



Tasmanian  
**Family and  
Sexual Violence**  
Alliance

**TOWARDS A TASMANIAN  
DISABILITY INCLUSION PLAN**

**March 2026**

**Working together for a  
Tasmania free from family  
and sexual violence**



## **ACKNOWLEDGEMENT OF COUNTRY**

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians and first peoples on the land on which we live, work and play in lutruwita (Tasmania). We pay our respects to the Tasmanian Aboriginal community, to elders past and present and to all those who continue caring for country, sharing stories, and upholding rights. We acknowledge the impacts of colonisation and dispossession, and the contemporary disadvantage experienced by Aboriginal and Torres Strait Islander peoples. We also acknowledge the devastating impacts of family and sexual violence and child removal in Aboriginal communities and recognise the power of truth telling and ongoing leadership by Aboriginal communities in addressing and preventing family and sexual violence.

## **ACKNOWLEDGEMENT TO VICTIM-SURVIVORS**

We acknowledge Tasmania's victim-survivors of family and sexual violence. Victim-survivors hold the insights, knowledge, and expertise to inform primary prevention and systems change, and authentically embedding the lived expertise of victim-survivors is vital in addressing family and sexual violence in Tasmania. We acknowledge children and young people who are victim-survivors also hold expertise that must be valued and respected alongside that of adult victim-survivors. And we recognise the life-long impacts of trauma and acquired disability as a direct result of family and sexual violence.



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## PREAMBLE

We welcome the opportunity to contribute to the development of Tasmania's first Disability Inclusion Plan. The Tasmanian Family and Sexual Violence Alliance (TFSVA) congratulates the Tasmanian Government for the enactment of the *Disability Rights, Inclusion and Safeguarding Act 2024* (DRISA 2024), and the appointment of Tasmania's first Disability Commissioner. In this submission, the TFSVA focusses on the following critical areas:

### Theme 2: What we heard in Tasmanian Disability Consultations

- ➔ Intersectionality
- ➔ Housing and Inclusive Communities
- ➔ Justice

### About the TFSVA

The Tasmanian Family and Sexual Violence Alliance is the newly formed peak body for family violence and sexual violence, including child sexual abuse, and represents the sector across the continuum of primary prevention, early intervention, response and healing and recovery. We amplify the voices of lived experience and practice knowledge to improve systems, influence policy, and drive cultural change to end gendered violence.

### Terminology

Throughout this submission, we use the term “family and sexual violence” (FSV) to denote family violence, sexual violence, and child abuse. We use this term and acronym unless citing other research, policy, and practice documents.

The terms ‘people with disability’ and ‘women, girls, and gender diverse people with disability’ are used throughout this submission. However, some people prefer other language, such as ‘disabled woman’ or ‘woman with a disability’. We use person-first language as a default unless citing other research, policy, and practice documents.



## ACT OBJECTS AND PRINCIPLES

### Objects

- ➔ Recognising we all have a responsibility to support people with disability in using their human rights; and
- ➔ Supporting and making changes to uphold:
  - The human rights of people with disability which are included in the United Nations Convention on the Rights of Persons with Disabilities and other international laws about human rights; and
  - Australia's Disability Strategy 2021-2031; and
- ➔ Putting in place rules for all parts of the Tasmanian Government so that everyone understands what and how they are responsible for disability inclusion and what they need to do to be inclusive; and
- ➔ Putting in place rules about the use of restrictive practices by disability services providers; and
- ➔ Creating the positions of Disability Commissioner and Senior Practitioner; and
- ➔ Setting up the Disability Inclusion Advisory Council; and
- ➔ Making way for a community visitor scheme in the future; and
- ➔ Putting in place rules about funding to support the above objects.

### Principles

The Act Principles are like the United Nations Convention on the Rights of Persons with Disabilities. The Act Principles say people with disability should have the same rights as people without disability. The Act says that the way we consult and write the Plan 'must have regard to' the Act Principles. This means we have to follow the Principles when we are writing the Plan. The Principles say why the Plan is being developed (to increase the human rights of Tasmanians with disability) and how the Plan should be developed. In developing the Plan, we will use the Act Principles to make sure:

- ➔ Services or programs are developed using what people with disability have told us are important to them.
- ➔ The voices of families, friends and carers of people with disability are considered in the development of services and programs.
- ➔ Consultation with people with disability is:
  - Designed and delivered together with people with disability; and
  - Done in different ways so people with disability can participate in the way that works for them.



## RESEARCH EVIDENCE

Women, girls, and gender diverse people with disability are subject to heightened rates of family violence and sexual violence (FSV), along with unique forms of both. Intersectionality means that how FSV presents varies considerably for women, girls, and gender diverse people with disability, especially if they also identify as Aboriginal, sexuality and gender diverse, culturally and linguistically diverse, or are on temporary visas, or are unhoused.

The Australian Institute of Health and Welfare (2019) found that 20% of children with disability had experienced violence before the age of 15 years (compared to 11% of non-disabled children), and 47% of adults with disability have experienced a form of violence after the age of 15 years (compared to 36% of non-disabled adults). The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (RCVANEPD; 2023) noted that the increased violence experienced by people with disability impacts on the life outcomes and trajectories of their lives, especially if the violence they experienced occurred early in life.

### Family and Sexual Violence Experiences

Family and sexual violence impacts women, girls, and gender diverse people across their lifecourse, and irrespective of their socio-economic status, sexuality or gender identity, or racial, ethnic, and cultural identities. However, the rates of all forms of interpersonal violence are heightened for women, girls, and gender diverse people who are also disabled. People with Disability Australia and Domestic Violence NSW (2021) identified the following unique characteristics of FSV experienced by women, girls, and gender diverse people with disability:

- ➔ **Physical Abuse:** withholding of food, water, medical and support services, the use of chemical or physical restraints, and destruction or withholding of disability-related equipment.
- ➔ **Sexual Violence:** inappropriate touching during care giving, sexual activity being demanded or expected in return for care, taking advantage of physical impairment to force sexual activity, and control of reproductive processes.



- ➔ **Emotional Abuse:** denial of disability, threats to withdraw care, threats to institutionalise, violation of privacy, and neglect, abandonment, and deprivation.
- ➔ **Economic Abuse:** theft of disability payment, abuse of Powers of Attorney, and refusal to pay for essential medication or disability-related equipment.
- ➔ **Coercive Control:** normalisation of abusive behaviours in relationships.

## Victim-Survivors

The Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (2021) found that:

- ➔ Two in five (40% or 1.2 million) women with disability have experienced physical violence after the age of 15, compared with 26% (or 1.7 million) without disability.
- ➔ From the age of 15, 46% of women with cognitive disability and 50% of women with psychological disability have experienced sexual violence, compared to 16% of women without disability.
- ➔ First Nations women with disability are 34 times more likely than non-Indigenous women with disability to be hospitalised due to family and domestic violence.
- ➔ Women with disability are twice as likely to experience sexual violence over one year compared to women without disability.
- ➔ Of the L(G)BTIQ+ people who reported harassment or violence in the last 12 months, 46% had a disability.
- ➔ In 2016, the cost of violence against women with disability was estimated as \$1.7 billion.

The Queenslanders with Disability Network (2022) suggest that when compared to abled women, women with disability experience significantly higher levels of violence, and that this violence is more intense and frequent. In their study of the victimisation of people with disability in NSW, Ringland et al (2022) found that 11.1% victims of reported DV had experienced five or more incidents, and that FSV victim-survivors were 2.57 times more likely to experience repeat victimisation within 12 months when compared with abled victim-survivors (Rahman 2017).

Their experiences of violence last longer, resulting in more severe injuries, and that women with disability are far less likely to receive service support to address violence,



are often not believed when reporting FSV, and are often denied the right to legal capacity and effective access to justice. This means that women with disability “...have considerably fewer pathways to safety” (Queenslanders with Disability Network 2022).

As can be seen in Table 1, in the two previous years, disabled women were more likely to experience partner abuse, physical violence, sexual violence, and emotional and economic abuse from their partner, and in the previous 12 months, sexual harassment (AIHW 2024). These heightened rates of victimisation are compounded for women with a psychosocial disability, who experience these forms of violence at 2-3 times the rates of other women with disability, and 3-4 times the rate of abled women.

Table 1: Women’s Reported Experiences of Violence (18+ years; AIHW 2024)

Violence Type	Non-Disabled	Disabled	Psychosocial Disability
Partner Abuse (last 2 years)	1.5%	2.2%	6.1%
Physical Violence (last 2 years)	4.2%	5.8%	15.0%
Emotional Abuse by Partner (last 2 years)	4.6%	7.0%	13.0%
Economic Abuse by Partner (last 2 years)	2.4%	4.6%	11.0%
Sexual Violence (last 2 years)	2.5%	4.0%	12.0%
Sexual Harassment (last 12 months)	12.0%	14.0%	33.0%

Based on Australian Bureau of Statistics data from 2021-22, the AIHW (2025) also notes that the prevalence of violent victimisation experienced by women varies depending on the level of support required by women with disability. Physical and sexual violence, emotional abuse, and sexual harassment rates are almost doubled for those with “severe” or “profound” disability. There is no data for this sub-group of women and girls with disability on partner abuse, which is a significant gap in the research evidence.

Additionally, unlike most women and girls, some women, girls, and gender diverse people with disability experience institutional abuse in residential institutions, group homes, respite centres, and boarding houses (PwDA & Domestic Violence NSW 2021), which is rarely recorded as family or domestic violence, despite the domestic nature of these living arrangements. Queenslanders with Disability Network argue that:



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

Under the current Tasmanian *Family Violence Act 2004*, none of these institutionalised forms of FSV are recognised as constituting family violence. Similarly, as noted by Jones et al (2023), the current definition of family violence in the *Family Violence Act* ignores qualitatively different concepts of family and kinship shared by First Nations people with disability.

While much of the research focus on disability and FSV relates to women, girls and gender diverse people who *are* disabled at the time of victimisation, a significant gap in the evidence exists in relation to FSV leading to the disablement of women, girls, and gender diverse people. As with any violent victimisation, the likelihood of injury is significant, and in some cases, these injuries may result in lifelong disablement. In their examination of the burden of disease of intimate partner violence (IPV), Ayre et al (2016) found that IPV was the leading contributor to death, disability, and illness in Australian women, and contributes an estimated 5.1% of the burden of disease for women aged 18-44 years. Further, in their recent Australian study, Makovec Knight et al (2025) found that IPV-related brain injuries from concussion and strangulation (consensual and non-consensual) resulted in significant life-long disablement, including long-term memory and learning difficulties. They suggest that the injuries incurred by FSV victim-survivors is comparable to those incurred in high-contact sport. As noted by Darling (2025), “[m]any ... [disabled people] are subject to violations such as torture or physical violence [which] may incur lifelong physical, cognitive, or psychological injury... They are thereby at risk for further injustice...”



## Coercive control

Restrictive practices are disability-specific forms of coercive control, especially prevalent when a victim-survivor is care-dependent. The RCVANEPD (2022) defined restrictive practices as “...any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person”. Restrictions on access to support aides, medications, and gaslighting victim-survivors with cognitive disability about their memory of what they experienced are some of the key forms of coercive control experienced by women, girls, and gender diverse people with disability. They also experience non-consensual and coercive reproductive violence (such as forced sterilisation, menstrual suppression, contraception, and abortion) and coercive use of psychotropic medication and involuntary detention and treatment in mental health facilities (WWDA 2021). Flynn et al (2024) found that women, girls, and gender diverse people with disability were also at far greater risk of technology-facilitated coercive control. Harris and Woodlock (2021) noted that while technology can enhance the opportunities, modes of communication, and access to information for women, girls, and gender diverse people with disability, it can also enhance and deepen the harms of FSV, especially when victim-survivors are care-dependent and/or have intellectual and cognitive disability. These experiences are compounded where these restrictive practices in the context of FSV are “... permitted by law through substitute decision-making and compulsory treatment regimes”. Coercive control is also compounded by the institutional and cultural contexts of justice seeking, such that women with disability may be hampered from accessing support services due to ableist practices.

These experiences of FSV contribute to a lack of feeling safe. Ten per cent of women with disability and 14% of women with “profound” disability were not satisfied with how safe they feel. Further, 43% of women with disability *waiting* for public transport alone after dark (compared with 28% of abled women), and 36% of women with disability *using* public transport alone after dark did not feel safe (compared with 19% of abled women). Worryingly, 11% of women with disability did not feel safe in their home after dark, compared with 6% of abled women.



## FSV Offenders

The research evidence on women, girls, and gender diverse people with disability who engage in FSV is scant, and only limited evidence is available in relation to psychosocial disability. However, as Matta Oshina et al (2010) found in their analysis of US offending data, young people with disability are arrested, adjudicated, and recidivated at higher rates than their non-disabled peers. As such, it is critical that the Tasmanian Disability Inclusion Plan scopes and addresses the critical issues for FSV offenders with disability.

van der Put et al (2013) found in their US study that juvenile offenders with intellectual disability (ID) were more likely than those without disability to engage in sexual and violent offending (21% and 84% v 7% and 69%). Importantly, these differences may be attributed to the higher likelihood of these offenders having experienced maltreatment as a child than those without ID (70% v 42%). In their study of female offenders with ID, Lindsay et al (2004) found that women and girls constitute a very small proportion of all offenders with ID, and of those referred, women with ID “...do not show the same levels of sexually abusive behaviour or aggressive behaviour”, and that re-offending rates are much lower. Further, in their analysis of UK institutional data on domestic violence abuse, Swift et al (2018) found that only 12.5% of offenders with intellectual disability (ID) were referred to Forensic Community Learning Disabilities Teams or Community Learning Disabilities Teams. The central feature of all these studies is that women, girls, and gender diverse people with disability are likely also to be victim-survivors of FSV, and that their behaviour may model the violence meted out to them earlier in their lives (Murphy 2007).

## Barriers to Justice

Too often accessibility in justice seeking is framed in terms of physical modifications (such as ramps, Auslan interpreters), without consideration of the wide variety of disabling conditions that may be exacerbated by attitudinal (ableism/disablism) and communication factors (how and when information is presented) (PwDA & Domestic Violence NSW 2021). Understanding the scope of FSV experienced by women, girls, and



gender diverse people with disability requires accessible engagement and consultation, along with bespoke strategies to inform victim-survivors of the services and support available and accessible to them. It is not enough for a service to be accessible; it needs to ensure that women, girls, and gender diverse people with disability *know* that the service is accessible, and this requires a bespoke public communication strategy.

There are significant barriers to access support in cases of FSV, and while Australian research on this issue does not exist, it was found that in the UK, only 24% of FSV services were fully compliant with the UK *Disability Discrimination Act*, and 76% did not fully comply with the *Equality Act* (Hague et al 2011 cited in Dyson et al 2017). In addition to being perceived, at times, as unreliable witnesses to their own victimisation, according to PwDA & Domestic Violence NSW (2021), the most critical barriers to help seeking by disabled victim-survivors of FSV include:

- ➔ Social and/or physical isolation
- ➔ Difficulty in accessing safe spaces, including police stations
- ➔ FSV not recognised as such by women, girls, and gender diverse people with disability, and limited resources to raise awareness are available or appropriate for women, girls, and gender diverse people with disability
- ➔ Denial of resources and information by perpetrators
- ➔ Lack of accessible information, such as Easy Read, Auslan, and braille
- ➔ Dangerous attitudes and beliefs about their sexuality, including the extremes of asexuality and hypersexuality
- ➔ “Burden” (victim) and “sacrifice” (perpetrator) discourses
- ➔ Fear of child removal in the context of disproportionate child removals from women with disability
- ➔ Lack of accessible crisis accommodation
- ➔ Limited alternative supports, including alternative support workers in cases of carer abuse
- ➔ Fear of institutionalisation if primary residence is deemed to be risky.



## THEME 2: TASMANIAN DISABILITY CONSULTATIONS

*Australia's Disability Strategy 2021-2031* (Department of Social Services 2024) identifies five justice-related priorities in the next decade, including commitments to ensuring that:

- ➔ People with disability are safe and feel safe from violence, abuse, neglect, and exploitation
- ➔ Policies, processes, and programs provide better responses to people with disability who have experienced trauma
- ➔ Policies, processes, and programs for people with disability promote gender equality and prevent violence against groups at heightened risk, including women and their children
- ➔ The rights of people with disability are promoted, upheld, and protected
- ➔ People with disability have equal access to justice

In order to address these priorities, the Tasmanian Government must consider the unique experiences of women, girls, and gender diverse people with disability who experience FSV, and co-design strategies and practices that meet their needs, including a commitment to accessibility in housing and justice.

In this section of our submission, we focus on three areas of concern in relation to FSV raised in the Tasmanian disability consultations:

- ➔ Intersectionality
- ➔ Housing and Inclusive Communities
- ➔ Justice

### Intersectionality

Women, girls, and gender diverse people with disability experience at least two layers of inequity: sexism/misogyny and ableism, both of which fundamentally shape the experiences of FSV and justice seeking. They may face additional intersectional experiences if they are also sexuality and gender diverse, culturally and linguistically diverse, Aboriginal, and/or have insecure housing or residency status. Each of these other layers of identity—and associated vulnerabilities and needs—fundamentally



change the nature of the violence experienced by women, girls, and gender diverse people with disability.

As identified by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (RCVANEPD; 2023), rates of disability are higher in communities already marginalised, such as First Nations, CALD, and LGBTIQ+SB communities. Jones et al (2023) in their report to the RCVANEPD, note that First Nations women with disability experience the highest rates of victimisation of any group, with just over a third reporting victimisation, and that more than 50% of First Nations people who experience family violence have a disability. Boxall et al (2021 cited in Jones et al 2023) argue that the "...probability of experiencing the onset of physical or sexual violence (9.4% vs 4.4%), coercive control (17.1% vs 4.5%), and an escalation of physical or sexual violence (73.1% vs 53.8%) were all higher for First Nations women than non-Indigenous Australians.

First Nations women with disability were 34 times more likely than non-Indigenous women to be hospitalised due to family violence. The FSV burden of disease for First Nations women with disability (10.9%) was almost double that of non-Indigenous women (5.1%). Further, First Nations children with disability are much more likely than non-disabled Indigenous children or non-Indigenous children to experience secondary family violence. Thirty-six per cent of First Nations children with disability had a mother hospitalised due to FSV, compared with 26% of non-disabled Indigenous children, and 3% of non-Indigenous children. First Nation children with disability were also over-represented in the child protection and juvenile justice system. Additionally, Jones et al (2023) suggest that these experiences of violence are compounded by the lack of culturally appropriate care both within the criminal justice system and in service providers, which contributes to the worrying pattern of First Nations women with disability being criminalised by police and having their children removed when they attempt to report their FSV victimisation.

Similarly, sexuality and gender diverse people with disability experience higher rates of sexual violence. In their report for the RCVANEPD based on the *Writing Them In 4* and *Private Lives 3* studies, Hill et al (2022) note that LGBTQIA+ people with disability are



reticent to disclose their sexuality and/or gender identity to people in their lives, with as few as a third fully out to their family. Not only do they encounter issues with disclosing to disability and FSV service providers (including only a third that feel accepted in accessing a health or support service), LGBTQIA+ people with disability do not feel accepted or included by the LGBTQIA+ community.

LGBTQIA+ people with disability reported higher levels of harassment than abled LGBTQIA+ people (32% v 19%, respectively), and depending on extent of disablement, 67%-73% of victim-survivors experienced intimate partner abuse and 69%-81% experienced family violence. Most critically for consideration in the Tasmanian Disability Inclusion Plan is that only 22% of disabled LGBTQIA+ victim-survivors reported their experiences of intimate partner or family violence to a professional service. Non-binary people with disability (86%), trans men (84%) and trans women (78%) were more likely than cisgender men (80%) and cisgender women (77%) to experience family violence, but experiences of IPV was consistent across gender characteristics, ranging from, 67% (trans women) to 75% (non-binary people).

Additionally, while Australian governments have rightly focussed on the disproportionate impacts of FSV on women and girls, men and gender diverse people have been largely ignored in strategies to support FSV victim-survivors. Resources and services, particularly for male FSV victim-survivors, are scant, and do not consider how these outlier FSV experiences either fit with conceptual models of FSV (which are primarily focussed on gender-based violence) nor are the scant services available to men and gender diverse people accessible for men with disability.

Given the research evidence and policy contexts, it is paramount that the Tasmanian Government work with representative organisations to consider the proposed changes to the *Family Violence Act* as it relates to the intersectional experiences of victim-survivors and perpetrators with disability.



## Housing and Inclusive Communities

As noted by ShelterTas and Hobart Women's Shelter (2023) in their report, *Somewhere to Go: Meeting the housing needs of women and children in Tasmania*, over Tasmanian 900 women each year either return to violent partners or enter homelessness after experiencing FSV. Based on the reported rates of FSV against women, girls and gender diverse people above, it is likely that a significant proportion of these women seeking shelter are disabled. There are over 5,000 Tasmanians on the waitlist for social housing, with a wait time of over 84 weeks to be allocated housing (Housing Tasmania 2026). At the same time, Tasmanians are experiencing the lowest rental affordability in Australia. The Tasmanian Government has not set real targets for new builds to address this critical shortage of accommodation, and have not committed to repurposing meanwhile use of buildings to accommodate the needs of disabled people requiring housing. In this context, women, girls, and gender diverse people experiencing FSV have few options to escape violence (Maher et al 2018).

The new Liveable Housing Design rules took effect on 1 October 2025 in Tasmania under the National Construction Code (NCC). Phase 1 of these reforms required all new home builds to be more accessible for older people and those who are living with disability, including mandating step-free shower access, front door width, and the reinforcement of bathroom and toilet walls. It is not until Phase 2 that internal doors and corridor width, as well as unobstructed space around toilets will be mandated.

Apart from the fact that these requirements only mandate action on new builds, the phased implementation of the Liveable Housing Design rules means that women and girls who use wheelchairs may be able to access the front room of their home, but not any rooms within the home. This not only limits their autonomy, it creates the conditions for perpetrators to further isolate and harm women, girls, and gender diverse people with disability.

When we consider these limitations in terms of refuges and shelters, many of which were built decades ago, it is clear that some women, girls, and gender diverse people with disability may not be able to access the key services and resources required to



leave violent relationships and access safe housing. As noted in the introduction, however, guidelines such as these only address mobility and some sensory requirements for people with disability. More action is required to consider the broader range of housing issues faced by women, girls, and gender diverse people with disability who experience FSV.

## Justice

### Victims

As noted in the previous section of our report, women, girls, and gender diverse people with disability experience FSV at higher rates than abled people, and their ability to access justice is curtailed not only because of their reliance on a carer who may be using violence against them (of which, some is not even considered as such under the *Family Violence Act*), but also due to the inaccessibility of justice more generally.

It is therefore incumbent on government to undertake an access audit of all criminal justice practices, especially those relating to FSV. A similar audit is required for FSV services and resources, many of which are provided by underfunded non-government organisations that may not have the resources to make their services and practices fully accessible to women, girls, and gender diverse people with disability.

BOSCAR (2022) noted in their report on victimisation of people with disability that FSV offenders were less likely to be proceeded against in matters involving a victim-survivor who is disabled. This points to gaps in culturally safe and disability-affirmative policing and prosecution practices, and further evidences the perception that disabled victim-survivors are unreliable witnesses to their own victimisation.

It is therefore important that all criminal justice practitioners are aware of the ways in which women, girls, and gender diverse people with disability may be subject to unique forms of FSV (including bespoke forms of coercive control) that may not fit established models for understanding FSV. This gap may contribute to the lower rates of FSV reporting and of proceeding against offenders. Practitioners also need to be aware of the “protective” actions of family and friends, who may seek to restrict



women, girls, and gender diverse people with disability access to justice in order to protect them from secondary victimisation.

One important innovation in practice that could be replicated from Victoria is the appointment of Family Violence and Disability Practice Leaders in FSV services, child and family services and perpetrator services organisations and programs, Disabled Persons Organisations, and Aboriginal Community Controlled Organisations. This initiative aims to enhance the accessibility of family violence and sexual violence services, by providing capability and capacity building for the sector through the provision of inclusive practice leadership, secondary consultation, advice on emerging best practice, and the coordination and dissemination of information on relevant training opportunities and advocacy.

Other best practices identified by Dyson et al (2017) include:

- ➔ Queensland specialist service for people with intellectual disability who have experienced sexual violence or exploitation, which provides counselling, groups, support, information and referral, community education, and training for people with intellectual disabilities.
- ➔ Victorian Statewide Disability and Family Violence Crisis Responses Initiative, which provides immediate support to victim-survivors with disability if they are in crisis, brokers services and resources, builds sector capacity, and resources Disability Family Violence Liaison Officers.
- ➔ Victorian special sexual assault program for people with disability, which provide bespoke support, advocacy, and resourcing for victim-survivors with cognitive disability or complex communication needs.
- ➔ Reviewing all criminal code and FSV-related legislation to identify any definitions and practices that may exclude some forms of FSV experienced by women, girls, and gender diverse people with disability.

Also noted by Dyson et al (2021), it is also important to confront explicit and implicit ableism in FSV service provisions. They argue that "...both DFV and disability services may be overly protective of women with disabilities. For DFV services, this can be to avoid re-traumatising women... [and that] that they had at times not acknowledged women's experiences or trusted them as experts in their own lives". Not being culturally safe, and not being perceived by victim-survivors as being disability-affirmative in their work, may lead some women, girls, and gender diverse people with



disability either not accessing services at all, or not disclosing their disability for fear of experiencing ableism. The Disability Pathways Project led by 1800RESPECT developed a Disability Support Toolkit, which, along with the PwDA & Domestic Violence NSW *Guide for Policy and Practice*, should be adopted by Tasmanian FSV and criminal justice agencies to ensure that their services and supports meet best practice.

As gatekeepers to justice, building the capacity of police to work in a culturally safe and disability affirmative way with FSV victims is critical. Training is often framed as the panacea for issues relating to bias and discrimination, but as noted by Dowse et al (2021), “[n]o studies were located that show a connection between police disability awareness training and improved knowledge, skills and attitudes of police officers toward people with disabilities, nor impact on reducing the frequency of police brutality and violence against members of this group”. Despite this caveat, they suggest that evidence-based “disability sensitivity programmes” are a necessary first step, and as with mental health training provided to police, scenario-based training is understood as best practice for changing cultural attitudes to disability and FSV.

Beyond police training, Tasmania Police could also explore the appointment of Disability Liaison Officers, the wider roll out of National Assistance Cards, and raising police officer awareness of the need to support people during criminal justice encounters. As noted above, however, there is also a need for a comprehensive access audit of all criminal justice systems, practices, policies, and training.

## **Offenders**

While much of this submission relates to the justice issues faced by victim-survivors of FSV, it is critical that any innovations in policy and practice are extended to those systems established to manage offending behaviour. An additional factor to consider in the Disability Inclusion Plan is how the disability-related needs of FSV offenders who identify as women and girls are addressed in corrective and rehabilitation services. While there are very few female-identifying FSV offenders, the correlation between some FSV victimisation and offending is clear, and additional support and resource may be needed for these women and girls in penal institutions. Further, any behaviour



change program developed for FSV offenders must be accessible and address the needs of male, female, and gender diverse FSV offenders with disability.

## Policy Priorities

These issues with securing safe, accessible, and culturally safe justice for women, girls, and gender diverse people requires a bespoke strategy that addresses the unique challenges faced by FSV victim-survivors in Tasmania. As part of a broader Disability Inclusion Plan, the TFSVA recommends that the Tasmanian Government develops a targeted consultation process with women, girls, and gender diverse people with disability to:

- ➔ Develop strategies to reduce existing barriers to seeking justice, and adopt universal design principles for all future innovations in law, policy, and practice
- ➔ Upskill FSV support and justice practitioners on the unique characteristics of FSV experienced by people with disability
- ➔ Develop accessible and culturally appropriate prevention strategies for reducing FSV, and behaviour change programs that are suitable for people with disability
- ➔ Commit to the redevelopment of existing housing infrastructure (including meanwhile use of buildings) and enacting all accessibility measures contained in the Liveable Housing Design to increase housing affordability and housing options for people with disability
- ➔ Provide additional funding to emergency accessible housing for people with disability escaping FSV
- ➔ Ensure that all strategies adopted for people with disability account for their intersectional experiences, including Aboriginality, CALD, LGBTIQ+, and those with insecure housing and residency status.



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