



Response to issue paper “Violence and abuse of people with disability at home.”

***Question 1: How do people with disability experience violence and abuse in the home?
What are the impacts across their life?***

The Deafblind community is not immune to the same risks of domestic and intimate partner violence experienced in the wider community. However, the small size of the community, pervasive linguistic/communication barriers and the under provision of appropriately skilled supports from a diversity of providers, they are particularly at risk of isolation, segregation and a substantial compounding of all risk factors acknowledged by the Commission as exacerbating factors for risk or barriers to accessing assistance.

Isolation and segregation, whether imposed punitively or as a result of neglect, is common amongst the Deafblind community and has a range of impacts across an individual’s lifespan including but not limited to: mental health issues, diagnostic overshadowing/misattribution of symptoms and subsequent denial of adequate healthcare, lack of support networks outside the immediate family or service provider (further compounded by service provider monopolies in each state), low self-esteem/low motivation to advocate, lack of awareness of rights and how to advocate for them, tendency to conceptualise oneself as someone who the outside world struggles to understand/communicate with and internalisation of responsibility for barriers being experienced.

Monopolies in service provision render many in the Deafblind community reluctant to complain for fear of losing existing supports. The inaccessibility of most information further exacerbates the reluctance to raise complaints as the individual is often not aware of what they are entitled to and if the service provider does not give them that information then it is never received. If an individual is aware that their rights are being violated or at risk of being violated complaint mechanisms at both state and federal levels are often inaccessible. Language on these websites is impenetrable, often there is no flexibility for people to make complaints in their preferred language, and many complaint resolution services require that all avenues for local resolution are exhausted before they will get involved. For many in the Deafblind community, complaining about a service provider who may be the only one they can get support from runs the risk of jeopardising services already being received. Deafblind people are chronically under supported to begin with and this is a risk many are unwilling to take. As such, there is a tendency to take what is given lest one risk creating an even worse situation.

This exposes the community to greater risk of experiencing violence within the home, as their avenues for support, protection and redress are so limited and littered with barriers to effective access.

Question 2: What are the specific experiences of violence and abuse in the home for culturally and linguistically diverse people with disability?

For members of CALD communities such as the Deafblind community, violence and abuse in the home can take many forms including but not limited to:

- Deprivation of information
- Physical restraint/segregation
- Social institutionalisation: An individual's world is reduced to interactions with service provider/staff, disability specific programs/social events and little else. This amounts to the denial/prevention (active or otherwise) of an individual forming the sorts of diverse support networks and relationships that are frequently sighted as vital in preventing violence and abuse.
- Many in the Deafblind community have been subjected to long term psychological abuse resulting in an erosion of sense of self. When one is denied access to individuals, information systems and the community at large repeatedly over the course of a lifespan there is great potential for low self-esteem and poor self-image that results in an over reliance on others and an inability to effectively self-advocate. This problem is exacerbated by the linguistic and technical inaccessibility of many complaint pathways.
- All of the above factors are often fuelled by a strong sense of protectionism from family members and service providers. The Deafblind individual is often infantilised across their lifespan leading to frequent infringements on their individual rights and freedoms resulting from negative perceptions of their capacity/potential.

Question 3: What drives violence and abuse in the home? What increases risk, and how do these risk factors vary among people with disability?

The experience of many in the Deafblind community amounts to somewhat of a “perfect storm” of risk factors and drivers of violence and abuse in the home. Many Deafblind people are subject to intersectional inequality and discrimination, poverty, lack of independence, limited choice in place of residence, exclusion from the labour market, social segregation and isolation from the broader community.

However, Deafblind people are uniquely impacted by the inaccessibility, from a linguistic and technical perspective, of literature on rights, available protections and complaint pathways. All of the risk factors listed above are substantially compounded by existing monopolies on service provision. Often, staff of these services are undertrained/under experienced and overworked. Additionally, services are so minimal that many people will accept sub-par support because they fear being branded “difficult” if they complain and receive even less support. Then there's only one place you can go to get the support you need, there is increased risk that violence and abuse will go unreported.

Question 4: What are the gaps in safeguards for people with disability including culturally and linguistically diverse people with disability?

People from CALD communities such as the Deafblind community are uniquely vulnerable to violence and abuse due to linguistic and technical barriers to access.

Information on rights is not widely available in accessible languages and formats. Even peak bodies are often woefully behind in providing information in Auslan, Braille, easy English,

large font, or housed on web platforms that are accessible to screen readers and refreshable Braille displays. As a result, people are often not aware of their rights or the standards of supports they are entitled to expect, let alone who to turn to if they are experiencing abuse or violence.

In the event that an individual is aware their rights are being violated, they are often confronted with complaint pathways that are technically or linguistically inaccessible.

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?

All work currently being undertaken in this space is severely limited by two persistent barriers:

- Information is not published in accessible languages/formats and never makes it to the people who need it most.
- There is a dire lack of appropriate pathways for complaints when someone feels their rights have been violated that do not require the individual to engage directly with the service provider and potentially jeopardise support in the process of advocating for their rights.

Question 6: Should legal and policy definitions of family and domestic violence include violence and abuse by support workers, unpaid carers, housemates, co-residence and wider First Nations kinship networks?

Yes. The key determining factor in separating incidents of domestic violence from other forms is the intimacy between perpetrator and victim and the implications for this dynamic for a range of psychological, emotional and life domains far beyond the acute violent incident.

In the case of Deafblind people the relationships developed with support workers are intimate by necessity (physical closeness, presence in the home, inclusion in private/personal affairs) and as such violence perpetrated by a support worker has the same potential for causing complex and lasting trauma as if the violent act were committed by an intimate partner or family member.

Question 8: Have any national, state or territory government policies, plans or programs helped reduce the risk of violence and abuse in the home for people with disability? If so, in what ways? How could these policies, plans and programs be strengthened?

At the time of writing I am not aware of any programs of this nature which speaks to the effectiveness of the information distribution approach to said programs.

As has been reiterated many times to this point in this submission, access to information underlies and exacerbates all existing risk factors for violence and abuse in the home.

Members of the Deafblind community may not have access to the information and education about what constitutes violence and abuse in the home, and also may not have access to information about or the apparatus of interaction with any of these programs.

Question 9: What is the experience of people with disability when reporting violence and abuse at home to the police?

Interactions with police and the legal system are not exempt from the aforementioned barriers related to information access and the successful execution of one's rights, or the necessary advocacy for those rights to be respected on an equal footing with others.

Deafblind people are highly unlikely at any point throughout the legal process to encounter a professional with lived or professional experience with Deafblindness, and it is perhaps even less likely that anyone in the process will be able to communicate directly with them.

One would do well to consider the impact of the lifelong "othering" of Deafblind people even by other communities of people with disability and the ways in which this renders them increasingly vulnerable to experiencing violence. As with many interactions with mainstream society, Deafblind community interactions with the police and the legal system are likely to be exhausting, drawn out, and direct much attention and effort towards finding workarounds for the ways in which the system is not set up to accommodate their needs, rather than being able to focus on addressing the issues that have brought them into contact with the police in the first place.

A common experience for many is for the bulk of the interaction to be taken up by people trying to manage their Deafblindness, rather than addressing the specific issue of concern.

Question 10: What is the experience of people with disability with legal systems or processes when they have been subject to violence and abuse at home? Consider experiences with courts and tribunals, Apprehended or Domestic Violence Orders or parenting orders. How could legal systems and processes be improved for people with disability?

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Question 11: What crisis support and accommodation is available to people with disability, including children, when they experience violence and abuse? Consider domestic and family violence crisis support, NDIS and disability or mental health service responses, homelessness services, or other types of crisis support and accommodation.

The issue for the Deafblind community, as stated throughout this submission, is less a matter of whether or not a service exists and more about whether or not the individuals in question recognise violations when they occur and conceive of themselves as being deserving of access to that service.

Underlying the process of seeking support must also be a sense of self strong enough to believe oneself deserving of an improvement in circumstances. It is also vital that individuals have ready access to information about these services in a language and format which can easily and meaningfully be understood.

Finally, individuals must be able to engage with these services in a language and manner that first and foremost supports their right to access and places this need first, about the operation considerations/preferences of staff at the particular service.

Question 12: How has the COVID-19 pandemic, the recent bushfires and other emergencies affected people with disability experiencing violence and abuse at home? What would help people with disability experiencing violence and abuse in their homes who are impacted by emergency situations?

The measures introduced to managed to ongoing COVID-19 pandemic have rendered an already isolated and vulnerable community more at risk to all contributing factors to violence and abuse listed in the preamble accompanying this issue paper.

Additionally, the limited support networks to which Deafblind people can turn to for support when experiencing violence in the home are shrinking both as the scope of people's work is reduced in order to stop the spread of the virus, and as we experience this seismic cultural shift in our relationship to notions of proximity, touch and personal space.

For many Deafblind people there is a worrying trend towards referencing online, socially distanced communication at the expense of all else. For people such as tactile Auslan users for whom there is currently no accessible communication avenue that does not require physical human contact, this trend has the potential to make a difficult situation much worse.

The royal commission has stressed time and time again the importance of a broad and diverse network of support in preventing violence and abuse. As the network of support for Deafblind people shrinks in terms of diversity, number of staff available and now number of people who are willing/permitted to work in close physical proximity to others, the range and diversity of risks to their safety increases exponentially.