Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Engender Equality, March 2021

> *"Disability is an expression of human diversity, vulnerability, and strength. In all its varieties, disability theory is a criticism of ableism and paternalism, a deconstruction of hierarchies of power, and an effort to transform attitudes, values, and systems. It intends to empower our personal and collective thinking to help us resist violence, make choices about our own future, and flourish in our own way."* [i]
>
> — Professor Shane Clifton

> *"So many surveys, so tired of saying the same thing over and over again. We need help. Not this snail pace, same old, same old. We all know the problem. We all know what to do, so do it!"*
>
> — Engender Equality Advocate for Change

Introduction

Engender Equality provides specialist counselling, psychoeducation and support for individuals and groups affected by family violence, along with systemic advocacy and training to address gender inequality and reduce violence against women and children.

We strongly support the work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) and welcome the opportunity to make this submission. In the context of our work, this submission focuses on the experience of people with disability in relation to violence, abuse, neglect and exploitation caused by family and relationship violence. This intersection is too often invisible in public debate.

Our submission is informed by a rapid evidence assessment conducted by Dr Morag MacSween, and by over three decades of experience as a service provider, advocacy organisation and strategic partner in the Tasmanian domestic and family violence sector.

Our views are further informed by insights from our counselling staff and members of our Advocates for Change Program (Advocates). The Advocates are a group of individuals with lived experience of family and sexual violence who contribute their expertise to public discourse, policy design and services to do with family and sexual violence.

Key messages

- People with disability disproportionately experience violence of all kinds, including intimate partner violence and sexual violence.
- Domestic and family violence is itself a leading cause of disability, particularly for women and children.
- Some forms of abuse are unique to people with disability, including forced contraception and forced sterilisation of women and girls with disability.
- Framing relationship and family violence as occurring in the home and from partners and relatives excludes the violence women with disability experience in institutions and from service providers within their own 'domestic' spheres.
- People with disability who are members of other marginalised groups experience multiple disadvantage and complex experiences of violence.
- Lack of progress in tackling barriers to physical access for women with disability and securing women's basic safety from violence is a critical issue in Tasmania.

Further messages

- Sexual objectification, dehumanisation and the normalisation of violence against women is intensified for women with disability.
- The literature notes significant social, physical, systemic, skills-related and attitudinal barriers for people with a disability in identifying and disclosing experiences of violence and in accessing services.
- Fear of having children removed if they disclose abuse is an issue for women with disability, particularly women with intellectual disability. The available research confirms that parents with intellectual disability are over-represented in child protection services.
- The social response to violence against people with disability is critical:
    - most women who have experienced intimate partner violence do not seek help from specialist services but do talk to someone they know;
    - a positive social response is correlated with better outcomes.
- We could find no information on preventing violence against people with disability specifically. The World Health Organisation and the Centres for Disease Control Violence Prevention Division argue that effective and promising prevention strategies need to be tested for their efficacy in relation to people with disability.
- There are excellent resources for increasing access in women's services, but limited policy direction and funding.

- Community attitudes to domestic and family violence, and to disability shape the social response people with disability experiencing violence will receive. Current research shows a mix of positive and negative attitudes.

- Women with Disabilities Australia argue that the *National Plan to Reduce Violence against Women and their Children 2010-2022* does not adequately address violence against women and girls with disability.

- The independent review of the NDIS Act advised that some participants reported that engagement with the NDIS led to lasting negative impacts on their wellbeing[ii]. Our experience suggests that a year on from that review, engagement can still be trauma-inducing.

Beyond the existing system response

The existing policy and service response to domestic and family violence (DFV) in Australia is fourfold, involving:

- Strategies to increase awareness for victim-survivors, service providers and the community, usually involving public campaigns and training;
- Referring victim-survivors to the existing service system, to which funding increases are drip-fed at a much lower rate than demand for services;
- Funding and promoting behaviour change programs for perpetrators, sometimes including support for victim-survivors and their children, again at a level well below demand; and
- Funding and promoting research, strategies and guidelines.

While all of these responses are necessary, the ongoing prevalence of family and sexual violence in Australia tells us that they are far from sufficient to meet the extent and embeddedness of the problem. Engender Equality argues that we must expand the conversation, asking population-specific questions in order to drive fit-for-purpose policy and service responses.

For people with disability, we must ask:

Who are the perpetrators?

Perpetrators of DFV against people with disability vary across different settings and may include intimate partners, parents and family, home care staff and staff in group homes, medical and allied health practitioners, and taxi drivers.

What change is possible and what is not possible?

We must match our ambitions about the issues, areas, and priorities for change, and how it will be achieved, to the realities of the problem and its broader structures.

How do we cut through the layers of barriers to make sexual agency and respectful sexual relationships realisable for women with disability?

Barriers include denial of the sexuality of women with disability; extreme protectionism and denial of choice; the impact of our simultaneously hypersexualised and sex phobic culture; the pressure on women to partner; restrictive and shaming standards of attractiveness that impact on women's self-esteem and rights.

How can we recognise and work effectively with the hierarchies of power that operate within the lives of women with disability?

When your partner is also your carer; when lack of choice and services mean that life with him is better than life without him; when lack of options means clients are afraid to complain about abuse from carers and staff; when abuse is treated as a minor workplace incident.

We are now working towards child-safe communities and child-safe workplaces. This is an opportunity to expand the conversation to consider how our communities and agencies can be safe for people with disability.

Discussion

Engender Equality calls for an expanded policy conversation that addresses four issues less visible within public discourse about both disability and family violence: violence-induced disability; the unique experience of violence for women with disability; the full range of barriers experienced by people with disability experiencing DFV; and prevention of violence against people with disability.

1. Violence-induced disability

While research focuses in the main on disability as a risk factor for violence and abuse, domestic and family violence is, in addition, a leading cause of disability.

The *Getting Safe Against the Odds* report cites data from a 2004 VicHealth study demonstrating that not only is domestic violence the biggest single health risk factor for women aged 25-44, it is also the leading cause of disability, including acquired brain injury, disability arising from violence-related substance misuse, and psychosocial disability.[iii]

Similarly, *Violence-Induced Disability: the Consequences of Violence Against Women and Children* argues that domestic violence both causes disability and increases the severity of existing disability, cerebral palsy, behavioural and learning disabilities in children, and acquired brain injury and the effects of depression and anxiety for adults.[iv]

Both papers argue that disability is usually understood as a risk factor for experiencing violence and that disability caused by violence is an almost un-navigated backwater in the literature.

The Australian Institute of Health and Welfare reconfirmed the data in 2018, finding that domestic and family violence continues to contribute to the burden of disease – illness, disability, and premature death – more than any other single risk factor for women in this age group.[v]

More positively, in the intervening years, the links between domestic and family violence and acquired brain injury have been the subject of research and awareness raising.[vi]

2. The unique experience of violence for women with disability

> *"Pain is pain no matter how you frame it, however there are many more avenues to abuse and use a person with disabilities, physically and psychologically.*
>
> *All forms of disability make it easier for the abuser to offend (as they are often the carer as well as the partner) and the victim more vulnerable to abuse."*
>
> — Engender Equality Advocate for Change

Current discourse around domestic and family violence, and the service response to the problem, fails to recognise that some forms of abuse are unique to women with disabilities. Specifically:

- Sexual abuse of a woman with a disability may include forced sterilisation or forced abortion.
- Sexual objectification, dehumanisation and the normalisation of violence against women is heightened for women with disability, for whom the male 'gaze' is often replaced by the 'stare'.
- Physical abuse may include taking away a woman's wheelchair, denying personal care, rough handling, withholding medical treatment, or rearranging the physical environment of a person who is visually impaired.
- Psychological abuse may include:
    - women with physical disabilities having essentials such as house keys or medication kept just out of reach;
    - women who are reliant on communication aids having access to aids restricted;[vii]
    - perpetrators explaining away disclosures of violence by women with psychosocial or intellectual disability as inaccurate memory, confusion, fantasy, misunderstanding or lies, and threatening institutionalisation;[viii]
    - for people with high support needs, when the abuser is the main carer, individuals suffering neglect, isolation and intense vulnerability to abuse and insurmountable barriers to support.[ix]

Accepted definitions of domestic and family violence as occurring in the home and from partners and family excludes the violence women with disability experience in institutions and from service providers. These experiences of violence can be downplayed and detoxified as workplace issues rather than crimes and may be justified on the grounds of 'managing behaviours'.[x]

Further, Engender Equality is concerned that simply widening the definition to encompass the experience of women with disability is likely to be part of what we have identified as 'the existing system response' – broadening the scope of an already overloaded and underfunded specialist sector.

Like all women, women with disability living in residential care settings require access to specialist family violence supports, validation and advocacy. However, this can neither function as an 'add on' to the specialist sector's existing role or as a substitute for DFV-informed and DFV-safe institutional environments.

In relation to seeking a criminal-justice response to their experiences of violence, a report from Australia's National Research Organisation for Women's Safety (ANROWS) argues that the legal capacity of women with disability "was routinely denied or inhibited; reproductive and sexual autonomy were compromised; women's decisions about treatment and desired outcomes were not respected; appropriate communicative methods and approaches were not offered; and therefore, agency to act as full citizens before the law was not accorded them".[xi]

The Australian Supported Decision-Making Network have made representations to Government to develop a national framework to enable the replacement of substitute decision-making for people

with disability to supported decision-making with people with disability.[xii] Engender Equality supports these representations.

We were struck by the capabilities approach outlined by Professor Shane Clifton in his paper for the Commission. Engender Equality supports the identification of a list of human capabilities as the minimum basis for human rights; noting that the list includes being able to "experience bodily integrity, such as security against violence, and the opportunity for sexual satisfaction and choice in matters of reproduction".[xiii]

3. The full range of barriers experienced by people with disability experiencing DFV

Our rapid evidence review identified three levels of barriers that too often prevent people with disability accessing appropriate domestic and family violence supports: barriers to accessing services, barriers to accessing informal or 'natural' supports, and 'barriers before the barriers' – limits to awareness and disincentives to disclosure. The below discussion examines these factors in relation to the service response; living in remote and rural Australia; the social response; awareness and disclosure; and intersections with child protection.

3.1 The service response

The literature notes significant barriers for people with a disability experiencing violence in accessing services. We were struck by the consistency of messages and findings across decades.

Triple Disadvantage: Out of Sight, Out of Mind reports on a project run in Victoria between 1997 and 2003. The project piloted a local partnership to address the relative invisibility of disability in domestic violence services, and the relative invisibility of domestic violence in disability services. Among the project's key messages and findings were:

- If sexual assault and family violence services were to target the population facing the highest risk of violence, that group would be women with disabilities;
- The definition of domestic and family violence needs to change; for women with disability the perpetrators are not just intimate partners, but may also include those who provide personal care;
- Interventions that work for women without disability cannot be assumed to work for women with disability;
- Partnerships between the disability and family violence sectors, including training, ongoing networking and shared advocacy are needed.[xiv]

Fifteen years on, the ANROWS research report *Women, disability and violence: barriers to accessing justice* made similar points in its key findings:

- Common sense, inaccurate and untested assumptions about the experience of violence for women with disability are common in the specialist disability, specialist DFV and legal sectors, including assumptions about what they need, what they want, how they understand violence, safety and security, their legal capacity and rights, the barriers they experience, the types of violence they experience and what responses they need;
- Partial knowledge, insight and skills are held in different sectors, creating a key risk for women with disability affected by DFV – there has been limited progress towards integrated knowledge and skills;

- Not only has there been inadequate progress towards effective access to justice for women with disabilities experiencing violence, there has been inadequate progress towards securing their basic safety from violence.[xv]

Disappointingly, major disability system reform in Australia has not improved the situation. In fact, the National Disability Insurance Scheme, intended to bring choice and control to people with disability, is experienced by many as confusing, intimidating and distressing.

Engender Equality is aware of the submission to the Royal Commission by Vanimali Hermans which describes her mother's experience with the NDIS as "nothing short of hell… a constant source of anxiety and dehumanisation". Her mother June "felt small and at the mercy of a bureaucracy that at its best did not care for her, and at its worse actively sought to make her life worse".[xvi]

We are struck by the similarities between this description and descriptions of the experience of coercive control at the heart of family and intimate partner violence. We are concerned that the NDIA may not be delivering trauma-informed responses, and that in some cases, its response may be trauma-inducing.

Against this depressing background, the literature includes targeted guidance on tackling barriers to access – physical, systemic, skills-based and attitudinal:

- *Triple Disadvantage: Out of Sight, Out of Mind* includes a detailed description of cross-sector training between the women's and disability sectors;[xvii]
- *Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice* sets out steps domestic and family violence agencies can take to increase access to their services for women with disability;[xviii]
- *Getting Safe Against the Odds* outlines strategies that domestic and family violence agencies have used to better respond to women with disabilities, including adapting interventions to better fit their needs;[xix]
- The National Symposium on Violence against Women and Girls with Disabilities identified eight key areas for enhancing good policy and practice from the Stop the Violence project evidence base, including training for service providers and sector development and reform.[xx]

3.2 Living in rural and remote Australia

> *"[In rural and remote Tasmania] there are nil or less support services for both disabled and abused, let alone a disabled person who's also being abused. Victims have to travel far to find support and too often don't disclose the abuse at all because they live in rural, small communities where everyone knows each other's business and knows the abuser and too often thinks he/she is a 'great guy/person'.*
>
> *It is harder to access support services and there may be long travel distances to do so. We need more outreach to our rural areas.*
>
> *More pain! Isolation, no way out and to where? No service providers, town gossip, judgements, shame, shall I go on?"*
>
> — Engender Equality Advocate for Change

Lack of progress in tackling barriers to physical access and securing women's basic safety from violence is a critical issue in Tasmania, further exacerbated by the state's heavily dispersed and rural population. Like many of the barriers to safety, these factors affect women with disability ten-fold. Engender Equality CEO Alina Thomas notes:

> *Appropriate crisis accommodation for women with disabilities is extremely limited in Tasmania, and, in many places, non-existent. Long-term accommodation that is tailored to people with disabilities is also an issue for Tasmania. When women with disabilities experience abuse, they are extremely limited in their options to access safety and stability. This is even more difficult when women have pets*.

3.3 The social response

Most women who have experienced intimate partner violence do not seek help from specialist services (84-91%), however the vast majority will speak about it to someone they know (74-93%).[xxi]

Against this background, the social response to domestic and family violence is of critical importance. The Centre for Response-Based Practice argues that:

- Both victim-survivors and perpetrators of domestic and family violence are constantly mindful of the response they are likely to receive from their social networks;
- A positive and helpful social response is strongly correlated with better immediate and long-term outcomes, including lower levels of distress and the confidence to disclose again;
- The reverse is true for a negative social response.[xxii]

Community attitudes to domestic and family violence, and to disability, shape the social response people with disability experiencing violence will receive.

The available evidence on community attitudes about inclusion of people with disability suggests that they are positive, but paternalistic. Attitudes towards people with more severe disability and towards people with psychosocial disability, particularly schizophrenia, are more negative, and include stigmatising views, anxiety and discomfort. People with intellectual disability are often seen as less capable than they in fact are.[xxiii]

However, community attitudes to violence against women are improving overall. ANROWS reports that most Australians have a good understanding of violence against women, support gender equality, support policies enabling violent partners to be removed from the home, understand that domestic violence is more than physical violence and reject violence-supporting attitudes.[xxiv]

Unfortunately, ANROWS also reports that:

- Some Australians continue to believe that women cite violence to gain tactical advantage in their relationships with men;
- 40% of Australians believe that women make up false reports of sexual assault in order to punish men;
- 1 in 8 Australians believe that if a woman is raped while she is drunk or affected by drugs, she is at least partly responsible;
- Many Australians are willing to excuse violence as part of a 'normal' gender dynamic in a relationship;

- 1 in 5 Australians believe domestic violence is a normal reaction to stress, and that sometimes a woman can make a man so angry he hits her without meaning to;
- 1 in 3 Australians believe that if a woman does not leave her abusive partner then she is responsible for the violence continuing.

3.4 Barriers before the barriers: awareness and disclosure

The literature notes a set of barriers which may prevent people with disability recognising that they are experiencing violence, abuse, neglect or exploitation. These factors further impede people with disability disclosing and seeking help for domestic and family violence. For example:

- Inadequate or limited education may mean that women with disabilities have not been informed about the different forms of violence, abuse, neglect and exploitation they may encounter;[xxv]
- Information about services may not be available in formats that are accessible for people with some disabilities;[xxvi]
- Perpetrators may deliberately withhold information;[xxvii]
- Care workers can be reluctant to raise violence as an issue with their clients, and this can operate as a form of gatekeeping, preventing them from making informed decisions and taking control of their lives;[xxviii]
- Women with disabilities are frequently not believed when they disclose, have their experiences minimised, or are held responsible for the violence;[xxix]
- In common with women from other marginalised groups, women with disabilities disclosing family violence fear losing their children if they come to the attention of child protection;[xxx]
- There is also fear that leaving violence may mean the available accommodation cannot support the required level of care and support;[xxxi]
- High dependence on support also reduces the opportunity to disclose or report violence;[xxxii]
- Segregation or isolation in residential support, and social isolation because of discrimination, reduces access to networks of support that could provide support to seek help or leave;[xxxiii]
- The concepts of carer fatigue or carer sacrifice can obscure, minimise or excuse violence from carers.[xxxiv]

3.5 Intersections with child protection

Fear of child removal as a barrier to disclosing family violence is an issue for many Engender Equality clients with disability. As the Engender CEO notes:

> *Women with intellectual disabilities often tell their counsellor about the fear – and the reality – of having children removed. The literature talks about parents, but it is mothers with intellectual disabilities who are having their children removed, not fathers with intellectual disabilities.*

The Royal Commission has learned about the removal of children from Indigenous women with intellectual disability who are victim-survivors of family violence. Evidence submitted by Thelma Schwartz, the principal legal officer at the Queensland Indigenous Family Violence Legal Service, has received media attention.

Ms Schwartz told Commissioners that the child protection system is broken, in crisis and stacked against First Nations women with disabilities. Women in violent relationships who reach out to police or services can then find themselves reported to child safety. Ms Schwartz said:

> *She's already on the back foot because of her disability. By coming forward and making the disclosure that you've been a victim, this is now used as a catch-22 for this mother and used against her to remove her kids.*

The available research confirms that parents with intellectual disability are over-represented in child protection services and court proceedings. The Australian Institute for Family Services argues that assumptions about people with intellectual disability, the erroneous reliance on IQ as a measure of parenting capacity, and the use of inadequate assessment tools combine to make it very likely that children are being removed from parents who can, or could with supports, care for them.[xxxv]

The Victorian Public Advocate, commenting on this over-representation, notes that:

- There is considerable knowledge available about how to work successfully with parents who have cognitive disabilities in order to reunify families or enable families to stay together; and
- Women with disabilities are more likely to be the victims of domestic violence and are frequently perceived by child protection as likely to attract men who prey upon them and to be unable to keep their children safe. When this happens, parents are, in effect, being held personally responsible for the systemic social evil of domestic violence in our community.[xxxvi]

4. Prevention of violence against people with disability

We could find no information on violence prevention related specifically to people with disability. The World Health Organisation has identified programs which have been evaluated as either effective or promising in preventing violence against non-disabled adults and children and argues that these programs "should be implemented for children and adults with disabilities, and their effectiveness evaluated as a matter of priority".[xxxvii]

The Centers for Disease Control similarly argues that the strategies and approaches in their packages on preventing sexual violence and preventing intimate partner violence "may help reduce violence among those with a disability".[xxxviii]

The National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan) is Australia's strategic response to violence prevention and includes women and children with disabilities. However, Women with Disabilities Australia observes that the National Plan:

- Includes little emphasis on women and girls with disabilities;
- Does not address forms of violence that women and girls with disability experience which non-disabled women do not;
- Does not include strategies addressing violence and abuse of Aboriginal and Torres Strait Islander women with disabilities, or culturally and linguistically diverse women with disabilities.[xxxix]

At Engender Equality, our counsellors told us that domestic and family violence prevention for people with disability depends on:

- Family violence education for disability services workers to recognise signs of DFV and respond, as well as universal awareness-raising campaigns and support from competent disability services;
- Work to further reduce the impact of stigma for people who experience disabilities and work to remove the idea that carers carry a burden of responsibility and, therefore, deserve empathy when they use abusive behaviours;
- Sharing knowledge about all forms of abuse in a range of ways and format with people with disability, their carers, other family members and professionals, together with training on how to recognize and respond to abuse when it is recognised.

Additionally, our Advocates for Change told us prevention of family violence against people with disability depends on:

- More victim-survivors with disability coming forward telling their story to remove or lessen the shame and secrecy around this abuse;
- More local support services in the actual town that the victim and abuser live;
- More service workers actually going into the home where they can discretely talk to the victim and ask them what is going on;
- More educational campaigns that inform the public what abuse looks like and what to notice in victims that may indicate they are experiencing abuse;
- Teaching better ways to communicate with and support people with a disability;
- Teaching how to resolve disagreements without resorting to violence or abuse;
- Challenging the belief that people with disability do not have relationships or sex;
- Requiring disability support organisations to use trauma-informed practice;
- Educating in-home care workers to identify DFV and to support clients following a disclosure of violence or abuse;
- More awareness in the media about the prevalence of DFV in the disability community;
- More funding to disability organisations to support victims of violence and abuse, and more funding to the family violence sector to support people with disability.

Conclusion

There is so much to do to create a world in which women with disability experiencing family and relationship violence share the same rights, voice, and access to support as women without disability.

Already, there is so much to do to create a world in which women without disability have adequate access to family violence supports and can freely and fully exercise their human rights.

Engender Equality adds our voice to the many others calling for change in Australia. We see addressing ableism and increasing access to support as critical priorities and the foundation of further reform.

Finally, while increased resourcing of both the disability and family violence service systems will be essential to improve outcomes for people with disability who are experiencing violence and abuse,

we must acknowledge that real change will come about only when a cultural and values shift occurs. This shift must include directly addressing the cultural drivers of violence against women with disabilities.

Recommendations

Recommendation 1	In keeping with the development of National Principles for Child Safe Organisations following the Royal Commission into Institutional Responses to Child Sexual Abuse, we recommend the development of a set of national, co-designed Disability Informed Service Principles to ensure all Australian service providers are safe, trauma-informed and dignity-promoting for people with disability.
Recommendation 2	In partnership with the specialist family violence sector, we recommend the undertaking of a public cost analysis for the provision of an adequate specialist service response based on an expanded definition of domestic and family violence that includes the specific forms of violence experienced by people with disability, with a commitment from the Australian Government to provide a public response to the analysis.

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