

**Violence, Abuse, Exploitation and Neglect**

**Against People with Disability in Australia**

**Available Data as at March 2019**

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**The Context**

There is currently no comprehensive strategy or mechanism in Australia that captures the incidence, prevalence, extent, nature, causes and impact of violence, abuse, exploitation and neglect against people with disability.[[1]](#endnote-1) There is currently no national process to collectively report on available data of the experiences of people with disability in Australia in a person-centred way, understand data quality issues, or to identify and fill data gaps.[[2]](#endnote-2)

There is *some* data available on the incidence and prevalence of violence against women with disability, most notably in relation to family, domestic and sexual violence. However, there are serious methodological restrictions in the main survey instruments used in Australia to capture data on violence against women.[[3]](#endnote-3) In its 2018 publication on *‘Family, domestic and sexual violence in Australia’*,[[4]](#endnote-4) the Australian Institute of Health and Welfare specifically identified the lack of data on family, domestic and sexual violence in relation to particular cohorts of at-risk population groups, including people with disability.

**Data on Violence, Abuse, Exploitation and Neglect Against People with Disability in Australia: General**

* Eighteen per cent (18%) of people with disability report being victims of physical or threatened violence compared to 10% people without disability.[[5]](#endnote-5)
* People with disability who live in institutional and residential settings are highly susceptible to violence (particularly sexual violence) from numerous perpetrators and frequently experience sustained and multiple episodes.[[6]](#endnote-6)
* Between 2014-2017, forty two people with disability living in residential care in NSW died a preventable death because they did not receive timely help.[[7]](#endnote-7)
* A review of the deaths in care of people with disability in Queensland between 2009-2014 found that more than half of all deaths in care reviewed were determined to be unexpected and over half of all deaths were considered potentially avoidable.[[8]](#endnote-8)
* People with intellectual disability are twice as likely to suffer a potentially avoidable death compared to the general population.[[9]](#endnote-9)
* People with intellectual disability have an average life expectancy of 54 years, 26 years shorter than for the general population.[[10]](#endnote-10)
* People with intellectual disability are ten times more likely to experience violence than people without disability,[[11]](#endnote-11) and are three times more likely to be victims of assault, sexual assault and robbery compared with people who do not have an intellectual disability.[[12]](#endnote-12)
* Forty-four to 80% of people with disability who show ‘behaviours of concern’ are administered a form of chemical restraint,[[13]](#endnote-13) between 50% and 60% are subjected to regular physical restraint,[[14]](#endnote-14) and those with multiple impairment and complex support needs are subjected to much higher levels of restraint and seclusion.[[15]](#endnote-15)
* More than a quarter of all people with intellectual disability will be subject at some time in their life to some form of restraint and/or seclusion.[[16]](#endnote-16)
* 4.5% of people with disability in Australia live in some form of cared accommodation.[[17]](#endnote-17) People with disability in residential care die at least 25 years earlier than the general population.[[18]](#endnote-18)
* Sixty-nine per cent of people with cognitive impairment who used an Independent Third Person (ITP)[[19]](#endnote-19) have experienced sexual assault. A further 25% have experienced other crimes against the person.[[20]](#endnote-20)
* 71% of people with disability report feeling very unsafe ‘after dark’ compared to 47% of people without disability.[[21]](#endnote-21)
* Seventy-five per cent of reported elder abuse cases involve the abuse of an older person with cognitive impairment.[[22]](#endnote-22)
* People with disability are more likely to have experienced crime victimisation than people without disability.[[23]](#endnote-23)
* In 2015, 21.8% of people with disability aged 15–64 years, experienced discrimination due to disability.[[24]](#endnote-24)
* The rates of disabled people’s participation in education, employment and social activities are lower than for people without disability.[[25]](#endnote-25)
* 11.2% of people with disability aged 15 and over experience deep and persistent disadvantage, more than twice that of the national prevalence (4.4%).[[26]](#endnote-26)
* The number of people with disability in the labour force has fallen by 3.0% between 2003 and 2015. At the same time, the number of working age people without disability participating in the labour force increased by 23%.[[27]](#endnote-27)
* People with disability are approximately 4 times as likely as people without disability to rely on a government pension or allowance as their main source of income.[[28]](#endnote-28)
* Approximately 8% of people with disability report having schooling or employment restrictions.[[29]](#endnote-29)
* Of people with disability who need help with daily activities, 35% report that their needs are partly met and 2.7% not met at all.[[30]](#endnote-30)

**Data on Violence, Abuse, Exploitation and Neglect Against Women with Disability in Australia**

* Compared to their peers, women with disability experience significantly higher levels of all forms of violence more intensely and frequently and are subjected to such violence by a greater number of perpetrators.[[31]](#endnote-31) Their experiences of violence last over a longer period of time, and more severe injuries result from the violence.[[32]](#endnote-32)
* Women with disability represent 40.9 percent of all female victims of male intimate partner violence.[[33]](#endnote-33)
* Women with disability who experience intimate partner violence are significantly more likely to experience multiple incidents of violence.[[34]](#endnote-34)
* Women with disability are under-represented in population-based studies on the prevalence of domestic and family violence and sexual assault.[[35]](#endnote-35)
* Women with disability experience fewer support options for leaving a relationship or living situation where they are experiencing violence.[[36]](#endnote-36)
* More than a quarter of rape cases reported by females in Australia are perpetrated against women with disability.[[37]](#endnote-37)
* Twenty per cent of women with disability report a history of unwanted sex compared to 8.2% of women without disability,[[38]](#endnote-38) and the rates of sexual victimisation of women with disability range from four to 10 times higher than for other women.[[39]](#endnote-39)
* Twenty-one per cent (21%) of women with disability report feeling ‘very unsafe’ after dark, compared to 8% of men with disability and 4.5% of people without disability.[[40]](#endnote-40)
* Only 4 in 10 Australians are aware of the greater risk of violence experienced by women with disability.[[41]](#endnote-41)
* Evidence indicates that every week in Australia, three women are hospitalised with a brain injury as a direct result of family violence.[[42]](#endnote-42)
* Violence is present in the lives of one in four women with disability (25%) who accessed service support in Australia between 2012-13.[[43]](#endnote-43)
* Eighty-five (85%) of women with mental health impairment report feeling unsafe during hospitalisation, 67% per cent report experiencing sexual or other forms of harassment during hospitalisation and almost half (45%) report experiencing sexual assault during an in-patient admission.[[44]](#endnote-44)
* Women comprise 74% of all elder abuse victims,[[45]](#endnote-45) and are more likely to experience elder abuse than males, at a rate two and a half times higher.[[46]](#endnote-46)
* Women with disability represent more than 50% of the female prison population in Australia. More than half of all women incarcerated in Australian prisons have a diagnosed psychosocial disability and a history of sexual victimisation.[[47]](#endnote-47)
* Violence experienced by women with disability is not sufficiently captured by commonly-used terminology such as “domestic and family violence”.[[48]](#endnote-48)
* Electroconvulsive therapy (ECT) performed on involuntary persons (ie: without that person’s consent) indicates that in Australia three times more women than men are subject to the practice, across all age cohorts.[[49]](#endnote-49)
* Women and girls with disability in Australia are more exposed to practices, which qualify as torture or inhuman or degrading treatment, including state sanctioned practices such as forced sterilisation, forced abortion, and forced contraception.[[50]](#endnote-50)
* Family, domestic and sexual violence causes more disability and premature death for women aged 25–44 than any other risk factor.[[51]](#endnote-51)

**Data on Violence, Abuse, Exploitation and Neglect Against Aboriginal and Torres Strait Islander People with Disability**

* Indigenous Australians are twice as likely as non-Indigenous Australians to be living with disability.[[52]](#endnote-52)
* There is essentially no data in Australia on the incidence and prevalence of violence against Aboriginal and Torres Strait Islander people with disability. However, violence against Aboriginal and Torres Strait Islander people is approximately 10 times higher than against non-Aboriginal and Torres Strait Islander people.[[53]](#endnote-53)
* Aboriginal women are 35 times more likely to suffer family violence and 80 times more likely to sustain serious injury requiring hospitalisation, and 10 times more likely to die due to family violence, than non-Aboriginal women.[[54]](#endnote-54) In 2014–15, the rate of hospitalisations for assaults related to family violence for Indigenous women was 32 times the rate for non-Indigenous women.[[55]](#endnote-55)
* Aboriginal women are less likely than non-Aboriginal women to disclose their experiences of violence, with studies showing that around 90 per cent of violence is not disclosed.[[56]](#endnote-56)
* Data from 2008 showed that three out of five Aboriginal and Torres Strait Islander men (55%) and women (60%) who had experienced physical violence in the 12 months prior to interview, reported that they experience a disability or long-term health condition.[[57]](#endnote-57)
* Aboriginal and Torres Strait Islander children have higher rates of hospitalisations due to injury, higher rates of injury mortality and more frequent contact with child protection and youth justice systems than non-Indigenous children.[[58]](#endnote-58)
* Aboriginal and Torres Strait Islander people with disability are significantly over-represented in a number of institutional settings, particularly prisons. The Indigenous age-standardised imprisonment rate is 13 times that for non-Indigenous Australians.[[59]](#endnote-59) Of the 150 people detained on order under mental impairment legislation around Australia, one third are Indigenous Australians. It is also estimated that approximately 50 Aboriginal persons with disability are currently being detained indefinitely in prisons and psychiatric units throughout Australia.[[60]](#endnote-60)
* Compared with non-Indigenous young people, on an average day, Aboriginal and Torres Strait Islander young people aged between 10-17 years are 25 times as likely to be in detention than non-Indigenous young people.[[61]](#endnote-61)
* Indigenous Australians (aged 15 and older) have more than twice the prevalence of deep and persistent social exclusion (10.8%) compared with that for all Australians (4.4%).[[62]](#endnote-62)

**Data on Violence, Abuse, Exploitation and Neglect Against People with Disability from Culturally and Linguistically Diverse (CALD) Backgrounds**

* Although there is no known prevalence data on violence against people with disability from culturally and linguistically diverse (CALD) backgrounds, research has found that immigrant and refugee women are more likely to be murdered as a result of domestic violence,[[63]](#endnote-63) and that cultural values and immigration status enhance the complexities normally involved in domestic violence cases.[[64]](#endnote-64)
* It is recognised that CALD women with disability are less likely than other women to report acts of violence, particularly domestic violence and sexual assault, due to multiple and intersecting barriers, which include linguistic barriers, cultural barriers and lack of knowledge or awareness of the criminal justice system.[[65]](#endnote-65)
* It is globally recognised that refugees and asylum seekers with disability are at heightened risk of violence, including sexual and domestic violence.[[66]](#endnote-66)
* Australia’s asylum seeker laws, policies and practices have resulted in institutionalised, severe and routine violations of the prohibition on torture and ill-treatment; have subsequently been found to create serious physical and mental pain and suffering, and continue to cause life-long disability and impairments.[[67]](#endnote-67)
* More than one third of people held in detention have been diagnosed with mental health impairments which have been directly attributed to the harsh conditions, the protracted periods of closed detention, sexual and other forms of violence, overcrowding, inadequate health care, and fear for and about the future.[[68]](#endnote-68)
* Evidence of mistreatment and sexual and physical violence perpetrated against asylum seekers in immigration detention facilities provide another example of institutional settings as breeding grounds for the perpetration of violence, and of cultures that condone violence and abuse.[[69]](#endnote-69)

**Data on Violence, Abuse, Exploitation and Neglect Against Children and Young People with Disability**

* Children and young people with disability experience higher rates of violence and abuse than other children, and often experience multiple and ongoing episodes of violence.[[70]](#endnote-70)
* Children with disability are three to four times more likely to experience sexual abuse than their peers, with many not having the language or ability to communicate the abuse.[[71]](#endnote-71)
* Sexual abuse of children in Australia occurs at appallingly high rates in institutional settings, in which children with disability are significantly overrepresented.[[72]](#endnote-72)
* Evidence suggests that between 50-90% of all detainees in juvenile detention facilities were abused as children and nearly 40% of girls in these settings have experienced childhood sexual abuse.[[73]](#endnote-73) Data and evidence from NSW indicates that 50% of all young people in juvenile detention centres have an intellectual disability,[[74]](#endnote-74) and 39% of these are young Aboriginal and Torres Strait Islander people.[[75]](#endnote-75)
* 85% of young people in juvenile detention centres in NSW have a ‘psychological condition’, with two thirds (73%) reporting two or more ‘psychological conditions’. Young women and Aboriginal and Torres Strait Islander young people are significantly over-represented in these figures.[[76]](#endnote-76)
* 32% of all young people in juvenile detention centres in NSW in 2010 had a traumatic brain injury or a head injury, with a significant rise in the incidence of brain injury for young women – increasing from 6% in 2003 to 33% in 2010.[[77]](#endnote-77)
* Violence and abuse perpetrated against children and young people with disability in schools, educational and child care settings, including out-of-home care,[[78]](#endnote-78) is a widespread, unaddressed problem in Australia.[[79]](#endnote-79) Restraint, seclusion, segregation, sexual violence and abuse, withdrawal of food and drink, bullying and harassment are commonplace yet are often downplayed and justified as ‘behaviour management’ and/or ‘behaviour modification’ practices.[[80]](#endnote-80)
* As at 30 June 2016, there were approximately 46,450 children in out-of-home care—an increase of 17% from 39,600 as at 30 June 2012. Aboriginal and Torres Strait Islander children were 10 times as likely to be in out-of-home care than non-Indigenous children.[[81]](#endnote-81)
* Of children who have been in ‘long-term out-of-home care’ (that is, for 2 or more years), more than one-third (36%) are Indigenous.[[82]](#endnote-82)
* 55% of students with disability aged between 4-19 years, experience bullying at school.[[83]](#endnote-83)
* 19% of students with disability aged between 4-19 years, experience restraint at school.[[84]](#endnote-84)
* 21% of students with disability aged between 4-19 years, experience seclusion at school.[[85]](#endnote-85)
* Between 2003 and 2015, the number of students who attended a special school increased by 35% for people with disability.[[86]](#endnote-86)

**Endnotes**

1. Frohmader, C., & 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. [↑](#endnote-ref-1)
2. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-2)
3. The Australian Government cites the Personal Safety Survey (PSS) as *“the most comprehensive prevalence data source available in Australia”*. The PSS is a national survey conducted by the Australian Bureau of Statistics (ABS). The PSS collects detailed information from men and women about the nature of violence experienced since the age of 15. However, it is widely recognised that the PSS has significant methodological restrictions and limitations. For example, the PSS systematically excludes people with disability living in institutional settings (i.e. not in a private home), and those who live in remote areas, where Aboriginal and Torres Strait Islander people with disability are over-represented. (The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) also operates within these sampling parameters. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4714.0>) . The PSS data collection methods do not involve inclusive research practices. The PSS is performed by an interviewer and a specific requirement of the survey is that all interviews are conducted alone in a private setting. Interpreters and support persons are excluded, and where a respondent requires the assistance of another person to communicate with the interviewer, the interview is not conducted (<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Explanatory%20Notes12012?OpenDocument>). These methodological restrictions mean that the PSS not only misses (and excludes) a very significant proportion of people with disability, but it also means that reported data from the PSS relating to women with disability is inherently misleading. [↑](#endnote-ref-3)
4. Australian Institute of Health and Welfare 2018. *Family, domestic and sexual violence in Australia 2018*. Cat. no. FDV 2. Canberra: AIHW. [↑](#endnote-ref-4)
5. Council of Australian Governments (2011) *National Disability Strategy 2010-2020*, Commonwealth of Australia. [↑](#endnote-ref-5)
6. Attard, M., & Price-Kelly, S. (2010) *Accommodating Violence: The experience of domestic violence of people with disability living in licensed boarding houses,* PWDA, NSW. See also: World Health Organisation, *Violence against adults and children with disabilities*, see <http://www.who.int/disabilities/violence/en/>, See also: Coulson Barr, L. (2012) *‘Safeguarding People’s Right to be Free from Abuse: Key considerations for preventing and responding to alleged staff to client abuse in disability services’* (Occasional Paper No.1, Disability Services Commissioner, 2012). [↑](#endnote-ref-6)
7. NSW Ombudsman (2018) *Report of Reviewable Deaths in: 2014 and 2015, 2016 and 2017, Deaths of people with disability in residential care.* NSW Ombudsman, Sydney. [↑](#endnote-ref-7)
8. Office of the Public Advocate (February 2016) *Upholding the right to life and health: A review of the deaths in care of people with disability in Queensland.* Accessed online at: <http://www.justice.qld.gov.au/public-advocate/activities/past/deaths-of-people-with-disability-in-care> [↑](#endnote-ref-8)
9. Worthington, E. (2017) *People with intellectual disabilities twice as likely to suffer preventable death, study finds.* Accessed online at: <https://www.abc.net.au/news/2017-02-08/study-finds-intellectually-disabled-two-times-preventable-death/8248772> [↑](#endnote-ref-9)
10. [Ibid](https://www.abc.net.au/news/2017-02-08/study-finds-intellectually-disabled-two-times-preventable-death/8248772). [↑](#endnote-ref-10)
11. Council of Australian Governments (2011) *National Disability Strategy 2010-2020*, Commonwealth of Australia. [↑](#endnote-ref-11)
12. Carlene Wilson and Neil Brewer, ‘The incidence of criminal victimisation of individuals with an intellectual disability’ (1992) 27(2) *Australian Psychologist*, 114–117, 115 [↑](#endnote-ref-12)
13. Lynne Webber, Mandy Donley and Hellen Tzanakis, *‘Chemical Restraint: What Every Disability Support Worker Needs to Know’* (Article, Office of the Senior Practitioner, 2008). [↑](#endnote-ref-13)
14. Ibid. [↑](#endnote-ref-14)
15. Ibid. [↑](#endnote-ref-15)
16. Australian Psychological Society (May 2011) *Psychologists call for prompt end to restrictive practices in disability sector.* Media Release; May 2011. [↑](#endnote-ref-16)
17. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-17)
18. NSW Ombudsman (2018) *Report of Reviewable Deaths in: 2014 and 2015, 2016 and 2017, Deaths of people with disability in residential care.* NSW Ombudsman, Sydney. [↑](#endnote-ref-18)
19. Independent Third Persons (ITPs) are used in Victoria to attend police interviews for adults and young people with disability to ensure that they are not disadvantaged during the interview process. The ITP Program is made up of volunteers. See: <http://www.publicadvocate.vic.gov.au/our-services/volunteer-programs> [↑](#endnote-ref-19)
20. Victorian Equal Opportunity and Human Rights Commission (2014) *Beyond doubt: The experiences of people with disabilities reporting crime – Research findings.* ISBN 978-0-9875444-9-3; Melbourne, Victoria. [↑](#endnote-ref-20)
21. National Disability Strategy 2010–2020: *Progress report to the Council of Australian Governments 2014*. [↑](#endnote-ref-21)
22. Black, B. (2008) *‘The human rights of older people and agency responses to elder abuse’*, research report, Centre for Human Rights Education, Curtin University of Technology, Perth; Boldy, D., Webb, M., Horner, B., Davey, M., and Kingsley, B. (2002) *‘Elder Abuse in Western Australia: Report of a Survey Conducted for the Department for Community Development - Seniors' Interests’*, Curtin University of Technology: Division of Health Sciences. Freemason’s Centre For Research Into Aged Care Services, Perth. [↑](#endnote-ref-22)
23. ABS General Safety Survey 2014. [↑](#endnote-ref-23)
24. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-24)
25. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-25)
26. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-26)
27. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-27)
28. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-28)
29. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-29)
30. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-30)
31. WWDA (2007) *Forgotten Sisters - A Global Review of Violence against Women with Disabilities.* WWDA Resource Manual on Violence Against Women With Disabilities. Hobart, Tasmania: Women With Disabilities Australia. [↑](#endnote-ref-31)
32. 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.* Hobart: Women with Disabilities Australia. Available online at: <http://wwda.org.au/wp-content/uploads/2013/12/STV_Background_Paper_FINAL.pdf> [↑](#endnote-ref-32)
33. Mitra-Kahn, T., Newbigin, C., & Hardefeldt, S. (2016). *Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: State of knowledge paper* (ANROWS Landscapes, DD01/2016). Sydney: ANROWS. [↑](#endnote-ref-33)
34. Ibid. [↑](#endnote-ref-34)
35. Australian Institute of Health and Welfare 2018. *Australia’s health 2018*. Australia’s health series no. 16. AUS 221. Canberra: AIHW. See also: Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017.* Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-35)
36. Ibid. [↑](#endnote-ref-36)
37. Heenan, M., & Murray, S. (2006). *Study of reported rapes in Victoria 2000–2003. Summary research report.* Melbourne: Statewide Steering Committee to Reduce Sexual Assault. Published by the Office of Women’s Policy, Department for Victorian Communities. [↑](#endnote-ref-37)
38. 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.* Hobart: Women with Disabilities Australia. Available online at: <http://wwda.org.au/wp-content/uploads/2013/12/STV_Background_Paper_FINAL.pdf> [↑](#endnote-ref-38)
39. Ibid. [↑](#endnote-ref-39)
40. National Disability Strategy 2010–2020: *Progress report to the Council of Australian Governments 2014*; unpublished draft. [↑](#endnote-ref-40)
41. VicHealth 2014, *Australians’ attitudes to violence against women. Findings from the 2013 National Community Attitudes towards Violence Against Women Survey (NCAS)*, Victorian Health Promotion Foundation, Melbourne, Australia. [↑](#endnote-ref-41)
42. Brain Injury Australia (August 11, 2015) *Media Release: Every week in Australia, one woman is killed - the result of family violence. Every week in Australia, three women are hospitalised with a brain injury - the result of family violence.* <http://www.braininjuryaustralia.org.au/> [↑](#endnote-ref-42)
43. The main types of violence experienced by the women included domestic violence (80%); emotional abuse (68%); sexual violence and abuse (63%); financial abuse (58%); the withholding of care (23%), and the withholding of medication (14%). Importantly, findings from the national ‘Stop the Violence Project (STVP) study provided data only on women and girls with disability who had accessed services. However, as highlighted by the STVP, it is highly likely that significant numbers of women and girls with disability who are experiencing or at risk of violence do not access any type of service. This suggests that the prevalence of violence against women and girls with disability is likely to be substantially higher. See: Dowse, L. et al (2013) OpCit. [↑](#endnote-ref-43)
44. Victorian Mental Illness Awareness Council, cited in Victorian Equal Opportunity and Human Rights Commission (2014) *Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*. ISBN 978-0-9875444-9-3; Melbourne, Victoria. [↑](#endnote-ref-44)
45. Faye, B. & Sellick, M. (2003) *‘Advocare's Speak Out Survey "S.O.S" on Elder Abuse’*, Advocare Incorporated, Perth [↑](#endnote-ref-45)
46. Boldy, D., Webb, M., Horner, B., Davey, M., and Kingsley, B. (2002) OpCit. [↑](#endnote-ref-46)
47. *Joint NGO report to the United Nations Committee Against Torture; Torture and cruel treatment in Australia.* (November 2014), Human Rights Law Centre, Victoria. [↑](#endnote-ref-47)
48. Council of Australian Governments (COAG) *COAG 2016 National Summit: Reducing violence against women and their children*. Brisbane, 27-28 October 2016, Accessed online at: <https://pmc.gov.au/sites/default/files/publications/COAG-summit-outcomes.pdf> [↑](#endnote-ref-48)
49. In Frohmader, C. (2011) *Submission to the Preparation Phase of the UN Analytical Study on Violence against Women and Girls with Disabilities*, (A/HRC/RES/17/11). Prepared for Women With Disabilities Australia (WWDA). Available online at: <http://www.wwda.org.au/WWDASubUNStudyViolenceWWDDec2011.pdf> See Also: ‘Child shock therapy’; *Herald Sun Newspaper*, January 25, 2009. Accessed online December 2012 at: <http://www.heraldsun.com.au/news/victoria/child-shock-therapy/story-e6frf7kx-1111118657718> [↑](#endnote-ref-49)
50. Women With Disabilities Australia (WWDA) ‘*WWDA Position Statement 1: The Right to Freedom From All Forms of Violence’*. WWDA, September 2016, Hobart, Tasmania. [↑](#endnote-ref-50)
51. Australian Institute of Health and Welfare 2018. *Australia’s health 2018*. Australia’s health series no. 16. AUS 221. Canberra: AIHW. [↑](#endnote-ref-51)
52. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-52)
53. Memmott, P., Stacy, R., Chambers, C. & C. Keys (2001) *Violence in Indigenous Communities*. Attorney-General’s Department. Available at: <http://www.crimeprevention.gov.au/Publications/FamilyViolence/Documents/violenceindigenous.pdf> [↑](#endnote-ref-53)
54. In Frohmader, C. (2011) OpCit. See also Sutton, C. Violence against Aboriginal women 80 times worse. *Perth Now Newspaper*, June 10, 2013; accessed online at: <http://www.perthnow.com.au/news/violence-against-aboriginal-women-80-times-worse/story-fnhnv0wb-1226661209335?nk=15a73840245f7154a7d4daaca2fc800f>; See also: VicHealth (2011) *Preventing violence against women in Australia: Research summary.* Victorian Health Promotion Foundation. Available at: <http://www.vichealth.vic.gov.au> [↑](#endnote-ref-54)
55. Australian Institute of Health and Welfare 2017*. Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-55)
56. Cited in Woodlock, D., Western, D. J., & Bailey, P. (2014). *Violence Against Women.* Melbourne: Women with Disabilities Victoria. [↑](#endnote-ref-56)
57. ABS [4714.0] - *National Aboriginal and Torres Strait Islander Social Survey*, 2008 [↑](#endnote-ref-57)
58. Productivity Commission, *Report on Government Services 2015*; Chapter 15: Volume F; Child protection. At: <http://www.pc.gov.au/research/recurring/report-on-government-services/2015/community-services/child-protection> [↑](#endnote-ref-58)
59. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-59)
60. Sitori, M., McGee, P. and Baldry, E. (2012) *The Imprisonment and Indefinite Detention of Indigenous Australians with a Cognitive Impairment*; A Report Prepared by the Aboriginal Disability Justice Campaign. Sydney: University of NSW. [↑](#endnote-ref-60)
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62. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-62)
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67. Joint NGO report to the United Nations Committee Against Torture; *Torture and cruel treatment in Australia*. (November 2014), Human Rights Law Centre, Victoria. [↑](#endnote-ref-67)
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72. Royal Commission into Institutional Responses to Child Sexual Abuse (2014). [↑](#endnote-ref-72)
73. <http://www.smh.com.au/national/juvenile-detainees-shocking-histories-20110411-1db5e.html>; See also: <http://www.smh.com.au/nsw/abuse-and-neglect-putting-children-on-path-to-crime-20130719-2q9p6.html> [↑](#endnote-ref-73)
74. Adele Horin, ‘Report Finds Disability and Disadvantage Common in Young Offenders’, *Sydney Morning Herald* (Sydney), 27 February 2010; [www.smh.com.au/nsw/report–finds–disability–and–disadvantage–common–in–young–offenders–20100226–p95r.html](http://www.smh.com.au/nsw/report–finds–disability–and–disadvantage–common–in–young–offenders–20100226–p95r.html) [↑](#endnote-ref-74)
75. Devon Indig et al. *‘2009 NSW Young People in Custody Health Survey: Full Report’*. (Report, Justice Health, NSW Health and Human Services Juvenile Justice, NSW Government, 2011) 15 [↑](#endnote-ref-75)
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78. Out-of-home care is defined by the Australian Government as: Overnight care, including placement with relatives (other than parents) where the government makes a financial payment. It includes care of children in legal and voluntary placements (that is, children on and not on a legal order) but excludes placements solely funded by disability services, psychiatric services, youth justice facilities and overnight child care services. There are five main out-of-home care placement types: 1) Residential care – where placement is in a residential building with paid staff. 2) Family group homes – provide care to children in a departmentally or community sector agency provided home. These homes have live-in, non-salaried carers who are reimbursed and/or subsidised for the provision of care. 3) Home-based care – where placement is in the home of a carer who is reimbursed (or who has been offered but declined reimbursement) for expenses for the care of the child. This is broken down into three subcategories: (a) relative/kinship care – where the caregiver is a relative (other than parents), considered to be family or a close friend, or is a member of the child or young person’s community (in accordance with their culture) who is reimbursed (or who has been offered but declined reimbursement) by the State/Territory for the care of the child. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal and Torres Strait Islander person who is a member of their community, a compatible community or from the same language group; (b) foster care – where the care is authorised and carers are reimbursed (or were offered but declined reimbursement) by the state/territory and supported by an approved agency. There are varying degrees of reimbursement made to foster carers; (c) other – home-based care which does not fall into either of the above categories. 4) Independent living – including private board and lead tenant households. 5) Other – includes placements that do not fit into the above categories and unknown living arrangements. This includes boarding schools, hospitals, hotels/motels and defence force. See: Productivity Commission, *Report on Government Services 2015*; Chapter 15, p.73. [↑](#endnote-ref-78)
79. See for eg: <http://www.abc.net.au/news/2015-04-03/experts-slam-need-to-cage-boy-wth-autism-at-canberra-school/6369470>; See also: Robinson, S. (2013) Op Cit. [↑](#endnote-ref-79)
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81. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-81)
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83. Children and Young People with Disability Australia (CYDA) *2017 Education Survey*. CYDA, Collingwood, Melbourne. [↑](#endnote-ref-83)
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85. Ibid. [↑](#endnote-ref-85)
86. Australian Institute of Health and Welfare 2017. *Australia’s welfare 2017*. Australia’s welfare series no. 13. AUS 214. Canberra: AIHW. [↑](#endnote-ref-86)