to talk to about their abuse⁵⁰. • Institutionalisation, segregation, and congregation of people based on disability, race, or similar characteristics are abhorrent and unacceptable in modern Australia. Community standards have moved on, and it is well past time for government policies to catch up. Placement in these settings does not constitute genuine “choice” when there is no safe or viable alternative. As the Disability Royal Commission made clear, a choice made in the absence of other options is a “coercive choice”⁵¹. All Commissioners with lived experience of disability made recommendations about ending these settings and approaches in the Disability Royal Commission Final Report.	Recommendation 23: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children supports the development and implementation of a co-designed national transition plan to end all forms of institutionalisation, segregation, and congregation of children or young people based on disability. This should include clear milestones and accountability measures. Recommendation 24: The Australian State and Territory Governments should work with the National Office for Child Safety to ensure effective reporting, record keeping, and complaints processes in institutional and quasi-institutional settings, until full transition away from segregated settings is complete. Recommendation 25: The Australian, State and Territory Governments should coordinate with the National Office for Child Safety and NDIS Quality and Safeguards Commission to ensure effective prevention and response to domestic, family and sexual violence against children and
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	• The Second Action Plan of the National Plan should, in conjunction with the National Office for Child Safety and in-line with the Royal Commission into Institutional Responses to Child Sexual Abuse, co-design and fund a national transition plan to end all forms of institutionalisation of children based on disability, race, and similar characteristics with clear milestones, deadlines, and accountability measures to achieve this outcome. • During the transition period away from institutionalisation that will be necessary, additional attention needs to be focused on effective reporting, record keeping, and complaints processes in institutional and quasi-institutional settings. Organisations operating in these settings must have a positive duty of care to children and adults with disability that requires all reports or other indications of abuse to be taken seriously and referred to police. Operating procedures should include proactively empowering those subject to institutional and semi-institutional arrangements to be actively involved in decision making about what happens in the environment on an ongoing basis. This approach helps build a culture that encourages people to speak up about any harmful activities they experience as soon as possible. Record keeping practices should require a full and accurate record of all relevant matters regarding safety and wellbeing. Additionally, complaints mechanisms should require reporting to an independent oversight agency. • Some operators of institutional and quasi-institutional settings are providers within the National Disability Insurance Scheme (NDIS), and most of the children with disability subject to these arrangements are NDIS participants. Given this, more targeted activities regarding the NDIS are required in connection with the Second Action Plan of the National Plan to End Violence against	young people who are participants of the NDIS.
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	Women and Children. As we have stated earlier, more broadly, cross-government coordination is essential to effective prevention and responses. • The Second Action Plan of the National Plan to End Violence against Women and Children should include co-designed substantive actions in relation to the NDIS and require an independent review of how the NDIS Quality and Safeguards Commission fulfils its role to prevent and respond to domestic, family and sexual violence, inclusive of child sexual abuse occurring within the Scheme and/or affecting participants. The NDIS Quality and Safeguards Commission should also have a positive duty of care to participants that requires it to take active steps to respond to all abuse it becomes aware of.	
Priority Area 4: People who use violence		
Ensure adequate evidence-based strategies and actions to address and respond to the sub-population of people with disability who use domestic, sexual and family violence; without fuelling stigma or discrimination.	• Given existing stigma and discrimination against people with disability (and the desire to not unintentionally add stigma) there can be hesitation in naming that disability can also be a life experience for some men using violence. • It is essential that all people using violence (including men with disability) are held accountable, and that the impact of abuse and violence on victim-survivors is not excused, ignored or minimised just because the person using violence has a disability, or illness. • At the same time, it is important to better understand and work with the factors that might prevent violence, reinforce the likelihood of violence, or prevent repeated violence, in situations where the person using violence has disability.	Recommendation 26: The Australian, State and Territory Governments should ensure that people who use violence, including people with disability, have access to accessible education and programs of support (such as behaviour change programs) and that their rights are respected and upheld throughout prevention, early support, response and justice processes. Recommendation 27: The Australian and State and Territory Governments should ensure that the Second Action

	• ANROWS has highlighted the importance of programs for men who use violence, as being “essential to breaking the cycle of violence”⁵². We emphasise the importance of responses to men using violence, such as men’s behaviour change programs, being delivered in accessible ways, inclusive of options that enable men with intellectual, cognitive, psychosocial disability and/or neurodivergent who are using violence to understand and retain the information, and to manage their emotions and behaviours differently. • One aspect of primary prevention, is the importance of quality relationship and sex education on topics such as consent, rights etc has been identified. We have heard of instances where children and young people with disability have been excluded from relationships or sex education classes, and where inaccurate assumptions or stereotypes of people with disability, e.g. that people with disability are fragile or asexual, has then negatively impacted access to relationships and sex education. We emphasise the importance of such education being delivered in accessible ways, such that everyone, inclusive of people with disability, can benefit from it. • We highlight the importance of both co-design with people with disability and integrating universal design principles (designing with accessibility of everyone in mind) given that some men using violence may live with disability and have not had the opportunity for diagnosis.	Plan of the National Plan to End Violence against Women and Children include research and data collection on people with disability who use coercive control, abuse or violence.
Priority Area 5: System Integration and Workforce		
Reform the DFSV system in partnership	• Despite the over-representation of women with disability, children with disability and people with disability amongst those	Recommendation 28: The Australian and State and Territory Governments

with priority populations; including people with disability and those with intersectional needs. .	who are harmed by DFSV, the service system was not designed by nor sufficiently taken into account the diverse needs of people with disability. Therefore, many assumptions underpin the current approach to services and system resulting in them inadequately addressing inclusiveness, equitability and diversity. • There is a need for a disability focussed DFSV services audit and mapping exercise, in partnership with people with disability and DFSV, to inform reform efforts. This should result in clear recommendations to reform the DFSV system to ensure accessibility and inclusion gaps are addressed. • An audit and mapping exercise should examine the availability of services in South Australia, including in regional and remote areas, and assess how well these services accommodate diverse accessibility needs, identify areas for improvement, with the aim to create a more integrated and responsive system for people with disabilities, including intersectional identities, in crisis.	should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children commit to undertaking an independent audit and mapping exercise of the domestic, family and sexual violence system to assess, identify and map inclusion, accessibility and equality of services for people with disability. This should be adequately funded and led by people with disability, and intersectional identities.
Require disability education and training for specialist DFSV services and related workforces.	• The ANROWS report “Whatever it takes: Access for women with disabilities to domestic and family violence services: Final Report” highlighted the importance of inclusive practice within specialist DFSV services⁵³. As part of their 2017 research, they undertook a survey with DFSV providers, found sites with promising practice, and then undertook qualitative research with women with disabilities using the services to understand what could be learnt from their experiences. That research emphasised that services need to be: ○ “Approachable: This means women know the service is there, [she] can find it, get to it and [she] feel[s] OK going there.	Recommendation 29: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children requires all staff within specialist Domestic, Family, and Sexual Violence Services, and related workforces, undertake regular education and training on disability-related topics. This training should be delivered in partnership with and led by people with lived

	○ Acceptable & Appropriate: This means it fits for the woman, she gets to say if it is working for her. ○ Affordable: It should not cost [her] money to get there; to be there and to go as often as [she] need[s] to. ○ Available: This means it is there for [her] and [she] can use it like other women do."⁵⁴ • There is an urgent need for professionals working within the specialist DFSV sector and related workforces to receive training and ongoing professional development focused on how to better support and effectively communicate with people with diverse disability, and intersectional identities, at an individual practice level, to ensure a holistic approach and improved outcomes. • Within the DFSV sector, there can be significant gaps in knowledge in terms of professionals understanding how the NDIS and Aged Care systems work, the support that they offer, as well as the ways they can also be weaponised and used against people with disability (for example a nominee/carer misusing funds or controlling, hiring and firing supports). • More broadly, both the NDIS and Aged Care services can provide avenues for enacting potential timely accessible support but requires professionals who know how to make referrals and connections for people with disability in a safe and timely way. A lack of knowledge has the flow on effect of holding services up, or people falling through the cracks in ways that increases the risks for people with disability. • In New South Wales, People with Disability Australia (PWDA) has also recently been offering training to DFSV services,	experience both of disability and of domestic, family and sexual violence.
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	enhancing their understanding of the needs of individuals with disability. • Organisations like WWILD in Queensland, and the Disability Liaison Officer at the Domestic Violence Crisis Service (DVCS) in the ACT (funded in line with the ACT Disability Justice Strategy) have been working to bridge the gap between disability and DFSV services, offering more inclusive and accessible support. Sexual Assault Services Victoria has also taken important steps by focusing specifically on addressing the needs of women with disability, ensuring their services are tailored to provide appropriate support. • These examples show that by upskilling the workforce and fostering cross-sector collaboration, it is possible to create more inclusive, accessible, and responsive services for people with disability who experience DFSV. • DFSV sector workforce and related sectors should be trained in the following topics: disability rights, universal design, inclusion and accessibility, communication accessibility, neurodivergence and neuro-affirmative practice, intersectionality, disability specific forms of violence/abuse, addressing barriers experienced by women and children with disability and the basics of how disability, aged care and mental health service systems work. • This training should be required as part of induction for new staff, and there should be regular, and ongoing professional development for all staff on these topics.	
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Activate broader workforces	Activating broader workforces • The DFSV Commission’s 2025 Yearly Report to Parliament, acknowledges the essential expertise of the specialist DFSV workforce (estimated. 9,000 staff), whilst simultaneously recognising this relatively small workforce can’t alone meet the high levels of DFSV-related demand⁵⁵. It emphasises the importance of better activating broader workforces (including health and mental health (doctors, nurses, midwives, dentists, allied health workers), police, housing/homelessness, legal, financial, cohort specific (LGBTQIA+, Aboriginal and Torres Strait Islander, Disability Services sector) etc.) many of whom also encounter people experiencing violence daily, in achieving improved prevention, early identification and response⁵⁶. • We call for a broader conceptualisation again of the critical workforces with whom partnership and coordinated engagement is necessary, in particular those from the financial aid and legal sectors, housing/homelessness service workforces, and also intersectional cohort-specific workforces, for example disability sector workers, LGBTQIA+ workers, multicultural sectors, youth workers, aged care and older person services etc. The need for DFSV training and response from broader sectors • Professionals working in social service contexts (e.g. disability services, housing services etc) often do not have sufficient knowledge and skills about DFSV and how to support people with disability who are at risk of or experiencing DFSV and other forms of violence. Organisations also do not always have clear understandings of their shared responsibility in achieving positive outcomes. Training for such workforces needs to go beyond how to identify signs of DFSV, and how to make referrals to DFSV services, in recognition that often services may be continuing to assist people in DFSV situations, even if	Recommendation 30: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children emphasises the need for a coordinated response to domestic, family and sexual violence not only from direct services, but also from broader sector workforces, including but not limited to health and mental health, police, housing/homelessness, legal, and financial services. Recommendation 31: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children focusses on developing best practice cross-sector professional development approaches on how to respond and continue to offer support to a person with disability at risk of or experiencing violence, who is not comfortable with or able to engage with specialist domestic, family and sexual violence services. This should be done in partnership with people with disability and disability advocacy organisations and other stakeholders.
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	the people experiencing DFSV (or the person using DFSV) is not connected to specialist DFSV systems. • There are a myriad of additional reasons why cross-sector work is particularly important, including but not limited to, situations where the person with disability may not agree or recognise that what they are experiencing is DFSV and thus may not want to connect with DFSV services. Services might not be applying disability inclusive definitions in their work to identify DFSV. The person with disability may prefer to use other services or not feel comfortable or safe (including culturally safe) in involving DFSV services. The type of support being sought might need the involvement of multiple services or might not exist. • Some people with disability may also fear that if they disclose or seek support from formal services such as DFSV services, their decision-making rights (their legal rights to make their own decisions, with support if necessary) might not be adequately respected, leading to a loss of control about 'what happens next' with many fearing that professionals may take over and make decisions that have drastic repercussions for that person's sense of safety, agency and quality of life. This could include examples such as decisions to relocate the person to a different house, or changing or ceasing supports, further isolating them from trusted safe people they were relying on.	
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Improve cross sector collaboration to address systemic barriers	DFSV Disability Liaison Officers • The South Australian Royal Commission into Domestic, Family and Sexual Violence has recommended the introduction of family violence disability liaison officers “to ensure all DFSV services are accessible to people with disability”⁵⁷. This recommendation (113) was accepted in principle, for further consideration by the South Australian Government⁵⁸. The Disability Royal Commission had also previously recommended that there be adequate numbers of dedicated disability liaison officers to improve police responses to people with disability, a recommendation which all governments accepted in principle⁵⁹. We recognise also that there are already disability liaison officers in other related settings, such as health or justice settings, in different places across Australia • We recognise the value of having staff with disability expertise working within DFSV and police settings. We look forward to learning more about the intended focus, whether it be on achieving systemic change, or on working directly with victim-survivors, and people using violence, or both. Community of Practices • Given that there are both barriers within the structures of specialist DFSV services, and barriers across the community, with police, courts, lawyers, health services, housing/homelessness services etc, we emphasise the need for connectedness (perhaps a cross-sector Disability and DFSV community of practice¹ to encourage collaboration and stronger working relationships between the service sectors on DFSV and disability related topics. We encourage also consideration of what other cross-sector initiatives are required (perhaps at leadership levels) to ensure that barriers are meaningfully addressed.	Recommendation 32: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children requires the recruitment and funding of disability liaison officers in specialist domestic family and sexual violence services, and other related services, to improve disability access and inclusion. Recommendation 33: The Australian, State and Territory government should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children establish Communities of Practice across service systems (health and mental health, police, housing/homelessness, legal, financial) focussed on improving the experiences of people with disability at risk of or experiencing domestic, family and sexual violence. Such communities of practice should be inclusive of regional and remote communities and include disability advocacy/ representative organisations, and representatives across service systems.
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	We reiterate the comment made earlier in this submission re the importance of adequately funding all the changes needed in support of the rights of people with disability, commensurate to the scale of the issues and barriers to be addressed.	
Address barriers to Housing and Homelessness support	- It has long been known that there are significant issues with the accessibility of DFSV crisis, emergency and transitional accommodation for victim-survivors with disability and their families, and that people with disability are being disproportionately impacted by a mismatch between what is needed and the supports and services available. - In these situations, people with disability are sometimes placed in emergency settings such as hotels/motels. These settings can be highly unsuitable for many reasons, including financial pressure on services for people to exit quickly, mobility or access barriers, sensory barriers, inability to accommodate families or pets, lack of cooking facilities and more. - The Disability Royal Commission recommended, as part of Recommendation 7.35, “c. auditing the demand for, and accessibility of, current crisis housing (including domestic family violence shelters and refuges, and natural disaster crisis accommodation) to – - determine the appropriate amount, location and cost of crisis housing required to meet the needs of people with disability	Recommendation 34: The Australian, State and Territory Governments should ensure that the Second Action Plan of the National Plan to End Violence against Women and Children invests in building and supplying additional suitable crisis, emergency and transitional accommodation for victim-survivors with disability and their families, and that availability of accessible properties matches demand. Recommendation 35: The Australian, State and Territory Governments should fund suitable crisis, emergency and transitional accommodation for people who use violence (located far away from any housing for victim-survivors), so victim-survivors are able to remain in their homes when this is safe and possible if they choose to. Accessible properties should be

¹ By “Community of practice” we intend a group of people with a shared topic of interest, who are meeting regularly to share knowledge, share experiences and learn from each other. It should include both people with professional and lived experience and expertise, operate inclusively in a trauma-informed way, and build cross-sector trust and engagement with a view to finding ways to better identify and when possible, address system and cross-sector barriers.

	○ set appropriate targets for new crisis housing construction and refurbishment that meet the voluntary ABCB Livable Housing Design Standard”⁶⁰ The South Australian government’s response to Disability Royal Commission recommendation 7.35 was “subject to further consideration”. • The South Australian Royal Commission into Domestic, Family and Sexual Violence also recommended (Recommendation 103): “a statewide audit of the crisis, emergency and transitional accommodation available for all people experiencing domestic and family violence”, with the terms of the audit developed in consultation with an organisation with expertise in infrastructure accessibility for people with disability, and accessibility and safety features of the properties to be considered as part of the audit⁶¹. The South Australian Government accepted this recommendation. We strongly welcomed this decision.	available also for this purpose at the level required. Recommendation 36: The Australian, State and Territory Governments should immediately commit to implementing National Construction Code Livable Housing standards as a matter of urgency and without exemptions. ensuring that there <u>is</u> sufficient long-term accessible accommodation available to meet the needs of victim-survivors and their families who are escaping violence, and to ensure that people using violence have alternative housing options when needed to enable a victim-survivors to stay in their own homes.
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	We anticipate the audit will demonstrate significant accessibility barriers, and a strong mismatch between what is needed, and what is available across South Australia, and we know that such gaps exist in parallel across Australia. We emphasise the need for investment to address the demand for accommodation. Long-term housing • Accessible long-term housing options need to be equitably available as required for people with disability. We note thus the need for National Construction Code Livable Housing standards to be implemented by all states and territories, as a matter of urgency and without exemptions. Housing for people using violence • We also call for there to be services and accommodation (not physically located near victim/survivors), crisis, emergency and transitional accommodation for people using violence, in situations where the victim-survivor prefers and feels safe to stay in their home whilst the person using violence is removed and stays elsewhere.	
Ensure access to quality education, employment and financial independence	• Women and children with disability already face barriers to education and employment, but this can be exacerbated if they are experiencing or experienced domestic, family and sexual violence. For example, the need to move house or change jobs regularly, to stay safe, can make it much harder for people with disability who already may be facing barriers to education and employment, to find inclusive and accessible education pathways and workplaces. • Financial means and access to financial support both have a direct impact on safety and the choices of people with disability at risk of or experiencing violence. Approximately only 14% of	Recommendation 37: The Australian, State and Territory Governments should ensure the Second Action Plan of the National Plan to End Violence against Women and Children requires Services Australia to reform the Disability Support Pension, Age Pension, Job Seeker and all relevant pensions and processes to ensure that they are responsive to claimants experiencing or at risk of experiencing family and domestic violence, and that

	people with disability receive support via the NDIS, but even those that do, can continue to incur additional costs due to issues such as transport, and additional healthcare cost and barriers etc. Review needed of Centrelink approaches and processes • At present, when calculating eligibility for a Centrelink pension, people with disability living with family or a partner can have their eligibility for Disability Support Pension (DSP) payments, the Age Pension payments, and other pensions reduced or stopped due to the level of their partner's or family income. • A lack of independent access to sufficient funds can force some people with disability into situations where they are having to rely financially on partners or others and makes it much harder for people with disability experiencing violence in an intimate partner relationship to escape coercive control or violence. • In response to a petition⁶² on this topic last year, Minister Plibersek who held and holds the Social Services portfolio, indicated that it is possible for Services Australia to consider "special reasons" such as if someone is living with domestic and family violence to pay the single rate⁶³. This however creates extra disclosure and process hurdles for people with disability living with violence already in crisis situations to navigate and can also cause unnecessary risks to the person if their partner or the person being violent or controlling becomes aware that this might have occurred. • The 2022 Parliamentary Inquiry into the Purpose, intent and adequacy of the Disability Support Pension had recommended the Department of Social Services support reform to ensure a responsive experience and improved processes for people	it meets their specific needs and requirements. This should be undertaken in conjunction with key stakeholders, including diverse people with disability and disability advocacy and representative bodies.
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	experiencing or at risk of experiencing family and domestic violence. The Australian Government at that time did not act on that recommendation. Given the volume of people with disability in receipt of a range of payments including but not limited to the Disability Support Pension, Job Seeker, Age Pension, and more, we call for an adapted recommendation to now be acted on.	
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ENDNOTES

¹ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), *Final Report: Executive Summary, Our vision for an inclusive Australia and Recommendations*, page 48. Accessed via: <https://disability.royalcommission.gov.au/publications/final-report> in March 2025

² Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), *Final Report: Executive Summary, Our vision for an inclusive Australia and Recommendations*, page 48. Accessed via: <https://disability.royalcommission.gov.au/publications/final-report> in March 2025

³ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023), *Final Report: Volume 3: Nature and extent of violence, abuse, neglect and exploitation*, page 48. Accessed via: <https://disability.royalcommission.gov.au/publications/final-report> in March 2025, quoting:

“Olivia Octoman, Martine Hawkes, Fernando Lima, Melissa O'Donnell, Carol Orr, Fiona Arney, Tim Moore, Sally Robinson, kylie valentine, Amy Marshall, Jala Burton & Chris Brebner, ANROWS, The nature and extent of domestic and family violence exposure for children and young people with disability, Research Report, September 2022, p 32 at Table 9.”

⁴ Australian Institute of Health and Welfare (2026), Family, domestic and sexual violence web report: population: people with disability. Available at: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/people-with-disability>, accessed in August 2026.

⁵ Women With Disabilities Australia [WWDA] (2026). *Making Disability-Specific Violence Visible: Disability-Responsive Implementation of the Second Action Plan*. Submission prepared for the public consultation on the Second Action Plan under the National Plan to End Violence against Women and Children 2022–2032. July 2026. Written by Dr. Diana Piantedosi, Senior Manager, Policy & Advocacy: Hobart, Tasmania.

⁶ Australian Institute of Health and Welfare (2026), Family, domestic and sexual violence, Aboriginal and Torres Strait Islander people. Available online via: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/aboriginal-and-torres-strait-islander-people>, accessed in July 2026. As also quoted in:

Commonwealth of Australia (Department of Social Services 2026), Our Ways - Strong Ways – Our Voices, National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036. Page 16, Available via https://www.dss.gov.au/system/files/documents/2026-03/260219-our-ways-report-v7-web_0.pdf, accessed in July 2026.

⁷ Commonwealth of Australia (Department of Social Services 2026), Our Ways - Strong Ways – Our Voices, National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026-2036. Page 16, Available via https://www.dss.gov.au/system/files/documents/2026-03/260219-our-ways-report-v7-web_0.pdf, accessed in July 2026. Lists of sources for this figure include - Sources AIHW, Family, domestic and sexual violence, Aboriginal and Torres Strait Islander people, 2025; J Jones, L Roarty, J Gilroy, J Brook, M Wilson, C Garlett, H McGlade, R Williams, and H Leonard, Wangkiny Yirra “Speaking Up”. First Nations women and children with disability and their experiences of family and domestic violence, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2023.

⁸ Commonwealth of Australia (2023), *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: Final Report. Volume 8: Criminal justice and people with disability*, Page 336. Available online via: <https://disability.royalcommission.gov.au/publications/final-report>, accessed in July 2026.

⁹ Department of Social Services (2026), *Disability Lens for the First Action Plan 2023-2027*: a joint Australian, State and Territory Government initiative under the National Plan to End Violence against Women and Children 2022-2032, available online via: <https://www.dss.gov.au/national-plan-end-violence-against-women-and-children/resource/disability-lens-first-action-plan-2023-2027-0>, accessed in July 2026.

¹⁰ Department of Social Services (2026), *Disability Lens for the First Action Plan 2023-2027*: a joint Australian, State and Territory Government initiative under the National Plan to End Violence against Women and Children 2022-2032, available online via: <https://www.dss.gov.au/national-plan-end-violence-against-women-and-children/resource/disability-lens-first-action-plan-2023-2027-0>, accessed in July 2026.

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