

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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

GPO Box 1422

Brisbane, QLD 4001

By email: DRCEnquiries@royalcommission.gov.au

Re: Violence and abuse of people with disability at home

Dear Commissioners,

Australia's National Research Organisation for Women's Safety (ANROWS) would like to thank the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) for the opportunity to respond to the Issues Paper on *Violence and abuse of people with disability at home*.


ANROWS is an independent, not-for-profit organisation established as an initiative under Australia's *National Plan to Reduce Violence against Women and their Children 2010–2022*. ANROWS is jointly funded by the Commonwealth and all state and territory governments of Australia. ANROWS was set up with the purpose of establishing a national-level approach to systematically address violence against women and their children.

Our mission is to deliver relevant and translatable research evidence which drives policy and practice leading to a reduction in the incidence and impacts of violence against women and their children. Every aspect of our work is motivated by the right of women and their children to live free from violence and in safe communities. We recognise, respect and respond to diversity among women and their children, and we are committed to reconciliation with Aboriginal and Torres Strait Islander Australians.

The answers below apply relevant ANROWS research evidence to selected questions set out by the Royal Commission in the Issues Paper on *Violence and abuse of people with disability at home*. We also refer the Royal Commission to our submission (dated 20 May 2020) in response to the *Criminal justice system issues paper*.

We would be very pleased to assist the Royal Commission further, as required.

Yours sincerely,



Michele Robinson

Director, Evidence to Action

30 March 2021

Response to Issues Paper on *Violence and abuse of people with disability at home.*

QUESTION 2:

What are the specific experiences of violence and abuse in the home for:

- A. women and girls with disability?
- B. First Nations people with disability?
- C. Culturally and linguistically diverse people with disability?
- D. Older people with disability?
- E. LGBTIQ+ people with disability?

Violence in the home is a common experience among women with disability. The Personal Safety Survey (2016), a national survey conducted every 4 years in Australia estimated that there are 929,000 women with disability in Australia who have experienced emotional abuse from a partner since the age of 15 – this is 1 in every 3 women with a disability (Australian Institute of Health and Welfare [AIHW] 2019, p. 8). The survey also found that when compared with women without a disability or long-term health condition, women with disability were nearly twice as likely to have experienced physical and/or sexual violence from a partner in the 12 months before the survey (AIHW 2019, p. 8).

While woman with disability may experience the full range of tactics used by perpetrators of domestic, family and sexual violence, they are especially vulnerable to tactics of financial abuse, deprivation of basic needs such as food, shelter, sleep or assistive aids, and insults intended to cause shame or humiliation (AIHW 2019, p. 8). Women with disability also experience forced isolation, withholding of medication, forced abortion and contraception, and rough handling (ALRC, 2012; Kavanagh & Robinson, 2015, both cited in Maher et al., 2018, p.27). The violence and abuse experienced by women with disability is compounded by social isolation, dependence on carers, and economic and housing insecurity (Maher et al., 2018). Women with a disability are at particularly significant risk of experiencing severe violence from their partner during pregnancy (Backhouse & Toivonen, 2018).

Women with disability who are also First Nations women, women from culturally and linguistically diverse (CALD) backgrounds, older women, and/or LBTQ women experience further intersecting challenges. For example, Bevis, Atkinson, McCarthy & Sweet (2020) identified that disability among First Nations women often goes unrecognised, and highlighted the need to improve appropriate diagnoses of complex trauma, foetal alcohol spectrum disorder (FASD) and acquired brain injury for First Nations people.

While research is limited into how disability intersects with other dimensions of disadvantage to shape experiences of violence, we do know about the experience of violence of women from CALD backgrounds and LBTQ women. For example, Vaughan et al., (2016) found that women from CALD backgrounds experiencing violence – with or without a disability – may face barriers to accessing services due to their visa status, language and cultural factors, and dependence on the perpetrator. In data collected from an online survey, Ussher et al. (2020) found high rates of sexual assault in the home experienced by trans women: 41% of CALD trans women and 20% of non-CALD trans women.

QUESTION 5:

How do domestic and family violence services and disability services work to prevent and respond to violence and abuse of people with disability, including children, in their homes? Please describe any gaps as well as promising practices, for example co-designed models or creating communities of practice?

Frawley, Dyson, Robinson & Dixon (2015) identified that women with disabilities will be best supported by policy and service provision that addresses the gendered nature of violence. These authors also highlighted that women with disabilities must be at the centre of efforts to prevent violence, rather than an “extra” group whose needs are exceptional.

For services supporting women with disabilities, there can be a tension between addressing disability support needs and addressing the risks of domestic, family and sexual violence (Backhouse & Toivonen, 2018). Dyson et al. (2017) described this as a “culture clash”, and argued that the difference in approaches taken by disability services and domestic violence services is an obstacle to collaboration, as well as being a barrier to service access for women with disability who are experiencing violence. In focus groups with staff, these researchers explored domestic violence services’ “woman-centred approach”, which focuses on empowering women to be independent, in contrast with disability services’ focus on protecting the person with disability.

Robinson et al. (2020) identified a lack of confidence among family support workers when engaging with women with disability (particularly intellectual and psychosocial disability) in the context of domestic and family violence. This study also highlighted that many workers had a narrow view of disability, and were confused about the distinctions between mental illness and disability, and trauma and disability. Some felt that disability was an awkward topic to broach with clients. It was noted that disability and violence were issues that many women were reluctant to disclose.

Promising practices

The research by Robinson et al. explored the Family Referral Service in NSW as a case study of an early intervention service, set up to enable easy access to services for families at risk of domestic or family violence. The researchers interviewed clients in families where the mother or the child had a disability. The holistic, early intervention model of support was generally seen as positive by clients of the service (women or children with a disability). Notably, mothers with disability described “safety” as being about more than just violence. Rather, safety was linked to having access to resources, having their basic needs met, having access to supports, community networks and to people to talk to (Robinson et al., 2020).

In a meta-evaluation of interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women, Breckenridge et al. (2016) reviewed an evaluation by Nicholson (2012) of the *BSafe* program running in Wangaratta, a partnership project between Women’s Health Goulburn North East and the Victoria Police. Breckenridge et al. (2016) cite the evaluation report, noting that “accessibility for women with disabilities and/or hearing impairment has increased as alarm technology has become more sophisticated, and that Bsafe is a viable risk management option particularly for women who face the multiple disadvantage of rural isolation and disability” (p. 20).

Other promising practices were described in ANROWS's [compendium of stories](#) from the Building Safe Communities for Women and their Children Action Research Support Initiative (Orr, 2018). Two of these are of particular relevance to women and children with disability:

Doors to Safety was a project in Western Australia that aimed to improve safety for women with disabilities experiencing violence. This project “built capacity and leadership among women with disabilities to lead and educate government, services and the public on violence as it affects women with disabilities” (Evans & Iscel in Orr, 2018, p. 54). This project emphasised the importance of ensuring that work to improve the safety of women with disabilities is led primarily by women with disabilities. The project involved capacity-building workshops for DFV services across WA; peer education sessions for women with disabilities and their carers across WA; development of resources (including “easy English” resources) and presentations at events.

No More Excuses was a local-government led project in South Australia that employed a “whole of community” primary prevention approach. The project involved multiple strategies: education workshops promoting gender equality held in primary and secondary schools, as well as in a disability unit of a secondary school; community safety workshops held at community venues with a focus on encouraging bystander intervention; bystander intervention workshops held within Council; financial literacy workshops for women; an exhibition of artworks painted by Aboriginal women who were also domestic violence survivors; and the development of printed and video resources, some of which were translated into community languages.

QUESTION 7:

Can you tell us about the violence and abuse of children with disability in their homes, including out-of-home care:

- A. What risk factors contribute to the violence and abuse of children with disability where they live?
- B. What are the experiences of First Nations children with disability of violence and abuse where they live?
- C. What are the experiences of culturally and linguistically diverse children with disability of violence and abuse where they live?
- D. Are law, policies and practices for children with disability experiencing violence and abuse where they live working well? If not, how could they be improved?
- E. How child focused, culturally safe and accessible are complaint and reporting mechanisms? How could they be improved?
- F. What trauma and healing programs, including First Nations traditional healing practices, are working for children with disability who are or have experienced violence and abuse at home?

D. Are law, policies and practices for children with disability experiencing violence and abuse where they live working well? If not, how could they be improved?

In research funded under ANROWS's Perpetrator Interventions Stream, Campbell et al. (2020) investigated adolescents who use violence in the home, while Quadara et al. (2020) studied young

people with harmful sexual behaviours. Both these studies recognised a high incidence of disability (especially intellectual disability) among young people who use violence in the home. These studies also recognise that young people who use violence in the home are often also experiencing domestic and family violence themselves. These studies found that legal responses force young people to be labelled as either a “victim” or a “perpetrator” – however, reality is more complex: they are often both.

Quadara et al. (2020) recommended that changes be made at the service system design level to better support holistic interventions. They recommended that this be done through:

- looking at how funding approaches can amplify good practice (such as the duration of funding and the degree of autonomy services have in relation to what funds are available for which activities)
- exploring mechanisms for interagency collaboration and information sharing between services
- investing in workforce development, capacity-building and support of skilled workers to ensure long-term retention.

Campbell et al. (2020) made more specific recommendations about how systems could be improved for young people with disability, including:

- Invest in the development of expertise in adolescent violence in the home across the family violence, legal, disability, mental health and other relevant service sectors.
- Ensure that legal responses assess the capacity of young people to understand and comply with civil protection orders, as well as criminal justice processes.
- Ensure that legal responses have access to information about risk across whole-of-family settings.
- Invest significant policy attention and inquiry into the disproportionate rates of adolescents with disability coming into contact with justice system settings.

QUESTION 13:

Have we missed anything? What else should we know about people with disability experiencing violence and abuse at home?

Women’s stories of disability and violence (resources developed by the Monash Gender and Family Violence Centre, as part of the Maher et al. (2018) study are available at <https://www.monash.edu/arts/gender-and-family-violence/research-and-projects/completed-projects/women,-disability-and-violence/women,-disability-and-violence-knowledge-translation-and-exchange-workshop>

Forthcoming ANROWS research relating to disability and family violence:

- [Connecting the dots: Understanding the DFV experiences of children and young people with disability within and across sectors](#)

This project will begin to address one of the evidence gaps of the 2020 interim report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The report

concluded that there is an omission of people with disability from national data collections and a lack of analysis of data on violence and disability, and therefore limited evidence to inform government. This project will develop the first picture of the prevalence and extent of children and young people with disability exposed to domestic and family violence in Australia, with additional focus on intersecting forms of difference and marginalisation. It also centres the experiences and priorities of children and young people with disability who have experienced domestic and family violence and ensures any policy and practice recommendations are child-focused.

- [Building a framework to prevent and respond to young people with disability who use violence at home](#)

Adolescent family violence does not fit within prevailing models of domestic and family violence, nor within other theoretical frameworks that seek to explain how and why violence occurs. The project directly responds to gaps in the evidence base about the drivers of, and situational factors that contribute to, adolescent family violence but is deliberately focused on the disability and gender nexus. The conceptual framework will enable Australian jurisdictions to develop more effective and targeted policy and practice responses to adolescent family violence by young people with disability.

- [Adolescent family violence in Australia: A national study of prevalence, use of and exposure to violence, and support needs for young people](#)

The project will establish the first Australian community-based prevalence data for adolescent family violence. The in-depth evidence to be gained on the nature of violence used by young people within the home as well as exposure to domestic and family during childhood will ensure, for the first time, that policymakers across Australia have the evidence required to design tailored, client-centred responses to different communities of young people using and exposed to domestic and family violence. This evidence will be contextualised with an understanding of young people's experiences accessing supports and their expressed service needs. Importantly, the survey sample will be representative of the diverse Australian community, ensuring the findings include insights into experiences and service needs of marginalised young people. Findings will inform policy decisions on the number and type of support services needed and allocation of resources for responding to adolescent family violence.

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