



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

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# Overview of responses to the **Violence and abuse of people with disability at home Issues paper**

March 2022

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Please be aware that the content and associated questions in this paper may be distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading 'Support'.

## Outline

### The Violence and abuse of people with disability at home Issues paper

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability published the Violence and abuse of people with disability at home Issues paper (Issues paper) on 2 December 2020.

The Issues paper sought information on the violence and abuse people with disability experience in their homes. The paper asked 13 questions, although responses were not limited to those questions, and invited responses from the public.

### Purpose of this document

This document provides a brief summary of what we were told in the responses to the Issues paper. While the purpose of this overview is to outline what we have heard, it is not an authoritative statement on the full contents of those responses. The responses expressed a range of views. This document does not state the position of the Royal Commission on any issues raised.

### Scope of this document

This document does **not** summarise what we have been told so far in submissions, community forums, private sessions, public hearings or via research projects that relate to violence and abuse of people with disability at home. However, all information provided to the Royal Commission informs our work. The Royal Commission will continue to consider the topic of violence and abuse of people with disability at home and seek input in a variety of ways.

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## Who responded?

As at December 2021, the Royal Commission received a total of 39 responses to the Issues paper. We received responses from people with disability as well as disabled people's organisations, women's organisations, carers' organisations, service providers, researchers and others, including:

- nine responses from independent statutory office holders
- two responses from organisations representing culturally and linguistically diverse people with disability
- one response from an organisation representing intersex people.

The Royal Commission did not receive any responses from First Nations people with disability or the peak bodies that represent them, but some responses did discuss issues affecting First Nations people with disability.

## What did the responses say?

A consistent theme in the responses was that, while people with disability are disproportionately impacted by violence in the home, these incidents are commonly hidden from view, misunderstood and mischaracterised. We were told that violence and abuse against people with disability in group homes or other disability supported accommodation is often characterised as a 'service incident' or 'behavioural challenge', as opposed to a form of domestic violence.

Many responses argued that existing legislation directed at domestic and family violence does not protect people with disability. Scope and definitions in most jurisdictions do not include disability specific abuse (such as deprivation of supports) and relationships in which people with disability experience violence (such as support workers, unpaid carers, house mates, co-residents and wider First Nations kinship networks).

## Understanding violence and abuse experienced by people with disability at home

### Nature and extent

Many responses discussed the disproportionate rates at which people with disability, especially women and girls with disability, experience violence and abuse in their homes. They pointed to a lack of comprehensive, disaggregated data to establish the exact prevalence of violence and abuse, particularly against some specific demographic groups.

The responses indicated that violence against people with disability in their homes is perpetrated by a range of people, including people who provide support (both paid and unpaid) and people who live with people with disability (such as co-residents and family members).

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We were told that people with disability experience all forms of violence and abuse in their homes, including physical, sexual, and emotional abuse, threats, intimidation, coercion and disability-specific abuse. This may include:

- interference with mobility aids, equipment and medication
- denigration on the basis of disability
- use of restrictive practices
- forced isolation
- threats to withdraw essential care and support.

We also heard about child removal and reproductive violence and abuse, including forced sterilisation, abortion and contraception. Responses emphasised that people with disability often experience multiple forms of violence and abuse simultaneously, and their experiences of violence can take place over many years.

Several responses described the connection between financial abuse and other types of abuse. We heard about people in supporting roles, including family members and support workers, asserting complete control over all aspects of an individual's life. This included by restricting their movement; controlling their finances; limiting their access to supports; and subjecting them to emotional or physical abuse when they challenge this control.

Domestic Violence Victoria (DVVIC) spoke about the power imbalance which can result when an intimate partner is also the primary carer for a person with disability, noting that this can create opportunities for violent, abusive and controlling behaviour.

Women's Safety NSW said perpetrators often use a person's support needs against them as a means of gaining power and control. They told us about a client's experience of her partner taking the battery out of her wheelchair so she could not move.

We were told that people with disability can experience abuse in all places where they live, including when they are homeless. Group accommodation settings were identified as places where people with disability are restrained and commonly experience physical, sexual and emotional abuse from both staff and co-residents. Women with Disabilities Victoria told us that sexual abuse, forced treatments and restrictive practices may occur in mental health facilities. Their response also referred to the prevalence of violence in prison (particularly for women and girls) and the risk of people in aged care facilities experiencing sexual abuse.

## Impacts of experiencing violence and abuse at home

Speak Out Advocacy Tasmania (Speak Out) described how violence against a person with disability can further disable them and add to the 'spiral of vulnerability'. Other responses outlined the negative impact of violence and abuse on individuals' economic security, self-esteem, independence, social networks and overall health and wellbeing. We also heard that trauma resulting from past experiences of violence and abuse can impact a person's ability to live in shared accommodation settings and to trust people of a different gender.

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Deafblind Australia emphasised that, like intimate partner violence, violence perpetrated by support workers has the potential to inflict complex and lasting harm. This is because of the nature of the relationship with the worker, including physical proximity, presence in the home and involvement in personal affairs.

Some responses highlighted the compounding trauma for children with disability in out-of-home care, who may have experienced violence and abuse both before and during their involvement with the child protection system.

The Australian Community Support Organisation (ASCO) explained that violence and abuse experienced by people with disability, particularly children, can result in a cycle of abuse whereby victims become perpetrators. Similarly, the Australian National Research Organisation for Women's Safety (ANROWS) discussed the findings of recently commissioned research which found that young people with disability who commit violence at home have often experienced domestic and family violence themselves.

## Experience of particular groups of people with disability

Responses addressed the ways in which different demographics of people with disability experience violence and abuse in the home, and spoke about the intersectional effects of discrimination and abuse.

### Women and girls

Most responses told us about the disproportionate violence experienced by women and girls with disability. Women with Disabilities Australia (WWDA) told us that research shows women with disability experience higher rates of violence and abuse than either their male counterparts or women without disability. Responses also said that violence experienced by women with disability involves more perpetrators, results in more severe injuries and occurs in additional environments.

ANROWS told us that women with disability are particularly at risk of experiencing financial abuse, deprivation of basic needs, and insults intended to shame or humiliate. They also described how women with disability are at a significant risk of severe violence from their partner during pregnancy.

Many responses provided examples of women and girls with disability being subject to sexual abuse. WWILD Sexual Violence Prevention Association (WWILD) told us that:

Sexual violence for people with disability may be interfamilial, perpetrated by neighbours and co-tenants, or be a result of specific targeting from perpetrators who may use relationships with a family member or co-tenant in order to get closer to a person with a disability.

A number of responses raised concerns about forced contraception, sterilisation and abortion. WWDA also said that these forms of violence against women with disability are widespread, particularly in non-private dwellings such as congregate care settings where there is limited oversight. WWDA emphasised that these forms of violence must be included in definitions of

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gender-based violence. Leadership Plus told us about the sterilisation of a girl with an intellectual disability resulting in serious health complications, including weight gain, osteoporosis, early onset dementia and early aging.

We also heard about women with disabilities having their children removed. The response from Australian Women Against Violence Alliance told us that women with intellectual disabilities have children removed at disproportionately high rates, although there is no evidence that intellectual disability causes poor parenting. Speak Out shared the experience of a woman with an intellectual disability who reluctantly agreed to relinquish her daughter, who has a disability and complex support needs. The child was subsequently abused by her carers and sustained serious physical injuries.

## Older people

We heard little about the experiences of older people with disability. People with Disability Australia (PWDA) was the only respondent to directly address this cohort. They expressed concern about the excessive use of guardianship orders for older people with disability, which they said leave them at heightened risk of financial, physical and emotional violence. The response said the routine use of restrictive practices against older people with disability often fails to recognise legal capacity and leads to pain and trauma.

## First Nations people

Several responses discussed the higher prevalence of disability and experiences of violence amongst First Nations people. DVVIC discussed research which found that during the initial stages of the COVID-19 pandemic, First Nations women with restrictive long-term health conditions were more likely than non-Indigenous women with a restrictive long-term health condition to experience physical or sexual violence or coercive control by an intimate partner.<sup>1</sup>

Women with Disabilities Victoria described how experiences of violence for First Nations women with disability are compounded by discrimination and intergenerational trauma. They told us that First Nations women can be reluctant to seek help for violence due to fear of having their children taken away. We heard that First Nations women may also be fearful of what will happen to their partner in police custody because of the increased risk of police violence against First Nations people. The Northern Territory Office of the Public Guardian (NTOPG) expressed concern about violence and abuse against First Nations people with disability who are experiencing homelessness.

## Culturally and linguistically diverse people

Responses to the Issues paper identified a range of challenges faced by people with disability from culturally and linguistically diverse backgrounds, including:

- stigma attached to disability in culturally and linguistically diverse communities, including pressure not to report experiences of domestic and family violence

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- information about support services, complaints and reporting not being translated or interpreted
  - barriers to accessing services because of visa status and fear of government institutions
  - cultural needs being viewed as an optional extra rather than integral to disability support needs.

The response from InterCountry Adoptee Voices used illustrative accounts to describe the complex experience of being an intercountry and inter-racial adoptee with disability, dealing with 'loss, rejection, punishment, racism and ableism'. The response raised concerns about the lack of oversight and monitoring of adoptees and explained how some adoptive parents either are unaware of their child's disability or are ill-equipped to support them.

## LGBTIQ+ people

Several responses discussed the greater vulnerability and disadvantage faced by LGBTIQ+ people with disability. We were told about recent research which found that young people with disability who identify as LGBTIQ+ are at an increased risk of experiencing domestic and family violence.<sup>2</sup> ANROWS highlighted the high rates of sexual assault in the home experienced by culturally and linguistically diverse trans women. WWILD described how LGBTIQ+ people with disability do not feel safe to 'come out' at home because they fear judgement and reprisal. For those who choose to come out, some family members, co-tenants and supports services refuse to recognise or affirm their sexualities and gender identities.

Intersex Human Rights Australia (IHRA) told us that intersex people can experience disabling impacts of medical, social and cultural approaches to their bodies. They frequently experience stigma, discrimination and harm in the home because of perceptions about their sex characteristics. IHRA described experiences of body shaming and people being forced or coerced into medical interventions by intimate partners. Their response also spoke about intersex people's experiences, including of domestic and family violence, being conflated with LGBTQ communities in ways which do not address the specific circumstances of people with intersex variations.

## Children

Responses discussed how children with disability are at greater risk of violence and abuse in the home than children without disability, and that children with disability have limited access to mechanisms for reporting experiences of violence and abuse.

The Commissioner for Children and Young People Western Australia told us that children and young people with intellectual disabilities are at the highest risk of maltreatment, abuse and neglect in the home. Several responses highlighted that girls with disability in out-of-home care are at increased risk of sexual abuse.

The Office of the Children's Commissioner, Northern Territory (OCC) said that attitudes and ingrained prejudice enable ongoing acceptance of harmful conduct towards children and young people with disability, including use of restrictive practices.

The Victorian Commission for Children and Young People reported that, because of COVID-19 restrictions, children and young people with disability were less visible to people outside their

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immediate family. This meant that educators and service providers had limited avenues to ensure children's safety.

Responses raised a variety of concerns about children with disability in out-of-home care, including:

- poor communication, information-sharing and coordination between child protection and disability services, resulting in the support needs of children with disability not being met
- limited availability of appropriate placement options for children and young people with complex trauma and disability, resulting in placements where children are exposed to violent behaviours of other children
- inadequate safeguards and oversight mechanisms, and limited accessible, child-focused complaint and reporting mechanisms
- lack of disability awareness training for support workers
- limited support for young people with disability leaving out-of-home care, resulting in outcomes such as homelessness, unemployment and withdrawal from learning.

The OCC highlighted the disproportionate representation of First Nations children in out-of-home care and youth justice systems and the violence they experience in these settings. Their response argued that in the Northern Territory this overrepresentation results from unassessed disability, inadequately support, lack of disability services, intergenerational trauma and poverty.

## Potential drivers and risk factors

### Drivers

Responses identified a wide range of factors driving violence, abuse, neglect and exploitation of people with disability in their homes. Organisations representing women with disabilities identified ableism, discrimination, marginalisation, structural disadvantage and gender inequality as key factors driving violence and abuse in the home.

Power imbalances and dependence on others for support was a common theme in responses. National Disability Services (NDS) said that people in residential settings can be reliant on others for personal care and transport, and may be less likely to speak up about violence and abuse because they fear losing these essential supports.

A number of organisations identified the lack of education provided to people with disability about respectful relationships, sexuality, consent, personal safety and self-advocacy as among the key drivers of violence and abuse in the home.

WWILD told us about a 'permissive culture of impunity' which allows perpetrators to target people with intellectual disability, knowing that the abuse of these individuals may be easier to conceal, deny or excuse.

Concerns were expressed about ineffective safeguards against and responses to incidents of violence between residents in group accommodation settings, resulting in a culture of abuse.



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The Public Advocate and Children and Young People Commissioner told us that such violence is commonly dismissed on the grounds of the perpetrator's disability or seen as a 'behaviour of concern'.

ASCO told us that periods of transition, change and events which disturb routines, such as COVID-19 lockdowns, lead to increases in violence and abuse in the home. Respect Victoria told us that under COVID-19 restrictions people with disability have reduced independence, mobility and control, which means they are more susceptible to coercion and abuse in their homes.

## Risk factors

Many responses identified social isolation and segregation of people with disability as a key factor contributing to violence and abuse in the home. NDS said people with disability commonly have limited access to 'natural' supports, and criticised institutional practices which isolate people from local communities and long-term support relationships. Similarly, WWILD described how 'a lack of safe, reciprocal, mutually supportive and affirming relationships in people's lives is a consistently underlying driver of violence'.

Many responses explained how the lack of formal and informal mechanisms for checking in with people with disability at home makes it difficult to identify when abuse may be occurring. They identified private homes and group accommodation settings as particularly challenging places for advocates to gain access to people with disability who may be experiencing violence and abuse.

PWDA told us the use of multiple service providers increases the risk of people experiencing violence and abuse because of the number of people who have access to a person's home and power over different aspects of their lives. Conversely, NDS and Specialist Disability Accommodation Alliance said that people supported by only one service provider are at increased risk of abuse, and that interaction with several providers can increase opportunities for intervention where violence and abuse is identified.

A number of responses said that insufficient levels of training for both paid and unpaid people providing support to people with disability increases the risk of violence and abuse. Responses also raised concerns about a lack of workforce capacity to understand and identify domestic and family violence.

Speak Out, among others, said there is a limited awareness and understanding about restrictive practices. The use of restrictive practices can be a form of violence and abuse by people who provide support to people with disability. Speak Out told us that 'many parents and carers view locking the fridge, taking away personal possessions, limiting access to parts of the house and other forms of punishment and control as valid decisions'.

WWILD identified family poverty and lack of resources as a risk factor for violence and abuse. Responses from Carers Australia, Carers NSW and Carers QLD said that there is a risk of violence and abuse arises when those who provide support to people with disability experience stress and burnout.

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## Access to supports to address violence at home

A common theme in responses was that people with disability who experience violence in the home often do not have access to information about where and how to seek support.

Responses raised concerns about the lack of understanding among domestic and family violence service providers of how to support people with disability experiencing violence. PWDA told us that there is an overreliance on disability advocacy organisations to bridge the gap between the disability and the domestic and family violence sector.

We heard there is a lack of training for staff of sexual assault and domestic and family violence support services in providing assistance to people with disability. Some responses said that, at times, services are unable to effectively support and communicate with people with disability. Speak Out told us about a sexual assault counselling service refusing to support a woman with disability based on assumptions about her capacity. Responses also raised concerns about disability service providers' inability to understand when a client may be experiencing domestic and family violence.

DVVIC told us that service systems which only focus on one aspect of an individual's needs create complexity and risks. This can result in individuals:

- falling through the gaps created by siloed service responses
- having to navigate confusing and complicated systems alone
- undergoing numerous assessments which can result in re-traumatisation
- being exposed to more violence as perpetrators exploit gaps in the service system.

## Crisis accommodation

Many responses raised concerns about the lack of accessible short-term accommodation options for people with disability experiencing violence and abuse at home.

We were told that for people with disability, the challenges of leaving a situation of violence are compounded by limited access to alternative secure and accessible accommodation. WWILD explained that the lack of appropriate accommodation for people with disability experiencing violence means victims either have to remain in the violent situation or be hospitalised for extended periods of time.

Several responses provided examples of women with disability being refused assistance by domestic, family and sexual violence shelter services because of accessibility requirements or assumptions about their disability. PWDA provided an example of a woman with cerebral palsy who uses a wheelchair and was abused by her partner. A neighbour who came to her assistance called the local crisis shelter and found they were unable to accommodate a wheelchair user.

We also heard that lack of accessible accommodation heightens the risk of homelessness for people with disability fleeing violence and abuse in the home.

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## Reporting violence and abuse

### Barriers to reporting

Responses told us that violence and abuse against people with disability in their home is seriously underreported. They identified barriers leading to under reporting, including:

- not being believed or having their experience minimised
- losing supports or becoming homeless
- feelings of shame or self-blame
- lack of trust due to previous negative experiences of reporting
- physical barriers to accessing services
- fear of having children taken away
- negative consequences of reporting, including retaliation, retribution and criminalisation
- lack of awareness of rights and access to information about how to make a complaint or report.

Some responses said that people with disability who have experienced violence and abuse over long periods of time may not report the abuse because it is 'normalised', meaning that they do not recognise it as something that they can or should report.

Responses emphasised how these factors are heightened when the perpetrator of the abuse against a person with disability is also a key provider of support. NDS told us that women with disability are less likely to report violence and abuse if they live in isolated or closed settings, do not have a stable home, or have communication barriers. Women's Safety NSW said that perpetrators often exploit victim-survivors' reduced mobility or their disability by putting extra barriers in place to prevent them from leaving home. This is particularly the case where a persons' home has been modified to accommodate their needs.

### Experiences of reporting

We were told about the negative experiences of people with disability in disclosing or reporting violence and abuse in the home.

Women with Disabilities Victoria told us that women with disability who disclose experiences of violence are often discredited or ignored. NDS told us that current complaints systems rely on 'articulate, assertive and empowered complainants' and that more should be done to enable people with disability to report violence and abuse. Speak Out said that many people choose not to go through with reporting because they are not understood or believed, or because they face discrimination due to their disability.

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## Reporting to police

We were told that reporting violence and abuse to police is often a negative experience for people with disability. Responses described how people with disability commonly feel dismissed, confused and intimidated by the process. WWILD told us that people with intellectual disability are less likely to be believed when reporting their experience of violence to police. Women's Legal Services NSW and Women with Disabilities Victoria said that it is common for police to incorrectly characterise women with disability, especially those with psychosocial disability, as the perpetrator of violence and abuse. This is because of negative attitudes towards them, especially First Nations women with disability, and a lack of understanding of how disability manifests. For First Nations women, we heard this experience is often compounded by racism.

Several responses raised concerns that police are reluctant to investigate reports made by people with disability because they do not see them as credible witnesses or assume they would not cope with the pressures of a court appearance. AED Legal Centre told us that police made a client take an IQ test and communication assessment before progressing a case. Speak Out shared the experience of a women with an intellectual disability who was told by police that '[the] report would not go any further as she was an unreliable witness due to her disability and they would not have a case for successful prosecution'.

## Experiences in court

Many responses raised concerns about the lack of support provided to people with disability navigating the criminal justice system. The Queensland Office of the Public Guardian told us that people with disability are not supported to have their stories about abuse communicated and believed in the justice system. We also heard that people with disability can be re-traumatised by having to describe their experiences in court, and that this can result in exacerbation of psychosocial disability.

WWILD said that, to their knowledge, they are the only service in Australia which directly supports people with intellectual disability who experience criminal violence and exploitation to navigate the criminal justice system.

DVVIC said that people's disability and family violence support needs are not met because of systemic, structural and attitudinal barriers in the justice system. The response described limited opportunities for processes to be explained and inaccessible court facilities and information. PWDA discussed the range of barriers faced by people with disability in the justice system. This includes a lack of policy, procedures and guidelines that support court staff, magistrates and judges to identify and provide appropriate supports for people with disability, beyond being 'vulnerable witnesses'.

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# Potential good practice

We heard about a range of examples of good practice for addressing and preventing violence and abuse experienced by people with disability in their homes.

## Support for people with disability experiencing domestic, family and sexual violence

Several responses highlighted the Victorian Disability and Family Violence Crisis Response initiative which provides practical, immediate and flexible disability support to people experiencing family violence. The initiative provides short-term funds (maximum of \$9,000 per person over 12 weeks) while a longer term plan is developed for the woman and her family with a family violence support worker. The purpose of the initiative is to support the family violence and disability sectors to work together to improve outcomes for women and children with disability experiencing family violence.<sup>3</sup>

Many responses described how increased funding for domestic and family violence services during the COVID-19 pandemic enabled services to better support women with disability. We were told the Brisbane Domestic Violence Service used COVID-19 funding to provide transitional housing options to women with intellectual disabilities experiencing violence who would otherwise be unable to access crisis accommodation.

Responses identified a range of other initiatives supporting people with disability experiencing domestic and family violence, including:

- *BSafe*, a partnership project between Women's Health Goulburn North East and Victorian Police that provides devices to women so they can discreetly seek help when they are in danger. An evaluation of the program found it was 'a viable risk management option particularly for women who face the multiple disadvantage of rural isolation and disability'.
- *Sunny*, an app for women with disability who have experienced violence and abuse, aims to support women with disability who have experienced abuse to understand what has happened, tell their story, know their rights and find support services.<sup>4</sup>
- *More Than Just a Ramp*, a guide developed by WWDA for women's refuges to develop *Disability Discrimination Act* plans. The aim is to identify barriers that may result in discrimination against women and children with disabilities.
- An early intervention Family Referral Service in NSW that applies a holistic, early intervention model of support. A review of the service found mothers with disability saw 'safety' as more than freedom from violence. They described safety as having access to resources; having their basic needs met; and having access to supports, community networks and people to talk to.
- Domestic Violence Action Centre and Brisbane Domestic Violence Service that place outreach workers at the local hospital. We were told this is helpful when supporting people with intellectual disabilities. The workers make contact during appointments, creating a safe space away from perpetrators and with other people to increase safety.

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- *Making Rights Reality*, a tailored program for victims of sexual assault with communication and cognitive disability run by the South Eastern Centre Against Sexual Assault in Melbourne. Under the program, a perpetrator of sexual violence against a person with an intellectual disability has been prosecuted.

## Preventative measures

Responses identified a range of promising measures aimed at preventing violence and abuse of people with disability at home, including:

- Respect Victoria convenes a regular forum of non-government agencies working in the field of primary prevention of family violence. The forum shares experiences and ideas about the impact of the COVID-19 pandemic on the drivers of family violence and on how primary prevention can work in a disaster context. Through this work, Respect Victoria has developed guiding principles for primary prevention practice in the context of COVID-19 pandemic response and recovery.
- NDS's 'Zero Tolerance' initiative, developed in partnership with the disability sector, assists disability service providers to identify and respond to good, poor and abusive practice occurring in someone's home.
- NSW Official Community Visitors (OCV) program, under which visitors attend supported accommodation services providing fulltime care in NSW. OCVs can enter and inspect a service which is able to be visited at any reasonable time without providing notice of their visits. The visitors talk privately with residents and employees. They are able to inspect any document held by the service about the operation of the service.
- Carer Gateway is an Australian Government program providing preventative and early intervention support to carers. The aim of the program is to increase carer resilience, skills, health and wellbeing through the provision of training, support and advice in order to lower the risk of carers engaging in abusive or violent behaviour.

## Education and training

We heard about several education and training programs:

- The *Doors to Safety Project*, developed by Women's Community Health Network in Western Australia, builds capacity among women with disability to lead and educate government, service providers and the public on how violence affects women with disability.
- NDS is partnering with WorkUP Queensland to deliver free disability and domestic and family violence training to the disability workforce. The training, which will be developed and delivered by people with disability, will provide foundational domestic and family violence knowledge and suggestions for organisational responses.
- The Victorian Department of Education and Training runs professional development sessions to upskill teachers and principals to identify and respond to child abuse concerns during the COVID-19 pandemic.

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# Proposals for change

Responses made a wide range of proposals to better prevent violence against people with disability at home, and better support them when this occurs. These will be considered in the course of our work at the Disability Royal Commission.

## Data and research

Responses to the Issue paper put forward a range of proposals relating to data and research, including:

- Improving national data collection on violence and abuse of people with disability by funding the Australian Bureau of Statistics to:
  - include people living in supported disability accommodation and other closed settings in the Personal Safety Survey
  - count LGBTIQ+ populations in the Census and Survey of Disability, Ageing and Carers.
- Implementing measures to systematically collect and report on the number of children and young people with disability in child protection.
- Funding research to improve understanding of:
  - the risk factors for abuse of people with disability by carers and family members
  - the experiences of specific groups of people with disability including: children; First Nations communities; those from culturally and linguistically diverse backgrounds; those who are migrants, refugees or asylum seekers; intra-country adoptees; older people; intersex people; people from LGBTIQ+ communities; and those living in rural and remote communities.

## Definitions of domestic and family violence

There was widespread support for expanding the legal and policy definitions of domestic and family violence to reflect the way in which people with disability experience violence and abuse in their homes and relationships. Responses said that governments should:

- Amend legal and policy definitions of domestic and family violence by expanding:
  - the definitions of domestic relationships to include support workers, unpaid carers, housemates, co-residents, prisoners in all detention settings and wider First Nations kinship networks
  - the types of acts considered to be domestic and family violence to include disability-specific abuse, for example, reproductive coercion and deprivation of supports.

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- Develop consistent definitions of ‘violence against women’ and ‘domestic and family violence’ which are inclusive of the experiences of people with disability, including violations of the sexual and reproductive rights of women with disability.

## Policy frameworks and strategies

Responses proposed that Australian governments should:

- Implement disability justice strategies in line with recommendations of the Australian Human Rights Commission’s report, *Toward Disability Justice Strategies*. Disability justice strategies aim to:
  - improve equality of access to justice systems for people with disability through accessibility of communication, early intervention and diversion
  - increase service capacity
  - enhance accountability and monitoring, and training staff effectively.
- Prioritise people with disability in state and national frameworks and strategies addressing violence against women and girls, such as the National Plan to Reduce Violence against Women and their Children.
- Prioritise prevention of and responses to violence experienced by people with disability, including gender-based violence, in the National Disability Strategy.

## Support for people with disability experiencing violence and abuse in the home

- Responses proposed the following changes to disability services and supports:
- Australian, state and territory governments should increase funding for disability advocacy services, especially in regional and remote areas.
- The National Disability Insurance Agency should establish fast, clear and transparent processes for prioritising requests for people with urgent support and safety needs.
- Governments should increase the availability and accessibility of short-term emergency accommodation for people with disability.

Responses also proposed that government should:

- Implement a disability and violence crisis response initiative (in line with the Victorian Disability and Family Violence Crisis Response model) to provide immediate funding for people with disability escaping domestic and family violence.
- Fund the domestic and family violence sector to upgrade services so they can accommodate and support people with disability.



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- Increase the availability of specialist domestic and family violence service providers for women with disability and co-locate disability liaison officers with domestic and family violence services.
  - Provide workforce development and for building cross-sector capacity to ensure victim-survivors receive a consistent and safe response regardless of where they enter the service system (including the health, disability, justice, sexual assault and domestic and family violence sectors).

## Access to justice

Responses proposed that Australian governments should:

- Increase funding for advocacy programs to assist people with disability navigate judicial processes.
- Ensure accessibility of court buildings, information and processes.
- Fund and implement registered intermediary schemes to assist people with disability to communicate with police and courts.
- Amend legislation so that a person's capacity to give evidence is assessed according to whether they can do so with available supports, in line with recommendations of the Australian Law Reform Commission's report *Equality, Capacity and Disability in Commonwealth Laws*.
- Enact legislation which prohibits forced sterilisation, abortion and contraception.

Responses also called for the Australian government to implement supported decision-making by:

- Prohibiting the use of substitute decision-making except in very limited circumstances.
- Implementing supported-decision making processes, under which children and adults with disability are given support, information and resources to make autonomous decisions, including making reports of violence and abuse.

## Oversight, monitoring and reporting

Responses recommended that governments should implement the following oversight, monitoring and reporting reforms:

- Creating an accessible national oversight, complaint and redress mechanism with broad powers to investigate and enforce findings related to violence, abuse, neglect and exploitation of people with disability.
- Creating a nationally consistent mandatory reporting regime for suspected or observed cases of abuse, neglect and financial abuse.
- Legislating a criminal offence for failure to report violence against people with disability to police, similar to section 327 of the Victorian *Crimes Act 1958*, which makes it an offence for an adult who has a reasonable belief that a sexual offence has been committed against a child to not report that belief (and the information informing that belief) to police.

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- Increasing funding for community visitors schemes to operate across Australia and in all disability accommodation settings.
  - Commonwealth-led reform that ensures timely reporting and appropriate service responses to co-resident violence in shared accommodation settings.
  - Improved safeguards for children and young people with disability in out-of-home care by:
    - providing a single point of contact for children and young people in care
    - improving holistic, culturally responsive service delivery for First Nations children
    - ensuring children understand and can access child-centred complaints mechanisms
    - ensuring carers can access respite and other supports.
  - The National Disability Insurance Scheme Quality and Safeguards Commission should:
    - collect data on the number and type of reportable incidents in Supported Independent Living and Specialist Disability Accommodation settings so patterns of abuse can be detected and addressed
    - be resourced to provide rapid responses to complaints of violence, abuse neglect and exploitation.

## Education and training

Responses recommended a range of education initiatives targeting different groups:

- Programs for people with disability to build capacity in respectful relationships, sexuality, empowerment, boundary setting, and sexual violence.
- Accessible information and resources for people with disability about what constitutes violence or abuse and where they can get help.
- Education programs for people providing support to people with disability (both paid and unpaid) so they can recognise, report, and prevent violence and abuse.
- Training and support for police in communicating with people with disability and understanding how people with disability experience domestic violence.

## Housing

Housing-related reforms proposed by responses include:

- Increases to the availability of affordable, accessible and appropriate housing for people with disability who are not eligible for specialist disability accommodation.
- Provision of holistic care and coordinated responses for people with disability considered high-risk or complex, and funding for the disability sector to provide support for this group.

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- Implementation of recommendations of past inquiries which have examined living situations where people with disability experience violence and abuse, including:
    - Office of the Public Advocate, *'I'm too scared to come out of my room: Preventing and responding to violence and abuse between co-residents in group homes'* (2019)
    - Joint Standing Committee on the National Disability Insurance Scheme, *'Report into Supported Independent Living'* (2020)
    - Parliament of Victoria, *'Inquiry into homelessness in Victoria'* (2021).
  - Increases to initiatives and strategies to address homelessness experienced by people with disability, especially in the Northern Territory where First Nations people with disability experiencing homelessness are particularly disadvantaged.
  - State and territory Health Departments should address sexual violence in mental health inpatient facilities, such as the introduction of single-gender wards.

## How will we use the information we received?

All information provided to us, including all responses to issues papers, is carefully considered by the Royal Commission. It informs our ongoing work, including public hearings, policy processes and our research agenda. It will also inform our Final Report and help us to develop our recommendations.

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# Support

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call their national hotline on **1800 421 468** (9am to 6pm AEST Monday to Friday, 9am to 5pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program
- 1800Respect – open 24 hours to support people impacted by sexual assault, domestic or family violence and abuse. For support phone **1800 737 732** or visit the 1800Respect online counselling page.

Further information about these supports, including how to access them, is available on our website.

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# Endnotes

- 1 Hayley Boxhall, Anthony Morgan & Rick 2020, Australian Institute of Criminology, Experiences of domestic violence among women with restrictive long-term health conditions, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, February 2021.
- 2 Madeline Gibson, Ghassan Kassisieh, Alice Lloyd and Beth McCann, There's no safe place at home, Equality Australia and the Centre for Family Research and Evaluation at Drummond Street Services, June 2020.
- 3 Department of Health and Human Services Victoria, Statewide disability and family violence crisis response initiative guidelines, 2020, p 2. <[www.providers.dffh.vic.gov.au/disability-and-family-violence-crisis-response](http://www.providers.dffh.vic.gov.au/disability-and-family-violence-crisis-response)>
- 4 1800 Respect National Sexual Assault, Domestic Violence Counselling Service, Sunny app <[www.1800respect.org.au/sunny](http://www.1800respect.org.au/sunny)>



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