



WWILD-SVP Association Inc.  
Working Alongside People with Intellectual and Learning Disabilities.

## WWILD SVP Association submission

To

The Senate Inquiry into violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability. And culturally and linguistically diverse people with a disability.

**WWILD Sexual Violence Prevention Association Inc.**

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WWILD SVP Association is an organisation concerned with the vulnerability of people with an intellectual disability to violence, abuse and exploitation. Our organisation runs two programs. One is the Sexual Assault Service for people with an intellectual disability who have experienced sexual assault or who are at significant risk of experiencing sexual violence. This program is funded by Queensland State Government Department of Communities. We also have our Victims of Crime-Disability Training Program which provides direct support to people with an intellectual disability who have experienced a crime, as well as community education and professional training. This program is funded by the Queensland State Government Department of Justice and Attorney General. We also seek to participate in systemic advocacy to address the issues contributing to the vulnerability of people with an intellectual disability to violent crime, the faults within the justice system that fail to hold perpetrators accountable and lack of or inadequate service responses to support people to recover from abuse and neglect.

This submission is largely focused on WWILD's model of support and the vulnerability of people with an intellectual and learning disability to abuse in residential and institutional settings and some of the barriers to support and recovery for people with an intellectual disability face. We have tried to focus the report largely on our experience and observations. We haven't included in this submission information about prevalence as there are many good sources of this information. I would encourage you to contact People With Disability Australia and Women with Disabilities Australia for the most up to date information about prevalence and latest research.

WWILD's interest and greatest understanding is around the experience of people with an intellectual disability although many of the issues we raise are relevant to people with a disability more broadly. It is important to also note that a number of people with intellectual disabilities who have experienced abuse in institutional settings have recently reported to the Royal Commission into Institutional Child Sexual Abuse. We obviously hope that the learnings will be shared across enquiries.

### Model of support WWILD offers.

WWILD SVP Association has experience supporting people to recover from violence, abuse and exploitation who have experienced this within family contexts, out-of-home care/ the child safety system, within school environments, accommodation support provided by government and non-government organisations, in their workplaces (including supported employment), in recreational activity from within disability services, other residential settings like private hostels and shelters and in the community generally.

It is WWILD's experience that people with intellectual disabilities require individual support and advocacy when seeking support and justice when having had experienced violence, abuse and neglect within institutional settings. In many cases that support may be a family member or other committed person, but in many cases it is important and useful for that person to have an independent advocate to raise and address issues alongside them.

Currently WWILD is waiting to see how the NDIS will accommodate the need for individual advocacy as a way of responding to abuse, violence and neglect of people with intellectual disabilities..

### Victim of Crime Support

Our Victim of Crime support workers are there to support people to understand their rights, responsibilities and options after disclosing that they have been the victim of a crime (e.g. option of

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reporting to the police, or making a complaint). They are there to then support them follow through on those options and ensure their rights are upheld in the process. This includes supporting people to increase their safety in the short to medium term.

Increasing safety after experiencing violence, abuse and neglect can involve support to access:

- New housing
- New support agencies/support staff
- Income support
- Support to make claims of Victims of Crime financial assistance/compensation
- Access to counselling, medical assistance, and other interventions to aid in physical, mental and emotional recovery and to understand the impacts on selves and relationships
- Support to reconnect with community
- Assisting family members or others close to the person affected to recover and access supports they need to continue to be strong supports for their family member with a disability.
- Information, advice and support to other people to better support the person recover.

At WWILD one of our greatest challenges is the ability to build meaningful safety into the lives of people with an intellectual disability who live relatively independently in the community with little or no support. Some of these barriers to accessing service and support are addressed in a separate section below.

## Disability Training Program

WWILD provides community education and professional training about intellectual and learning disabilities to many different audiences. Most common include, disability support workers, government disability workers, workers from victim of crime support services such as mainstream sexual assault service, domestic and family violence services, child and youth support services, family support services, lawyers etc.

Common topics WWILD provides training on include:

- Responding to disclosures of sexual assault
- Adjusted counselling skills for working with people with intellectual disability
- Supporting someone with an intellectual disability through the justice system
- Intellectual disability and domestic and family violence

## Sexual assault counselling.

WWILD's Sexual Assault counselling service supports people with intellectual disabilities to recover from the trauma of sexual violence. We have an individual counselling service and group work.

### Individual counselling

This intervention is suitable for some people under a particular set of circumstances (e.g. usually people need to be feeling a relative level of safety, have some way of communicating, are ready and interested in participating). This work supports the person to manage the effects of trauma, and often works to support people to understand their own personal relationships, what they do and don't want going forward. This often involves sharing information with important supports in their life about what will help them gain more control in their lives.

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Sometimes when we work with people in this context, it becomes clear that the best support for this person to be able to build a positive life going forward is to focus the work on the people supporting the individual. This is often support staff teams who may be misinterpreting signs of trauma, or who are stuck for ways to support the person through this difficult time soon after a disclosure and into the future. This mis-interpretation of signs of trauma often results in a “punishing” or a re-traumatisation of the individual involved.

Sometimes we can gain access to a staff support team to be able to educate about the effects of trauma and sexual violence, share some information (with permission) with a staff team about what the person’s says they are experiencing, and work with support teams to understand what is and isn’t helpful to the person with the disability. We can help support teams understand more about the characteristics of the person’s disability and how they communicate and this and what the person with a disability needs from their support teams going forward.

### **Elinor**

Elinor is a woman in her 40s with quadriplegia and an intellectual disability. She has high support needs and lives in an accommodation facility of 6 units that have 24 hour support. .

Elinor was violently sexually assaulted by her husband and his friends when she was in her 20s and lives with lasting effects of trauma from this incident that impact on her life today.

Over the years Elinor has had very difficult relationships with support staff. Support staff have found Elinor difficult to deal with and have often accused her of making vindictive complaints against staff.

WWILD supported Elinor to write down what it was she wanted her staff to understand about her support needs and what would help her feel safer and live a better life.

The WWILD counsellor has shared with support staff ( with Elinor’s permission) her anger and frustration at her deteriorating physical condition, the lasting impacts on trauma and why it is important to her for things to happen in a certain way. The counsellor was able to help Elinor express that she wants more control over the little day to day things that Elinor felt staff took over from her. Elinor also wanted a chance to express her frustration at the lack of willingness of staff to take her out of the house for daily activity.

The counsellor delivered some general training and information about the nature of intellectual disability and some of the communication difficulties and worked with the team to brainstorm and develop approaches the team could take to help Elinor feel happier in her home and to help avoid staff avoid conflict with Elinor. Team leaders for the staff group were then responsible for supervising these changes.

Elinor reports to WWILD that support to raise these issues is very important to her, however due to changes in staff, it is an exercise that has had to be re-visited 3 or 4 times across the time WWILD has been engaged with Elinor.

### **Group work**

WWILD offers social support groups for women recovering from violence, abuse and neglect. This is a time when women with common experiences can come together to focus on recovery through fun and friendship.

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WWILD also runs You and Me groups. You and Me is a psycho-educational group that works to develop improved understanding of interpersonal relationships, rights and responsibilities. With an overarching aim of reducing vulnerability through empowerment, information and skills development.

It is important to note that people with disabilities are routinely denied information about rights and responsibilities particularly in regards to relationships and sex education in our school system. Once people have become adults it is very difficult to access timely and relevant support to help arm people with the knowledge and information they need to help protect themselves from violence, abuse and neglect. It is important to note that education needs to be affordable, preferably free to be accessible to people with intellectual and learning disabilities, especially if they are not in receipt of funding that will cover these costs.

## Vulnerabilities and Barriers for Support for People with Intellectual, Cognitive and Learning Disabilities Experiencing Abuse, Violence and Exploitation in Institutional Settings:

### Individual Survivor Level:

#### Impact of abuse and neglect against people with a disability in institutional and residential settings

It is important to acknowledge that the impact and trauma of abuse experienced by people with an intellectual disability is the same as the trauma anyone would experience. It is important to say this because there is a strong myth that persists in the community and in some sections of the disability support services sector that if someone is intellectually disabled, they will somehow not experience the trauma/impact of abuse and exploitation.

On another level, the impacts of the abuse, exploitation and neglect experienced by people with intellectual disabilities in institutional and residential settings is exacerbated and felt more severely due to the lack of recognition of the effects of abuse, the minimising of violence and the silencing of victims.

#### **Martha**

Martha was an adult and has an intellectual disability and autism. Martha had a strong desire to move out of home and this decision was strongly supported by her family due to their desire for her to live a more “normal” adult life that meant living away from her family and also due to the fact that Martha’s family were exhausted after caring for their daughter and her sometimes difficult behaviours with little or no support.

Martha moved into a group home with 3 other women with intellectual disabilities. This home was run by a major disability provider in Queensland.

Martha was sexually assaulted by a male support worker on 2 separate occasions one weekend.

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Martha's parents were still her guardians and were not informed of any allegation of assault for a number of days after the first disclosure. In this time medical assistance was not sought for Martha. A police report was not made for a number of days after the disclosure as well.

The perpetrator was charged, and found guilty, but acquitted on appeal. This left the family devastated.

Martha began to have a change in behaviour and personality. She became highly anxious, prone to outbursts and quick to anger which could result in her lashing out physically at staff. This would involve a lot of yelling and screaming and crying. Martha's family strongly felt that the staff viewed her behaviour as that of a naughty child and that when she behaved this way she was punished by having positive things (like outings) taken away from her.

The family and the counsellor viewed this change in behaviour after the assaults as a response to the trauma of sexual assault and believed that different responses ought to be provided to Martha in order for her to feel safe. When the family requested meetings with the provider they continued to inform the family and the counsellor that they were the ones with the "experience" to "deal" with behaviours like Martha's.

When the family tried to address this with the service provider they were met with hostility and left feeling like they were viewed as bad parents for not taking a hard enough line with their daughter. The relationship between the family and the service provider deteriorated quite badly, Martha was incredibly unhappy in her living arrangement and the family wished to find a different service provider for their daughter. The service provider and government funding body made it very clear that the funding for the accommodation was attached to their home, and that it would not be transferred with Martha.

Martha and her parents felt trapped by the service provider and felt that Disability Services were unwilling or unable to help their daughter move to a more suitable provider. It was this service or nothing.

The family reached a point where they felt Martha's mental state had deteriorated to the point where they chose to bring her home. They chose no support, rather than leaving them in the care of a state funded group home.

**Adaptive behaviours** that can further act as barriers to reporting abusive behaviours and getting the support one needs to uphold one's rights include difficulty with verbal communication; difficulty understanding abstract and complex concepts; literacy and numeracy issues, challenges with problem solving; planning, memory, information processing, dealing with emotions; masking due to fear of stigmatisation; acquiescence and being vulnerable to suggestibility.

By no means are we implying that these make people responsible for violence perpetrated against them. However it is important to acknowledge the difficulties people experience that can make them a target by people who wish to assault, abuse and exert power over others and how these difficulties act as barriers to disclosure and justice. WWILD does a lot of training for disability support staff that often have very poor understanding of common characteristics of intellectual disability. This lack of understanding can cause people to attribute behaviour they deem "challenging" or in some other way "bad" as something that the person has control over and therefore is deserving of "punishment". "Challenging" behaviour or behaviour of "concern" in the case of violence, abuse and neglect is often a response to trauma and a way of trying to express hurt, anger and an attempt to communicate an incident or the associated feelings that a person often does not have the language to put around. In our experience this behaviour is often viewed by

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organisations and staff as someone “misbehaving” being a “naughty child” and therefore people respond by sometimes harsh and demeaning punishment.

**Understanding of what constitutes abuse and neglect** - People often do not identify that what they are experiencing is violence due to the lifetime of cumulative discrimination, demeaning experiences, and denial of access to education that is tailored to their individual needs.

**Dependency Issues** on the institution, carers or family members, including foster carers in the areas of:

- Physical – support with personal care, housework, cooking, shopping, transport, accessing activities
- Emotional – Loneliness, social isolation, need for companionship
- Financial – more likely to be financially reliant on institution to assist with managing extremely low income or funding to meet high level of needs. Inherent in this is the attitude that you need to be grateful for what you have got, because the alternative is no support at all.

**Accommodation** – People having such poor access to suitable accommodation and having such little choice over leaves people with an intellectual disability at unacceptable levels of abuse and neglect within institutional settings. Inappropriate co-tenancies where people are abused by other persons with a disability in their home context are too often seen as simply “par for the course” and often met with apathy or grossly minimised.

This kind of occurrence is so normalised in some contexts that we have witnessed staff fail to make note of severe and significant acts of violence and neglect because “that’s normal”. We would contend that the infantilisation of people with a disability also paints people with intellectual disabilities living together as “sibling” type relationships where violence and high level conflict is seen as “squabbling” and “normal” rather than a sign that it is highly inappropriate for those people to be living together, especially when they do not wish to.

When abusive practice is regular, the norm people with intellectual disabilities have little chance of developing being able to report the abuse or have it taken seriously. Why do we accept that people should have to live with that kind of violence?

**Lack of relationships education and sex education** – the knowledge that most people learn through role modelling and friends, people with intellectual disabilities can struggle with the basic building blocks of their understanding of relationships partly due to difficulty learning, and largely due to segregation in the community. We know that children with disabilities around the world and in Australia are routinely denied access to relationships and sex education. All people with a disability deserve equal access to education around sexuality and relationships, including what to be able to expect from a paid relationship.

WWILD is often contacted by organisations that provide day-respite services, recreation activities or business services asking for us to come and deliver a “one-off” presentation on relationships and sexuality. We contend that this kind of delivery is extremely ineffective.

We contend that people with intellectual disabilities require, information needs to be presented when it’s most relevant, over time, utilising visual aids, and where possible and appropriate, involving those who will support the person to uphold their rights and responsibilities and reinforce messages (e.g. families, carers, and support staff) in parallel processes.

Where possible we encourage the organisation/centre to engage with us in a more holistic approach to how they will encourage safe and respectful relationships across the organisation, however this is often rejected in favour of a one-off session.

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**Limited capacity to self-advocate and access a support service** – difficulties identifying own need for support, where to access that support, get self to support and then articulate what support they need.

Organisations who run institutions and residential settings are incredible gatekeepers not only to outside services but often to family members as well. Even in instances where someone has very strong advocates in their family members, the might of the institution/organisation can intimidate and silence those advocates. One family we supported was once told that the significant bruising their daughter sustained to her face caused by a co tenant attacking her were “not of a high enough level” to have the incident recorded in her file.

**High incidence of physical and mental health symptoms and disorders** that are comorbid with other disabilities. There is a lack of mental health services appropriate for people with an intellectual disability. The cost of private psychiatric and psychological services for people living on Disability Support Pension are prohibitive and often lack specialised knowledge.

We would contend that the lack of specialised mental health services can contribute to the level of violence experienced in institutional and residential settings and also mean post traumatic symptoms and other mental health issues exacerbated by trauma go untreated. Misdiagnosed and undiagnosed mental illness contributes to the levels of violence, abuse, and distress and neglect people with intellectual disabilities experience in institutions and residential settings.

This is particularly prevalent in hostels where so many of our society’s vulnerable and marginalised are co-located. The abuse, violence and exploitation that occurs between residents of hostels is highly disturbing.

#### **Systems/Service Level:**

**Stereotypes of ‘disability’** contribute to the reasons why people with intellectual disabilities are targeted for violence, for example, people being seen as incompetent and voiceless; not being credible witnesses; not being listened to when reporting any violence; and also the ease of isolation of people with intellectual disabilities in the privacy of their residences and the fostering dependence.

**The ‘invisibility’ of intellectual disability** - it may not always be obvious that a person has an intellectual disability, and people with intellectual disability may initially look and act like their peers. Second, in an attempt to pass as “normal”, people can become skilled at adapting their behaviour to mask their disability. Particularly within institutions such as schools, and child protection, this can mean that people are more vulnerable to abuse due to behaviour being misinterpreted and through not being offered support necessary.

**Lack of knowledge and skills of mainstream workforce** that impact on their delivery of services to women with intellectual, cognitive and learning disabilities in the areas of:

- **Communication** such as using difficult language and abstract concepts such as domestic violence;
- Appropriate **sharing of information** e.g. complicated written resources instead of easy English;
- Group work delivered according to the **learning needs** of the group members
- The impact **of trauma** on a person with an intellectual or cognitive disability;
- The impact of **adaptive behaviour issues** that people may have and the need for flexibility;

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- The impact of **suggestibility and acquiescence** of the person with a disability;
- Understanding of issues around **cognitive capacity** in the areas of planning, problem-solving, memory, verbal and non-verbal communication
- understanding the need **to go at the person's pace** and be with them on their journey
- understanding the **lifetime experience of disempowerment** for people with disabilities within our community and the need to engage in building their sense of power and control while supporting them through this process.

#### **Kate**

Kate is someone who has experienced sexual abuse by a number of different perpetrators across different settings in her life. Some of these were in institutional and residential settings. When Kate talks about the abuse she experienced, she is confused and experiences severe sequencing difficulties resulting in unclear understanding of when the abuse took place and over what period of time. The effects of abuse impact Kate on a daily basis.

Kate has been described as sometimes mixing fantasy and reality and is said to 'make up stories' resulting in being disbelieved by her support service.

Some of the workers at the support service have not case noted disclosure discussions believing that the nature of the discussions was "private". Kate has a fear of police and 'getting into trouble', making reporting very difficult.

One day this year on the bus, a man attending a day respite service touched Kate on the upper thigh and she didn't like it. She told the man to stop touching her and she moved away. When she got to the day respite service she told a staff member what had happened. This staff member told her to stop "making up stories to get people in to trouble". No approach was made to the man involved to question his behaviour or to warn him that that was inappropriate.

Police were called to Kate's home last year as someone believed she was in the process of being sexually assaulted however Kate was instead making a form of disclosure about something that happened in the past. Police spoke to Kate, and heard a partial unclear disclosure however no further action was taken.

Kate would have great difficulty making a statement and would find any court process traumatic as it would exacerbate her already high level of disclosure

**Development of large human service organisations** that take on multiple services, target groups etc. is detrimental for small vulnerable groups who are most at risk. In doing so they not only lose their capacity to be flexible and responsive to the client's needs, they also do not develop any specialised knowledge and skill base that has developed over time. They also struggle to support particularly vulnerable groups in our community such as people with disabilities, Aboriginal and Torres Strait Islander and CALD communities.

**Mainstream services and agencies are engaging in discriminatory practices** by not working with service users who self-identify as having some kind of disability due to 'lack of resources' or lack of physical access or other access issues. For instance WWILD regularly receives referrals in situations where the woman with an intellectual disability has been refused service from another

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organisation due to 'lack of resources' or "we don't have the skills" to work with people with an intellectual disability.

There are no **free, accessible and appropriate services for young and adult men** with intellectual, cognitive and learning disabilities who are showing signs of sexualised or other aggressive behaviours and therefore at risk of engaging in 'offending' behaviour. Current systems are inadequate. Existing perpetrator program either in community or in prison don't meet the learning capacity needs of this group, and many struggle to change their behaviour. There is no accessible program for these young men who are being identified by community based services and police to reduce their risk of offending. This is a significant concern in relation to the prevention of abuse in institutional settings.

In the case where there is violence or abuse that occurs between two people with intellectual disability in an institutional or residential setting, it is common that WWILD will see a support agency go to great lengths to see that the victim is responded to appropriately but that little or nothing is done to address the behaviour of the offender. This happens across many contexts, schools, disability support agencies, places of employment, activity centres and so on.

#### **Allan**

WWILD was contacted by a non-government disability support agency for assistance to find appropriate referral points for a 17 year old called Allan. Allan lives in a town 3 hours from a metropolitan area in Queensland.

The people in Allan's life are highly concerned and distressed about what appears to be offending behaviour towards children in his community.

Allan had been directed to an organisation that provides relationships and sex education for complex cases but this was unaffordable for the family (minimum cost \$1500). Accessible private psychologists suggested didn't have the necessary skills and the cost was also prohibitive. The family were not in the position to pay and there was no funding forthcoming from any other sources. The fear is that this young man is on a path of continued or increased offending behaviour until he is picked up by the justice system, which is obviously a terrible outcome for the victims, Allan and his family.

#### **Rowena**

Rowena was attending a 10-pin bowling group and had been for 4 years. One weekend, another man with an intellectual disability sexually assaulted her at bowling. She was referred to WWILD for support by the agency supporting the bowling activity. Police investigated the assault but found no corroborating evidence to support the allegations and so decided not to proceed. The alleged offender also has an intellectual disability which may have contributed to the police decision.

Despite numerous attempts to contact the police officer who dealt with the case he has never returned our calls

Rowena frequently asks her counsellor when the police are going to talk with her and tell her what happened.

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Police asked the Victim of crime worker to inform the client and her mother about their decision however the client indicated that she wanted to hear about the decision from the police herself and have the opportunity to ask her questions (for example did the offender ‘get into trouble?’)

After some time Rowena wished to return to the bowling group. Enquiries were made to see whether the man who had assaulted Rowena was still attending. He was. When questioned whether anyone had addressed his behaviour, the support agency running the activity group said that because the allegations weren’t substantiated they felt there was nothing they needed to do further.

## Policy and Legislative Level:

**Lack of specialist knowledge** across government policy and decision-makers about the needs of people with intellectual, cognitive and learning disabilities when making policy or decisions around human services.

Within Australia, there **is no specific legal, administrative or policy framework** for the protection, investigation and prosecution of violence against people with disabilities, it falls back on mainstream justice processes which often fail people with intellectual disability.

Domestic and family violence **legislation differs across States and Territories** providing different levels of protection and definitions of what constitutes ‘family violence’ and what constitutes a ‘domestic relationship’ (Frohmader 2014). The recent changes to the Queensland Domestic and Family Violence Protection Act 2012, which does include informal care relationships, however excludes ‘commercial’ relationships are an example where people with disabilities who live in residential and institutional settings are excluded due to the limiting and restrictive definitions.

The **National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan)** has **significant limitations** in that there is little emphasis on girls with disabilities, it focuses only on traditional notions of domestic/family violence and sexual assault (in the context of intimate partner relationships only), and fails to address the many other forms of violence perpetrated against women and girls with disabilities, such as violence in institutions and residential settings. These forms of violence fall ‘outside’ the scope of the *National Plan* (Frohmader & Cadwallader, 2014).

Australia’s 10 year **National Disability Strategy 2010-2020 (NDS)**, which is the national policy framework to guide Australian governments to meet their obligations under the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), recognises that people with disabilities are ‘more vulnerable to violence, exploitation and neglect’, however according to Frohmader & Cadwallader (2014), does not provide gendered strategies for addressing violence against people with disability in institutions and residential settings.

## Recommendations:

WWILD-SVP Association recommends that targeted intervention and change is required at individual, system and policy and legislative levels to eliminate violence, abuse and neglect of people with intellectual disabilities in institutional and residential settings

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1. Increased opportunities for people with intellectual and learning disabilities to engage in education and skill development at every stage of life regarding rights and responsibilities, personal safety, relationships, sexuality.
2. Increased opportunities for skill development around self-advocacy for people with intellectual and learning disabilities at all stages of life.
3. Increased access to individual advocacy when people with disabilities wish to disclose violence, abuse and neglect.
4. The NDIS seriously consider independent complaints mechanisms separate from government and service providers to investigate complaints.
5. Increased options and choice in accommodation options for people with intellectual disabilities to avoid the abuse experienced as a result of inappropriate co-tenancies.
6. Increased access for people with intellectual and learning disabilities to support to recover from trauma as a result of violence abuse and neglect in institutional and residential settings.
7. Mainstream victim of crime support services (e.g. sexual assault services) develop strategies for how people with intellectual disabilities will better access their service and receive a tailored support.
8. Increase in access to specialist mental health support for people with intellectual disabilities.
9. Improved training for both disability sector workers and those in more “mainstream” settings to develop knowledge and skills around supporting people with intellectual disabilities.
10. Disability sector services develop strategies for how they will promote cultures of safety and respect and how and how they will address offending behaviour in all its guises, protecting victims and holding perpetrators to account.
11. Specialist disability focused programs to be made readily available and accessible (at little or no cost) for young and adult men with intellectual, cognitive and learning disabilities who are displaying offending type behaviours. This type of support is severely lacking in the community and almost non-existent for people who aren’t in the forensic system. Providing this support in a timely manner will reducing the likelihood of future violence and abuse in institutional settings.
12. Specialist disability focused victim of crime and sexual assault services and offender programs, which are small and focused, need to be maintained and in some jurisdictions developed. Due to the challenging nature of working with survivors with intellectual, cognitive and learning disabilities and the reality that some individuals won’t be able to utilise a mainstream service, particularly people with high needs. These services should also have a significant role in building and developing the specialist knowledge that is required when responding to the needs of people with intellectual, cognitive and learning disabilities, as well as building capacity of mainstream services.
13. Identify people with disabilities including intellectual, cognitive and learning disabilities as especially vulnerable group within policy and service frameworks within planning and decision-making across all human services agencies.
14. **Governments need to maintain specialised, focused services** that respond to people with intellectual, cognitive and learning disabilities for those people who will not access or respond well to a mainstream domestic violence or sexual assault services.
15. The next stage of **The Second Action Plan ‘Moving Ahead 2013-2016’** of the *National Plan to Reduce Violence against Women and their Children 2010-2022* (Frohman &

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Cadwallader, 2014) needs to specifically focus on the violence perpetrated against women and girls with disabilities, such as violence in institutions and residential settings.

16. 5. Australia's ***National Disability Strategy 2010-2020*** (NDS) needs to provide strategies of responding to violence against people with disability in residential settings, in family situations and in the community generally. There needs to be more action taken to educate the community on the rights of people with disabilities to live safely in the community, and remove the stigma and discrimination from the community.
17. Prevention and early intervention responses for people with disabilities experiencing violence, abuse and neglect to be built in to the design of the National Disability Insurance Scheme.