



Disability Rights Advocacy Service Inc

Safeguarding and promoting the rights and
interests of people with disability, their families

SUBMISSION TO THE ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE

RESPONSE TO ISSUES PAPER

AUGUST 2024

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Acknowledgement of Country



The Disability Rights Advocacy Service Inc acknowledges that this submission was completed on Kaurna Land. We pay our respects to Elders past, present and emerging. We recognise the continuing relationship with the lands and seas and connection to culture.

Kurna Miyurna yaiya yarta-mathanya Wama Tarntanyaku, parnaku yailtya, parnaku tapa puru purruna. Kurna Miyurna ithu yailtya purruna, yarta kuma puru martinthi, puru warri-apinthe, puru tangka martulayinthe.

ADELAIDE OFFICE





Background

Disability Rights Advocacy Service (DRAS) is a community organisation that is run by our members and our Board, which is made up of people with a disability. DRAS is part of a national network of disability advocacy organisations funded by the Australian Government Department of Social Services to provide individual advocacy and NDIS appeals support, individual capacity-building and systemic advocacy for persons with disability.

What we do

Our advocates listen to people with a disability and learn from them, so that we can work alongside them to promote and defend their human rights. It means helping people with disability to get a fair go. It means helping people with a disability to enjoy all the things they are entitled to – all the things a person who doesn't have a disability can access.

Our locations

Disability Rights Advocacy Service has three office locations in South Australia:

- Our Brooklyn Park office represents people who reside within greater metropolitan Adelaide, Mount Barker, Adelaide Hills and Murray Bridge.
- Based in Mount Gambier, our South-East service assists people throughout the South-East and Coorong region.
- People living within the Riverland region can access our Riverland office, which is based in the township of Berri.

Our Mission

Safeguarding and promoting the rights and interests of people with a disability, their families and carers. We do this through our four governing principles:

1. People with disabilities have the same rights as other members of the Australian community.
2. People with a disability should be able to maintain and develop their culture without prejudice or disadvantage and should be encouraged to understand and embrace other cultures.
3. People with a disability should be able to receive services necessary to enable them to achieve their maximum potential as members of the community.
4. People with a disability are entitled to participate in decisions that affect their lives and to receive services in a manner that results in the least restriction of their rights and opportunities.





Response to Issues Paper

DRAS will use this submission as a brief response to the Issues Paper circulated July 2024 by the Royal Commission into Domestic, Family and Sexual Violence (“the Commission”). DRAS will also be working with our clients with a disability to provide individual submissions throughout the course of the Commission.

Prevention

1. DRAS agrees with the Commission that in the case of domestic violence, the drivers and causes include gender inequality and attitudes that condone disrespect towards women.
2. We would like to emphasise that people with disability, particularly women and girls with disability, are more likely to face domestic, family and sexual violence. For example, research cited by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Disability Royal Commission) noted that in South Australia children with disability were exposed to more than twice as much family and domestic violence as children without disability.¹
3. The Disability Royal Commission emphasised that women with disability experience high rates of sexual assault, intimate partner family and domestic violence, emotional abuse and stalking. Violence and abuse are particularly prevalent for women with psychosocial or intellectual disability (72% since the age of 15), young women with disability and First Nations women with disability.² Research cited by the Disability Royal Commission noted that 29% of women and 12% of men aged between 18 to 64 have experienced violence by a domestic partner; while 29% of women with disability have experienced sexual assault compared with 7.7% of men with disability having experienced sexual assault.³
4. Domestic, family and sexual violence can be perpetrated against people with disability due to a multitude of factors, including social isolation, lack of community participation, power imbalances in interpersonal relationships (including intimate relationships or within professional settings), housing insecurity or unsuitability, reduced economic opportunity, or lack of awareness or education regarding respectful relationships (among other things).
5. Any efforts to prevent domestic, family and sexual violence should be multi-faceted and work towards societal change and attitudes, which would ideally include for people with disability economic, social and community participation, quality and safeguards within intimate or professional settings, a housing first approach, and equitable access to primary healthcare.
6. There appear to be limited initiatives aimed at preventing domestic, family and sexual violence. The Department for Education in South Australia delivers the *Keeping Safe: Child Protection Curriculum* (KS:CPC) for children and young people. However, we understand that there is

¹ *Final Report – Volume 3, Nature and extent of violence, abuse, neglect and exploitation of people with disability*, 2023, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, p 93

² *Ibid* p 105

³ *Ibid* p 108

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Disability Rights Advocacy Service Inc

Safeguarding and promoting the rights and interests of people with disability, their families

currently a major review of the KS:CPC, with an outcome expected by late 2024. We would ask that the Commission considers this review as part of its work.⁴

7. The Federal Government has also launched an advertising campaign to encourage respectful relationships across Australia. It will be important to measure any tangible impact of the national campaign, which is due to run through to May 2025.⁵

Early Intervention

8. Various systems and organisations within South Australia receive information which may allow for the identification of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence. This includes government, non-government organisations and private businesses or workplaces. Our disability advocates work with clients across a range of advocacy issues, and often work alongside specialist domestic violence services, SAPOL, housing and homelessness services, medical and allied health professionals, social workers, financial counsellors, NDIS providers, to name a few.
9. Our advocates often receive disclosures of past history or present risk of domestic, family and sexual violence. As a snapshot of currently open Disability Advocacy cases at DRAS, around 30 female clients with a disability have disclosed some form of domestic, family or sexual violence. However, this is only a snapshot and based on self-reporting. In our experience, our female clients with a disability have a high chance of having experienced domestic, family or sexual violence.
10. In terms of what is needed to allow for this information to be used by government and specialist domestic violence services, this could include information-sharing and direct reporting procedures and referrals (rather than, for example, general numbers for SAPOL and the domestic violence crisis line).
11. The Family Safety Framework (FSF) is the South Australian Government's coordinated service response to Domestic, Family and Sexual Violence, which was implemented statewide in 2013. Family Safety Meetings (FSM) occur every 2 weeks to develop coordinated responses for people experiencing a high risk of harm due to Domestic, Family or Sexual Violence.
12. The FSF referral eligibility states that 'Eligible people for referral to the Family Safety Framework (FSF) include those people experiencing DFSV: who are within an intimate relationship, including same sex relationships; who were previously involved in an intimate relationship (ex-partners), including same sex relationships; who are relatives according to Aboriginal traditional or contemporary social structures.' Workers making referrals are required to conduct a risk assessment and exercise professional judgement regarding the level of risk.⁶
13. However, we have observed procedural flaws in the accessibility of having a client be referred to the FSF/FSM. Many of our clients with disability experiencing domestic, family or sexual violence face complex and extenuating circumstances. This may include homelessness or risk of homelessness, financial hardship, substance abuse, complex mental illness, cognitive or

⁴ [2022 review - KSCPC](#)

⁵ [New campaign encourages respectful relationships across Australia | Department of Social Services Ministers \(dss.gov.au\)](#)

⁶ [Office for Women - Practice Manual](#)

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Disability Rights Advocacy Service Inc

Safeguarding and promoting the rights and interests of people with disability, their families

functional impairment, and lack of access to the basics (such as a phone or transport). When all of these factors are combined, it can be incredibly difficult for clients to access supports in a consistent or meaningful way, placing them at extreme risk. However, the response from government or specialist services has sometimes been inadequate, including closing files due to 'lack of engagement' ('we are a voluntary service and our client has not answered phone calls'), victim-blaming ('the client is not keeping themselves safe or they are placing themselves at risk'), and sometimes siloing service response into different boxes. For example, a client with complex mental illness was not placed into emergency accommodation due to risk of suicidality, however they were told to remain at their usual address which was known to the perpetrator. We acknowledge and have seen first-hand the dedication and commitment of frontline staff and services, however we sometimes find that clients with multiple intersecting disabilities, health conditions and complex circumstances find it difficult to access services and comply with service requirements.

14. DRAS has made applications to the Exceptional Needs Unit (ENU) to ensure that clients with disability facing domestic, family and sexual violence have a case manager to assist them, due to clients not being able to access mainstream support services. As disability advocates we assist where possible and often work with ENU-contracted case management services.
15. Access to early intervention case management should be made available to ensure that people facing domestic, family and sexual violence receive accessible services that can be onboarded quickly and efficiently. Case management could include early assistance such as:
 - Transport assistance / help getting to appointments
 - Gathering identification and ensuring it can be stored safely (birth certificate, photo ID)
 - Making applications to financial aid i.e. the Escaping Violence Payment
 - Assistance connecting to primary or allied health, counselling, housing services
 - Making police reports

Response

16. DRAS has observed that barriers to reporting domestic, family and sexual violence to police or seeking support from domestic, family and sexual violence services include the following:
 - The complexity of navigating access to reporting or accessing support services i.e. not being able to 'get into the door' in the first place
 - Police or services not always meeting people where they are in terms of access
 - Victim-survivors not having access to a phone to report or contact services, or not being able to travel to make a police report or statement, or access a service, which can be due to financial barriers, coercive control, functional or cognitive impairments, among other things
 - Negative past experiences of engagement with SAPOL or reporting to police, not being taken seriously
 - Police statements needing to take place in a police station which can be confronting and difficult to physically access





Disability Rights Advocacy Service Inc

Safeguarding and promoting the rights and interests of people with disability, their families

- A lack of access to police investigation or the forensic interview process, particularly for children with communication impairments, such as being non-verbal. For example, a lack of awareness or pushback from frontline police about vulnerable witness protections that are supposed to be implemented, including not making a communication assistant available.⁷
17. While there is an established Victim Support Service to assist people going through court processes, there is limited independent assistance for victims going through the police investigation stage i.e. reporting, making police statements. The Victim Management Team is a section inside SAPOL assisting victims, however this is not independent of SAPOL.

Recovery and healing

18. Acknowledging that every victim-survivor has different needs depending on circumstances, there are certain universal needs, including trauma and psychosocial recovery, financial support, secure housing, and access to primary or allied health.
19. Currently there exists patchwork support where victim-survivors are required to navigate across various processes to access recovery and healing support.
20. Accessing existing recovery and healing support, such as counselling, psychology or psychiatry for example, can also present a financial barrier.

⁷ [Interviewing vulnerable witnesses \(lawhandbook.sa.gov.au\)](http://lawhandbook.sa.gov.au)

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