
Review to address the impacts of domestic and family violence on people with disability

Review completed by
People with Disability Australia Inc
under contract to the
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Introduction

Violence against people with disability in Queensland occurs at alarming rates, according to the very limited data available.¹ Violence within the home, and within the various forms of intimate relationships that occur within the home, is a particularly pernicious problem. Everyone has a right to safety, and the safety of one's home acts as a space to ground and orient oneself in the world. For many people with disability, moving about in the community may be fraught with experiences of casual discrimination, ableism and rights violations. The loss of the safe centre of one's home can exacerbate a sense of uncertainty and insecurity.

This Review draws on the experiences of domestic and family violence of people with disability themselves, both victims and perpetrators, to help elaborate and address the impacts of domestic and family violence on this cohort. It takes these frequently unheard voices as its centre, drawing also on the insights of advocates, service providers, government and police to round out the perspective on disability and domestic and family violence as it occurs, and is responded to.

During the focus groups and interviews with people with disability, the participants clearly articulated what domestic and family violence looks like to them - namely power and control over their lives whether it be physical, psychological, emotional, financial, sexual or intimate in nature, and that it often happens in secret or behind closed doors. People with disability recognise that domestic and family violence extends beyond intimate partner violence, and occurs within their private and personal spaces – where they live. Violence within the homes of people with disability may be perpetrated by family members, partners and ex-partners, co-residents, and paid and unpaid support workers.

Domestic and family violence has been placed firmly on the Queensland agenda by the *Not Now, Not Ever report*², and a national policy context determined to address the injustices of domestic and family violence. It is our hope that this Review, undertaken to contribute to the fulfilment of Recommendation 10 of that report, will provide a blueprint for ensuring that mainstream reforms are as inclusive of the cohort of people with disability as possible. Given that people with disability are overrepresented as victims of violence, particularly within the home, they must be considered a priority population for domestic and family violence strategies and initiatives designed to tackle this scourge.

Disability is often poorly understood in the wider community, and the intersection with violence even more so. Almost 60% of the population believes that women with disability experience less, rather than more, violence than other women. Similarly, 58% believe that women with disability are not less likely to be believed when reporting violence than other women, despite research demonstrating otherwise.³ Further, the intersections between violence and disability – both that disability can be an effect of violence, and that people with disability experience higher levels of violence – are not well recognised.

¹ Queenslanders with Disability Network, 2015. Response to the Inquiry of Violence, Abuse, and Neglect Against People with Disability in Institutional and Residential Settings, Brisbane, Australia, p4.

² Queensland Government. 2015. Queensland Government Response to the report of the Special Taskforce on Domestic and Family Violence, *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*. Brisbane, Australia.

³ VicHealth. 2013. Australian's Attitudes to Violence Against Women: 2013 National Community Attitudes towards Violence Against Women Survey – Research Summary.

The social model of disability is now enshrined in international human rights law to which Australia is a party. The social model rejects the understanding of disability as medicalised deficit, and focuses instead on disability as arising in the interaction between an impaired body and a disabling society.⁴ One of the simplest examples of this is the physical environment – without stairs, a person in a wheelchair would not be disabled from accessing the whole of the community. People with disability, in this understanding, are not disabled by their bodies, but are disabled by the society – and its social, attitudinal, environmental and communication barriers – in which they live. ⁵

However, despite a general move towards the social model of disability, the medical model of disability often still persists in policies, practices and legislation at the state level, nationally and internationally.⁶ The National Disability Insurance Scheme is a rare exception to this rule. The medical model also remains prevalent when considering public perceptions and understandings of disability, especially those that perceive disability to be a burden or a tragedy.⁷

Public perceptions, stereotypes and myths about disability exclude and marginalise people with disability from those without; indeed, some academics have referred to disability as a ‘social apartheid’.⁸ These stereotypes and perceptions are not only a barrier to an inclusive society, but are also instrumental in enabling the devaluing of, and violence towards, people with disability.⁹ Stereotypical views about people with disability can leave them feeling powerless and invisible.¹⁰

The social model has a particular relationship with prevailing understandings of violence. Much of the literature about violence against people with disability characterises this group as especially ‘vulnerable’ to violence, understanding a person’s impairment as increasing their risk of violence. However, this obscures the reality, elaborated through this Review, that the majority of exacerbating factors for people with disability, and their risk of experiencing violence, arise from barriers within the community, not from the impairment itself. People with disability are in fact rendered vulnerable by the failures of the systems intended to respond to and protect them from violence.

⁴ Oliver, M. & Barnes, C. 2012. *The New Politics of Disablement*, Palgrave, London. p48.

⁵ Healey, L. 2013. *Voices Against Violence: Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities*. Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. p15 (hereinafter Healey, L. 2013.).

⁶ Frawley, P., Dyson, S., Robinson, S. and Dixon, J. 2015. ‘What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia: State of knowledge paper’, Australia’s National Research Organisation for Women’s Safety. Issue 3. p8 (hereinafter Frawley et al, 2015.).

⁷ Women with Disabilities Australia, First Peoples Disability Network, People with Disability Australia, Children with Disability Australia and National Ethnic Disability Alliance. 2014. Senate Standing Committee on Finance and Public Administration ‘Inquiry into Domestic Violence in Australia’: Joint Submission from National Cross- Disability Disabled People’s Organisations (DPOs), p41 (hereinafter National Cross-Disability Disabled People’s Organisations submission to Senate Inquiry into Domestic Violence).

⁸ Healey, L. 2013. p43; Goggin, G. and Newell, C. 2005. *Disability in Australia: Exposing a Social Apartheid*. UNSW Press.

⁹ Healey, L., Howe, K., Humphreys, C., Jennings, C. and Julian, F. 2008. *Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*, Available: p41 (hereinafter Healey et al. 2008.); MIMs and Associates Brisbane. 1998. *Domestic Violence and Women with Disability Project, Final Report to Department of Families, Youth and Community Care Queensland*, p16 (hereinafter MIMs and Associates. 1998.); Salthouse, S. and Frohmader, C. 2004. *Double the Odds – Domestic Violence and Women with Disabilities*, presented to the ‘Home Truths’ Conference, Sheraton Towers, Southgate, Melbourne, 15 -17 September 2004. Woodlock, D., Healey, L., Howe, K., McGuire, M., Geddes, V. and Granek, S. 2014. *Voices Against Violence Paper One: Summary Report and Women with Disabilities* Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria p16 (hereinafter *Voices Against Violence: Summary Report*).

¹⁰ Healey, L. et al. 2008. p41; National Cross-Disability Disabled People’s Organisations submission to Senate Inquiry into Domestic Violence. p41.

Factors that increase this vulnerability may include limited social connections, multiple service providers, limited choice and control afforded to an individual and limited community oversight.¹¹ This vulnerability to violence is particularly increased in contexts that devalue people with disability,¹² and is exacerbated for some, especially Aboriginal and Torres Strait Islander people with disability, people with disability from diverse cultural and linguistic backgrounds, lesbian, gay, bisexual, trans, intersex and queer people with disability, and women with disability.

The social model that underpins this report thus provides an important corrective to existing ways of understanding and responding to domestic and family violence as it intersects with people with disability. It shapes the Response Framework, which proposes a holistic, cross-sectoral response to address both the wider structural barriers and systemic failures relating to domestic and family violence against people with disability.¹³

In undertaking this Review, the research team were particularly concerned to ensure that the voices and experiences of people with disability themselves were centred in the analysis, and shaped the core concerns of the Review itself. These voices are frequently silenced or not listened to, and so we committed to running ten focus groups across metropolitan, regional and remote areas of Queensland, including specific groups for Aboriginal and Torres Strait Islander people with disability, people with disability from diverse cultural and linguistic backgrounds, and lesbian, gay, bisexual, trans, queer and intersex people with disability.

While these focus groups constitute the backbone of the Review, People with Disability Australia (PWDA) also consulted broadly. Consultations were held with the domestic and family violence sector, the Queensland Police Service, the disability service sector, the community services sector, the justice sector, the disability advocacy sector, and a broad, cross-Government group including representatives from housing, education, child protection, health and disability services. These consultations were designed to enable a broad exchange of ideas, with a central point of discussion being case studies drawn from the focus groups and from other sources.

In addition, PWDA undertook disability access audits (in accordance with a specifically developed tool) in four locations across the state with domestic and family violence services. This gave us a broad sense of the level of knowledge of domestic and family violence against people with disability within the sector, and the adequacy of domestic and family violence services in responding to violence against people with disability.

As a final contribution to the project, PWDA undertook substantial 'desktop research' of academic, policy and advocacy sources, both national and international. Although there is limited academic research specifically engaging with domestic and family violence and people with disability, that which does exist tends to be recent and thus responsive to contemporary issues. Additionally, across Australia there has been a confluence of different reviews, reports, inquiries and investigations of issues to do with people with disability, predominantly since Australia's ratification of the Convention on the Rights of Persons with Disabilities in 2006. This has provided an evidence base, which in the majority of cases has supported and strengthened the findings in our specific research. This also enabled consideration of best practice models from other jurisdictions to guide the solutions focussed approach of this Review.

¹¹ Healey, L. et al. 2008. p36.

¹² Enabling and Protecting, p12; Healey, L. et al. 2008. p36.

This Review is designed with a commitment to the social model and to ensuring the voices of people with disability are centred in mind. Part 1 outlines the way that the research team went about its work, and gives a sense of the scope of the Review. Part 2 focuses on the substantial issues that people with disability face in accessing justice in the context of domestic and family violence, looking at police responses, accessing court, and alternate pathways to justice. Part 3 turns to the service sector. It examines first the domestic and family violence sector, examining the adequacy of responses and suggestions about how to strengthen them. Then it considers the disability services sector, and explores how its engagement with – both prevention of and response to – violence could be enhanced. In each case, the voices of people with disability are central in identifying the barriers they face, and thus shaping the response here proposed.

Executive Summary

This Review to Address the Impacts of Domestic and Family Violence on People with Disability is completed to contribute to the fulfilment of Recommendation 10 of the ground-breaking report *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*, known as the Bryce Report. People with Disability Australia (PWDA) were contracted by the Queensland Government to conduct the research, prepare a report and work with the Department of Communities, Child Safety and Disability Services to finalise this report.

Recommendation 10 arose from the awareness that the situation of people with disability required more detailed consideration, and that the voices of people with disability must be centred in this discussion. This Review is focused on and inspired by these voices. However, it is also inspired by the robust critique, the broad scope and visionary ambition of the Bryce Report, in acknowledgement that the scourge of domestic and family violence will continue until the community confront the difficult realities of this problem.

The disproportionate violence experienced by people with disability in their homes – the places where they ought to be able to feel most safe – is alarming, and demands an urgent yet thoughtful response. Similar to other forms of violence, violence against people with disability is reflective of their intractable and ongoing social devaluation and attendant marginalisation.

This Review has undertaken a series of ten focus groups with people with disability across Queensland, and held numerous formal and informal consultations with key government and non- government stakeholders as shown in the Consultation Addendum. Combined with the insights of Queensland-based, national and international research and policy investigations of the problems of domestic and family violence against people with disability, this Review provides a breakdown of the main issues, barriers and solutions required to address this problem. Importantly, the investigations undertaken to inform this Review have underscored the importance of the full inclusion of people with disability within the community, within service systems and within the justice system. In this process of ensuring our society is responsive to the needs of people with disability who are victims of and/or perpetrators of domestic and family violence, the entire community has a stake.

Key points at which violence against people with disability may be identified as including: police, courts, through agencies such as the Office of the Public Guardian, and Queensland Civil and Administrative Tribunal, Department of Communities, Child Safety, and Disability Services, or domestic and family violence services, disability services, and initiatives around perpetrator intervention, violence prevention strategies and related capacity-building programs. Across the different service sectors, a common thread is a lack of awareness of disability, and a poor recognition of how disability impacts on, and increases the likelihood of experiencing, violence.

The justice system, made up of the Queensland Police Service and the various courts, was generally perceived by people with disability to be an uncertain pathway to addressing violence. For people with disability, successful engagement with police required substantial support from community-based support services, and for many, police were understood to not be a solution to the violence they were experiencing. This inability to access police was frequently understood as an injustice. The lack of understanding of disability by police officers, and the inability to easily source this expertise was highlighted as an ongoing issue.

Additionally, court processes, whether civil or criminal, were frequently closed as pathways for people with disability seeking to access legal protections and accountability for violence they had experienced. This was due predominantly to a lack of supports giving evidence and participating in legal processes, and further entrenched by problematic measures governing the admissibility of evidence. Witness intermediaries, as a strategy for providing both police and courts with the communication expertise they require to access the best possible evidence of people with disability, are explored in some detail as a way of addressing some of the key impediments people with disability in Queensland face in accessing justice.

The role of the service system in responding to domestic and family violence against people with disability cannot be underestimated. The divide between disability services and domestic and family violence services was a recurrent theme throughout consultations, focus groups and the research. This divide results in serious failures to respond to violence against people with disability on both sides. Disability services can downplay criminal acts of violence as ‘abuse’ requiring internal investigation, which frequently undermines any potential criminal case. The failure to recognise violence as violence can also impede the possibility of them referring people with disability to the service they are entitled to: that of the domestic and family violence service sector.

This Review found that the domestic and family violence service sector displays limited awareness of disability. Despite a commitment to client-centred service provision, they were unaware of strategies for ensuring that their service was accessible and to enable the fulfilment of disability support needs, such as how to source funds for attendant care provision. There is a single fully accessible crisis accommodation in Queensland, for example, but referral pathways for it are inadequate, and few other domestic and family violence services were aware that it was accessible. Many services drew on the expertise of WWILD Sexual Violence Program, a specialist service for people with intellectual disability who are victims of crime; however, few sought to ensure that expertise was built into the staffing and professional development.

This Review outlines responses across legislative, policy and the service system which seek to address the significant issues faced by people with disability who are experiencing domestic and family violence. This has the potential to position Queensland as a leader both nationally and internationally in responding adequately to the problem of domestic and family violence and its particular impacts on people with disability.

Part 1: Undertaking this Review

Chapter 1: Methodology and Approach

The Review undertook an investigation of both the experiences of Queenslanders with disability and their understanding of domestic and family violence, and of those who provide services to them. The key deliverable of the Review is this report, which addresses the impacts of domestic and family violence on people with disability in Queensland.

This report provides an account of how people with disability in Queensland may be made particularly vulnerable to violence, and provides a response framework to address some of these vulnerabilities. It will examine how the violence response system, understood to include disability specific, mainstream,

domestic and family violence specialist services and the justice system, responds to violence against people with disability.

The Review addressed the following research questions:

1. What are the features of domestic and family violence with respect to people with disability living in Queensland?
2. What response is offered to people with disability who are experiencing or perpetrating domestic and family violence, and is that response adequate?
3. What changes - to practice, policy and/or legislation – would have the most impact in terms of ensuring the safety of people with disability, both prior to violence, and in the aftermath?

Methodology

The Review was led by a team made up of Chief Investigator Dr Jess Cadwallader, Social Policy Investigator Ms Frances Quan Farrant, and Project Liaison Assistant, Ms Meredith Lea, all part of the Violence Prevention team at People with Disability Australia (PWDA). It was co-produced with people with disability affected by domestic and family violence and the violence prevention and response legislative and policy environment. As such the Review was governed, designed, and implemented by people with disability and their representative organisations and included consultation with people with disability as full participants in the research.

People with disability are experts in their own lives and this user-led approach enhanced the robustness of the data collection and analysis, and strengthens the credibility of the Review findings and outcomes by founding the conclusions in real life lived experience. This method of research and policy formulation is also a good practice example of implementing Articles 4 and 33 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) which states that people with disability should be consulted on the development and implementation of legislation and policy that affects them.

The Review was informed by an intersectional disability and human rights framework inclusive of the voice and experience of all people with disability including women, people from different classes, different locations (rural, regional and remote), diverse cultural and linguistic backgrounds, Aboriginal and Torres Strait Islander backgrounds, and lesbian, gay, bisexual, trans, gender diverse, queer and intersex people. This methodology also informed sampling, recruitment and the analysis of the data.

Research validity

The Review ensured triangulation (a form of validity specific to qualitative research methods) in four ways.¹⁴ First, data triangulation was ensured through diverse purposive sampling within and across data sets. Investigator triangulation was ensured through the inclusion of the Chief Investigator and the Investigator in the development and implementation of the research program and in the coding stages. Theory triangulation was addressed through the innovative use of a disability rights framework and intersectionality. Finally, methodological triangulation was ensured through five related data sets with different methodologies: focus groups with people with disability, consultative roundtables with domestic and family violence services, consultative roundtable with other stakeholders, accessibility audits and desktop analysis of legislation, policy and practice at the state, national and international level. These techniques ensured the rigor of the data collected, and offered a breadth capable of addressing the research questions.

¹⁴ Denzin, N.K., and Lincoln, Y. 2006. *SAGE Handbook of Qualitative Research*. SAGE Publications.

Data Sets

To answer the research question, 4 data sets were developed:

<p>Desktop Review and Research This data set involved researching:</p> <ul style="list-style-type: none"> • current Queensland legislation, policy and service systems, • current research regarding domestic and family violence and people with disability, and • current legislation, policy, and practice in other jurisdictions <p>It was designed to support analysis of the current situation in Queensland, and provide best practice models for reform.</p>	<p>Focus Groups This data set involved 10 focus groups held across remote, regional and metropolitan Queensland (see Consultation Addendum). 45 people with disability participated, including over 50% people with intellectual disability, and at least representative numbers of women, Aboriginal and Torres Strait Islander people, people from diverse cultural and linguistic backgrounds and lesbian, gay, bisexual, trans and queer people. Questions posed canvassed:</p> <ul style="list-style-type: none"> • Understandings of domestic and family violence • Experiences of justice systems
<p>Domestic and Family Violence Services Access Audits 4 sites across metropolitan, regional and remote Queensland were selected as participants. At each location, PWDA's Access Audit (part of the Women with disability and Domestic Violence Policy and Practice Resources¹⁵) was performed. Additionally, consultation with available staff was undertaken. Key discussion points were:</p> <ul style="list-style-type: none"> • Understandings of disability • Understandings of the violence experienced by people with disability • Expertise in providing trauma-informed support to people with disability 	<p>Cross-Sectoral Consultations 7 consultations were held with Key stakeholders:</p> <ul style="list-style-type: none"> • Disability Advocacy • Disability Services • Community Services • Justice • Queensland Police Service • Cross-Government • Domestic & Family Violence Services <p>Each consultation differed in content due to the role played by particular services in the service system, but each were 2 hours long, and included responding to a case study (different for each group) drawn from our research and PWDA's individual advocacy.</p>

¹⁵ People with Disability Australia and Domestic Violence New South Wales. 2015. Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice.

Chapter 2: Overview

Focus Groups with People with Disability

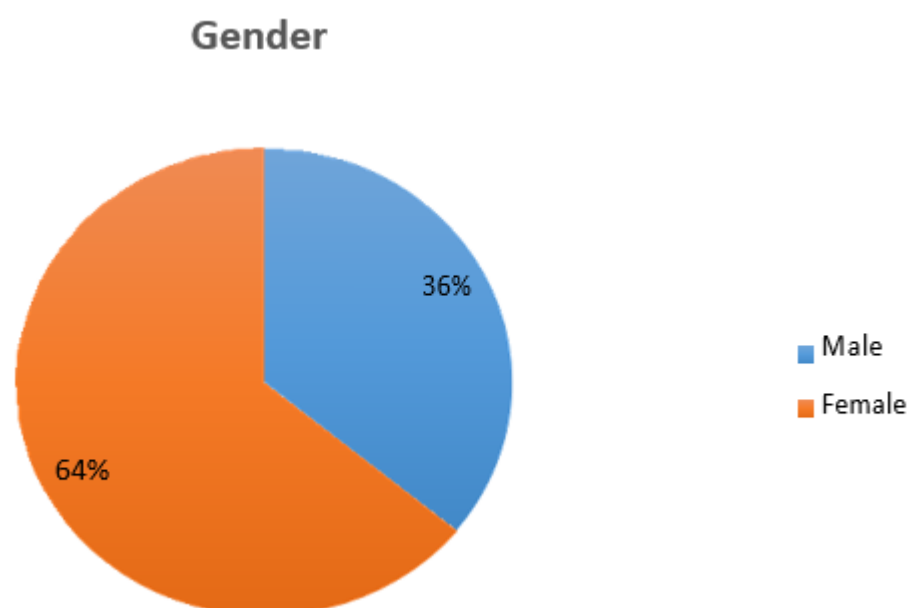
Ten focus groups were held across Queensland. The locations were:

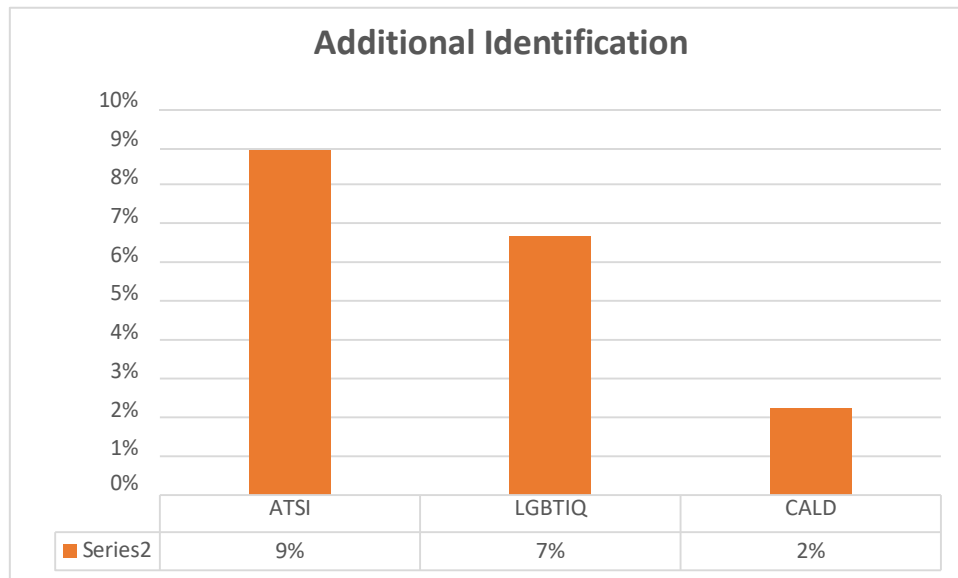
- Brisbane – WWILD-supported focus group with existing group
- Brisbane – CALD-focused group
- Brisbane – LGBTI-focused group
- Caboolture
- Hervey Bay
- Mt Isa – Aboriginal and Torres Strait Islander focused group
- Townsville
- Logan
- Mooloolah
- Southport

45 people with disability participated in focus groups and semi-structured interviews (used where focus groups were deemed to be inappropriate). The breakdown demonstrates that PWDA addressed the key concerns raised by the Review Advisory Group, namely: that there be adequate representation of Aboriginal and Torres Strait Islander people with disability, that people who live in institutional settings be represented, that people with intellectual disability be included, and finally that women be adequately represented.

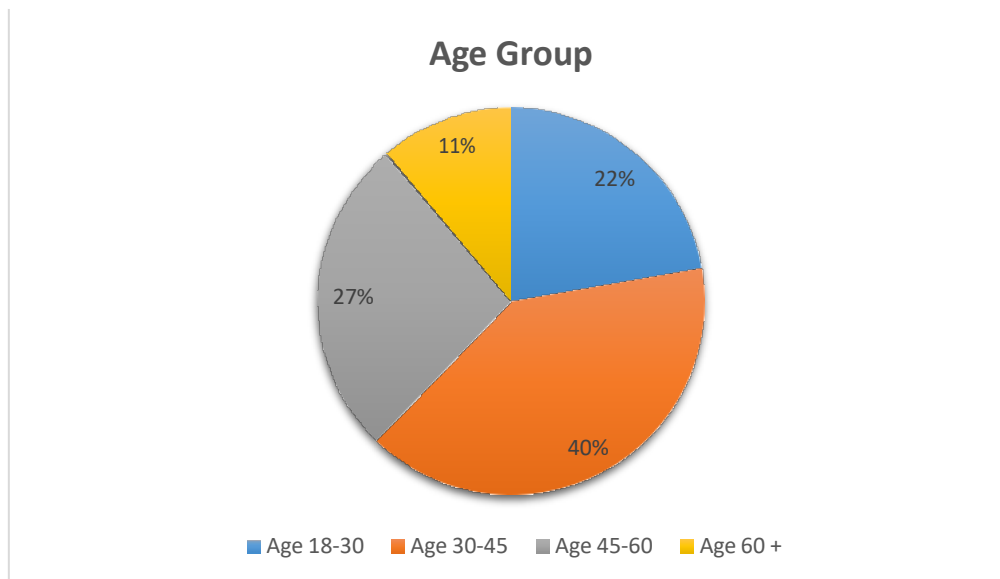
Graphs

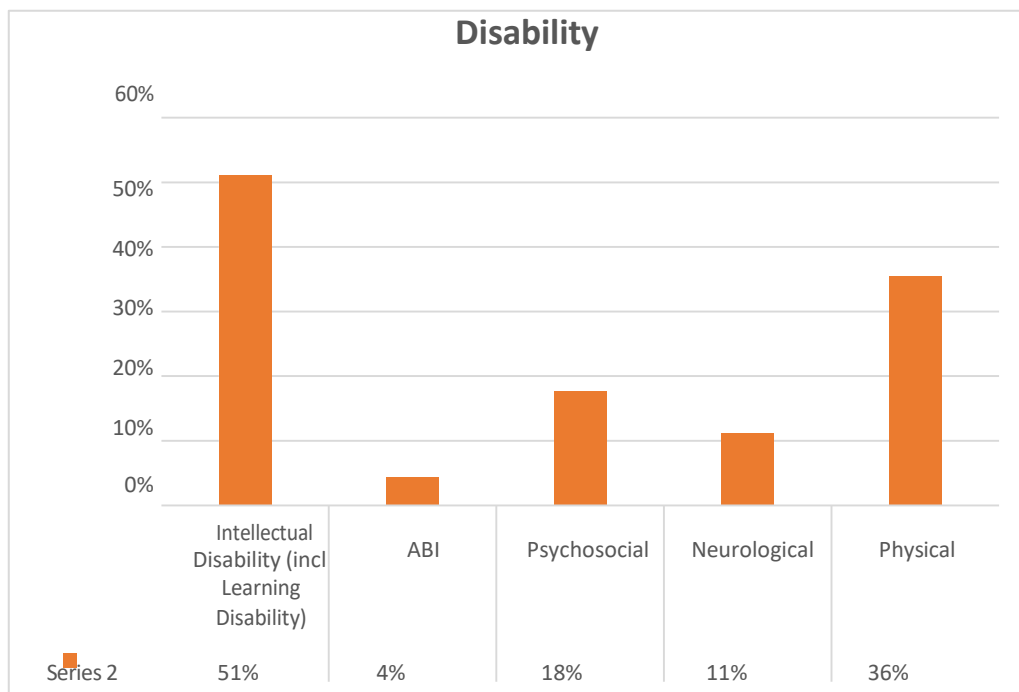
Please note that the following graphs reflect information collected; some participants declined to answer some questions, and in other cases, more than a single category was appropriate.



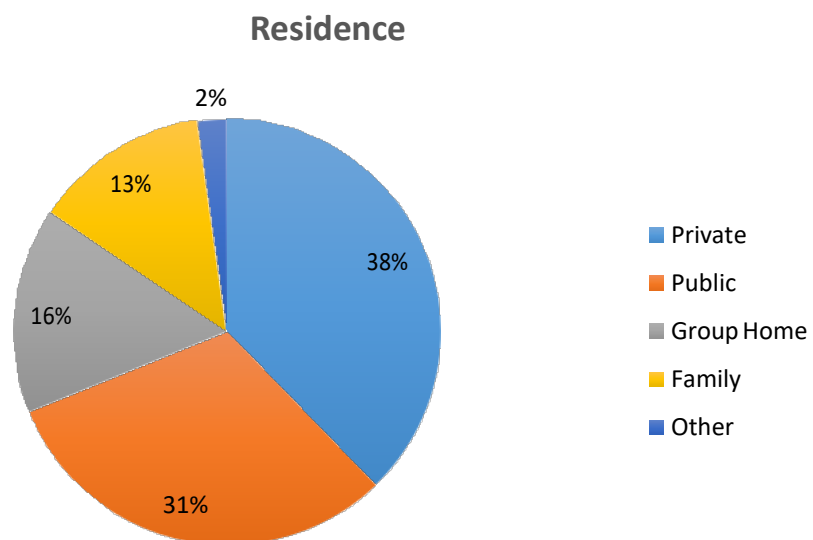


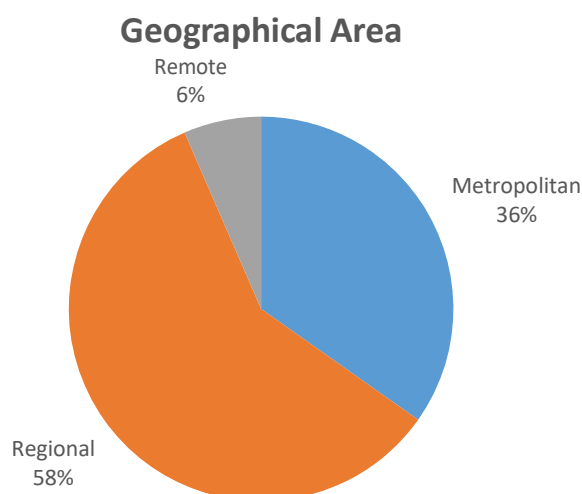
NB Categories are not mutually exclusive.





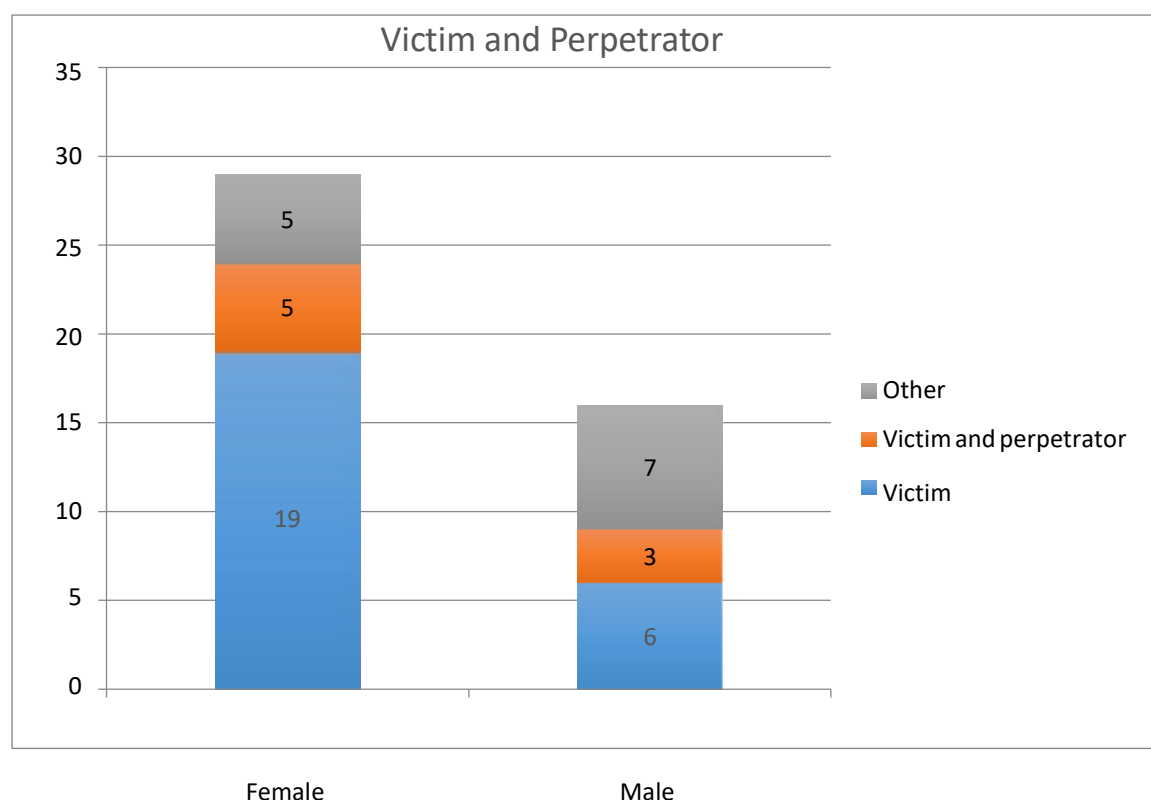
NB Categories are not mutually exclusive. Some participants had more than one form of disability



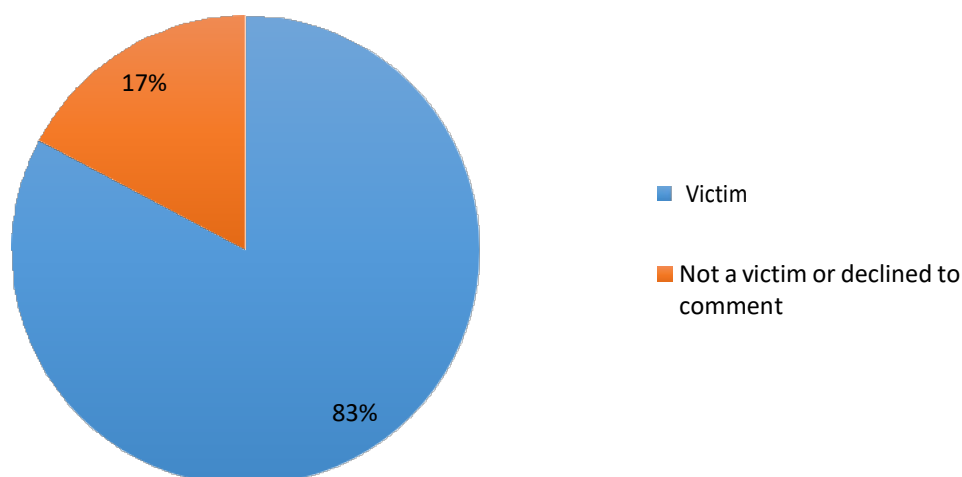


The data provided below with regard to perpetration and victimisation ought not to be understood as representative data from which prevalence or incidence could be derived. It is likely that given the topic of the focus group, recruitment was directed towards those impacted by domestic and family violence (although PWDA solely sought to engage with people with disability, and this was made clear to the services PWDA worked with). Nonetheless, the rates reflected even in this investigation are alarming.

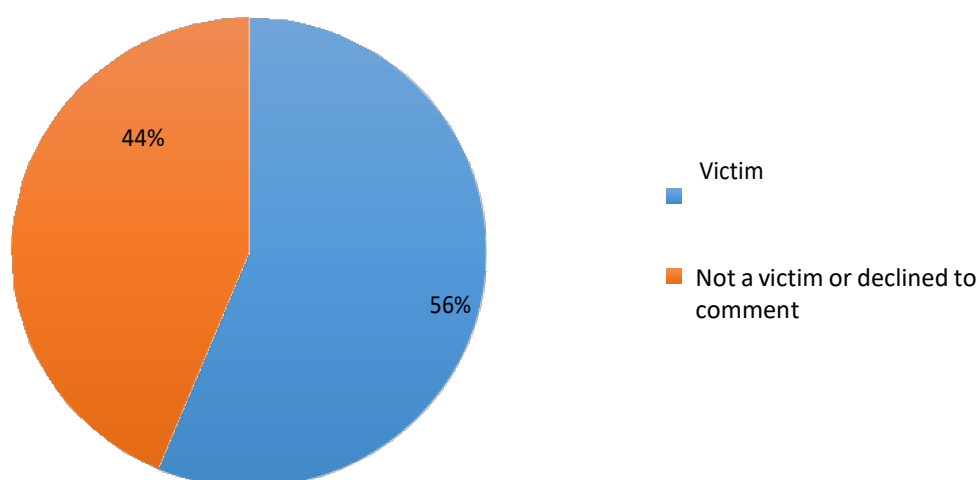
A significant number of participants identified as victims. All those individuals who identified as perpetrators had also been victims. Some participants did not fall into either category, or declined to answer.



Female victims of domestic violence



Male victims of domestic violence



Ethical Approach

The Review harnessed a range of different ethical protocols in relation to engagement with people with disability, these occurred primarily through the focus groups.

Recruitment processes

The vast majority of the participants in the focus groups, were drawn from PWDA's extensive Queensland networks, built both through our individual advocacy locations across Queensland, and through our professional networks with other organisations, including other Disabled Peoples Organisations and advocacy organisations. PWDA has individual advocates located in Mt Isa, Sunshine Coast, Logan and Hervey Bay, with connections into the Mooloolah area; these and their surrounding

areas were key locations for focus groups; the Mt Isa group was our Aboriginal and Torres Strait Islander focused group. Additionally, Queenslanders with Disability Network (QDN) had peer groups developed in a number of locations, including Townsville, Caboolture, Logan and Southport, each of which were used as the basis for a focus group. WWILD Sexual Violence Prevention provided a group of women with disability for the pilot focus group.

Where an existing group was not already formed (predominantly for the CALD and LGBTIQ focused groups), PWDA liaised substantially with organisations engaged with these populations, including Immigrant Women's Support Service (IWSS) and The Rainbow Project at Relationships Australia, Queensland. PWDA provided a \$50 gift voucher for participation to reduce the burden on participants. Our collaboration with these various service providers ensured that in all cases, PWDA were made aware of any potential sources of conflict, and particularly if perpetrators were going to be present in a group. PWDA made alternate arrangements where this was the case to ensure that victims were not unduly put at risk.

Location

At each location, two spaces were made available. A large room to allow the focus group to take place and a private space for participants (in case they needed space away from the focus group). This provided privacy if they needed to access the skills of the counsellor or advocate (see part 5 below).

Consent processes

As a human rights based organisation, PWDA's work is grounded in the Convention on the Rights of Persons with Disabilities in our work. This means that PWDA do not understand capacity levels to fluctuate, but rather that the needs for support, and quality of this support, may fluctuate. PWDA had an allocation in the budget to ensure they could provide any supports a person with disability may require to participate. Where adequate supports could not be provided, either due to time constraints (e.g. if a communications strategy needed to be developed with a person prior to their participation) or for any other reason, it was not appropriate that PWDA included that person in the focus group.

PWDA would also note that consent to research is ethical rather than legal consent. Additionally, PWDA had consent forms designed for any and all support people (including counsellors and facilitators) present in the focus group. These made clear that their participation in the focus group was solely to support the engagement of the person with disability in the focus group, and that their opinions were not sought. This is important given the power differentials that frequently exist between support workers and people with disability, which could impact on the data collected.

Our consent forms were in Easy English and adhered to standard academic consent form practice, including clear guidance about confidentiality, privacy, and access to supports. Each participant was provided with an opportunity to discuss the consent form with the researcher/s at the beginning of the focus group. It was made clear to each person that they would receive a gift voucher even if they change their mind about participating in the focus group.

Facilitation

Facilitation of the focus group was a collaborative process, generally between PWDA's Social Policy Investigator and a local facilitator who was well-known to participants to maximise rapport. For example, where QDN's peer groups were utilised, their Convener could have been part of the facilitation team. However, these Conveners, who may not have had a robust background in recognising and responding to trauma, were assisted by the Social Policy Investigator (before, during and after the focus group), and supported by the presence of an advocate or counsellor in the focus group.

Safeguards within the group

There were a series of formal safeguards within the group. The facilitator and/or the researcher set clear group guidelines at the beginning of the focus group, particularly around respecting diversity of opinion, allowing all people to contribute their opinion or thoughts. If participants did not abide by the group guidelines they have participated in setting, they were gently reminded, and finally if they could not abide, were required to leave (this did not occur).

An individual advocate and/or a counsellor attended each focus group to provide on-the-spot support if required. This also enabled intake to be done if it was clear that ongoing support was required; e.g. if an individual disclosed an experience of violence that was not already subject to a response from another agency, if it became clear that an individual was a perpetrator of violence and this was not already subject to a response from another agency, or if an individual was distressed.

Our WWILD-trained, social-worker-qualified Social Policy Investigator attended every focus group and was familiar with responding to these kinds of complex group contexts. The following protocols were put in place by the research team:

1. If a person disclosed a story of violence, they were gently guided back to responding to the question
2. If a person seemed to need to tell their story in full, the counsellor or advocate stepped in to gently suggest that they may wish to spend some time one-on-one in the small room provided
3. If there was a victim/s in the room, and a perpetrator was identified, the Social Policy Investigator undertook one-on-one semi structured interview based on the focus group questions to ensure that victims are protected

After the Focus Group

All participants were provided with an information sheet about the focus group, with the details of the researchers and with a list of local services, focused particularly on counselling and support services. This ensured that they were aware of where to go to get any assistance should they experience distress in the aftermath of the focus group. PWDA have also provided some funding to WWILD SVP to support them as they provide counselling support to some victims of violence.

Consultations

While these focus groups constitute the backbone of the Review, PWDA also consulted broadly. Consultations were held with the domestic and family violence sector, the Queensland Police Service, the disability service sector, the community services sector, the justice sector, the disability advocacy sector, and a broad, cross-Government group including representatives from housing, education, child protection, health and disability services. These consultations were designed to enable a broad exchange of ideas, with a central point of discussion being case studies drawn from the focus groups and from other sources. In some circumstances, it was necessary to consult beyond the formal consultations. This was especially the case where a key player in a particular area was unavailable at the time proposed.

Each consultation ran for two hours, and included a range of questions designed to interrogate the role agencies and organisations understood themselves as playing in the service system response to people with disability impacted by domestic and family violence, and their understanding of and expertise in violence and disability. Additionally, a case study, drawn from either PWDA's individual advocacy, or from the stories recounted by focus group participants, was used to both highlight particular barriers in the service system, and to enable participants to brainstorm potential solutions to the identified barrier.

PWDA would like to recognise and acknowledge the contribution of all of our participants and the agencies and organisations that made them available for the consultation. Many of the discussions in the consultations were enlightening and PWDA was entrusted with significant concerns, insights and expertise in the operation of the service system. These are reflected throughout this Report's consideration of key elements of the service system.

In some circumstances, multiple representatives of a particular agency or organisation were invited. The following organisations and agencies were included in our consultations (in alphabetical order):

- Aboriginal and Torres Strait Islander Disability Network Queensland
- Age and Disability Australia Queensland
- Amparo Advocacy
- Anglicare – Community Services
- Centacare – Community Services
- Centacare – Domestic Violence Service Emerald
- Community Living Association Inc.
- Deaf Services Queensland
- Department of Attorney General and Justice
- Department of Education
- Department of Health
- Department of Communities, Child Safety and Disability Services
- DVConnect
- Ending Violence Against Women Queensland
- Headspace
- Immigrant Women's Support Service
- Mt Isa Neighbourhood Centre
- North Queensland Domestic Violence Resource Service – Mt Isa
- North Queensland Domestic Violence Resource Service – Townsville
- Nundah Neighbourhood Centre
- Office of the Public Advocate
- Office of the Public Guardian
- QPILCH
- Queensland Advocacy Incorporated
- Queensland Centre for Domestic and Family Violence Research
- Queensland Police Service
- Queenslanders with Disability Network
- Relationships Australia Queensland
- Save the Children
- Sisters Inside
- Southport Specialist Domestic Violence Court
- Speaking Up For You
- The Public Trustee
- True
- Victims Assist Queensland
- Women's Legal Service
- WWILD SVP

Access Audits

In addition, PWDA undertook disability access audits (in accordance with a specifically developed tool designed for domestic and family violence services) in four locations across the state with domestic and family violence services – Townsville, Mt Isa, Emerald and a refuge in Brisbane. PWDA also undertook an audit by invitation to Southport Specialist DV Court. These access audits included a consultative exploration of service practice, understandings of disability and disability support needs, and the manifestations of violence against people with disability. This gave us a broad sense of the level of knowledge of domestic and family violence against people with disability within the sector, and the adequacy of domestic and family violence services in responding to violence against people with disability.

Key findings from the Access Audits:

- Lack of accessible information about domestic and family violence services for people with disability. Only one service provided an easy English guide -Townsville
- Lack of policies, procedures and guidelines for working with people with disability at domestic and family violence services. Including lack of formalised Disability Action Plans.
- Lack of accessible crisis accommodation, across the state.
- Not all buildings were easily accessible, due to age and or lack of building compliance e.g. Mt Isa (Heritage listed building).
- Lighting was often poor, limiting access for visually impaired people e.g. Southport Specialist DV Court.
- No Braille materials were available at any sites.
- Worker attitudes and awareness of disability and disability informed practice was limited across the sites, except the refuge.
- The refuge is the only purpose-built disability accessible refuge in the state – other agencies and services were entirely unaware that such a refuge existed.

These audits gave a good sense of the relative inaccessibility of the domestic and family violence services sector to people with disability. It also demonstrated the willingness of the domestic and family violence sector to develop and increase accessibility. Many of these issues are discussed in Chapter 8, 'Consultations and Access Audits', and 'Barriers'.

Desktop Research

The final component of the review was desktop research. This examined the academic literature regarding domestic and family violence and people with disability, although there is limited research in this area. It also assisted with gaining a full understanding of the key features of the legislative, policy and service system landscape in Queensland, particularly in relation to domestic and family violence and or people with disability. It provided a good overview of how other jurisdictions grappled with the impacts of domestic and family violence on people with disability, and enabled analysis of the most appropriate models for assisting Queensland in addressing these impacts. From this we have derived best practice models on which to base our findings.

Chapter 3: The Current Situation in Queensland

The *Domestic and Family Violence Protection Act 2012 (PDF)* (the Act) aims to provide safety and protection for people in relevant relationships who are victims of domestic and family violence.

The Queensland Government undertook a review of the *Domestic and Family Violence Protection Act 2012* to ensure it provides an effective and efficient legislative framework that protects victims, holds perpetrators accountable and supports the broader systemic reforms being implemented as part of the government's response to the final report of the Special Taskforce on Domestic and Family Violence in Queensland.

On 11 October 2016, the Queensland Parliament passed the Domestic and Family Violence Protection and Other Legislation Amendment Bill 2016, which made significant amendments to the *Domestic and Family Violence Protection Act 2012* to better protect victims of domestic and family violence and their families, hold perpetrators to account for their actions and support the delivery of integrated service responses.

Key improvements include:

- introducing a framework which enables key government and non-government entities to share information for the purpose of assessing risk and responding to serious domestic violence threats
- expanding the protection police officers can provide to victims prior to the court deciding whether to make a domestic violence order (DVO)
- requiring the court to focus on the protection needed by a victim in determining the appropriate duration of a protection order
- requiring the court to consider any existing family law parenting order it is aware of and whether that order needs to be varied or suspended if it is inconsistent with the protection needed by the victim or their children
- increasing maximum penalties for breaches of police protection notices and release conditions to achieve consistency with the penalty for breaching a DVO.

The amendments also implement model laws endorsed by the Council of Australian Governments to enable Queensland to participate in the National Domestic Violence Order Scheme. This scheme will provide for the automatic mutual recognition of DVOs made across Australia.

These changes represent the next stage of legislative reform to implement Recommendation 140 of the report of the Special Taskforce on Domestic and Family Violence in Queensland, and build on priority amendments already enacted in 2015.

The current situation in Queensland for people with disability who have experienced domestic and family violence is often complex, frustrating and traumatic. 83% of the women who participated in the Review's focus groups had experienced domestic and family violence in their lifetime. Experience of domestic and family violence was not a requirement for participation in the focus group however the extraordinarily high numbers indicate that the experience of domestic and family violence for women with disability is especially alarming.

In Queensland, a person with a disability who has experienced domestic and family violence faces numerous barriers when trying to access domestic and family violence services, they face barriers when trying to navigate the justice system and they face a lack of understanding from service providers, agencies and authorities about the nature of disability. People with disability who have experienced domestic and family violence and violence more generally, who also had access to disability advocates or a specialist service such as WWILD SVP, had a better chance of navigating the complexities of reporting the violence and the wider justice system.

Reporting matters of domestic and family violence by people with disability to police, in particular for people with intellectual disability, can be difficult. The requirements laid out in the Police Operations Manual regarding people with disability, do not provide adequate guidance for officers to identify disability nor how to appropriately access supports for people with disability.

Currently in Queensland, communication between services and government departments regarding disability and domestic and family violence appears fragmented. This was highlighted by the fact that no service or government department that was consulted in this review was aware of the purpose built, disability specific, women's refuge located in the metropolitan area. Furthermore, in the sixteen years since the refuge opened fewer than ten women with disability (as identified by the service) have made use of it.

Currently in Queensland a person with a disability who experiences an act of violence in their home from either a partner or another person has very limited opportunity to seek recourse around this act without the help of an advocate. This is predominantly due to barriers experienced in seeking police assistance, or the help of community services such as domestic and family violence services.

Some of these barriers may be attitudinal, including not being believed, or being thought to be more likely to lie. Others may be more to do with the how the service is offered: for example, many people with disability need face-to-face services, but many violence response services do not use this model. Additionally, many workers, including police, lack an awareness of disability, and thus may not identify the presence of disability and thus the necessary supports, including communication supports, may not be available. Indeed, in some circumstances the presence of disability is not considered to be an occasion for accessing additional supports.

The situation for people with disability in Queensland who experience domestic and family violence can be isolating and confusing as there is limited recognition of, or support for, people with disability who experience domestic and family violence or violence more broadly.

Setting the International and National Scene

An intersectional human rights approach to violence against people with disability recognises the particular vulnerabilities of certain groups of people with disability, and our international obligations in this regard. The Australian Government ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, and the Convention on the Elimination of All Forms of Discrimination against Women in 1983. Along with other international human rights instruments¹⁶ these obligations provide a guide to

¹⁶ Harpur, P and Douglas H. 2014. 'Disability and domestic violence: protecting survivors' human rights', Griffith Law Review, 23(3):405-433, School of Law, University of Queensland, pp.406-423. p417 (hereinafter Harpur and Douglas. 2014.); Healey, L. et al. 2008. pp43-44; International Network of Women with Disabilities. 2011. Document on Violence against Women with Disabilities, INWD. p9. Available: <http://wwda.org.au/wp-content/uploads/2013/12/inwwdviol2010.pdf>.

devising and implementing cross-sectional approaches to violence prevention, early intervention and responses.¹⁷

However, despite Australia's ratification of these various human rights instruments, people with disability in Queensland experience discrimination and rights violations which heighten their risk of violence. In addition, because people with disability are frequently thought of as separate from the rest of the community, strategies already in place to respond to violence in the rest of the community – from domestic and family violence services, to police, to perpetrator intervention programs – are often not available or accessible.¹⁸

An intersectional human rights based approach to violence prevention recognises that violence against people with disability occurs within a certain context, and that violence may be more or less likely to happen to certain groups 'depending on how they are positioned within social, economic and cultural hierarchies.'¹⁹

This is illustrated through often very limited data available; women with disability experience much higher levels of violence than other women, and then men with disability.²⁰ Aboriginal and Torres Strait Islander women with disability are likely to experience rates of violence that are higher than for other women with disability;²¹ LGBTIQ people, including those with disability, experience much higher levels of violence than the rest of the community²²; men with disability experience higher levels of interpersonal violence than other men.²³ Disability is an exacerbating factor for all cohorts.

In order to protect, promote and uphold the human rights of all people with disability experiencing violence, intersectional risks and experiences across all areas of life must be thoroughly understood to address policy siloing, exclusionary practices and to ensure that all areas and levels of Government, services and other actors are aware of their roles in upholding and protecting these rights.²⁴

For example, under Article 19 of the CRPD, people with disability have a right to live in the residence they choose, with the people they choose. Yet, accessible and appropriate housing is not available for all people with disability, and our research shows that the segregation of people in certain living circumstances such as group homes against their choice, with the provision of support services being tied to these homes can heighten the likelihood of violence.

Under Article 13 of the CRPD, people with disability should have access to justice on an equal basis with others. However, our research has highlighted that the barriers that people with disability face when attempting to report to police, in pursuing investigation, or in taking matters to court, especially as victim/survivors, frequently mean that this right is not realised. Some of the barriers result from inadequacies within the justice system.

¹⁷ Women with Disabilities Australia. 2008. We're women too! - WWDA Response to the Australian Government's Consultation on the National Plan to Reduce Violence against Women and their Children.

¹⁸ Salthouse, S. 2007. 'Completely Knocked Out: Australian perspectives on disability, disempowerment and domestic violence', presented to Domestic Violence, Disability and Cultural Safety National Forum: Diverse and Inclusive Practice: Redrawing the Boundaries (on behalf of WWDA). p3.

¹⁹ Frohmader, C., Dowse, L. and Didi, A. 2015. Preventing Violence against Women and Girls with Disabilities: Integrating a Human Rights Perspective. Women with Disabilities Australia. p7 (hereinafter Frohmader et al. 2015.).

²⁰ ACDA Submission to Senate Inquiry into Violence.

²¹ Phillips, J. and Vandenbroek, P. Domestic, Family and Sexual Violence in Australia: an overview of the issues. Parliamentary Library of Australia.

²² Iliffe, J. and Black and White Media Australia. 2014. Face the Facts: LGBTI and Violence, Australian Human Rights Commission.

²³ Violence against adults and children with disabilities. N.d. World Health Organisation.

²⁴ Frohmader et al. 2015, p22.

This can mean that people with disability are not given the option of pursuing a criminal case, or are discouraged from doing this. This is particularly the case where a person with disability is assumed to 'lack capacity' to be involved in a criminal investigation and prosecution. This decision frequently occurs well in advance of the consideration and testing of capacity required within a criminal trial, meaning effectively that adults (or persons) who require support (particularly those under guardianship orders) may not ever reach the point of being tested for competence to give evidence in a criminal trial.

The CRPD affirms the right to 'additional support to enable persons with disabilities to access sources of help,'²⁵ yet in many circumstances, violence responses services such as domestic and family violence services, are inaccessible to people with disability in a range of ways, as detailed in the summary of access audits in Chapter 2.

National Disability Strategy

The *National Disability Strategy 2010-2020* (NDS), which was endorsed by the Council of Australian Governments in 2011, is the policy framework under which Australia implements the CRPD.²⁶ It is intended to provide a harmonised strategy across all Australian governments to improve the lives of people with disability. The strategy has six key policy areas:

- Inclusive and accessible communities
- Rights protection, justice and legislation
- Economic security
- Personal and community support
- Learning and skills
- Health and wellbeing

The report supports the strategies laid out in the NDS (particularly inclusive and accessible communities and rights protection, justice and legislation) and provide an opportunity for Queensland to take a leadership role in this area within COAG.

National Disability Insurance Scheme

The much-anticipated National Disability Insurance Scheme (NDIS) is currently being rolled out nationwide and launched in Queensland (Townsville) in 2016. The NDIS is the biggest social policy change since Medicare, and promises to transform the lives of people with disability. It was developed to fulfil the element of the NDS focussed on personal and community support, and aims to give people with disability more choice and control over their lives with particular regard to services and supports, skills and capability.

The NDIS provides funding for disability specific services. Whilst these support services may in turn assist with increasing access to other services, the NDIS Act (2013) cannot and will not fund any supports or services which are provided on a universal basis to the community. Access to services such as the Queensland Police Service and domestic and family violence services, which ideally should be accessible and available for people with disability, cannot, and should not, be funded through the NDIS.

²⁵ Harpur and Douglas. 2014. pp406-423.

²⁶ United Nations. 2006. Convention on the Rights of Persons with Disabilities

Additionally, whilst the NDIS can provide people with disability the support they need to access mainstream services, the National Disability Insurance Agency is not a service or policy regulator for any services, including disability support providers. The NDIS Quality and Safeguards Framework will help to address this gap, but it is unlikely to, for example, ensure a process for prosecution of disability support workers or service providers where violence has occurred. It will remain the responsibility of mainstream justice services to ensure that violence against people with disability is appropriately addressed.

National Plan to Reduce Violence against Women and their Children

The Commonwealth and State government has identified that violence against women and their children is a serious community issue and must be addressed.²⁷ The recently released Third Action Plan 2016-2019 includes specific reference to women with disability in recognition that this cohort is more likely to experience violence.²⁸ The Third Action Plan outlines the following points in regards to women with disability:

- Supporting the development of integrated, responsive and more accessible services for women with disability.
- 1800RESPECT exploring how technology can be harnessed to provide safe and relevant services for women with disability.
- Enhancing free, accredited nationally available domestic violence training with the development and roll out of accredited training specifically for the disability sector.
- Building a strong evidence base on the types of violence experienced by women with disability to inform future responses. This includes improving understanding of the settings where violence takes place and who the perpetrators are.
- Working with women with disability and disability sector stakeholders to explore opportunities for collaboration and identify policy priorities.

These specific points regarding women with disability and violence are significant steps forward in the national policy landscape. Some of the findings made within this Review also harmonise with and support these actions under the Third National Plan, and could form part of Queensland's contribution to it. Further, the evidence accrued through the Review contributes to the larger national evidence base on violence against women with disability.

This national human rights policy context provides the framing for Queensland's specific reforms regarding domestic and family violence. This moment, freighted as it is with heightened public and media attention to violence, provides ample opportunity for Queensland to take the lead in addressing the impacts of domestic and family violence on people with disability. Together with the transformation that is the National Disability Insurance Scheme, Queensland has the potential to set the standard for the inclusion and safety of people with disability within its communities.

²⁷ Australian Government, Department of Social Services. 2016. The National Plan to Reduce Violence against Women and their Children 2010 – 2022, Available: <https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>.

²⁸ Australian Government, Department of Social Services. 2016. The National Plan to Reduce Violence against Women and their Children 2010 – 2022, Third Action Plan. Available: <https://www.dss.gov.au/women/programs-services/reducing-violence/third-action-plan>

Queensland Government response to domestic and family violence

The Queensland Violence against Women Prevention Plan 2016–22 is designed to address the gendered nature of violence against women and represents the final piece of the Queensland policy framework to address violence against women and children in Queensland. This plan complements the *Domestic and Family Violence Prevention Strategy 2016–2026*, *Queensland says: not now, not ever*, and supports both Queensland's commitment to the *National Plan to Reduce Violence against Women and their Children 2010–2022* and the implementation of the safety priority area of the *Queensland Women's Strategy 2016–21*.

The *Domestic and Family Violence Prevention Strategy 2016–2026* is a vehicle to drive change across all sectors of the Queensland community.

The *Queensland Violence against Women Prevention Plan 2016–22* (PDF, 2 MB) developed based on widespread community consultation, completes Queensland's policy framework for the prevention of violence against women and their children, helps fulfil our commitments under the *National Plan to Reduce Violence against Women and their Children 2010–22* and acts as a delivery mechanism for the Safety priority of the *Queensland Women's Strategy 2016–21*.

This policy landscape recognises that people with disability, especially women, experience higher levels of, and different forms of, violence compared with the rest of the community. However, there are limited actions undertaken by these policy documents that are targeted towards people with disability.

Key Systems for Responding to Domestic and Family Violence in Queensland

Not Now, Not Ever provides a detailed consideration of the current systems for responding to domestic and family violence in Queensland, as well as recommendations for its reform. If a person is experiencing domestic and family violence, and contacts the police, generally the police will undertake a risk assessment of their situation. This helps to clarify, both for police and for other services, what level of risk the victim is at.

This risk assessment then allows police to put in place a Person in need of Protection Notice which can help to ensure short-term safety by, for example, restricting a perpetrator's access to the victim, or to their shared residence and so on. Following this, a victim may go to court (civil) to seek a Domestic Violence Order (DVO). If they are successful, generally based on testimony given in court, a DVO may create a more long-term form of the Person in need of Protection Notice protections. The DVO occurs through the civil system. Any breach of a DVO, however, becomes a criminal matter, and may be pursued through the criminal courts.

Additionally, a victim of domestic and family violence is likely to be referred to a domestic and family violence service, or through an Integrated Service Response to a range of different services including housing. Domestic and family violence services provide counselling, case management and other support to those experiencing domestic and family violence. They may assist a victim in accessing 'interim' funds, particularly if the victim has experienced serious health issues as a result of the violence they have experienced. They may also assist a victim in accessing emergency accommodation in a refuge. In some cases, a victim may move from the refuge into transitional forms of housing.

However, for people with disability, these pathways may be difficult, for reasons that will become clearer throughout the report. There are some additional barriers for people with disability that must be highlighted. For people with disability experiencing violence from an intimate partner, that partner may also provide essential disability supports. The fear of institutionalisation if they attempt to leave that partner is a very real one. Additionally, women with disability may fear that drawing the attention of the authorities to the violence that they are experiencing from their partner may mean that they are understood by Child Safety Services to be 'inadequately protective' of their children. The fear of losing custody, especially to a violent partner, is also a very real concern.

For others, the violence that they may be experiencing in their homes may not legally be classed as 'domestic and family violence,' because their homes and the relationships with others within their domestic sphere do not look like the 'normal' understanding of domestic and family violence. For those experiencing violence in an institutional or residential setting, the fear of retribution can be very real. Many people with disability living in groups homes or other institutional settings are accustomed to having 'privileges' such as access to the community denied to them, often as a response to a refusal to comply with the wishes of staff in such a group home. These factors can be additional impediments for people with disability in attempting to leave a violent situation in their homes.

Key Findings from Research and Consultations in Queensland

Data drawn from the focus groups and consultations reflected a number of key findings around the experience of domestic and family violence for people with disability in Queensland. A fundamental finding was that the experience of domestic and family violence and violence more generally is recognised by people with disability as happening in their private and personal spaces – that is where they live. People with disability in Queensland articulated very clearly what their understanding of domestic and family violence looks like to them – namely power and control over their lives be it physical, psychological, emotional, financial, sexual or intimate in nature and that it often happens in secret or behind closed doors.

However, acknowledgement and understanding of the nature of the violence that takes places in the homes of people with disability does not appear to be apparent across service providers, agencies or authorities. Current legislation does not contain specificity regarding the experience of domestic and family violence for people with disability and the places where it happens and of the people who perpetrate the violence.

This highlights another crucial finding from the Review, which is that disability awareness including how disability is defined, is very poorly understood across many sectors in Queensland. This includes domestic and family violence services and police as first responders to incidents of domestic and family violence and violence more generally. Without recognition of disability, and a pathway for ensuring supports where necessary amongst police and domestic and family violence services, this constitutes a major barrier for people with disability. This may be exacerbated by poor understandings of domestic and family violence against people with disability across other sectors that victims may be more likely to encounter, such as generalist community services and disability service providers.

People with disability did identify that the police were the most appropriate agency to contact when experiencing domestic and family violence or violence generally. However, getting access to make a report to police can be problematic for some people with disability, especially if they live in group homes or boarding houses where their movements are monitored and controlled. In addition, a number of participants clearly stated they would not go to the police because they did not trust them or had had very poor experiences previously.

The matter of accessible services is also important. Currently for people with disability in Queensland, accessing support, information and justice can be a frustrating, frightening and convoluted process, unless you are fortunate enough to have the assistance of an advocate. There are a limited number of advocacy agencies in Queensland and most are concentrated in the Southeast corner of the state. There is only one specialist agency that works with people with disability – WWILD SVP located in Brisbane. This leaves people with disability who experience domestic and family violence in remote, rural and regional areas largely unsupported.

In addition, information regarding support around domestic and family violence and access to the justice system was also revealed to be problematic for people with disability. Only one DFV service had an easy English brochure. Court information is currently not accessible in Braille, however in September 2016, a series of Queensland Courts videos that clarify court processes for Queenslanders impacted by DFV were launched in Auslan and six languages other than English. Disability access to court spaces is not ideal. Awareness of disability and policies and procedures around working with people with disability was largely non-existent across agencies and departments. This is despite both the Queensland Police Service and the Department of Justice and Attorney-General both having a Disability Action Plan and a draft Disability Services Plan respectively.

It has been identified through the Review that specific supports for the needs of people with disability who have experienced domestic and family violence to have their case reported, investigated and potentially taken to court only exist in a limited and narrow capacity such as being referred to as a 'vulnerable witness' in police and court proceedings. This leaves people with intellectual disability, learning disability and psychosocial disability potentially in limbo if they are not identified or do not self-identify as needing support when reporting to police or appearing in court to give evidence.

People with disability in Queensland were very clear that they felt their voices were largely unheard or ignored by services, agencies, authorities and government departments. Throughout the focus groups people with disability repeatedly stated that they want to be heard and they want the Queensland Government to not only listen but to actively seek out the voice of people with disability in Queensland, particularly in regards to domestic and family violence and violence against people with disability generally.

Part 2: Access to Justice

The Convention on the Rights of Persons with Disabilities is specific that people with disability must be able to access justice on an equal basis with the rest of the community, yet in Queensland these rights remain, in many respects, unfulfilled. This has clear and immediate impacts on their experiences of violence: they frequently are unable to access police assistance in responding to violence; they face difficulty in accessing protections such as a Domestic Violence Order; and if and when violence does occur, they face unconscionable barriers to achieving justice and accountability, whether through civil or criminal processes. This in turn can put them at risk of violence, as perpetrators frequently target those whose victimisation is unlikely to lead to prosecution and/or conviction.

People with disability are marginalised in Australia's legal and judicial systems, and experience barriers to justice across the various elements of criminal and civil justice proceedings.²⁹ This is due to perceptions around the limited credibility of people with disability, police attitudes and stereotypes about disability, poor reporting practices, limited complaints protocols, inaccessible courts and discriminatory rules of capacity, evidence and courtroom procedures.³⁰ Indeed, research has 'found few examples of women with disabilities receiving a positive response and outcome from the justice system. These difficulties are heightened for women with disabilities who use non-verbal communication.³¹ This is especially concerning as people with disability are less likely to come forward more than once, if their initial reports or disclosures are ignored or not taken seriously.³²

Chapter 4: Defining Domestic and Family Violence

The following case studies involve de-identified people with disability who have experienced domestic and family violence. These people had, and may continue to have, the support of individual advocates. However, in many cases their experiences of domestic and family violence remain unaddressed or unresolved despite ongoing support.³³

Case Study: Christina

In a boarding house for people with intellectual disability, Christina made a complaint against a male co-resident on behalf of herself and two other women. These women shared the use of a bathroom with this man, and stated that he had been touching them inappropriately; making sexual comments, intimidating them, and making them feel unsafe in their home.

²⁹ Women with Disabilities Australia, 2007. *Forgotten sisters: a global review of violence against women with disabilities*, Women with Disabilities Australia. pp.43-52 (hereinafter *Forgotten Sisters*).

³⁰ *Forgotten Sisters*. p43

³¹ McGuire, M. 2014. *Voices Against Violence Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria*. p89 (hereinafter *Voices Against Violence: Interviews*).

³² United Nations General Assembly. 2012. *Advancement of women – Note by the Secretary-General*. Sixty- seventh session, item 28 of the provisional agenda. A/67/227, p11.

³³ Many of the cases referred to throughout this report are considered unresolved. This should not be understood to mean that the subjects of these case studies are not receiving adequate supports. Many of these stories have been provided by support services, including advocacy organisations, domestic and family violence organisations and others. It should be noted that these cases were considered unresolved not solely by the report authors, but also by the support services and the individual concerned. Additionally, this demonstrates that accessing the correct support service does not and cannot compensate for, or fully address, the many barriers that people with disability experiencing violence face in seeking to have this violence addressed.

When the police visited the boarding house to investigate the incidents, a disability advocacy organisation supported Christina and the other two women in the police interviews. While they were polite and provided the women with referrals for counselling, the police indicated that it would come down to their word against his, and that the disability of the perpetrator would reduce the likelihood of him being found culpable of anything. Also, they informed Christina that the matter could not go to prosecution due to the difficulties determining dates and corroborating evidence.

The police did not pursue their investigation as it was deemed there was no likelihood of successful conviction. Christina and the women still live together in the same house with the perpetrator. Christina was told she could not take out a DVO on the perpetrator, as he is not an intimate partner or a family member despite him living permanently with Christina.

Primary Evidence: Focus Groups

Participants in our focus groups frequently displayed a lack of clarity about what constituted violence, including domestic and family violence. In many circumstances, it was the collaborative atmosphere of the focus groups that enabled them to answer. This reflects the limited education of people with disability regarding their rights and what counts as violation of them.

Most participants did not differentiate between forms of violence that are explicitly recognised by the Queensland Domestic and Family Violence Protection Act 2012 and those that are not. Sections 8 and 13 of the Act essentially define domestic and family violence as behaviour within an intimate personal relationship, family relationship or informal care relationship that is physically, sexually, emotionally, psychologically or economically abusive, is coercive or threatening, or control or dominate someone so that they fear for the safety and wellbeing of another. It was clear from their responses that a range of different forms of violence took place within their homes, especially in relationships beyond those covered by the legislation, and that these all had detrimental impacts on them, their well-being and their lives.

"It's about power and control." Woman, Townsville.

"A worker can do it. Support workers." Woman, Caboolture.

"They make you do things you don't want to do." Woman, Brisbane.

The recognition that violence within a home has a particularly pernicious impact threaded its way through all of the focus groups. The sense that home was one place that truly ought to be safe sat alongside the troubling reality that it rarely was for the majority of our participants. A range of people perpetrated violence that impacted on the domestic life of participants: intimate partners, family members including parents, co-residents, support workers and proprietors of boarding houses.

"It happens in the home." Man, Mooloolah. "[In] bedrooms." Man, Mooloolah.

"[It happens] wherever people get together." Man, Mooloolah

"It can happen when there's no one around...someone not seeing you doing it." Woman, Mooloolah.

Little differentiation was made between these experiences by participants, despite the array of different relationships they occurred in. Indeed, where detail regarding particular incidents was provided, the forms of violence perpetrated against participants did not seem to differ markedly by relationship, except where those relationships enabled specific forms of authority or control to be exercised over the person with disability. One example was a proprietor who illegally evicted a person with disability and stole their rent money.

"I'd just paid \$370 worth of rent and I didn't get that back either." Trans woman, Brisbane.

Interestingly, the experiences of our focus group participants reflect a number of shifts in the understanding of 'domestic and family violence' over the past decade or so, as it has come under greater critical analysis.

"Also like showers, personal care abuse." Woman, Townsville.

"Or lack of personal care which is often the case where people are put in a situation where they have to deal with only being able to have three showers a week, which nobody would choose to do. So why should people be forced into that circumstance?" Man, Townsville.

Many of the homes that people with disability inhabit (by choice or otherwise) do not seem to fit the current understanding of domestic and family violence; they include institutions, group homes and boarding houses. Yet these locations are experienced as 'home' for people with disability: the safe space from the rest of the world, at least until interrupted by violence. Co-residents are a key relationship for many people with disability. In some circumstances co-residents may not be freely chosen by a person with disability. Instead, accessing appropriate housing and support is treated as conditional upon accepting a particular co-resident. Although these relationships are often compared to those between people sharing a house, they differ markedly: co-residents are rarely chosen, and people with disability rarely find it easy to move on from a particular house if they no longer get along with their co-residents, partly due to a shortage of accessible houses. Finally, there's often a level of expected interaction between co-residents: many attend activities during the day with these co-residents. Violence in such relationships, then, can be extremely disruptive.

"Makes it easier for the individual that is providing the support, the care, whatever with no respect and no consideration to the individual on the receiving end." Man, Townsville.

For many participants, support workers are an everyday part of their lives, a key relationship often of substantial intimacy. However, support workers are also in a position to exercise extraordinary levels of 'coercion and control' over the life of a person with disability. During our focus groups, to take one particularly vivid example, support workers who were present continually interrupted to provide their own opinion, to correct the alleged misapprehensions regarding the relationships of a person with disability, and in some cases to imply that certain participants had brought instances of violence on themselves. This occurred despite support workers signing agreements not to participate in their own right.

In many circumstances a support worker could:

- facilitate, or deny, access to the community by a person with disability
- facilitate, or deny, access to a person's mobility aids or other support equipment
- limit a person's access to medication, or overmedicate them
- facilitate, or deny, a person's access to their own money, or the 'comforts' purchased with that money
- lock a person in a room or within the house

- call police for assistance in having a person with disability returned to the house (even if they do not wish to return)
- facilitate, or deny, a person with disability independent access to food
- facilitate, or deny, a person with disability choices in what food they eat
- decide what time a person with disability gets up, goes to bed, has showers, uses the toilet, or has meals
- provide a person with disability with appropriate or inappropriate intimate personal care, including assistance with showering, toileting and getting dressed
- accompany a person with disability to the doctor, and potentially speak authoritatively to the doctor on behalf of the person (which can result in inappropriate medication, or deny a person with disability the opportunity to disclose experiences of violence)
- enter the room of a person with disability without knocking
- oversee all use of the public areas of the house, which usually includes the telephone (in most circumstances, the telephone is first answered by a support worker, enabling them to act as gatekeeper to the contacts and relationships of the person with disability).

This list demonstrates that the realities of relationships between people with disability and support workers can enable the exercise of an extraordinary level of control. Obviously many such relationships are functional, working relationships that provide the support to which people with disability are entitled, and work to facilitate rather than control an individual's life. However, such relationships can also facilitate violence and abusive coercion and control, and this can occur in ways which can be difficult to discern.

The *Disability Services (Restrictive Practices) and Other Legislation Amendment Act 2014* ensures that any use of restrictive practices, such as containment or seclusion by a service provider, has regard for human rights of these adults, is the least restrictive way of safeguarding them and others from harm, and only occurs in the context of a positive behaviour support plan. The legislation aims to reduce or eliminate the need for use of restrictive practices across the disability sector. However, many of the forms of support described above would not be considered under this legislation.

Primary Evidence: Consultations

During our consultations, disability advocates noted that very often Queensland Civil and Administrative Tribunal (QCAT) members and staff did not have a good awareness of the nature of violence against people with disability. Further, the advocates noted that QCAT staff may not necessarily recognise what was being described to them as a domestic and family violence situation, as very often domestic violence for people with disability involves financial abuse, exclusion and neglect as well as physical violence.

There was some suggestion in our consultations that because the relationship between a support worker and a person with disability is contractual (even if that contract is between a third party and the support worker), the expansion of the definition of domestic and family violence was an inappropriate approach.

However, the contractual element of the relationship is not an appropriate pathway for addressing violence that occurs, as this is a crime, not an aspect of service provision. Any other contract amongst other members of the community would not be understood as providing the most appropriate pathway for dealing with violence, so it is unclear why this would be considered significant. Additionally, the relationship is unusual amongst contractual relationships because the contract is generally with a large funding body such as the Queensland Government; that is, beyond the direct control of the person with disability. This will obviously change under the NDIS. It is also unusual amongst contractual relationships because the support is provided in the home of the person of disability, so there is an unusual level of intimacy and, as emphasised above, a concomitant disproportionate potential for coercive control. People

with disability are also often excluded from relevant violence response services because the violence they experience does not meet the definition the service operates within.

Barriers

The research conducted for this Review identified that people with disability face a range of barriers in having their experience of violence identified and acknowledged as domestic and family violence. These include:

- Lack of understanding by services, agencies and authorities about where and how people with disability live.
- Lack of understanding by services, agencies and authorities about the kind of relations people with disability have, in particular in their homes and private spaces.
- Lack of acknowledgement by services, agencies and authorities that people with disability do experience violence in their homes.
- Lack of acknowledgement that the violence perpetrated on people with disability in their homes can be by co-tenants, paid workers, carers or guardians.
- Lack of understanding that domestic and family violence experienced by people with disability is unseen and unheard often because it occurs in residential settings operated by a service provider.
- Poor recognition of violence amongst people with disability.

Current Queensland Policy and Practice

Currently in Queensland, the *Domestic and Family Violence Protection Act* (2012) defines domestic and family violence as violent or threatening behaviour within a 'relevant relationship'. A relevant relationship is limited to (a) an intimate personal relationship; or (b) a family relationship; or (c) an informal care relationship.

Many people with disability who experience violence in their homes do not fall within the current legislative definition of domestic and family violence, because the violence is perpetrated by a partner or unpaid carer. Violence perpetrated by co-residents, or paid carers, falls outside the current definition. People with disability who experience the forms of violence that fall within s. 8 of the Act also have little recourse to the protections of the legal system, should they experience violence where they live.

Evidence and Potential Solutions from the Literature

Once domestic violence might have been understood to overlap almost entirely with 'intimate partner violence,' however, it is increasingly recognised that there are a variety of relationships in which violence within the home can occur. Similarly, at one time the focus on 'domestic violence' excluded certain forms of violence particularly prevalent against children and some in Aboriginal and Torres Strait Islander communities which occurred between family members but not necessarily within the domestic setting. The addition of 'family' to create 'domestic and family violence' ensured full inclusiveness.

In many circumstances, the forms of violence experienced by people with disability in their homes echo similar patterns seen in intimate partner violence – for example, control of money, of access to food, and of access to friends, family and community are common.

Disability advocates and researchers have long pointed to a key problem in the dominant understanding of ‘domestic and family violence’ that prevails in most Australian states and territories, including Queensland. There is growing recognition that the forms of violence that people with disability experience within their homes should be understood as domestic and family violence, regardless of whether their homes are institutional or not, and regardless of the relationship between the perpetrator and the victim. In NSW, the *Crimes (Domestic and Personal Violence) Act*, introduced in 2007, has explicitly included institutional and residential settings as a potential location for domestic and family violence, and relationships with co-residents and paid and unpaid support workers as potential relationships in which domestic and family violence can occur (s. 5).³⁴ The NSW legislation leads Australia in its inclusion of people with disability and the forms of violence they experience within their homes.

The Senate Inquiry into Domestic Violence commented on this issue in its final report.³⁵ In Victoria’s recent Royal Commission into Family Violence, numerous organisations including the Victorian Office of the Public Advocate supported a call for the broadening of Family Violence legislation.³⁶ The Victorian Parliamentary Inquiry into Disability Abuse formally recommended that the Family Violence legislation be amended to recognise violence in institutional and residential settings, and at the hands of co-residents and support workers. Similarly, the *Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Residential and Institutional Settings* (hereinafter Senate Inquiry into Violence Against People with Disability) highlighted the barriers raised to the full recognition of violence against people with disability in their homes, including by the service sector, by limited legislative definitions.³⁷

Perhaps most significantly of all, the Third Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010 - 2022* addresses women with disability as a specific cohort. Additionally, a key action is to ‘Build... a strong evidence base on the types of violence experienced by women with disability to inform future responses. This includes improving understanding of the settings where violence takes place and who the perpetrators are.’³⁸

³⁴ Crimes (Domestic and Personal Violence) Act NSW (2007) No 80, Available:

<http://www.legislation.nsw.gov.au/inforce/a5381466-7b2a-4d15-dee4-f50eb61a222d/2007-80.pdf>

³⁵ Senate Finance and Public Administration Committee. 2015., Domestic Violence in Australia. Commonwealth of Australia. Available: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Domestic_Violence

³⁶ Royal Commission into Family Violence. 2016. Summary and Recommendations. Government of Victoria. Available: <https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf>

³⁷ Senate Community Affairs Committee. 2015. Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability. Commonwealth of Australia. Available: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Report.pp168-172

³⁸ Factsheet: How the Third Action Plan supports Women with Disability. 2016. Department of Social Services, Australian Government.

This responds directly to ongoing advocacy from the disability rights sector, including from organisations of and for people with disability, regarding the problems with the operating definition of domestic and family violence within the Third National Plan (reflected, for example, in Recommendation 24 of the Senate Inquiry into Violence Against People with Disability.)

These various reports and recommendations demonstrate that there is a shift occurring in the domestic and family violence policy arena within Australia. This change occurs in line with the views and experiences of people with disability themselves, again reflected in this Review, which are increasingly being heard and responded in these policy spaces.

Chapter 5: Police responses

Case Study: Olivia

Olivia, a middle-aged woman with intellectual disability receives support from a not-for-profit disability organisation that provides in home support.

Olivia's behaviour changed all of a sudden, wetting the bed and constantly washing herself. Her mother found this behaviour odd and problematic, and looked for reasons to explain why it was happening. In her investigating, Olivia's mother found condoms in Olivia's bag. Olivia then disclosed to her mother that she had been coerced in to sex by a support worker, "it was supposed to be our secret – he said he'd tell the cops if I was stupid and if I said anything, and no one would believe me anyway. But I thought he was my boyfriend, I just wanted to be like other people, he said he'd look after me."

Olivia's mother took her straight to the police station. Once there, police officers interviewed Olivia immediately. This interview lasted a total of three hours, and was video recorded. Olivia endured two hours of interviewing before the police allowed a support worker to assist her.³⁹

However, the support worker who was chosen to assist Olivia was a colleague of the perpetrator. This led to Olivia immediately shutting down and not telling the police any more information. Nonetheless, the police seemed confident about the likelihood of making charges at this stage.

The perpetrator of sexual assault then disappeared from work, and the police were unable to find him for an extended period of time. This drew out the process for Olivia and her mother, causing them immense amounts of stress and trauma.

When the perpetrator eventually returned to work, the police re-started their investigation. However, they then considered that Olivia was not a reliable witness. Olivia's mother believes that this was because their views of Olivia have been influenced by the support worker, who was a colleague of the perpetrator, and the perpetrator himself.

Olivia's mother is in the process of applying for the police video recording of Olivia's interview. She wants to understand more about why the police decided that Olivia was not a reliable witness. Olivia and her mother also made a complaint to the disability service. The service may be held responsible, as they didn't do a risk management assessment of the role performed by the perpetrator. The perpetrator is still employed at the service. This often leaves him alone with clients in their bedrooms and personal spaces.⁴⁰

³⁹This review is 'a point in time' study and the Queensland Police Service has been actively progressing activities to address perceived barriers since the study was undertaken. Efforts are being made to increase understanding of disability amongst frontline officers and the QPS will continue to work in collaboration with the disability service sector and advocates to bridge any perceived gap in relation to recognition of disability issues.

⁴⁰As noted in footnote 33, many of the cases referred to throughout this report were considered unresolved in terms of the violence perpetrated. However, this should not be understood to mean that the subjects of these case studies were not receiving appropriate supports.

Primary Evidence: Focus Groups

Only a few participants responded positively when asked whether they would report an experience of violence to the police. It is particularly noteworthy that those who were open to or prepared to access the police in response to violence were usually those who had had high levels of support from advocacy organisations.

Participants identified a range of different reasons why they might not access the police. A number had had poor experiences previously with attempting to report violence, and, of particular concern, more than one participant identified police as a source of violence.

"Also, I was injured. The police cancelled the ambulance that I rang." Woman, Townsville.

Some participants had a history of perpetrating violence, which made them hesitant to contact police, even where they were current victims. There was a particular concern expressed across a couple of focus groups, that people with disability might wind up in prison for replicating behaviours that they themselves had experienced.

Participants in a number of focus group recounted attempts to report to police where their disability was not recognised. None of these participants received any supports or had adjustments made around their disability. This was most notable with people with intellectual and psychosocial disability.

During focus groups, a male participant from Townsville commented, *'We sometimes see it in the media where somebody with a disability has been wrongly respected because the police didn't know that it was a disability. They just thought it was being smart or drunk.'*

The focus group responses regarding contacting police, trusting police and accessing police protection in response to violence strongly indicated that people with disability in Queensland were reticent and distrustful of police. When asked if they would contact police if they had experienced domestic and family violence, people with disability answered that they would if they had to, but were not confident any action would arise from reporting to police.

"I reported my case to police and I'm still waiting. They said they'd get back to me. That was six months ago." Woman, Caboolture.

"When I was a kid I trusted the police. Now I don't trust them at all. I'd never go to the police now about anything." Man, Southport.

"They're part of the problem." Man, Mt Isa

"They don't help." Woman, Hervey Bay.

People with disability may not have the means to access police protection, predominantly due to barriers they may experience.⁴⁰ If they experience violence in an institutional or residential setting, their disclosures of violence may trigger internal investigations, rather than police involvement.⁴¹

⁴⁰ Eglington, P. 1999. Can a Coordinated Community Response to Domestic Violence Assist Women Accessing the Police in a Domestic Violence Situation? Presented to the Second Australasian Women and Policing Conference, 7-9 July. Brisbane. Available: http://www.aic.gov.au/media_library/conferences/policewomen2/eglington.pdf (hereinafter Eglington, P. 1999.)

⁴¹ Disability Justice Advocacy, 2015. Submission to the Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability.

During the focus groups a number of participants highlighted the level of control that service providers had when it came to investigating incidences of violence within the realm of their service provision. A clear example was an incident of support worker perpetrated violence which was internally investigated by the service provider who subsequently sullied all possible evidence thereby rendering the case inadmissible for police investigation. The participant involved expressed indignation that the service provider had effectively prevented them from accessing justice under the law.

For the people who do contact the police, they may not be correctly identified as someone with disability, especially if they have intellectual disability or psychosocial disability, or other forms of 'invisible' disability.⁴² If they are not identified as a person with disability, the police may not provide appropriate supports or adjustments to communication or interviewing techniques, may therefore be unable to communicate effectively, and subsequently unable to proceed with the complaint or prosecution.⁴³ Alternately, some police officers, even if they do recognise disability, may not provide the appropriate supports. During the consultation with Queensland Police, several officers made it clear that they did not see the need to treat people with disability as any different from anyone else in the community.

People with disability may be fearful of contacting the police in response to domestic and family violence for a number of reasons, including a fear that they won't be believed, that they will be criminalized by the police or that there will be other negative consequences of making a report.⁴⁴ People with psychosocial disability may also be afraid to report to the police due to previous negative experiences with police and justice services.⁴⁵ A 2003 study found that a number of women believed that police work from a medical model of disability, and that as women with disability are not valued in wider society, violence against this cohort is not seen as requiring police or criminal investigation.⁴⁶ Focus group responses around reporting to police highlighted a real reluctance on behalf of people with psychosocial disability to report violence including domestic and family violence. A repeated theme from the focus groups around reporting to police was, 'they don't take you seriously'.

Recent research and policy investigations have found that police may be reluctant to investigate crimes against people with disability, and may perform inadequate or sub-standard investigations as a result.⁴⁷ Police may also fail to intervene and investigate if they believe there is no alternative to the violence; as if the violence were a form of behaviour intervention.⁴⁸ Police officers may also be unduly influenced by legislation. For instance, Queensland legislation around protection orders highlights that victims may

⁴² Cockram, J. 2003. *Silent Voices: Women with Disabilities and Family and Domestic Violence: A joint project of People with Disabilities (WA) Inc, the Ethnic Disability Advocacy Centre and the Centre for Research Edith Cowan University* (hereinafter Cockram, J. 2003.); *Voices Against Violence: Summary Report*, p24.

⁴³ French, P., Dardel, J., & Price-Kelly, S. 2009. p56; *Voices Against Violence: Summary Report*, p24.

⁴⁴ Victorian Equal Opportunity and Human Rights Commission, 2014; Sisters Inside. 2014. Submission to: An Inquiry into Domestic Violence in Australia. The Senate Finance and Public Administration References Committee. Available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Domestic_Violence/Submissions. pp2-6; Victorian Equal Opportunity and Human Rights Commission. 2014. Beyond doubt: the experiences of people with disabilities reporting crime. Available: <http://www.humanrightscommission.vic.gov.au/our-projects-a-initiatives/experiences-of-people-with-disability-reporting-crime> for more information (hereinafter Beyond Doubt).

⁴⁵ Cockram, J. 2003.

⁴⁶ Cockram, J. 2003.

⁴⁷ French, P., Dardel, J., & Price-Kelly, S. 2009 op cit. pp62-63, Healey, L. et al. 2008. p40.

⁴⁸ Healey, L. et al. 2008. p40

be expressing fear and terror.⁴⁹ However, ‘some women report they experience anger as a response to domestic violence or even normalise it and feel ‘numb’.⁵⁰ As such, the police should be trained in the areas of disability, gender and violence to ensure appropriate, gender informed and disability aware responses to violence.⁵¹

“They [Police] should be trained better instead of treating them like flaming rubbish. That’s what the police do.” Woman, Hervey Bay.

Primary Evidence: Consultations

The consultation with officers from the Queensland Police Service highlighted limited awareness and or understanding amongst serving officers of disability and domestic violence, especially in regards to people with intellectual disability and domestic violence. This was noted in the following:

- Officers indicated difficulty understanding or confusion around the definition of disability.
- Lack of comprehension around disability support needs, especially of individuals who may not have an apparently obvious impairment i.e. physical disability.
- That the interpretation of domestic violence is about ‘the relationship’ only i.e. primarily intimate partner violence. Limited understanding of the different forms of relationship that people with disability encounter in their homes and daily lives.
- Domestic violence and violence more generally in group homes, forced co-tenancies and boarding houses not recognised or understood, and not generally understood as appropriate sites for police intervention.
- Belief that other agencies, such as regulatory bodies, were responsible for dealing with violence in group homes (even where this violence constituted a crime).

“Don’t they regulate those places to make sure violence doesn’t happen there?” Queensland Police Service Officer.

“I don’t see why I should treat someone with one leg as any different to anyone else.” Queensland Police Service Officer.

This indicates that intellectual disability and cognitive impairment more broadly is not well understood within the police service, and certainly not well understood enough for interviewing strategies to be successful.

This is reflected in the interviewing practice discussed by the Queensland Police Service consultation. In the case of interviewing a witness with disability, and particularly with communication needs, it was generally understood that accessing officers trained in working with children to conduct the interview was the most appropriate. This strategy is highly problematic when dealing with matters of domestic violence and sexual assault. People with intellectual disability or communication support needs are not children, and the strategies required to communicate with them differ markedly.

⁴⁹ Harpur, P and Douglas H. 2014. ‘Disability and domestic violence: protecting survivors’ human rights’, *Griffith Law Review*, 23(3):405-433, School of Law, University of Queensland, p408

⁵⁰ Harpur and Douglas. 2014, p408

⁵¹ Voices Against Violence: Interviews. p14

Interestingly, however, the consultation with Queensland Police Service officers highlighted an awareness of this lack of expertise, and a desire to remedy it. None of the various policies discussed below, which represent attempts to increase understandings of disability within Queensland Police Service, were mentioned, demonstrating a disconnection between policy and practice. Some of the suggestions made by officers themselves reflect some of the initiatives already in use in other jurisdictions, as discussed in the next section.

Various suggestions were made by officers about how an increase in understanding disability might occur. Some, somewhat reluctantly due to increases to training in recent years, agreed that some training or other education might be required. Others suggested that a 'civilian' expert might be a more appropriate form of support. Finally, some participants suggested that a support person could be present during reporting and interviewing, and that this might be adequate to address the difficulties.

Barriers

There are a number of barriers that people with disability face in attempting to access police responses to domestic and family violence. These include:

- Lack of understanding and awareness of disability by front line officers and across the Queensland Police Service, including the Vulnerable Persons Unit.
- Lack of training for officers to work with people with disability.
- The belief that people with intellectual disability have the 'mind of a child' and are then responded to as children and not as adults.
- Lack of pathways for accessing disability expertise, for identification of disability, or fulfilment of disability support needs.
- Unclear guidelines in the Queensland Police Service Operations Procedure Manual for officers to work with and inadequate access to information and support for police attempting to support people with disability, especially people with intellectual disability.
- Lack of trust of police by people with disability.
- Lack of dissemination and implementation of the existing Queensland Police Service's Disability Action Plan.
- Successful engagement with police tends to rely on advocates.

Current Queensland Policy and Practice

It is notable that the Queensland Police Service's *Disability Service Plan 2014-16*⁵² is included as part of the organisation's overall strategic plan. The plan includes actions such as disability awareness training, a reference group to be convened around disability and measures to be undertaken to support people with disability and their carers to access the police service. During the consultation with police no officers mentioned or identified knowledge of a disability support plan that may inform their work with people with disability.

⁵² Queensland Police Service, Disability Action Plan (2008). Available: https://www.police.qld.gov.au/aboutUs/the_service/dsp/strategies.htm

Identification of disability is especially important. If the individual is not identified as having disability, or does not disclose their disability, they may not receive appropriate supports or disability related adjustments. Provisions are made in the *Evidence Act* (1977) in Queensland for certain 'special witnesses.' This includes people experiencing domestic and family violence and people with disability who are court-identified as potentially disadvantaged if required to give evidence in accordance with the usual rules and practices of the court. As will be discussed shortly, this reflects the practice in other jurisdictions.⁵³ However, the agreements and procedures that currently exist in legislation are under-utilised, unless they are strongly advocated for by specialist agencies.⁵⁴ Problematically, the recording of evidence-in-chief - that is, evidence taken during interview that is played in court as the core testimony of a witness – is a decision that must be made at the point of interviewing, and this rarely occurs.

As demonstrated above, Queensland Police Service officers did not know how to access expertise regarding disability. The Queensland Police Service Operations Procedure Manual (Chapter 6) specifies that if a person is identified as having special needs then appropriate supports are to be sought by the attending officer. However, the manual provides no guidance as to how this is to occur. Referral pathways such as those provided by Redborne, the Queensland Police Service referral database, are problematic because disability is understood as generally too specialist to be included in the database.

Additionally, according to the Queensland Police Service Operations Procedure Manual (Chapter 6) in interviews the officer is to 'compensate' if a person has special needs e.g. get an interpreter.

'Officers should note the distinction between procedures affecting people who are mentally ill and those affecting people who are intellectually disabled. Where an officer is unclear if a person is intellectually disabled, advice should be sought from an appropriate source. Community psychiatric clinics are an appropriate source of advice'.⁵⁵

How often this process is enacted or followed is unclear. In addition, during the consultation with Queensland Police Service there was some confusion as to the definition of disability. Mental health was considered to be a separate issue and not considered to be disability, however, police noted that mental health was a primary issue on the front line. It appears that people with psychosocial disability – that is, disability arising from mental illness or psychiatric disorders – are not necessarily afforded disability supports during engagement with police. Equally, it is unclear what supports or assistance are made available to people with dual diagnosis, such as psychosocial and intellectual disability, or even if this is recognised at all.

There has been some attempt to guide Queensland Police Service police officers in the identification of people with disability. The Department of Communities, Child Safety and Disability Services and the Queensland Police Service had previously developed an '8 point' guide to assist officers when working with people with intellectual disability. It remains unclear if either the '8 point guide' or the Disability Action Plan were fully articulated and disseminated; certainly, neither are mentioned in the Queensland Police Service Operations Procedure Manual. Additionally, responses from officers during the consultation would indicate both that most officers were unaware of either document, and/or that these initiatives had questionable success, as many articulated confusion about identifying disability.

⁵³ Dimopoulos, G. and Fenge, E. 2013. *Voices Against Violence: Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. P24 (hereinafter *Voices Against Violence: Legislative Review*).

⁵⁴ Quan Farrant, F. 2016. 'Women living with Cognitive Disability and Domestic Violence, Review on the Impact of Domestic Violence on People Living with a Disability', *Community Living Association Inc.* Brisbane, Australia, p7

⁵⁵ Queensland Police Service, Performance Measure. Available: <https://www.police.qld.gov.au/corporatedocs/reportsPublications/annualReport/Documents/Performance.pdf>

The Queensland Police service has performance indicators and measures including estimated targets around responses to personal safety, sexual assault and assault.⁵⁶ These offences are to be 'cleared' within 30 days, therefore investigations are tightly time constrained. It was beyond the scope of this report to investigate how police respond to crimes against people with disability. However, given suggestions arising from other jurisdictions of such performance measures potentially acting as motivation against reporting and/or prioritising of investigations involving victims with disability (discussed below), this may be worth more in-depth investigation.

Evidence and Potential Solutions from the Literature

The national evidence regarding the interaction between people with disability and police reflect many of the findings above. There is limited research regarding the barriers that people with disability as a broader group face when attempting to report crime in Queensland. However, Victoria has undertaken substantial research in this area, specifically in the *Voices against Violence* report, and the *Beyond Doubt* report.⁵⁷ *Beyond Doubt* highlights that barriers to successful prosecution involving a person with disability as a witness tend to impact on police decision-making. That is, because few people with disability are enabled to give their best possible evidence in court, few prosecutors will seek to prosecute cases that rely on the evidence of a witness with disability. This in turn impacts on what police will recommend for prosecution, as recommending a case that a prosecutor will decline to prosecute appears pointless, time-wasting and resource-wasting.⁵⁸

As a result, there is evidence that in some cases, crimes involving victims with disability are not prioritised for investigation. This can in turn impact on how engaged police are in interviewing, and even taking reports.⁵⁹ Even if a person is identified as having disability, the police often lack the training required to interview people with disability, especially those who have communication support needs.⁶⁰ Police may be uncomfortable communicating with people with disability, and may believe them to be unreliable, lying or lacking credibility.⁶¹

Studies have found that people with mental illness could be even more vulnerable to violence than other cohorts, though this has not been adequately compared to other people with disability.⁶² In addition, women with mental illness have been found to have difficulties accessing support services, and report being frequently disbelieved by police and other service providers when they disclose about their experiences of domestic and family violence.⁶³ Similar factors have been found to affect police responses to women experiencing domestic and family violence. Research with police has found that there were a number of factors that influenced whether an officer would proceed with an application for a protection order or not.⁶⁴ These factors included 'the amount of paperwork, the time taken to deal with a domestic violence incident, and proximity to the end of a shift.'⁶⁵ However, these problems appear to be exacerbated in relation to women with disability.

⁵⁶ *Beyond Doubt*

⁵⁷ *Beyond Doubt*.

⁵⁸ *Beyond Doubt*.

⁶⁰ Disability Justice Advocacy, 2015. p2; Victorian Equal Opportunity and Human Rights Commission, 2014.

⁶¹ French, P., Dardel, J., & Price-Kelly, S. 2009. *Rights Denied: Towards a national policy agenda about abuse, neglect and exploitation of persons with cognitive impairment*. People with Disability Australia. p55; Healey, L. et al. 2008. p40 (hereinafter *Rights Denied*).

⁶² Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T. and Officer, A. 2012. Prevalence and risk of violence against adults with disabilities: a systemic review and meta-analysis of observational studies. *Lancet*, 379:1621-1629, p1621.

⁶³ Fernbacher, 2006, as cited in: Tayton, S., Kaspiew, R., Moore, S. and Campo, M. 2014. *Groups and Communities at Risk of DFV: a review and evaluation of domestic and family violence prevention and early intervention services focussing on at-risk groups and communities*, Australian Institute of Family Studies. p28.

⁶⁴ Cunneen, C. 2007. 'Alternative and improved responses to domestic and family violence in Queensland and Indigenous Communities', Law Faculty UNSW, pp.16-67. p67 (hereinafter Cunneen, C. 2007.)

⁶⁵ Cunneen, C. 2007. p67

Research has shown that women may have vastly different experiences when presenting to police stations as domestic and family violence victims: 'police attitudes and the lack of a developed policy and procedure for dealing with disabled victims of crime have been identified as a significant issue affecting access to justice.'⁶⁶ Some of these women report feeling believed and understood, while others felt disbelieved, not taken seriously and as if the police thought they were a nuisance.⁶⁷ This reflects evidence taken from our participants in the focus groups and the consultations, as detailed above.

Victorian research undertaken in *Voices against Violence* focused on the intersectional experiences of women with disability, and found that many cases involving crimes committed against women with disability 'are inadequately investigated, remain unsolved or result in minimal sentences.'⁶⁸ Women with disability may also have limited access to intervention orders, as a result of the aforementioned perceived issues with evidence and credibility, or due to a failure of police to respond to the violence in an appropriate manner.⁶⁹

Further research in this area suggests, for instance, that police will misinterpret signs of violence and may accept the story offered by the male perpetrator, especially in cases involving disability.⁷⁰ It is important, then, that police receive specialist training on working with women with disability, and how to address their intersectional experiences of violence.⁷¹

Suggestions from the research include dedicated police officers trained in disability and domestic and family violence; this could make a significant addition to the police force. These officers could work similarly to the Indigenous Police Liaison Officers that play an important role in responding to domestic and family violence against Aboriginal and Torres Strait Islanders.

⁶⁶ Forgotten Sisters. p43. See also Eglington, P. 1999; Healey, L. et al. 2008. p53; *Voices Against Violence: Summary Report*, p18, and *Beyond Doubt*.

⁶⁷ Cockram, J. 2003; Eglington, P. 1999. p4; *Voices Against Violence: Summary Report*, p18

⁶⁸ Healey, L. et al. 2008. p40

⁶⁹ Dimopoulos, G. and Fenge, E. 2013. *Voices Against Violence: Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria*, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. p45 (hereinafter *Voices Against Violence: Legislative Review*).

⁷⁰ Harpur, P and Douglas H. 2014. p423

⁷¹ *Voices Against Violence: Legislative Review*. p103; Disability Justice Advocacy, 2015. p5

Chapter 6: Going to Court

Primary Evidence: Focus Groups

The court process is acknowledged to be a daunting and stressful experience for most people, and this is recognised by the Queensland Government.⁷³ It can be especially daunting for people with disability, as evidenced in research. Responses from focus group participants indicated that the court process for people with disability was ‘scary’, ‘intimidating’ ‘traumatising’.

“I went in there [to court] and I collapsed. It was too much.” Man, Brisbane.

“It’s very intimidating, extremely scary.” Woman, Brisbane.

The experience of giving evidence in court was particularly traumatic for some focus group participants.

“My [court experience] was crap, useless, harrowing and numbing – and it made me even more depressed it pushed me farther – deeper into that hole because he got off with 100 hours’ community service because I couldn’t remember the colour of my pyjamas.” Woman 1, Caboolture.

“Yeah, I was too scared to go – pretty confident that I had to re-tell what happened. I was like nope, not going.” Woman 2, Caboolture.

Focus group participants more broadly indicated that the court process and the justice system more widely needed to understand disability and be more accessible for people with disability, including better ways to support people with disability to give evidence and to access interpreters. Few appeared to have been given access to adequate supports, including special witness protections, or meaningful court advocacy or support. Some focus group participants expressed concern about Deaf people impacted by domestic violence especially when there was an assumption made by authorities to use a family member as an interpreter.

Primary Evidence: Consultations

The Justice consultation included representatives from across the legal profession, courts and the Department of Justice and the Attorney-General. From the outset of this consultation it was clear that understanding and identifying disability was highly problematic for representatives across the justice sector. As one participant noted:

“We don’t even know what we don’t know. In Queensland, there are issues with identification of people with disability. There is no requirement for a disability to be disclosed, except for services for people with disability. There are no clear data sets.” Court Staff, Justice consultation.

“They are so nervous when they come to court – they see someone in a black dress and unless you have an advocate to give you an introduction – you just don’t know.” Magistrate, Justice consultation.

Participants at the consultation found the Australian Bureau of Statistics definition of disability difficult because of its breadth and noted the lack of tools available to identify disability. The definition appears to require a level of expertise most felt they didn’t have. Participants also noted that Disability Awareness training would be very useful and needed to be “*embedded in practice*”. It was

⁷³ Queensland Government. 2016. Going to Court. Available: www.qld.gov.au/law/court/going-to-court/ (hereinafter Going to Court).

acknowledged by all participants that the court experience can be very stressful and that communication barriers could cause issues.

“It does strike me, that for me, the biggest gap is around not the physical disability but moving through the system to make sure they understand the process.” Justice consultation participant.

“When people are charged with offences, there may be misunderstandings because of their disabilities, also communication issues might exist but with better understanding there will be better justice responses.” Justice consultation participant.

When asked how effective the justice system is for people with disability the answers were equally vague. It was highlighted that there was no meaningful data collected about disability. It was also noted that the only meaningful indication that people with disability might have successfully accessed the justice system were complaints against the *Fundamental Principles of Justice*.⁷⁴ However, no data sets are available around these complaints and people with disability. There was wide recognition among participants that people with disability are over represented as a cohort with regards to offending.

“Another problem is that the legal profession is not well supported to know whether a person has a cognitive disability – ability is just assumed.” Justice consultation participant.

“The police should be identifying that someone has a disability well before the case goes to court. How can the case go to court without anyone realising?” Justice consultation participant.

Discussion of the Witness Intermediary Scheme in the United Kingdom received broadly positive support from participants. There was wide recognition during the Justice consultation that court process could be much improved to support people with disability access justice, including how evidence is given.

“In terms of the court, there could be some provision made on how the evidence is given in court.” Justice consultation participant.

“I believe that if a person with disability is involved in domestic violence I can inform the Adult Guardian of that, but I don’t know where that goes.” Justice consultation participant.

During the Disability Services consultations, Deaf Services Queensland noted that there are barriers to getting Auslan interpreters for court. The interpreter has to be booked once the Magistrate or Judge deems them necessary and if a perpetrator and victim both require an interpreter, very often they have the same one. This is inappropriate especially in domestic and family violence cases, as the information being translated is very sensitive. Having separate interpreters ensures that information is relayed separately and objectively.

⁷⁴ Queensland Department of Justice and Attorney-General. 2009. Fundamental Principles of Justice for Victims of Crime. Queensland Government. Available at: <https://publications.qld.gov.au/dataset/fundamental-principles-of-justice-for-victims-of-crime>

⁷⁵ Queensland Department of Justice and Attorney-General. 2014. Disability Service Plan (hereinafter Disability Service Plan.)

Barriers

There are a number of barriers for people with disability gaining access to justice in Queensland. These include:

- Lack of understanding and awareness of disability amongst court staff, including Magistrates and Judges.
- Lack of training for court staff, Magistrates and Judges on working with people with disability.
- Lack of policy, procedures and guidelines that specifically support court staff, Magistrates and Judges to identify and make appropriate supports for people with disability – beyond being ‘vulnerable witnesses’.
- Lack of provision within current legislation and court processes to support people with disability give evidence and to recognise their competence to do so with adequate supports.
- Lack of information for people with disability to support them through the court process e.g. easy English brochures, Braille brochures, Auslan in information videos.
- Lack of dissemination or apparent knowledge of the existing draft Disability Service Plan for the Department of Justice and Attorney-General.

Current Queensland Policy and Practice

In Queensland, as previously noted, interpreters are permitted in courts. However, it is up to the person requiring an interpreter to identify that need prior to going to court.⁷⁶ Identification for the need for an interpreter may also be at the discretion of the Magistrate or Judge if they deem that an interpreter is required.

Each court is effectively the domain of the Magistrate or Judge. As such each Magistrate or Judge may determine what may be included in their court and how it may be included. For example, during the consultation the Southport Specialist Domestic Violence Court advised that service dogs are permitted in courts in Queensland. However, it still remains at the discretion of each Magistrate, Judge or juror as to whether they will allow service animals into their court space.

In Queensland, the discretion of the Magistrate or Judge may see an intervention where support may be made available to a person with disability who is to appear in court, however, this is entirely at the discretion of the Magistrate or Judge. There appears to be no clear policy or guidelines for court staff to help identify and support people with disability, other than to be potentially identified as a ‘vulnerable witness’ prior to going to court.⁷⁷ Again, this requires the person to have access to information about this provision and the onus is on the person to identify themselves to court staff. This leaves many people with intellectual disability or learning disability in limbo if they have not been formally diagnosed, if they do not openly identify as having a disability (often to avoid stigma), or cannot access information about the limited provisions available to ‘vulnerable witnesses’.

⁷⁶ Going to Court.

⁷⁷ Going to Court.

Until recently, information about Court in Queensland and how it works was not accessible for many people with disability. Information videos about the courts do contain transcripts but none are available in easy English. However in September 2016, a series of Queensland Courts videos that clarify court processes for Queenslanders impacted by DFV were launched in Auslan and six languages other than English.

The Southport Specialist DV Court, after having invited People with Disability Australia to perform a Disability Access Audit as part of this Review, immediately arranged with Deaf Services Queensland to have Auslan integrated into their court information videos.⁷⁸

During the Disability Access Audit at Southport Specialist DV Court, it was revealed that there were no Easy English brochures available, nor were there any available in braille. The court spaces are also not particularly accessible, doors were difficult to open and wheelchair access was challenging. Lighting in the areas outside the courtrooms was poor and would have been difficult for a person with impaired vision to navigate the space. Toilets did not have braille signage, nor did any of the other signage in the court, including around the lifts. This was noted by Southport Specialist DV Court staff and subsequently provision for the inclusion of an inclusive Disability Access Plan utilising universal design has been recommended for the court's impending refurbishment. The specific utilisation of the existing Disability Service Plan⁷⁹ and performing current Disability Access Audit's throughout courts in Queensland would go a long way to improve access for people with disability going to court in Queensland.

Evidence and Potential Solutions from the Literature

Barriers to justice do not emerge solely from Commonwealth, state and territory legislation, but rather involve a range of systemic and overarching issues, such as the police failing to recognise, respond to or communicate with people with disability. However, these factors are in turn impacted by legislation governing the admissibility of evidence.⁸⁰ Without adequate legislation ensuring that people with disability can give their best possible evidence in court, criminal acts of violence, and the protections of the civil system of domestic violence orders, the protections of the justice system in Queensland are undermined specifically for people with disability.

Queensland retains its own Evidence Act (1977), declining to implement the uniform Evidence Act adopted by a number of other states and territories. As a result, Queensland did not come under consideration by the Australian Law Reform Commission's analysis of Commonwealth laws in relation to disability, capacity and access to justice. Nonetheless, the Equality, Capacity and Disability in Commonwealth Laws report made a number of recommendations regarding the uniform *Evidence Act* which also speak to the Queensland legislation; indeed, the report highlights that 'by providing models in Commonwealth laws, the ALRC also seeks to inform and provide a catalyst for reform of state and territory laws.'⁸¹

Disability Rights Now, the 'Shadow Report' by Civil Society Organisations to the United Nations wrote in 2012 that, in Australia, the 'capacity of people with cognitive impairments to participate as witnesses in court proceedings is not supported and this has led to serious assault, sexual assault and abuse crimes

⁷⁸ Yet to be released.

⁷⁹ Disability Service Plan.

⁸⁰ Voices Against Violence: Legislative Review. p16.

⁸¹ Australian Law Reform Commission. 2014. Equality, Capacity and Disability in Commonwealth Laws (ALRC Report 124). Available: <https://www.alrc.gov.au/publications/equality-capacity-disability-report-124> (hereinafter ALRC Report 124.)

going unprosecuted.’⁸² This is partly due to prejudicial assessments of competence during court proceedings, often in the presence of inadequate supports for people with disability.⁸³ The ALRC’s recommendation in this regard is that legislation governing assessments of capacity, such as s.9 Division 1a of the Queensland *Evidence Act* (1977), be amended to explicitly incorporate that competence must be assessed in the presence of adequate supports, in line with Article 12 of the CRPD. It is recommended that legislation be formulated as follows:

that a person is not ‘competent to give evidence about a fact’ if the person cannot be supported to:

- (a) understand a question about the fact; or
- (b) give an answer that can be understood to a question about the fact.

And provide

that a person who is ‘competent to give evidence about a fact’ is not competent to give sworn evidence if the person cannot understand that he or she is under an obligation to give truthful evidence, and cannot be supported to understand.

These differ markedly from the current formulation in the Queensland Evidence Act (1977) section 9-9D, whereby competence to give evidence in the proceeding is recognised if, in the court’s opinion, the person is able to give an intelligible account of events, and competence to give sworn evidence is recognised if they recognise that the giving of evidence is a serious matter; and they recognise that giving evidence, he or she has an obligation to tell the truth that is over and above the ordinary duty to tell the truth. This formulation makes no mention of any supports to be provided to a person with disability, or to the court to enable their communication with the person. Indeed, the reliance on the court’s opinion leaves the evidence of people with disability open to the prejudicial assessments mentioned above.

Below is a detailed discussion of the recommended form of supports to the court in enabling interaction with people with disability, and enabling people with disability to give their best possible evidence. However, it is important to note that without amendment to the Evidence Act (1977), such supports risk rendering evidence inadmissible.

Witness Intermediaries

Across common law countries, the barriers to justice experienced by people with disability, both in the civil and criminal realms, has been a major concern. Different jurisdictions have responded to these issues in different ways, but one of the most well documented is the system of Registered Intermediaries used in England, Wales and Northern Ireland. The pilot for this approach was first run in England in 2004, and was fully implemented across these jurisdictions by 2013. The impact it has had on access to justice for people with disability is remarkable.⁸⁴

⁸² Disability Representative, Advocacy, Legal and Human Rights Organisations. 2012. Disability Rights Now, the Civil Society Report on the UN Convention on the Rights of Persons with Disabilities (CRPD). Available: <http://www.dlapiperprobono.com/export/sites/pro-bono/downloads/pdfs/Disability-Rights-Now-Australian-report.pdf>

⁸³ ALRC Report 124. para. 7.157-7.162

⁸⁴ Cooper, P. 2013. Ten years of Registered Intermediaries in England and Wales. The City Law School, City University London. Available: https://www.city.ac.uk/data/assets/pdf_file/0010/150688/Ten-years-of-Registered-Intermediaries-in-England-and-Wales-Jun-2012.pdf; Also at: [http://www.theadvocatesgateway.org/intermediaries\(hereinafterCooper,P.2013.\)](http://www.theadvocatesgateway.org/intermediaries(hereinafterCooper,P.2013.)).

Essentially, a Registered Intermediary is a communications professional drawn on by both police during investigation, and by the court during proceedings. Registered Intermediaries come from an array of different backgrounds, including speech pathology, social work, psychology and so on, but all have spent a substantial portion of their working life assisting children or people with disability with communication. Witness intermediaries are not emotional supports for people in police or court processes; they may not take the place of a 'support person.' Rather, they ensure that the police and courts have the communication expertise they require to communicate with the person with disability.

When a person with disability presents to police, the police are able to call the Intermediaries Register and within 24 hours a Registered Intermediary is assigned to the case. The Intermediary will then perform an assessment regarding the individual's communication needs, usually in the presence of the police officer that will be interviewing the person with disability. A preliminary report is made available to the police officer, to support his or her engagement with the person. The Registered Intermediary will also be present during the interview, to ensure that the approach taken within the interview supports the needs of the person with disability, and enables collection of the best possible evidence from the person. In some circumstances, these interviews may be videotaped to later become evidence-in-chief in court.⁸⁵

Following this, the Registered Intermediary will develop a final report, which is made available to the court in which the matter is being heard. This supports the judge or magistrate in managing what is called a 'ground rules hearing,' which is designed to ensure that the proceedings play out in a way that will maximise the opportunity for the person with disability giving their best possible evidence. This often means that any matters requiring cross-examination are raised, and the kinds of questions counsel intends to ask, and the best ways to frame those questions are discussed. The report of the Registered Intermediary assists the magistrate or judge in assessing whether the questions and content are appropriate for supporting the person with disability to give their best possible evidence.

During the proceedings, the Registered Intermediary may intervene if questions in cross-examination are inappropriate. For example, if a person with disability is likely to be misled by tagged questions - questions of the form 'X is true, isn't it?' then the Registered Intermediary will raise an objection, which the judge or magistrate then adjudicates. This strategy ensures that the questioning of a witness is directed towards them being able to give their best possible evidence.⁸⁶

Professor Penny Cooper and Dr. Michelle Mattison provided evidence regarding witness intermediaries to the Royal Commission into Institutional Responses to Child Sexual Abuse at a public hearing in March, 2016.⁸⁷ There was also a substantial discussion of the benefits of such a scheme in their Consultation Paper released regarding criminal justice processes, released in September 2016. This evidence suggests that witness intermediaries in the UK are used by roughly the same number of children and people with disability each year. It has had very positive impacts, according to the judiciary:

'The use of intermediaries has introduced fresh insights into the criminal justice process. There was some opposition. It was said, for example, that intermediaries would interfere with the process of cross-examination. Others suggested that they were expert witnesses or supporters of the witness. They are not. They are independent and neutral. They are properly registered. Their responsibility is to the court ...their use is a step which improved the administration of justice and it has done so without a diminution in the entitlement of the defendant to a fair trial'.⁸⁸

⁸⁵ Cooper, P., and Mattison, M., 2016. Testimony to Public Hearing Case Study 38, Day 175, at the Royal Commission into Institutional Responses to Child Sexual Abuse (hereinafter Cooper and Mattison. 2016).

⁸⁶ Cooper, P. 2013.

⁸⁷ Cooper and Mattison. 2016.

⁸⁸ The Rt. Hon. The Lord Judge, Lord Chief Justice of England and Wales. 2012. Speech given 7 September 2012, at the 17th Australian Institute of Judicial Administration.

It is also worth noting that there is a pilot of a witness intermediary scheme being run in NSW in Sydney and Newcastle, specifically with children who have experienced sexual abuse. A similar volunteer-based scheme is being set up in South Australia, as part of their Disability Justice Plan, launched in June 2014.⁸⁹ Neither of these initiatives have reached an evaluation point as yet.

The use of witness intermediaries in both police and court processes is an example of the fulfillment of Article 12 of the CRPD. This Article emphasises that all people have legal capacity, and that all supports required for them to exercise this capacity must be made available to them. Indeed, the evidence provided by Professor Penny Cooper at the Royal Commission in early 2016 stated that, with the right supports, she had never seen a person with disability who did not pass capacity and competence tests within the court.⁹⁰

The effectiveness of this scheme demonstrates an important principle: that although in many jurisdictions, capacity or competence is treated as bright line excluding certain people with disability from giving evidence, in many circumstances those same people can give evidence if they are provided with the correct supports. For victims of domestic and family violence, in particular, it is important to note that people with disability are frequently denied access to the protection and justice experienced by the rest of the community. In most cases, this is put down to their personal attributes - their disability or the assessment made of their capacity to give evidence, or to be credible. However, the evidence regarding this, both research-based and evaluations of on-the- ground programs, increasingly demonstrates that it is solely due to the inadequacy of their supports; this is reflected in the Australian Law Reform Commission's recommendations and discussion.⁹¹

Importantly, this Review's consultations with police emphasised the need for disability expertise. In many circumstances, police articulated that they felt out of their depth in attempting to interview people, or that they recognised that they did not have the necessary skill set. While suggestions were made regarding increased training there were also possibilities raised about civilian supports being available who could assist police in their engagement with a person with disability. The lack of awareness of the concept of witness intermediaries likely prevented this possibility from being raised in the consultation.

PWDA would note that the introduction of a witness intermediary scheme would need to be supplemented by carefully targeted training for police. One of the biggest problems that police face in responding to people with disability is recognising that they are in fact people with disability, and recognizing their specific needs. For example, Deaf people may be treated as recalcitrant for 'failing' to respond to police instructions; similarly, people with intellectual disability, often trained by a lifetime of authority figures requiring compliance, may agree with any proposition put to them by police, frustrating officers in their attempts to investigate.⁹² PWDA therefore suggest that such training, in addition to a witness intermediary scheme, be directed towards identification of disability and communication support needs, rather than replicating the current but very limited focus on interview strategies.

⁸⁹ The Rt. Hon. The Lord Judge, Lord Chief Justice of England and Wales. 2012. Speech given 7 September 2012, at the 17th Australian Institute of Judicial Administration.

⁹⁰ Attorney-General's Department. 2014. Disability Justice Plan. Government of South Australia. Available: <http://www.agd.sa.gov.au/initiatives/disability-justice-plan>

⁹¹ Cooper and Mattison. 2016.

⁹² ALRC Report 124.

Chapter 7: Pathways to Justice

This case study is a historical case highlighting the difficulty for access to justice for people with disability. The case study has been anonymized for the safety of the parties concerned. The case studies are drawn from either PWDA's individual advocacy, or from the stories recounted by focus group participants, was used to both highlight particular barriers in the service system at this time, and to enable participants to brainstorm potential solutions to the identified barrier.

Case Study: Samantha

Samantha is a young adult with severe intellectual, physical and communication disability. Her parents were in conflict. Numerous domestic violence orders were applied for by both parties. Parental contact with Samantha was the primary cause of matter going to Queensland Civil and Administrative Tribunal (QCAT). At this hearing, the Office of the Public Guardian (OPG) was appointed as guardian, and the Public Trustee Queensland (PTQ) as Administrator. After some time PTQ was replaced with mother, as Samantha's pension is her only property.

The OPG decided to place Samantha in a group home where her mother alleged physical and sexual assault of Samantha, perpetrated by a support worker. This was only partially documented by medical professionals, and was not thoroughly reported. It is unclear what investigations were undertaken as a result of these complaints. Samantha's mother also alleges Samantha's father (her ex-partner) perpetrated physical, psychological and verbal assault and financial neglect against Samantha, both while she lived in family home and continuing during her time in the group home.

In response to the ongoing threats to Samantha, her mother removed her from the group home. She alleged continued intimidation by Samantha's father. Samantha's mother connected with WWILD, who worked with Samantha for a period regarding her trauma. The OPG terminated this arrangement.

Samantha's mother fears further violence against herself and Samantha, so she fled the state with her daughter to be closer to family and informal supports. She refused to disclose exact home address to any authorities in Queensland for fear that her ex-partner may find her and Samantha. However, she made contact with and advised her new address to police, medical and Disability services in the new jurisdiction.

The OPG was not informed of mother's intent to flee, so they pursued Samantha's return to Queensland by phone/email, and with the police. The OPG notified Samantha's mother that they had made application to QCAT to have mother removed as Administrator, and sought an Order for return of Samantha to Queensland. Samantha's mother is formally advised that upon return to Queensland Samantha will be placed in a group home.

Samantha's mother sought leave to attend QCAT hearing via Skype. This was refused and she was directed to return to attend in person. Samantha's mother registered Samantha in new jurisdiction for disability services. However, funding remained unavailable as the OPG refused to transfer Samantha's file. The OPG responded that they cannot transfer file without knowing correct home address. Samantha's mother provided their new address on condition it not be provided to father.

Samantha's mother is now collating anecdotal and medical evidence of Samantha's improved circumstances.

⁹³ Rights Denied.

Primary Evidence: Focus Groups

Of the focus group participants, 18% self-identified as perpetrators of domestic and family violence (all of the participants who identified as perpetrators also identified as victims of domestic and family violence). When asked, what should happen to people who perpetrate domestic and family violence participant responses primarily leaned toward early intervention, such as education programs in schools, perpetrator intervention programs and respectful relationships education for people with disability and for perpetrators with disability to have access to diversionary programs.

"If they don't get education, they'll just do it again." Trans woman, Brisbane.

"Education, first off the bat." Woman, Hervey Bay.

Focus group participants noted that they were otherwise unaware of any such programs specifically devised and aimed at people with disability who have perpetrated domestic and family violence.

"Sometimes it's a lot harder to find information for the abuser not the abused." Woman, Brisbane.

Of the self-identified perpetrators, one recounted going to prison as a result of a conviction. The participant noted that:

"They should teach the rights and wrongs of how to handle people with disabilities." Man, Hervey Bay.

Over the course of the Review focus group participants noted that not just prevention is needed, but also rehabilitation to support perpetrators to change their outlook and behaviour; and that such programs should be specifically devised for people with disability.

"Rehabilitation." Woman, Caboolture.

"They should be rehabilitated. They should go to some form of group therapy type situation, similar to AA." Woman, Townsville.

During one focus group QCAT was identified by participants as a problem in regards to domestic and family violence. Further questioning, elicited that the participants felt that QCAT was overly controlling in regards to the lives of people with disability. This discussion evolved out of the question 'Who does domestic and family violence?'

"Well, [QCAT] stick their noses in where it's not wanted." Woman 1, Hervey Bay.

"They control your money." Woman 2, Hervey Bay.

"Yeah, they [service providers] don't listen to the Judge and do everything else." Woman 1, Hervey Bay.

Primary Evidence: Consultations

During the Review's consultations, disability advocacy organisations highlighted major problems within administrative responses to acts of violence, including domestic and family violence against people with disability, such as the roles provided by QCAT and the Office of the Public Guardian (OPG).

They commented that there was a lack of understanding of the dynamics around violence, particularly domestic and family violence, and that in many cases the word of the perpetrator was valued above that of the victim.

"QCAT is too broad and generalised. There is lack of support for people with disability and a lack of legal assistance, advocacy and specialised knowledge." Disability Advocate.

"Sometimes QCAT staff don't understand what is being described or reported i.e. that it is a situation of DFV." Disability Advocate.

In domestic and family violence contexts, for certain people with disability who are victims, decisions about which pathway to use are often made without discussion with the person with disability as the victim. For example, where violence occurs between co-tenants, disability service providers usually undertake an internal investigation as an initial response to violence. These internal investigations can sully the evidence to be collected by police so as to undermine any possible case. This issue was raised across a number of our consultations, including with representatives of the Office of the Public Guardian. NB: QCAT was contacted on several occasions for input into the Review however, at the point of this report's compilation no response had been received.

"The Public Guardian always starts from the position that the person has zero capacity – there is no recognition of ability." Disability Advocate.

The representatives of the Public Guardian identified that matters that their agency identifies as constituting an incident of violence would be referred to the police as per The role of the Public Guardian is to advocate for, and represent, its clients decisions. Where these decision are not known, the OPG should make informed recommendations that promote and protect their rights. The Office of the Public Guardian states that it is strongly driven by a model of participation advocacy that places the voice of its client at the centre of what they do, and that a focus of the role of the OPG in 2017-18, was on identifying and acting earlier where abuse, or potential abuse of a client's human rights is identified. For its adult clients this means advocating for their rights, access to services, independence and choice as part of a supported decision-making model. It also means working to prevent or address discrimination, abuse or neglect.

There are three main functions that the OPG has in relation to adults with disability:

First, through the work of the community visitor program to prescribed visitable sites that includes authorized mental health services, the forensic disability service, and various supported accommodation sites. For adults, community visitors monitor the adequacy and appropriateness of services provided in particular accommodation, referred to as 'visitable sites'. Community visitors make announced and unannounced visits to ensure consumers are cared for, make inquiries, and lodge complaints for, or on behalf of, consumers. Community visitors have the power to refer complaints to an external agency— such as the Department of Communities, Child Safety and Disability Services, Queensland Health, or the Residential Services Unit in the Department of Housing and Public Works— where appropriate. During 2016-17 community visitors raised 36 issues relating specifically to abuse, neglect or exploitation of an adult residing at a visitable site.

Second, if the Public Guardian is appointed as the guardian of last resort for a person. The purpose of guardianship is to promote and protect the rights of the individual under that order, through the use of advocacy and supported decision-making. The principle aim of the OPG's advocacy should be to support its adult clients to make their own decisions about their life, and realise their right to live as an equal member of society.

Clients who require decision-making support may be vulnerable to exploitation when that support is not made available. Some clients may have very little knowledge of the justice system and what is required of them should they come into contact with it. They may have little or no understanding of their legal rights, and can lack the ability to locate and engage with services that could support them. The advocacy for clients in legal processes is a critical safeguard to ensure they are not limited or denied access to their legal rights as a result of disability or impairment. It also aims to ensure that legal processes are responsive for people with disability, and that decision makers are aware how disability or impairment may impact an individual's participation in legal processes or their legal matters. OPG has a team of legally trained guardians who are appointed to support a client's legal matters.

Individuals who are under guardianship orders may be involved in various areas of law:

- as perpetrator or victim of a criminal offence
- as parents in child protection proceedings
- as aggrieved and/or respondents to applications for domestic violence protection orders.

OPG does not provide direct legal representation to clients. They act as guardians for legal, health, accommodation and other personal matters. The principle role of the OPG is to ensure that decisions made by legal representatives uphold the rights of the individual involved.

Third, through the Public Guardian's investigations function. The purpose of the investigations function is to promote and protect the rights and interests of people with disability by investigating their decision-making arrangements to make sure they are lawful, appropriate, and do not expose them to neglect, exploitation or abuse. Where they are not, the role of the investigator is to recommend intercepting these decision-making arrangements to the Public Guardian for action. The significant work undertaken by the Public Guardian in this area is demonstrated through a 27% increase in the number of investigations commenced in 2016-17 into the exploitation and abuse of vulnerable adults. Further, the Public Guardian also has power under section 36 of the *Public Guardian Act 2014* to apply to the Queensland Civil and Administrative Tribunal for a warrant to enter a place and remove an adult, if there are reasonable grounds for suspecting that there is an immediate risk of harm, because of neglect (including self-neglect), exploitation or abuse. The Public Guardian applied for, and was granted two warrants in the 2016-17 financial year.

It was noted by representatives of the Public Guardian that there are always opportunities for improvement across the agency to identify and respond to the indicators and dynamics of domestic and family violence.

"There needs to be more qualified staff – the Public Guardian is under resourced." Disability Advocate.

"Definitions of DFV need to be reviewed and include access to justice and to the support people need." Disability Advocate.

"People with disability live in a situation that is not the norm for other people, their situation is not comparable to others and the risk of abuse is very high." Disability Advocate.

Barriers

A number of barriers were identified regarding pathways to justice. These include:

- Lack of early intervention and prevention programs specifically for people with disability who have perpetrated domestic and family violence.
- Lack of information for people with disability about prevention or early intervention regarding domestic and family violence.
- Lack of awareness amongst people with disability about respectful relationships.
- Lack of diversionary programs for people with disability.
- Lack of awareness about the nature and dynamics of domestic and family violence, including the specific experiences of people with disability amongst the Queensland Civil and Administrative Tribunal, the Office of the Public Guardian and the Office of the Public Advocate.

Current Queensland Policy and Practice

For many people with disability, there are numerous barriers to the civil and criminal legal systems, and to the justice accessible through these means for other members of the community. This has in many jurisdictions resulted in the creation of pathways for people with disability, rather than adjusting police and court processes to increase the access for people with disability.

Currently in Queensland, opportunities to access justice for a person with disability is largely dependent on getting support, usually in the form of advocacy from an individual advocate. There are a small number of disability advocates in Queensland yet this is disproportionate to the need for advocacy. As this review has identified, the support of advocates greatly improves the ability of people with disability to navigate and access the justice system.

Evidence and Potential Solutions from the Literature

Criminal and civil responses to violence against people with disability, both victims and perpetrators of violence, are not always ideal in terms of outcomes. Even a successful outcome of a criminal trial can take an extended period of time, and involve extensive re-traumatisation for victims (minimised by the use of video evidence-in-chief and appropriate communication, as noted above).

For perpetrators, prison is not necessarily a solution to the causes of violence. Many people with disability have experienced long-term violence at the hands of others including family and support workers. Research suggests that around 14% of all children with disability experience child sexual abuse, and that children with disability are at 3.14 times the risk of violence compared with other children.⁹³ Additionally, segregated forms of service provision, such as residential facilities, special schools and day programs, tend to heighten the risk of experiencing violence for children and adults with disability.⁹⁴

Many people with disability are forced to cohabit with people not of their choosing.⁹⁵ Many people with disability who develop 'challenging behaviours' as a result of trauma frequently find themselves subject to restrictive practices. It is important to note the impacts of these formal and authorised forms of 'lawful violence,' such as restraint and seclusion, on people with disability.⁹⁶ They exacerbate trauma and normalise violence and coercion. Essentially, for many people with disability, violence has been normalised. It is important to recognise that these histories may result in a minority of victims with disability becoming perpetrators. Prevention and early intervention strategies, including trauma-informed psychological supports in place of restrictive practices, are of particular importance.

In order to address the rates of violence against people with disability that occur within supported accommodation, it is important that instances of violence do involve an investigation of the organisation's responsibility for the occurrence of the violence. This can lead to investigation, findings and recommendations that can prevent future violence, whether against someone who has already been

victimised or those who have not experience violence. It is for this reason that PWDA propose that all instances of violence in disability services be referred both to police and through an administrative pathway which can address any issues in service provision (unless otherwise requested by a victim who has been provided with adequate decision-making supports by an independent party such as a disability advocate).

When PWDA runs prevention education courses for women with intellectual disability, few initially identify as having experienced violence, but as they learn what violence is, they begin to identify their own experiences as violent. In this context, where community standards regarding interpersonal relationships do not necessarily translate for the vast majority of relationships that people with disability have, responding punitively, or *only* punitively, to perpetrators with disability may be holding them responsible for systemic issues.

Part 3: Service System Responses

In Queensland, the service system usually treated as responsible for responding to and supporting victims of domestic and family violence is the domestic and family violence services sector. However, many other services wind up responding to issues of violence, including community services more generally, disability specialist services and other services such as legal services. This section focuses particularly on domestic and family violence services and disability services.

For many people with disability, disability services are part of their everyday lives. These services are often in a position to prevent and provide a response to violence when it does occur. However, it is unclear that workers are supported to do this; in many circumstances they do not have access to the knowledge or expertise required to meaningfully support victims.

Similarly, the domestic and family violence sector lacks awareness of how to support people with disability, especially where their experiences differ from those of other victims. Even with very willing workers, accessing the necessary information, funding and support may be difficult, especially given the division between disability specialist services and mainstream or 'universal' services like domestic and family violence services. This 'siloing' has significant impacts on people with disability, and appears to continue despite commitment to integrating the service systems.

⁹⁴ Enabling and Protecting. pp12-23.

⁹⁵ Enabling and Protecting.

⁹⁶ ACDA Submission to Senate Inquiry into Violence.

⁹⁷ Steele, L. 2014. Disability, abnormality and criminal law: sterilisation as lawful and 'good' violence. Griffith Law Review. 23 (3). pp467-497.

Chapter 8: Integrating Service Systems

Case Study: Ellen

Ellen lives in a public housing flat for people with disability. Ellen was previously in a long-term relationship and has a little boy aged 8. He doesn't live with Ellen as his father's parents applied for custody when they realised Ellen had an intellectual as well as physical disability. Ellen only sees her son at Christmas and birthdays. She misses him greatly and would like him to live with her.

Ellen has a social life and recently met a man who told her he would "look after her". Very quickly this man moved in with Ellen and effectively took over the running of her house and her life. Ellen takes medication and can manage this by herself but her new partner decided he would manage Ellen's medication schedule.

The partner would give Ellen her medication early as this would cause her to go to sleep. He would then sexually assault Ellen. When Ellen would wake she would often find herself with her clothes off and marks on her body. The partner told her she was just making things up.

Not long after this started Ellen mentioned her concerns to a neighbour (who also had disability). It was this neighbour who found Ellen screaming sitting in her wheelchair, the power disconnected and surrounded by shattered glass. Ellen was distraught and could not move. Her neighbour called DVConnect who advised that Ellen needed to get out. They said "Can you put her on a bus to Ipswich?" Ellen couldn't get out the front door let alone get on a bus.

Ellen's partner returned to the flat and told her and everyone else she was "making it up". He stayed for another 8 months, despite Ellen's neighbours notifying the Department of Housing that he was living there permanently. Whenever a Department of Housing worker visited the partner would tell them he was Ellen's support worker. No one asked Ellen if this was true. Ellen was often asleep during these visits.

Primary Evidence: Focus Groups

Focus group participants who had accessed support services including domestic and family violence services had mixed experiences regarding the process of actually attaining support.

The participants who had the best outcomes when navigating the complexities of the services systems were those who had advocates to support them. When asked where they thought they could get information and support to address domestic and family violence, the answers followed a trend, which focused on specific services which act as key referral and interface points between differing systems:

"I got help from WWILD." Woman, Brisbane.

"An advocate can help you." Man, Mooloolah.

"I've been to the Women's Legal Service." Woman, Townville.

Other focus group participants, often those who had directly approached domestic and family violence services, had more difficult experiences when attempting to navigate the system. They also highlighted the experience of the service system revolving door and not getting anywhere.

"Everything seems to be a closed book. You go to one and that's where you stay, you go to another – without working partnerships to develop the overall picture for the assistance of the individual, it's where it needs to be and it's not happening." Man, Caboolture.

"Not really, because I was in a domestic bad relationship and I'd go back there but I didn't actually get any help. I got help and support from family." Woman, Mt Isa.

Focus group participants expressed frustration at not being able to understand aspects of the system without help or support to navigate its complexities. This included the required paperwork around reporting, such as how to go about making a domestic violence order. Some of these concerns also reflected a frustration with 'universal' service systems that were opaque, inaccessible and did not provide disability-specific support to enable people with disability to use them.

"Victims of Crime – they sent me all these papers to fill out and I wouldn't have a clue where to start." Woman, Townsville.

"Yeah, reams of paperwork." Man, Townsville.

"WWILD helped me with the court and all and the DV Order." Woman, Brisbane.

"[When trying to report] this is where they really need someone who's a DV advocate." Woman, Caboolture.

Primary Evidence: Desktop Research of Queensland Policy

A key element of the *Not Now, Not Ever* Report was recognition for the need for Queensland to develop a more cohesive and holistic response to counter domestic and family violence across the community. In September 2016, the Department of Communities, Child Safety and Disability Services announced three trial sites where Integrated Responses were to be established:

- Logan/Beenleigh (urban trial)
- Mount Isa (regional trial)
- Cherbourg (discrete Indigenous community trial)

The Department has described this integrated response model:

'Collaborative, coordinated responses between community, government agencies and non-government domestic and family violence and other support services will strengthen responses to victims and their families, and provide opportunities for people using violence to stop their abuse'.⁹⁷

In Queensland, integrated service responses first arose around 1996-1997 with the establishment of an integrated response model in the Gold Coast that included multiple agencies, collaborative working relationships and shared protocols.⁹⁸ Integrated service responses (ISR) to domestic and family violence aim to increase the safety of victims and reduce re-victimisation.⁹⁹

The Queensland Government Response to the *Not Now, Not Ever* report outlines engagement with sector partners to help develop appropriate tools to support work around responding to domestic and family violence. Including risk assessment and management framework, information sharing protocols and multi-agency teams to respond to people at elevated risk of domestic and family violence. However, within this apparently integrated model, and despite the heightened risk of violence that people with disability experience, disability advocacy services or disability services have not been specifically mentioned as potential members of the multi-agency teams.

ISRs are designed to provide more formalised strategies for collaboration between different services. However, referral remains a key way that victims and perpetrators of domestic and family violence are connected with the services they require. Additionally, it is unclear whether information-sharing protocols developed amongst ISRs extend to organisations that are not already members of an ISR. This means harder to reach populations who face difficulty accessing domestic and family violence services may also face greater impediments in accessing a timely and appropriate ISR response if they disclose to other services such as disability service providers or other community organisations.

In Queensland, some gaps were identified during the Review, both in ISRs and in referral processes. One example is the existence and capacity of a (physically) disability accessible refuge located in the Brisbane Metropolitan region. None of the external agencies consulted, including Queensland Police Service and other domestic and family violence services, were aware of this refuge's capacity to cater to victims with disability seeking crisis accommodation, despite the refuge being on the referral list with DVConnect. DVConnect does routinely seek to clarify disability support needs of victims of domestic and family violence, with a set list of just ten questions. However, it is unclear if DVConnect make use of or have access to databases capable of searching by such support needs.

In addition, knowledge of the existence of WWILD as a specialist victims of crime funded service for people with disability was disparate amongst consultation participants, with the limited exceptions of the Disability Advocacy consultations, and those from particular government agencies. For example, only one police officer was aware of WWILD and its services.

Barriers

A range of barriers have been identified for people with disability to access and navigate integrated service responses, these include:

- Significant gaps in the referral processes of current integrated service responses.
- Lack of integrated communication between services.
- Lack of disability awareness across all services.
- Lack of access to disability support, impeding access to other services, including DFV services and crisis accommodation.
- Lack of representation of disability expertise on Integrated Service Response teams.
- Lack of a strategy in responding to clients with disability among current Integrated Service Responses.
- Over reliance on WWILD and advocacy organisations to mediate and advocate on behalf of clients with disability, which impacts its capacity and already stretched resources.

Evidence and Potential Solutions from the Literature

It is worthwhile considering whether integrated services, including models developed in other locations, work for all people. The evidence suggests that with coordinated responses, access to services remains problematic for many marginalised populations of women¹⁰⁰ including women with disability. Despite experiencing violence at a higher rate, women with disability have fewer pathways to safety, and consequently experience diverse forms of violence for longer periods of time.¹⁰¹ Research shows that there are no specific mainstream programs or policies targeted at women with disability experiencing domestic and family violence, echoing the problems seen amongst integrated service responses.¹⁰²

⁹⁸ Queensland Government, Integrated Service Response <https://www.communities.qld.gov.au/gateway/reform-renewal/domestic-family-violence/building-integrated->

⁹⁹ Justo, D (ed.). 2009. The Gold Coast Domestic Violence Integrated Response to Perpetrators of Domestic Violence: Political Activism in Practice. The Federation Press: Sydney. pp24-26.

¹⁰⁰ Breckenridge, J., Rees, S., Valentine, K. and Murray, S. 2015. Meta-Evaluation of Existing Interagency Partnerships, Collaboration, Coordination and/or Integrated Interventions and Service Responses To Violence Against Women: State of knowledge paper, Australia's National Research Organisation for Women's Safety, September: Issue 11. p23 (hereinafter Breckenridge et al. 2015)

¹⁰¹ Breckenridge et al. 2015. p21.

¹⁰² Breckenridge et al. 2015. p25.

Integrated service responses could enable meaningful and sustained collaboration between domestic and family violence services and disability services, including disability advocacy services, each providing the other with advice, training and information, as recommended across numerous investigations of this issue.¹⁰³ Examinations of this issue have recommended that, 'A major goal should be for domestic violence and disability services to bridge the philosophical and service delivery gaps between the domestic violence and disability communities and to provide some of the practice, policy, and training resources necessary to enhance and speed these efforts.'¹⁰⁴

Establishing best practice models to approach domestic and family violence against women with disability could be a key element of such collaborative efforts.¹⁰⁵ Cross sector collaboration enables the dismantling of sector siloes which make access difficult for people with disability, bringing agencies and services together, using more appropriate approaches to the support needs of people with disability, broader and more inclusive definitions of violence and more accessible policies and procedures.¹⁰⁶ This type of collaboration across the domestic and family violence and disability sectors would be incredibly beneficial for people with disability.¹⁰⁷ For instance, the inexperience of domestic and family violence workers providing assistance to people with disability 'often extends to a lack of familiarity with the best ways to create an environment welcoming to women with disabilities or to reach out to members of the disabled community to advertise available services.'¹⁰⁸ Collaborative and integrated responses can lead to shared knowledge and increased communication around the needs of the client.¹⁰⁹ Strengthening relationships among domestic and family violence workers, people with disability, disability advocates and disability service workers would likely improve service responses for women with disability.

Domestic and family violence workers require disability awareness training, and must be educated on intersectional experiences of violence facing women with disability.¹¹⁰ In addition, disability workers require training on the gendered dynamic of violence and how to support people with disability who are experiencing violence.¹¹¹ Cross sector training and collaboration may involve the creation of shared policies and procedures on how to approach violence. Elements of integrated service response may include common risk assessment frameworks, information sharing protocols and multi-agency teams, as well as safety meetings.¹¹² Collaboration may also include shared protocols and procedures, clear policies and aims, agreed best practice models, strategic plans and training initiatives.¹¹³ Ensuring that all of these elements are fully disability inclusive would go a long way to ensuring an adequate response.

¹⁰³ Breckenridge et al. 2015. p21.

¹⁰⁴ Breckenridge et al. 2015. p25.

¹⁰⁵ Breckenridge et al. 2015. p25.

¹⁰⁶ Domestic Violence and Incest Resource Centre, 2003. Triple disadvantage - out of sight, out of mind: Violence Against Women with Disabilities Project, p16; Hague, G., Thiara, R., Mullender, A. and Magowan, P. 2008. Making the Links: Disabled Women and Domestic Violence: Final Report. Women's Aid. p27; Healey, L. et al. 2008. p10; McClain, L. 2011. Women, Disability and Violence: Strategies to Increase Physical and Programmatic Access to Victims' Services for Women with Disabilities. Center for Women Policy Studies. p14; Women's Centre for Health Matters, the Domestic Violence Crisis Service, and Women with Disabilities ACT. 2009. Women With Disabilities Accessing Crisis Services: A project to assist domestic violence/crisis services in the ACT to better support women with disabilities who are escaping domestic and family violence., pp19-20; Woodlock, D., Western, D., Bailey, P. 2014. Voices Against Violence: Paper 6: Raising Our Voices - Hearing from with Women with Disabilities. Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, p49.

¹⁰⁷ Cockram, J. 2003.

¹⁰⁸ Taylor, B. and Green, B. 2014. Literature and Evidence Review of Queensland Women's Services: Prepared for Department of Communities, Child Safety and Disability Services. Queensland Government. p14. Available: <https://publications.qld.gov.au/dataset/153992d0-4624-429a-9cda-978a40a233d1/resource/0879e589-024b-bd6ed29a979a/download/literatureevidencereview.pdf> (hereinafter Taylor and Green. 2014.)

¹⁰⁹ Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. 2013. Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper. Women with Disabilities Australia, pp79-86; Voices Against Violence: Interviews. p68.

¹¹⁰ Healey, L. et al. 2008. p13.

¹¹¹ McClain, L. 2011. p1.

¹¹² Breckenridge, J. et al. 2015. p1; Voices Against Violence: Summary Report, p19.

The USA has some domestic violence coordinating councils that bring together representatives from across agencies and sectors.¹¹⁴ These councils have meetings that appear to be similar to Safety Action Meetings within the NSW Safer Pathway model, in which dialogue is created, agencies work collaboratively to respond to victims of domestic and family violence and identify and meet any gaps in services.¹¹⁵ There appear to be positive outcomes from Safer Pathway, but a full evaluation is not yet available.

Finally, research indicates that outside facilitation for integrated responses increases the likelihood of cross-sector collaboration being effective. External facilitators can aid in effective and productive communication, and ensure organisational power imbalances and egos don't disrupt cooperative efforts.¹¹⁶ Other barriers to collaborative efforts include domestic and family violence workers feeling frustrated when providing assistance to women with disability, or disability services misunderstanding domestic and family violence, and failing to follow through in responses.¹¹⁷ Integrated service provision requires adequate funding and appropriately trained workers, both of which may also be scarce.¹¹⁸

Chapter 9: Access to Queensland Domestic and Family Violence Services

Primary Evidence: Focus Groups

Issues of access to domestic and family violence services became apparent during the focus groups. Participants in many focus groups did not understand or feel comfortable accessing domestic and family violence services sites for them to seek support in addressing experiences of violence. This inaccessibility was also reflected in our audits and consultations with domestic and family violence services.

"I've been to about four and they all said it was too complex for them." Woman, Townsville.

Focus group responses from many respondents indicated that when they did access domestic and family violence services their disability and support needs were not understood or that they were deemed 'too complex' to support.

Other focus group participants had less favourable experiences even if they had support or access to an advocate. A number of people with disability in the focus groups expressed frustration at the lack of understanding of disability by domestic and family violence services, even when supported by a disability advocate to try and access the services. Throughout the Review, participants continually highlighted the need for domestic and family violence services to make an effort to find out the impact on the persons disability and then to shape responses and service provision to meet those needs.

"We found our friend at her home, he (the perpetrator) had depowered her wheelchair and smashed glass all around it. She couldn't move. We don't know how long she had been there. We called DVConnect for help and they said 'put her on a bus to Ipswich' – she couldn't even get out of her house let alone on a bus." Woman, Logan.

¹¹³ Cockram, J. 2003; Healey, L. et al. 2008. p16; Voices Against Violence: Interviews. p68.

¹¹⁴ Cockram, J. 2003 op cit.; Voices Against Violence: Summary Report, p17.

¹¹⁵ Taylor and Green. 2014. p11.

¹¹⁶ Breckenridge, J. et al. 2015. p13.

¹¹⁷ Breckenridge, J. et al. 2015. p17.

¹¹⁸ Breckenridge, J. et al, 2015. p17.

Primary Evidence: Consultations and Access Audits

Access is not limited to ramps, lifts and parking spaces but also information about where and how to access domestic and family violence services. During the consultation process with domestic and family violence services it became apparent that easy English brochures and information was not generally available. Therefore, people with learning disability and/or intellectual disability may not have any accessible information. Equally, disability awareness training was not a requirement for domestic and family violence workers.

Although there was commitment to 'client-centred' approaches, a lack of understanding about the needs of a client with disability might have undermined an intention to be flexible and responsive. For example, many services are provided only on the site of the domestic and family violence service, and attending the home of a person with disability, even where safety has been established, was considered impossible. In this way, some of the very parameters of service provision could preclude adequate responses to people with disability.

As with consultations with other sectors, overall disability awareness was quite low in the domestic and family violence sector. Data collected does not disaggregate disability, therefore information about how many people with disability access the services is unknown. This complicates response mechanisms when working with people with disability, as the response is then reliant on an ad hoc, case by case basis with no guiding policy or principles available to support workers when working with people with disability. This fractured response means that people with intellectual disability in particular may not be recognised and therefore not adequately supported.

Barriers

A range of barriers have been identified through the Access Audits conducted as part of the Review, for people with disability to access domestic and family violence services, these include:

- Lack of physical accessibility, awareness and understanding of disability by domestic and family violence services and workers.
- Lack of disability informed practice for domestic and family violence workers.
- Lack of accessible information about domestic and family violence services for people with disability.
- Lack of policies, procedures and guidelines for working with people with disability at domestic and family violence services. Including lack of formalised Disability Action Plans.
- Lack of accessible crisis accommodation.

Current Queensland Policy and Practice

Queensland domestic and family violence services are clearly willing to develop their accessibility to people with disability. However, as it is not a requirement of their contracts, this enables them to prioritise other, also very urgent, matters. They also are not required to track clients with disability, meaning that they have little basis for reflecting on or evaluating their service or how to improve it.

Queensland is unique in Australia in having a specific service that works with people with intellectual disability who have experienced sexual assault and domestic and family violence. However, this service has a very small staff of just four workers that effectively respond to the needs of people with disability across the state. It is also not funded directly for domestic and family violence work, despite supporting clients who have experienced domestic and family violence. Apart from offering direct support, counselling, group work and advocacy, WWILD also offers disability awareness training.

It is clear that services such as WWILD play a key role for domestic and family violence services in providing expertise and experience not only about people with intellectual disability, but often for all people with disability. Many domestic and family violence services mentioned WWILD as a key source of support in this regard. While this may well be the case, the difficulty with having a specialised service and source of expertise in the area of disability, such as WWILD, is that despite it not being directly involved in the referral process, there can be an over reliance on such a service to provide specific supports and expertise. This means that mainstream services can defer to a specialist service rather than develop their own in house expertise.

Evidence and Potential Solutions from the Literature

As evidenced by focus group responses there is a strong case for domestic and family violence services to develop improved disability awareness and support responses. Based on the current state of knowledge it appears unlikely that any single organisation has all the services and expertise that the diversity of people with disability require during or after experiences of violence and abuse.¹¹⁹

Therefore, disability awareness training for domestic and family violence workers would not only relieve over-reliance on specialist services such as WWILD, it would offer improved service provision to people with disability accessing domestic and family violence services.

Research has shown that effective responses to women with disability experiencing domestic and family violence include accessible services and programs, and cross sector collaboration.¹²⁰ It is, additionally, the right of women with disability to access services provided by the state for the whole community. Requiring them to access the single specialist service in a geographically large state places an unduly onerous burden on victims. Genuine cross sector collaboration requires that both disability and the violence and abuse response sectors recognise violence and abuse of women and girls with disabilities as significant and as “their core business.”¹²¹

Chapter 10: Domestic and Family Violence and Disability Service Providers

These case studies are historical highlighting the difficulty for access to justice for people with disability. The case study has been anonymized for the safety of the parties concerned. The case studies are drawn from either PWDA’s individual advocacy, or from the stories recounted by focus group participants, was used to both highlight particular barriers in the service system at this time, and to enable participants to brainstorm potential solutions to the identified barrier.

Case Study: Carla and Catherine

An advocacy organisation was providing advocacy for 2 women, Carla and Catherine, in an attempt to resolve issues around their forced co-tenancy with a male co-tenant who was abusive, disruptive and threatening to these women. All three parties in this shared co-tenancy have disability. Their residency was effectively determined by the Department of Communities, Child Safety and Disability Services (DCCSDS) a number of years ago.

The behaviours of the male co-tenant included unrelenting screaming, physical motions of threat to kill them or kill himself, sometimes urinating deliberately on the floor with a demand that one of the co-tenants clean it up, occasionally spreading faeces, turning up loud music and television or screaming when the women tried to watch TV or play music in their rooms. The advocate sent more than 15 emails to the DCCSDS documenting reports about the ongoing abuse and requesting that the DCCSDS resolve the matter.

¹¹⁹ Frawley et al. 2015. p20.

¹²⁰ Frawley et al. 2015. p19.

¹²¹ Frawley et al. 2015. p15.

The service provider attempted to address the issue by putting some strategies in place however nothing worked. The service provider confirmed that the co-tenancy arrangement was extremely toxic, that there was serious violence occurring and that the service provider's approaches to DCCSDS to have the male co-tenant moved out of the residents had failed. However, the service provider would not document the seriousness of the situation and instead sent an email to the advocacy agency stating that "the service was working together with the DCCSDS to come up with the best outcome for all clients".

The advocate sent numerous emails to both the DCCSDS and the Service Provider documenting each time the women reported a new episode of violence towards them by the man. These emails largely went unanswered.

The ambulance regularly arrived to take the man to a mental health unit at the hospital during some outbursts of violent behaviour. Police were called when the man used a knife or long stick in a threatening manner. However, no criminal charges were laid.

A DCCSDS representative told the advocate that the women were making up stories as the Department had not received any history of this aggressive behaviour by the man. A representative from the DCCSDS visited the women and told them that if they continued to make complaints they would be required to move, not the male co-tenant.

A complaint was made to the Queensland Anti-Discrimination Commission (QADC). During this process medical reports demonstrated that both women were breaking down mentally and it was recommended that they leave the house. Following an unsuccessful mediation process the matter was referred to the Queensland Civil and Administrative Tribunal (QCAT) by the QADC.

Both women found temporary accommodation and volunteer support while the QCAT process continued. The DCCSDS then withdrew from mediation and wrote that the matter should proceed to a full hearing, with the intention to seek costs against the women.

Then the DCCSDS offered the women a home which they accepted.

Case Study: Martin

Martin, a man with intellectual disability, was living in a not-for-profit group home. He was assaulted by a co-resident, at which time he was taken to the doctor. The assault was also reported to the police.

The matter was also raised with the CEO of the service. However, nothing was done about the situation, and after visiting his mother, Martin expressed severe reluctance to return to the group home.

Regardless, nothing was done to address the situation. Two months after the assault, Martin absconded from the group home. He was missing for a total of 12 hours.

Martin's parents attended a meeting with the managers of the group home. Their concerns about the conflict in the house, and other issues relating to Martin's safety, were trivialised by the management staff.

A month later, there was another incident in the group home. After the latest assault, Martin's parents took him home. At this point, disability services began looking for another group home for Martin.

Primary Evidence: Focus Groups

Amongst the focus group participants, few identified disability service providers as a site of potential assistance to respond to domestic and family violence, even where a disability support worker was a daily presence in their lives and may have otherwise been of assistance.

"I didn't know disability service providers had a special section for that." Woman, Hervey Bay.

For others, concerns regarding disability service providers extended far beyond the belief that they would be unable to assist. Some expressed a fear of victim-blaming, a concern that support workers may not fully understand the dynamics of domestic and family violence, and in some cases even that disability service providers might be sites of violence themselves.

"I certainly wouldn't. I know three organisations, disability service providers in the council that have caused dozens of people neglect on a regular basis." Man, Townsville.

Focus group responses regarding disability service providers and employed support workers also reflected a concern about the level of control a support worker can exercise over a person with disability. When asked, who could perpetrate domestic and family violence, a great number of respondents indicated that carers (paid and unpaid) and support workers employed by disability service providers could perpetrate violence against a person with disability in their home.

"It could be a worker that does it." Woman, Mooloolah.

Primary Evidence: Consultations

The low turnout of disability service providers during the consultation sessions may indicate that disability service providers may not identify domestic and family violence as a priority or issue for their clientele or service provision. This is concerning given the high rates of violence that people with disability experience, and the fact that disability service providers may be a primary or only source of support for people with disability.

Amongst those participants who did attend this consultation, the role and influence of support workers, and the dominant style of practice within disability service providers, were both noted as considerable cause for concern. One attendee made the point that despite policies claiming to be 'client-centred,' or 'person-centred' in most disability services, the older institutional manner of service provision, with highly regimented schedules, the arrangement of the lives of people with disability around staff needs, and an environment that requires docility and compliance of people with disability, has continued to exist. Despite the apparent move to 'client centred practice', it was noted by all attendees that service provision more generally by disability service providers in Queensland lagged behind that of other states and countries, particularly in regards to respecting client-centred practice.

"Workers are a problem if the culture from above is a problem – support workers will do what they are told to do. With a good culture from above, if you get rotten apples, they don't last long." Disability Service Provider, Brisbane.

Current Queensland Policy and Practice

For many people with disability, disability service providers have a disproportionate presence in their lives. For some, especially those living in the community, they are a regular, perhaps even daily, contact point with the service sector more broadly. In this regard, they are particularly well-situated to identify and respond to domestic and family violence, just as health services have been identified as a key response point as well.

However, identification of domestic and family violence and indeed an inadequate understanding of the dynamics of domestic and family violence appears both within disability services, and also within the oversight bodies which are designated to respond to problems with service provision – such as the Office of the Public Guardian. Should the Public Guardian identify an incident of violence against a person with disability in a visitable site, then the Public Guardian should refer the matter to police for further investigation, as outlined in policies of the Office of the Public Guardian. How often this provision is utilised is unknown as at the time of the Review, the Public Guardian did not collect data of the number of cases referred to police.

In addition, currently disability service providers' responses to violence against people with disability do not always reflect best practice as developed in violence response sectors. For example, most undertake an internal investigation around an issue of violence and potentially sully evidence rendering the matter untenable for police investigation. Furthermore, disability service providers often refer to incidents of violence within their service provision as a 'service incident'. As noted above, disability service providers are more likely to carry out internal investigations than call the police.

"They just need to do their job and call the police." Man, Logan.

There are increasing supports both from National Disability Services, the peak body for disability service providers, and from Government, regarding how disability service providers should respond to 'abuse' (terminology that tends to minimise violence and fail to recognise criminal acts as such).¹²² Additionally, the Queensland Government's approach requires report to the Department of Communities, Child Safety and Disability Services. However, uptake of such supports with Queensland disability service providers and the possible impact on responses to violence against people with disability was not apparent during the time of the Review.

Barriers

A range of barriers have been identified for people with disability to access support from disability service providers regarding domestic and family violence and violence more generally, these include:

- Lack of understanding of the nature and dynamics of domestic and family violence by Disability Service Providers and their workers.
- Inadequate service based responses to violence experienced by clients e.g. Service incident investigations.
- Unwillingness to involve police in matters that pertain to violence and clients, including domestic and family violence.
- Lack of accountability of paid support workers who may be involved in or complicit to acts of violence against clients.
- Unwillingness to support clients with referrals or in accessing other services.

¹²² Frohmader, C. et al. 2015. p6; see National Disability Services' Zero Tolerance project at: <http://www.nds.org.au>.

Evidence and Potential Solutions from the Literature

Research has revealed disability services and organisations often used the term ‘neglect’ or ‘abuse’ to describe emotional abuse and coercive control, which can minimise or fail to recognize experiences of domestic and family violence.¹²³ Violence is frequently downplayed by services, as ‘abuse’ or ‘service incidents’ that do not require police involvement, intervention orders or criminal justice responses.¹²⁴

Instead, services may deliberately cover up, trivialize or ignore this violence, meaning that the experiences of people with disability in these settings is normalized and excused.¹²⁵ During the focus groups a number of participants recounted disability service providers undertaking internal investigations on matters that involved violence against clients. These investigations did not progress, as by the time the incidents were confirmed, clarified and police informed, relevant evidence had been sullied.

In addition, in some cases, co-resident violence is dismissed as ‘incompatibility’ rather than domestic and family violence, or even violence.¹²⁶ In many cases, the only action that is taken in response to violence is removing or transferring the perpetrator of violence (co-residents or staff members) to another facility.¹²⁷ These views and the tendency to minimize and dismiss violence against people with disability in their domestic settings indicates that in these contexts, violence against people with disability is understood to be less significant, indicating the extent to which ableism continues to exist within the sector.¹²⁸ In this context, disability service providers may not consider domestic and family violence services to be appropriate or necessary referral points for people with disability.¹²⁹ This deprives people with disability of access to psychological supports.

This reflects research which suggests that disability services frequently fail to reach levels of service provision which would be acceptable to the broader community, resulting in a ‘second tier’ of service provision and policy for people with disability which sets low expectations and demands on providers.¹³⁰ The promise of the National Disability Insurance Scheme is that it will alter these dynamics and put people with disability in a position of greater choice and control over the supports they receive. This may enable those experiencing the initial signs of potential domestic and family violence from a disability support worker – such as increased control and coercion – to change providers before violence occurs, if they are supported to recognize them.

¹²³ Radford, J., Herne, L. and Trotter, J. 2006. Disabled women and domestic violence as a violent crime. *Practice*, 18:4. p239; Attar, M., & Price-Kelly, S. 2010. *Accommodating Violence: The experience of domestic violence of people with disability living in licensed boarding houses*, People with Disability Australia. p71 (hereinafter *Accommodating Violence*); *Rights Denied*. p27; National Cross-Disability Disabled People’s Organizations submission to Senate Inquiry into Domestic Violence. p11.

¹²⁴ ACDA Submission to Senate Inquiry into Violence. p19; Pearce, C. 19 Aug 2015. *Disabled People Need Better Support in Family Violence Cases*. Sydney Morning Herald. Available: <http://www.smh.com.au/comment/people-with-a-disability-need-better-support-in-family-violence-cases-20150818-gj1fxa.html>.

¹²⁵ ACDA Submission to Senate Inquiry into Violence. p19.

¹²⁶ Office of the Public Advocate Victoria, 2015. *Disability resident violence dismissed as incompatibility*. Available: <http://www.publicadvocate.vic.gov.au/disability-resident-violence-dismissed-as-incompatibility> Disability Justice Advocacy. 2015.

¹²⁷ Haripur, P. 2009. *Sexism, Racism why not Ableism?*, *Alto*, (34): 3 pp163-67, Available:

<http://www.austlii.edu.au/au/journals/AltLawJl/2009/49.pdf>; ACDA Submission to Senate Inquiry into

¹²⁸ *Violence*. p19; see also National Cross-Disability Disabled People’s Organizations submission to Senate Inquiry into Domestic Violence.

¹²⁹ *Accommodating Violence*. p61; *Rights Denied*. p27

¹³⁰ *Enabling and Protecting*. p23.

In order to ensure adequate and appropriate responses to domestic and family violence for people with disability, the violence prevention and disability sectors must share an understanding and definition of domestic and family violence.¹³¹ In addition, 'local nuances and cultural differences'¹³² must also be taken into consideration for a definition of domestic and family violence to be as inclusive and responsive as possible. From the outset, disability support workers may not be aware of how to respond to domestic and family violence, and may not engage the support of police or domestic and family violence services.¹³³

Some research has demonstrated that disability support workers express frustration that their clients did not identify their experiences as constituting domestic and family violence, and did not leave the situation.¹³⁴ During the focus groups, some support workers present voiced concerns about their clients not speaking up enough when they experienced potentially harmful experiences, including violent relationships. Yet many people with disability living in residential or institutional settings may be denied access to information and education, including information about violence and their right to live free from violence.¹³⁵ This makes them more vulnerable, as perpetrators may deem them to be less likely to resist, or less likely to be believed if they disclosed about the violence.¹³⁶

Resourcing disability support workers to respond adequately to disclosures of violence, especially violence that may not be recognized as such by the victim, will help to address this. Additionally, reporting violence may result in retribution from a perpetrator; if the perpetrator is a support worker, this may put a person with disability at substantial risk.

Potentially there are significant gains for disability service providers from engaging with domestic and family violence services, for example through the collaborative strategies highlighted, or through the training outlined earlier regarding domestic and family violence for disability support workers. Receiving information and education about what domestic violence may entail, including from disability support workers, is vital for people with disability to be able to leave violent situations.¹³⁷

¹³¹ Healey, L. et al. 2008. p20

¹³² Bragg, H., Bluet-Boyd, N. and Williams, E. 2015. Innovative models in addressing violence against Indigenous women: State of knowledge paper. Australia's National Research Organisation for Women's Safety. Issue 8: August. p34.

¹³³ Women with Disabilities Victoria. 2015. Submission to the Senate Community Affairs References Committee Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability. Available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_nelect/Submissions. p42.

¹³⁴ MIMs and Associates Brisbane, 1998. p47; Voices against Violence: Summary Report.

¹³⁵ ACDA Submission to Senate Inquiry into Violence. P19 and p 35.

¹³⁶ ACDA Submission to Senate Inquiry into Violence. p35.

¹³⁷ Voices against Violence: Summary Report. p16.

Conclusion

In closing, the purpose of this Review was to address the impacts of domestic and family violence on people with disability in Queensland, thus fulfilling Recommendation 10 of the *Not Now, Not Ever* Report.

People with disability in Queensland experience disproportionately high rates of violence, yet their experiences are not always reflected or responded to in legislation, policy and service design. Much of the violence that Queenslanders with disability experience occurs in the spaces where they should be safe, whether private dwellings, public housing, group homes or boarding houses. Furthermore, people with disability experiencing violence in these settings do not distinguish the form of violence based on the nature of the relationship between themselves and the perpetrator. People with disability identified that violence could happen to them be it perpetrated by a partner, family member, carer, support worker or a neighbor.

The report was primarily based on the voices of people with disability who took part in the Review. Notably, people with disability reiterated repeatedly that their voices have not been heard, that they are not listened to, that they are not taken seriously and that they have largely, until this Review, not been consulted regarding the violence that they experience.

The Response Framework (the Framework) below draws on the insights from this Review. In doing so, the Framework recognizes the significant and complementary roles of the disability and domestic and family violence service systems in affecting positive outcomes for people with disability. The Framework similarly acknowledges the benefits arising from collaborative, coordinated responses between the community, government agencies and non-government services in supporting victims and their families and providing opportunities for people using violence to stop this abuse.

Response framework: addressing the impacts of domestic and family violence on people with disability

GOALS:		COMMUNITIES are safe, accessible and inclusive	INDIVIDUALS are respected and safe	SERVICES are accessible and safe	PERPETRATORS are held accountable
ANTICIPATED OUTCOMES:	PREVENTATIVE Preventing harm and promoting quality services	DEVELOPMENTAL Building capacity, capability and accessible support systems		CORRECTIVE Responding if things go wrong	
	<div>1. Relevant consultation findings of the report contribute to relevant legislative reviews.</div> <div>2. Community awareness raising improves responses to people with disability experiencing domestic and family violence through, for example:<div><div>disability awareness training</div><div>bystander training and</div><div>respectful relationship programs are designed with and for people with disability, including people with intellectual disability</div></div></div> <div>3. Human rights, independence and supported decision making by people with disability are promoted to prevent harm and continuously improve quality through, for example:<div><div>social and cultural networks that help identify peer supports to foster safety for recovery</div><div>access to advocacy, especially in regional and remote areas of Queensland</div><div>service providers provide information in accessible formats for people with disability experiencing domestic violence</div></div></div> <div>4. Relevant consultation findings from the report and other research inform service responses to people with disability who have experienced violence outside of an intimate partner, family or informal care relationship. For example, engaging with the National Disability Insurance Agency to respond to the risks and experiences of people with disability in the prevention of domestic violence and to inform the National Quality and Safeguarding Framework.</div>	<div>5. Work with people with disability in the development, implementation and monitoring of government policies and programs to respond to the needs of people with disability experiencing domestic and family violence, for example:<div><div>disability action plans</div><div>assessment protocols</div><div>referral pathways</div><div>safety planning and trauma counselling</div><div>Training programs that support police and court officers to assist people with disability to make applications.</div></div></div> <div>6. Specialist and non-specialist domestic and family violence services, community justice and health services are disability and domestic violence informed, accessible and inclusive for people with disability experiencing domestic and family violence, for example, Integrated Service Responses (ISR) actively include disability advocacy organisations and relevant disability service providers in their networks.</div> <div>7. Engagement continues at a national level to ensure the development of accessible and improved supports through current national initiatives:<div><div>develop accredited training for the disability workforce to improve capacity to identify and support women with disability who experience violence</div><div>foster innovative and collaborative service delivery and outreach to improve the quality and accessibility of services</div><div>engage with women with disability, researchers and the disability sector to better understand and address the diverse experiences of violence against women with disability</div><div>Provide safe and relevant services to people with disability experiencing domestic and family violence for decision making in the court process and providing best possible evidence, for example: using technology such as video and online options for ‘real time’ counselling and decision making.</div></div></div>	<div>8. Immediate crisis needs of people with disability experiencing domestic and family violence are met.</div> <div>9. Relevant consultation findings of the report contribute to:<div><div>appropriate and accessible perpetrator interventions</div><div>improved consistency in the accountability of domestic and family violence perpetrators</div><div>early intervention programs for people with disability who are perpetrators</div></div></div> <div>10.Data collection frameworks monitor the rates of people with disability experiencing domestic and family violence, thereby contributing to raising awareness of the forms of violence experienced by people with disability and acknowledging additional vulnerability experienced by women with disability.</div>		

References

- Attar, M., & Price-Kelly, S. 2010. Accommodating Violence: The experience of domestic violence of people with disability living in licensed boarding houses, People with Disability Australia.
- Attorney-General's Department. 2014. Disability Justice Plan. Government of South Australia. Available: <http://www.agd.sa.gov.au/initiatives/disability-justice-plan>
- Australian Government, Department of Social Services. 2016. The National Plan to Reduce Violence against Women and their Children 2010 – 2022, Available: <https://www.dss.gov.au/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>
- Australian Government, Department of Social Services. 2016. The National Plan to Reduce Violence against Women and their Children 2010 – 2022, Third Action Plan, Available: <https://www.dss.gov.au/women/programs-services/reducing-violence/third-action-plan>
- Australian Government, Equality, Capacity and Disability in Commonwealth Laws (ALRC Report 124) 2014, Available: <https://www.alrc.gov.au/publications/equality-capacity-disability-report-124>
- Baladerian, N. J. 2009. 'Domestic Violence and Individuals with Disabilities: Reflections on Research and Practice', Journal of Aggression, Maltreatment and Trauma, 18(2):153-161, p153.
- Blagg, H., Bluett-Boyd, N. and Williams, E. 2015. Innovative models in addressing violence against Indigenous women: State of knowledge paper. Australia's National Research Organisation for Women's Safety. Issue 8: August.
- Breckenridge, J., Rees, S., Valentine, K. and Murray, S. 2015. Meta-Evaluation of Existing Interagency Partnerships, Collaboration, Coordination and/or Integrated Interventions And Service Responses To Violence Against Women: State of knowledge paper, Australia's National Research Organisation for Women's Safety, September: Issue 11.
- Children with Disability Australia, 2012. Enabling and protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability.
- Cockram, J. 2003. Silent Voices: Women with Disabilities and Family and Domestic Violence: A joint project of People with Disabilities (WA) Inc, the Ethnic Disability Advocacy Centre and the Centre for Research Edith Cowan University.
- Cooper, P. 2013. Ten years of Registered Intermediaries in England and Wales. The City Law School, City University London. Available: https://www.city.ac.uk/data/assets/pdf_file/0010/150688/Ten-years-of-Registered-Intermediaries-in-England-and-Wales-Jun-2012.pdf; Also at: <http://www.theadvocatesgateway.org/intermediaries>
- Cooper, P. 2016. Testimony to Public Hearing Case Study 38, Day 175, at the Royal Commission into Institutional Responses to Child Sexual Abuse. Available at: [https://www.childabuseroyalcommission.gov.au/downloadfile.ashx?guid=fe894dda-5526-425f-9c7c-32866b17c153&type=transcriptpdf&filename=Transcript-\(Day-175\)&fileextension=pdf](https://www.childabuseroyalcommission.gov.au/downloadfile.ashx?guid=fe894dda-5526-425f-9c7c-32866b17c153&type=transcriptpdf&filename=Transcript-(Day-175)&fileextension=pdf)
- Cunneen, C. 2007. Alternative and improved responses to domestic and family violence in Queensland and Indigenous Communities. Law Faculty UNSW. Available: <https://publications.qld.gov.au/dataset/domestic-and-family-violence-resources/resource/d4486565-91ab-4f95-a1a7-5f4331cd0492>

- Crimes (Domestic and Personal Violence) Act NSW (2007) No 80, Available:
<http://www.legislation.nsw.gov.au/inforce/a5381466-7b2a-4d15-dee4-f50eb61a222d/2007-80.pdf>
- Denzin, N.K., and Lincoln, Y. 2006. SAGE Handbook of Qualitative Research. SAGE Publications.
- Department of Housing and Public Works. Residential Services (Accreditation) Act 2002. Level three boarding houses in Queensland. Available:
<http://www.hpw.qld.gov.au/SiteCollectionDocuments/RegistrationAccreditationResidentialServices.pdf>
- Dimopoulos, G. and Fenge, E. 2013. Voices Against Violence: Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria.
- Disability Justice Advocacy, 2015. Submission to the Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability.. Available:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Submissions
- Disability Representative, Advocacy, Legal and Human Rights Organisations. 2012. Disability Rights Now, the Civil Society Report on the UN Convention on the Rights of Persons with Disabilities (CRPD). Available: <http://www.dlapiperprobono.com/export/sites/pro-bono/downloads/pdfs/Disability-Rights-Now-Australian-report.pdf>
- Domestic Violence and Incest Resource Centre, 2003. Triple disadvantage - out of sight, out of mind: Violence Against Women with Disabilities Project. Available:
<http://www.dvrcv.org.au/sites/default/files/Triple%20disadvantage%20report%202003%20%28full%20report%29.pdf>
- Dowse, L., Soldatic, K., Didi, A., Frohmader, C. and van Toorn, G. 2013. Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia. Background Paper. Women with Disabilities Australia.
- Eglington, P. 1999. Can a Coordinated Community Response to Domestic Violence Assist Women Accessing the Police in a Domestic Violence Situation? Presented to the Second Australasian Women and Policing Conference, 7-9 July. Brisbane. Available:
http://www.aic.gov.au/media_library/conferences/policewomen2/eglington.pdf
- [no author]. 2016. Factsheet: How the Third Action Plan supports Women with Disability. Department of Social Services, Australian Government. Available at: <https://www.dss.gov.au/women/programs-services/reducing-violence/fact-sheet-how-the-third-action-plan-supports-women-with-disability>.
- Fernbacher, 2006, as cited in: Tayton, S., Kaspiew, R., Moore, S. and Campo, M. 2014. 'Groups and communities at risk of DFV: a review and evaluation of domestic and family violence prevention and early intervention services focussing on at-risk groups and communities', Australian Institute of Family Studies (AIFS), p28.
- Frawley, P., Dyson, S., Robinson, S. and Dixon, J. 2015. 'What does it take? Developing informed and effective tertiary responses to violence and abuse of women and girls with disabilities in Australia: State of knowledge paper', Australia's National Research Organisation for Women's Safety. July: Issue 3.

- French, P., Dardel, J., & Price-Kelly, S. 2009. Rights Denied: Towards a national policy agenda about abuse, neglect and exploitation of persons with cognitive impairment. People with Disability Australia.
- Frohman, C. and Sands, T. 2015. Australian Cross Disability Alliance (ACDA) Submission to the Senate Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings. Australian Cross Disability Alliance (ACDA); Sydney, Australia.
- Frohman, C., Dowse, L. and Didi, A. 2015. Preventing Violence against Women and Girls with Disabilities: Integrating a Human Rights Perspective. Women With Disabilities Australia.
- Goggin, G. and Newell, C. 2005. Disability in Australia: Exposing a Social Apartheid. UNSW Press.
- Hague, G., Thiara, R., Mullender, A. and Magowan, P. 2008. Making the Links: Disabled Women and Domestic Violence: Final Report. Women's Aid.
- Harpur, P. 2009. Sexism, Racism why not Ableism?, *Altj*, (34): 3 pp163-67, Available: <http://www.austlii.edu.au/au/journals/AltLawJl/2009/49.pdf>
- Harpur, P. and Douglas H. 2014. Disability and domestic violence: protecting survivors' human rights, *Griffith Law Review*, 23(3):405-433, School of Law, University of Queensland, pp406-423.
- Healey, L. 2013. Voices Against Violence: Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities. Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2013.
- Healey, L., Howe, K., Humphreys, C., Jennings, C. and Julian, F. 2008. Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria. Available: <http://www.wdv.org.au/documents/BTE%20Final%20Report.pdf>
- Healey, L., Humphreys, C. and Howe, K. 2013. Inclusive domestic violence standards: strategies to improve interventions for women with disabilities? *Violence Vict.* 2013;28(1):50-68.
- Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T. and Officer, A. 2012. 'Prevalence and risk of violence against adults with disabilities: a systemic review and meta-analysis of observational studies', *Lancet*, 379:1621-1629.
- Iliffe, J. and Black and White Media Australia. 2014. Face the Facts: LGBTI and Violence, Australian Human Rights Commission. Available: <https://www.humanrights.gov.au/face-facts-lesbian-gay-bisexual-trans-and-intersex-people>
- International Network of Women with Disabilities. 2011. Document on Violence against Women with Disabilities, INWD. Available: <http://wwda.org.au/wp-content/uploads/2013/12/inwwdviol2010.pdf>
- Justo, D (ed.). 2009. The Gold Coast Domestic Violence Integrated Response to Perpetrators of Domestic Violence: Political Activism in Practice. The Federation Press: Sydney. Available: https://www.federationpress.com.au/pdf/Chapter_2_Replacement.pdf
- Lord Chief Justice of England and Wales. 2012. Speech given 7 September 2012, at the 17th Australian Institute of Judicial Administration.
- McClain, L. 2011. Women, Disability and Violence: Strategies to Increase Physical and Programmatic Access to Victims' Services for Women with Disabilities. Center for Women Policy Studies.

- McGuire, M. 2014. Voices Against Violence Paper Five: Interviews with Staff and Volunteers from the Office of the Public Advocate, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria.
- MIMs and Associates Brisbane, 1998. Domestic Violence and Women with Disability Project, Final Report to Department of Families, Youth and Community Care Queensland.
- Office of the Public Advocate Victoria, 2015. Disability resident violence dismissed as incompatibility. Available: <http://www.publicadvocate.vic.gov.au/disability-resident-violence-dismissed-as-incompatibility>
- Oliver, M. & Barnes, C. 2012, The New Politics of Disablement, Palgrave, London.
- Pearce, C. 19 Aug 2015. Disabled People Need Better Support in Family Violence Cases. Sydney Morning Herald. Available: <http://www.smh.com.au/comment/people-with-a-disability-need-better-support-in-family-violence-cases-20150818-gj1fxa.html>.
- People with Disability Australia and Domestic Violence New South Wales. 2015. Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice. Available: <http://pwd.org.au/issues/policy-and-practice-guide.html>
- Phillips, J. and Vandenbroek, P. Domestic, Family and Sexual Violence in Australia: an overview of the issues. Parliamentary Library of Australia. Available: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1415/ViolenceAust
- Powers, L.E., Hughes, R.B. & Lund, E.M. 2009. Interpersonal violence and women with disability; A research update. Harrisburg, PA:VAWnet, a project of the National Resource Centre on Domestic Violence / Pennsylvania Coalition Against Domestic Violence. Available:<http://www.vawnet.org>
- Quan Farrant, F. 2016. Women living with Cognitive Disability and Domestic Violence, Submission to the Domestic Violence Prevention Strategy Implementation Council: Review on the Impact of Domestic Violence on People Living with a Disability. Community Living Association Inc.
- Queensland Department of Justice and Attorney-General. 2014. Disability Service Plan. Available (in draft form): http://www.justice.qld.gov.au/__data/assets/pdf_file/0008/264536/2014-16-DJAG-Disability-Service-Plan.pdf
- Queensland Department of Justice and Attorney-General. 2009. Fundamental Principles of Justice for Victims of Crime. Queensland Government. Available at: <https://publications.qld.gov.au/dataset/fundamental-principles-of-justice-for-victims-of-crime>
- Queensland Government Publications. 2016. Applying for financial assistance – Victims of Crime, Available: <https://publications.qld.gov.au/dataset/applying-for-financial-assistance-victims-of-crime>
- Queensland Government. 2015. Queensland Government Response to the report of the Special Taskforce on Domestic and Family Violence, *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*. Brisbane, Australia.
- Queensland Government. 2016, Going to Court. Available: <https://www.police.qld.gov.au/corporatedocs/reportsPublications/annualReport/Documents/Performance.pdf>

- Queensland Police Service, Disability Action Plan. 2008. Available:
<https://www.police.qld.gov.au/corporatedocs/reportsPublications/dsp.htm>
https://www.police.qld.gov.au/aboutUs/the_service/dsp/strategies.htm
- Queensland Police Service, Performance Measure. Available:
<https://www.police.qld.gov.au/corporatedocs/reportsPublications/annualReport/Documents/Performance.pdf>
- Queensland Police Service. 2008. Police Disability Action Plan Available:
https://www.police.qld.gov.au/aboutUs/the_service/dsp/strategies.htm
- Queenslanders with Disability Network, 2015. Response to the Inquiry of Violence, Abuse, and Neglect Against People with Disability in Institutional and Residential Settings, Brisbane, Australia.
- Radford, J., Harne, L. and Trotter, J. 2006. Disabled women and domestic violence as a violent crime. *Practice*, 18:4, pp233-246.
- Royal Commission into Family Violence. 2016. Summary and Recommendations. Government of Victoria. Available: <https://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf>
- Salthouse, S. 2007. Completely Knocked Out: Australian perspectives on disability, disempowerment and domestic violence. Presented to Domestic Violence, Disability and Cultural Safety National Forum: Diverse and Inclusive Practice: Redrawing the Boundaries (on behalf of WWDA).
- Salthouse, S. and Frohmader, C. 2004. Double the Odds – Domestic Violence and Women with Disabilities. Presented to the 'Home Truths' Conference, Sheraton Towers, Southgate, Melbourne 15 -17 September 2004. Available: <http://wwda.org.au/issues/viol/viol2001/odds/>
- Senate Finance and Public Administration Committee. 2015. Domestic Violence in Australia. Commonwealth of Australia. Available:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Domestic_Violence
- Senate Community Affairs Committee. 2015. Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability. Commonwealth of Australia. Available:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Report
- Sisters Inside. 2014. Submission to: An Inquiry into Domestic Violence in Australia. The Senate Finance and Public Administration References Committee. Available at:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Domestic_Violence/Submissions
- Steele, L. 2014. Disability, Abnormality and Criminal Law: Sterilisation as lawful and 'good' violence. *Griffith Law Review*. 23 (3). pp467-497.
- Taylor, B. and Green, B. 2014. Literature and Evidence Review of Queensland Women's Services: Prepared for Department of Communities, Child Safety and Disability Services. Queensland Government. Available: <https://publications.qld.gov.au/dataset/153992d0-4624-429a-9cda-978a40a233d1/resource/0879e589-024b-40ff-9a20-bd6ed29a979a/download/literatureevidencereview.pdf>

- Tayton, S., Kaspiw, R., Moore, S., & Campo, M. 2014. *Groups and communities at risk of domestic and family violence*. Commissioned by NSW Family and Community Services. Melbourne: Australian Institute of Family Studies.
- United Nations General Assembly, 2012. Advancement of women – Note by the Secretary-General. Sixty-seventh session, item 28 of the provisional agenda. A/67/227.
- United Nations. 2006. Convention on the Rights of Persons with Disabilities, Available: <http://www.un.org/disabilities/convention/conventionfull.shtml>
- VicHealth. 2013. Australian's Attitudes to Violence Against Women: 2013 National Community Attitudes towards Violence Against Women Survey – Research Summary, found at: <https://www.vichealth.vic.gov.au/~media/ProgramsandProjects/DiscriminationandViolence/PreventingViolence/NCAS%20Summary%20Final.pdf?la=en>
- Victorian Equal Opportunity and Human Rights Commission. 2014. Beyond doubt: the experiences of people with disabilities reporting crime. Available: <http://www.humanrightscommission.vic.gov.au/our-projects-a-initiatives/experiences-of-people-with-disability-reporting-crime> for more information
- Victorian Government, Disability and Domestic and Family Violence Crisis Response Initiative Guidelines, Available: <http://www.nwhn.net.au/admin/file/content101/c6/Disability%20&%20fv%20crisis%20response%20guidelines%20v2.pdf>
- [no author] Violence against Adults and Children with Disabilities. N.d. World Health Organisation. Available: <http://www.who.int/disabilities/violence/en/>
- Women with Disabilities Australia. 2008. We're women too! - WWDA Response to the Australian Government's Consultation on the National Plan to Reduce Violence against Women and Children.
- Women with Disabilities Victoria. 2015. Australian inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability: Submission to the Senate Community Affairs References Committee, Women with Disabilities Victoria, p42.
- Women's Centre for Health Matters, the Domestic Violence Crisis Service, and Women with Disabilities ACT. 2009. Women With Disabilities Accessing Crisis Services: A project to assist domestic violence/crisis services in the ACT to better support women with disabilities who are escaping domestic and family violence.
- Woodlock, D., Healey, L., Howe, K., McGuire, M., Geddes, V. and Granek, S. 2014. Voices Against Violence Paper One: Summary Report and Recommendations. Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria.
- Woodlock, D., Western, D., Bailey, P. 2014. Voices Against Violence: Paper 6: Raising Our Voices - Hearing from with Women with Disabilities, Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria.
- Women with Disabilities Australia, 2007. Forgotten sisters: a global review of violence against women with disabilities, Women with Disabilities Australia. Available: http://wwda.org.au/wp-content/uploads/2013/12/Forgotten_Sisters.pdf

Women with Disabilities Australia, First Peoples Disability Network, People with Disability Australia, Children with Disability Australia and National Ethnic Disability Alliance. 2014. Senate Standing Committee on Finance and Public Administration Inquiry into Domestic Violence in Australia: Joint Submission from National Cross-Disability Disabled People's Organisations (DPOs).

Women with Disabilities Victoria. 2015. Submission to the Senate Community Affairs References Committee Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability. Available at:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Violence_abuse_neglect/Submissions. p42.

Consultation Addendum

Focus Groups

10 focus groups involving 45 people were held in 10 locations across Queensland:

- Brisbane WWILD
- Brisbane CALD
- Brisbane LGBTI
- Hervey Bay
- Mt Isa - Aboriginal and Torres Strait Islander group
- Townsville
- Caboolture
- Logan
- Mooloolah
- Southport

Cross-Sectoral Consultations

Seven consultations were held with key stakeholders:

- Disability Advocacy
- Disability Services
- Community Services
- Justice
- Queensland Police Service
- Cross-Government
- Domestic and Family Violence Services

The following organisations and agencies were included in the Cross-Sectoral Consultations (in alphabetical order):

- Aboriginal and Torres Strait Islander Disability Network Queensland
- Age and Disability Australia Queensland
- Amparo Advocacy
- Anglicare – Community Services
- Centacare – Community Services
- Centacare – Domestic Violence Service Emerald
- Community Living Association Inc.
- Deaf Services Queensland
- Department of Attorney General and Justice
- Department of Education
- Department of Health
- Department of Communities, Child Safety and Disability Services
- DVConnect
- Ending Violence Against Women Queensland
- Headspace
- Immigrant Women's Support Service

- Mt Isa Neighbourhood Centre
- North Queensland Domestic Violence Resource Service – Mt Isa
- North Queensland Domestic Violence Resource Service – Townsville
- Nundah Neighbourhood Centre
- Office of the Public Advocate
- Office of the Public Guardian
- QPILCH
- Queensland Advocacy Incorporated
- Queensland Centre for Domestic and Family Violence Research
- Queensland Police Service
- Queenslanders with Disability Network
- Relationships Australia Queensland
- Save the Children
- Sisters Inside
- Southport Specialist Domestic Violence Court
- Speaking Up For You
- The Public Trustee
- True
- Victims Assist Queensland
- Women's Legal Service
- WWILD SVP