A Handbook on Supporting People with Intellectual Disability who have Experienced Domestic and Family Violence

pwda

Building Access
TO INCLUDE PEOPLE WITH DISABILITY

WWILD

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Handbook information

This handbook has been created in collaboration with the New South Wales–based national disabled people's organisation People with Disability Australia (PWDA) and the Queensland–based WWILD Sexual Violence Prevention Association. The handbook is targeted at the New South Wales (NSW) sexual, domestic and family violence (SDFV) sector and aim to develop people's skills and knowledge on how to support people with intellectual or learning disability who have experienced domestic and family violence (DFV). PWDA and WWILD's handbook has been developed in response to requests from the NSW Women's Alliance and the DFV sector for support and information on this topic. This handbook forms part of the NSW Government Communities & Justice–funded Building Access project delivered by PWDA that is also funded by Women NSW.

The information in this handbook is largely taken from the WWILD publication *How to Hear Me: A Resource Kit for Counsellors and other Professionals Working with People with Intellectual and Learning Disabilities* (WWILD, 2012). This handbook builds on *How to Hear Me's* specialist knowledge, which was generated from WWILD research and the organisation's years of experience in supporting people with intellectual disability who have experienced trauma. While WWILD has worked with many people with intellectual disability in Queensland, their experiences are common experiences, and speak to the experiences people have more broadly in NSW, Australia and other Western nations. We have drawn on these experiences to update WWILD's information and put a domestic and family violence lens over this handbook. This lens has become a core area of work for WWILD as it has supported young people and adult victims of crime with intellectual disability in the years since *How to Hear Me* was published. We've adapted and updated this information, and drawn on other training materials WWILD has developed for the Queensland (QLD) domestic and family violence sector, to provide you with information and tips that will support you to work well with people with intellectual disability.

To ensure this handbook applies to NSW, when we talk about local laws we refer to NSW legislation and any federal laws that apply in the state.

PWDA and WWILD would like to acknowledge the Turrabull and Jagerah people of Meanjin country, the Gadigal people of the Eora nation, and the Whadjuk people of Noongar country, on whose lands we have created this work. We would also like to acknowledge the First Nations peoples of this country reading this handbook, and pay our respects to elders past and present. We acknowledge that sovereignty of lands was never ceded, and First Nations people continue to feel the impacts of colonisation and racism today in the disproportionate impact of domestic and family violence on their families and communities. We believe their leadership and strength is key to changing the outcomes of the future.

WWILD and PWDA would also like to acknowledge the many advocates and victim–survivors with disability who have contributed their wisdom and experience both directly to this handbook, and indirectly in sharing their knowledge and experience with us. We appreciate the advocacy and strength they have contributed towards changing our society.

Introduction

> ‘I hope that people with a disability can find their way. I would like services to treat us the same as everyone else; just change the way you explain things. I think this would help (us) feel like we belong.’
> WWILD consultation participant (2021)

It is well established that people with intellectual and learning disabilities experience higher rates of domestic and family violence than the general community (Douglas & Harper, 2016; Dixon & Robb, 2016). The Australian Royal Commission into Violence, Abuse, Neglect and Exploitation (Disability Royal Commission) has found that women with a disability experience more frequent sexual violence, partner violence, with increased risks to women from First Nations backgrounds and people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning or another diverse gender identity (L(G)BTIQ+) (Disability Royal Commission, 2021).

Women with intellectual disability have reported challenges in accessing domestic and family violence services (Dyson, Frawly & Robinson, 2017). Domestic and family violence workers generally work in time-limited, high-paced environments, where pressure is on to provide information and support to people seeking help in as timely a fashion as possible in order to be able to provide help to the next survivor.

Unfortunately for many people with intellectual disability, this approach can have extremely limited efficacy when their disability may not be recognised or disclosed in this short period of time. They often do not have the time they need to build trust and share when they need help or understanding, and may not know what to say to get the help they need.

PWDA and WWILD’s handbook seeks to alert workers to some of the barriers and life experiences people with intellectual disability frequently experience, and provide strategies and resources that may help to address these issues. While the handbook aims to educate advocates and organisations on the diverse barriers and issues people with intellectual disability may face in accessing support and safety, we recommend people adopt a person-centred practice which recognises and values an individual's strengths and support needs.

When we talk about people with intellectual disability experiencing violence, we are generally talking about women and LGBTQIA+ people (people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual or with another diverse gender) with intellectual disability who most frequently experience domestic and family violence. We also recognise the increased risk of children and young people with disability experiencing domestic and family violence, and men with intellectual disability who have a higher risk of experiencing violence compared with men who don't have disability (ABS 2021).

WWILD and PWDA would like to thank the incredible women who participated in consultations for WWILD's federal Department of Social Services-funded Listen Up! Project on their experiences of seeking support from different service systems, including domestic and family violence services, after experiencing violence. Their insights have been invaluable and their strength in speaking up for themselves and other women with intellectual disability will help build better responses for the future. They are living proof that women with intellectual disability are resilient, are survivors and can have a strong voice in creating change.

How do we define disability?

> ‘The social model of disability ... emphasises that disability results from disabling environmental and social barriers. Physical, attitudinal and communication barriers reduce the opportunities afforded to people with impairments, resulting in unequal access, exclusion and/or discrimination. The social model of disability highlights that it is a shared responsibility to ensure equality of access for all by addressing barriers to inclusion and full participation for people with disability.’
> PWDA (2022).

Domestic and family violence services recognise the need to adapt their services and facilities to remove barriers and better meet the needs of people with intellectual or learning disability who have experienced violence.

Self-definitions/self-identification

People with intellectual disability have their own ways of describing themselves. Sometimes they focus on how people relate to them, or their abilities or (dis)ability. Here are some of the ways people have described themselves to us:

> ‘I’m someone who takes a while to learn things.’
> ‘I have a learning difficulty and am no different from you. I can be hurt and I can be happy.’
> ‘I've got a disability and it takes me longer to work things out. But just because it takes me longer doesn’t mean I can’t do it!’
> ‘I’m no good at remembering – I forget things quickly.’
> ‘I’m no good at doing things e.g., knowing left from right.’
> ‘This is because I hardly ever went to school. I was picked on and had my books ripped up and the teachers wouldn’t do anything about it.’
> ‘I’m not listened to. People talk to me like I'm a child.’
> ‘People make me feel like I'm stupid, no good, worthless.’
> WWILD clients (2021)

Self-definitions are valuable because they give us insights into the experiences of intellectual disability for people, and how they view themselves. Such perspectives enable people without an intellectual disability to gain an appreciation of the diversity of people's own experience of disability, and how they might want it described by other people.

In these examples of self-definitions from WWILD, no participant identified using the term intellectual disability.

As family and domestic violence workers, it is important to understand how an individual identifies, and use that language where possible. However, it is also important to understand how systems define intellectual disability and how to advocate for support and adjustments for people who may identify as survivors.

Disability community language and advocacy

There has been extensive activism in recent years to remove discriminating language from the collective vernacular. PWDA helps lead the discussion on this in Australia and produced the latest edition of its widely consulted *Language Guide* in August 2021 (PWDA, 2021).

Internationally, the R Word campaign is now an international annual campaign advocating for respectful, people-first language (Special Olympics Australia, 2016). This in particular has a focus on the R-word, which we choose not to repeat in this handbook, but is based on a medical term for intellectual disability which became a common slur in the community.

The R Word campaign and other efforts such as PWDA's *Language Guide* for media outlets and the general public have also addressed other discriminatory language that has historically been used to describe people with disability in Australia and internationally.

Advocates note that spoken language is extremely influential in how communities engage with different issues. The #SayTheWord campaign, started in 2016 by Lawrence Carter-Long as a part of the National Council of Disability (United States) has encouraged people to feel comfortable to say the word disabled in conversation and to embrace pride in disabled identity (Disabled Spectator, 2019). People with disability in Australia are embracing this trend towards identity-first language, adopting disability pride and using the term disabled people to describe themselves and others (PWDA 2021).

PWDA's *Language Guide* and other inclusive language efforts like Say The Word encourage people to use inclusive language, not ableist and offensive terms to describe people with disability (PWDA, 2021; Disabled Spectator, 2019). When talking about someone with an intellectual disability, PWDA encourages people to say person with cognitive disability or person with intellectual disability. It's *Language Guide* contains a long list of terms not to use when talking about someone with intellectual disability and these terms include: the R-word, intellectually challenged, mental defective, mentally disabled, simple, special, moron, imbecile and cretin. We're sorry to use these words in text, and hope that by featuring them the family and domestic violence sector can make sure advocates and supporters don't use them.

PWDA and the Say the Word campaign also strongly focused on ensuring disability euphemisms are phased out. These euphemisms are at best condescending or at worst offensive, and include terms such as special needs, handicapped, differently abled, and physically or mentally challenged (PWDA, 2021; Disabled Spectator, 2019). WWILD and PWDA believe it's better for people to instead be respectful and direct with their language.

While the Australian disability rights movement has embraced the adjective disabled in recent years, during consultations held with WWILD in 2021 women with intellectual disability told us they strongly disliked the term disabled. While a wide range of terms were used during discussions, people with intellectual disabilities was the term most accepted by participants in our consultations, and the term most used by professionals for that project (WWILD, 2022).

At the core, it is important to always use language an individual feels comfortable with you using, and always come from a place of respect.

Medical definitions

Intellectual disability is defined by the American Association of Intellectual and Developmental Disabilities as:

> A disability characterized by significant limitations in both **intellectual functioning** and in **adaptive behaviour**, which covers many everyday social and practical skills. This disability originates **before the age of 22.**
> AAID (2022)

There are various dynamics to intellectual disability. WWILD has charted these in figure 1, below (WWILD, 2020).

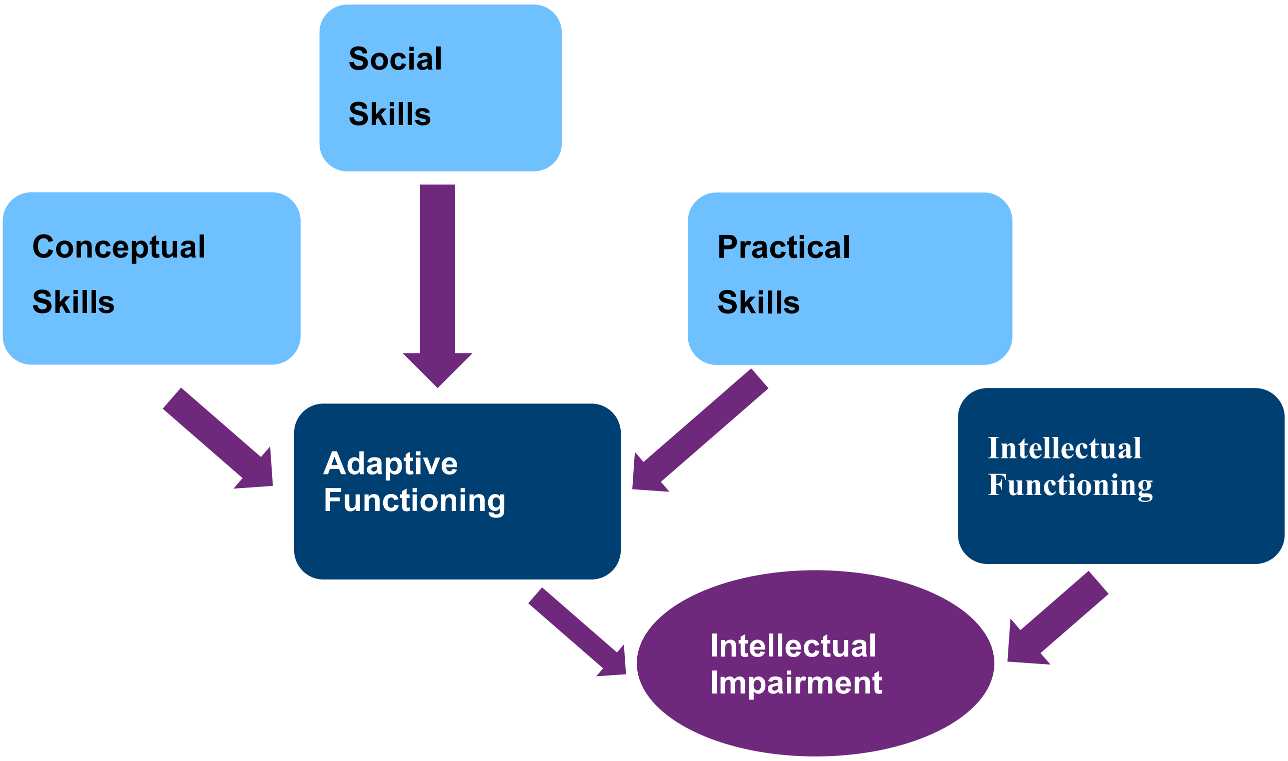


Figure 1 – The dynamics of intellectual disability (WWILD, 2020)

Intellectual disability is often thought of as a deficit in intellectual functioning. But the DSM-5 edition of the *Diagnostic and Statistical Manual of Mental Disorders* released in 2013 (American Psychiatric Association, 2013) has countered this view by placing increased emphasis on the adaptive behaviours that people adopt alongside their intelligence. Adaptive behaviours can be broken down into three domains: conceptual skills, social skills and practical skills.

Some people with intellectual disability may struggle with a few of the adaptive behaviours we show below but be highly skilled in others, while some people may experience issues with many of these skills. Each person is unique, and practitioners and people in the domestic and family violence sector should be aware of the potential needs of the person they see. This is particularly important when you take into account the vast majority of people with intellectual disability fall into the mild-to-borderline range. Some people will have strong verbal skills and present well but struggle in other areas. See our ‘General communication tips’ section more information.

Conceptual	Social	Practical
• Language • Reading • Writing • Money • Sequencing • Time • Reasoning • Knowledge • Memory • Planning • Problem Solving • Literal thinking • Humour and sarcasm	• Empathy • Reading social situations and cues • Interpersonal communication skills • Ability to make and retain friendships • Suggestibility • Compliance • Masking	• Personal care • Travel Skills • Safety • Use of money • Schedules and routines • Use of phone • Occupational skills

• Abstract Thinking • Generalising learning from one situation to another		

Figure 2 – The three domains of adaptive behaviours: Conceptual skills, social skills and practical skills

Social model of disability

The social model of disability challenges the medical model of disability, by stating that disability is constructed socially (PWDA, 2022). The medical model is an alternative model of disability and it’s a deficit model, perceiving that there are normal and abnormal ways for people to function.

Adopting a social model of disability in practice, means acknowledging that barriers such as discriminatory beliefs, inaccessible buildings and hard to understand information, and that they are needed to change to enable people with disability to participate equally in society.

The United Nations Convention on the Rights of Persons with Disabilities was first introduced in 2006 (United Nations, 2022) and enshrined the social model of disability into international law. Article 1 adopts the social model when it describes people with disability as:

> ‘Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’
> United Nations (2022)

To understand this concept better, please see PWDA’s video explaining ‘The Social model of disability’ on its *YouTube* channel PWDAustralia (PWDAustralia channel, 2019).

This handbook will support family and domestic violence services and practices as they improve their accessibility, particularly for people with intellectual disability. For more tips on ‘Accessibility in practice’, see that section below.

> ‘People with disabilities can do things. People make fun of them because they can’t do things and that’s not right in my eyes. People should have things they can understand. People should be more helpful and caring. Some people just don’t care and don’t go out of their way to help them. That’s the way society is.’ (WWILD consultant, 2021)

Mild, moderate, or severe?

> ‘Somewhere between 80 and 90 percent of people with an intellectual disability are in the 55–70 IQ range, otherwise known as the ‘mild’ intellectual disability group. ‘Mild’, however, is an unfortunate term that minimizes the seriousness and challenges of living with intellectual disability.’
> M. O’Connor (personal communication, 28 April 2011)

The table below breaks down intelligence labels, and their associated IQ scores to show the varying experiences for people with intellectual disability. Even people in the borderline range of intellectual disability may at times experience increased risks of domestic violence and in navigating pathways to safety.

Intelligence label	**IQ score**	**Adaptive behaviour**
‘Average’ intelligence	IQ 85–114 68% of the general community score in this range	
‘Borderline’ intellectual disability	IQ 71–84	• At considerable risk for academic difficulties, vocational challenges,

Intelligence label	**IQ score**	**Adaptive behaviour**
	13.5% of the general community score in this range	poor adaptation, and the development of mental illness.
‘Mild’ intellectual disability	IQ 50–70 About 85% of people with intellectual disability	• Slower than typical in all developmental areas. • Able to learn practical life skills.
‘Moderate’ intellectual disability	IQ 35–49 About 10% of people with intellectual disability	• Noticeable developmental delays (e.g. speech and motor skills).
‘Severe’ intellectual disability	IQ 20–34 Approximately 3–4% of people with intellectual disability	• Need daily supervision and support with living and self-care activities.
‘Profound’ intellectual disability	IQ < 20 1–2% of people with intellectual disability	• Require continuous support and care. • Extremely limited communication skills. • Frequently have other physical limitations as well.

Table 1 – Intelligence labels, adaptive behaviours and their associated IQ scores (McDonald, 2008)

When working with a person with intellectual disability accessing support for Domestic and Family Violence, these difficulties with adaptive skills can impact the work you do together. It is important to take these into consideration, and understand each individual will need support in different domains. For example, taking time to ensure a person understands how they can get to their appointments (understanding public transport route, how to recognise the building, what to do when they arrive, etc.). We will break down these tips further in Accessibility in Practice.

Legal definitions

Each state and territory has its own unique definition of intellectual disability and related impairments within their criminal code. This definition may be used to determine what kind of charges may be laid on the basis of the person having an impairment, or for accessing supports through the justice system such as specialist interviews, or accommodations in court in how witnesses give their evidence.

The *NSW Crimes Act 1990*, uses the term ‘cognitive impairment.’ And defines it as:

> For the purposes of this Division, a person has a
> **‘cognitive impairment’** if the person has–
> (a) an intellectual disability, or
> (b) a developmental disorder (including an autistic spectrum disorder), or
> (c) a neurological disorder, or
> (d) dementia, or
> (e) a severe mental illness, or
> (f) a brain injury,
> that results in the person requiring supervision or social habilitation in connection with daily life activities.
> *Crimes Act 1990*

It is essential to understand the *Crime Act's* definitions when working in the domestic and family violence sector, particularly when supporting someone as they make a report or navigate the justice system. See 'Additional support for reporting and pursuing justice' section, where recommendations are made for people seeking special interviews or special witness provisions.

Disabling stereotypes and attitudes

When adopting a more inclusive practice for working with people with intellectual disability, it is essential to acknowledge the myths and attitudes we may hold, or that exist in our workplace and the community. By recognizing negative stereotypes and attitudes, we can challenge these and create more inclusive and accessible services for people who may identify as survivors of domestic and family violence.

The following myths and realities are good examples of ways people can positively challenge incorrect assumptions about people with intellectual disability.

Attitudes that disempower people

- **Attitude:** People with an intellectual disability are like children or are asexual.
- **Reality:** Adults with intellectual disability deserve to be treated with respect as adults, with appropriate accommodations to their communication needs. They have the same sexual needs and desires as people who don't have an intellectual disability.

- **Attitude:** The adversarial nature of a court will overwhelm a person with an intellectual disability, so is therefore not in their best interest to take legal action.
- **Reality:** The justice process is traumatic for most people who have experienced domestic and family violence. People with intellectual disability have a right to justice and participation if they wish, with appropriate accommodations and supports to enable their participation to the full extent possible.

Attitudes that devalue, depersonalise and trivialize people's experiences

- **Attitude:** People with intellectual disability may be unable to fully comprehend what has happened, so they suffer less emotional trauma and psychological injury from abuse.
- **Reality:** People with even severe intellectual disability can experience and express the impacts of trauma in many ways, even if they do not have verbal language to outline the effects it has had on them. There is increasing interest in trauma-focused therapeutic services in the ways practice can be adjusted to meet the needs of a person with intellectual disability, including for those people who are non-verbal or are in the more moderate or severe disability range.

- **Attitude:** People with intellectual disability are a homogenous group, all with the same needs and abilities.
- **Reality:** People with intellectual disability are a highly heterogenous group in terms of their cognitive functioning. Each person is different and, in some cases, someone who masks their disability well and has fairly good verbal communication skills may have a more severe disability than someone who has more difficulty with verbal language.

Attitudes that contribute to what some people describe as people's vulnerability

- **Attitude:** No one would take advantage of a person with an intellectual disability.
- **Reality:** People with intellectual disability are known to experience higher levels of violence and abuse than the general community.

- **Attitude:** People with intellectual disability mostly have high levels of support and are protected.
- **Reality:** Many people with intellectual disability live in the community without formal support services. They may or may not have support from family, or may rely on abusive and exploitative people including partners and informal supporters or carers for back-up or support with managing aspects of life they struggle with.

- **Stereotype:** People with an intellectual disability are identifiable by physical characteristics.
- **Reality:** Many people with intellectual disability have no physical indicators they have a disability. Intellectual disability is often an invisible disability, along with chronic health conditions and acquired brain injury. People with intellectual disability may have skills in disguising their difficulties with comprehension in interacting with others.

- **Stereotype:** People with intellectual disability are sexually promiscuous and seek out sexual contact.
- **Reality:** People with intellectual disability have the same sexual and emotional needs and desires as anyone else. Someone who is seeking frequent sexual contact with multiple partners must be viewed through the various lenses that could apply, including: reactions to trauma; the lack of accessible relationships and sex education for people with intellectual disability across their lifetime; more limited social opportunities to form safe and fulfilling sexual relationships; and the same right of anyone to have multiple sexual partners if they wish.

Attitudes that deny or dismiss people's experiences

- **Stereotype:** People with an intellectual disability are prone to fantasise, or are unable to distinguish fantasy from fact.
- **Reality:** Some people with intellectual disability (or other disorders that affect memory) can confabulate (unintentionally tell untruths) when asked leading questions or while experiencing gaps in memory. This does not mean they are likely to lie about abuse. It is important to ask people open-ended and non-leading questions during their disclosures. See the 'General communication tips' section for more on questioning.

- **Stereotype:** People with intellectual disability behave in a manner that invites or provokes victimisation.
- **Reality:** People with an intellectual disability are specifically targeted by people who exploit and seek to control others. Their disability is often used by these people as an excuse for controlling behaviour, and to undermine their efforts to seek help.

Intersection of intellectual disability and domestic and family violence

People with intellectual disability, especially people who identify as women or are from the LGBTQIA+ community, experience a higher rate of violence than people who do not have intellectual disability. People with disability, and intellectual disability, often experience intersectionality, or overlapping forms of discrimination or marginalisation (Victorian Government, 2022).

Here are some examples of intersectional violence for people with disability:

- Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities, and those with cognitive disabilities are particularly vulnerable (Douglas & Harper, 2016; Dixon & Robb, 2016).
- In Australia in 2015, 15.9% of women with disability or a long-term health condition reported experiences of violence in last 12 months, compared to 4.3% women without disability (ABS, 2016).
- Vulnerability to abuse is likely to increase with the severity of a person's disability (Plummer & Findley, 2012).
- Up to 90% of women with an intellectual disability will experience abuse during their lifetime, with almost all of the abuse being perpetrated by someone known to them (Hughes, Lund, Gabrielli, Powers and Curry, 2011).

The problematic concept of vulnerability

Some people describe people with disability as being vulnerable to violence.

PWDA sees the word vulnerable as problematic. We don't believe people are inherently vulnerable, instead we view vulnerability through a lens of the social model of disability.

We believe people are vulnerable because of the acts or omissions of the society where we live (PWDA, 2021).

Often the term vulnerability is used to describe the increased likelihood that a person will experience discrimination, violence, abuse and neglect. However, a critical reading of this everyday definition of vulnerability is that it has a deficit implication that the person with disability possesses intrinsic characteristics that mean abuse is near-inevitable. We believe this implication is a cop-out that diverts people's attention away from putting responsibility for abuse with the people using violence. When using the term vulnerability, it is important to acknowledge the bias and assumptions attached to it.

Attitudes that excuse violence

People with disability are not only at risk of intimate partner violence but experience increased risk of homicide from family members who have taken on a carer role. In addition to attitudes that influence people to excuse violence – which we often see in the media – which affect all people who have experienced domestic and family violence in the community, people with disability experiencing violence also encounter additional intersectionality, or elements of discrimination that devalue their lives and excuse violence against them.

Terms such as mercy killing give the appearance of justifying euthanasia or the murder of someone with disability. In the case of an unlawful death, the term mercy killing extends sympathy to a person using death-by-violence. Disability advocates are publicly fighting this attitude by publicly damming court decisions in cases where the death of a person, often with intellectual or cognitive disability, has been reframed as the 'end of their suffering' (Luterman, 2020).

> In 2018 Peter Miles murdered six people in Western Australia, including four of his grandchildren whose mother believed were on the autism spectrum. Early news coverage of the mass shooting painted Miles in a sympathetic light as a devoted grandfather and a good bloke. The coverage also placed emphasis on the autism of the children, with one article mentioning this five times. Nina Funnel, a Western Australian anti-domestic violence advocate, was quoted in

> an ABC critique on this topic, saying ‘when you place undue emphasis on the fact the victims had a disability, it leaves the reader with the impression that the disability was somehow a causative trigger to the violence that has subsequently followed.’
> Dingle (2018)

High rates of violence combined with ableist community attitudes and barriers to seeking support result in a dire situation for people who have experienced violence. Services need to look at all possible openings for where these barriers can be overcome.

Broadening definitions of domestic and family violence

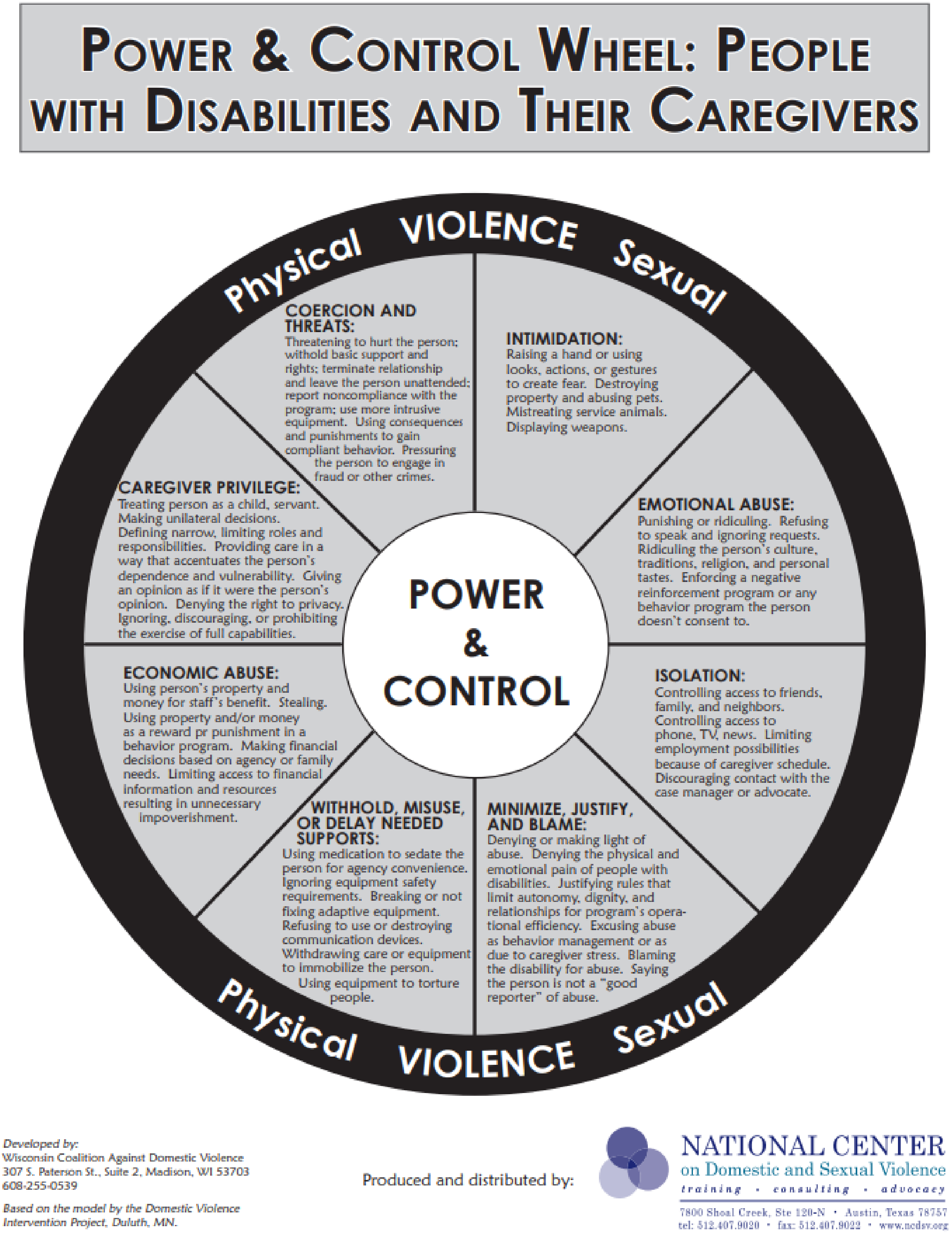
Domestic and family violence can be categorized into several typical forms of abuse such as emotional, financial, physical or sexual abuse, and coercion and control. For people with intellectual disability, some or all of these forms of abuse may be present in a violent relationship. However there are many forms of abuse that are unique to people with intellectual disability. These types of abuse can include:

- **Sexual abuse** – unwanted touching by caregivers, demands for sexual activity in return for assistance, taking control of reproductive processes.
- **Reproductive abuse** – forced sterilization, limiting access to contraceptives and emergency contraceptives, limiting understanding of options.
- **Emotional/psychological abuse** – forced social isolation, threats to withdraw services or support, verbal abuse, denying or trivialising people's disability, threatening institutionalisation or withdrawal of care, threating to hurt pets or family members, sharing incorrect information, providing inaccurate explanations of crucial information.
- **Physical abuse** – withholding disability-related equipment, deprivation of food or water, withholding medication and support services, misusing restraints and equipment, heating a bath too hot.
- **Financial abuse** – using people's disability as an excuse to control their finances.

Often various forms of coercion and violence result from existing power structures that exist between people with disability and people without disability. These structures are often reinforced by systemic discrimination and lead people with disability to believe that all relationships function in this way.

When working in domestic and family violence, people often apply a gender inequality lens to identify the power imbalances between genders that are exploited in cases of DFV. For practitioners working with people with intellectual disability, this is applicable, and it is also important to recognize people’s experience of violence is further compounded by societal and structural ableism.

The caregiver-abuse Power and Control Wheel created by the National Center on Domestic and Sexual Violence (US) breaks down these key areas or domains of abuse and gives more specific examples of the nature of abuse experienced by people with disability that are reliant on support people and carers.



POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS

COERCION AND THREATS: Threatening to hurt the person; withold basic support and rights; terminate relationship and leave the person unattended; report noncompliance with the program; use more intrusive equipment. Using consequences and punishments to gain compliant behavior. Pressuring the person to engage in fraud or other crimes.

INTIMIDATION: Raising a hand or using looks, actions, or gestures to create fear. Destroying property and abusing pets. Mistreating service animals. Displaying weapons.

EMOTIONAL ABUSE: Punishing or ridiculing. Refusing to speak and ignoring requests. Ridiculing the person's culture, traditions, religion, and personal tastes. Enforcing a negative reinforcement program or any behavior program the person doesn't consent to.

ISOLATION: Controlling access to friends, family, and neighbors. Controlling access to phone, TV, news. Limiting employment possibilities because of caregiver schedule. Discouraging contact with the case manager or advocate.

MINIMIZE, JUSTIFY, AND BLAME: Denying or making light of abuse. Denying the physical and emotional pain of people with disabilities. Justifying rules that limit autonomy, dignity, and relationships for program's operational efficiency. Excusing abuse as behavior management or as due to caregiver stress. Blaming the disability for abuse. Saying the person is not a "good reporter" of abuse.

WITHHOLD, MISUSE, OR DELAY NEEDED SUPPORTS: Using medication to sedate the person for agency convenience. Ignoring equipment safety requirements. Breaking or not fixing adaptive equipment. Refusing to use or destroying communication devices. Withdrawing care or equipment to immobilize the person. Using equipment to torture people.

ECONOMIC ABUSE: Using person's property and money for staff's benefit. Stealing. Using property and/or money as a reward pr punishment in a behavior program. Making financial decisions based on agency or family needs. Limiting access to financial information and resources resulting in unnecessary impoverishment.

CAREGIVER PRIVILEGE: Treating person as a child, servant. Making unilateral decisions. Defining narrow, limiting roles and responsibilities. Providing care in a way that accentuates the person's dependence and vulnerability. Giving an opinion as if it were the person's opinion. Denying the right to privacy. Ignoring, discouraging, or prohibiting the exercise of full capabilities.

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Figure 3 – The Power and Control Wheel: Types of abuse people with disability can experience from their caregivers

Lived experiences of people with intellectual disability

It is essential that an understanding of people with intellectual disability is primarily based on hearing about the lived experiences of people with intellectual disability and understanding people's experiences.

Over the years, WWILD has consulted with women and non-binary people with intellectual disability.

In our recent research, we asked people with intellectual disability the question, What do workers need to know about people who have an intellectual disability? Here are some of people's responses:

> 'People should ask what type of disability (people) have and what help they need.'
> 'People need to know that people who have a disability (can) take a lot longer to process things. People who have a disability don't get it straight away.'
> 'People with disabilities don't always understand, but that they feel like it's not all right. I learnt to trust my gut feelings.'
> 'I went to talk to someone about DV a few years ago. She talked about DV really quickly and then just moved on. I didn't feel comfortable to tell her she was going too fast. I just wanted to get out of there.'
> 'Understand that people with a disability will blame themselves straight up. The perpetrator will tell them this – 9 times out of 10 people with a disability will believe them because they have been bullied everyday of their life.'
> WWILD clients (2021)

A clear takeaway from the various consultations that WWILD has held with people with intellectual disability is that that people feel their experiences have been ignored, and they have difficulty in finding support for domestic and family violence. People have told us systems are inaccessible and they have experienced discrimination.

More information on how people describe their disability is available in the Introduction to Intellectual Disability online training module created by WWILD in collaboration with Community Living Association (WWILD, 2016).

Intersectionality

Many minority groups experience increased rates of domestic and family violence, due to factors such as the effects of racism or homophobia. The intersectional disability people experience is further compounded if people from these communities also have an intellectual disability. Statistical information on this intersectionality is often limited, so it does not accurately representing this compounded disadvantage, due to underreporting and a lack of focus on these demographics. However, some recent statistics are provided in this chapter in the sections below.

It is also important to note that a person's identity, as having an intellectual disability, doesn't supersede their other identities. It is therefore essential that workers recognise and validate the fullness of a person's identity. This intersectionality means additional considerations are necessary for some people, particularly as many people who are a part of minority groups are likely to be overrepresented.

Aboriginal and Torres Strait Islander people

The Victorian Royal Commission into Family Violence (2016) highlights the importance of considering family violence for First Nations people within the context of colonisation and intergenerational trauma.

Peak body Safe and Equal (2022) details this history to ensure it can be considered accordingly. Before colonisation, Aboriginal and Torres Strait Islander men and women were considered equal, with specific roles and knowledges. Women were respected and recognised for their responsibility in the survival of the community. Violence against women within families was not a feature of their communities. Violence within community was generally only experienced in the form of warfare or punishment for breaking cultural law.

The violent process of invasion obliterated many aspects of Aboriginal and Torres Strait Islander communities and cultures. English and European racist attitudes towards anyone who was not white, and sexist attitude towards women, were introduced and are still perpetuated today. People’s lands were stolen, and their environments destroyed. Communities’ governance and freedoms were also stolen, replaced by forms of control and cruel restrictions. Men, women and children experienced violence in all forms, including rape, other forms of sexual assault, poisoning, physical assault, murder and massacre. Children were stolen from their families and forced into white families for adoption, or into institutions and various forms of slavery.

The legacy of invasion and colonisation of lands that were never ceded is that Aboriginal and Torres Strait Islander people experience chronic illness, mental illness, disability and family violence at disproportionately high levels compared to the rest of Australia’s population. First Nations people in Australia are overrepresented in state-and-territory youth and adult criminal legal systems, and in state- and territory-based child protection intervention and out-of-home care systems.

Sexual, domestic and family violence

The Victorian Indigenous Family Violence Task Force (2003) defines family violence within indigenous communities as ‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Aboriginal community workers as well as self-harm, injury and suicide.’

A number of Australian Institute of Health and Welfare (2018, 2019) reports into family, domestic and sexual violence in Australia found:

- more than 60% of Aboriginal and Torres Strait Islander women have experienced physical or sexual violence perpetrated by a male intimate partner

- Aboriginal and Torres Strait Islander women experience violence from men of many different cultures and backgrounds
- Aboriginal and Torres Strait Islander women are 32 times more likely and men 23 times more likely to be hospitalised as a result of family violence
- Aboriginal and Torres Strait Islander women are nearly 11 times more likely to die due to assault than other women
- 63% of Indigenous women and 35% of Indigenous men who have experienced physical violence report that the perpetrator of the most recent incident was a family member, including a current or previous partner
- Aboriginal men are more likely to experience family violence from parents, other family members and other non-family members
- Aboriginal and Torres Strait Islander children were seven times more likely than non-Indigenous children to be the subject of substantiated cases of abuse or neglect.

Intellectual disability

As with family violence, disability for Aboriginal and Torres Strait Islander people must be considered within the context of colonisation. King, Brough and Knox (King et al., 2014) examined this association and highlighted that colonisation not only resulted in the disablement of culture and community, but it caused and continued to perpetuate disability.

> ‘A long history of poverty, marginalisation and racism (for Australia’s Aboriginal and Torres Strait Islander population following European colonisation) can mean that many Indigenous Australians do not see impairment as a disability but as an aspect of more general challenges and disadvantages.’
> Hollingsworth (2013)

Colonisation also introduced the concept of disability itself, a Western social and cultural construct. Aboriginal or Torres Strait Islander backgrounds may have a very different understanding or concept of disability, and in many traditional languages there is no word for disability (CSYW, 2019). Health is not only physical wellbeing but is seen to include the social, emotional and cultural wellbeing of the community in which an individual is able to achieve their full potential (King et al, 2014). An inability to participate in the community could be considered unhealthy, however it is not transparent that this translates to being having a disability.

This disparity in how people see disability, as a concept, not only affects how people identify with having a disability but the accuracy of statistics on First Nations people with disability. Difficulty in assessing remote and very remote communities also limits the gathering of accurate data. However, it is estimated that Aboriginal and Torres Strait Islander people experience disability at up to twice the rate of non-Indigenous Australians.

The latest information from the Australian Bureau of Statistics (2021a) for Aboriginal and Torres Strait Islander people living in households, excluding very remote communities, states:

> ‘24% of all Aboriginal and Torres Strait Islander people are living with disability
> More than 53% of Aboriginal and Torres Strait Islander people aged 55 years and over are living with a disability
> 8% of Aboriginal and Torres Strait Islander people have an intellectual disability, with men making up 63% of this demographic’
> Australian Bureau of Statistics (2021a)

Previous studies inclusive of remote and very remote communities (ABS, 2017) report the prevalence of disability as:

> ‘45% of all Aboriginal and Torres Strait Islander people are living with disability
> 66% of Aboriginal and Torres Strait Islander people aged 55 years and older are living with disability
> 33% of Aboriginal and Torres Strait Islander people have an intellectual disability’
> Australian Bureau of Statistics (2017)

Intersection of disability and family violence

> 'I have my support workers who understand my disability, but they don't understand my Aboriginality. I have [the Aboriginal Health service] for my GP and my psychologist. It is important my doctor understands my culture. My support workers help me get to those appointments. I need different supports for different parts of myself.'
> An Aboriginal person with psychosocial disability outlines their experience of services during a WWILD consultation session (WWILD clients, 2021)

The intersecting effects of colonisation and racism means Aboriginal and Torres Strait Islander women are well known to be at greater risk of domestic and family violence than the broader community (DV Connect, 2020). The intersection of living with a disability places Aboriginal and Torres Strait Islander women at greater risk (Temple et al. 2020).

> 'In 2014–15, 17% of Aboriginal and Torres Strait Islander people aged 15–64 with disability experienced an instance of physical violence compared with 13% of those with no disability. Approximately 22% of those with a profound or severe disability reported experiencing the threat of physical violence.'
> Temple et. al. (2020)

People with disability and Indigenous people are at much higher risk of experiencing violence than those without disability or non-Indigenous people. For First Nations people living with disability, the systems of disadvantage that Indigenous people and people with disability navigate overlap to a greater effect.

Temple and colleagues report that Aboriginal and Torres Strait Islander people living with a disability, compared to Aboriginal and Torres Strait islander people without a disability, were:

- 1.5 times more likely to experience family violence
- two times more likely to report family violence.

And for those living with profound or severe disability:

- more than two times to experience all forms of violence
- nearly three times more likely to experience threats of violence threats.

These figures highlight the increased vulnerability of Aboriginal and Torres Strait Islander people with disability. The impact of disproportionate rates of family and domestic violence on First Nations people, when overlapped with the added marginalisation and vulnerability of disability, is evident. Services need to be aware of the complex needs of Aboriginal and Torres Strait Islander people with disability who are experiencing sexual or family violence.

Service provision to Aboriginal and Torres Strait Islander people with disability needs to be culturally safe and ensure that disability support considers the vulnerability of people with disability to violence. Self-determination is a key factor when working with Aboriginal and Torres Strait Islander people, in addition to facilitation of choice within the disability sector.

Considerations for practice

Disability is a socially constructed concept arising from Western culture and society. Therefore, First Nations people may have a different understanding or concept of disability. As we’ve noted previously, there may not be a word for disability in someone’s traditional language.

Several factors may play a role in whether some Aboriginal and Torres Strait Islander people will self-identify as being with disability, including:

- people’s previous negative experiences of discrimination from government services – whether they were mainstream services or disability-related ones
- future issues of cultural safety when people deal with staff who are not familiar with their cultural customs or practices.

Some Aboriginal communities believe that disability can come about as a result of payback (resulting in guilt and shame), curses, violence or substance use, or spiritual causes (for example the mother doing something wrong while pregnant with baby) (Ability Centre, 2015). Some communities also believe that disability is not a sickness but instead is difference, and children are treated the same way regardless of their disability.

Aboriginal and Torres Strait Islander peoples may not distinguish their disability from other challenges that they face and may rank their disability as an issue fairly low in comparison to other life stressors (CSJW, 2019).

Culturally and linguistically diverse people

People with an intellectual disability who are from culturally and linguistically diverse (CALD) backgrounds will be likely to experience multiple forms of discrimination throughout their lives. They are likely to experience discrimination from the wider community due to their ethnicity and may experience discrimination from both within their cultural group and the wider community due to their disability (NEDA, 2001).

However, the Disability Royal Commission has found that an understanding of disability vary ‘within and between cultures, and there is a need to be cautious of blanket stereotypes of how particular cultures may view disability,’ (DRC, 2021).

These issues are compounded for people from CALD backgrounds with disability who are experiencing domestic and family violence (DRC, 2021). The violence may not be reported by due to the shame and stigma associated with this abuse in some communities.

In common with people with an intellectual disability, people from a CALD background will often (NEDA, 2001):

- have language and communication difficulties that present significant obstacles in gaining access to services
- miss out on generic and psychiatric support services
- be unaware of the range of services and supports available and lack the knowledge necessary to access appropriate services
- encounter extreme isolation

- experience financial vulnerability and fewer opportunities
- suffer a reduced capacity to participate in social, economic, political and cultural life.

In addition, people from a CALD background may misunderstand how services operate and be misunderstood by health and welfare professionals (MMHA, 2004). According to the National Ethnic Disability Alliance (NEDA, 2001), three-quarters of people from a non-English speaking background who have a disability miss out on accessing disability services and supports.

In domestic and family violence situations, a lack of skilled interpreters with an understanding of both domestic and family violence and disability awareness can lead to people's evidence being misunderstood (DRC, 2021). In other circumstances, without an interpreter, the wrong perpetrator may be identified (DRC, 2021).

Cultural attitudes towards disability may result in people with disability not receiving support as it is seen as the responsibility of the family, and stigma may at times lead to the child or adult with disability being kept at home and out of sight, without any formal supports (DRC, 2021).

Culture is something that is learned and encompasses the beliefs, values, norms, symbols, behaviours, perceptions and customs of a people (Francisco & Carlson, 2002). Cultural practices and traditions can define people's roles within society, give meaning to life events, provide recognition of milestones and important transitions, and give people a sense of belonging. The experiences of ethnicity and disability are interdependent and one cannot be valued over the other (NEDA, 2001).

Here are some strategies that may aid cultural understanding:

- use an interpreter, if needed
- develop an understanding of the client's perception of disability – how does this client (or their family or culture) perceive the disability? Is this similar or different to the dominant culture?

- foster an understanding of the roles that religion and faith play in someone's life and in people's wellbeing
- develop an understanding of the role of cultural traditions in the client's life
- ask whether the person with disability has had an opportunity to fully participate in their culture's practices and traditions
- consider why the person came to find themselves in a different culture and what impact this might have had; the history of the family's migration may be significant
- resist making generalisations about cultural groups and applying them indiscriminately in specific situations; there will be different views about disability within cultures and within family groups, as well as between cultures
- consider the impact of historical discrimination.

Develop an ability to recognise when you have been culturally insensitive or unaware – it's bound to happen – and develop strategies to recover from these mistakes. Your approach could include doing training, and consulting with specialist agencies and services.

Some key resources include NEDA and its website, www.neda.org.au, which support and advocate for culturally and linguistically diverse and non-English-speaking people with disability and their families and informal support networks. Another good resource on the experiences and perspectives of CALD people with disability is PWDA's joint submission with NEDA and the Federation of Ethnic Communities Councils of Australia to the Disability Royal Commission which you can find at PWDA's royal commission website ourroyalcommission.com.au (NEDA, PWDA & FECCA, 2021).

Women and girls' double disadvantage

In the disability context, the gender analysis that is applied to domestic violence work needs another layer. In typical analysis, patriarchal constructions and rigid conformance to masculine and feminine gender roles are viewed as drivers of violence. When the disability context is added, the analysis needs to be layered with an understanding of the impact of these able-bodied constructions have on people with disability.

Gendered analysis within intellectual disability research literature has typically focused on the issues faced by women and girls with intellectual disability (Wilson et al., 2010), but there has been some interest in the construct of masculinity and its impact and application to men with disability (e.g. Wilson et. al., 2013; Wilton & Schormans, 2019). Researchers undertaking this gendered analysis have usually drawn from a range of perspectives within the paradigm of feminist theory (Wilson et al., 2010). Their analysis argues women with intellectual disability face both gender-related and disability-related discrimination, an intersecting disadvantage often referred to as double disadvantage (Collins & Valentine, 2003).

This body of research tells us that:

- women with intellectual disability are more likely to experience economic disadvantage and poverty compared to men with disabilities and the general population (Mitchell, 2011)
- statistics suggest that the majority of women with intellectual disability will experience sexual assault and exploitation by age 18 (MacDonald, 2008)
- women with intellectual disability experience multiple forms of violence, abuse and exploitation in the home, community, institutions and workplaces (Frohmader, 2010)
- women with intellectual disability are routinely denied choice and autonomy over decisions regarding their sexuality and fertility, and are not provided with accessible information to make informed choices (McCarthy, 2011)
- women with intellectual disability are often constructed as asexual or promiscuous and these negative stereotypes reinforce discrimination and oppression (Chenoweth, 1996)

- women with intellectual disability who choose to become parents face attitudinal barriers such as stigma and discrimination, which further marginalises and devalues women with intellectual disability (Collins & Valentine, 2003, p. 36).

The experience of gendered issues is not exclusive to women and girls, however there is an absence of research into the male experience of intellectual disability and how it may differ to that of women (Wilson et al., 2010). It is also even more absent research and statistics that explore the experiences of gender-diverse people with intellectual disability. It is important to recognise that gender and disability can operate as structures of oppression for both men and women with intellectual disability. Ideal constructions of masculinity in Australian culture are for men who are able-bodied, strong, and dominant, while disability identity is seen as weak and dependent. Both men and women with disability will experience a conflict between their constructed identities as masculine/feminine and their constructed identities as having a disability. People may have their masculinity and femininity (and sexuality) completely denied.

> ‘Men [with intellectual disability] confront multiple constraints and pervasive paternalism in public and domestic settings that frustrate their efforts to craft an adult identity. Partly in response, many men aspire to a normative heterosexual masculinity as a way to militate against the disabling conditions of everyday life. Wilton and Schormans (2019, p. 429)

The need to fit in and assert a masculine identity, coupled with a lack of accessible relationships for education and support can lead some men with intellectual disability to more strictly adhere to traditional gender norms, which is a risk factor for domestic and family violence.

Men with intellectual disability are also at increased risk of experiencing abuse themselves, compared to men who don’t have disability. Men with intellectual or psychological disability were more likely than men with physical disability to experience the following types of violence in 2016:

- physical and/or sexual violence by any perpetrator (12% compared with 5.8%)

- cohabiting partner emotional abuse (6.8% compared with 4.7%).

University of Melbourne research from the Centre for Research Excellence in Disability and Health has also found:

- men with a disability experience domestic and family violence at a rate of 15%, whereas men without disability experience it at a rate of 7%.

LGBTQIA+ community

Like many aspects of life for people in multiply marginalised communities, there has tended to be greater focus and understanding on people's experiences as a person who identifies as lesbian, gay, bisexual, transgender, queer, intersex, asexual or with another diverse gender than their disability experience. These aspects of a person's identity are seen as separate considerations, meaning LGBTQIA+ people with disability are an often overlooked group.

It is well known that people with intellectual disability are often overlooked as sexual beings with autonomy, capacity and rights for intimate relationships, and that people experience greater discrimination and vulnerability to sexual, domestic and family violence as a result of this. For LGBTQIA+ people with intellectual disability this disadvantage is further compounded by social assumptions of heteronormativity, cisnormativity and endonormativity (i.e. that people with intellectual disability are heterosexual, cisgendered and are not intersex), and widespread attitudes of homophobia, biphobia, transphobia and interphobia. These assumptions mean LGBTQIA+ people with intellectual disability may be marginalised because of their disability or their sexuality, gender or sex characteristics, making it harder to connect to community and services that are either disability specific or LGBTQIA+ specific. This can further result in negative assumptions such as an attitude that people with intellectual disability are engaging in sexualised behaviours rather than asserting or affirming a diverse sexuality or gender identity, or that coercive medical and psychological treatment is justified to correct what might be seen as behaviours that people with intellectual disability don't have the capacity to understand, or are simply a maladaptive result of childhood trauma or sexual abuse.

The limited sexuality and rights education that people with intellectual disability are provided will often have no reference to LGBTQIA+ experience and identities, and information for LGBTQIA+ community is rarely distributed with people with intellectual disability in mind. As was written in the 2021 More Than Ticking A Box report (O'Shea et.al., 2020), LGBTQIA+ people with disability often feel like they are forced to make careful decisions about what parts of their life they can safely disclose to services to get a particular need met, without being able to trust a service to respond holistically or with cultural safety. Other research indicates that LGBTQIA+ people are less likely to engage with health systems and services for fear of discrimination and judgement from providers (cit), or choose not to disclose their LGBTQIA+ experience when accessing healthcare for the same reasons (Hill et.al., 2020). More broadly, survey data indicates that both LGBTQIA+ people and people with intellectual disability face greater mental health challenges and rates of violence (O'Shea et.al., 2020).

In considering responses to violence for LGBTQIA+ people with disability, there are a number of considerations to keep in mind.

- While the LGBTIQ+ acronym may be more familiar, there remains a significant diversity of experiences relating to each letter of the LGBTQIA+ acronym, and there are often gaps of disadvantage between, for instance, lesbian and gay experience and trans and intersex experience. Suicidality remains extremely high among trans, gender-diverse and non-binary communities (Hill et al., 2020).

- There are very few services and resources that cater to the needs and experiences of LGBTQIA+ people with intellectual disability, and so people are likely to have more complex experiences and be connected to fewer support services. People may have been given little opportunity to explore or affirm their identities, and so may come out or question their sexual or gender identity later in life than other LGBTQIA+ people, at times when they experience greater levels of privacy or freedom.

- Many violence-prevention policies and strategies name people with disability and LGBTQIA+ people as priority cohorts but continue to have minimal interventions to address violence within these intersecting cohorts. This will require sustained advocacy and collaboration across violence prevention, disability and LGBTQIA+ sectors to address this gap.

- LGBTQIA+ people with intellectual disability may not disclose their sexual, gender or disability identity to many people in their lives, if at all, so people in their lives may assume that they are not LGBTQIA+ or that they do not have a disability. This creates greater barriers for pro-active service engagement due to high levels of gatekeeping or intermediary support from family members, informal supporters, support workers or residential care managers.
- LGBTQIA+ people with intellectual disability may have needed to engage in sexual or intimate relationships in secret, leaving them at greater risk of violence and exploitation, as well as health risks from sexually transmitted infections.
- LGBTQIA+ people with intellectual disability may be at heightened risk of family violence across their lifetime as a result of ableist, homophobic, biphobic, transphobic or interphobic violence within the home. There can be different dynamics at play, including that people may continue to live at home with their family well into adulthood.
- LGBTQIA+ people with intellectual disability are at greater risk of suicide during and after experiences of domestic and family violence and intimate-partner violence, and this should form part of risk assessments.
- LGBTQIA+ people with intellectual disability may require greater levels of support and advocacy to have their voices heard, identities affirmed, and rights and autonomy respected by clinicians and health services.

‘Does she have intellectual disability?‘

To ensure that people with intellectual disability receive appropriate support and have access to whatever services they require, it is critical that their disability be identified as early as possible. When workers are skilled in identifying intellectual disability, they can positively influence the outcomes and experiences of people with intellectual disability when they seek support for family and domestic violence.

Intellectual disability may be hard to identify during brief contact with a person, and people who have an intellectual disability may not identify with that label. Direct questions such as ‘Do you have an intellectual disability?’ may get a negative response due to lack of trust and to internalised ableist attitudes, and/or previous external experiences of ableist attitudes, such as myths about people with intellectual disability.

Many people minimise their disability, for example by saying: ‘I have trouble with understanding some things’ or, ‘I have trouble with forms.’ People with intellectual disability have often experienced discrimination throughout their lives and become good at hiding their disability. This is often referred to as masking.

Taking the time to build trust and rapport is essential in helping people to feel safe to disclose when they’re having difficulty understanding you or others, or disclosing their disability status.

Building a disability-inclusive, safe relationship and explaining why you are asking questions about disability status are also key factors in helping the person to feel safe disclosing.

Intellectual disability is often referred to as an invisible disability, as many people with intellectual disability do not have a physical presentation to indicate they have a disability:

> ‘People don’t think I have learning problems because it doesn’t look like there is anything wrong with me. If you saw someone with Downs syndrome, you’d know straight away they have a disability. But for me, no one can see it.’
> WWILD client (2021)

It can at times be difficult to discern on presentation alone, so it is more useful to rely on asking clear questions that can give you an understanding if a person you are working with has an intellectual disability.

Key indicators

To support you to identify people’s intellectual disability, there are some key indicators you may observe when you begin working with someone. Some of these indicators often show up in communication, when people have:

- difficulty in understanding questions
- difficulty in responding to questions or explaining things
- difficulty in making themselves understood
- difficulty in following instructions or requirements
- difficulty in following social norms, or unconventional expressions
- a restricted vocabulary
- low concentration, and are easily distracted or go off-topic
- memory difficulties
- difficulty in problem-solving or deciding on priorities
- a gap between words and actions (for example, they say they understand but demonstrate otherwise)
- showing difficulty with abstract thinking and reasoning.

Issues identifying intellectual disability

Several factors can impede the timely identification of a person’s intellectual disability:

- the intellectual disability is often not obvious from the person’s appearance, nor from brief contact with them
- the person may be adept at hiding their disability and/or deny having one when asked explicitly (out of shame, embarrassment or the lessons they’ve taken from past negative experiences)
- the person may not identify personally as having an intellectual disability
- the person may have strong verbal skills and present well
- the person may not have a formal diagnosis
- the person’s intellectual disability and trauma presentation may be similar – for example, giving them trouble focusing, sequencing and retaining information, and high levels of anxiety
- the person’s behaviours that may indicate intellectual disability can be misinterpreted by others – for example, the behaviours can be seen as a bad attitude, as story-telling, or as indicators of guilt. Example behaviours might include aggression, joking, inappropriate behaviour, evasive or inconsistent answers, confabulation, difficulties with time and difficulties sequencing events
- the limited ability of most members of the community to recognise when a person has an intellectual disability.

Social indicators

Aside from communication, there are some social indicators that may indicate a person has intellectual disability:

- they receive a disability pension or Centrelink’s Disability Support Pension (DSP)
- they have attended special school or a special class at school
- they work in an Australian Disability Enterprise or attend a work training program

- they attend some kind of respite or activity group during the day
- they are involved with multiple service systems
- they live in supported accommodation
- they have support staff/hours.

Screening questions

If services have disability screening questions built into their intake processes, that are explained in a sensitive manner, this can sometimes be all that is needed for some people to feel comfortable enough to identify their disability support needs.

While screening questions can be useful, it is essential to not focus too much on a person's disability when they are seeking help for domestic and family violence – the purpose of the initial appointment, to assess and address their risk, should always be at the forefront.

An example of a screening question is:

> 'Do you have any support needs I should know about so I can help you in the best way, like needing any help with reading and writing?'

If you suspect that someone has an intellectual disability, it is best to ask the person directly. If the person does not wish to identify with this label, the following questions may help you to develop an understanding:

- Where did you go to school?
- Did you get any extra help at school?
- How are you with reading and writing?
- What do you do during the day? Do you go to work?
- What types of things do you do for fun? To relax?

- Where do you live? Do you live with other people?
- Do you get a pension from Centrelink?

In asking these questions, it is important to remember the stigma that is attached to many of these questions, such as from receiving the DSP. In consultation with people with intellectual disability, some people have shared they find these questions uncomfortable and unnecessary. It is important to approach these conversations with respect, and use communication techniques such as the naïve-questioner approach, which will be broken down below.

Communication

> ‘We will shut down if people talk to us like a child, or if you talk to us like a professor. I think workers should ask us some questions at the start around how we communicate. Like ‘what is your level of communication? How do you go with big words?’. Then you are making people feel comfortable before you get into the nitty-gritty hard stuff.’
> Client with intellectual disability as part of the Listen Up! Project (WWILD consultant, 2021)

At first meeting

Workers’ first engagements with clients with intellectual disability are important in establishing rapport and trust. In WWILD’s consultations with women with intellectual disability for the Listen Up! Project, many people said it was difficult to engage with domestic and family violence services. Some said they felt there was a secret code and they didn’t know to be able to get help. Here are some key suggestions people had for easier engagement:

- offer and prioritise face-to-face appointments rather than phone calls
    - many WWILD clients have said they dislike only talking on the phone as they find this method more difficult to understand. Additionally, many people said

    that they felt safer when seeing a worker in person, and feeling safe is essential for being able to understand them. You are also able to pick up more non-verbal cues face-to-face as to whether you are making sense to the person

- offer a cup of tea or coffee
- let the person decide to leave the door open or closed for the meeting
- allow time for them to ask any questions
- let the person know why they are seeing you, and reassure them they are not in trouble
    - many people with intellectual disability will be referred to services by a support person, and often don't understand the purpose of your support
- explain your service and your role
- discuss what support you can offer, and give the person a chance to decide if they want that support
- don't make assumptions about the person
    - it's important to ask about the person's communication preferences, including the things they find difficult and the things they find useful. This can be an ongoing discussion and you may need to check in regularly to see how well things are working.
- allow a support person to be present, if the person requests this.

General communication tips

Every person with intellectual disability is different. Each person will have strengths and aspects they find more difficult in communicating with others.

The way you communicate with people with intellectual disability should be highly individualised to that person. As said above, it’s important to not make assumptions and to discuss the person’s communication preferences early and often.

However, not everyone will be able to say what works for them. Here are some general suggestions to try out with people:

- communicate in short sentences, not paragraphs
- use plain, simple English
- take responsibility for any miscommunication – a worker’s role is to understand the person with disability who is their client, and not for the person to change so we can better understand – use approaches such as ‘I’m not sure I explained that clearly. Let me try again.’
- take your time
    - understand working with someone with intellectual disability may take longer than with other clients. You need to give people time in order to offer an equitable service. In consultations with women with intellectual disability on domestic and family violence services, many said they felt rushed and this made it difficult for them to understand the worker and express themselves
- signpost the conversation
    - when you have a lot of topics to discuss, such as in a crisis situation, signposting can help people track the conversation. For example, signposting by breaking things down, saying ‘So, we have three things to talk about. First, we are going to talk about where you will stay. Secondly, we will talk about how you will get there. Thirdly, we will talk about your children. Okay, so let’s start with the first thing, talking about where you will stay.’
- break down any complex plans or instructions into smaller steps

  - for example, if someone is seeking refuge and they have to get there via public transport, you could say ‘So, when you get to the station, give me a call and we can talk through the next step.’

- make it clear that you want to be flexible to accommodate their needs
- never pretend to understand the client if you don’t. Ask the person to repeat it or clarify as necessary.
- build a strong rapport
  - people with intellectual disability have often experienced significant discrimination and exclusion. Many WWILD clients say that because of this, they find it difficult to trust new workers. Building a strong rapport may help a person feel more comfortable, and therefore more able to take in what you are saying. Additionally, getting to know a client means you will be able learn more about their specific communication needs and therefore adapt to them, enabling better communication between you both.
- do not talk to people with intellectual disability like they are children
- do not use slang or jargon
- regularly check for understanding.

Questioning

How you ask questions can make a big difference as to whether you’re understood by a person with intellectual disability. Unnecessarily complex questions can create confusion and embarrassment for clients. It is possible people may have the ability to answer your questions well, if your questions are worded carefully.

Here are some suggestions for how to word questions:

- avoid double-barrelled questions (asking two questions about different subjects in one sentence)

    - for example, don’t say ‘How do you feel about coming in today and going in the taxi?’ Instead, ask ‘‘How do you feel about coming in today?’, and then separately ask about the taxi

- avoid the use of negative questions. These questions can be difficult for people to interpret and respond to, because a yes-response to a negative question denies the proposition of the question rather than affirming it

    - an example of a negative question is, ‘Didn’t you hear what the train guard said?’ (this type of question can make it difficult for the person to know how to respond – is their answer going to negate or affirm the proposition). Instead, ask ‘Did you hear what the train guard said?’ or ‘What did the train guard say?’ or ‘Did you hear the train guard say anything?’

- break questions down to manageable sizes with one main idea

- if you falter in forming a clear question, apologise and try again. Say ‘Sorry, that was confusing, let me start again.’ Or, reset the question ‘Can we go back to the part where you talked about ...’

- use a combination of open and closed questions. Begin with an open question, then ask closed questions to confirm details or clarify meaning. An example of an open question is ‘Would you like to tell me about your family?’ while a closed question is ‘Do you have any siblings?.’

The naive-questioner approach

A useful communication tool is the approach of the naive questioner, which positions a worker’s client as the expert. Examples of the approach, includes using questions such as, ‘When you said x, what does that mean?’ or ‘I’ve never heard of x before, what is that?’

This approach can be useful in understanding terms that the person may be using with a different meaning than the worker initially understands.

So-called behaviours of concern in communication

Behaviours of concern is a term commonly used in the field of disability, and refers to any behaviour that negatively affects a person in their daily life or negatively affects the people around them (CDDHV, 2005). These behaviours can stem from past or present experiences of family and domestic violence, and often are an expression of frustration or fear people experience when they cannot communicate adequately in other ways.

These behaviours may include (CDDHV, 2005):

- aggression
- self-harm
- property destruction
- so-called oppositional behaviour
- behaviour judged as socially inappropriate (including sexualised behaviour)
- withdrawal.

It is extremely important that people with intellectual disability who display these behaviours are not labelled as challenging themselves. It is the behaviour that workers find challenging. A sudden change in behaviour should be viewed by workers and supporters as a form of help-seeking.

It is important that a person's behaviour is not seen as just a feature of their disability. Clients with intellectual disability who experience difficulty with their behaviour should be taken seriously and given support to explore the causes of the behaviour, as well as strategies to deal with it (CDDHV 2005).

A client whose behaviour suddenly changes may be doing so to express the fear and helplessness they are struggling to communicate. People who use domestic and family violence can actively work to restrict a person's ability to communicate – using isolation, coercive control and other efforts to destroy a person's sense of ability. Getting past these efforts to block communication can be even more difficult for someone with an intellectual disability who struggles to express their feelings.

Useful strategies to help a person who is displaying challenging behaviours when seeking support include:

- remember that the client is trying to communicate – this requires safety
- listen to what the client is saying, even if it doesn't appear relevant, they are trying to be heard
- change the place you meet to somewhere the client feels safe and can have some privacy– to a park, or meeting at a coffee shop
- check when and where it is safe to phone and make contact with the client
- remind the client of the dangers of sharing any information or plans made.

If working to help a client regulate their behaviours:

- remember the behaviour is a call for help
- help by role-modelling emotional regulation – use breathing and somatic practices
- ask who, when, where and what questions to describe and explore the behaviour.

There are services that can assist in creating positive behaviour support plans to help service providers and family to provide consistent and targeted support to the person to help manage their behaviours in more healthy and prosocial ways.

These services and plans aim to reduce and eliminate the use of restrictive practices. These plans are created by trained behaviour support practitioners and are subject to the NDIS *Positive Behaviour Support Capability Framework* (NDIS Quality and Safeguards Commission, 2022). You can discuss with the person's support coordinator, family or support service if the person has or needs a positive behaviour support plan, how it is functioning in practice and whether it employs trauma-informed strategies.

Masking/acquiescence

People with intellectual disability often mask their difficulty with verbal communication to avoid the stigmatisation associated with having a disability.

> ‘Some people with a disability might pretend they understand, so it’s important to double check. The person might be a bit embarrassed to say they don’t understand. This is what I was like in the past.’
> A person with disability explains masking during a Listen Up! consultation with WWILD (2022)

Acquiescence (or compliance) is one method of masking disability. There are many possible reasons why acquiescence takes place, including:

- the person might not understand what is said, so they agree with it in an attempt to cover their misunderstanding (masking)
- they find it difficult to say no, particularly to someone perceived to be in authority
- they don’t want to say no, or are afraid to say no, and agree with what is said to avoid getting into trouble
- they find it difficult to understand abstract information (we assume that a lot of our communication each day is straightforward when, in fact, it involves the use of a lot of abstract knowledge).

Masking can also take the form of:

- rote learning of statements to use when responding to questions or as part of a conversation
- learned behaviours to get care or help, to fit in, or to get someone to go away
- rote learning of statements that simply help the person to get by and deal with their everyday experiences, for example ‘I don’t know whether I’m Arthur or Martha.’

What you can do to reduce masking/acquiescence:

- regularly check for understanding
  - you can say ‘I just want to check we are on the same page, could you explain to me what we just talked about?‘ or ‘I’m not sure I explained that clearly, could you tell me what I said about x?’
- work slowly
- use repetition
- ask a question another way if you notice signs they may not have understood
- encourage a person to say when they don’t understand, and to express their genuine thoughts and opinions. Affirm anytime they do this.
  - for example, if someone tells you that you are not making sense, you could say ‘Thank you so much for telling me. It's really helpful when you do that. Let me try again.’
- be aware of inconsistencies between a person’s stories and their body language, which might indicate a real difference between what the person is saying and what they would say if they felt comfortable to do so in that moment
- ask a person for advice on how best to communicate with them – this question might give workers valuable information and empower clients to communicate their needs. This is likely to reduce compliance.
- do not over or underestimate what a person understands (or what the worker thinks they understand)
- don’t pretend to understand what a person is saying when you aren’t sure.

Attention and memory

Many people with intellectual disability experience short attention span, gaps in memory, and difficulties with memory processing. The degree to which this has an impact on communication depends on each individual and how well a worker can adapt their practice.

For example, sometimes a client might need to talk about a particular topic or an experience they have had, that initially seems unrelated focus of your work together. In this case it is respectful to allow the person some time to talk about their topic before changing focus. Seemingly insignificant topics might turn out to be important.

What you can do:

- have more frequent, shorter sessions – this can be helpful
- work slowly
- repeat things as necessary, particularly important information such as safety plans
- potentially, adjust the frequency of your speech.

Sequencing

Similar to the common difficulties experienced with attention and memory, many people with intellectual disability have considerable difficulties in sequencing events and understanding the relationship between particular actions and their consequences. This can be particularly challenging when there are multiple subjects and events in the story.

When people with intellectual disability tell their story, it can often seem out of order. However, it is important to let the person tell their story in their own way, in their own time, in full, and without interruption. People with intellectual disability often use their own language structures and their own methods of communicating events or experiences, and this may differ greatly between people. For example, some people have great difficulty staying in chronological sequence when they tell their story, while others may feel great discomfort in jumping out of sequence or being interrupted.

Workers have a responsibility to adapt their communication and thinking about the ’s story to the individual client, and not expect the client to conform to a standard mode of storytelling. Patience and time to allow the person to be heard completely are crucial.

Confidentiality

Confidentiality is an abstract concept and can be difficult to understand for some people with intellectual disability. A worker should work with a client to find an appropriate balance between the person’s right to privacy for their personal information, and the need to share information with others (such as family members, carers or other service providers) to promote understanding and safety, or to work together to achieve the client’s goals.

It is important early in your work together to break down confidentiality into a concrete and easier-to-understand concept. This includes specifically talking about the different examples of where confidentiality may need to be maintained, or broken. It is important to be specific, and relevant to the work you are doing with the client. For example, say ‘If I see you at the shops and I don’t say hello, that is because for your safety and privacy, it might not be good for people you are with to know you are getting help for family and domestic violence.’

Another example would be, ‘I will have to break confidentiality if I am worried you might hurt yourself or someone else, and I will have to call the police/ambulance and tell them your name and address so they can help you.’

Having easy-English information sheets with pictures for your clients regarding topics such as confidentiality and rights is an accessible strategy, both in providing the information in accessible formats and setting an expectation that you are a service who will seek to provide information in an accessible way.

Read more about this in the ‘Duty of care and safety’ section.

Abstract versus concrete language

Many people with intellectual disability are highly concrete thinkers. This can result in misunderstandings due to their literal interpretation of verbal communication and general difficulty understanding abstract concepts. The following examples of abstract thinking commonly cause difficulty:

- mathematical concepts such as time and money
- metaphors, euphemisms and analogies
- emotions and feelings
- humour and jokes.

It's important to understand what is abstract, and the unconscious ways you employ abstract concepts and language in your communication with clients. Critical reflection while talking with clients and after appointments is an important strategy to increase this awareness.

People with intellectual disability often speak using their own language and might use humour and conceptual schemas that are not always obvious in meaning to you. Exploring the meaning of statements and keeping a record or dictionary of phrases commonly used by the person can be a useful way of improving rapport and communication. This is also highly beneficial for both the worker and client during periods of staff turnover.

Using drawing and other tools can be helpful for clients with intellectual disability to gain concrete understanding of abstract concepts. For example, when looking at informal and formal supports someone has, relationships can be explored through drawings of people and visual representations of how they relate to each other.

Understanding emotions can be a big challenge for people with intellectual disability, especially given that the language used to describe emotions is abstract, yet the reality of the emotions they experience can be very concrete. People with intellectual disability often experience intense physical or behavioural responses to unexpressed emotional states, due to their limited means for identifying and expressing feelings. This is often compounded by a high level of experience of trauma through abuse and exploitation.

Understanding emotions by connecting the abstract label of the emotion to the corresponding physical experience in the body can help people to talk about their emotional experiences and find ways to recognise and respond when emotions are disturbing. For example, a person may not be able to talk about their nervousness, but can talk about feeling sick. It is helpful for counsellors to ask questions like ‘Where do you feel that?’ or ‘How do you feel that in your body?’ to help the person identify what they are feeling and when. A counsellor or worker needs to approach this work with a sense of patience, commitment and curiosity – it can take a long time to uncover the understanding and experiences of emotions of each client.

Many difference factors influence the ways that people create meaning, use the English language and respond to abstract language. It is vital to take cultural background and experience into account as well as the presence of intellectual disability. Comprehension and understanding need to be assessed for each individual, and practitioners need to ensure that their stereotypes of people with intellectual disability do not impose limited expectations on the person’s ability to communicate.

Tips to perform risk assessments and safety planning

Translating complex statements into easy-to-understand material

Comprehensive, evidence-based risk assessments are essential to assist people who may identify as survivors and workers to evaluate a person's risk of harm from domestic and family violence, and to develop realistic and appropriate safety plans.

Often the language used in risk assessments is complex or abstract, immediately creating difficulties in communicating well with someone with an intellectual disability. Often referred to as concretising, the approach is a way of translating complex and abstract language into easier terms. Concretising is essential during risk assessments to ensure you are receiving accurate information. Making an abstract concept concrete often means providing examples of the concept in action.

Concretising also includes:

- breaking down double-barrelled or complex questions into separate questions
- checking regularly for understanding
- working at a slower pace, offering breaks where possible
- using simple English, and being aware of abstract concepts people may struggle with
- paying attention to non-verbal cues that may indicate lack of understanding, and trying to ask things in a different way
- asking a question in a few different ways, to ensure you are getting the same answer – establish early if the person is understanding you as the worker
- referring back to the communication section for more tips.

Here are a few examples of risk assessment questions, and ways to translate them so they are easier to understand. This may be something many domestic and family violence workers are skilled at, but considering abstract language in risk assessment will improve the accessibility for people with intellectual disability.

- **Does your partner/ex-partner try to isolate or control you?**

Do they stop you seeing people you want to see, like friends, workers or family?

What do they do if you see your friends/workers/family?

- **Does your partner/ex try to control your finances?**

Who is in charge of your money?

Who pays the bills?

Who makes decisions about how to spend money?

- **Have you experienced stalking or monitoring by your partner/ex?**

Do they ever follow you places?

Do they turn up to places where you are?

Do they call or text you a lot when you are out?

- **Has your partner/ex ever threatened to kill you or anyone else?**

Have they ever said he will hurt you or other people?

Have they said they will kill you?

- **Does your partner/ex have a history of violence?**

Have they done this to you before?

Have they done this before to someone else?

Do you know anything about how they treated their ex-partners?

- **Has your partner/ex ever sexual assaulted you?**

Have they ever done something sexual you didn’t want?

Have they ever forced you to do sexual things you didn’t want to?

Predicting the behaviour of the person using violence

Although workers can translate individual abstract statements, the nature of a risk assessment overall can be difficult for people with intellectual disability.

Risk assessments are forward focused, requiring a person who has experienced violence to predict the actions of the person using violence.

Asking questions such as, ‘What do you think the person using violence would do if …?’ is highly challenging for people with intellectual disability. It requires a person to abstractly use information from current learnings, and applying them to a future, imagined circumstance. For this reason, it may be useful to not lead the person to answers, however remind them of information they’re shared about behaviours from a similar circumstance.

Finding the words to describe abusive situations

When a person first contacts a family and domestic violence service, there is usually only a short window of time that a worker needs to establish whether there is FDV, or if the person requires support from somewhere else. Workers have sometimes had phone calls from people with intellectual disability who describe situations or behaviours that don’t initially appear as family and domestic violence, but it will emerge later in the conversation. A worker shared this story with WWILD:

> ‘I spoke to a woman on the phone [at the DV service] who kept telling me that her husband kept taking the remote and she was really distressed. It wasn’t until after a very long conversation that I found out that she had also been choked and needed urgent medical attention.’
> WWILD (2021)

It can be difficult in time-limited engagements to determine whether there is family and domestic violence occurring, and if so, its significance. It is reasonable to make the assumption that if a person is calling for domestic and family violence is occurring, that there is a risk of danger. It is important to adjust language in ascertaining risk, as many people with intellectual disability often state they don't know what to say in these conversations with workers.

The here-and-now versus future safety

When we ask about a person's safety in the present moment as they speak on the phone with a worker, they may not be in the presence of the person using violence, so they may say they are safe right now though that is incorrect. It is important to always ask follow-up clarifying questions to ensure you have a clear understanding of the current circumstances. For example, 'When you go home, will you be safe?' 'When you think about the person using violence, how does your body feel?' Sometimes physical sensations like sweating, butterflies in the stomach or tightness of chest can be easier for a person with intellectual disability to describe other than emotions such as being worried, scared, anxious or so on. See our 'Communication' section for information on this.

Every experience is unique

When conducting risk assessments, workers need to personalise communication. This means having explicit conversations with people, asking what ways of working together are preferred, and what style of communication works best for them, with specific examples. And from this, regularly checking in if they feel they are understanding, and if this way of working is still the best approach as a worker and person with disability work together.

In consultation with domestic violence workers for the Listen Up! Project, workers often spoke about understanding need to take a client-centred individual approach to all work, however when a person has an intellectual disability they can unconsciously shift to a homogenising lens:

> ‘It made me really reflective of the fact we go in thinking everyone’s story is unique and we are really sensitive to that but then someone says ‘I have an intellectual disability’ and I go ‘I have to change my framework’ – rather than seeing that I don’t know this person and their experience of disability is unique. So going, ‘your experience is yours and how can I support you with this?.’
> WWILD (2021)

People with intellectual disability have described their experiences in mainstream services where they felt they were perceived to understand less than they do, or felt treated like a child. One woman described her worker speaking to her too slowly which she found really frustrating:

> ‘I can speak for myself; I can hold a conversation.’
> WWILD (2021)

We can sometimes feel uncomfortable to ask directly about a person’s disability or support needs, however in reflection this hesitation can be grounded in ableism. Perceiving that it is shameful or bad to share if you have a disability is stigmatising, and if you ask a person to share their support needs while having this underlying attitude, people are unlikely to share freely. Treat asking about disability as you would ask about someone’s cultural background, and be clear why you are asking and how helpful that information is for your work together.

Tips for safety planning

Safety planning is an important step in working with people with intellectual disability who are experiencing family and domestic violence. As discussed earlier, in the ‘How do we define disability?’ section, people with intellectual disability often find planning difficult, and safety planning a challenging task. However, like many victim–survivors, many people with intellectual disability already have strategies they use to keep themselves safe. The first part of safety planning may be helping the person uncover the steps they are already taking.

Here are some tips when safety planning:

- do not assume the person understands what safety planning is – you may need to explain what it is and why we do it
- don't assume that a victim–survivor with intellectual disability will know not to share the safety plan to the person using violence. To some people this will be obvious but not for others– this should be discussed explicitly with the worker explaining the reasons as to why the client should keep this information secret from the person using violence.
- take your time – safety planning with people with intellectual disability may take longer
- structure your conversation and discuss one topic or idea at a time – signposting topics can be a useful tool
- regularly check for understanding
- repeat and discuss safety plans as many people with intellectual disability have memory difficulties. It may be useful to share the safety plan with trusted support people or other workers, so they can reinforce the plan with the person too.
- write down or draw the steps people need to take, if it is safe to do so. Creating an Easy Read document with pictures/graphics and easy wording may also be useful.
- consider having different safety plans for different contexts. Some people with intellectual disability struggle to translate learning from one context to the next. So, if you have made a plan with them for when the person using violence comes to their home, they may not be able to transfer this plan to when the person using violence approaches them at the shops.

It is essential to consider communication difficulties, mobility issues and care requirements as part of the plan. It is important to discuss what care requirements the person has. When planning for a person to leave their home, you may need to collaborate with their support coordinator and/or care providers about ongoing care during this process.

How the person will communicate their needs to other services/workers may be an important aspect to discuss. For example, when the person is speaking to the police, or services arranging refuge for them, it would be helpful for them to share what type of disability they have, what their access needs are, as well as specific information relating to the service they are after.

Many people with intellectual disability do not have a driver’s licence. You may need to discuss how the person will travel to and from locations as part of their plan. Consider what options the person has based on their mobility needs, such as taxis and/or support people or services providing transport. If the person can use public transport, it may be useful to break down the steps required or to have a plan for the person to call you to discuss the next step at the completion of each part. For example, one woman during a consultation for Listen Up! said:

> ‘People with a disability have trouble with public transport. If a worker told me lots of steps of how to get to a safe place, I would have trouble remembering what to do. How would I remember the sequence? They really need to break it down. For example, be at the train station at such and such time, be on such and such platform, get off the train at the station, which would be say three stops from your station. Tell the person to call back if they have trouble and the worker can tell them what to do. When you are leaving you feel really scattered. You need the worker to break down the steps. I was also really scared to travel by myself.’
> WWILD (2021)

Given there may be multiple service providers involved in the safety plan, you may need to discuss what each service providers role is and in what circumstance the person should contact each person/service involved. If it is safe to do so, it may be useful to provide a list of important contact people and services to call in an emergency.

People with intellectual disability may take longer to take information in, but it does not mean they are not capable of doing so. Working at the person’s pace, using repetition and taking the time to explain all aspects of the plan is vital to allow the person to engage fully in safety planning with you.

Using Easy Read resources

When working with a person with intellectual disability, it is helpful to utilise easy-to-read resources to maximise people's understanding and to support a person to break down complex and abstract concepts.

Easy Read resources typically will use easy English alongside clear images or graphics that are associated with each statement. These resources are structured clearly, and signpost a change in subject through clear titles and each new concept occurring on a new page. Some organisations create Easy Read resources internally, however, these documents may not have been created in consultation with people with intellectual disability.

Below is an example of breaking down a statement into an easy-to-read format. This is taken from WWILD's Easy Read resource, You Deserve to be Safe (Domestic and Family Violence).

Talk to someone who believes you

A friend

A family member

A worker

Someone from a **domestic violence** service

A **disability advocate** (someone who helps people with disabilities speak up for the things they need)

Figure 4 – WWILD’s Easy Read resource You Deserve to be Safe

Here is a list of Easy Read Resources which can be extremely useful for working with people with Intellectual Disabilities experiencing Domestic and Family Violence.

You deserve to be safe

Is someone making you feel scared?

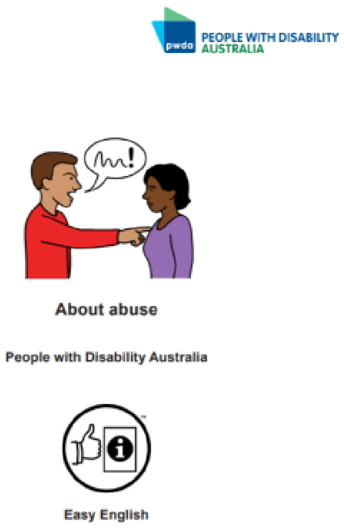
Is someone hurting or controlling you?

How can you be safe?

Is this safe to take home?

[You Deserve to be Safe]

A simple English booklet about Domestic and Family Violence, created in 2017 by WWILD Sexual Violence Prevention inc.



PEOPLE WITH DISABILITY AUSTRALIA

About abuse

People with Disability Australia

Easy English

About Abuse

People with Disability Australia adapted the WWILD You Deserve to Be Safe Booklet to be relevant to NSW services in 2021.

Our Site

Our Site was developed by Women with Disabilities Australia (WWDA). WWDA’s website resource for women and girls helps people with disability to learn about their rights, leadership and employment, life choices, sexual health, safety and violence. The website is available in Easy Read format.

Sunny App

1800 RESPECT has developed the Sunny App for women with disability who have experienced violence and abuse. The app is available on iOS (iPhones and iPads) and Android. It was co-designed with WWDA and women with disability to help women to:

Hide

You can hide Sunny as a weather app.

Explore

Sunny can help you in different ways.

Ask a trusted friend if you need help to use Sunny.

- tell their story
- understand what has happened
- know their rights
- find people who can help
- understand what abuse is
- learn about different types of abuse.

There are several other available resources that will support working with people with intellectual disability, however these resources are a great starting point.

Additional/unique considerations when safety planning

When safety planning with a person with intellectual disability, there are additional considerations that can be unique to a person with intellectual disability. Examples include where the person using violence is a carer, paid worker or housemate in supported accommodation. These perpetrator dynamics are often unique to the disability sector, and require additional considerations.

These situations all vary depending on the individual circumstances. The following examples are general examples and considerations that may support a worker in supporting a person with intellectual disability in these unique contexts.

Decision-makers using violence

In some cases, court-appointed decision-makers are people using violence. This position of power in a person's life gives them greater capacity to exploit an individual. Often the person with intellectual disability doesn't understand their options in these circumstances. some suggestions are:

- it is important to get as much information about the nature of what the order covers, as they sometimes do not have as much power as the person using violence threatens they have
    - decision-makers are usually appointed to cover specific life domains, such as accommodation, finances and so on
- sometimes carers state that being a person's power of attorney means that they can make a range of decisions in a person's everyday life. In NSW, an attorney can only make financial and legal decisions (NSW Trustee & Guardian, 2020). This authority can be revoked at any time by advising the attorney in writing, all relevant institutions such as the bank, and destroying all the current power of attorney documentation (NSW Trustee & Guardian, 2020).

- for decision makers to be able to make decisions on a person's behalf acting as a guardian or trustee, they must be appointed through the NSW Guardianship Division of the NSW Civil & Administrative *Tribunal* or the Supreme Court of NSW (NSW Trustee & Guardian, 2020). If this has not occurred then they are not an official guardian and cannot make decisions
    - to revoke the guardian or trustee, you can request a review of the guardianship order through the NCAT (NSW Civil and Administrative Tribunal) website here
    - the review may determine a person has decision-making capacity and no decision-maker is required
    - the review may mean that a public guardian or public trustee is appointed, as NCAT determines the person does need support in decision-making.
    - the form is complex, and the individual may need support to complete this. You can contact the Trustee & Guardian to request information about this process through their website or hotline, 1300 076 694.
- it is important to support a person to make an informed decision about either the complete removal of a decision-maker, or to appoint a state decision-maker. Using clear information, it is important to remind the person that this process is in their best interest.
- working alongside individual disability advocacy organisations can help domestic and family violence workers and the person with disability to navigate this complex system and ensure the person has a voice in the process.

Carers or workers using violence

Informal supporters, or carers, and paid support workers have a significant role in a person with disability's life, and with this comes with a definite power imbalance. For many people with intellectual disability, they rely on the support of paid and unpaid support to navigate everyday life. The significance of this is limited in evidence, however it is important to be aware of the unique nature of carer-perpetrated violence. The unique forms of violence are noted in the 'Broadening definitions of family and domestic violence' section.

In NSW, both paid and unpaid workers or carers are covered by legislation and are classified as a domestic relationship, and therefore, are covered by state Domestic Violence Orders. This is significant, as in some states and territories paid support workers are not covered by the jurisdiction's relevant domestic violence legislation.

It is important when safety planning for a person whose person using violence is an informal supporter or support worker, that there are alternative supports that are possible to be arranged. Many people with disability are threatened with withdrawal of supports or neglect, and the unique forms of violence that abusive caregivers use can be extremely manipulative and limit the likelihood a person is to report or disclose the violence. As a worker, it is important to consider the following if a caregiver is using violence:

- reinforce that by disclosing the violence, the client is not in trouble and you will support them to ensure the care continues in a safe way
- establish who are safe parties in the person's life, as in some cases there can be multiple people who are perpetrating violence. This may not be direct abuse, but may be in excusing or supporting the person using violence or not believing the individual.
- a person may rely on the carer or support worker for transport, so it is important to clarify how a person intends to get to your appointment and where possible, offer alternative transportation
- when contacting the person via phone or text, this may be monitored – in early safety planning it is important to clearly agree on the safest form of communication
- discussing the issue with the person's support service may alert the worker that the person is seeking support for the violence. It is important to be aware of these risks before discussing the violence with the support service.

If you believe a support service or organisation are also complicit in the violence (this includes either protecting the worker using violence, or not believing the disclosures of someone who has experienced violence), you can take action against them. The NDIS Quality and Safeguards Commission is an independent agency designed to ensure the quality and safety of all NDIS-funded services. You can make a report to the commission if you feel a service is being negligent or abusive. For services that are not NDIS-funded, or to escalate the issue, you can report the service to the Ageing and Disability Abuse Commission.

Co-tenants or co-workers perpetrating violence

Many people with intellectual disability work in supported workplaces, and live in supported accommodation. Some of the unique experiences of violence for people who are in these contexts is the perpetration of violence by people with disability that they work or live with. In NSW domestic violence legislation, co-tenants or housemates are classed as people a person is in a domestic relationship with, however, co-workers are not.

It is an extremely complex context when a person using violence is a co-tenant or housemate, as often they too have a disability. There are particularly time-sensitive considerations that need to be made when supporting someone experiencing violence in this context:

- is there an immediate risk or danger for the violence to be ongoing, and how can the home environment be safer
    - often supported accommodation is managed by organisations that have multiple residences, so if safe the support service may be able to relocate the perpetrator or your client
    - leaving their home can be incredibly distressing for people as often they have lived in the same home for several years and access all their support either in that home, or within that community

    - if a person needs to seek refuge accommodation, can the support services continue in the new location?

- is the support service or the workers aware of the violence? Do they have policies or processes that need to be actioned? (This may include mandatory reporting).

- are there family, friends or external support workers that can provide support if the current care arrangements can't be continued?

For co-workers, in many cases, the workplace is supported employment there is a duty of care in place to support all employees. Here are some suggestions for when a person with intellectual disability's person using violence is a co-worker:

- where appropriate, support the client to share with their employer what is happening, and request the employer's support for the safety plan

- some workplaces may suggest that removing your client is the easiest option for safety, however this can be extremely distressing and disruptive for the person who is experiencing violence
    - this can reinforce that a person is being punished for reporting the violence, and may cause them to no longer seek support
    - people with intellectual disability are often limited in their employment opportunities due to discrimination and lack of support – having to leave this workplace may mean they struggle to find alternative employment

- talk with your client, and advocate for their safety as well as employment in the workplace. This can be done in collaboration with an advocate. You can find a directory of advocates on the Disability Advocacy Network Australia's website.

Disability support and family and domestic violence

When working with any person, it is important as their worker to be aware of the support and services in their lives to give us a good understanding. For people with intellectual disability, there can be a variety of formal and informal supports in place in their lives. A quick way to understand the support is to create a service map with the person, noting all supports that may be helpful in the work you do with the client, such as safety planning.

Below is an example:

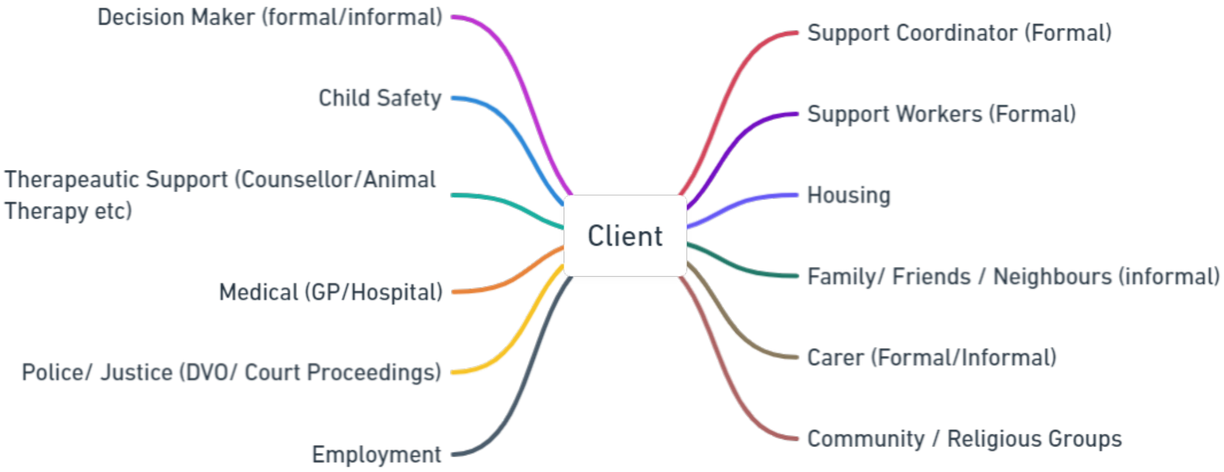


Figure 5 – A service map that shows a person with intellectual disability's support network

NDIS and family and domestic violence

The National Disability Insurance Scheme has shifted how disability services function since its staggered implementation began in 2013. The NDIS shifted the focus of funding to individuals instead of services. In 2020, more than 500 000 people were participants of the NDIS, or about 11% of the Australian disability population (NDIS, 2022 & AIHW, 2020).

To access the scheme, there are four key steps:

1. eligibility – checking the criteria on the NDIS website or through a local area coordinator
2. access request – calling the NDIS Hotline for an assessment process. This includes collating evidence for a person's disability and letter of support from allied health workers (typically a person's GP, occupational therapist or case manager)

3. making a plan – if successful, a meeting time will be made with the local NDIS office to discuss and create a 12-month plan for the person
4. implementation – the plan will be provided to the individual who can then, with the support of family, informal supporters and workers, start engaging services for support.

For more information on accessing the scheme, see here: Applying and Accessing the NDIS.

The NDIS can be a great support for those people that are current participants of the scheme. However the process from beginning an assessment to starting services can take a few months, so is not an emergency option for non-participants. Depending on what services are approved in a person's plan, their support can range from domestic support, community access support, transport, therapeutic support, and funds for aids and equipment.

When working with someone who is a NDIS participant, it is good to determine early on if they have a support coordinator. This person functions similarly to a case manager, and has a funded number of hours to coordinate services and supports for the participant. They can be a great ally and a great asset when working with an individual, and may be able to work alongside you to coordinate safe housing, additional support services, and transport to and from your appointments.

If you are supporting a person who is a NDIS participant who is experiencing crisis, you can contact the After Hours Crisis Referral Service (NSW) who may be able to support if there is a crisis that requires additional disability-related supports. This service is only available after hours, and if the support coordinator is not available to coordinate this emergency support.

For those without a NDIS plan, and a barrier for leaving a violent environment, no access to disability support outside of the perpetrator, involving the High-Risk Team can be a solution. They are able to request quick response applications to the NDIS to implement disability support for a person so that they can leave an abusive relationship or environment. Depending on your location, the High-Risk Team usually sits in the major funded domestic violence service for each area. Contact your local service to find out more.

For those who are not a participant of the NDIS, and are not eligible, there are some support services funded by the NSW Government that are still available.

To find out more about these in your local area, it is best to still contact your local area coordinator. They will be able to support you with most NDIS and disability support–related questions.

Formals supports and decision-makers

For some people you work with, they will have formally appointed decision-makers. In NSW, this will be the Public Guardian, NSW Trustee or an appointed decision-maker. All decision-makers are appointed formally through the NSW Civil & Administrative Tribunal.

It is important to understand whether a person has a formal decision-maker in place, as this may affect some of your safety planning processes. If a client has a formal decision-maker in place, it is good to try and understand what they are a decision-maker for – it is usually for housing decisions, health, finances and other lifestyle decisions. By understanding the parameters of the role, you can also use the guardian to act as an advocate for services and accommodation.

In some cases, a family member, partner or friend who has been nominated as a formal decision-maker under a tribunal is now a perpetrator, or not acting in the best interest of the person. You can support your client to request a review of their guardianship arrangements and, with evidence, the appointment can be revoked or changed.

For more Easy Read information about guardianship, you can find some useful resources at the Public Guardian website.

Informal supports

For people with intellectual disability, many people are ineligible for the NDIS or other formal supports, or have never accessed any formal support before engaging with a family and domestic violence service. For many people, informal supports are essential for their everyday care, as well as a support network during crisis. Primarily this network is made up of family (parents, siblings, children and so on) and friends or neighbours. When starting work, it is important to identify the people and supports that exist in a person's life, and how they can assist in safety planning and conducting risk assessments.

In some cases, the key supports are elderly parents or children, who often require support themselves. For this reason, it is important to be aware of the other informal supports that are available to access for both your client and the people that are in their support network.

This support can include:

- support groups and community/neighbourhood centres
- online shopping
- tools and aids (e.g., rubbish-grabbers)
- peer-managed social media groups.

Often these supports are part of a regular routine in the person's life that is essential to their wellbeing and ability to feel connected to community. These informal supports are usually easy to access, free or low cost, and have no eligibility criteria.

To learn more how to work best with carers and support people, see the 'Tips for working with carers or informal supporters' section.

Here is the website for the Local Community Services Association which has a directory for all neighbourhood and community centres in NSW.

Tips for working with carers or informal supporters

People with intellectual disability are likely to have support from family members, paid workers or other significant people in their lives. Family members and other informal support people often know the person very well and are best placed to observe changes in their behaviour and wellbeing. Their opinions and observations should be taken seriously.

Family members and other support people can often offer useful information and clarification in situations where the client has difficulty in providing detailed information. There is evidence to suggest that clients with intellectual disability will best respond to workers when they have the support of family or paid staff to apply what they have learned in real-life settings (Hayes, 2007). This requires the worker to possibly involve allowing support people to accompany the client to sessions, supporting carers to develop the skills and understanding required to respond well to the clients' needs while experiencing family and domestic violence, and ultimately support the client to be safe (Hayes, 2007). Carertakers and supporters can help your working relationship with a person by:

- assisting with transport to and from sessions
- providing emotional support
- sharing information about the person's needs or communication style
- liaising directly with the carer/supporter, with the person's consent
- observing what has and hasn't worked well for the client in your work together
- helping reinforce essential learning such as understanding the safety plan and the steps to feel safe
- teaching other support people in the person's life to also reinforce safety planning and other important lessons.

It is important to always clarify the capacity of the support person, and what limitations they may have in supporting the person with intellectual disability. If they are a paid support worker, they would have limitations depending on their work schedules and hours they have with the client. If they are an informal caretaker or supporter, they often will have other dependants, work commitments and are likely also affected by the violence the person is seeking support for. It is important to establish early the boundaries of their support, to collaboratively manage the expectations for the client about the support they can access.

It is crucial to always get consent from the person before speaking directly with their support people. Ensure the client understands they can decide for you not to communicate with the supporter, as they may feel they need to be compliant and allow you to directly communicate when they in fact feel uncomfortable.

Supported decision-making

The Convention on the Rights of Persons with Disabilities and the Australian Law Reform Commission both promote the use of supported decision-making for people with disabilities.

Prioritising choice is particularly important for people with a disability experiencing family and domestic violence, as they are often denied choice by the person using violence. It is also important for safety as the person experiencing the violence knows their situation best and what the safest options are for them.

Supported decision-making is important even when a person with an intellectual disability has informal or formal decision-makers, as this ensures that the individual has been given the opportunity to have their say and be empowered in the decision process.

Capacity for decision-making

- Decision-making capacity is presumed, unless significant evidence to the contrary. Information needs to be given in a meaningful and clear way to assist in decision-making.

- People with intellectual, learning and cognitive disabilities in particular may need help with making decisions. This does not mean they cannot make decisions.

- Decision-making capacity is decision and domain specific. People may have capacity to make decisions in some areas but not in others.
- Making what may be perceived as bad decisions is not the same as lacking capacity to make decisions.
- Most people with intellectual, learning and cognitive disabilities do not have or need a formal decision-makers appointed, such as the Public Guardian.
- For those who do have public guardians, they are usually only appointed for a specific domain or domains, such as accommodation, health care, or legal and other personal matters.
- Many people rely on more informal arrangements for supported decision-making. It might be helpful to ask about who usually helps the person make decisions.

Maximising conditions for supported decision-making

- Take the time to build rapport with a person so they feel as comfortable as possible to express themselves and to say if they don't understand.
- Clearly and carefully explain the person's decision and the reason it needs to be made – take the time to give all the information that is needed for the decision to be made.
- Explain the implications of the decision – including what may or may not happen if the person does or does not make a decision.
- Consistently check for the person's understanding of the information you are giving them and the decisions needing to be made – ask questions such as 'In your own words, can you tell me what that means' or 'In your words, can you tell me what you think would happen if…?'

- Where safe and appropriate, engage other support people in the conversation to ensure the person's understanding and accuracy, such as by consulting family members or support workers.

- The La Trobe Supported Decision-Making practice framework provides an evidence-based guide for engaging in effective support for decision-making with people with intellectual disability.

Duty of care and safety

There are some extra considerations around duty of care when working with someone with intellectual disability, to ensure that their safety is assessed comprehensively and responded to appropriately.

- Take the time to support the person to talk about their own safety and security – they may need support to identify what is safe and what is unsafe if they have not had the opportunity to understand these concepts.

- Take the time to support the person to explore their understanding of risk and to identify immediate risks and future risks.

- Do not presume the person understands the concept of relationships or has knowledge of healthy relationship dynamics – help the client to understand relationships in concrete terms.

If there are ongoing concerns that the person is not recognising their own safety concerns or risks, then it is necessary to discuss these concerns with them. It is important to give the person concrete and clear information about what information you must share, and with which supporters and stakeholders.

If the person has formal or informal support arrangements, this may be one avenue to consider in ensuring safety. If you are unable to identify an appropriate support, the Office of Public Guardian could potentially act in the interests of the person, if deemed necessary. Involving the high-risk team may also be necessary.

Compounding factors: Barriers for seeking support

Discrimination, social isolation and exclusion

> ‘I’d like to have friends. It’s really hard. I’ve tried lots of groups but none have worked out. I get really worried about if anyone is going to like me and if anyone is going to have things in common with me and it goes around in my mind and it’s hard to decide to go, so a lot of times I don’t.’
> (O’Connor & Fowkes, 2000)

Despite common perceptions that people with intellectual disability have a lot of family assistance, or that they have support from service providers or other community organisations, many people with intellectual disability experience extreme levels of social isolation. Like poverty, social isolation is both a cause and a consequence of a range of difficult life situations that many people with intellectual disability commonly experience.

Many people with intellectual disability grow up with limited family support, or within the out-of-home-care system. They may have limited capacity and resources to self-advocate and develop supportive connections with others in their local community. They are often restricted socially to organisationally based social activities with other people with intellectual disability. This often results in a reliance on support systems and a narrow range of opportunities for developing meaningful relationships outside of those systems. Social exclusion is an important factor in explaining the social isolation of individual people. While many people with intellectual disability might be highly visible in the community, and be seen to access services and community resources, opportunities for meaningful engagement and the full range of human relationships with others outside of the conventional disability service system are limited (Craig & Bigby, 2010).

Prejudice against people with intellectual disability is common, and there are often major challenges to the inclusion of people with intellectual disability in the social networks of people without intellectual disability. The first experiences that people without disability have of people with intellectual disability are crucial in setting their personal attitudes towards disability, and these experiences will encourage them to either exclude or include people in their social networks (Craig & Bigby, 2010).

Criminal and justice system overrepresentation

People with intellectual disability are not only over-represented as victims of crime, they are also over-represented as suspects or alleged offenders within the criminal justice system (French, 2007; Hayes, 2000, in Ellem & Wilson, 2010). Some commentators have suggested that as many as 35% of the young people in juvenile justice detention in Australia fall into the mild to moderate range of intellectual disability (West, 2011).

It is important to be aware of the likely interaction a person with intellectual disability has had with the criminal and justice systems, as often they are negative and discriminatory experiences. For many people, this limits likelihood of reporting, or engaging in supports of family and domestic violence as there is a fear of being in trouble or mistrusting the justice system that did not support them in the past. It is important to clarify that a person is not forced to report things to the police, but a worker could help a person understand how it can provide them with safety and justice.

Involvement in multiple service systems

For people with intellectual disability, they often experience a range of discrimination in their lives. For this reason, it is not uncommon for them to be involved with multiple service systems (either voluntarily or involuntarily). This can present a specific set of challenges, particularly relating to:

- understanding support services and systems
- understanding the relationships between systems
- finding appropriate support and meaningful connection outside of service systems (where system involvement dominates)

- living with the consequences of poor communication between involved services – where people fall through the gaps
- living with reduced self-determination due to heavy involvement of services (particularly if best practice around supporting decision-making and sharing information between services fails to be observed strictly)
- navigating services and systems that are siloed into categories of support, rather than having opportunities to receive holistic support from fewer agencies or from the wider community (which would decrease life complexity and enhance social inclusion)
- living with the consequences of injustices due to incompatibility between systems (for example, child protection law does not include the need to uphold the human rights of people with a disability, and the legal system cannot provide the flexible approaches available through community-based disability services).

Self-determination and rights

Despite the existence of the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006), which has been signed and ratified by the Australian Government on behalf of the nation and states and territories, major challenges remain for people with intellectual disability in realising some of their most fundamental human rights.

People's rights to self-determine a wide range of life choices (including place of residence, choice of co-residency, choice to access the legal justice system, choice of service providers and many fundamental day-to-day life choices) are enormously restricted for many people with intellectual disability.

From the theoretical perspective of the social model of disability, it is society's response to disability that denies the human rights and self-determination of people with intellectual disability. In other words, it is not the person's disability that causes their exclusion and its associated injustices, but rather the way that a society or community responds to people with intellectual disability (and the extent to which this response values their rights and needs as community members). The lens of this ideology encourages questioning about the fundamental changes that need to be made in the practice of individuals, and on a societal scale.

The former Australian Federal Human Rights Commissioner and Disability Discrimination Commissioner Dr Sev Ozdowski OAM (2002) explains:

> ‘This social dimension of rights is particularly clear for rights for people with disabilities. A person with an intellectual disability may have more difficulty understanding information. But whether they can succeed in understanding may depend on the social context – how information is provided and what assistance is available – rather than being a purely personal issue of level of impairment. Why should we accept that this is just another instance of ‘unmet needs’ instead of naming it for what it is – a lack of sufficient action to ensure the human rights which as a nation we claim to be committed to. Of course, there are limits to government resources. And calls for expansion of the welfare state are very much out of fashion. But we are not really talking about welfare here. We are not only talking about “unmet needs.” We are talking about resources to enable people to enjoy free and equal citizenship. To participate in society. In fact, in many cases we are talking about resources to enable people to contribute and be productive, rather than being dependent on more passive forms of welfare assistance.’

In reality, many of the challenges that are apparent in the lived experience of people with intellectual disability are the result of a lack of recognition and commitment to upholding the human rights of people with a disability. For example, article 13 of the United Nations Convention on the Rights of Persons with Disabilities (UN, 2006) states that:

> ‘Parties shall ensure effective access to justice for persons with disabilities on an equal basis with others … in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.’

The over-representation of people with intellectual disability as victims of crime and as suspects, defendants and offenders within the criminal justice system is testament to the inaccessibility of justice for people with intellectual disability in Australia (French, 2007). People with intellectual disability are often limited in their capacity to benefit from the instruments of law and the protections that it provides due to the fundamental structures of the legal system which (inadvertently or otherwise) fail to understand and accommodate the needs of people with intellectual disability as citizens.

Additional support for reporting and pursuing justice

Special interviews for police reporting

In New South Wales, under section 13 of the *Criminal Procedure Act 1986* the Act states that a person may not be competent to give evidence due to mental intellectual or physical disability. This legislation also allows what is called vulnerable witnesses (children younger than 16 years of age, and people with intellectual disability) to give evidence so that it is easier and more comfortable for them (Dahlstrom, F, 2022). A key process they can access is a pre-recorded interview, which is known as evidence in chief and is conducted by police. This is crucial to be aware of if you are supporting someone to make a report to the police. These interviews are conducted by specially trained police officers who have an understanding they should not ask leading or closed questions. As a support person, you can help advocate for this form of interview if the person you are supporting meets the requirements of a vulnerable witness. This will allow a person to provide a recorded statement to police, and this will be played in court instead of the witness needing to repeat their statement again.

Special witness provisions

Divisions 3 and 5 of part 2.1 of the *Evidence Act 1995* states that a NSW court can determine if a person is ‘competent to give evidence’ and can decide what form their evidence is given, and can disallow questioning if it’s not appropriate. Often a recorded interview can be used in place of a person with intellectual disability giving evidence in court.

The Intellectual Disability Rights Service provides support to people with intellectual disability involved in the justice system. Workers can seek support in their role as a supporter of a person with disability, or refer the person they are working with receive support from the rights service. The service also has a 24/7 hotline to support any person with intellectual disability who needs emergency justice system support or advice.

Accessibility in practice

There are several ways you can ensure that your practice is accessible for people with intellectual disability. Here are some tips:

- think about physical access to the service/meeting room
- have flexible appointments and expect the likelihood of multiple appointments
- allow more time for longer engagement – a good process takes longer
- have Easy Read material
- think about how your service make itself known to people who have a disability
- be mindful of your communication
- check your assumptions
- be willing to work with supporters where appropriate
- think about how knowledge and practice will be embedded and reviewed and reflected upon in the organisation
- consider conducting a disability audit and creating a disability action plan.

The ANROWS Whatever It Takes report (2017) details four clear domains to create service accessibility for Domestic and Family Violence services for women with disability. These are:

> **‘Approachable:** This means women know the service is there you can find it, get to it, and you feel 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 you money to get there, to be there and to go as often as you need to
> **Available**: This means it is there for YOU and you can use it like other women do.’
> ANROWS (2017)

Below are some key resources for a worker to use to understand accessibility in a practice context. There are many considerations (such as funding and time limits) that often make changing services to be more accessible very difficult. However, as long as workers listen and respond well to each person they work with, they are on their way to accessible practice.

And You Think You’re the Expert

The WWILD **And You Think You’re the Expert** booklet and podcast was developed by for the Listen Up! Project in consultation with 33 experts with intellectual disability. This is a great resource for advice for workers in many different fields.

National Standards for Disability Services – Self-assessment worksheets

Though designed for disability support services, the National Standards for Disability Services – self-assessment worksheets will allow a service to self-evaluate its accessibility as a service to people with disability.

People with Disability Australia training

PWDA offers consultation and training to services including disability awareness training and building a workplace’s capacity to support people with disability. This training is available online, in Sydney, in country NSW and further afield.

Stories from people with intellectual disability

People with intellectual disability who have experienced violence have told us their stories. We have profiled them below and hope that hearing from these incredible people will remind you of why it is so important that we work inclusively as workers, with respect.

> ‘I do have a disability. I don’t let it control my life. I try to read letters and texts the best I can. If you let it rule your life, it can take over you. I try to do things on my own. You rule it. My mum and dad thought that I would never be able to have kids, but I have three beautiful kids.’
>
> ‘I have been sexually assaulted, I have had domestic violence. It changes you. I am not the same. But if someone pushes me down, I get back up. No one pushes me around anymore.’
>
> ‘We are normal people, not just people who have a disability.’
>
> ‘Just because we have a disability, doesn’t mean we should have our rights deprived’.
>
> ‘You have the right to be respected and not judged. It should be easy for you to understand what they are talking about. [Workers] should have easy-English things to read and look at.’
>
> ‘I hope that people with a disability can find their way. I would like services to treat us the same as everyone else; just change the way you explain things. I think this would help feel like we belong.’
>
> People with disability share their views on how workers should interact with them
>
> (WWILD consultant, 2021)

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People with Disability Australia (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability.

Building Access is a PWDA project enabling Domestic and Family Violence services to better meet the needs of women and children with disability.

WWILD supports people with intellectual or learning disabilities, age 12 and over, who have experienced sexual abuse, or have been victims of crime.