

Royal Commission into Institutional Responses to Child Sexual Abuse

Issues Paper 10 – Advocacy and Support and Therapeutic Treatment Services

Submission

Children with Disability Australia
November 2015

INTRODUCTION

Children with Disability Australia (CDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. The organisation is primarily funded through the Department of Social Services (DSS) and is a not for profit organisation. CDA has 5200 members nationally.

CDA has received specific funding from DSS to undertake project work regarding the Royal Commission into Institutional Responses to Child Sexual Abuse. Through this work CDA provides information, referral and systemic advocacy regarding the experiences of children with disability who have experienced abuse.

Research indicates the increased vulnerability and prevalence of sexual abuse among children with disability although there is presently no national data in Australia. International research suggests that:

- Children and young people with disability are more vulnerable to all forms of abuse and neglect than those without disability;¹
- Children with disability are approximately 3.14 times more likely to experience sexual abuse than children without disability;²
- Children with high communication and behaviour support needs have a heightened risk of sexual abuse;³ and
- Children with disability have been found to be more likely to experience multiple assaults, more severe abuses and incur physical injuries as a result of abuse.⁴

Further information about abuse and neglect of children and young people with disability can be found in CDA's issues paper, *Enabling and protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*.⁵ The paper examines recent research about abuse and neglect and national policy approaches in child protection and disability. It provides a framework for an improved understanding of the causes, experience and responses to abuse of children and young people with disability.

Currently, it is common for people with disability, including children, to experience difficulties accessing advocacy, support or therapeutic services if they have experienced child sexual abuse. Services which exist are limited in number, expertise and accessibility. There is a great need to look at how we can improve the provision of services and supports which may be required. CDA's experience is that children and young people with disability and families vary in their preference for mainstream or disability specific advocacy, support and therapeutic treatment services. For adults, some people seek assistance through peer support.

¹ P Sullivan et al. 2000, 'Maltreatment and disabilities: A population-based epidemiological study,' *Child abuse and neglect*, Vol. 24, No. 10, p. 1257.

² Ibid, p. 1257.

³ Children with Disability Australia 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Melbourne, p. 10, D Skarbek et al. 2009, 'Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education,' *Sexuality and disability*, Vol. 27, p. 157.

⁴ Children with Disability Australia 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 10, Skarbek 2009, *Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education*, p. 157.

⁵ Available at <http://www.cda.org.au/enabling-and-protecting>.

The direct experience of people with disability, including children, must be a key informant of any reform that occurs alongside clinical expertise in sexual abuse. Services must be able to meet the specific needs and preferences of each person, balancing individual circumstances, disability support needs and the developmental needs where children are concerned.

Additionally, CDA would also like to highlight the recent release of the final report from the Australian Senate Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*. The report details the shameful and widespread experience of violence, abuse and neglect of people with disability, including children and young people. The report states that attitudes that devalue disability are a key contributor to these experiences.⁶ This report contains a number of recommendations of relevance to the work of the Royal Commission more broadly and to the subject of this issues paper. Critically, the Inquiry found that there are a lack of recovery and support services available to people with disability following abuse, often because mainstream services state that they lack the capacity to support people with disability.⁷

CDA welcomes the opportunity to provide feedback regarding *Advocacy and Support and Therapeutic Treatment Services*. For coherence, this submission is structured around several themes that are seen to be of key relevance to children and young people with disability, rather than answering the questions posed in the discussion paper.

IDENTIFYING AND ADDRESSING BARRIERS TO RECEIVING ADVOCACY, SUPPORT AND THERAPEUTIC TREATMENT SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH DISABILITY

Research has found that sexual abuse of children with disability is likely to be under-recognised and under-reported.⁸ However, it is critical to note there is a significant gap in Australian data regarding the prevalence and experiences of sexual abuse of children with disability.

Barriers to disclosure of sexual abuse for children

All children experience significant barriers to disclosing sexual abuse. These include reliance on their abuser, fear they will not be believed, a lack of trusted adults, fear their abuser will hurt them, fear they will be blamed or punished for abuse or because children lack the language to name abuse or do not understand what has occurred.⁹ Deficits within institutions used by children, such as organisational culture, a lack of staff training or active denial that abuse has occurred, have been identified by the Royal Commission as factors that prevent adults from effectively identifying children who have been sexually abused.¹⁰ The challenge of reporting abuse can be further compounded for children with disability, often due to the ignorance and prejudice of others. A number of these additional barriers for children with disability are discussed below.

⁶ Senate Community Affairs References Committee 2015, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, Commonwealth of Australia, Canberra, p. xxvi.

⁷ Ibid, p. 277.

⁸ Children with Disability Australia 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 10.

⁹ Royal Commission into Institutional Responses to Child Sexual Abuse 2014, *Interim Report Volume 1*, Commonwealth of Australia, Canberra, p. 159.

¹⁰ Ibid. p. 155.

Limited experience of belonging and connection

A limited sense of belonging and connection can result in children and young people with disability feeling unwelcome, not valued and isolated. Belonging refers to “the symbolic spaces which feel familiar, comfortable and secure, and to which a person feels emotionally attached” and connections refers to “the quality and number of connections with people and place.”¹¹ Available research shows that these factors can increase vulnerability to abuse and neglect.¹²

Children with disability are frequently positioned and understood as incapable, a burden, or objects of pity and charity within Australian society. These negative attitudes, or ableism, can have profound impacts on the opportunities for children and young people with disability to develop and sustain a strong and positive sense of belonging and connection within the typical spaces and contexts experienced throughout childhood, such as schools and local neighbourhoods.

Research published by the Southern Cross University Centre for Children and Young People about experiences of harm of students with disability illustrates this issue. When asked ‘what makes it hard to feel safe,’ students with disability highlighted “how chronic harm was in their lives, feeling unheard and isolated, and feeling either that help was not provided when they asked, or unable to ask for help.”¹³ Barriers to belonging and connection for children and young people with disability are therefore an important consideration to understanding the difficulties in recognising sexual abuse of this cohort.

Dependency on others for personal care

Children with disability who are reliant on others for personal care may have a number of different people, paid and unpaid, who assist with activities of daily living including personal care such as dressing or showering. Consequently, for some children with high personal care needs the definition of boundaries can be very different to typical community norms. In these circumstances, the ‘usual rules’ do not apply so it is a more complex environment for children to learn and define appropriate behaviour and boundaries and identify dangerous situations. These children are more reliant on adults or peers to behave respectfully.¹⁴

Opportunities to define personal boundaries and recognise inappropriate behaviour can be further inhibited by a lack of provision of accessible education about personal development, sex and healthy relationships to children with disability.¹⁵ These factors contribute to the vulnerability of children with disability to sexual abuse, but also create further barriers to identifying when abuse has occurred.

¹¹ Children with Disability Australia 2014, *Belonging and connection of school students with disability*, Melbourne, p. 7.

¹² Children with Disability Australia 2012, *Enabling and protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 25, Skarbek et al. 2009, *Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education*, p. 158.

¹³ S Robinson et al. 2014, *Safe at School? Exploring safety and harm of students with cognitive disability in and around school*, Centre for Children and Young People, Southern Cross University, Lismore, p. 9.

¹⁴ Skarbek et al. 2009, *Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education*, p. 157.

¹⁵ I Wissink et al. 2015, ‘Sexual abuse involving children with an intellectual disability (ID): A narrative review,’ *Research in developmental disabilities*, Vol. 36, p. 28.

Children with high communication and behaviour support needs

Children with high communication and behaviour support needs have been identified in research as having a heightened risk of experiencing all forms of abuse, including sexual abuse.¹⁶ Some people with significant and profound disability are dependent on others and systems to be safe. The experience of CDA members reflects that children with disability with high support needs and vulnerability typically have extremely limited opportunities to learn, either formally through education programs or through other supports or opportunities, about respectful relationships, personal development and sex education. The need for this knowledge is often not recognised by families. Additionally, when the need is recognised there are minimal services or professionals who have expertise in this area. Finally, for this cohort, the availability of advocacy, support and therapeutic treatment services in relation to sexual abuse is also extremely limited.

Another critical issues for consideration it that it is it not uncommon for it to be assumed that behaviours of children and adolescents with disability which are causing concern are simply symptomatic of disability. For example, expressions of high anxiety, distress, sudden aggression, withdrawal, regression or sexualised behaviour may be assumed to be a manifestation of a child's disability. In these circumstances, little or no consideration is given to understanding the meaning of a child's behaviour. This can be an issue for all children with disability but is particularly reported to occur for children with high communication and behaviour support needs.

Assumptions regarding need for support

There are ill informed views held by some that children and young people with disability, particularly those with cognitive impairment, will not understand or be impacted by the sexual abuse they have experienced. Support or therapies cannot be sought or accessed in these circumstances. This is illustrated in the following experience provided to CDA:

My daughter attended a social program, (where) she was shown and directed to massage violent male students...This was excused away in the complaints process, no one questioned this or supported my daughter's need for specialist counselling. She was manhandled by up to four adults, including males. She learnt about fear, failure, humiliation, isolation, violence, abuse – the list goes on – Parent.

Institutional context

Research also shows that the settings and institutions that are high-risk environments for abuse of children with disability to occur lack outside scrutiny and cluster vulnerable children together.¹⁷ This creates further barriers to recognising sexual abuse of children with disability and therefore needs to be a consideration when defining unmet need for advocacy, support and therapeutic treatment services.

Recommendation 1: Implementation of recommendation 25 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

The committee recommends that the Australian Bureau of Statistics ensures all of its surveys are inclusive of people with disability. The committee further recommends that the

¹⁶ Children with Disability Australia 2012, *Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 10, Skarbek 2009, *Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education*, p. 157.

¹⁷ S Robinson 2014, 'Preventing abuse of children and young people with disability under the National Disability Insurance Scheme: A brave new world?', *Australian Social Work*, p. 5.

Australian Government commits additional funding to ensure the triennial survey of Disability, Ageing and Carers and the Personal Safety Survey include the collection of data on the prevalence of violence, abuse and neglect against people with disability. This data should include the following information:

- *age;*
- *gender;*
- *type of disability;*
- *place of residence;*
- *cultural background; and*
- *whether the violence, abuse and neglect has been reported to an authority.*¹⁸

Recommendation 2: Implementation of recommendation 27 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

The committee recommends that the Department of Social Services publish data relating to the National Disability Abuse and Neglect Hotline on its website every six months. This data should include the following information:

- *age;*
- *gender;*
- *cultural background;*
- *type of disability;*
- *number of complaints;*
- *number of complaints resolved;*
- *timeliness of resolution; and*
- *systemic trends in relation to abuse and neglect.*¹⁹

Recommendation 3: Implementation of recommendation 28 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

*The committee recommends that the Australian Institute of Health and Welfare's annual report Child Protection in Australia should disaggregate data on the basis of disability.*²⁰

Recommendation 4: Implementation of recommendation 29 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

*The committee recommends that finalisation of the Child Protection National Minimum Data Sets should be prioritised as this additional data will be a useful addition to policy makers and service providers in this area.*²¹

Recommendation 5: Undertake a review of available education that teaches and reinforces the development of healthy and respectful relationships to determine availability and accessibility to

¹⁸ Senate Community Affairs References Committee 2015, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, p. 282.

¹⁹ *Ibid*, p. 282.

²⁰ *Ibid*, p. 283.

²¹ *Ibid*, p. 283.

children with disability. Where gaps are identified, consideration of options to ensure access to this education for children with disability if this is pursued as an option by families.

ACCESSING SUPPORT AND THERAPEUTIC TREATMENT SERVICES

CDA has developed an information booklet as part of its work relating to the Royal Commission.²² The booklet contains a list of national, state and territory support services to assist survivors in contacting the Royal Commission, counselling support services and children protection services. It includes services that are and are not funded through the Royal Commission.

Accessing therapeutic treatment services for children and young people with disability who have experienced sexual abuse is typically very problematic. In many areas services simply are not available. Often when services exist, providers often believe that they do not have relevant expertise and that people with disability, including children and young people, will be better served by attending a disability-specific service. These issues were reflected in the findings of the Senate Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*, who noted that:

*The committee received a great deal of lived experience evidence from witnesses. As part of this evidence, a clear picture emerged of the lack of appropriate recovery support and counselling services available to people with disability. In cases presented to this inquiry, people with disability were denied the services of mainstream counselling services, purely on the basis of service providers being unable to meet the needs of people with disability.*²³

A further issue forming a barrier to service delivery for children and young people is a lack of physically accessible services. For example, many mental health services, such as psychologists and counselling have inaccessible offices. Given the existing high demand and cost barriers to accessing these services, finding a physically accessible services can further limit supports available.

In order to ensure access to appropriate and timely advocacy, support and therapeutic treatment services, there is significant work that must occur to ensure that service delivery is more informed by the direct experiences of children with disability who have experienced sexual abuse. This needs occur through targeted research, direct consultation and systemic advocacy.

Service provision for people with disability across a range of areas can be either disability specific or mainstream. Segregation was the major service option for people with disability historically. While there has been a shift in recent decades towards mainstream or generic services, emphasising the rights of people with disability to inclusion and participation, the legacy of the historical context continues to inform certain areas of service delivery.

Children and young people with disability and their families are highly diverse and as such it is CDA's experience that people vary in their preference for disability specific or mainstream services. Critically, children and young people should be able to access services that suit their individual needs, preferences and circumstances. It should not simply be assumed that because a child has a disability, that a disability specific service is the most appropriate option. It is therefore important that a range of service and support options are available.

²² Available at <http://www.cda.org.au/royal-commission-resources>.

²³ Senate Community Affairs References Committee 2015, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, p. 277.

A further consideration relates to how disability is understood and contextualised by some therapeutic practitioners, as this will significantly impact how services are provided to children and young people with disability. Disability will generally be an important consideration in a child or young person's life but it is not necessarily the most significant factor relevant to providing services following child sexual abuse. The meaning, experience and impact of disability is different for every person. This should be reflected in initial intake, assessment and ongoing support and/or counselling provided. A comprehensive assessment should inform what additional expertise needs be sought to ensure the service response adequately meets the specific needs of the child or adult concerned.

There is often a tendency for 'disability awareness training' to be seen as the key way to support organisations to meet the needs of clients with disability. This can involve external, disability and often diagnosis-specific organisations entering a workforce to provide training. There is a need for caution regarding the potential of training of this sort to be tokenistic and limited in scope rather than fostering an inclusive culture. There is a clear need to examine how organisations can be supported to ensure flexibility in service provision to meet the individual needs of each client. This should be recognised as an important component of relevant qualifications and professional development of support workers and practitioners.

It is also important that services do not reflect negative attitudes about disability. This should aim to ensure that children with disability are able to access services on the same basis as all children, rather than being positioned as an added imposition for service providers.

There is a need to examine some of the assumptions about disability that exist in the clinical frameworks of therapeutic treatment services and models of support, such as psychology, child trauma, attachment and other theories. The language and clinical basis for these fields often reflects a deficit understanding of disability. For example, children with disability may be distinguished from 'normal' children or defined by the 'severity' of their disability. Language often reflects the medical model, which positions disability as an illness or something to be fixed. Continued use of the term 'mental retardation' or describing a child as having 'lower mental capabilities' are examples of this.²⁴

Recommendation 6: Implementation of recommendation 14 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

*(All) levels of government provide increased funding for support and counselling services. This should be to create specialist disability counselling services where required, as well as to mainstream organisations so they may meet the needs of people with disability.*²⁵

NATIONAL POLICY

The *National Framework for Protecting Australia's Children 2009-2020* is the first long-term national approach to ensuring the safety and wellbeing of Australia's children. The Framework operates through a series of three-year action plans that identify outcomes, strategies to achieve these outcomes to be undertaken and indicators to monitor success. Currently, the Third Action Plan for 2015-2018 is being developed. The National Framework outlines six supporting outcomes:

1. Children live in safe and supportive families and communities;

²⁴ B Fabienne et al. 2007, 'Attachment in toddlers with autism and other developmental disorders,' *Autism and developmental disorders*, Vol. 37, p. 1123, 1135.

²⁵ Ibid, p. 277.

2. Children and families access adequate support to promote safety and intervene early;
3. Risk factors for child abuse and neglect are addressed;
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing;
5. Indigenous children are supported and safe in their families and communities; and
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.²⁶

It is the view of CDA that at the outset there was minimal considerations of the specific vulnerabilities children with disability have to experiencing abuse and neglect. The second action plan identifies disability as a 'new priority' for the framework. It also defines some actions around disability that focus on interface with the NDS, the NDIS and out of home care.²⁷ However, there are minimal specific actions identified that relate to children with disability.

The sixth supporting outcome of the Framework relates to child sexual abuse and support services for survivors. There are no specific strategies contained in the first or second action plan of the Framework that address the specific needs of children with disability. It is of significant concern that despite their heightened vulnerability to abuse, children with disability are frequently excluded from policy considerations regarding child protection.

Recommendation 7: Inclusion in the Third Action Plan of the *National Framework for Protecting Australia's Children* of well-defined actions within each of the six supporting outcomes which specifically pertain to children with disability, including outcome six, "child sexual abuse and exploitation is prevented and survivors receive adequate support."

ACCESSING ADVOCACY SERVICES

CDA is frequently contacted by young people and families who are exasperated and frustrated due to the difficulty of locating information, individual advocacy or services when assistance is sought about a range of issues. In some jurisdictions, particularly regional or remote areas, there is simply no relevant individual advocacy services available to support children and young people with disability. Further, where services are available there are often restrictions regarding age, disability type or areas of support provision.

As previously discussed, there are significant barriers to reporting, recognising and responding to instances of sexual abuse of children with disability in institutional settings. This is further compounded for children with high communication and behaviour support needs. For this cohort in particular, there is a need for systemic advocacy to relay experiences and support needs, including for therapeutic treatment services.

These concerns were reflected in the findings of the Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*, which emphasised the importance of advocacy in supporting people with disability who have experienced violence, abuse and neglect.²⁸

²⁶ Council of Australian Governments 2009, *Protecting children is everybody's business: National framework for protecting Australia's children 2009-2020*, Commonwealth of Australia, Canberra.

²⁷ Council of Australian Governments 2012, *Protecting children is everybody's business: National framework for protecting Australia's children 2009-2020, Second three-year action plan 2012-2015*, Commonwealth of Australia, Canberra, p. 27.

²⁸ Senate Community Affairs References Committee 2015, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, p. 277.

Recommendation 8: Adequate resourcing of organisations to provide individual advocacy for children and young people with disability who have experienced abuse.

Recommendation 9: Adequate resourcing of disability advocacy organisations to provide ongoing systemic advocacy concerning experiences and protection of children with disability from abuse.

Recommendation 10: Implementation of recommendation 15 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

The committee recommends all levels of government acknowledge the vital role that formal and informal advocacy plays in addressing violence, abuse and neglect of people with disability, by considering:

- *increased training for people with disability to recognise violence, abuse and neglect so they can self-report;*
- *government service contracts to include provisions to enforce access to facilities for advocates, requirement for self-advocacy programs;*
- *further consideration of the Victorian Self Advocacy Resource Unit, with a view to roll out across other states and territories;*
- *funded advocacy programs to include training for informal advocates;*
- *States and Territories not to reduce advocacy funding with the rollout of the NDIS.²⁹*

Recommendation 11: Implementation of recommendation 16 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

The committee recommends the National Disability Advocacy Program implement the following recommendations:

- *significant investment to National Disability Advocacy Program funded advocates, to deliver equitable access and representation of issues and to match the increased demand for advocacy anticipated under the NDIS;*
- *undertake a review to ensure delivered advocacy is appropriately spread across service types and complaint types, to ensure the most vulnerable are receiving advocacy;*
- *increase funding for self-advocacy programs;*
- *ensure that current model of funding peak bodies does not inadvertently result in the closure of smaller specialist or local advocacy organisations.*
- *improved coordination between the National Disability Advocacy Program and the National Aged Care Advocacy Program.³⁰*

NATIONAL DISABILITY INSURANCE SCHEME

A further issue relates to the establishment of the National Disability Insurance Scheme (NDIS). The NDIS represents a significant shift from the previous model of providing block funding to disability services to providing portable and individualised funding packages, with a focus on enabling people

²⁹ Senate Community Affairs References Committee 2015, *Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability*, p. 277.

³⁰ *Ibid*, p. 277.

with disability to exercise choice and control in relation to supports received.³¹ The NDIS is not intended to fund services and supports that are provided through mainstream systems such as education, employment, health or child and family services.³²

To date the work around the NDIS interface with a range of other areas, such as health, education or children and family services, is not well advanced with a complex web of considerations across multiple jurisdictions. Addressing interface issues will involve defining clear roles and lines of responsibility, funding arrangements, present gaps in service provision and ensuring effective collaboration occurs.

It is therefore important that the role of the NDIS is carefully considered regarding the provision of advocacy, support and therapeutic interventions to people with disability who have experienced childhood sexual assault.

Recommendation 12: Development and establishment of the role of the NDIS in relation to the accessing of education regarding personal development and respectful relationships. Additionally the role of the NDIS needs to be defined regarding the provision of advocacy, support and therapeutic services for people who have experienced sexual abuse.

CHILDREN WITH DISABILITY AND JUVENILE JUSTICE

At present there is no national data on the number of children with disability who have contact with the juvenile justice system. Further, there is a wide disparity in results among smaller scale research on the prevalence of children with disability in juvenile detention.³³ Unrecognised disability, where children do not have a formal diagnosis or recognised support needs, is a critical barrier to accurate data. However, CDA would like to highlight juvenile justice as a potentially high risk area for children who have experienced sexual abuse (either prior to or within detention). This is an area that warrants further consideration and research, given the high vulnerability and potentially complex needs of this group.

Recommendation 13: Commissioning of national research regarding the experiences of children with disability in juvenile justice facilities and implications for policy and practice, including a focus on child sexual abuse.

CHILDREN WITH DISABILITY IN OUT OF HOME CARE

CDA would also like to highlight some concerns regarding children in out of home care. The term 'out of home care' is often used to refer to placements for children who have been subject to a child protection order, including home based care such as foster or kinship care, family group homes, independent living placements and residential care.³⁴ Children with disability are users of other types of out of home care that are not a result of a child protection intervention. Out of home disability services and supports are frequently accessed, including respite services. Out of home respite comprises a wide range of services that aim to support families and provide a break from caring. These services can be more formal, such as day or overnight respite centres or day outings with respite workers. Out of home respite can also involve less formal and voluntary out of home care.

³¹ *National Disability Insurance Scheme Act 2013 (Cth)*, section 2(3).

³² *Ibid*, section 34(f).

³³ L Haysom et al. 2014, 'Intellectual disability in young people in custody in New South Wales, Australia – prevalence and markers,' *Journal of intellectual disability research*, Vol. 58, No. 11, p. 1005.

³⁴ Australian Institute of Health and Welfare 2015, *Child protection Australia 2013-2014*, Canberra, p. 48.

Children with disability are believed to be overrepresented in out of home care placements that result from child protection interventions despite there being no official national data. For example, the Victorian Equal Opportunity and Human Rights Commission found that in June 2011, of 4,064 children in out of home care in Victoria, 579 or 14% had a disability.³⁵ This is almost double the prevalence rate of children with disability in the total Australian population (7.3%).³⁶ The same research suggests that children with disability are more likely to be in residential care than children without disability in the out of home care system.³⁷ The Victorian Commission for Children and Young People recently published a report detailing widespread experiences of sexual abuse, often peer-to-peer abuse, experienced by children in out of home care, many of whom were children with disability.³⁸ However, it is important to note that this report contains minimal focus on the specific needs of children with disability. It is important that the needs of children with disability in out of home care are considered by the Royal Commission, with strategies developed to implement appropriate safeguards and ensure access to support and therapeutic treatment services if needed.

Recommendation 14: Targeting of advocacy, support and therapeutic treatment services to children who have experienced sexual abuse in out of home care, including children with disability.

CONSIDERATIONS FOR CHILDREN WITH DISABILITY LIVING IN REGIONAL AND REMOTE AREAS

Children and young people with disability and families living in regional, rural and remote areas face chronic shortages regarding access to services. Issues of distance and cost can limit access to a number of essential services, such as disability services and supports. In terms of support and therapeutic treatment services for children who have been sexually abused, a lack of qualified staff such as psychologists creates significant service gaps. It has been reported to CDA that services are reliant on workers being multi-skilled. Further, a lack of clear information can make it difficult to locate services if they do exist. This is reflected in the following experience of CDA:

CDA was contacted by the parent of a young man with intellectual disability from a small town in regional Australia. He had experienced sexual abuse while at school and required some assistance in locating a counselling service. CDA was required to make a number of telephone inquiries to ascertain the geographic coverage and age range of services, as this information was not easily available online. Two services were presented as options to the young man and his family, however these were difficult to locate.

A further consideration relates to use of technology to increase access to services in regional and remote areas. While technology provides opportunities to deliver services in regional and remote areas through Skype or other programs, internet access can also be extremely limited and costly. Certain areas do not have access to the high speed broadband that would facilitate these certain services being delivered online. Further, while large scale infrastructure projects such as the National

³⁵ Victorian Equal Opportunity and Human Rights Commission 2012, *Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria*, Carlton, p. 7.

³⁶ Australian Bureau of Statistics 2012, *Disability, Ageing and Carers, Australia: Summary of Findings, 2012*, Commonwealth of Australia, Canberra.

³⁷ Victorian Equal Opportunity and Human Rights Commission 2012, *Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria*, p. 7.

³⁸ Commission for Children and Young People 2015, *"...As a good parent would...": Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care*, Melbourne.

Broadband Network are being undertaken, high quality coverage is still far from reality in many places.

Recommendation 15: Review of advocacy, support and therapeutic treatment services available of children and young people with disability living in regional and remote areas to identify areas of unmet need.

Recommendation 16: Consideration of increased resourcing, linkages with the communications and information technology sector to assist in increasing availability and accessibility of advocacy, support and therapeutic treatment services in regional and remote areas.

CONCLUSION

Children with disability are a highly vulnerable group where sexual abuse is concerned and experience significant barriers to having sexual abuse recognised. However, in cases where sexual abuse has been identified and there is a need for advocacy, support and therapeutic treatment services, a range of issues serve to inhibit access to these services. It is therefore critical to ensure a range of services are available that can meet the needs and preferences of children with disability and families. This will require a significant expansion of existing and new services and ensuring that practitioners, support workers and advocates are equipped with the information, support and evidence-base to support children and young people with disability.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: Implementation of recommendation 25 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

The committee recommends that the Australian Bureau of Statistics ensures all of its surveys are inclusive of people with disability. The committee further recommends that the Australian Government commits additional funding to ensure the triennial survey of Disability, Ageing and Carers and the Personal Safety Survey include the collection of data on the prevalence of violence, abuse and neglect against people with disability. This data should include the following information:

- *age;*
- *gender;*
- *type of disability;*
- *place of residence;*
- *cultural background; and*
- *whether the violence, abuse and neglect has been reported to an authority.*

Recommendation 2: Implementation of recommendation 27 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings*:

The committee recommends that the Department of Social Services publish data relating to the National Disability Abuse and Neglect Hotline on its website every six months. This data should include the following information:

- *age;*
- *gender;*
- *cultural background;*

- *type of disability;*
- *number of complaints;*
- *number of complaints resolved;*
- *timeliness of resolution; and*
- *systemic trends in relation to abuse and neglect.*

Recommendation 3: Implementation of recommendation 28 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

The committee recommends that the Australian Institute of Health and Welfare's annual report Child Protection in Australia should disaggregate data on the basis of disability.

Recommendation 4: Implementation of recommendation 29 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

The committee recommends that finalisation of the Child Protection National Minimum Data Sets should be prioritised as this additional data will be a useful addition to policy makers and service providers in this area.

Recommendation 5: Undertake a review of available education that teaches and reinforces the development of healthy and respectful relationships to determine availability and accessibility to children with disability. Where gaps are identified, consideration of options to ensure access to this education for children with disability if this is pursued as an option by families.

Recommendation 6: Implementation of recommendation 14 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

(All) levels of government provide increased funding for support and counselling services. This should be to create specialist disability counselling services where required, as well as to mainstream organisations so they may meet the needs of people with disability.

Recommendation 7: Inclusion in the Third Action Plan of the *National Framework for Protecting Australia's Children* of well-defined actions within each of the six supporting outcomes which specifically pertain to children with disability, including outcome six, "child sexual abuse and exploitation is prevented and survivors receive adequate support."

Recommendation 8: Adequate resourcing of organisations to provide individual advocacy for children and young people with disability who have experienced abuse.

Recommendation 9: Adequate resourcing of disability advocacy organisations to provide ongoing systemic advocacy concerning experiences and protection of children with disability from abuse.

Recommendation 10: Implementation of recommendation 15 of the final report of the Senate Community Affairs References Committee Inquiry into *Violence, abuse and neglect against people with disability in institutional and residential settings:*

The committee recommends all levels of government acknowledge the vital role that formal and informal advocacy plays in addressing violence, abuse and neglect of people with disability, by considering:

- *increased training for people with disability to recognise violence, abuse and neglect so they can self-report;*
- *government service contracts to include provisions to enforce access to facilities for advocates, requirement for self-advocacy programs;*
- *further consideration of the Victorian Self Advocacy Resource Unit, with a view to roll out across other states and territories;*
- *funded advocacy programs to include training for informal advocates;*
- *States and Territories not to reduce advocacy funding with the rollout of the NDIS.*

Recommendation 11: Implementation of recommendation 16 of the final report of the Senate Community Affairs References Committee Inquiry into Violence, abuse and neglect against people with disability in institutional and residential settings:

The committee recommends the National Disability Advocacy Program implement the following recommendations:

- *significant investment to National Disability Advocacy Program funded advocates, to deliver equitable access and representation of issues and to match the increased demand for advocacy anticipated under the NDIS;*
- *undertake a review to ensure delivered advocacy is appropriately spread across service types and complaint types, to ensure the most vulnerable are receiving advocacy;*
- *increase funding for self-advocacy programs;*
- *ensure that current model of funding peak bodies does not inadvertently result in the closure of smaller specialist or local advocacy organisations.*
- *improved coordination between the National Disability Advocacy Program and the National Aged Care Advocacy Program.*

Recommendation 12: Development and establishment of the role of the NDIS in relation to the accessing of education regarding personal development and respectful relationships. Additionally the role of the NDIS needs to be defined regarding the provision of advocacy, support and therapeutic services for people who have experienced sexual abuse.

Recommendation 13: Commissioning of national research regarding the experiences of children with disability in juvenile justice facilities and implications for policy and practice, including a focus on child sexual abuse.

Recommendation 14: Targeting of advocacy, support and therapeutic treatment services to children who have experienced sexual abuse in out of home care, including children with disability.

Recommendation 15: Review of advocacy, support and therapeutic treatment services available of children and young people with disability living in regional and remote areas to identify areas of unmet need.

Recommendation 16: Consideration of increased resourcing, linkages with the communications and information technology sector to assist in increasing availability and accessibility of advocacy, support and therapeutic treatment services in regional and remote areas.

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