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Respect Victoria

Preventing Family Violence

Primary prevention of violence against women with disability: Evidence synthesis

FEBRUARY 2021

THE UNIVERSITY OF MELBOURNE

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Executive Summary

Violence affects people from all cultures, ages and socio-economic groups, but the extent, nature and dynamics of violence is not evenly distributed across the community. Women with disability experience violence at significantly higher rates than people without disability. While effective programming and practices to prevent all forms of violence against women is rapidly expanding, we know much less about what works to prevent violence against women with disability.

Commissioned by Respect Victoria this Evidence Synthesis aims to address critical evidence gaps by:

- building a better understanding of the nature, extent and dynamics of violence against women with disability in Australia and
- consolidating existing international evidence on the effectiveness of interventions in primary prevention of violence against women with disability

The Evidence Synthesis comprises of three components:

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

Findings from each of these components are summarised below:

Understanding population-based prevalence and risk factors for violence is a necessary platform from which to build initiatives in primary prevention but has been largely absent for people with disability in Australia. Our analyses of the Australian Bureau of Statistics (ABS) 2016 Personal Safety Survey (PSS) confirms that violence against women with disability in Australia is common; one in three reporting at least one incident of violence since the age of 15 (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse by a partner and/or stalking, by any perpetrator). Sexual violence is of particular concern with results showing that women with disability are at a high risk of sexual violence. Women with disability also experience high rates of violence by an intimate partner and emotional abuse by a partner. Young women and women with cognitive and psychosocial disability report high rates of violence. These data suggest that gender, age and disability intersect to compound the risk of violence occurring and point to important factors to consider in approaches to primary prevention.

Our review of the effectiveness of interventions identified 22 publications from the international peer-reviewed (n=16) and grey literature (n=6). Our search was purposively broad to capture the widest range of evidence and as such interventions were varied and included young people and adults with disability (men and women), service providers and other people who work and/or support with people with disability and the community more broadly. We included evaluations reporting on process and/or outcome indicators from a range of different study designs.

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

Overall, studies demonstrated positive outcomes across a range of measures including awareness, knowledge, attitudes, skills and behaviour. Although the quality assessment of most studies was low, positive effects were demonstrated among studies employing more robust study designs (e.g., randomised controlled trials). The interventions themselves nonetheless are problematic in terms of how primary prevention is operationalised; namely that people with disability are responsible for preventing violence by arming themselves with the knowledge and skills to 'ward' off violent and abusive behaviour.

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

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

Together the three components of this report confirm the need for a comprehensive evidence-based approach to the primary prevention of violence against women with disability. Efforts have been hampered by a lack of information about the prevalence, nature and forms of violence against women with disability. Empirical evaluative research on what works to prevent violence against women with disability is necessary but not sufficient. A key conclusion from the review of effectiveness of interventions in primary prevention is that a large proportion of programmatic and research resources to date have been invested in evaluating unidimensional strategies at the individual level that are unlikely to result in significant and sustained reductions in violence.

Our recommendations therefore coalesce around building better data and attending to key priority areas in research, evaluation and practice and include to:

1. undertake additional statistical analysis of existing publicly available datasets that include information on disability and violence
2. analyse existing administrative data that not publicly available
3. augment existing surveys or administrative data collections by adding or modifying items to capture the specificity of violence for people with disability
4. scope mechanisms to improve the representativeness of people with disability in existing datacollections
5. develop a new national or state-based data collection on family violence and disability.

Our recommendations in relation to next steps in research, evaluation and practice include to:

6. amplify the voices of women with disability by adopting co-design principles across all stages of research including planning, design, implementation and evaluation
7. develop stronger theoretical understandings on the drivers and reinforcing factors for violence against women with disability (that are specific and not additional to existing frameworks) that can be tested and refined in research and evaluation of practice
8. attend to critical gaps by prioritising research and evaluation on organisational, community and societal level primary prevention approaches and use these learnings to develop more effective prevention interventions
9. extend understanding of violence prevention to acknowledge women's experiences within and outside of residential, institutional and service settings including in family and domestic settings, in schools, workplaces and community settings more broadly, for example in public spaces
10. embed intersectional approaches that acknowledge and respond to the diversity of women with disability
11. foster greater collaboration between sectors; namely the disability services, women's health, children and young people and 'mainstream' primary prevention sectors
12. support community-based organisations to play a greater role in evidence generation by investing time and resource in the development and evaluation of promising practice.

Abbreviations

AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
ABS	Australian Bureau of Statistics
CRE-DH	Centre of Research Excellence in Disability and Health
ICF	International Classification for Functioning, Disability and Health
IPV	Intimate Partner Violence
LGBTIQ	Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex and Queer
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NHMRC	National Health and Medical Research Council
NDIS	National Disability Insurance Scheme
PSS	Personal Safety Survey
RCT	Randomised Controlled Trial
RCFV	Royal Commission into Family Violence
SDAC	Survey of Disability, Ageing and Carers
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VicHealth	Victorian Health Promotion Foundation
WDV	Women with Disabilities Victoria
WHO	World Health Organization

A note on language and terminology

The way language is used is critical to understanding disability and the prevention of violence against women with disability. Below we describe our understanding of key terms used in this report.

Disability: We understand disability as it is defined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)[1]. Informed by interactional understandings of disability, the UNCRPD definition recognises disability as a function of the way society is organised and the way in which impairments (as described below) interact with systemic barriers to hinder equal participation in society. We to use the term disability (in the singular) as per the UNCRPD conceptualisation of disability as a social determinant and not a characteristic of a person.

Impairment: Aligned with the UNCRPD, we use the term impairment to refer to difficulties in body function or structure such as loss of vision, hearing, loss of a limb, as well as mental functions such as impairment of mood or emotion. We acknowledge their effects are experienced differently by different people.

Women: In this report we use the term women to include any person who identifies as a woman including trans women. We understand that gender is non-binary but note that the many of the sources we refer to define people as women or men and this is reflected in the report.

Violence against women: Violence against women can be described in many different ways, and laws in each state and territory in Australia have their own definitions. However, the one adopted by the UN over 20 years ago is the most commonly used. It defines violence against women as: '…any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life'[2]. In Australia, the terms domestic violence, intimate partner violence and family violence are often used interchangeably and refer to a range of behaviours that are violent, threatening, coercive or controlling that occur within current or past family or intimate relationships. These behaviours are overwhelmingly perpetrated by men against women and include physical and sexual assault, emotional and psychological abuse, economic control, social isolation, coercion and any behaviour that results in women living in fear.

Family violence: In comparison to many other Australian jurisdictions, Victoria is unique in its early adoption of the term family violence in legislation and policy. Although mainly used to describe violence perpetrated against women by family members in addition to the use of violence by current and former intimate partners (also known as domestic violence), it acknowledges many manifestations of family violence including violence against children, parents, siblings and older people, lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) people including intimate partner violence in same-sex relationships. The Victorian Family Violence Protection Act 2008 defines it as behaviour towards another family member that is physically, emotionally, sexually, economically or psychologically abusive inclusive of behaviours that are threatening, coercive, controlling and dominating which cause a person to fear for themselves or someone else[3]. For the purposes of the Act the definition of 'family member' extends to a person deemed to be 'like' a family member, for example the relationship between a person with disability

and their carer. Although the term family violence is criticised for being gender neutral and thus obscuring the heavily gendered nature of the problem, the policy reform agenda in Victoria remains largely focused on violence against women.

Intersectionality: We understand intersectionality as a central feminist concern that seeks to identify and address how different social identities and systemic conditions intersect in place, time and circumstance to reproduce and compound experiences of inequality. With theoretical roots dating back to the early 1970s, an emerging body of research on disability violence prevention draws on and extends analysis of the intersectional experience of race and gender proposed by Crenshaw[4] to multiple identity positions including, for example, disability, ethnicity, cultural background and sexual orientation.

Prevention of violence against women: In the violence against women sector prevention is understood to occur at three inter-connected levels.

Primary prevention aims to stop violence before it occurs by addressing the underlying drivers and reinforcing factors for different manifestations of violence. Some primary prevention strategies focus on change at the individual level by raising awareness or addressing knowledge, attitudes and behaviours. Others might focus on structural or societal factors through policy and/or legislative mechanisms. Although usually whole-of-population (universal) initiatives, there is increasing recognition of the need for targeted or selective interventions or strategies that consider the needs of particular groups in the population.

Secondary prevention or early intervention aims to stop violence from occurring, reoccurring or escalating by identifying and supporting those known to be 'at risk' or at the earliest signs of perpetration or victimisation. Secondary prevention strategies may focus on changing the behaviours among individuals or groups in the community or can be targeted at environments where there are known risks for violence. Although secondary prevention uses distinct approaches to addressing violence, some early intervention strategies might have a primary preventive effect. For example, bystander intervention may disrupt violence from happening or escalating, but also deters future perpetration by signalling that violence or attitudes and social norms that support violence against women will not be tolerated or condoned.

Tertiary prevention, sometimes referred to as response or crisis response, aims to provide treatment and support to people affected by violence as well as those who use violence by dealing directly with the violence, keeping people safe from violence and by attending to its possible consequences, such as mental illness. Strategies in tertiary prevention include support for victim/survivors such as crisis accommodation and criminal justice and therapeutic interventions for perpetrators.

Background

Understanding disability

Around one in five people in Australia report having a disability[5]. Making up approximately 20% of the Australian population, women with disability are diverse in age, sexual orientation and socio-economic and cultural background. They may in the paid or unpaid workforce or be engaged in education and training. They may live at home on their own, with family or an intimate partner or in supported care settings. They may be mothers or have other caring responsibilities, live in different geographic locations with varying religious and political perspectives. Women with disability also share commonalities including inequality across key health and social domains including education, housing, employment, economic security and inclusion[6]. The way that disability is understood has important implications for how and why inequalities arise, how they may be addressed and is particularly pertinent in addressing violence against women with disability.

Disability is not purely a medical problem that belongs to the individual (medical model) nor is it purely a function of the way society is organised (social model). Rather it is an interaction between the two thus giving rise to interactional understandings of disability sometimes described as the 'biopsychosocial' model[7]. An interactional model underpins the UNCRPD which describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others'[1]. It is this definition that underpins Australian policy and practice including the National Disability Strategy 2010-2020[8].

Unlike the social model of disability that makes a sharp distinction between impairment and disability, interactional understandings of disability acknowledge the way impairments can interact with social, systemic and personal factors, which together comprise individual's experience of disability. As such, interactional understandings of disability have the capacity to include a gendered perspective offering a helpful conceptual framework for thinking about the complex and interrelated factors that lead to violence against women with disability.

Violence against women with disability

Violence affects people from all cultures, ages and socio-economic groups, but the extent, nature and dynamics of violence are not evenly distributed across the community. Family violence is highly gendered, largely perpetrated by men against women. The extent and severity of violence tends to be higher among groups of women experiencing multiple forms of inequality and disadvantage[9]. This is well documented for women with disability who experience violence and abuse at significantly higher rates than women without disability[10].

The intersection of gender and disability means the nature and dynamics of violence - who is at risk, the context and settings in which violence occurs and the form that violence takes may be different for women with disability compared to their peers who are not disabled.

In addition to experiences of violence that are common in the community (e.g., intimate partner and sexual violence), there are behaviours and manifestations of violence that may be specific to, or even exclusively experienced by, women with disability. This includes, for example, violence that is targeted at women with disability because of their perceived vulnerability (also known as hate, disablist hate or bias crimes); denial of treatment, required medication and/or specific aids; limiting access to social and other support services and exploitation/violation of bodily autonomy including reproductive coercion. In part due to the settings in which women with disability live and work, they are also more likely than women without disability to experience violence from multiple perpetrators across their lifetime. For women with disability the risk of violence is particularly heightened in specific service environments such as residential facilities and disability support service settings.

Some women with disability may face additional barriers defining, describing, reporting and accessing support when violence has occurred. Services designed to support women experiencing violence typically do not have the mechanisms to facilitate equal access[11]. This includes, for example, domestic and family violence helplines that are not accessible for women with hearing or speech impairment; websites that are too complex to navigate for women with visual, intellectual or cognitive difficulties; and service, complaint, response and legal systems that are difficult to approach, inappropriate and inflexible in meeting the differential needs of people with disability. Barriers to reporting and seeking help means reliable data on the extent of violence against women with disability are lacking, creating a significant impediment to appropriate and effective policy responses to prevent and address the problem.

Approaches to primary prevention

Globally the need to strengthen efforts to prevent violence against women including primary prevention – stopping violence before it starts – is well recognised[12]. In 2015, all governments of the United Nations committed to an ambiguous target of eliminating violence against women by 2030[13]. Among high income countries, Australia has been a strategic leader addressing the problem through the development and implementation of a 12-year National Plan to Prevent Violence Against Women and their Children 2010-2022[14]. Implemented through a series of three-year action plans, the National Plan has a broad focus on building the evidence base on the size and nature of the problem in different settings and on establishing frameworks and guiding practices that target the underlying social conditions that tolerate, enable and support violence.

In Australia, the most influential framework is Change the Story: A shared framework for the primary prevention of violence against women and children[15]. Developed by Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and the VicHealth under the Second Action Plan of the National Plan[16], Change the Story sets out a roadmap for engaging with individuals, communities, institutions and systems to create the social change needed to stop violence before it starts. Based on international evidence on the correlates of male perpetrated violence against women[17], Change the Story identifies gender inequality as the key social determinant or driver of violence against women, operationalised through rigid gender roles, men's control of decision making and limits to women's independence, condoning of violence and male peer relations that emphasise aggression and disrespect towards women (known as gendered drivers or expressions of gender inequality).

In Australia, as in other parts of the world, a focus on gender inequality as the key driver of violence against women has driven investment in primary prevention interventions. This includes, for example, interventions that target relationship dynamics; household, workplace and community structures

including the division of paid and unpaid work and in the home; access to financial, employment and other resources; and traditional gender roles as portrayed in popular culture, media and advertising. Although the evidence base is rapidly expanding, there remain elements that require concerted effort and attention including among community groups whose experiences of violence differ from the general population. This knowledge gap is recognised in the current fourth action plan (2019-2022) of the National Plan where the first and third priorities focus on primary prevention and needs of communities affected by the multiple forms of discrimination[14].

Primary prevention of violence against women with disability

While conceptual frameworks like Change the Story have been instrumental in accelerating programming and practices in primary prevention in Australia, it has an overwhelming focus on particular types of violence perpetrated by men against women. There are good reasons for this emphasis on common forms of male perpetrated violence, but the implicit assumption of a 'one size fit all' approach to prevention has impacted efforts to address this complex social issue for some of the most 'at risk' groups of women in the community[11]. While Change the Story, along with other prevention frameworks, such as the Victorian Government's Free from Violence strategy[15,18], acknowledge that systemic exclusion, marginalisation and discrimination of people with disability intersect with gender inequality to substantially elevate the prevalence and severity of violence, they offer little by way of evidence-based guidance for intervention.

While there has been little empirical investigation into what drives violence against women with disability, there are emerging theoretical frameworks that help to conceptualise or position where primary prevention effort might be targeted[19,20]. This literature draws on a socio-ecological model for understanding violence that maps the way individual, relationship/family, community, organisational, institutional and societal factors intersect to elevate the risk of violence or safeguard against violence[21]. Overall, these frameworks suggest increased susceptibly to family violence for women with disability is driven by a confluence of ableism, disability-based discrimination, structural inequality and stigmatisation[19,20]. These conditions then filter down and are enacted at the community, organisational, relationship and individual level resulting in range of intersecting factors that place women with disability at risk including social exclusion, poverty, institutional conditions, normalisation of inequality, dependence on others, exclusion from participation in community life, education and employment and lack of access to decision making and representation. A key strength of these theoretical approaches in the context of gendered violence prevention is that it explicitly acknowledges intersectional experiences, attending to the ways the power operates through multiple identity positions including disability[20].

To date however legislation, policy and practices in Australia to prevent gendered disability violence have not clearly focused on targeting the underlying social, economic and cultural conditions that tolerate, enable and support violence. 'Mainstream' prevention programs with a focus on gender

issues – inequality, social norms and practices - have generally not been inclusive of people with disability, while specialist programs delivered by the disability services sector have not had a commensurate focus on the intersection of gender and disability in relation to violence prevention nor on the underlying social conditions that drive violence. Cognisant of this knowledge to practice gap, Our Watch recently commenced work to develop a conceptual framework for understanding what drives violence against women with disability including evidence-informed principles for effective primary prevention programming. At the same time Respect Victoria – Victoria's state government funded statutory agency dedicated to the primary prevention of family violence - has been advancing recommendations arising from the Victorian Royal Commission into Family Violence (RCFV)[22]. This includes a dedicated focus on communities identified in the RCFV that are known to be most severely impacted by family violence, but for which there remain significant gaps in evidence, including women with disability.

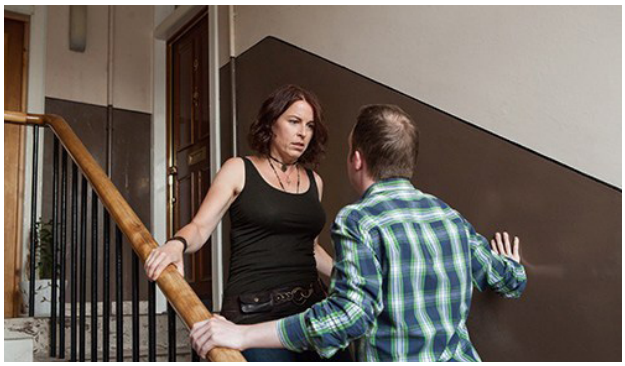
Aims of this Evidence Synthesis

In 2020 we were commissioned by Respect Victoria to deliver a family violence action research project focused on the primary prevention of violence against women with disability. This Evidence Synthesis is the first stage of this project and aims to address critical evidence gaps by:

- building a better understanding of the nature, extent and dynamics for violence against women with disability in the Australian context and
- consolidating existing international evidence on the effectiveness of interventions in primary prevention of violence against women with disability

The Evidence Synthesis comprises of three components:

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



Part 1: Extent and nature of violence against women with disability

In this section of the report we explore population-level data on violence against women with disability in Australia which allows us to:

- build an empirical understanding of the extent and nature of violence against women with disability in the Australian context
- highlight notable data gaps
- recommend options for improving data and information

Understanding prevalence and risk factors for violence is a necessary platform from which to build initiatives in primary prevention but has been largely absent for people with disability in Australia. Primary prevention efforts are most effective when a coordinated range of mutually reinforcing factors are targeted including population-level indicators of risk. The Personal Safety Survey (PSS) administered by the Australian Bureau of Statistics (ABS) is currently the best available source of population-level estimates of the prevalence of different types of violence experienced by women with disability in Australia[23]. Data are collected about experiences of violence in relation to two time periods – since the age of 15 (also described as lifetime exposure) and in the last 12 months. Additional information about perpetrators and location is collected in relation to the 'most recent incident' of violence.

The PSS uses a standard measure of core activity limitation/need for assistance common in other ABS surveys to identify people in the sample with disability (or long-term health condition). The PSS however is not specifically designed with this population group in mind and has several limitations, including that it only selects respondents from private dwellings (e.g., houses, flats, caravans), thereby excluding people who live in disability or other care settings. The PSS does not include respondents who need assistance with communication so is highly likely to exclude those with communication and/or language barriers.

With these limitations in mind, below we provide key statistics from the 2016 PSS to highlight the prevalence and dynamics of violence against women with disability in Australia (see technical notes in Appendix A).

Prevalence

Violence against women with disability is common

Since the age of 15:

- **Two in three women with disability** (65%) report **at least one incident of violence** (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking, by any perpetrator)
- **One in three women with disability** (36%) report **at least one incident of physical and/or sexual violence by an intimate partner** (a current or previous partner with whom the respondent lived, or current or former boyfriend, girlfriend, or dating partner with whom the respondent did not live)
- **37% of women with disability** report experiencing **emotional abuse by a partner** (a current or former partner with whom the respondent has lived with)
- **52% of women with disability** report experiencing **physical violence** (occurrence, attempt or threat perpetrated by another person either known or unknown)
- **One in three women with disability** (33%) report experiencing **sexual violence** (occurrence, attempt or threat perpetrated by another person either known or unknown)
- **One in four women with disability** (27%) report an **episode of stalking** (unwanted contact or attention on more than one occasion, or multiple types experienced on one occasion that caused fear or distress)

Women with disability experience high levels of intimate partner violence, sexual violence and stalking

Since the age of 15:

- **36% of women with disability** report **intimate partner violence** compared to 21% of women without disability, 15% of men with disability and 7% of men without disability
- **Women with disability** are **twice as likely** than women without disability (16%) to report **sexual violence**
- **27% of women with disability** and 16% of women without disability report **at least one episode of stalking** compared to 13% of men with disability and 5% of men without disability

Over the same 12-month period:

- **Women with disability were at 2.3 times the risk of violence by an intimate partner** than women without disability
- **4% of women with disability reported at least one incident of sexual violence** compared to less than 2% of women without disability
- **Women with disability were at 2.1 times the risk of being stalked** than women without disability

Young women with disability (18-29 years) experience high rates of violence

Since the age of 15:

- **67% of young women with disability** report **at least one incident of violence** (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking)
- **75% of young women** (aged 18-29 years) **with cognitive impairment** report **at least one incident of violence** (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking)
- **Young women with disability are at twice the risk of sexual violence** than young women without disability

In the 12 months prior to the survey:

- **One in four young women with disability** (27%) reported **at least one incident of violence** (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking) compared to 13% of women without disability
- **13% of young women with disability** report **physical violence**
- **10% of young women with disability** report **being stalked**
- **9% of young women with disability** report **sexual violence**
- **8% of young women with disability** report **violence by an intimate partner**

Dynamics

Impairment type impacts the experience of violence

Since the age of 15:

- **Women with psychological and cognitive impairments report very high rates of all types of violence,** particularly sexual violence, intimate partner violence and emotional abuse by a partner
- **74% of women with psychological impairment and 72% of women with cognitive impairment** report **at least one incident of violence** (inclusive of physical violence, sexual violence, intimate partner violence, emotional abuse and/or stalking)
- **One in two women with psychological** (50%) **and/or cognitive impairment** (47%) report **sexual violence**
- **Women with psychological impairment are at three times the risk of sexual violence** compared to men with psychological impairment
- **One in two women with psychological** (51%) **and/or cognitive impairment** (52%) report **at least one incident of violence by an intimate partner** compared to 38% of women with speech and sensory impairment and 37% of women with physical impairment
- **One in two women with psychological** (50%) **and/or cognitive impairment** (51%) report **at least one incident of emotional abuse by a partner** compared to 41% of women with speech and sensory impairment and 37% of women with physical impairment

Emotional abuse by a partner is common for women with disability

Since the age of 15:

- **One in three women with disability** (37%) **report at least one incident of emotional abuse by a partner** (coercive and controlling behaviours with the intent to cause fear or harm by a current or former partner with whom the respondent lives or has lived with) compared to 24% of men with disability, 20% of women without disability and 15% of men without disability
- **Women with disability report experiencing a wide range of emotionally abusive behaviours and tactics**
- **24% report verbal abuse**
- **22% report being constantly humiliated and belittled**
- **19% report being isolated from social networks** by preventing contact with family, friends and community
- **18% report having their movements monitored** including where they went and who they saw
- **15% report being restricted from knowing about, having access to and making decisions about household finances**
- **6% report being deprived of basic needs such as food, shelter or assistive devices**

Women with disability are more likely to experience violence by someone they know than by a stranger

When asked about their most recent incident:

- **40% of women with disability report the violence was perpetrated by someone they know** compared to 21% of women without disability
- **For women with disability, the most common known perpetrators are a former or current partner** (22%) or an acquaintance or neighbour (11%)
- **One in five women with disability** (22%) **report the violence occurred in their own home** compared to 11% of women without disability
- **12% of women with disability report the violence occurred in public** compared to 6% of women without disability

What the data tells us

Building a solid foundation in primary prevention practice is an iterative process that starts with finding the populations and social and geographical locations of risk, uncovering other risk and protective factors and developing and using evidence-based strategies and programs that address violence at the individual, relationship/family, community, organisational, institutional and societal levels. Currently in Australia the information we have about the extent, nature and dynamics of violence against women with disability is inadequate for building evidence-based prevention programming and practice.

These data confirm that experiences of violence for women with disability in Australia is common; one in three reporting at least one incident since the age of 15. Sexual violence is of particular concern with results showing that women with disability are at considerably higher risk of sexual violence than men and women without disability. Women with disability also experience high rates of violence by an intimate partner, emotional abuse by a partner and stalking in comparison to their non-disabled peers.

Women with psychological and/or cognitive impairment, particularly young women (aged 18-29 years) experience very high rates of all types of violence; much higher than among young women without disability. This includes women with intellectual disability, head, stroke or other brain injury, as well as women for whom mental illness impacts on their day-to-day life or for which help, or assistance is needed. Although this is not indicative of any specific diagnostic category, it is likely to be women whose mental illness is complex, severe and enduring. It is important to note however that not all people with mental illness, even severe mental illness, will experience psychosocial disability.

What do these data on experiences of and risk factors for violence tell us about primary prevention for women with disability? First, they confirm the experience of violence for women with disability follows a similar gendered pattern that is evident among women without disability. This suggests the principles that inform 'mainstream' primary prevention approaches (i.e., those that focus on structural gender equality) are relevant to reducing violence against women with disability.

Second, the risk factors identified in these data speak to attributes or characteristics at the individual level that 'reinforce' the likelihood of violence for women with disability (e.g. impairment). Consistent with interactional models of disability however it is the interaction between impairment and the environment itself that contributes to the experience of disability and violence by pushing some groups of women to the margins of society. Prevention must consider therefore the key context and settings in which disability-based discrimination, structural inequality and stigmatisation and issues of power and control are enacted for women with disability.

What the data does not tell us

Intersectionality

Like other ABS national social surveys, the PSS is designed to provide reliable statistics for the general population, but prevalence estimates become less reliable as the sample population is further sub-divided. This applies to estimates where data are sub-divided to account for multiple social identities, for example, culturally and linguistically diverse women with disability. This leaves critical gaps in our understanding of intersectional experiences of gendered disability violence.

In addition, the PSS does not currently collect demographic information for some population cohorts including transgender and gender diverse people and Aboriginal and Torres Strait Islander people. The ABS notes that the PSS is not a culturally appropriate way to collect information about experiences of violence and abuse among Aboriginal and Torres Strait Islander people making any prevalence estimates unrepresentative and misleading. While there are other ABS administered national population-based data such as that derived from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) there remains valid questions about the extent to which survey-based methods are appropriate for capturing experiences of both disability and violence in Aboriginal and Torres Strait Islander communities.

Types of violence

The survey is funded under the National Plan and as such has a deliberate focus on types of violence that are of interest to the violence against women sector. Excluded from its measurement frame is some forms of violence that are recognised as being experienced disproportionately (or even exclusively) by people with disability including, for example, withholding and/or denying access to medication or preventing access to services; withholding, damaging or breaking assistive devices and public crimes such as bias or hate crimes. Without a mechanism to collect data on these forms of violence they remain largely invisible.

Older women

For our analyses of the PSS we elected to include those aged 18-64 years and therefore we cannot comment on the nature and extent of violence experienced by women with disability aged 65 and over. We approached our analysis in this way because population ageing and disability prevalence increase in tandem. This means that among the sample of older women in the PSS are those with lifelong disability, or disability acquired up until the age of 65, as well as those who have become disabled as a result of conditions associated with ageing. While these two groups of women are likely to have different risk factors for, and be differentially exposed to violence, they are not distinguishable in the PSS. This is a significant shortcoming of how these empirical data inform efforts to prevent and respond to this highly complex social issue.

Disability care and other settings

Based largely on risks relating to privacy and safety, the PSS only selects respondents from private dwellings thereby excluding a range of possible disability and care settings where women with disability may reside. This includes, for example, institutions, residential, aged and disability care facilities. The PSS also excludes people in private dwellings who need communication support to participate. Although there are resource limits on the PSS, this represents a major shortcoming to the extent to which these data can inform understanding about the scope of the problem.

Building better statistical evidence

Currently in Australia the empirical evidence base remains inadequate for effective policy development and response. Despite years of advocacy very little, if anything, has changed. Below we suggest some possible options for building better statistical evidence.

Maximise the use of existing data

There are several national and state-based data collections, as well as longitudinal, research and administrative datasets with potential to accelerate the empirical evidence base on the prevalence, nature and impact of violence against women with disability in Australia. The Centre of Research Excellence in Disability and Health recently released the Australian Disability and Violence Data Compendium[24] which identifies 25 national, state-based, administrative and research datasets that include information about disability and violence. This signals not a lack of data, but data that are fragmented and under-utilised.

Augment existing survey data assets

Augmenting existing surveys or administrative data collections by adding or modifying items can be challenging. However there are advantages in considering how existing national surveys, including those collecting data on violence (e.g. PSS) and disability (e.g. Survey of Disability, Ageing and Caring; SDAC) might etter account for the specificity of experiences for women with disability.

We recommend therefore that the PSS, for example, consider additional data items that identify different forms of violence. As our understanding of the types of behaviours and tactics used by perpetrators of family violence evolves so too should the data collected in national surveys. This is relevant to women with and without disability. The SDAC on the other hand collects nationally representative and comprehensive information about the lives of people with disability in Australia and samples from people living in disability and care settings but does not ask any questions about violence beyond feelings of safety. The SDAC therefore might also be consider adding data items with the potential to extend understanding of the lived experience in Australia including violence victimisation and perpetration.

We also suggest that surveys like the PSS scope mechanisms to improve the representativeness of people with disability. This might include for example by co-designing guidelines about appropriate ways to collect data from women with disability with respect to safety, information access (e.g., informed consent) as well as exploring innovation in participatory methods and inclusive practices in data collection[25].

Develop a new national or state-based data collection on family violence and women (and men) with disability

The PSS is currently the only instrument in Australia that captures data on the experiences of violence for people with disability at the population level, but the extent to which they can inform meaningful policy and practices responses is curtailed by its limitations in relation to sampling and measurement. The issue of violence against women with disability specifically and people with disability more broadly will remain in the margins until the absence of good data is remedied, despite its prominence in the series of recent state and national Royal Commissions, including the current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The complexity of developing and implementing such a new survey-based approach should not be underestimated with a plethora of technical, methodological and ethical challenges. This includes approaches to identifying people with disability that align with other population level datasets enhancing opportunities to extend the evidence base using data linkage.[26]

Part 2: Review of intervention effectiveness

In this section of the report we describe our review of the international literature on intervention effectiveness in relation to the prevention of violence against women with disability (including grey literature - material not published in a traditional scientific format). Our narrative synthesis of the evidence aimed to answer the following questions:

- What is the nature, type, content and intended aims of prevention interventions?
- What are the target populations?
- What does effective or promising practice look like?

Method

Search strategy

We identified relevant studies in the international peer-viewed and grey literature using three search strategies:

I. Systematic and comprehensive searches of bibliographic databases, including Medline, CINAHL, EMBASE and PsychINFO. The combination of search terms was deliberately broad to increase sensitivity of the search and identify all possible eligible studies. The following Medical Subject Headings (MESH terms), keyword combinations and Boolean operators were used:
   (disability OR disabled OR disabled persons OR impaired OR impairment) AND (violence OR exposure to violence OR family violence OR domestic Violence OR intimate partner violence AND (primary prevention OR prevention OR secondary prevention OR early intervention OR program evaluation OR strategies OR best practices OR treatment OR therapy OR program OR management)

II. A forward search strategy by reviewing the reference lists of all included studies was used to identify any relevant publications that had not been uncovered in the database searches

III. Internet searches including Google Scholar using select key words previously listed, targeted searches of websites (e.g., Our Watch, Women with Disabilities Victoria, Women with Disabilities Australia), supplemented with information obtained from key informants were used to identify primary prevention programs and practices and/or their evaluations not published in peer reviewed journals (known as grey literature)

Searches were undertaken in May and June 2020.

Inclusion and exclusion criteria

Our key inclusion criterion was primary studies of evaluated interventions in the prevention of violence against women with disability. However, cognizant of the paucity of literature we were purposively broad in our search strategy. We included the broadest possible scope of prevention practice inclusive of universal approaches or whole-of-population interventions, as well as targeted and selected interventions for those at imminent and elevated risk of violence. We searched for any type of intervention or program to prevent any form/s of violence (e.g., physical violence, sexual violence) by any perpetrator (e.g., intimate partner, other family member, carer, stranger) with a focus on any type/s of disability or impairment (e.g., physical, sensory, speech, cognitive/intellectual, psychological/psychosocial).

Inclusion was restricted to studies in which prevention was the focus of the intervention and deemed by consensus of the research team as having a primary preventive impact. In some programmatic areas, for example, sexuality and relationship education, studies were considered eligible if their main focus pertained to prevention (e.g., self-awareness, safety, privacy, consent) rather than biological content (e.g., anatomy, development, puberty, reproduction).

We initially aimed to only consider studies in which interventions were explicitly described as preventing violence against women or with an articulated gender lens but broadened our scope to include violence prevention programming that aimed to prevent or mitigate violence against women and men with disability. Recognising that children and young people are an important target population for primary prevention of adult violence, we included interventions delivered to any age group.

Studies reporting evidence from evaluated interventions (inclusive of process and/or outcome evaluations) based on the following types of study designs were included: randomised controlled trials (RCT), cluster RCT, nonrandomised trials such as before-and-after studies and qualitative studies. All papers included were written in English and published on or after 1 January 2010.

Studies were excluded if they were theoretical, opinion pieces, commentaries, books, book chapters, published conference abstracts, systematic reviews and meta analyses or studies that lacked a measurable assessment of outcomes or were a protocol paper only. Studies were also considered ineligible if they focused exclusively on the prevention of violence against children (child abuse and maltreatment). Studies in which the focus was tertiary prevention or responding to violence against women with disability were also excluded.

Appraisal of study quality

The quality of included studies was assessed according to the National Health and Medical Research Council (NHMRC) levels of evidence (see below):

Level	Description
I	Evidence obtained from a systematic review of all relevant randomised controlled trials
II	Evidence obtained from at least one properly designed randomised controlled trial
III-1	Evidence obtained from well-designed pseudo-randomised controlled trials (alternate allocation or some other method)
III-2	Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case-control studies, or interrupted time series with a parallel control group
III-3	Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without a parallel control group
IV	Evidence obtained from case-series, either post-test, or pre-test/post-test

Findings

Data were extracted using the COVIDENCE software for management of systematic reviews. A PRISMA diagram of records identified, and the screening and selection of papers is shown in Figure 1 (Appendix B).

The search strategy identified 483 publications of potential interest (after the removal of duplicates). One researcher (LK) reviewed the title, keywords and abstract and excluded 397 papers that did not meet the inclusion criteria. The full text of the remaining 86 papers were then obtained to assess their eligibility for final selection. A further 27 papers were identified for screening by searching the reference lists of included studies including the reference lists of nine literature reviews. Any uncertainty about a published paper's relevance was decided by discussion and consensus with a second researcher (GS). A total of 16 papers were retained. Table 1 (Appendix C) shows the characteristics of the reviewed papers including the country setting, study aim/s and design, details of the intervention, measures and key findings.

Searching of the grey literature identified further examples of prevention programming and practices and from this we yielded an additional six evaluation reports that met our criteria. Table 2 (Appendix C) shows the nature of these programs, their intended aims, study designs, measures and key findings.

Characteristics of included studies

Geographic location

Eleven of the 16 peer-reviewed studies were conducted in the USA[27–37], with the remaining studies from the UK (n=2)[38,39,] Uganda (n=1)[40], Korea (n=1)[41] and Turkey (n=1)[42]. All six evaluation reports sourced from the grey literature were from Australia[43–38].

Study design, method and quality

Studies employed a wide range of designs and methods. Among the 16 papers in the peer-reviewed literature, a non-controlled pre- post-test study design was the most common in which outcomes were measured before and after the intervention (n=8)[27,29–31,33,37,41,42]. Some included an additional follow-up period. One study used a non-randomised controlled trial design[28], three were RCTs[32,35,36] and one employed a cluster RCT design[40]. A cluster RCT differs from a standard RCT in that the unit of randomisation is at the group rather than individual level, for example, a school, workplace or health service. The remaining three were process evaluations which documented various components of the intervention's implementation but did not report outcomes[34,38,39].

Among the six studies in the grey literature, three were process evaluations[45–47], two reported on process[43,48] and outcome indicators and one reported on outcomes only[44]. In an emerging field with a limited evidence base process evaluation can point to important elements of effective practice including acceptability, uptake, reach, engagement and access.

Studies predominantly used quantitative methods including surveys, structured interviews or structured observations. Some were mixed methods using a combination of surveys, interviews and focus groups. One study employed a quasi-ethnographic approach.

In terms of the quality of the studies, we rated each according the NHMRC evidence hierarchy which reflects the potential for the study to adequately answer a research question based on the probability that its design has minimised the impact of bias. Four of the 16 studies reporting on outcomes were rated as level II on the NHMRC evidence hierarchy (evidence obtained from at least one properly designed RCT), one as level III-2 (evidence obtained from comparative studies with concurrent controls and allocation not randomised, cohort studies, case-control studies, or interrupted time series with a parallel control group) and the remaining eight as level IV (evidence obtained from case-series, either post-test, or pre-test/post-test). Process evaluations were not assessed for quality.

Participants and sample size

Eight of the 22 studies collected data from adults with disability only; four from adults with disability and staff delivering the program or intervention; one collected data from three different groups: adults with disability, their family members/carers and staff delivering the program/intervention. Six studies collected data from children or young people. Two studies collected data from people who work with or support people with disability only. One study collected data from school staff and one from local businesses.

Sample size ranged from three to 453. Overall the included studies had relatively small samples with 17 of the 22 studies reporting less than 100 participants. One study did not report the number of participants.

Characteristics of interventions

The 22 included studies reported on 18 different interventions or programs with the aim of preventing violence against people with disability. Among these four were interventions designed for women with disability: two from the US - ASAP for Women and the Safer and Stronger Program[35,36] - and two from Victoria - the Workforce Development Program on Gender and Disability and Enabling Women[47, 48].

People with disability

People with disability themselves were the target of most violence prevention interventions (12 out of 18). These interventions were primarily informative/educational in nature, delivered in education or disability service settings including in special schools, independent living centres and disability support services. They can be broadly categorised as information and training pertaining to:

- abuse awareness, safety and self-advocacy
- sexuality and relationships
- promotion of independence, identity, rights, advocacy and leadership

The vast majority of these programs were delivered as multi-session interventions. Two were one-off sessions including the Safer and Stronger Program for women with disability[36].

Nine of the 12 interventions were for adults with disability; the remaining were for children and young people. Eight explicitly described the intervention as for people with intellectual and/or developmental disability including three of the interventions for children.

Only one intervention included an explicit intersectional focus which was an adaptation of an existing sexuality and relationships program (Safer Lives and Respectful Relationships) for LGBTQIA+ people with intellectual disability[45]. The study reporting on this intervention was a process evaluation reported in the grey literature.

People and organisations who work with and/or support people with disability

People who work with and/or support people with disability and/or their organisation were the target of four of the 18 identified interventions. Two were individual level interventions examining training programs for service providers and case managers largely pertaining to awareness, knowledge and attitudes about violence including identifying those at risk. Both interventions were delivered as a one-off session.

The other two interventions were at the organisational level exploring the role of disability services' organisational culture for preventing violence. Studies reporting on these interventions were both process evaluations located in the grey literature. Building Safe and Respectful Cultures[46] although not designed to address violence against women with disability specifically, has an explicit focus on social determinants or drivers of violence and abuse for people with disability; namely safety and respect. Workforce Development Program on Gender and Disability focuses on building the capacity of the disability sector to deliver gender equitable services[47].

Whole of population initiatives

The two remaining interventions can be broadly described as whole of population interventions in that they targeted change in a universal setting. The Good Schools Toolkit is a school-based violence prevention behavioural intervention delivered in primary schools. The study was conducted in one district of Uganda over 18 months with the aim of reducing physical violence in the whole student population with results disaggregated by disability status. While the intervention is not designed specifically to be disability responsive, this study focussed on the effectiveness of reducing violence against children with disability. The effectiveness of the intervention was tested using a cluster RCT[40].

The second intervention was a community-based scheme to prevent disability hate crime in one local area of the UK. The Safe Places Scheme offers training to local shops, libraries and other public meeting spaces to become places of refuge for young people with disability who are feeling unsafe while in the community. While embedded in an early intervention framework, its primary objective is to promote social inclusion for young people with disability[39].

Outcomes

Given the extent of heterogeneity among the studies in terms of intervention characteristics, we thematically grouped outcomes according to assessment of change at different levels of the socio-ecological model.

Individual level programs

Abuse awareness, safety promoting behaviours and self-advocacy

Raising awareness about abuse, recognising violent behaviours and promoting the use of protective and self-advocacy skills were the outcomes measured in most of the included studies including interventions for people with disability and for people who work with people with disability (n=13). Overall studies showed improvements from pre- to post-intervention on participant self-reported or observed outcomes including understanding violence, identifying abuse, self-advocacy knowledge and confidence, decision-making and practical skills in safety promoting behaviours.

Most studies included only small numbers of participants; did not include a comparison group or measure outcomes beyond the immediate completion of the intervention. Among the few studies that employed a comparison or wait list control group, there was evidence of an intervention effect. Two studies noted significant improvements in safety and self-efficacy knowledge among students attending special school who took part in training compared to controls, with positive outcomes maintained one-year post intervention[28,29].

Three further studies reported on outcomes from RCTs including two interventions for women with disability (ASAP for Women and the Safer Stronger Program)[35,36]. These studies noted significant gains for participants in the intervention groups in comparison to controls on outcomes including abuse awareness, knowledge of safety and protective behaviours, safety self-efficacy and social support.

Relationship/family level programs

Sexuality and healthy relationships training

Awareness, understanding and skills in relation to sexuality and the development of healthy, respectful relationships were the primary outcomes measured in five studies. These five studies were in relation to two programs: Friendships and Dating Program[37,38] developed in the US and the Safer Lives and Respectful Relationships program developed in Victoria, Australia[43–45].

Three of the five studies reported on process indicators only, for example, program delivery and acceptability. The peer-to-peer approach to learning which is a feature of Safer Lives and Respectful Relationships was rated positively by those involved[43,44]. An adaption of Safer Lives and Respectful Relationships for LGBTQIA+ people with intellectual disability was rated by those engaged in the program as relevant and acceptable[45].

The two remaining studies reported on outcomes and noted that program participants increased their understanding of sexuality, respectful relationships and knowledge of rights. Although only based on a small number of participants with no comparison group, participation in the Friendships and Dating Program was associated with an increase in the size of social networks and a reduction in the reported number of reported incidents of interpersonal violence experienced post program[37,38].

Community/organisational level programs

Cultural change

Two studies located in the grey literature examined process outcomes in relation to organisational-level change. The Building Safe and Respectful Cultures pilot project was co-produced by researchers, staff from the Disability Services Commissioner and community researchers with lived experience of disability[46] . The main impetus for the project was the need to address the primary prevention of violence, abuse and neglect in disability service settings. While based on a small sample size, the study noted that positive and equal relationships between people with disability and disability support workers; improved agency for people with disability and respectful and inclusive practices should be key considerations in approaches to primary prevention. The researchers nonetheless noted considerable challenges to affecting change at the organisational level including structural factors such as the increasing casualisation of the disability support workforce in Australia.

The second study reporting on organisational level change was a programmatic evaluation with Women Disabilities Victoria's (WDV) Workforce Development Program on Gender and Disability[47]. Based on research showing services that support people with disability often have limited understanding of the way gender-based discrimination intersect with disability to compound experiences of violence, the program aimed to support disability organisations to increase their understanding of violence and improve gender sensitive and equitable service delivery. While outcomes showed changes in organisational policy and culture with the potential to improve gender sensitive service delivery, there was no evidence of actual change in practices.

Societal level programs

Empowerment and inclusion

Two studies evaluated programs focused on empowerment and inclusion[39,47], both of which reported on process indicators. The first was from the UK investigating the Safe Places Scheme. Although conceived as a mechanism to enhance social inclusion for young people with disability and prevent disablist hate crime, it actually operates as a place for young people to seek 'shelter' when feeling vulnerable or scared in the community. While there may be potential for preventive effects, it does not explicitly act to stop violence before its starts. Additionally, the evaluation was hampered by poor implementation and roll out and thus offered limited information by way of effectiveness. Despite limited evidence in relation to either primary or secondary prevention, the programs has been 'scaled up' and implemented in numerous districts in the UK[49].

The final study was from the grey literature evaluating another program developed and implemented by WDV[47]. Enabling Women is a leadership program designed for young women with disability (15-25 years) and specifically targets what we know about the drivers and reinforcing factors for violence; namely normalisation of inequality, dependence on others, exclusion from participation and lack of access to decision making, representation and agency. Outcomes of the process evaluation based on young women with disability living in rural and regional areas of Victoria noted the program's potential to build and strengthen connections with other women with disability, sectors and organisations and enhance options for young women to lead change about issues that are important to them.

Discussion

Summary of studies

We identified 22 publications from the peer-reviewed and grey literature reporting on evaluated interventions to prevent violence against people with disability. As a consequence of our broad search strategy the target population included young people and adults, service providers and other people who work and/or support with people with disability and the community more broadly. A gender lens was absent from most studies, even those that described interventions designed to raise awareness about violence and abuse (which is known to be heavily gendered). In studies where the target population was women and men with disability, none described providing women with safe spaces. Only four interventions (based on five studies) were designed for women with disability: two with a focus on safety awareness (ASAP for Women and Safer and Stronger Program)[33,35,36]; one with a focus on empowerment (Enabling Women)[48] and one with a focus on organisational cultural change in relation to gender equitable disability services (Workforce Development Program on Gender and Disability)[47].

The majority of studies were assessed as having a weak level of evidence. However, unlike the most recent systematic review[50] where all included studies received a weak rating, we identified a selection of higher quality studies employing more robust methodological designs including RCTs. This suggests a more robust evidence-base on the prevention of violence against women with disability is emerging. Over the ten-year time frame (2010-2020) several interventions first reported process indicators, followed by a further trial of outcome indicators. This includes ASAP for Women[33,35], the Friendships and Dating Program[37,38], and a further adaptation of the Safer Lives and Respectful Relationships program for LGBTQIA+ people with intellectual disability[43-45].

Strengths and limitations of the available evidence

The most well-developed area in terms of both quantity and quality of evidence were studies of interventions/programs that targeted change at the individual level. These were primarily focused on raising awareness about abuse, recognising violent behaviours and promoting the use of protective and self-advocacy skills for people with disability. While these studies showed high levels of effectiveness in achieving intended outcomes, including among studies employing robust methodological designs, the interventions are based on the assumption that people with disability are responsible for preventing violence by arming themselves with the knowledge and skills to 'ward' off violent and abusive behaviours. This is problematic and speaks to the complexity of operationalising primary prevention of violence in research and in practice. While raising awareness and increasing knowledge about violence and promoting safety behaviours should not be dismissed as unimportant, educational or training initiatives that target individual risk are unlikely to result in significant or sustained change without a commensurate and coordinated focus across the different levels of influence. A few studies evaluated the impact of education about violence on knowledge, attitudes and skills among disability support workers. Interventions of this type however were relatively short in duration, usually delivered in a just a few hours with no follow up to ascertain longer term change.

Sexuality and relationship programs have a relatively long history as a strategy in violence prevention particularly in Australia, so it is not surprising that they feature in the group of studies identified in this review. Of note however is that most evaluations remain in the grey literature, report on process indicators or employ only pre- post- study designs. While results from the Friendships and Dating Program in the US that noted a reduction in actual experience of violence among those who participated in the program are encouraging, the quality of the study particularly its small sample (n=31) raises questions about the extent to which the results might be broadly applicable[37].

Despite a growing evidence base there are notable gaps; the lack of community, organisational and societal-level prevention approaches being the most critical. Studies in which interventions were positioned within emerging theoretical frameworks on the drivers and reinforcing factors for violence against women with disability were in the minority. Among the three most relevant studies, two were evaluations of interventions designed to target cultural and organisational change within disability services[46,47]. The third had a focus on young women with disability and empowerment[48]. Each of these studies were from Australia (two from Victoria), were located in the grey literature and reported on process outcomes only.

Few studies described that the intervention or program being evaluated or trialled was developed and/or informed by input from people with disability themselves or other key stakeholders (e.g., disability services sector). This is a significant gap in light of growing evidence that co-design is a key factor in more effective programs with greater individual and social impact[51]. Additionally, few studies described using inclusive and participatory methodologies. Consideration of intersectionality or the extent to which overlapping systems of inequality and discrimination might impact on approaches to preventing family violence for women with disability was largely absent from the literature.

Implications for policy, program development and research

For women with disability the drivers of violence are likely to be similar and different to those experienced by women without disability in that they include both gender- and disability-based discrimination. This review of the international peer-reviewed and grey literature on the effectiveness of interventions to prevent violence against women with disability however suggests a 'disconnect' between emergent theoretical perspectives, program development and empirical insights derived from research and evaluation. Although theoretical perspectives that consider how and why the problem of violence against women with disability arises have been slow to develop, these models suggest that factors influencing violence lie at multiple and intersecting levels of influence[19,20]. These models also acknowledge that for primary prevention to be effective it must target the broader social context that drives violence including disability-based discrimination, marginalisation and structural inequality. Yet, the current evidence base remains focused almost exclusively on primary prevention programming and practice that attends to risk and protective factors at the individual level only. While this represents one possible avenue for prevention, it is important that action to prevent violence does not problematise the issue to one that people with disability are responsible for 'fixing.'

Most promising in terms of primary prevention policy and practice are approaches to research that support the testing of theoretical ideas about the drivers of violence against women with disability. Those studies investigating the mechanisms by which the disability service sector can move towards organisational culture and practices that are safe, respectful and gender equitable show promise in terms of their primary prevention potential and are ripe for further investment in development, implementation and evaluation. It is important however that the frame of reference for primary prevention acknowledges women's experiences of violence outside of disability service settings and is extended to account for women living in the community, with family, with intimate partners, as mothers, in paid and unpaid work, in education and training, sports and arts. It is particularly important that conceptual models on the drivers of violence against women with disability work in tandem with empirical research acknowledging that they are mutually informing; theory plays an important role in understanding empirical insights, which in turn shed light on the validity or otherwise of theoretical ideas.

Part 3: Learning from practice

In this final section of the report we provide a summary of primary prevention programming and practice. Prior reviews of the literature into the effectiveness of interventions to prevent violence against women with disability have found limited evidence to inform policy and practice[50]. A common theme in these reviews is that while interventions themselves are scarce, where they do exist, they may be predominantly or only held in grey literature and/or may not be subject to evaluation. The aim of this component of the Evidence Synthesis is to recognise that knowledge which emerges in applied settings and accumulates from practice plays a key role in building a comprehensive understanding of the evidence base.

The following table presents a summary of interventions and/or programs implemented across Australia that we identified using two main strategies. First, from our search of the peer-reviewed and grey literature (as described in Part 2), and second by drawing on the extensive sector knowledge of the community researcher (JH) supplemented by contact with key informants. Interventions here are distinguished from the review of effectiveness in two main ways: (1) they are from Australia only and (2) they have not been the subject to evaluation, the evaluation is not publicly available and/or is pending or the evaluation was published prior to 2010 and was therefore deemed ineligible for inclusion in the above review. In keeping with prior review of effectiveness we included the broadest possible scope of prevention programming and practice.

As such the interventions have varying aims: some designed to prevent violence against women with disability as a specific aim, some designed to prevent violence against all women, and some designed to prevent disability abuse. Others have broader aims such as the empowerment of people with disability, workforce capacity building or influencing of government policy. The latter category included because of their potential to impact on resourcing and positioning of women with disability creating opportunities to influence the drivers and reinforcing factors of violence against women with disability.

This summary highlights that community-based organisations in Australia including disability, women's health and violence prevention sectors have significant expertise in understanding and responding to the drivers of gendered disability violence through innovative practices and programs, but perhaps not the experience or resource to undertake rigorous evaluation. It thus provides a useful starting point for identifying promising strategies in need of further research.

Key

Prevention of violence against women with disability is an aim
Empowerment of women with disability is an aim
Prevention of violence against people with disability is an aim
Empowerment of people with disability is an aim
Prevention of violence against women is an aim

Intervention	Organisation	Population group	Description and aim	Funding
Women's Health Services capacity building project*	WDV in partnership with WHSS	Women's Health Services Victoria	The aims of the Women's Health Services Capacity Building Project are to lead to: • better informed women's health service staff • safety and equity for women with disabilities • reduced violence against women with disabilities Under the project, WDV partners with two women's health services to ensure their violence prevention initiatives include the needs and perspectives of women with disabilities. WDV will offer advice on disability inclusive violence prevention action strategies, training and connections to local disability organisations to enable the sustained participation of women with disabilities in local violence prevention activities. The women's health services will share their knowledge and skills and the tools and reswwources developed through the project with local governments, other community partners, and women's health services throughout Victoria	Funded by the Victorian State Government in 2018

Systemic advocacy	WWDA	Government, research, services, community Australia	WWDA develops a range of policy submissions to Government on violence, abuse, neglect and rights; contributes to international initiatives to improve the status of women and girls with disability globally; contributes to disability reforms being undertaken by the Australian Government; undertakes extensive representation work; participates as members of the Civil Society delegation to the CRPD Conference of States Parties (COSP); and contributes to a number of national and state/territory research and reform initiatives of interest to women and girls with disability.	Operational funding from the Commonwealth Government since 1997
Systemic advocacy	WDV	Government, research, services, community Victoria	WDV's policy and advocacy work provides a voice for women with disabilities to influence government policy, law reform, research and the wider community. The policy role is funded to focus on prevention and response of violence against women with disabilities.	Funded by the Victorian State Government recurrently since 2009
Women with Disabilities Project	Our Watch, in partnership with WDV	Women and girls with disability Australia	With input from a project advisory group and national consultations: • finalise a literature review to identify the drivers and prevalence of violence against young women and girls with intellectual disabilities • produce a campaign to prevent violence against young women and girls with intellectual disabilities • finalise a conceptual model and practice principles for the prevention of violence against women and girls with disabilities • produce practice guidelines for the prevention of violence against women and girls • develop a distribution strategy	Funded by Our Watch and the Commonwealth Department of Social Services, 2020-2021

AcceSex- Sexual & Reproductive Health Project*	WDV	Hospitals, women's health services and providers of sexual and reproductive health services Victoria	AcceSex is a sexual and reproductive health workforce development project that aims to increase access to healthcare services for women with disabilities In partnership with Women's Health in the North and the Royal Women's Hospital training has been developed for staff and community partners on the sexual and reproductive health needs of women with disabilities. The training covers intersectionality, ableism, sexual and reproductive violence and practical ways to make organisations and professional practice more accessible. Utilising a co-facilitation model with a woman with a disability to begin the processes of breaking down the negative stereotypes of women with disabilities. The training has been designed for in-person and online delivery, including the development of videos for online e-learning course.	Funded in by the Victorian Government since 2016
Sunrise*	Women's Health West	Women with disability Victoria	Sunrise is a two-year health promotion and skill development program that supports women with disabilities or chronic health conditions, including mental health conditions, to: • develop social networks and personal goals • learn about health, wellbeing, and self-determination • link in with local community agencies and organisations • contribute ideas and skills within their communities Sunrise is unique to the health and disability sectors in Victoria because of its health promotion foundation based in the prevention of violence against women. Sunrise aims to increase participant's understanding and connection to local community through supported networking and guidance to establish their own projects individually or in small groups over a two-year period	Funded by Victorian State Government Home and Community Care
Our Site	WWDA	Women and Girls with Disability Australia	Our Site co-designed by women and girls with disability for women and girls with disability. Over 100 women with disability across Australia have directly contributed to the design and development of the website. Our Site will provide practical resources and information across five main areas: • human rights • leadership and participation • decision making and choices • sexual and reproductive health and rights • safety from all forms of violence	Funded in 2018 by NDIS, Information, Linkages and Capacity Building

Experts By Experience (Workforce Development Program on Gender and Disability*	WDV	Women with Disability Victoria	This is a group of women with disabilities who are paid to meet on a regular basis. Members provide advice and feedback on WDV projects, resources and materials. Their advice is also sought (in a fee for service model) by org's consulting on developing services and resources that are accessible and welcoming for women with disabilities Members have opportunities to share and gain skills from their peers and WDV staff through regular group meetings and periodic training sessions with a significant focus on gender equity and violence prevention and response The group works together to enhance skills and capacities of the members while also providing expert advice, advocacy and guest speaking to other organisations and agencies	Funded by the Victorian State Government
Sexual Lives and Respectful Relationships (SL&RR; formerly Living Safer Sexual Lives)	Deakin University with community partners	People with Disability Australia	SL&RR (formerly Living Safer Sexual Lives: Respectful Relationships) is a program for people with intellectual disability that focuses on talking and learning about sexuality and relationship rights, sexual health, and violence and abuse prevention. It was developed in collaboration with people with intellectual disability and University researchers, and is delivered using a peer education model SL&RR advocates for respectful relationships by providing accessible information about relationship rights, sexuality rights and violence and abuse prevention so that people with intellectual disability can make informed decisions about their relationships	Mixed sources
With Respect*	Drummond Street Services	Victorian LGBTIQ+ services, disability service providers and disability advocates Victoria	Practice guides and training resources for services were co-designed by LGBTIQ+ people with disabilities as a family violence prevention initiative	Funded by the Victorian State Government, 2019-2020
Victorian Self Advocacy Groups and Networks	Self Advocacy Resource Unit (SARU)	People with intellectual disability, acquired brain injury and/or people with complex communication requirements Victoria	Self advocacy groups are run by people with disability who have joined together to have their voices heard and to support each other. Self advocates work together to make sure they have equal rights, choices opportunities as anyone else SARU resources and provides support to 20 self advocacy groups including a group of parents with an intellectual disability involved in the Child Protection System, and a group of people with an intellectual disability who identify as LGBTIQA+. SARU also supports three networks	Funded by Victorian State Government through the Office for Disability since 2008

National Disability Insurance Scheme	National Disability Insurance Agency and Local Area Coordinators Australia	People with disability who self-register and meet the eligibility criteria	The aim of the NDIS is to support people with a permanent and significant disability that affects their ability to take part in everyday activities. It does this by identifying what disability supports someone needs in order to help achieve their goals in life. It then providers a personal budget to reach these agreed goals Goals include things you want to achieve with support from the NDIS and other supports and services. Your goals might include becoming more independent, getting or keeping a job, learning new skills, enrolling in education, becoming more active in your community, or improving your relationships and making friends.	Funded by the Commonwealth Government since 2015
Respectful Relationships *	Department of Education and Training	School communities including special schools Victoria	Respectful Relationships recognises that schools are a workplace, a community hub and a place of learning The whole-of-school approach supports schools and early childhood settings to promote and model respect, positive attitudes and behaviours. It teaches children how to build healthy relationships, resilience and confidence	Funding by the Victorian Government since 2016
Sexual Assault Prevention Programs for Secondary Schools (SAPPSS)	CASA House	School communities Victoria	SAPPSS was a model implemented to initiate, develop, monitor and evaluate school-based violence prevention programs and other initiatives focused on young people and their communities. The program's final report includes good practice guidelines for school-based violence prevention SAPPS was modified with and for implementation in a Special Developmental School	Funded by the Victorian State Government, 1999 to 2007

Conclusion and recommendations

A comprehensive evidence-based approach to the primary prevention of women with disability is long overdue in Australia. To date however efforts have been hampered by a lack of information about the prevalence, nature and forms of violence against women with disability. Currently the PSS is the key national data collection aimed at capturing experiences of violence in the Australian community. Our analysis confirms that violence and abuse is common for women with disability; one in every three reporting at least one incident of violence since the age of 15. These data also tell us that younger age and cognitive and psychological impairment, singly or in combination represent individual level risk factors for violence including sexual violence, intimate partner violence and emotional abuse by a partner. These characteristics of risk are important to consider in developing comprehensive primary prevention strategies because it allows for a more nuanced and targeted approach prioritising populations at greatest risk.

While results from the PSS offer a stark reminder of the size and scale of the problem, these data only paint a partial picture. Excluded from its sampling frame are women who reside in congregate and other care settings (i.e., group homes). Moreover, the PSS does not capture some forms of violence that are recognised as being experienced disproportionately or even exclusively by women with disability. There is an urgent need to build a better evidence base on the types of violence experienced by women with disability in Australia including a more robust understanding of where violence takes place (setting and context) and who the perpetrators are. Specifically, we recommend:

1. undertaking additional statistical analysis of existing publicly available data that include information on disability and violence:
2. analysing existing administrative data not publicly available
3. augmenting existing surveys or administrative data collections by adding or modifying items
4. scoping mechanisms to improve the representativeness of people with disability in existing data collections
5. developing a new national or state-based data collection on family violence and disability.

Although the literature on drivers of family violence for women with disability has been slow to develop, continued progress is needed toward the development and rigorous evaluation of approaches that examine theory-driven primary prevention strategies. While there is an emerging body of evidence that addresses risk factors for violence at the community, organisational and societal levels of influence, this body of work is very much in its infancy and requires significant investment of time and resource to evaluate its effectiveness. Interventions targeting issues of empowerment, community engagement, social inclusion and the safe and respectful provision of disability, support and other services show promise in terms of their primary prevention potential but have not been subject to rigorous, long-term evaluation designs with behavioural outcome measures. Similarly, our summary of primary prevention programming and practice highlighted innovative community-led initiatives but an investment in research and evaluation is needed to inform the evidence base and bring effective practice to scale.

Our recommendations in relation to next steps in research, evaluation and practice include to:

6. amplify the voices of women with disability by adopting co-design principles across all stages of research including planning, design, implementation and evaluation
7. develop stronger theoretical understandings on the drivers and reinforcing factors for violence against women with disability (that are specific and not additional to existing frameworks) that can be tested and refined in research and evaluation of practice
8. attend to critical gaps by prioritising research and evaluation on organisational, community and societal level primary prevention approaches and use these learnings to develop more effective prevention intervention
9. extend understanding of violence prevention to acknowledge women's experiences within and outside of residential, institutional and service settings including in family and domestic settings, in schools, workplaces and community settings more broadly
10. embed intersectional approaches that acknowledge and respond to the diversity of women with disability
11. foster greater collaboration between sectors; namely the disability services, women's health, children and young people and 'mainstream' primary prevention sectors
12. support community-based organisations to play a greater role in evidence generation by investing time and resource in the development and evaluation of promising practice.

Appendix A

Technical notes

Key statistics are from additional analysis of the 2016 Personal Safety Survey.

Detailed information about the PSS is available in the User Guide
https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0.55.003main+features12016

The Key Statistics presented in this report are based on analysis of people **aged 18-64 only**.

We applied **survey weights** to our analysis. Weighting is the process of adjusting results from a sample survey to infer results for the total in-scope population. These are supplied by the ABS as part of the survey data. Estimated numbers experiencing violence are survey weighted only.

Prevalence rates and ratios are directly age standardised to the June 2018 Australian population. Age standardisation is a method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different population sub-groups (e.g. with and without disability).

Analysis were conducted using STATA 16, within the ABS DataLab.

'Violence' refers to a newly derived measure of violence that combines the five main forms of violence collected in the PSS; physical violence, sexual violence and intimate partner violence, partner emotional abuse and stalking.

Physical violence is defined as the occurrence, attempt or threat of physical assault experienced by a person

Sexual violence is defined as the occurrence, attempt or threat of sexual assault experienced by a person

Partner violence refers to any incident of sexual assault, sexual threat, physical assault or physical threat by an 'intimate partner'. Intimate partner includes current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

Emotional abuse by a current or previous partner: this occurs when a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, causing them emotional harm or fear. These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

Stalking is defined as any unwanted contact or attention on more than one occasion that could have caused fear or distress, or multiple types of unwanted contact or behaviour experienced on one occasion only that could have caused fear or distress.

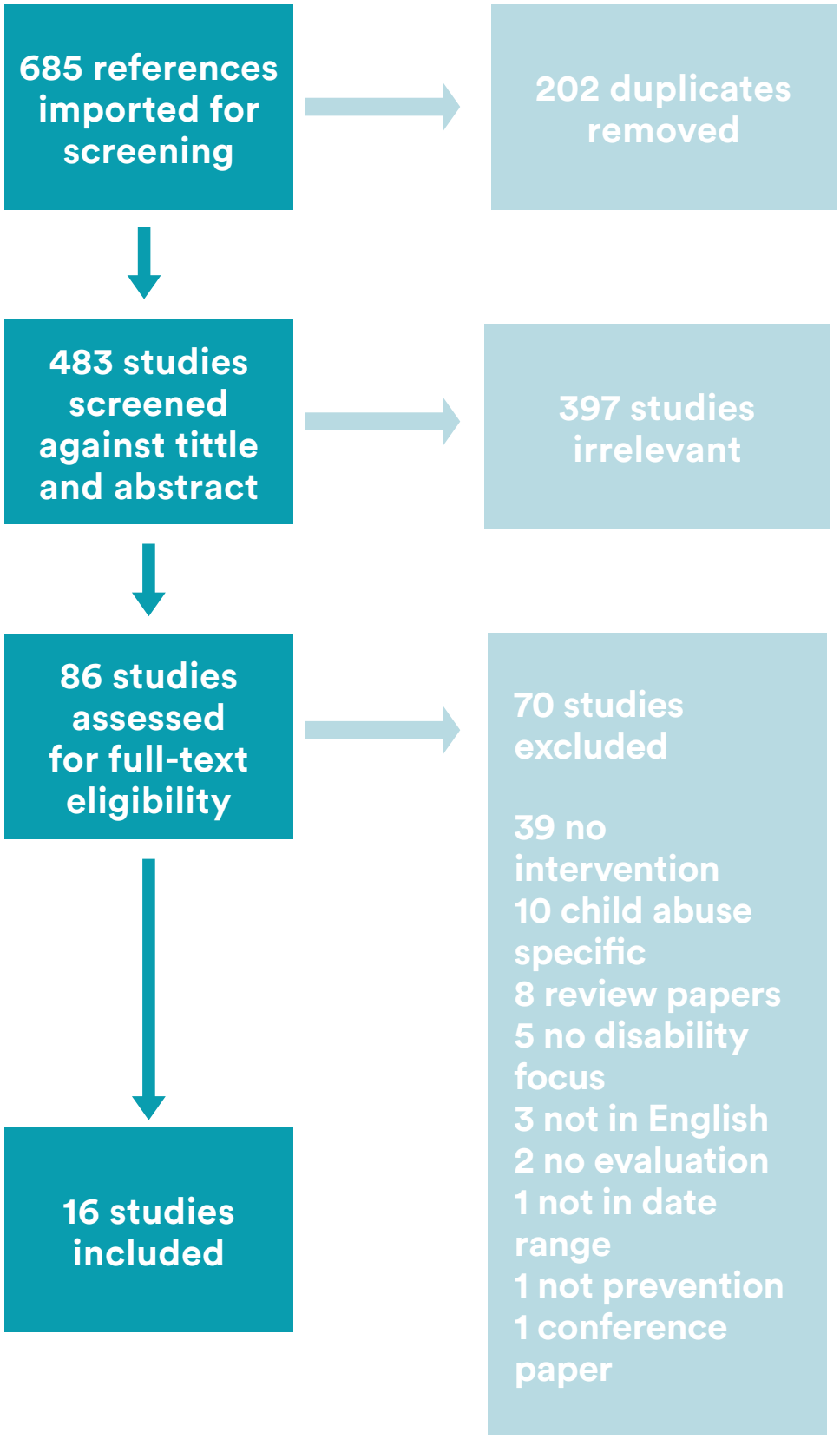
Disability was collected using the Short Disability Module. A disability or restrictive long-term health condition exists if a limitation, restriction, impairment, disease or disorder has lasted, or is expected to last for six months or more, which restricts everyday activities.

Impairment types are derived by the ABS from the Short Disability

Relative measures were calculated using age-adjusted prevalence rate ratios. This is the ratio of the proportion of people with disability experiencing violence over the proportion of people without disability experiencing violence. If the prevalence is the same, the ratio will equal 1.0 (i.e. no more times likely). If the prevalence of violence is higher in people with disability, the ratio will be greater than 1. A ratio of 2.0 refers to two times the risk of experiencing violence (i.e two times more likely).

Appendix B

Figure 1. PRISMA flow diagram



Appendix C

Table 1: Characteristics of studies reporting on interventions

Author (year) and Country	Stated aims of research	Intervention description	Study design	Participants	Main outcomes/ method	Key findings
Atkinson (2012) UK (38)	To document the level of treatment fidelity in the delivery of the FDP for adults with intellectual and developmental disability	Developed by the University of Alaska Anchorage, the Friendships and Dating Program (FDP) consists of 20 sessions over 10 weeks designed to prevent violence in dating and partnered relationships and to teach social skills needed to develop healthy, meaningful relationships	Process evaluation	N=5 community agencies serving people with intellectual and developmental disabilities The five sites recruited thirty-one adults with intellectual and related developmental disability	Fidelity of program delivery Data were collected through documenting levels of exposure to core procedures. Exposure rates were documented weekly, data was recorded by facilitators.	Results indicated that direct service personnel delivered the program with a high level of fidelity Additionally, participants engaged at high rates over the course of the 10-week program. Further, the results indicated the FDP topics and methods of delivery were appropriate for adults with intellectual and developmental disability
Bowman (2010) USA (27)	To develop, implement, and evaluate the effectiveness of a sexual abuse prevention training program for service providers	Sexual abuse prevention workshop consisting of four hours of training	Pre- and post-test design	N=124 developmental disability service providers from West Virginia	Knowledge and attitudes included the following surveys: Sexual Abuse Attitudes and Knowledge Questionnaire (SAAKQ) and the Global Perceptions Scale (GPS) Data were collected via surveys with participants before and after training	Results showed small improvements in knowledge and attitudes about sexual abuse and the sexuality of persons with developmental disability; however, general attitudes about individuals with developmental disability did not change

Devries (2018) Uganda (40)	To test whether the Good School Toolkit reduces physical violence from peers and school staff toward students with and without disability in Ugandan primary schools	Good School Toolkit is universally targeted school-based intervention to reduce physical violence from school staff to primary school students implemented over 18 months	Cluster RCT	N= 42 primary schools in Luwero District, Uganda, were randomly assigned to receive the Good School Toolkit for 18 months, or to a waitlisted control group N=2956 students N=644 with some functional difficulty in one domain N=220 with disability	Past week physical violence Data were collected from school staff, measured by primary 5, 6, and 7 students' (aged 11–14 years) self-reports using the International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool-Child Institutional	Results showed the Good Schools reduced a range of different forms of violence from staff and peers toward students, including among students who report no functional difficulties, those who report some difficulty in one domain, and those who report a disability There were no statistically significant differences in effects of the intervention between the three student groups, nor any suggestion of nonsignificant trends which would imply that the Toolkit is less effective for students with disabilities
Dryden (2014) USA (28)	To determine intervention effects in participants' knowledge about safety and self-advocacy, confidence in their ability to defend themselves, feelings of safety and general self-efficacy, and behaviours related to self-advocacy and self-determination	IMPACT: Ability is a 10-session x 90-minute weekly classroom-based program for safety and self-advocacy training for people with cognitive and/or physical disabilities	Non-randomised controlled trial	N=57 students across 5 special education high schools in Boston comprising an Intervention group (n=21) and wait list control (n-36). Students were diverse (58% males, 82% non-white) with a range of disabilities, with an average age of 17 years.	Safety and self-advocacy knowledge, confidence in protecting one's self, self-determination behaviours, feelings of safety, self-advocacy, and general self-efficacy Data were collected by surveys before and after taking part in the program	Results showed significantly greater improvement in key outcomes, including safety and self-advocacy knowledge, confidence, and behaviour for intervention students compared to the wait-list group Results in the complete sample showed evidence of further improvements in students' sense of safety and general self-efficacy

Dryden (2017) USA (29)	To examine whether positive outcomes identified in a previous evaluation of IMPACT: Ability were maintained 1 year later	IMPACT: Ability (see Dryden et al., 2014)	Pre- and post-test design	N=47 of the 57 students who took part in the program (as per Dryden, 2014)	Safety and self-advocacy knowledge, confidence in protecting one's self, self-determination behaviours, feelings of safety, self-advocacy, and general self-efficacy Data were collected via survey with 32 questions.	Difference between scores at baseline and follow-up for all the measures of interest represented gains from baseline. Statistically significant post-training improvements in participants' safety and self-advocacy knowledge and confidence were maintained 1-year later
Ejaz (2017) USA (30)	To examine the effectiveness of a training program for care managers to identify, report and prevent abuse, neglect, and exploitation	Online Training comprised three modules covering: (1) knowledge of different types of abuse, poly-victimisation, prevalence and common characteristics of victims and perpetrators; (2) screening for abuse including communication principles, issues related to competence and capacity, identifying those at risk and (3) reporting protocols including legal requirements	Pre- and post-test design	N=273 completed at least one module, N=212 completed all three The overwhelming majority were female. By profession, most participants were social workers, counsellors, nurses or nurse practitioners	Changes in knowledge in how to identify and report abuse, exploitation and neglect. Data were collected via surveys with participants before and after training	Results showed improvements in knowledge from pre- to post-training on abuse and reporting abuse, but not for communication principles and screening for abuse

Fisher (2013)USA (31)	To explore the impact of behaviour skills training (BST) for appropriate responses to lures from strangers among young adults with mild intellectual disability	BST is a multicomponent intervention that consists of instructions, modelling, rehearsal and feedback BST was conducted in a classroom. In situ training was conducted in three different community settings One follow-up booster session for a selection of participants	Pre- and post-test design	N=5 young adults with intellectual disabilities	Participant behaviour in relation to appropriate responses to lures observed in the classroom, in situ and during the booster session Data were collected through in-session and in-situ assessments of participants, with outcomes observed by the simulated' strangers' or trainer	Results showed a training effect whereby participants did not walk away from strangers who tried to lure them away prior to training, but demonstrated appropriate responses during classroom and in situ training
Hickson (2015) USA (32)	To assess the impact of an Effective Strategy-Based Curriculum for Abuse Prevention and Empowerment (ESCAPE-DD) on the decision-making skills of adults with intellectual and developmental disability	The ESCAPE-DD curriculum comprised two units; the first of which emphasizes the cognitive components of developing a broad-based understanding of abuse concepts, while the second unit is designed to foster the acquisition and application of a four-step, reasoning-based, effective decision-making strategy	RCT	N=58 women and men with mild and moderate intellectual and developmental disability recruited from seven adult day program sites in New York City The average age of the sample was 39 years and the mean IQ was 57. Most participants lived at home with their families.	Decision-making in relation to relationships and violence using the Decision-making Scale Data were collected via interview	Results showed that participants in the intervention group (ESCAPE-DD) made significantly greater gains on measures of overall effective decision making and safe-now effective decision-making relative to participants in the control group Problem awareness was related to decision making, but it did not improve as a result of the intervention

Author (year) / Country	Stated aims of program	Program description	Evaluation design	Participants	Main outcomes/ method	Key findings
cohealth;	To determine reach,	**Sexual Lives**	Process and outcome	N=62 people; n=22	Program reach;	Results showed that
Hughes (2010) USA (33)	To describe the development and preliminary evaluation of a safety awareness program for women with disability	A Safety Awareness Program for Women with Disabilities (ASAP for Women) consisting of eight 2.5-hour weekly classes with didactic and interactive components, including weekly action planning with group feedback and problem solving	Pre- and post-test design	N=7 women with disability The sample consisted primarily of middle-age, unmarried, white women.	Abuse awareness, safety self-efficacy, safety skills, social support/isolation, and safety promoting behaviours Data were collected via class evaluations and pre- and post- intervention questionnaires.	Results showed significant increases from baseline to postintervention were found on measures of self-efficacy and safety skills Although not statistically significant, improvements were also found in safety promoting behaviour
Kim (2016) Korea (41)	To evaluate the effectiveness of a sexual abuse prevention program for children with intellectual disability	Education program based around identifying body parts and discrimination between appropriate and inappropriate situations, refusal skills (verbal refusing and leaving situations), and reporting skills	Pre- and post-test design	N=3 girls in grades four to six with mild to moderate intellectual disability living in South Korea attending local community centres serving children with developmental disability	Sexual abuse prevention skills. Data were collected by assessments of role-play and real-life situations, assessed by professionals in sexual education	Results demonstrated that the program was effective for teaching the skills to all three children with intellectual disabilities which was maintained at 10-week follow-up.
Kucuk (2017) Turkey (42)	To raise awareness about sexual abuse in children with intellectual disability	Story Map Method consists of informative pictures, designed according to age and intellectual level, with suitable stories linked to these pictures were used in an educational setting	Pre- and post-test design	N=15 children with mild intellectual disability, aged between 10 and 14 years old, in a child rehabilitation centre	Knowledge pertaining to 'special' body; good-bad touch and saying 'no' and establishing safe boundaries with strangers Data were collected from parents and children using surveys and interviews	Results indicated that after participating in the education program there was a positive shift in knowledge in all the domains measured

McClimens (2019) UK (39)	To evaluate knowledge of street-based scheme aimed at offering security and protection for people with intellectual disability	Safe Places Scheme is founded on the premise that people with intellectual disability are sometimes subject to harassment as they engage in routine city centre activity and that this situation can be remedied by the provision of places of refuge Businesses in South Yorkshire signed up to the scheme. Staff in those business premises received training in how to respond to an individual with disability in distress. Stickers were provided to businesses to identify them as being part of the scheme	Process evaluation adopting a quasi-ethnographic design	At the time of the evaluation 71 business/ commercial premises were signatories to the scheme N=156 individuals with intellectual disability signed up as users/members	Awareness and use of the scheme Data were collected via contact with user/members and visits to a selection of business premises	Contact with users/ members was by invitation but received minimal response (n=2) Results based on observation and discussion with staff of 26 sites indicated only half had the stocker displayed There was varied knowledge of the scheme with many staff having no or minimal knowledge even among those displaying the sticker The physical location of the premises and the engagement of the staff employed therein have some bearing on their potential to be effective in offering shelter and support to distressed individuals with disability
Lund (2014) USA (34)	To explore the effectiveness of a one-session psychoeducation curriculum for adults with intellectual and developmental disability living in rural areas	The Stopping Abuse For Everyone (SAFE) curriculum is a one-session abuse psychoeducation program for individuals with intellectual disability delivered by trained facilitators. The content covers definitions of financial, sexual, physical and verbal abuse, neglect, victim-blaming and reporting abuse	Process evaluation	Four facilitators, all women, with personal and/or professional experience with disability, living in rural areas N of participants is not reported	Participant and facilitator experience of the program Data were collected by facilitator observations and comments made from workshop participants and program staff	Results showed participant satisfaction with the program was positive Comments from program facilitators who hosted the workshops also indicated that they considered the experience to be a positive one that would be potentially beneficial to their clients

Robinson-Whelen (2010) USA (36)	To evaluate the effects of a disability-specific abuse assessment intervention on safety awareness for women with disability	Safer and Stronger Program (SSP) is a computer-based assessment tool that offers an accessible and anonymous method for women with disabilities to self-screen for IPV by disclosing their exposure to abuse, describing the characteristics of their primary perpetrator, and reporting their use of safety promoting behaviours	RCT	N=305 women with disability who completed the SSP at T1 (n=172) and the control group who completed the SSP at T2 (n=133) Participants were from Texas, Washington, and Oregon. The majority of the participants were women. Participants had diverse disabilities, with most reporting more than one disability	Abuse awareness, safety self-efficacy safety promoting behaviours Data were collected via questionnaire at the time of the on-line training and again 3 months later.	Results demonstrated the intervention group had greater abuse awareness than the control group at T2, and abuse awareness increased from T1 to T2 among women in the intervention group, particularly among women who had experienced little or no abuse in the past year Both abuse awareness and safety self-efficacy were significantly related to safety behaviours
Robinson-Whelen (2014) USA (35)	To evaluate the effectiveness of a peer-led group-based safety awareness program for women with disability	ASAP for Women (see Hughes et al., 2010)	RCT	N=213 women with disability recruited through 10 centers for independent living comprising n=109 in the Intervention group and n=104 assigned to usual care	Abuse awareness, abuse and safety knowledge and skills, safety self-efficacy, social network/support and safety promoting behaviours Data were collected via questionnaire at three time points; at baseline (prior to the intervention), at 2 months (immediately after the intervention) and at 6 months	Results showed that in comparison to the control group, women in the intervention arm improved on almost all measures of protective factors including abuse awareness, abuse and safety knowledge, safety skills, safety self-efficacy, social support, and safety promoting behaviours Outcomes were maintained 6 months after completion of the program

Ward (2013) USA (37)	To determine the effectiveness of the Friendships and Dating Program (FDP) for improving the social networks and reducing incidence of violence for adults with intellectual and developmental disability	The Friendships and Dating Program (FDP; see Atkinson et al., 2012)	Pre- post design	N=31 adults were recruited by 5 community agencies in Alaska to participate. 14 women and 17 men were recruited for 5 groups. All groups were mixed gender	Social network size and experience of violence Date were collected via face-to-face interviews with facilitators at baseline, after the completion of FDP (post), and 10 weeks following the end of the program.	The results showed the size of the participants' social networks increased and the number of incidents of interpersonal violence was reduced for participants who completed the FDP Outcomes were maintained 10 weeks later

Table 2: Characteristics of evaluations in the grey literature

Author (year) / Country	Stated aims of program	Program description	Evaluation design	Participants	Main outcomes/ method	Key findings
cohealth; Western and Northern Metropolitan Melbourne: Phase 1 (2016) AUS (43)	To determine reach, uptake and impact of a rights-based approach to relationships and sexuality for people with intellectual disability	**Sexual Lives and Respectful Relationships (SL&RR)** is a community-based, peer-led sexuality and relationship program that trains people with an intellectual disability as peer educators and workers from the disability and community sectors as co-facilitators	Process and outcome evaluation	N=62 people; n=22 peer educators and co-facilitators and n=42 participants	Program reach; barriers and enablers for recruitment and retention; service level and participant level impact Data were collected by focus groups, interviews, short answer questions and audit of meeting minutes	Results showed that participation in the program improved communication and strengthens significant relationships. Working on the program positively impacted those involved by increasing skills, knowledge and confidence There is some evidence of organisational change and increased visibility of people with a disability in some partner organisations

cohealth; Western and Northern Metropolitan Melbourne: Phase 2 (2018) AUS (44)	To explore the effectiveness of a rights-based approach to relationships and sexuality for people with intellectual disability	SL&RR (see above)	Outcome evaluation	N=27 people: n=8 peer educators; n=11 program partners and counsellors and n=8 participants	Program satisfaction; extent of collaboration equity and inclusivity between program partners and peer educators; participant level impact Data were collected via focus group discussions and interviews (peer educators and program partners) and interviews only (participants)	Results showed significant and meaningful changes for peer educators who were involved in the project Participants enjoyed the program and increased their understanding of sexuality, respectful relationships, and their rights Program partners increased their awareness and knowledge of violence against women with disability
McVilly (2018) AUS (45)	To evaluate the extent to a sexuality and relationships program for people with intellectual disability can be adapted to meet the needs of LGBTQIA+ people with intellectual disability	**LBGTQIA+ SL&RR** is an adaptation of the SL&RR program that focuses specifically on the life experiences of LGBTQIA+ adults with intellectual disability	Process evaluation	One program participant, program staff and those involved in establishing the program	Acceptability, experience, access and engagement Data were collected by focus groups and interviews with	Results indicated the program was relevant and valuable with opportunities for self-advocacy. There was not a clear consensus for the need for specific programming for LGBTIQIA+ adults with intellectual disability
Women's Health Goulburn North East (2017) AUS (48)	To equip women with knowledge, skills, tools and networks, to speak up in their communities to make them more welcoming and inclusive	**Enabling Women** is a rights-based community leadership and mentoring program for women with disability comprising five sessions	Process and outcome evaluation	N=33 women who were members of the Enabling Women Reference Group N=18 participants living with different disabilities in rural towns and regional centres	Understanding of rural women's lived experience of disability; community actions Data were collected by surveys pre and post program, interviews and focus groups	Results showed that Enabling Women builds and strengthens networks between sectors, organisations, and women with lived experience of disability, to inform and lead change

Robinson (2019) AUS (46)	To understand the role of culture in promoting safety and wellbeing and addressing the conditions that lead to violence, abuse and neglect in disability services	**Building Safe and Respectful Cultures** in disability services for people with disability is a project piloting a series of approaches designed to address the cultural conditions necessary to prevent abuse	Process evaluation	N=70 people participated in the evaluation including people with disability and family as well as staff and manager from the disability services	Perspectives of safety; facilitators and constraints to respectful cultures Data were collected by mixed methods, including surveys, interviews, workshops, music sessions, action learning sets, observation and routing interaction, data and incident reporting.	Several themes emerged: all participants perceived that change was difficult; fewer resources and pressure to deliver efficient services make it harder to create safe and respectful cultures Three practice approaches stood out as strategies to actively build safe and respectful cultures. This included: relationship-based practice; embedding a prevention approach into support and effective practice and supervision
Women with Disabilities Victoria (WDV) (2015) AUS (47)	To increase awareness of how to deliver gender equitable and sensitive services as a strategy for improving women's well-being and reducing gender-based violence	**Workforce Development Program on Gender and Disability** is an evidence-based whole of organisation primary prevention strategy which aims to improve gender and disability responsive service practice including in the areas of gender and disability intersectionality, violence prevention and gender equitable responses	Process evaluation	The training was delivered to 170 staff. Evaluation participants included: Organisational and WDV staff, co-facilitators, staff attending training, peer education participants, project advisory group and project implementation group. Numbers participating in the evaluation were not specified	Knowledge, awareness and capacity in gender equitable and gender sensitive service delivery Data were collected via mixed methods including focus groups, interviews, observations, reflection workshop, on-line survey and various program data	Results showed evidence of a greater level of awareness of the prevalence of violence against women with disability and to a lesser degree the importance of gender sensitive service delivery There was also evidence of changes in practice and organisational cultural and policy changes which is likely to lead to improved gender sensitive service delivery

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