

SECCA's Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

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Table of Contents

Table of Contents	2
Introduction	3
About SECCA	3
This submission presents:.....	4
We make the case for:.....	4
Response Framework	5
1. Human Rights.....	5
2. Intersectionality	6
Illustration 1: A SECCA Client's Story	8
Summary of Recommendations.....	9
Disability Royal Commission Goal One: Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.....	9
Disability Royal Commission Goal Two: Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability.....	9
Disability Royal Commission Goal Three: Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.	9
Recommendations	11
DRC Goal One: Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.	11
1.1 Provide mandatory comprehensive, Relationship and Sexuality Education for all school children, ensuring an appropriate delivery for those with disability.	11
1.2 Provide access to on-going RSE and PBE to adults with disability, across their lifespan.	16
1.3 Create long term, secure funding for the provision of Protective Behaviours Education, including training for service providers, to protect the rights of vulnerable people with disability.	18
Illustration 2: SECCA and Specialist Training and Support for Key Workers and Parents.....	19
1.4 Create long term, secure funding for industry sector training and education in understanding the rights of people with disability (including to NDIS planners and teachers).	20
DRC Goal Two: Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability.	21
2.1 Fund targeted programs that reduce interaction with the Criminal Justice System for vulnerable people with disability.	21
2.2 Ensure people with disability have the same access to crisis and other counselling services, and psychosocial education that benefit other Australians.....	24
2.3 Attune to gender differences and higher risk for women and LGBTI people with disability.	26
Illustration 3: SECCA's work with mainstream and disability services	28
DRC Goal Three: Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.....	29
3.1 Ensure people with disability have the same right to privacy as people without disability.....	29
3.2 Respond to the complex needs of vulnerable people with disability by allowing greater flexibility in their NDIS plans.	30
3.3 Identify systemic gaps not covered by the NDIS and clearly delineate States and Federal governments' responsibilities to ensure these gaps are addressed.	31
Illustration 4: SECCA and Restrictive Practices	31
Illustration 5: SECCA and the NDIS	32

Introduction

Thank you for receiving this response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC), and for the important work you are doing.

About SECCA

SECCA is a non-profit specialist therapeutic and education service for people with disability who need support in relation to their relationships and sexuality. Through a rights-based and trauma-informed framework, we deliver individual counselling for people with disability, and assist them to learn strategies and skills for safe and healthy decisions regarding sexual expression and behaviour. We also offer consultancy, training and education for their significant carers and families, teachers, and others in the disability sector.

Sexuality is vital to human connection and relationships, and SECCA has developed unique resources to help clients and significant carers better understand all aspects of sexuality and relationships along the life span. This includes protective behaviours, to promote life-enriching rather than life-depleting experiences. A person's understanding of their own sexuality and appropriate ways to express that is critical to their ability to form healthy relationships and integrate positively into the wider society.

SECCA works to promote sexual health as defined by the World Health Organisation¹:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

SECCA has been operating from its Perth base for nearly 30 years. Its staff are trained psychotherapists, sexologists, social workers and educators with a rare expertise in both disability and sexuality.

People with disability are among the most vulnerable people in Australia. We face, everyday, individuals who have experienced violence, abuse, neglect and/or exploitation. SECCA staff work to support clients' recovery and healing, build their capacity for self-determination and strengthen their resilience for their long-term wellbeing.

Supporting people with disability in the area of relationship and sexuality is inevitably complex, set against a history of social exclusion, abuse and lower rates of education in this area. It is critical that those supporting people with disability are also educated in this aspect of a persons being, and feel equipped to respond appropriately. Working closely with teachers, carers, and industry professionals (like occupational and behavioural therapists), we strive to build capacity across the sector to support people in this fundamental aspect of life.

While Australia's human-rights based disability strategies commit to equal rights in education, social and justice services, this commitment has not been realised. The NDIS, while positive in intent, has burdened individuals and service providers with onerous administration that reduces access to services, and exposes vulnerable individuals to multiple parties in a way that would never be acceptable for people without a disability.

¹ https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

We appreciate the opportunity to contribute to this Royal Commission, following our submission to the Joint Parliamentary Standing Committee on the National Disability Insurance Scheme.

This submission presents:

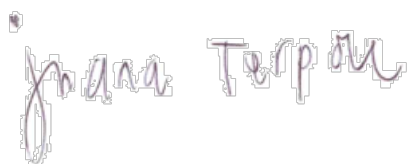
- **Response Framework:** Review of the framework that dictates the experiences of people with disability: human rights and intersectionality.
- **Illustrative examples from SECCA staff:** to demonstrate the systemic patterns of abuse and exploitation.
- **Recommendations for change:** hinged on the three investigative goals of the DRC:
 - Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.
 - Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability.
 - Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

Within this structure, we endeavour to share SECCA's learnings of why people with disability remain so vulnerable to abuse and exploitation, the systemic forces at play, and recommendations for positive change.

We make the case for:

- **Comprehensive Relationship and Sexuality Education and Protective Behaviours Education** for people with disability, and training in this area for their teachers and significant carers (including in regional and remote areas, and ATSI and CaLD communities);
- **Specialist disability and sexuality services with secure funding** to ensure people with disability have appropriate support following sexual violence, abuse, neglect or exploitation;
- **A review of actions needed to address people with disability's over-representation in the Criminal Justice System** including education for individuals and law enforcement officers, and a reflection on associated issues and risks around human rights, family break-down, incarceration and reoffending, and economic costs.

We look forward to positive outcomes for people with disability, aligned with their human rights and our Governments' commitments to them as equal members of a rich and diverse society.



Juana Terpou
Manager, SECCA

Key terms:

RSE: Relationships and Sexuality Education PBE: Protective Behaviours Education

Response Framework

1. Human Rights

Sexuality is an inherent part of being human. All people are born sexual beings. Relationships and sexuality education curriculum exist globally to support the developing sexual self and its appropriate expression in relation to others. The United Nations' Convention on the Rights of Persons with Disability (CRPD)² recognises this, stating:

“Persons with disabilities, on an equal basis with others, must be provided with age-appropriate, comprehensive and inclusive sexuality education, based on scientific evidence and human rights standards, and in accessible formats.”

In ratifying the CRPD, Australia's National Disability Strategy 2010-2020³ agrees to support its guiding principles in which relationships and sexuality education is enshrined, including:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- Non-discrimination; and
- Full and effective participation and inclusion in society. (Article 3)

As the Council of Australian Governments Disability Reform Council considers the ongoing National Disability Strategy and its compliance with the CRPD, it must consider the importance of **mandatory early-start and ongoing relationships and sexuality education** as a critical pathway to safer, richer lives for people with disability and those around them.

Similarly, in SECCA's home state, the Western Australian Government's four 'Pillars for Change' identified in its 2019 Disability Strategy Outcomes Discussion Paper⁴ (being Rights and Equality; Inclusive Communities; Participate and Contribute; Living Well) can only be truly achieved through ongoing education and a revision of systems that currently put administration before service.

Relationships and Sexuality Education (RSE)

RSE is a human-right that is often not afforded to people with disability due to discrete views, or myths and misunderstandings that this population is infantile or asexual and hence the teaching is unwarranted, that they would be undesirable as a partner, or that to teach them would encourage inappropriate sexual behaviours or further their vulnerability.⁵ Everyone will learn RSE informally or formally, with often unhealthy personal or societal consequences where formal education is lacking, especially for people who are unable to absorb social cues and peer informed learning. It is essential that education is delivered to everyone in a way that makes sense to them, and that significant carers and teachers of people with disability are also taught how to support on-going learning. Evidence based RSE builds self-esteem and better decision making, and protective behaviours education (PBE) compounds this to build individual capacity and reduced risk of abuse and exploitation.

² <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html>

³ <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>

⁴ <https://www.communities.wa.gov.au/media/2189/state-disability-strategy-consultation-outcomes-pdf.pdf>

⁵ <https://www.tandfonline.com/doi/pdf/10.1080/09688080.2017.1336375>

Accessibility to RSE is often compromised by the personal values and attitudes of support staff and NDIS planners who have the power to determine whether an individual can access a service that focusses on sexuality issues. At times staff and planner's personal views can override the needs of the individual. These same prohibitive forces come into play across the system, for example where decisions are made regarding funding for social services, or aging parents suppress RSE or romantic relationships for adult children (often where legal guardianship orders are not present.)

The teaching of comprehensive RSE (curriculum based) is uniformly shown in research around the world to be a vital aspect of developing a person's health, well-being and dignity, empowering them to develop respectful social and sexual relationships⁶, and that includes someone who happens to have a disability.

Skills training

For many people across Australian society, talking about sexuality and relationships is difficult. It may be due to their own lack of formal education, personal carriage of shame or trauma, religious or cultural reasons, or as classroom educators poor training, resources, time and confidence.^{7 8} Many teachers are expected to deliver RSE in mainstream classroom without adequate training and support. With the added complexity of educating people with disability, a chasm opens.

Ensuring clinicians, carers and educators are equipped to deliver RSE to people with disability in a way that makes sense to them is a specialist skill that requires specialist training. Ensuring our vulnerable children and young adults receive this education in an appropriate way (that meets their learning style and regards their intellectual capacity vis a vis their biological development) must come at the forefront of change for their inclusion, empowerment and protection. It is a critical stepping stone to combatting abuse and ensuring real quality of life.

2. Intersectionality

"A typical SECCA client has experienced institutional care, has limited education, a lack of family support, engagement with the Office of the Public Advocate, child protection services, and a history of sexual abuse or neglect. There is common co-morbidity with mental health issues, and we are seeing an increasing rate of suicidal ideation."

Juana Terpou, SECCA Manager

Many of SECCA's clients have complex needs. As well as their disability they may be dealing with mental health issues including suicidal ideation; involvement with police and the criminal justice system; insecure housing and homelessness; family violence and breakdown or lack of family support; out of care issues and engagement with the child protection system.

As such, SECCA's services intersect with those of the departments of Justice, Education, Disability, Health/Mental Health, Housing and Child Protection services. Mainstream services are neither experienced nor well equipped to respond to the specific needs of people with disability; staff are not generally trained in working with people with disability, and referrals are regularly made to specialist organisations like SECCA.

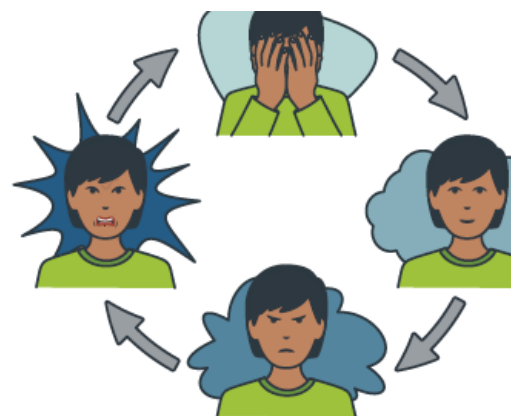
⁶ <https://en.unesco.org/news/why-comprehensive-sexuality-education-important>

⁷ https://www.latrobe.edu.au/__data/assets/pdf_file/0019/148060/Sexual-Education-in-Australia-2011.pdf

⁸ <https://link.springer.com/article/10.1007/s11195-008-9081-0>



Effects of Sexual Violence



→ Sexual Violence

Costs the Australian economy more than \$20 billion a year ¹

→ Domestic Violence

One woman a week is killed by domestic violence in Australia ²

→ Rape and Sexual Assault

Girls between 10 and 14 comprise the greatest portion of survivors of sexual assault ³

→ Child Abuse

1 in 3 children are the victims of child abuse in Australia ⁴

→ Sexual Harassment and Stalking

19% of women and 8% of men have experienced an episode of stalking ⁵

→ Homelessness

Family and domestic violence is the major cause of homelessness ⁶

→ Mental Health Issues

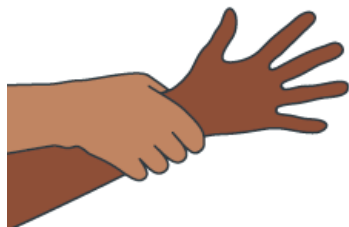
Mental health issues consistently associated with sexual abuse include Post Traumatic Stress Disorder, Substance Abuse, Anxiety, Suicide, and Psychotic Disorders ⁷

→ Incarceration Rates

A survey of women in prisons found that 95% had experienced abuse prior to imprisonment. The majority experienced this abuse in childhood and 37% before the age of 5 ⁸

→ Emotional Abuse and Bullying

25% of women and 14% of men have experienced emotional abuse by a partner since the age of 15 ⁹



1. [https://www.ourwatch.org.au/News-media/Latest-news/Violence-against-women-costing-Australia-\\$21-7-bil?feed=LatestNewsFeed](https://www.ourwatch.org.au/News-media/Latest-news/Violence-against-women-costing-Australia-$21-7-bil?feed=LatestNewsFeed)
2. <http://www.domesticviolence.com.au/pages/domestic-violence-statistics.php>
3. <https://westcasa.org.au/resources/statistics-about-sexual-assault/>
4. <http://www.aic.gov.au/publications/current%20series/tandi/421-440/tandi440.html>
5. http://www.casa.org.au/casa_pdf.php?document=statistics
6. <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018/contents/summary>
7. <https://aifs.gov.au/cfca/publications/long-term-effects-child-sexual-abuse/impact-child-sexual-abuse-mental-health>
8. http://www.casa.org.au/casa_pdf.php?document=statistics
9. <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4102.0main+features602014>

Illustration 1: A SECCA Client's Story

Toby is an 18-year-old man with Autism Spectrum Disorder and an Intellectual Disability. He has suspected Foetal Alcohol Syndrome Disorder, Attention Deficit Hyperactivity Disorder and epilepsy. His biological family has a history of domestic and sexual abuse, and as a result, he has been in and out of the child protection system since he was 5 years old.

Like many people with a traumatic history, Toby is known to the justice system primarily for absconding and stealing a bike. At 16 he was sentenced to juvenile detention for charges relating to 'sexting' inappropriate images on social media. He was then transferred to an adult prison when he turned 18. Although Toby maintains his 'girlfriend' pressured him to take them now a registered sex offender.

After his release Toby stayed with a distant relative but this arrangement was short-lived as his relative did not want him there and made him feel unwelcome. He survived by 'couch surfing' until new regulations around COVID-19 and social distancing have forced him to spend nights on the streets. Toby doesn't understand COVID-19 and the new regulations. Toby's disability affects his impulse control and decision-making capability. He has no family support and as a result is vulnerable to victimisation, exploitation, negative peer pressure and being led to take part in antisocial conduct.

Toby is isolated and lonely so he will seek out company and a place to stay wherever he can find it. He does not understand the risks associated with this, particularly in the context of a pandemic. Without stable accommodation and supported funding, Toby is likely to 'stay' with anyone; risking both his personal safety and the reporting conditions of his parole. His level of stress has escalated to the point he is presenting at SECCA with suicidal ideation.

People like Toby are at very high risk of reoffending. However, with access to support and secure accommodation, they can share the same opportunities as other Australians to live as independently as possible. These are basic human rights for people with disabilities under the NDIS.

Summary of Recommendations

Disability Royal Commission Goal One:

Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.

- 1.1 Provide mandatory comprehensive, Relationship and Sexuality Education for all school children, ensuring an appropriate delivery for those with disability.
- 1.2 Provide access to on-going RSE and PBE to older people with disability across the lifespan.
- 1.3 Create long term, secure funding for the provision of Protective Behaviours Education, including training for service providers, to protect the rights of vulnerable people with disability.
- 1.4 Create long term, secure funding for appropriate training and education in understanding the rights of people with disability, for all those working with people with disability (including NDIS planners and teacher).

Disability Royal Commission Goal Two:

Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability.

- 2.1 Fund targeted programs that reduce interaction with the Criminal Justice System for vulnerable people with disability.
- 2.2 Ensure people with disability have the same access to crisis and other counselling services, and psychosocial education opportunities that benefit other Australians.
- 2.3 Attune to gender differences and the higher risk faced by women with disability and factor this in to future programs.

Disability Royal Commission Goal Three:

Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

- 3.1 Ensure people with disability have the same right to privacy as people without disability.
- 3.2 Respond to the complex needs of vulnerable people with disability by allowing greater flexibility in their NDIS plans.
- 3.3 Identify systemic gaps not covered by the NDIS and clearly delineate both the State and Federal governments' responsibilities to ensure these gaps are addressed.

SECCA's prevention model vs crisis intervention

How SECCA's services can help to reduce the incidence of abuse and the number of people with disability ending up in correctional facilities.



Recommendations

DRC Goal One:

Preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation.

1.1 Provide mandatory comprehensive, Relationship and Sexuality Education for all school children, ensuring an appropriate delivery for those with disability.

Relationships and sexuality education (RSE) is a basic human right, providing children and young people with the information they need to understand their identity, their bodies and feelings, and themselves in relation to others.

SECCA knows, through 30 years of experience in therapy, education and research, that teaching people about relationships and sexuality reduces sexual violence, sexual assault and domestic violence. Research supports this assertion⁹, the CPRD recognises the role comprehensive RSE has in developing life-enriching experiences stating all children are entitled to RSE in a way that makes sense to them.¹⁰ Other leading global bodies have identified education as a critical strategy to combatting violence and abuse, including adverse childhood experiences¹¹ and sexual violence.¹²

Global research shows that comprehensive RSE improves self-esteem, reduces rates of unwanted pregnancies and unsafe abortions, prevents STIs, reduces risk-taking behaviour among people who are sexually active, delays sex among young people, increases condom and contraceptive use among sexually active people, and provides skills to deal with life's challenges.^{13 14}

While Australia has world class RSE curricula it is often not delivered in full to mainstream classes, and often not at all to people with disability. On-going developmentally appropriate education around sexuality, consent and respect, boundaries, resilience, peer pressure, un/healthy relationships and identity is critical to everyone's success in life. For people with disability who are not privy to the informal learning opportunities of mainstream children, this education is absolute critical. It is the foundation for good decision making, healthy relationships, understanding people's rights, and staying safe, on and off-line. Where a person with disability experiences difficulties, it is often related to aspects of RSE (as defined by GDHR¹⁵, see graphic next page).

"The best way to reduce the number of children and young people who experience abuse and neglect is to strengthen the abilities of families and communities to care for their children and young people. This requires a much greater focus on prevention and early intervention activities – not only in the early years but at critical points in people's lives." National Framework for Protecting Australia's Children 2009–2020

⁹ <https://theconversation.com/want-to-prevent-sexual-harassment-and-assault-start-by-teaching-kids-85879>

¹⁰ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html>

¹¹ <https://www.cdc.gov/violenceprevention/acestudy/prevention.html>

¹² <https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>

¹³ UNESCO. 2018. International Technical Guidance on Sexuality Education

¹⁴ <https://gdhr.wa.gov.au/guides/teaching-sre>

¹⁵ <https://gdhr.wa.gov.au/guides/teaching-sre>

Protective Behaviour Education (PBE)

Inherent in RSE is PBE. This teaches children from a young age about body ownership, and private and public behaviour. This education builds capacity for self-determination, the ability to make safe choices, and to speak up when something does not feel safe. It is a critical aspect of RSE to reduce the risk of abuse and exploitation.

GDHR: Relationships and Sexuality Education Framework



Understanding the barriers for people with disability to access RSE

- Comprehensive delivery of RSE in schools is dependant on the values and/or capacity of the school or individual teacher, and its priorities and those of its stakeholders.
- Teachers and parents are not adequately trained or supported to deliver RSE. The content relies on specialist knowledge and familiarity, and the style of delivery is very different for people with disability. Teaching needs to be very specific to the individual, often involving repetition, modelling, reminders, and generalising away from the learning environment (i.e how the behaviour would look in the real world). Specific tools and methods are required such as visual learning, specific teaching aids, video modelling, and consistent delivery in

different environments (requiring collaboration with others in the individual's support network).

- Children with a disability are often excluded from the RSE class, the subject considered irrelevant as they are perceived as infantile, non-sexual beings, or people who will never have an intimate relationship. This talks to both the ignorance around people with disability (all humans are sexual beings) and a traditional view of RSE that reverts to basic reproduction (in direct contrast to Australia's recommended rich curriculum).
- Where people with disability are included, they report not understanding the material as it does not meet their learning style. (This is different in Education Support settings where special educational needs are being addressed, although other barriers still apply.)
- Children with a disability may have alternate classes or therapy sessions scheduled at the time of the RSE class as this is deemed least important. Similarly, teenagers may miss high school RSE because it is delivered on the day they attend work placement.
- Many teachers attending SECCA workshops disclose they are uncomfortable with addressing aspects of RSE as they do not have a comfort with the language, they fear they will 'get it wrong', or it is too hard working with the family whose religious standards prohibit others talking about sexual issues.
- The school itself, or colleagues, may have competing priorities and without team support RSE can be glossed over.
- There is a misunderstanding that RSE for children will 'put ideas into their head' and drive them to experiment and get into trouble, a myth that is magnified when considering people with disability. This contradicts extensive research which supports the value of RSE in reducing risky sexual behaviour and driving healthy intimate relationships through informed decision making and knowledge.¹⁶

"Access to RSE is often dependent on a family's or teacher's personal attitude to the subject - we can be informed by our own shame, trauma, lack of education and comfort with the topic, or religious or cultural beliefs. Add disability to the mix, and people are falling through the cracks, leading to exploitation, abuse, low self-esteem, disease, isolation, loneliness, really unsafe behaviours, and engagement with the criminal justice system."
Counsellor and Educator, SECCA

- The broader relationship and social skills aspect of RSE that is included in today's mainstream RSE curriculum is generally missing from the education received by people with disability, which focusses on protective behaviours. This leaves them bereft of understanding of puberty, healthy relationships and protocols of dating for example, leaving them highly vulnerable to peers and predators as they begin to explore their sexuality.¹⁷
- Educators are generally not trained to deliver RSE or PBE, they defer to others or put it off until it suits them, rather than attending to the needs of the child. They can be over-protective (worried about 'opening a can of worms') without this specialised knowledge.

¹⁶ <https://www.tandfonline.com/doi/full/10.1080/14681811.2017.1301904>

¹⁷ <https://researchdirect.westernsydney.edu.au/islandora/object/uws:37747>

- Education must be on-going and cannot be relegated to one session per term. Specific goals around PBE need careful attention and reinforcement for people with disability who live with constant risk and vulnerability.
- Teachers of people with disability need to work with parents/carers in relation to RSE, for it to be effective. Strategies need to be generalised away from the classroom and consistency and repetition are essential components for learning. This process fails if either party is non-committal, mis-informed about the need, or unable to deliver the work required for any reason.
- Cultural or religious values can dictate who the family allows to provide certain information (if at all), or each party can assume the other is taking care of the teaching around a certain issue, allowing it often to fall through the gaps.
- Parents are generally not confident in their abilities to deliver RSE at home, lacking knowledge and language from their own upbringing, lacking formal training or education opportunities while parenting, or subject to their own shame and trauma which makes the topic prohibitive for them. Lacking evidence based information, they believe cultural myths that talking about sex will encourage the activity, and are uncertain about when to talk about specific topics. Parents of children with disability can also infantilise their child and be over protective, believing RSE is not necessary for them.

Pornography as a key concern

The rise in pornography use by children is now showing in research to negatively impact the way young people relate to each other sexually, and impact their self-esteem and body image. This is compounded for people with disability who lack formal RSE and turn to porn for sexuality education. SECCA is seeing increasing numbers of teenagers and young adults who are compulsively engaging with porn for sexual knowledge, distraction from the impossible demands of the real world, to fulfil unmet emotional needs, as a result of past sexual trauma, or to indulge cartoonish fantasy which appeals to an intellectual age.

Further, without education, individuals with young intellectual ages can easily be led to porn featuring real children without understanding the implications. They find themselves unwittingly in the criminal justice system. This has serious and long term implications for individuals and families, and places a huge burden on the system. It also entrenches discrimination of people with disability. By providing comprehensive RSE and early intervention support services for people with neurodevelopment conditions and intellectual disability, the problem could be largely prevented.

Preventative early intervention RSE should be identified and delivered as a fundamental right and key support for all children and young people of **all abilities**. This was asserted in a key recommendation (6.2) from the Royal Commission into Institutional Responses to Child Sexual Abuse, which called for:

- Prevention education for children and for parents;
- Online safety education for children and for parents;
- Social marketing campaigns to educate and raise community awareness; and
- Information and help-seeking services for members of the community concerned about abuse.

People with disability, who are at most risk of abuse and exploitation and therefore need RSE as a priority, are the ones least likely to receive it.

Tom

Tom* is a 16-year-old boy with autism and ADHD. Tom was referred to SECCA by his carers as he has been having issues with online addiction and antisocial behaviour related to his growing sexuality.

It is not Tom's fault that his understanding of what is appropriate sexual behaviour is unclear. Like many boys, Tom accesses and uses pornography, which he stumbled on by accident when he was 13. Nearly half of children between the ages of 9-16 experience regular exposure to sexual images¹, and the issues this raises are amplified for young people on the autism spectrum.

In particular, Tom is drawn to Hentai, or animated pornography, as it feels like an escape from reality. Young people on the spectrum are particularly vulnerable to Hentai as it blurs the line between reality and fantasy, and often portrays childlike characters they relate to engaging in sexual activities. The sex portrayed in Hentai frequently features dubious or no consent, distortedly large sexual body parts and illegal acts such as incest and bestiality.²

Like many people on the autism spectrum Tom is a highly visual learner, and unfortunately this means most of his information about sex and sexuality is coming from the pornography he watches. This is particularly dangerous for Tom, who already struggles with intimacy, discerning emotions in others and reading social cues.

When he has sex with his girlfriend, he tries to recreate what he has seen in pornography, without feeling intimate or engaged with his partner. He doesn't wear a condom because he never sees one used in the pornography he watches.

Tom's use of pornography is causing problems in his foster home, as he uses a shared computer to access and hoard graphic videos and images. Google's algorithms feed his addiction, providing a never-ending supply of increasingly extreme online pornography. His carers support his right to have a relationship, but are very concerned by some of the things he talks about, and Tom's ability to work around the computer's child-protection filters.

1. <https://aifs.gov.au/publications/effects-pornography-children-and-young-people-snapshot>
2. <https://www.psychologytoday.com/au/blog/minority-report/202007/why-millennials-love-anime-and-hentai-pornography>

* For confidentiality, real names have not been used.



Solution

Tom's referral to SECCA has drastically improved the relationships he has with his carers, girlfriend and fellow residents.

He works regularly with a SECCA counsellor to address his pornography compulsion, and is learning about the elements of a healthy relationship, and the importance of safety and consent during sexual activity. He is learning that sex can be so much more than what he sees in pornography. SECCA staff are also helping educate Tom's carers around how they can support his natural sexual needs while keeping everyone safe and supported when responding to his antisocial sexual behaviour.

Without accessible relationships and sexuality education, people like Tom are at risk of hurting themselves and others. Some may have committed crimes without knowing, while others long for connection but lack the skills and knowledge to pursue intimate relationships. SECCA provides an important service for individuals and their carers who need help navigating these and other relationships and sexuality concerns.

1.2 Provide access to on-going RSE and PBE to adults with disability, across their lifespan.

Understanding that most people with disability have not traditionally received RSE, and considering their unique learning styles, there is a great need for on-going education and support across their life span.

Like most people, they are seeking to build friendships, find an intimate connection, explore their identity, understand their feelings and values. Many have the same questions about their sexuality and feelings as the general population, and for many, a lack of ongoing education and support leads to heightened vulnerability.

We know that people with disabilities are 11 times more likely to be victims of sexual assault.¹⁸ Usually, it is only after abuse or another traumatic incident that individuals and their support network will realise the importance of sexuality education. This often combines with counselling in an attempt to aid recovery and prevent further exploitation. These events and associated challenges can have devastating consequences for vulnerable individuals and their families. In many instances, delayed or inadequate provision of supports and limited availability of services significantly compromise an individual's ability to achieve their chosen life goals. It also leads to infringements on an individual's human rights.

Families and carers often approach SECCA for support with challenging sexualised behaviours in their child/client that would have been averted with prior education. The work now becomes about 'unlearning' in order to learn. Of note:

- PBE is often reactionary once inappropriate behaviours are observed. These behaviours are often concurrent with the onset of puberty, which in lieu of proactive RSE arrives without notification or comprehension. Behaviours which would receive a reprimand for a non-disabled person may receive a panicked or punitive response by families, carers and teachers. This can result in natural developmental behaviour being 'shut down' or shamed, resulting in unhealthy, inappropriate or criminal manifestations later.
- Education must be on-going and commensurate with an individual's current life stage. For example, when someone moves into a group home from a foster environment where they were the only child, a new set of challenges arises which the person must be supported with.
- PBE needs regular reinforcement for people with disability who may not retain the learnings, and who live with constant risk and vulnerability.
- RSE needs to be tailored to the specific needs of the individual, as general lessons may not be understood or be appropriate to their life stage. Learning is often reactive and needs to apply to specific situations.
- People with intellectual disability often experience difficulty forming intimate relationships, often being described as lonely, disempowered and vulnerable to abuse. They are particularly vulnerable to online sexual, emotional and/or financial exploitation where a lack of judgement and need for approval and connection can leave them exposed.¹⁹
- Some individuals will need greater on-going support, including women and LGBTI people where studies show a greater level of vulnerability, with many women reporting unwanted or abusive sexual experiences, difficulties with sex and relationships, inadequate self protection

¹⁸ aifs.gov.au/publications/sexual-assault-and-adults-disability/prevalence-sexual-assault-adults-disabilities

¹⁹ <https://pubmed.ncbi.nlm.nih.gov/22396927/>

skills, limited understanding of sex, and poor skills to seek information independently. Co-morbid conditions of anxiety and depression eventuate.²⁰

- Research indicates that providing RSE to people with disability and their families is a more effective approach to managing criminal behaviour that results from poor education and disability, than other more traditional approaches, such as incarceration.²¹
- Neurotypical people will learn appropriate behaviours by absorbing social cues, observing messages in films and television, and through discussions with siblings, peers and family members. They have the propensity to ask questions and conduct their own research. Thus they *may* manage themselves appropriately even without the benefit of comprehensive knowledge. This is unlikely to occur for many people with a cognitive disability, who rely on others across their life span to protect them and ensure they receive the support they need.
- People with mental health issues and cognitive disability are over-represented in the criminal justice system as both victims and offenders. (See 2.1) This serious systemic problem severely discriminates against people with disability. Many have been denied comprehensive RSE, been convicted and incarcerated for offences they do not understand, and then placed at serious risk of abuse and exploitation in the criminal justice system. This has devastating consequences for the individual and their family, and serious social and economic costs to the wider community.²²
- SECCA has experienced an increasing presentation of compulsive sexual behaviours relating to pornography. Research indicates a correlation of higher porn use in people with ADHD in particular, which may relate to that condition's impulse control disorder characteristic. The need for on-going (and increasing) support for people with disability is anticipated to respond to the new challenges pornography is presenting.

"I have a 25 year old client who is traumatised by the porn he watched as a teenager. He became compulsively drawn to it in a search for sexual knowledge, fueled by low self-esteem, loneliness, and erotic stimulation. He carries great shame and is tormented by the images. He suffers anxiety and depression, and fears he will never be able to have an intimate relationship." Counsellor, SECCA

- An incongruity between biological and intellectual age causes confusion for people with disability, whose body is behaving in ways their mind is not ready for. Parents may respond to the intellectual age, leaving the individual confused about their body and without guidance on how to manage themselves. Education through young adulthood to understand current body changes, and preparation for future sexuality and relationship stages is required.
- Support workers attending SECCA workshops disclose they are uncomfortable in situations relating to sexualised behaviours, feeling unskilled to respond appropriately. There is no mandatory industry training in this key aspect of care, and they are generally unaware of their organisation's policy (if there is one) regarding responses to sexuality and sexually related behaviours. Such policies are essential to override any personal bias that may reduce the care a person receives in this regard, while protecting staff and limiting organisational risk.

²⁰ <https://www.racgp.org.au/afp/2011/april/women-with-intellectual-disabilities/>

²¹ <https://eric.ed.gov/?id=ED484281>

²² <https://www.tandfonline.com/doi/abs/10.1080/10383441.2014.1000218>

1.3 Create long term, secure funding for the provision of Protective Behaviours Education, including training for service providers, to protect the rights of vulnerable people with disability.

Currently, these critical educational services are not securely funded but rely on individual grants. They are not yet recognised in, or suited to, individual NDIS plans. PBE needs to be prioritised as a human right for people with disability, given their much greater risk of sexual assault and exploitation. While it ideally begins in early years as part of RSE, PBE is a critical part of supporting people with disability of all ages, who have never adequately received this education.

Individuals who require personal care are used to being instructed and 'going along' with requests or demands made by carers. This often continues even where the support worker is an abuser. Disclosures are often overlooked or considered insignificant, and incident reports can be too hard for some staff.

Individuals often do not know they have any rights to decide what happens to their body, especially if they are used to other people constantly attending to their physical needs.

- PBE is a preventative approach that empowers people with disability, parents, teachers and support workers. Access to support and education is critical for people with disability and their families, especially throughout puberty and emerging adulthood, when people with disability and families often face new challenges.
- PBE equips people, through evidence-based knowledge and skills, to understand appropriate private/public behaviour, signs of safety and what to do if they feel unsafe.
- People with disability are over-represented in the criminal justice system for sexuality and relationship offences, often because they lack the understanding of the issues and are not provided with adequate RSE and PBE.
- There is a huge personal, social and economic cost when RSE/PBE is not accessible to people with disability. For example, the annual cost of a person with disability in prison in WA is estimated at \$355,000 per annum.²³

The SECCA App Solution

In 2015, the Disability Services Commission funded SECCA to develop an educational App to help teachers, health professionals and trusted adults deliver RSE. The App is designed to work with people of all abilities, and includes over 300 preloaded, customisable lesson plans aligned to the school RSE curriculum. The lessons cover the lifespan including key sexuality concepts such as public and private, consent, puberty, emotions, sexual health and reproduction, all types of relationships and legal rights. The App enables RSE to be delivered in a way that suits the learner, catering for a broad range of abilities.

SECCA provides training and consultancy to support the effective use of the App, and it is used in counselling sessions by SECCA therapists. Training in App use to teachers, allied health workers, carers and parents through a WA Department of Education grant (2019-2020) shows highly positive

²³ Department of Corrective Services, Annual Report 2016-2017, Table: Cost per day to keep a young person in detention, Actual 2016-2017, p. 89.

feedback. People who attended the training expressed relief and gratitude to have such an effective tool to use with this challenging area of education.

SECCA's goal is to secure funding to support the App's growth, including national uptake, a version specifically designed for parents, and language versions for Indigenous and CALD communities.

Illustration 2: SECCA and Specialist Training and Support for Key Workers and Parents

There is an evident need for expert training to industry professionals and casual workers, around sexuality and disability, including how to deliver protective behaviours education, and how to respond to reports of abuse.

SECCA's consultancy service responds several times a week to concerned support workers, occupational and behavioural therapists, general psychologists, family carers and teachers seeking advice on how to support and educate their client, family member or student on topics pertaining to RSE. They are highly anxious about potential harm to the individual or others if they do not act immediately. SECCA's professional development workshops in relation to sexuality and disability are in high demand, booked out weeks in advance.

Teachers report feeling ill equipped to cater to students with disability without specialist training and resources. Their feelings of helplessness have been evidenced by the popularity of SECCA's recent series of Protective Behaviours Education workshops (courtesy of a Department of Education grant) which were delivered to teachers from both mainstream and educational support schools and achieved five star reviews in feedback for usefulness. All workshops were heavily waitlisted.

Parents feel ill-equipped to respond to behaviours relating to relationships and sexuality, and seek advice for behaviours that are within normal development age biologically.

1.4 Create long term, secure funding for industry sector training and education *in understanding the rights of people with disability* (including to NDIS planners and teachers).

There is significant demand for intervention and support services relating to sexuality and relationships for people with disability. This is evidenced by SECCA's extensive waitlists for its education and professional development programs and counselling services (currently 200 people).

Further, a casual and unregulated workforce often means there can be a big turnover of staff (particularly seen in group homes). Many have had little disability training, most have had no sexuality training, and some may themselves model inappropriate boundaries to clients they are supporting.

Individuals' own cultural and religious beliefs often impact the attention or support provided around sexual expression or the development of intimate relationships, often breaching the rights of their client.

Professional Industry Training

- SECCA provides professional development training about disability as it intersects with sexuality and relationships. This targets those who work in the disability sector, providing education, skills and strategies to enable them to support their clients in safe and appropriate behaviour. They are also trained to support people to speak out when they experience abuse. Many victims of abuse do not speak out because: they are not aware they are allowed to speak out, they may fear the consequences of speaking out, or they may not recognise what they are experiencing as abuse.
- SECCA is involved with several advisory committees (see Illustration 2 p.10) regarding child sexual abuse and develops strategies within the community to address this issue. We also develop resources collaboratively with schools and other service providers within the disability sector to meet specific needs.
- SECCA's training proves critical in supporting carers and support workers in group homes, where residents' inappropriate sexual behaviours can be confronting. Without the training to understand and respond to such behaviour appropriately, both the worker and the resident may feel confusion, shame and/or experience a breach of their human or legal rights. SECCA assists disability support agencies to create organisational policies to ensure the resident's rights are protected, even in the face of alternate values or views of care staff.
- Our training includes building understanding that all people have a right to sexual expression, and building capacity in carers to secure appropriate support for residents in this area of their lives.
- Mandated professional training by specialists to those working within the industry will eliminate a lot of drain on other service providers as they themselves seek to fill gaps, educate, provide therapy and advise.

DRC Goal Two:

Achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability.

2.1 Fund targeted programs that reduce interaction with the Criminal Justice System for vulnerable people with disability.

People with intellectual disability are over-represented in the criminal justice system. Many face sex-related offences, and may not have the cognitive capacity to understand what they have done, or lack the education to make appropriate choices.

People with disabilities account for 18% of the country's population but almost 50% of people entering prison.²⁴

People with an intellectual disability are almost 11 times more likely to be victims of sexual assault.²⁵

A child can be culpable for a sex offence from age 10.²⁶

89% of inmates at Banksia Prison were found to have severe cognitive/neurodevelopmental impairment.²⁷

There are limited assessment and rehabilitation processes provided to people with intellectual disability and neurodevelopmental conditions in the justice system, resulting in likely reoffending.

Addressing the cause of the problem (the lack of support and education for people with cognitive disability), would have many benefits, including:

- Reducing rates of incarceration, contact and recidivism;
- Addressing duty of care legal responsibilities by training and upskilling staff in disability awareness;
- Enabling access to PBE and relationship and sexuality counselling as part of their rehabilitation program;
- Refining the process of making disclosures, interviewing etc to be more appropriate and effective for people with disability;
- Increasing cross government/sector collaboration to address systemic injustice and ensure that the rights of the vulnerable are upheld, and
- Reducing the high personal, social and economic costs of involvement in the criminal justice system.

²⁴ <https://apo.org.au/node/131736>

²⁵ https://aifs.gov.au/sites/default/files/publication-documents/acssa_issues9.pdf

²⁶ <https://www.legalaid.wa.gov.au/find-legal-answers/young-people/police-and-courts/age-criminal-responsibility>

²⁷ <https://www.fasdhub.org.au/research-and-publications/research-projects/Banksia-Hill-Project/>

Providing funding to target groups to deliver preventative education and crisis response can reduce the justice implications of inappropriate sexual behaviour relating to people with disability. Relying on people with disability to include these programs in their NDIS plan fails to adequately address the issue, which has wider community impacts and serious economic cost.

Working towards alternatives to incarceration reflects a respectful and understanding response to disability. Sustainable funding for SECCA and other specialist organisations will ensure they can continue to provide support for people who fall through the NDIS cracks. Agencies such as Police, Department for Child Protection (DCP) and schools can then request support, refer clients at risk, and early intervention can be implemented.

Disability awareness training combined with RSE (including PBE) should be provided for all intersectional agencies including: Police, Sex Offender Management Team (SOMs), relevant government staff including child protection, community services, mental health, people working in group homes, the foster care system, education and schools, and justice and corrective services (including prisons).

Research into the intersection of disability and the criminal justice system remains limited.

SECCA advocates for increased research to fully understand antecedents, lived experiences, systemic challenges and opportunities for impactful intervention.



Toby

Toby* is a 18-year-old man with autism and an intellectual disability, suspected Foetal Alcohol Syndrome Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD) and epilepsy.

His biological family has a history of domestic and sexual abuse and as a result Toby has been in and out of the child protection system since he was 5 years old.

Like many people with a traumatic history, Toby is known to the justice system - primarily for absconding and stealing a bike. At 16 he was sentenced to juvenile detention for charges relating to 'sexting' inappropriate images on social media. He was then transferred to an adult prison when he turned 18. Although Toby maintains his 'girlfriend' pressured him to take the offending images, he is now a registered sex offender.

After his release, Toby stayed with a distant relative, but this arrangement was short-lived as his relative did not want him there and made him feel unwelcome. He survived by 'couch surfing' until new regulations around COVID-19 and social distancing forced him to spend nights on the streets. Toby doesn't understand COVID-19 and the social distancing requirements that have resulted from the pandemic.

Toby's disability affects his impulse control and decision-making capability. He has no family support and as a result is vulnerable to victimisation, exploitation, negative peer pressure and being led to take part in antisocial conduct.

Toby is isolated and lonely, so he will seek out company and a place to stay wherever he can find it. He does not understand the risks associated with this, particularly in the context of a pandemic. Without stable accommodation and support, Toby is likely to stay with anyone, risking both his personal safety and the reporting conditions of his parole. His level of stress has escalated to the point he is presenting at SECCA with suicidal ideation.

People like Toby are at very high risk of abuse, infection or reoffending. The desire for connection and support makes them particularly vulnerable and the COVID-19 pandemic has compounded these issues.

* For confidentiality, real names have not been used.



Solution

SECCA works with clients like Toby to understand social distancing, friendship and protective education.

The SECCA App can provide invaluable support for this education as it is a visual tool that is easily understood by people with disabilities. SECCA therapists use the App to help people like Toby gain core knowledge about safe behaviours, and building healthy relationships.

SECCA educators train other service providers, including mainstream services, to use the App to better support high risk individuals like Toby.

Building capacity across social services and individuals working in the criminal justice system, through education and resources, is critical. It is the pathway to ensure people like Toby who face extreme challenges, receive appropriate responses and support services.

Education will help relieve pressure on social services and the criminal justice system. It will help people like Toby experience life enriching experiences, rather than life depleting.

2.2 Ensure people with disability have the same access to crisis and other counselling services, and psychosocial education that benefit other Australians.

People with disability are at significantly higher risk of sexual assault and abuse and are most disempowered to report and receive help. Those who have been sexually assaulted or abused need access to counselling in the same way as people without disability.

The 2016 Personal Safety Survey (PSS) cites the highest rates of violence for people with disability in that year were among people with psychological disability and intellectual disability with around one in seven people reporting violence. Of people with physical disability, one in twenty reported having experienced violence during the same period. Overall, younger age groups experienced violence (sexual or physical).²⁸ The PSS figures do not include abuse associated with restrictive practices, or breaches of human rights (e.g. denial of privacy, sexual expression or education).

The 2019 People with Disability in Australia reports:

- 1 in 4 (25%) women with disability have experienced sexual violence after the age of 15, compared with 15% without disability;
- 1 in 14 (6.6%) men with disability have experienced sexual violence after the age of 15, compared with 3.9% without disability;
- 65 per cent of people with disability have experienced at least one incident of violence since the age of 15. This includes physical, sexual, intimate partner violence, emotional abuse and stalking.²⁹
- 47% of adults with disability have experienced violence after the age of 15, (compared with 36% without disability).³⁰

Mainstream services and private counsellors refer people with disability to SECCA as they lack the specialist expertise required to work with this unique demographic. SECCA and other services are underfunded, there is a very large waitlist for services and much time that could be directed into client care goes into the pursuit of additional funding.

Further, the NDIS process slows and limits access to counselling. It denies individuals the confidentiality intrinsic to the code of the psychotherapeutic profession which benefits neurotypical people. Administrators are privy to the most personal and private aspects of a person's life, as this sensitive information is passed from inbox to inbox across the system.

- NDIS plans are not an appropriate means of providing crisis intervention in cases of recent sexual assault or abuse, as this needs immediate attention and should not be subject to an administrative planning process.
- NDIS plans are not an appropriate means of providing interventions for complex trauma (historical abuse) which is generally not identified until a client feels safe to disclose it.
- Under the NDIS, access to counselling is currently restricted or mandated. However, the number and frequency of sessions should be determined by the counsellor, to meet the needs of the client, as it is for people without disability.

²⁸ <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4431.0.55.003Main+Features12016?OpenDocument>

²⁹ <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia-in-brief/contents/about-people-with-disability-in-australia-in-brief>

³⁰ <https://www.aihw.gov.au/reports/dis/73-1/people-with-disability-in-australia/justice-and-safety/violence-against-people-with-disability>

- Mainstream services are neither experienced nor adequately equipped to respond to people with disability. Staff are not trained in working with people with disability. Access to counselling often depends on the values and attitudes of support staff and NDIS planners rather than the needs of people with disability or the advice of family, carers and support staff.
- The NDIS requires clients to commit to a set number of sessions even though this may not be appropriate in practice. In some cases, clients may not need all the sessions allocated. In others, clients use counselling as a 'holding support system' that they use infrequently but intermittently, providing them with the security of being able to access support when needed, and allaying anxiety of both clients and their family members.
- To be eligible for counselling under the NDIS, clients are required to commit to a goals-focused plan that determines when and how they will achieve these goals. The nature of sexual abuse and relationship issues is that these often underlie presenting behavioural or emotional problems, and may not be identified until counselling is underway. In the case of SECCA's clients, it is therefore not appropriate to determine counselling goals prior to the client engaging with the counsellor and being assessed.
- Best practice requires that new clients are individually assessed when referred for clinical counselling or psychosocial education. The NDIS planning process does not allow for this. Without a personalised assessment of new clients there are ethical issues relating to client autonomy. For example, an individual may not know that they are coming for counselling, or they may not even want counselling. A referral may have come about based on the values and attitudes of support staff who think the client has been 'naughty' or 'promiscuous'. The current requirements compromise the therapeutic process, the client's own willingness to engage, and the NDIS values of choice and control.
- Many people who are eligible for the NDIS do not think to include psychosocial counselling and education as part of their plan. A number of support staff/family members have complained to SECCA that, even though 'therapy or counselling' had been included in plans, they were told to access services closer to their homes which, in most cases, overlooks the specific needs of people with disability.³¹
- Clients are not given an opportunity to review their support plan sufficiently before it is signed off. Indeed, while plans are written in the voice of the client, the goals are usually those of the family or support worker. The true voice of the client is often not represented.
- SECCA's counselling service relies on family, community, school or work support and access to other support services. Under the NDIS, additional support and services are limited to what is predetermined on the client's plan. This can limit the effectiveness of counselling as new considerations and possible solutions arise.
- SECCA requires secure, sustained funding to provide services to people with disability in crisis or with complex needs.
- People with disability who have been sexually assaulted or abused require access to counselling in a timely manner. SECCA's current wait list is over 200 people due to our limited resources and funding. There is more demand than we can meet in the existing system and without ongoing funding security to provide more expert staff and training.

³¹ <https://journals.sagepub.com/doi/abs/10.1177/0004867418773882>

2.3 Attune to gender differences and higher risk for women and LGBTI people with disability.

The gendered nature of violence is not immune to people with disability, yet the system sees people with disability as a homogenous group separate from 'the norm'. An improved response to violence, abuse, neglect and exploitation of people with disability will need to observe the additional risk for women.

- More than 70% of women with disability experience sexual violence at some time in their lives.³²
- Women with intellectual disability are one of the highest risk populations, with 90% having experienced some form of sexual assault, and 68% of these before the age of 18.³³
- Twenty per cent of women with disability report a history of unwanted sex compared to 8.2% of women without disability.³⁴
- the rates of sexual victimisation of women with disability range from four to 10 times higher than for other women.³⁵
- More than a quarter of rape cases reported by females in Australia are perpetrated against women with disability.³⁶
- Women with disability who live in institutional and residential settings are highly susceptible to violence (particularly sexual violence) from numerous perpetrators and frequently experience sustained and multiple episodes.³⁷
- Research indicates that girls with disability are 3 to 4 times more likely to experience violence, including sexual violence, than girls without disability, perpetrated by carers, parents, guardians, peers, educators, service providers, and dating partners.³⁸
- Legal ambiguity over non-therapeutic sterilisation of girls and women with disability to manage their menstruation, reproductive capacity and moods, a restrictive practice contravening human-rights and advice from the CRPD.³⁹

Similar to their neurotypical peers, many women with disability do not feel safe to disclose abuse if they are reliant on the perpetrator for their care. They will not include safety and other services in their NDIS plans as a result, and are often disempowered by administrators and family around what supports are included in their plan as this is decided for them. With a system that offers no alternative, they are completely exposed.

Similarly, the discriminations experienced by lesbian, gay, bisexual, transgender and intersex (LGBTI) people living without disability are amplified for those who live with disability. A 2018 report on the experiences of LGBTI people with disability from the Australian Research Centre in Sex, Health and Society⁴⁰ showed:

³² Women With Disabilities Australia (WWDA) 'WWDA Position Statement 1: The Right to Freedom From All Forms of Violence'. WWDA, September 2016, Hobart, Tasmania.

³³ <http://www.alrc.gov.au/publications/family4>

³⁴ <https://researchdirect.westernsydney.edu.au/islandora/object/uws:36865>

³⁵ Ibid

³⁶ <https://apo.org.au/sites/default/files/resource-files/2006-07/apo-nid8211.pdf>

³⁷ Attard, M., & Price-Kelly, S. (2010) Accommodating Violence: The experience of domestic violence of people with disability living in licensed boarding houses, PWDA

³⁸ Ibid

³⁹ <https://wwda.org.au/wp-content/uploads/2018/09/Sterilisation-of-Girls-with-Disability-Cashelle-Dunn-2018-1.pdf>

⁴⁰ https://www.latrobe.edu.au/__data/assets/pdf_file/0008/929861/GAFLA-Report-Final-Version.pdf

- Higher rates of discrimination and reduced service access among LGBTI people with disability compared with people with disability and LGBTI people without disability.
- Greater restrictions on freedom of sexual expression (particularly for LGBTI people with intellectual disability).
- Many disability services and workers are unwilling to address the sexual and gender identity rights and freedoms of LGBTI people with disability.
- Reduced social support and connection from both LGBTI and disability communities.
- A lack of professional training, resources and support for disability and allied health care workers for LGBTI people with disability.

Training for all staff in the sector is critical to understand sexuality in disability, and sexual and gender diversity and expression as a human right. Personal values and attitudes interfere with individual rights (e.g. care workers refusing to shower a lesbian, or cultural or religious beliefs overriding individual needs), and care workers who *are* supportive become disempowered to help by restrictive families or guardians. There is often poor understanding within care staff of the use or limitations of guardianship orders, or their organisation's policy.

There is a requirement for improved information and education pathways for support workers, families and guardians.

Secure funding is required for services to ensure women, children and LGBTI people with disability, have access to confidential, specialist support services.



Illustration 3: SECCA's work with mainstream and disability services

- Member of the Doors to Safety Project Advisory Group for Women with Disabilities experiencing family and domestic violence.
- Consultant to the Disability Services Commission's Family and Domestic Violence (FDV) Policy review.
- Partner with Women with Disabilities WA on sexual health resource development.
- Member of People with Disability Western Australia's 2015 Disability and Neglect Taskforce, comprising stakeholders identified as having influence on how neglect and abuse can be both prevented and addressed. Focus included Disability and Crime planning for 2019 Safe Week, and the surmountable issues with NDIS.
- Consultant to teachers and service providers working with a family with complex needs. Representatives from Child protection, the School, Inclusion WA, Red Cross, RIS and Sensis wanted strategies to manage apparent sexualised behaviour amongst the siblings. Everyone expressed greater confidence now they had some tools to identify, prevent and report abuse.
- Participant of the Intellectual Disability Diversion Program (run by the Department of Corrective Services and the Department of Communities, to reduce recidivism) at the request of a client who felt misrepresented. The meeting was an opportunity to highlight the impact disability may have on the way sexuality is expressed, sometimes leading to inappropriate or offending behaviour in the absence of education.
- Supporter of a young transgender woman with an Acquired Brain Injury, a speech impediment, mental health issues and possibly Autism Spectrum Disorder. During her childhood she had multiple admissions to domestic violence shelters and witnessed her mother die as a result of domestic violence. Her communication and memory are limited and there are no comprehensive medical reports to obtain her full clinical history. Working with her has involved interactions with the Police, hospital Emergency Department, a disability service provider, a transitional accommodation provider, mental health services, St John's Ambulance service, and the Department of Transport.
- Consultant to teachers and service providers who jointly work with families with complex needs. Representatives from the Department of Child Protection, the School, a service provider and community support agencies request strategies about identifying and managing the children's sexualised behaviour.
- Active industry professionals invited to attend panels, think tanks and advisory committees, e.g. seat on the WA Sexual Health and Blood-borne Viruses Advisory Committee.

DRC Goal Three:

Promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

3.1 Ensure people with disability have the same right to privacy as people without disability.

People with disability accessing services should have the same privacy and confidentiality protection under law, and in the operation of the NDIS, as people without disability.

The reasons individuals seek SECCA services can be highly sensitive and private. They can also arise at any time as they might for any person. Yet the NDIS requires pre-planning for service, with a rationale for why it is required. An individual's NDIS plan is usually accessed by many support workers, therapists and administrators within the NDIS and other organisations. There are also cases where there has been a report of abuse or inappropriate behaviour by family, a support worker, or individuals within an organisation, who are likely to have access to their plan. Individuals often report that they want to avoid the risk of feeling shamed, judged or exposed to victim-blaming. Therefore, individuals do not wish to disclose this information and, under the current system, SECCA's services would not be included in their plan.

Much of the counselling that is provided by SECCA is reactive and complex. Often this is due to crisis situations which cannot, by their nature, be planned for in advance. To meet the NDIS criteria, individuals must have an approved plan that nominates one of two services with SECCA, known issues, or non-complex ('standard') support services.

- People with disability should not be required to disclose the reasons they need support to NDIS planners in order to access services following sexual assault or abuse. This current requirement creates a barrier to seeking and accessing support and can place the individual at further risk of harm (for example, keeping them in the same environment where abuse is occurring, or if their abuser is a carer).
- People with disabilities who have been sexually assaulted or abused, or have sexuality related issues, need to be able to access immediate confidential counselling in the same way as their neurotypical peers. It is through immediate response that PTSD risk is reduced or eliminated and healthy responses can be learned for a strong future.
- Access to counselling should not be restricted or mandated, and the number of sessions and frequency should be determined by the counsellor to meet the needs of the client, as it is for other people.
- Legal requirements for privacy and confidentiality should apply in the same way they do for people without a disability. There should be no requirement to divulge details of counselling sessions to authorities such as the NDIS. This would be entirely unacceptable for a person without a disability.
- Reports from NDIS clients' counselling sessions at SECCA are required to be emailed to a generic email address at the NDIS and provided to planners. **This is a legal and ethical issue** for SECCA, which places clients' privacy and SECCA's responsibility to protect clients' privacy at risk. SECCA's legal duty of care cannot be met under this requirement as there is no clarification or safeguards about who views this information. This would never be acceptable practice for people without disability, and it adds no value for the person with disability.

3.2 Respond to the complex needs of vulnerable people with disability by allowing greater flexibility in their NDIS plans.

People with disability who have complex needs require substantial assistance to access the expert services they need. Less onerous administration related to managing their engagement with the NDIS will free them, and their support workers, to spend more time focussing on life-enriching experiences rather than life-depleting experiences.

Every service provider supporting a person with disability has to engage with at least one other person (often many), in either mainstream or disability services. A streamlining of the NDIS process in recognition of this will help eliminate the administration fatigue experienced by many clients, carers and service providers.

- Many of SECCA's clients are dealing with involvement with police and the criminal justice system, insecure housing and homelessness, family violence and breakdown or lack of family support, out of care issues and the child protection system, as well as their disability.
- Many SECCA clients also present with mental health issues, and an increasing number with suicidality.
- In order to assess complex needs of clients with disability, NDIS planners should have an understanding and knowledge of mental health and its intersectionality with disability, family violence, trauma, relationship, sexuality and other sensitive and challenging subjects.
- SECCA frequently receives reports of abuse or inappropriate behaviour occurring in a client's home. With fixed accommodation funding in their plan there is less flexibility for short term accommodation or other suitable accommodation changes to suit clients' specific needs and circumstances.
- SECCA supports the NDIS identifying Foetal Alcohol Spectrum Disorder (FASD) as a neurodevelopmental disability and the need for recognition of severe impairment in three or more domains of functional impairment, where confirmation of alcohol exposure cannot be confirmed.⁴¹

⁴¹ <https://www.fasdhub.org.au/fasd-information/managing-fasd/NDIS/#:~:text=Currently%20the%20NDIS%20only%20recognises,and%20result%20in%20permanent%20impairment.&text=The%20NDIA%20has%20identified%20FASD,for%20consideration%20within%20the%20NDIS.>

Illustration 4: SECCA and Restrictive Practices

SECCA clients often talk of restrictive practices being employed, pertaining to their relationships or sexually related behaviours. They are invariably unaware their human rights are being breached. SECCA welcomes the NDIS guidelines and process around behaviour management plans and restrictive practice management, and acknowledges that unintentional abuse can occur through lack of education of support staff or carers. We reinforce the necessity for mandatory disability-sexuality training to all workers in the sector, and access to education for families. **Shifting outdated attitudes and building knowledge and confidence in supporting people in this aspect of self is a critical pathway to reducing abuse.**

The following are examples of restrictive practice, as reported by SECCA counsellors and educators:

Contraception

Girls or young women who have been given a contraceptive implant or Depo-Provera shot without full understanding, education or consent. A teenage client in a mainstream school was told by her family she must have her implant until she is 30. Another thought the shot controlled her periods, but was unaware it impacted her fertility. Both missed RSE at school, and had disempowering ideas around intimate relationships.

Denial of right to foster intimate relationships or parent

SECCA has many stories of individuals living in care homes who are unable to come together as life partners due to staff or family attitudes, or logistical restrictions. A couple living in the same care home won a long battle for their right to marry, then watched it fail as the support workers did not alter their care schedule to support them as a couple (such as coordinating activities to maximise their time together, including around personal care needs like showering).

A couple, both with Down Syndrome, were supported in being girlfriend and boyfriend, but prevented from becoming parents as their own families of origin were fractured and did not want the perceived burden of a new baby.

Forced medication

An Aboriginal client has been prescribed dementia medication, despite not receiving that diagnosis from his medical practitioner, as a means to subdue his sexual arousal. He has one incident of touching another resident in his care home, and had received no relationship or sexuality education.

Denial of gender expression and identity

A transwoman SECCA client was being denied her right to self expression by support workers and family who did not approve of, or support her identity. As her transition occurred after she acquired brain injury, they attributed her decision to that, and would not enter her home to provide the support she needed until she was dressed as a man (aligned with her biological sex).

3.3 Identify systemic gaps not covered by the NDIS and clearly delineate States and Federal governments' responsibilities to ensure these gaps are addressed.

The roles and responsibilities of State and Federal Governments regarding people with disability are not clear, transparent and accountable. This seriously impacts people's lived experience by increasing the difficulty of navigating the system and accessing services.

There are also significant gaps in services and supports covered by the NDIS. Examples of support that is not covered by the NDIS include:

- Crisis intervention for victims of abuse.
- PBE for people with disability and those working in the sector.
- Advocacy and education for people with disability who are involved with the justice system.
- Support and referral services for teachers and police who are working with people with disability with complex needs.

It is critical that people with disability who are referred by police, teachers, GPs, support workers and psychologists for crisis counselling, advocacy and support at SECCA are able to access the service, whether or not they have an NDIS plan (or counselling is included in their plan). For example:

- When a person who is non-verbal presents at hospital with suspected sexual assault, hospital staff can (and do) call SECCA.
- If a person with an intellectual disability is accused of committing sexual assault, police can (and do) call SECCA.
- If a child is acting inappropriately in a sexual manner at school, teachers can (and do) call SECCA.

Illustration 5: SECCA and the NDIS

Evie is in her early twenties and identifies as female. During childhood she had multiple admissions to domestic violence shelters, and suffered the trauma of witnessing her mother die as a result of domestic violence injuries. Evie has an acquired brain injury, a speech impediment, gender dysphoria, mental health issues and possibly Autism Spectrum Disorder. Evie's communication and memory are limited, and there were no comprehensive medical reports available to assist SECCA in our assessment of the best possible interventions and supports for Evie.

Evie sees SECCA as a trusted service and we are benefiting from an inter-agency approach to provide the best possible service for Evie. Due to her limited capacity, Evie needs a long term support plan. Despite this, her application for NDIS funding was unsuccessful, and the decision is being appealed. This demonstrates the need for a systemic approach to providing services to high-risk individuals.

