Submission to the

Royal Commission into Domestic, Family and Sexual Violence

March 2025

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About the Submitter

JFA Purple Orange is an independent, social-profit organisation that undertakes systemic policy analysis and advocacy across a range of issues affecting people living with disability and their families. Our work is characterised by co-design and co-production and includes hosting a number of user-led initiatives.

Much of our work involves connecting people living with disability to good information and to each other. We also work extensively in multi-stakeholder consultation and collaboration, especially around policy and practice that helps ensure people living with disability are welcomed as valued members of the mainstream community.

JFA Purple Orange staff have experience in systemic advocacy, delivering quality Disability Inclusion Training to Local Councils, sporting groups, private businesses and more, and in supporting peer networks, and co-design processes. Our work is informed by a model called *Citizenhood*.

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1. Summary and recommendations

People with disability are more likely to experience domestic, family and sexual violence (DFSV) than many in the broader community, yet services are less likely to be able to meet their needs.

This submission proposes changes that focus on increasing accessibility, disability inclusion, collaboration and connectedness across service systems, with a view to finding pathways to address the issues. Please see recommendations below.

Recommendation 1

The Royal Commission into Domestic, Family, and Sexual Violence should adopt an inclusive definition of domestic, family, and sexual violence in its work and recommendations, as well as recognising the additional forms of domestic, family, and sexual violence experienced by South Australians with disability. As part of this, the Royal Commission should consider the unique settings, additional types of violence, and non-typical perpetrators, implicated in how people with disability experience domestic, family, and sexual violence when making recommendations.

Recommendation 2

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian Government design and implement a state-based strategy to end violence against women and children. This strategy should be co-designed with priority groups, including women with disability and disability advocacy and representative organisations, and explicitly include action to centre, prioritise and equitably respond to the needs of priority groups, especially those over-represented amongst those experiencing domestic, family, and sexual violence.

Recommendation 3

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies embed co-design with people with disability at all levels of service system reform. Specifically, reform initiatives should be driven by the lived experiences of people with disability from diverse backgrounds, identities, and life stages. This may also involve collaboration and partnerships with disability representative and advocacy bodies, advisory groups and committees.

Recommendation 4

The Royal Commission into Domestic, Family, and Sexual Violence should recommend specialist domestic, family, and sexual violence services (and other key response services) be declared agencies required to develop their own Disability Action and Inclusion Plans (DAIPs) in line with the Disability Inclusion Act (2018), with state government funding provided to achieve this. Designing and implementing DAIPs will ensure a basic standard of accessibility and inclusivity in service design and delivery.

Recommendation 5

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that all staff within specialist domestic, family, and sexual violence services be required to undertake regular education and training on disability-related topics. This training should be delivered by people with lived experience. Improving knowledge, confidence and capability of these professionals has flow on effects including, strengthening prevention efforts, better identification of those at high risk, improved access to timely support and earlier intervening before violence escalates.

Recommendation 6

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies review how they share information about domestic, family, and sexual violence, including rights, available options, and services. This information should be made available in multiple formats including easy read, plain English, Auslan videos (and other formats). It is essential that people with disability have fair, equal access to information about where to go for support.

Recommendation 7

The Royal Commission into Domestic, Family, and Sexual Violence should recommend a statewide, independent audit that maps out potential avenues for support with healing and recovery (and help seeking) for people with disability after disclosure or identification of domestic, family, and sexual violence. This audit should examine how accessible and inclusive these services are for people with disability. Further, the audit should also include recognition of the wide network of community and disability services who may also have a role to play in responding to domestic, family, and sexual violence and may facilitate referrals and connections to specialist services, health services and/or legal services.

Recommendation 8

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian government provide secure, ongoing funding for cross-sector collaboration and workforce capacity building to better respond to people with disability dealing with domestic, family, and sexual violence. This should include coordinated efforts to increase capacity and understanding across the public and private sectors, ensuring that professionals from all relevant service sectors, such as law enforcement, health, housing, and social services, are equipped to identify individuals at risk, intervene early, and provide appropriate responses.

Recommendation 9

The Royal Commission into Domestic, Family, and Sexual Violence should recommend an audit of emergency refuges and crisis accommodation to assess their accessibility for people with disability who may enter their service. This should provide clear information about how services can work to remove barriers identified through the audit and ensure that all people, including those with physical or intellectual/cognitive disabilities, can safely access emergency and crisis accommodation.

Recommendation 10

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian Government fund independent, individual, representative/peer group and systemic disability advocacy programs specifically for people with disability at risk of or experiencing domestic, family, and sexual violence. Independent advocacy services should be made available across the whole state, and specialist services for First Nations people, people from culturally and linguistically diverse backgrounds, people in closed systems, people with complex communication needs, and similar should be funded in all three streams.

Recommendation 11

The Royal Commission into Domestic, Family, and Sexual Violence should recommend the reinstatement of the Communication Partners Service (CPS) to ensure people with complex communication needs have access to support when interacting with the police, lawyers, or courts. The Commission should emphasize that reinstating the CPS is critical to ensuring equitable participation in legal processes, which is essential for both the immediate response to domestic, family, and sexual violence, and longer-term outcomes.

Recommendation 12

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies address the lack of comprehensive data on domestic, family, and sexual violence, particularly in relation to people with disability. Without reliable, disaggregated data, it is impossible to fully understand the scope of the issue or the unique needs of people with disability, undermining prevention and early intervention strategies.

Recommendation 13

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that professionals working within programs supporting people who use violence be required to undergo training on disability access and inclusion. Given people with disability are over-represented in the criminal justice and prison system, it is likely that there will be people with disability engaged in these programs who may benefit from appropriate interventions that reduce the risk of reoffending.

2. Introduction

We are writing to you as the Royal Commission nears the final stage to share some of our reflections having listened to the evidence. This Royal Commission represents a once-in-a-generation opportunity to create real change that addresses the fundamental drivers of domestic, family, and sexual violence (DFSV) in our communities and sets out a clear pathway to improve prevention, early intervention, service responses and both how we support victim-survivors, as well as how we work differently with people using violence.

We note that the Royal Commission has recognized people with disability as a priority group at risk of DFSV. Australian research concurs that women and children with disability are at significant risk of experiencing DFSV. People with disability experience higher rates of DFSV, with 64 per cent of people with disability (18-64) reporting experiencing physical, sexual, or intimate partner violence, emotional abuse, or stalking from the age of 15, compared to 45 per cent of non-disabled people[i]. For women with intellectual or psychosocial disability, the rate of violence and abuse since age 15 is 72 per cent[ii]. Additional statistics need to also be considered for people with disability experiencing DFSV over the age of 65. In the South Australian context, there is very little information available about how specialist DFSV services and/or mainstream services account for and address the needs of people with disability who may be needing support in relation to DFSV.

As earlier publications from this Royal Commission and elsewhere acknowledge, systems intended to support prevention and to respond to DFSV are much less, or not at all, accessible to people with disability. This is compounded for those experiencing other forms of intersectional disadvantage including, but not limited to, Aboriginal and Torres Strait Islander people; those from culturally and linguistically diverse backgrounds (CALD); LGBTQIA+ people; those living in closed settings; those living in regional, rural, and remote communities; people experiencing homelessness; and those subject to decision-making restrictions, such as guardianship arrangements. We are not aware of any comprehensive audit of the accessibility and inclusiveness of existing services to support people with disability in SA, and we agree this is a significant gap.

With fewer options for response support, these groups are placed at heightened risk of further harm or even death. We do not advocate for 'special' separate responses for victim-survivors with disability, but for all services to be fully accessible and inclusive with more specialised supports provided within the context of mainstream services. It would be deeply counterintuitive to recognise that discrimination, segregation, and exclusion of people with disability is a causal factor in the higher prevalence of DFSV, but to then support fully segregated services (as opposed to specialist support within mainstream contexts) as part of the response infrastructure. We do, however, support increased engagement of lived experience peer support workers across all groups experiencing DFSV, particularly people with disability.

2.1. Terminology

We recognise that people have individual preferences for terminology and language used to discuss disability. Some people prefer person-first language (e.g. 'person with disability') whereas others may prefer identity-first language (e.g. Disabled, Autistic, Deaf).

For this submission, JFA Purple Orange uses the term 'people with disability' 'women with disability' etc. We have, however, not changed any language used in direct quotes.

3. Disability Inclusive Definitions of Family, Domestic and Sexual Violence

People with disability experience additional forms of DFSV that are less commonly experienced by other members of the community. Consequently, these are often overlooked.

In the Background Paper for this Royal Commission, the definition of DFSV (page 4) is drawn from the *National Plan to End Violence Against Women and Children 2022-2032*, which has been endorsed by the Commonwealth and all state and territory governments. Although this is certainly understandable, we believe this is an inadequate approach to capture important elements of how DFSV presents.

While 'family-like settings' are recognised, this term is too vague and does not include people experiencing DFSV in places that substitute for 'family-like settings' or 'family-like relationships', including in various types of provider-owned and/or managed supported accommodation. Disability group houses, boarding houses, transitional accommodation, short-term or 'respite' accommodation, aged care facilities, and similar quasi-institutional services are among the substitute 'domestic-like' settings and relationships that should be in scope because, while they do not have the typical features of a 'home' as most people experience it, they are domestic in nature and act as replacements for ordinary domestic settings.

Women and girls with disability also experience additional types of DFSV that are much less prevalent among the general population including forced sterilisation, seclusion and other restrictive practices, and violence, in a range of institutional and service settings, such as residential institutions and aged care facilities.[iii]

Other unique types of DFSV, particularly in the form of coercive control, can include withholding or interfering with a mobility or communication device, prevention of access or engagement with support services (i.e. via NDIS or Aged Care services), controlling access to medication or sanitary products, and threatening institutionalisation. These types of behaviours can be perpetrated by parents, guardians, siblings, workers, adult children and others in someone's life, in addition to intimate partners who tend to be the focus of DFSV responses.

Additionally, when the person using violence is a person with disability, for example a co-resident in a 'domestic-like' setting, DFSV is often deemed a 'behaviour of concern' and treated as an 'incident' within various compliance frameworks, including those of the National Disability Insurance Scheme (NDIS). We appreciate that there is a need for nuance in responses to people using violence in these types of circumstances, but we emphasise the harm for victim-survivors should not be minimised or treated any less seriously than for any other person. Otherwise, the harm and trauma that a victim-survivor may have experienced is not appropriately responded to while the scope of the problem remains partially invisible. This compliance response has some synergies with the outdated Medical Model of Disability that focuses on 'fixing' disability, rather than the more contemporary Social Model of Disability that recognises that disability results from the barriers in a society not designed to meet the needs of all of its members.

Pervasive negative attitudes arising from ableism, discrimination, practices of segregation and congregation, and exclusion result in the 'othering' and devaluing of people with disability and this is one of the drivers that leads to an even greater acceptance of mistreatment of members of the disability community than others.

Hence, we believe it is only through the adoption of an inclusive definition of DFSV that we can adequately respond to the magnitude of the problem and expose its hidden elements. In their final report, the Disability Royal Commission (DRC) recommended the adoption of disability-inclusive definitions of domestic and family violence (Recommendation 8.24), and that relevant laws be amended consistently with this recommendation[iv].

We call on the DFSV Royal Commission to use an inclusive definition in its final report and make its recommendations based on this approach.

Recommendation 1

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4. Achieving a State-based strategy to end violence with equitable outcomes

Given the pace and scope of change required to achieve the end of the National Plan to End violence against Women and Children, state-based leadership is required.

We welcomed the Royal Commission’s cognizance (as stated by Counsel Assisting Katie-Jane Orr on the last day of public hearings) that specific populations experiencing DFSV, such as people with disability, can “experience violence in distinct and specific ways, that are not always well known or responded to”[v] and that needs go “beyond mainstream education, to service availability and system design”[vi].

We ask that any state-based strategy pay special attention to achieving equitable outcomes for all women and children experiencing DFSV, and especially those over-represented amongst the statistics, such as women and children with disability, and those facing intersectional barriers.

We emphasise the value of co-design/partnership with priority groups, especially a diverse array of women with disability from across the lifespan and different intersectional identities, (and disability advocacy/representative bodies) to achieving equitable outcomes.

Recommendation 2

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian Government design and implement a state-based strategy to end violence against women and children. This strategy should be co-designed with priority groups, including women with disability and disability advocacy/representative organisations, and explicitly include action to centre, prioritise and equitably respond to the needs of priority groups, especially those over-represented amongst those experiencing domestic, family, and sexual violence.

4.1. Co-design ongoing reform

4.1.1. Codesign

In her evidence, the National DFSV Commissioner Micaela Cronin emphasised multiple times the value of knowledge from and co-design with people with lived and living experience. Whilst she had referred to lived and living experience broadly referencing experience of DFSV, we note that the Lived Experience Advisory Council, which she mentioned, has people with diverse life experiences, life stages and identities, inclusive of people with disability.

We heartily endorse the need for working closely with people with lived experience of DFSV at all levels of the service system and note the specific need that a diverse array of people with disability and disability representative/advocacy bodies be directly involved in reform.

We strongly believe co-design should be the basis for developing sound reforms. Co-design aligns with Australia's obligations under Article 4 (3) of the United Nations Convention of Rights of Persons with Disabilities (UNCRPD). We emphasise the need for co-design to be genuine in actively involving people with disability in decision making.

Services may find our Guide to Co-Design with People Living with Disability, which was itself co-designed, helpful in considering the essential steps required in undertaking genuine co-design processes. JFA Purple Orange is currently updating a publication about co-design, which when published, will be available here: https://purpleorange.org.au/what-we-do/library-our-work/

One of the benefits of co-design, when undertaken well, is that it brings key voices of people with lived experience to the table, and this can help ensure the subsequent design has the best chance of delivering good outcomes. Involvement of those voices in the decisions about both the design, and the process to reach design is key to this.

For more complex issues such as DFSV reform, it is not unusual for there to be challenges during co-design processes. When this happens, as has been the case on occasion with co-design work with governments and elsewhere, it is often not because of a lack of effort. Rather, it can sometimes be because the co-design process is missing a key associated methodology: process design.

Process design is a methodology that, in general terms, systematically moves from identifying and quantifying the presenting problem and its underlying causes, to the development of solution design elements, the quantification of expected benefits, the build process, the testing of the build elements, refinement, and then scaling up via a rollout plan.

When this type of methodology is missing, the design work can struggle to move from expressing the presenting issue at a high level to a corresponding high-level aspirational view of how things could be. When this happens, participants (including the sponsoring agency) can struggle with the limited progress.

The use of a process design methodology, and careful facilitation of it by a trauma informed and disability confident accountable party, will be key to good co-design in relation to DFSV topics.

There are plenty of different approaches to process design methodology, and plenty of agencies offering them. It is key to opt for a process design methodology that is accessible, avoids gimmicks, is not expensive, and where the process design supplier/facilitator is held properly accountable for the quality of the deliverables. A strong change management program, including to map and manage interdependencies and implement a proactive, transparent, and accessible communications plan, should support the co-design and process design approach.

Recommendation 3

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies embed co-design with people with disability at all levels of service system reform. Specifically, reform initiatives should be driven by the lived experiences of people with disability from diverse backgrounds, identities, and life stages. This may also involve collaboration and partnerships with disability representative and advocacy bodies, advisory groups and committees.

4.1.2. Addressing ableism

The DRC defines ableism as follows: “Ableism refers to attitudes and behaviours that label people with disability as different, less than or inferior to people without disability, incapable of exercising choice and control and a burden on society”[vii]. The DRC also states ableism is “used to describe the experience of people with disability of segregation, isolation, discrimination, prejudice, systemic bias and oppression. Ableism is more than just negative and prejudiced attitudes about people with disability. It occurs when prejudice is accompanied by the power to discriminate against, repress or limit the rights of others.”[viii] Ableism is pervasive and can impact on the experiences of people with disability across all domains of life. Its impacts can compound and intersect with other forms of discrimination, magnifying and amplifying the disadvantage and barriers that people with disability can experience.

In *Changing the Landscape: a national resource to prevent violence against women and girls with disability*, ableism and gender inequality are named as the two consistent drivers of violence against women and girls with disability[ix]. Yet ableism is often neither understood, nor addressed.

Systemic discrimination interacts and compounds: women with disability experiencing DFSV can also be facing ableism and intersectional disadvantage (could be racism, sexism or more) in access to housing, in health services, in justice settings, in all aspects of life.

Ableism can present as the insidious and negative stereotypes and assumptions that can exist in community with regards to people with disability. Some, named succinctly in an Australian Cross-Disability Alliance submission from 2015 include "Stereotypes and myths, reinforced through media that marginalise people with disability by constructing disability as child-like, burdensome, tragic, dangerous, incapable, extraordinary, sexless, genderless or hypersexual"[x].

Some examples of how ableism can impact attitudes and DFSV experiences include:

- A GP assuming that allegations of violence from a woman with mental ill health are untrue (assuming they are due to mental illness), rather than responding to her disclosures, and supporting her in her efforts to access help.
- Media reporting about the experiences and deaths of women with disability reinforcing harmful attitudes by framing the woman with disability as a "burden" and presenting carers as "good people who experienced carer burnout" instead of alleged perpetrators of violence.
- Many people with disability also face significant stigma in relation to intimacy, sexuality and romantic relationships. It is not uncommon for some adults with disability to be seen as 'eternal children' who need 'looking after' and this further entrenches the risk that intimate partner violence is discounted and unrecognized in community.
- Increased barriers to justice: people with disability being considered "unreliable witnesses" and support not being adequately funded nor available to ensure equitable access to justice (disability advocacy, communication partners, specialist DFSV services, legal help etc).

It is imperative both to name, and to systematically and actively counter the ableism and the intersectional barriers that can affect so much of the way that DFSV is experienced, perpetuated and responded to. Community attitudes towards and negative assumptions about people with disability can significantly impact wellbeing[xi], but also have very real impacts in terms of risk, danger and experiences of DFSV and abuse.

4.2. Improve Specialist DFSV services:

4.2.1. Disability inclusive specialist DFSV reform

As was outlined repeatedly and powerfully to the DRC, people with disability experience violence at rates considerably higher than the general population. These figures can compound even further if the person with disability experiences intersectional disadvantage.

We know, from listening to DRC stories, from examining DRC reports on the prevalence of people with disability experiencing violence, abuse, neglect and exploitation, as compared to what we hear anecdotally from specialist DFSV services, that there is a considerable cohort of people with disability experiencing various forms of abuse or violence, who are not receiving the benefit of anti-violence expertise such as that held by specialist DFSV staff.

Specialist DFSV services often have decades of experience and expertise on how to prevent, intervene early, respond and recover from experiences of violence. That anti-violence and safety planning expertise is not always easy to come across. Specialist DFSV services can also be essential (at times required) pathways to emergency/crisis housing, to anti-violence informed casework support and to brokerage funding (if available).

The ANROWS report "Whatever it takes: Access for women with disabilities to domestic and family violence services: Final Report" highlighted the importance of inclusive practice within specialist DFSV services[xii]. As part of their 2017 research, they undertook a survey with DFSV providers, found sites with promising practice, and then undertook qualitative research with women with disabilities using the services to understand what could be learnt from their experiences. That research emphasised that services need to be:

- "Approachable: This means women know the service is there, [she] can find it, get to it and [she] feel[s] OK going there.
- Acceptable & Appropriate: This means it fits for the woman, she gets to say if it is working for her.
- Affordable: It should not cost [her] money to get there, to be there and to go as often as [she] need[s] to.
- Available: This means it is there for [her] and [she] can use it like other women do."[xiii]

It is vital that those women with disability who want it, have equitable access to the information, expertise and support that specialist DFSV services provide. At present, however, there continue to be large numbers of barriers, including intersectional barriers, experienced by women with disability who may otherwise wish to access support[xiv]. To achieve ongoing outcomes, coordinated and systematised approaches within specialist DFSV services to prevent violence against and ensure better responses to women with disability experiencing DFSV.

The Disability Inclusion Bill (2018) requires local councils, and other prescribed agencies to prepare a Disability Access and Inclusion Plan (DAIP). As part of these plans, services are required to proactively address barriers being experienced by people with disability. These could include attitudinal barriers and/or barriers such as communication, access and service quality. The Disability Inclusion (Review Recommendations) Amendment Act, will also shortly require DAIPs to also have actions addressing intersectional barriers impacting specific groups such as Aboriginal and Torres Strait Islander people with disability, LGBTQIA+ people with disability, culturally and linguistically diverse people with disability, older people with disability, children and young people with disability, etc.

Designing and implementing DAIPs ensures a basic standard of accessibility and inclusivity, both for staff and for clients with disability using these services. DAIPs also ensure that accessibility is considered at all levels of service delivery, including front desk service, administration, physical and sensory accessibility in building design, knowledge and confidence of staff and more. Requiring, and funding, specialist DFSV services to develop and implement a DAIP will improve service response and reduce barriers people with disability face in accessing these services.

Recommendation 4

The Royal Commission into Domestic, Family, and Sexual Violence should recommend Specialist Domestic, Family, and Sexual Violence Services (and other key response services) be declared agencies required to develop their own Disability Action and Inclusion Plans (DAIPs) in line with the Disability Inclusion Act (2018), with state government funding provided to achieve this. Designing and implementing DAIPs will ensure a basic standard of accessibility and inclusivity in service design and delivery.

4.2.2. Disability education and training for specialist DFSV services:

There is an urgent need for professionals working within the specialist DFSV sector to receive training and ongoing professional development focused on how to better support people with disability at an individual practice level, to enable more holistic approaches, service re-design and better cross- sector approaches.

Within the DFSV sector, there can be significant gaps in knowledge in terms of professionals understanding how the National Disability Insurance Scheme (NDIS) and Aged Care systems work, the support that they offer, as well as the ways they can also be weaponised and used against people with disability (for example a nominee/carer misusing funds or controlling, hiring and firing supports). More broadly, both the NDIS and Aged Care services can provide avenues for enacting potential timely accessible support but requires professionals who know how to make referrals and connections for people with disability in a safe and timely way. A lack of knowledge has the flow on effect of holding services up, or people falling through the cracks in ways that increases the risks for people with disability.

Training topics could include: disability rights, universal design, inclusion and accessibility, communication accessibility, neurodivergence and neuro-affirmative practice, intersectionality, disability specific forms of violence/abuse, addressing barriers experienced by women and children with disability and the basics of how disability, aged care and mental health service systems work.

This training should be required as part of induction for new staff, and there should be regular, and ongoing professional development for all staff on these topics.

Recommendation 5

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that all staff within specialist Domestic, Family, and Sexual Violence Services be required to undertake regular education and training on disability-related topics. This training should be delivered by people with lived experience. Improving knowledge, confidence and capability of these professionals has flow on effects including, strengthening prevention efforts, better identification of those at high risk, improved access to timely support and earlier intervening before violence escalates.

4.2.3. Accessible information and communications re DFSV

For both people experiencing and those using violence:

- Information needs to be available in different formats (easy English (short sentences with easy words accompanied by pictures)), plain English, multiple languages, video, audio, Auslan interpreted, accessible web sites etc.
- Communication needs to be possible in many ways. Phone, in person appointments, options to text or write to services, use interpreters (including Auslan interpreters), via communication aids/behaviour etc. Intake processes must be accessible, and flexible, able to respond to disability support needs as required.

- People who face mobility barriers (use a wheelchair or mobility aids), may not be able to attend a service in person easily: even if the service itself is has ramps and is wheelchair accessible – she may not be able to easily get an access taxi, or she may be experiencing coercive control around her movements.
- Service locations and emergency supports need to be accessible, and services need to be able to visit people with disability who need this.

Recommendation 6

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies review how they share information about domestic, family, and sexual violence, including rights, available options, and services. This information should be made available in multiple formats including easy read, plain English, Auslan videos (and other formats). It is essential that people with disability have fair, equal access to information about where to go for support.

4.3. Improve broader human service sector responses to DFSV and disability

4.3.1. Improve cross-sector pathway mapping, training and collaboration regarding disability, DFSV and intersectional needs.

There can be a range of pathways via which people with disability may want or need to seek support when experiencing DFSV. They may be in contact with trusted friends/family, financial services, lawyers, GPs or other health/mental health professionals, housing/homelessness services, disability services, aged care services, mental health services, or more.

It is important that there is a diversity of pathways for prevention, early intervention, response and recovery to suit different people and situations. It is also important that the options available match what is needed for good outcomes.

For people with disability, often it may be professionals within a disability service (or other social service) context who are responding to violence-related crisis, and attempting to provide direct support to the individual involved, while also actioning and liaising with services and actioning supports to try and address immediate safety concerns. People in these roles need increased training and better connections with key anti-violence/safety knowledge services (such as specialist DVSV services) who can assist with the crisis and also support proactive planning before crisis escalates. This underscores the need for a systematic approach to ensure that all services, including crisis intervention, emergency housing, and safety measures, are truly inclusive and accessible.

Professionals working in social service contexts (eg disability services, housing services etc) often do not have sufficient knowledge and skills about DFSV and how to support people with disability who are also at risk of or experiencing DFSV and other forms of violence. Organisations also do not always have clear understandings of their shared responsibility in achieving positive outcomes. Such training needs to go beyond how to identify signs of DFSV, and how to make referrals to DFSV services, in recognition that often services may be continuing to assist people in DFSV situations, even if the people experiencing DFSV (or the person using DFSV) is not connected to specialist DFSV systems.

Whilst, as one of a series of potential responses, services staff might encourage contact with specialist DFSV services, this pathway is often not straightforward.

The person with disability may not agree that what they are experiencing as DFSV and thus may not want to connect with DFSV services. Services might think that it is a different type of violence, as they are not applying disability inclusive forms of DFSV. The person with disability may prefer to use other services, or not feel comfortable, safe or culturally safe in involving DFSV services. The type of support being sought might need the involvement of multiple services or might not exist. The person with disability may also have had past bad experiences with help-seeking, or as mentioned above, staff from specialist DFSV services or broader social and health service contexts (relevant to DFSV) may not always understand how to appropriately support people with disability.

Some people with disability may fear that if they disclose or seek support from formal services such as DFSV services, this may then lead to a loss of control about ‘what happens next’ with many fearing that professionals may take over and make decisions that have drastic repercussions for that person’s sense of safety, agency and quality of life. This could include examples such as decisions to relocate to a different house, or changing or ceasing supports, further isolating them from trusted safe people they were relying on.

There are examples of training that can inform approaches to improving the intersection between disability services and DFSV support. For instance, under the National Plan to End Violence Against Women and Children (2022-2032), DV-Alert (by Lifeline) offers a one-day workshop to front-line workers, focussed on responding effectively to women with disability. It is imperative to understand what is working and what is not working though – as for example, the DV-Alert training has been on offer for many years, but anecdotally we have heard it is not always being taken up by services/service providers.

In New South Wales, People with Disability Australia (PWDA) has also recently been offering training to DFSV services, enhancing their understanding of the needs of individuals with disability.

Organizations like WWILD in Queensland, and the Disability Liaison Officer at the Domestic Violence Crisis Service (DVCS) in the ACT (funded in line with the ACT Disability Justice Strategy) have been working to bridge the gap between disability and DFSV services, offering more inclusive and accessible support. Sexual Assault Services Victoria has also taken important steps by focusing specifically on addressing the needs of women with disability, ensuring their services are tailored to provide appropriate support.

These examples show that by upskilling the workforce and fostering cross-sector collaboration, it is possible to create more inclusive, accessible, and responsive services for people with disability who experience DFSV. By learning from what is working and what is not there is a significant opportunity for the social services sector to better recognize and respond to the specific needs of people with disability. We highlight the importance however of such efforts happening in a coordinated and systematic way.

Within the South Australian context, there are very few initiatives and projects focused on ensuring inclusivity of people with disability in service delivery and nor are there many examples of partnerships with disability services to create a holistic, accessible, and timely response to those seeking help for recovery and healing.

We desperately need both a social services mapping exercise and an audit which examines pathways and how services respond to and support people with disability (in their full, intersectional diversity) who are experiencing violence, to inform efforts to co-design with people with lived experience what service-system reform should look like.

Such mapping exercises and audits should examine the availability of services in South Australia and assesses how well these services accommodate diverse accessibility needs, and identify areas for improvement, ultimately contributing to the creation of a more integrated and responsive system for people with disabilities in crisis.

Recommendation 7

The Royal Commission into Domestic, Family, and Sexual Violence should recommend a statewide, independent audit that maps out potential avenues for support with healing and recovery (and help seeking) for people with disability after disclosure or identification of domestic, family, and sexual violence. This audit should examine how accessible and inclusive these services are for people with disability. Further, the audit should also include recognition of the wide network of community and disability services who may also have a role to play in responding to domestic, family, and sexual violence and may facilitate referrals and connections to specialist services, health services and/or legal services.

Recommendation 8

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian government provide secure, ongoing funding for cross-sector collaboration and workforce capacity building to better respond to people with disability dealing with domestic, family, and sexual violence. This should include coordinated efforts to increase capacity and understanding across the public and private sectors, ensuring that professionals from all relevant service sectors, such as law enforcement, health, housing, and social services, are equipped to identify individuals at risk, intervene early, and provide appropriate responses.

4.3.2. Emergency refuges and crisis accommodation

It is vital that there are accessible emergency refuges and crisis accommodation services available to meet the needs of people with disability. There has been a long-standing issue whereby refuges and crisis accommodation services can be inaccessible for people with disability. In these situations, people with disability are sometimes placed in emergency settings such as hotels/motels. These settings can be unsuitable for many reasons, including financial pressure on services for people to exit quickly, mobility barriers, inability to accommodate families or pets, sensory barriers and more.

The DRC recommended, as part of Recommendation 7.35, “c. auditing the demand for, and accessibility of, current crisis housing (including domestic family violence shelters and refuges, and natural disaster crisis accommodation) to –

- determine the appropriate amount, location and cost of crisis housing required to meet the needs of people with disability
- set appropriate targets for new crisis housing construction and refurbishment that meet the voluntary ABCB Livable Housing Design Standard”[xv]

The South Australian government responded that this recommendation was subject to further consideration, noting that "Further scoping is required to understand the housing needs of people with disability in South Australia and how it interacts with current South Australian housing initiatives to implement part (c) of the recommendation"[xvi].

We call on the Royal Commission DFSV to seek an update from SA government on this topic, and to recommend additional action to address this issue as required.

Recommendation 9

The Royal Commission into Domestic, Family, and Sexual Violence should recommend an audit of emergency refuges and crisis accommodation to assess their accessibility for people with disability who may enter their service. This should provide clear information about how services can work to remove barriers identified through the audit and ensure that all people, including those with physical or intellectual/cognitive disabilities, can safely access emergency and crisis accommodation.

4.3.3. Fund individual advocacy

In its Final Report, the DRC emphasises that independent advocacy services are essential for upholding the human rights and wellbeing of people with disability.[xvii] It recognises that all people with disability should have access to high-quality, well-resourced, independent advocacy services.

Yet, the DRC found that existing advocacy programs are not meeting demand and therefore additional investments are needed.[xviii] This is particularly the case in South Australia where successive governments have failed to fulfil their responsibility to fund independent disability advocacy adequately, or at all, since 2007.

Advocacy services can offer individual support to people with disability experiencing barriers to accessing DFSV services, or combinations of services able to meet needs. People with disability experiencing intersectional barriers can especially benefit from advocacy support in bringing services together to facilitate solutions (e.g. if emergency housing arrangements are unsuitable, or if advocacy is needed to ensure urgent changes to NDIS plans occur in a timely manner, or to ensure improve access to justice processes).

We endorse DRC Recommendation 6.21(c) that affirms 'state and territory governments should ensure long-term and stable funding for disability advocacy programs in their jurisdictions to meet demand.' This recognises that all people with disability should have access to high-quality, well-resourced, independent advocacy services. The Productivity Commission, in its 2017 NDIS Cost Study

Report also stated that independent disability advocacy should be funded by both tiers of government. The longer South Australia goes without critical state-funded independent advocacy services, the greater the safeguarding risk to the lives and wellbeing of people with disability. South Australia is the only state not to adequately invest in this key responsibility, with others such as Queensland increasing funding significantly after the DRC.

Adequate ongoing individual and representative (peer networks) advocacy funding would give people with disability a pathway to navigate the systems and services they need and remove the barriers restricting them from living a fair and equitable life. In 2017, a Cost Benefit Analysis commissioned by Disability Advocacy Network Australia estimated for every dollar spent on independent advocacy, there is $3.50 return.[xix]

Independent disability advocacy programs must be funded for organisations to provide individual, representative/peer group and systemic disability advocacy to people with disability at risk of or experiencing DFSV and requiring this support. Independent advocacy services should be made available across the whole state, and specialist services for First Nations people, people from culturally and linguistically diverse backgrounds, people in closed systems, people with complex communication needs, and similar should be funded in all three streams. These advocacy programs will be essential not only in responding to immediate needs but also in ensuring the recovery and healing of victim-survivors by empowering them with information, choice, and control over their healing journey.

Recommendation 10

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that the South Australian Government fund independent, individual, representative/peer group and systemic disability advocacy programs specifically for people with disability at risk of or experiencing domestic, family, and sexual violence. Independent advocacy services should be made available across the whole state, and specialist services for First Nations people, people from culturally and linguistically diverse backgrounds, people in closed systems, people with complex communication needs, and similar should be funded in all three streams.

4.3.4. Reinstate funded Communication Partners services:

People with disability experiencing DFSV may need to engage with justice processes. However, at present, there can be many barriers.

We must prioritise and invest in protecting the rights and interests of all people with disability interacting with the justice system, whether as victim, witness or defendant. Historically, the justice system expected participants to adapt to it, with only very limited steps taken to ensure the system itself is accessible and inclusive of the needs of all those interacting with it. However, equal participation in the justice system is a human right. The right to a fair trial applies to defendants, but also victims, and to the community. Court proceedings, and the legal processes that come before them, must be fair for all.

People living with intellectual disability, cognitive impairment, acquired brain injury, or related circumstances, should not be interviewed or questioned by police without a familiar and trusted person or Communication Partner being present, in keeping with the *Statutes Amendment (Vulnerable Witnesses) Act 2015*. The Act is intended to improve the position of parties in circumstances of vulnerability, including children and adults with disability, within the justice system, both in and out of court, and was the statutory basis for the Communication Partner Service (CPS).

Unfortunately, the former South Australian Government did not renew CPS funding, which had been provided in the 2016-17 Budget at a modest $3.26 million over four years.[xx] Since 1 March 2020, a new model for Communication Partners has been in place. Under this model, the provision of communications services is restricted to certain professionals, such as psychologists, social workers, and teachers, to provide communication assistance to people in vulnerable circumstances and are paid for by the agencies requiring them. This approach is problematic because the South Australian Police or a court may be disinclined to allocate resources for Communication Partners to support people and, in any case, could be perceived as having a conflict of interest by the person requiring the support.

The South Australian Law Reform Institute (SARLI) examined the provision of communication assistance in our state in 2021 and its report made 51 recommendations to government. Among its recommendations were:

- Any person with the necessary skills to assist someone with a complex communication need should be able to act as a Communication Partner.
- A publicly funded service should be available to people with complex communication needs when they are interacting with the justice system; and

- The right to use a Communication Partner should be promoted so this option becomes more widely known.[xxi]

By enabling any person with the necessary skills to assist someone with complex communication needs to act as a Communication Partner, the service would also be available to assist First Nations people with disability and other people with disability for whom English is not their first language. We also believe people with disability should be supported by a familiar or trusted other person at all stages of the court process. Therefore, we agree that anyone with the necessary skills to assist someone with a complex communication need should be able to act as a Partner, and that this should not be limited to membership of specific professional bodies.

We believe Communication Partners can make a significant difference to accessibility and inclusion within the justice system, and State Government funding should be reinstated for this important initiative. To fulfil the critical principle of fairness within the justice system, a readily available, publicly funded service for people with complex communication needs is essential.

During this Royal Commission, evidence was presented by Ms Laura Cilesio, Director of the ACT Intermediary Scheme. We noted with interest her evidence and would welcome further conversations as to how recommendations in relation to the Communication Partners service could be strengthened, in line with practices in other states/territories.

Recommendation 11

The Royal Commission into Domestic, Family, and Sexual Violence should recommend the reinstatement of the Communication Partners Service (CPS) to ensure people with complex communication needs have access to support when interacting with the police, lawyers, or courts. The Commission should emphasize that reinstating the CPS is critical to ensuring equitable participation in legal processes, which is essential for both the immediate response to domestic, family, and sexual violence, and longer-term outcomes.

5. Measuring experiences and responses to DFSV

There is a lack of reliable data about DFSV in Australia and this gap is even more pronounced in relation to the experiences of people with disability. This applies not just to quantifying rates of DFSV but also to if and how systems and services respond. We believe actions to address data shortcomings will be essential for effective change. We appreciate the role of the Federal Government and its agencies, particularly the Australian Bureau of Statistics (ABS), in data collection and reporting but urge you to examine the challenges for data collection about DFSV to the extent to which your powers allow.

Many of the surveys intended to collect data, including the ABS' 'Personal Safety' survey, are inaccessible to many people with disability. Further, many victim-survivors do not disclose their experiences to anyone. Community attitudes, self-blame, fear of the person using violence, and minimising the experience as 'not serious enough' may be reasons for this. This is exacerbated for victim-survivors with disability if they rely on the person who uses violence for essential support, especially for day-to-day living and personal care. It is made even worse if a woman with disability has a child/ren they fear losing if they are judged as unable to provide care as a solo parent without the perpetrator being present.

Reliable data about the rates of disability acquired because of DFSV is also needed. The Royal Commission may be able to source data from the court system or police, while individual response services may collect data that includes information about disability status. If not, this is also an area that we urge the Royal Commission to address in its recommendations.

Recommendation 12

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that government and non-government agencies address the lack of comprehensive data on domestic, family, and sexual violence, particularly in relation to people with disability. Without reliable, disaggregated data, it is impossible to fully understand the scope of the issue or the unique needs of people with disability, undermining prevention and early intervention strategies.

6. People using violence

For much of this submission, we have intentionally focussed on people with disability who are victims/survivors, or at increased risk of being a victim/survivor, given that people with disability are so significantly over-represented amongst those experiencing violence, abuse, neglect and exploitation.

Part of ending violence, is working with people that use violence, both as allies, but also with regards to how to prevent violence. Given that such a large proportion of the general Australian population have disability (1 in 5 people), we know that some of the people using violence, will also be people with a disability.

Professor Donna Chung spoke to this Royal Commission about the importance of a web of accountability around those using violence[xxii]. Others have spoken about the impacts of mental health, alcohol use, financial stress, relationship breakdown and other factors, on increasing the likelihood of violence.

We emphasise the importance that further research into people who use violence consider also any disability-related needs of offenders, and that programs working on combatting violence, be designed inclusively, with disability accessibility and universal design principles in mind, to increase effectiveness for anyone who might have such needs.

Recommendation 13

The Royal Commission into Domestic, Family, and Sexual Violence should recommend that professionals working within programs supporting people who use violence be required to undergo training on disability access and inclusion. Given people with disability are over-represented in the criminal justice and prison system, it is likely that there will be people with disability engaged in these programs who may benefit from appropriate interventions that reduce the risk of reoffending.

7. Conclusion

Thank you again for the work of the Royal Commission so far. We appreciate the opportunity to correspond with you in the hope that the input we have provided above regarding issues pertinent to people with disability will be useful for your ongoing work.

We are available to discuss the issues raised in this submission or any forthcoming opportunities to assist the Commission further. To arrange this, could your team please contact Tracey Wallace, Strategy Leader, JFA Purple Orange, on [redacted]

In closing, we wish you and your team well in completing your important work within what is a tight timeframe. We know the South Australian disability community is keenly awaiting your recommendations to provide a pathway for much-needed, genuine change.

8. Endnotes

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[v] Royal Commission into Domestic, Family and Sexual Violence (2025), Opening Address by Counsel Assisting Katie-Jane Orr, near the commencement of the Final day of hearings of the Royal Commission into Domestic, Family and Sexual Violence: 26 March 2025. Accessed via https://www.royalcommissiondfsv.sa.gov.au/ in March 2025.

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[x] Frohmader, C., and Sands, T. (2015), *'Australian Cross Disability Alliance submission to the Senate Inquiry into violence, abuse and neglect against people with disability in institutional and residential settings'.* Sydney, NSW: Australian Cross Disability Alliance. Accessed via:

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[xi] Thompson, D., K. Fisher, C. Purcal, C. Deeming and P. Sawrikar (2011). '*Community Attitudes to people with disability: Scoping project*'. SPRC Occasional Paper No. 39, University of New South Wales, Sydney, as referenced in
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[xii] Dyson, S., Frawley, P., & Robinson, S. (2017). *"Whatever it takes": Access for women with disabilities to domestic and domestic violence services: Final report* (ANROWS Horizons, 05/2017). Sydney: ANROWS. Accessed via: https://www.anrows.org.au/publication/whatever-it-takes-access-for-women-with-disabilities-to-domestic-and-family-violence-services-final-report/ in March 2025.

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[xvi] South Australian Government (2024), *South Australian Disability Royal Commission Response*, Accessed via: https://dhs.sa.gov.au/about-us/our-department/inclusion-engagement-and-safeguarding/disability-royal-commission-response , page 86, in March 2025.

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