



**WWILD Sexual Violence Prevention Association
Submission to the Royal Commission into
Institutional Child Sexual Abuse
Issues Paper 10: Advocacy and support and
Therapeutic Treatment Services.**

Intro

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.

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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.

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 reporting to the police, or making a complaint). They are there to then support them follow through

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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.

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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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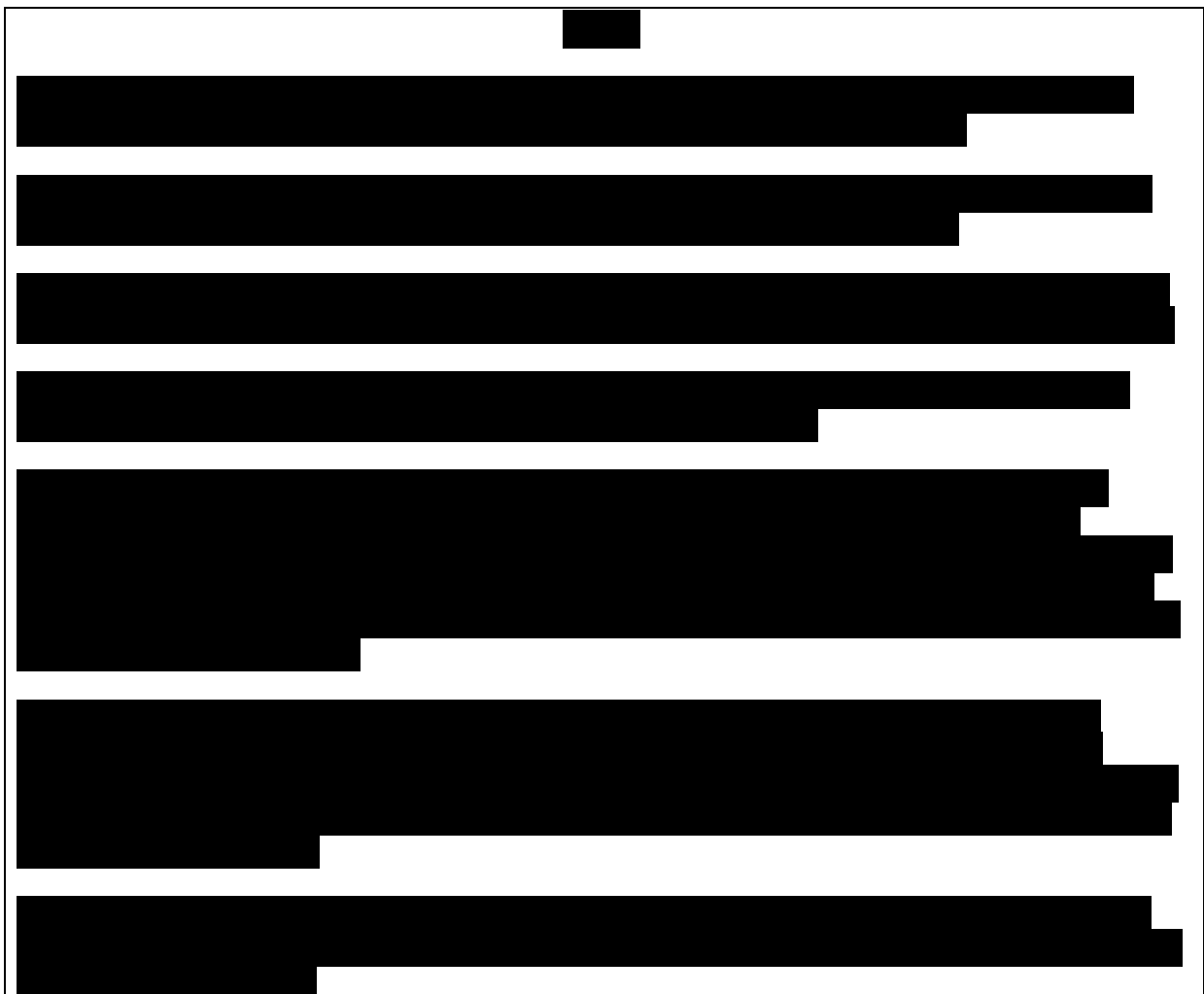
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Sometimes when we work with people in this context, it becomes clear that the best support for this person to be able to build a positive life going forward is to focus the work on the people supporting the individual. This is often support staff teams 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.



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.

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.





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 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, lack of choice/voice, powerlessness 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.

It is important to understand that for many people with intellectual and learning disabilities who live in the community who may try to access services independently, they may not self-identify as having an intellectual disability. If agencies don't identify the person as having an intellectual disability when accessing their service, then communication difficulties can result in the person being inappropriately having service withdrawn due to “no-shows” for appointments or can be assumed to have understood important information when perhaps they have not. If intellectual disability isn't identified, necessary adjustments to the presenting of information won't be made.

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:

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- **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;
- 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.



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 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.

[REDACTED]

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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' (Frohman 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* (Frohman & 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 Frohman & Cadwallader (2014), does not provide gendered strategies for addressing violence against people with disability in institutions and residential settings.