AMES Australia

Response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Rights and Attitudes

Submitted to:

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

July 2020

About AMES Australia

AMES Australia (AMES) provides this submission to The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability - *Rights and Attitudes*.

AMES is a statutory authority of the Victorian Government and provides a comprehensive range of settlement services to support recently arrived[1] migrants, refugees, and asylum seekers in Victoria, South Australia and New South Wales. AMES also works with the community, business and Government to develop sustainable and effective settlement solutions for the whole Victorian community. AMES evidence-based *Settlement Framework for Social and Economic Participation* addresses successful settlement of recently arrived migrants and refugees through four key domains: Employment, Education, Health and Wellbeing, and Safety and Security.

In providing this response, AMES acknowledges that our experience lies in working with migrants and refugees from culturally and linguistically diverse (CALD) backgrounds and directly, or indirectly, their families. This submission draws on our extensive experience working alongside CALD communities within the disability space. AMES successfully received an Information, Linkages and Capacity Building Grant from the Department of Health and Human Services with the National Disability Insurance Scheme (NDIS) Awareness Project starting in November 2018. The project was designed to provide information to CALD people with disability about how to access disability support services in their first languages. AMES has successfully achieved the project outcomes through the recruitment of 12 Community Champions from seven target communities - Iraqi, Afghan, Syrian, Somali, Afghan, Chin and Karen - who delivered information sessions directly to their communities. Together they speak over 20 languages. By the end of the project, the Community Champions had delivered over 60 information sessions to 1,050 community members.

AMES has also implemented a National Disability Insurance Agency funded program facilitating two Peer Support groups for the Afghan community in the South East of Melbourne and the South Sudanese community in the West of Melbourne, for people with a lived experience of disability or as carers. Two Community Champions facilitate the peer support groups, conducted in first language. The project builds knowledge and self-advocacy skills of participants through shared lived experience, learning from each other and group activities. Participants have responded positively as to their increased knowledge and awareness in relation to the NDIS. More recently, through a further Information, Linkages and Capacity Building grant AMES is managing the 'Business Matters' program with the aim to increase entrepreneurial skills and self-employment potential for people with a lived experience of disability from the Arabic speaking community in Melbourne.

AMES recognises that violence against women is a prevalent problem with serious consequences and that it occurs among all groups in Australian society, regardless of culture, ethnicity or race. The need for a focus on prevention of violence against women in CALD communities was identified in both the Second action plan of the National Plan to Reduce Violence against Women and their Children 2010–2022[2] and the National Community Attitudes towards Violence Against Women Survey report.[3] This focus is important for several reasons:

i) to ensure the safety and wellbeing of women from CALD backgrounds;

ii) to meet policy commitments to multiculturalism, access and equity, gender equality and human rights and;

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[1] AMES considers the term 'recently arrived' to refer to migrants who have been residing in Australia for less than five years. This rationale is based on the five-year settlement period outlined in settlement services such as the Adult Migrant English Program (AMEP) and Settlement Engagement and Transition Support Program (SETS).

[2] Department of Social Services (2014). National Plan to Reduce Violence against Women and their Children

[3] ANROWS (2017). Australians' attitudes to violence against women and gender equality

iii) to ensure that the economic and social benefits of migration for all are realised.

Since 2015, AMES has managed a specialist program in the prevention of violence against women and their children (PVAW) in CALD communities. The program is geared towards building the leadership capacity of CALD women and men to underpin strategies to prevent violence in their communities and across the broader Australian society. Over 90 graduates have completed the intensive leadership course and as part of that course have implemented, and continue to implement, unique and culturally and linguistically appropriate initiatives specifically directed toward ***primary prevention*** of violence.

In 2019, AMES disability project and prevention of violence project identified a lack of knowledge and resources about the intersection of disability and family violence in CALD communities. The two projects collaborated to develop a training program specifically to meet this gap for those working in the disability sector. This program includes identification and response to violence and understandings of primary prevention of violence.

Concluding comments

AMES welcomes the opportunity to collaborate with the Disability Royal Commission to develop information materials and host consultations with CALD communities. Through our experience working with CALD communities on disability topics, we have developed numerous contacts within 'hard to reach' communities. We have gained valuable insights from program delivery and evaluation including the best approaches to discuss disability; effective methods of community participation; knowledge of understandings and perceptions of disability; and the appropriate use of language. The Community Champions and Peer Support groups are able to utilise their community networks to successfully facilitate further engagement.

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Key challenges

Based on AMES experience of working with refugees and CALD communities with disabilities we have identified several challenges relevant to Questions 3 in the *Rights and Attitudes Issues Paper*:

Thinking about rights of people with disability, what are the particular experiences of children, Australian First Nations people, culturally and linguistically diverse people, women and LGBTIQ+ people in having these rights realised?

CALD communities' understanding of disability

Throughout the Australian population, there are varying definitions or descriptions of what people consider a disability to be. This is particularly true within CALD communities. Many organisations have testified that prior to settlement in Australia, people with disability from refugee backgrounds have often experienced stigma, isolation and discrimination in their home countries and in refugee camps, with little or no opportunity to access adequate care.

What we have learnt from working with CALD groups is that 'hidden' or 'invisible' disabilities such as intellectual disabilities, including autism and psychosocial disability, are not always considered a disability. CALD communities have varied belief systems around what constitutes 'disability' and its cause(s), which may influence how medical interventions and care are pursued. For example, in some cultures, specific disabilities evoke reactions of pity or fear, and in others, people would not consider themselves as having a disability.[4]

A 2010 study identified that acceptance of disabilities is low and stigmatisation of disabilities is high in several CALD communities.[5] In many communities, stigma presents as understandings that people with a disability cannot lead a 'normal life' and have lower expectations than community members without a disability. In some communities, there is a belief that people with a disability have done something wrong or bad in a past life resulting in people being isolated from the wider community. AMES has found that through education and information exchange sessions, positive role modelling of people with disability and the use of positive language can have a significant and positive impact on community attitudes.

Furthermore, we have found that the social model of disability is not widely understood. This can lead to people not having their disability diagnosed or recognised and therefore not having their disability rights respected and consequently being at greater risk of abuse. There needs to be a stronger focus on the term 'impairment' as found in the social model of disability, rather than 'disability' as a term that reflects the negation of abilities. The descriptions of disability need to consider these varying interpretations of disability. In the context of AMES response, possible options for descriptions and a human rights approach should first be tested and tried with CALD groups to determine how it translates into different languages and cultures.

Recommendation 1: Recognise that community attitudes towards disability and levels of knowledge vary significantly among and across different CALD communities when developing policies, information materials and when engaging with these cohorts.

Knowledge of rights and the ability to make a complaint

Findings from AMES recent work in this area have identified that there is little understanding of the rights of people with disability, including the right to participate in society through employment and

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[4] Heneker, K.J., Zizzo, G., Awata, M., Goodwin-Smith, I. (2017). *Engaging CALD Communities in the NDIS*. Australian Centre for Community Services Research, Flinders University.

[5] Thompson, D. et al. (2011). *Community attitudes to people with disability: scoping project* , Sydney: UNSW.

receiving an education. Factors that can affect a person's knowledge of disability rights include level of education, date of arrival in Australia, previous access to healthcare and disability services, migration journey and home country. CALD communities' experience of learning about disability rights can come from multiple avenues such as schools and education institutions, disability service providers, advocacy organisations, their families and communities, migrant support organisation including caseworkers and within the community.

As part of a recent Foundation House research project, a Community Advisory Group was established to facilitate dialogue between people from refugee backgrounds living with disabilities, their carers and service providers.[6] Many community members did not know how to provide feedback around services or make formal complaints. This is reinforced in the recent NDIS Culturally and Linguistically Diverse report which shows that; *"compared to non-CALD participants, CALD participants have had a lower complaint rate for the duration of the Scheme. At March 2019, the complaint rate for CALD participants is 4.7%, compared to 6.6% for non-CALD participants."*[7]

Without the awareness that an individual or family members can make complaints, individuals cannot fully realise their rights and safety. This is further reflected in the numbers of submissions to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability from CALD communities. At the time of writing, only 8 per cent of submissions to the Commission come from CALD communities.[8] In order to be able to engage in the Royal Commission, CALD communities need to be aware of the commission itself and the benefits of participating without fear of it affecting other aspects of their life. But most importantly, there needs to be an understanding of neglect, violence or abuse towards people with a disability.

Intersectionality – the nexus of CALD, disability and violence

Intersectionality, and not 'just' the disability must be considered when making decisions directly impacting people with disability from CALD backgrounds as it can lead to an increased risk of discrimination. People with a disability have a much higher risk of experiencing abuse and violence, often perpetrated by their carers and in their primary place of residence, both at home or within a care facility, with women and girls particularly vulnerable. Women and girls with disabilities are twice as likely as women and girls without disabilities to experience violence throughout their lives, with over one third of women with disabilities experiencing some form of intimate partner violence.[9]

Risks associated with stigma attached to both disability and domestic violence in Australia are further amplified for people from CALD backgrounds. A number of factors influence a person's access, ability and opportunity to get support and report any violence or abuse from a family member or carer. Some of these factors can be systemic or organisational, such as accessibility to services or information, and therefore easily identifiable. Others can be cultural and within a community or family. These can be difficult for others from outside the community to identify or be vigilant about.

Violence against women with disabilities (WWD) has not been rigorously or systematically researched in Australia, leading to a paucity of data and gap in the evidence base to inform practice response and policy development. Women with disabilities make up approximately 19 per cent of Australia's female population and whilst there is clear evidence about the high rates of violence and risk of violence to women from their intimate partners, disability and CALD is not fully delineated in

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[6] Foundation House (2020). *Australian Refugee Health Practice Guide: People living with disabilities*

[7] NDIS (2019). Culturally and Linguistically Diverse participants. 30 June 2019.

[8] Campanella, N. (2020). 'Disability royal commission data shows Indigenous and culturally diverse groups under-represented in submissions' ABC News, 23 July 2020

[9] Krnjacki, L., Emerson, E., Llewellynn G., Kavanagh, A. (2015). 'Prevalence and risk of violence against people with and without disabilities: Findings from an Australian population- based study', Australian and New Zealand Journal of Public Health 40(1), December 2015

this data.[10] Recent localised research and “grey data” – data collected from advocacy organisations, medical, legal and other institutional sources, indicate that women with disabilities and those from CALD backgrounds are at far higher risks of experiencing violence.

A survey of 709 women with disabilities who had sought assistance from agencies in Western Australia found that 72 per cent had experienced emotional violence, 58 per cent experienced controlling behaviours, 50 per cent experienced physical violence and 55 per cent experienced sexual violence.[11] Similarly, analysis of 850 rapes reported to Victoria Police found that over 26 per cent of the victims had a disability.[12] These studies and other research from Canada, UK and USA paint a clear picture of the higher risk to WWD. Additionally these also highlight the risk that these women have of experiencing violence from people other than intimate partners; other family members, carers and care providers in both residential and institutional settings. They are also susceptible to other forms of violence such as withholding of food and water, assistance devices and technology, rough handling during care, use of restraints, neglect, deprivation and refusal to provide essential personal care, inappropriate administration of medication, humiliation and sexual coercion in return for care, reproductive abuse and control and more. Women with disabilities who are in respite or full-time care, often risk suffering violence from both their family and institutional carers.[13]

Women from CALD communities are more vulnerable to family violence, particularly during early years of settlement and are less likely to report violence. Lack of knowledge of local laws and protection, fear of authority, entrenched attitudes towards women and their roles in families, language barriers and fear of discrimination are some of the key drivers of both higher rates of violence and lower rates of reporting.

In 2017, researchers analysing policy responses towards violence against WWD found significant gaps in data collection, particularly in police reports or presentations to hospital.[14] They suggested that details of disabilities and cultural or linguistic diversity would significantly assist in forming more effective responses.

So while there is little access to sufficient prevalence data, data do exist that tells us what people think about the issue through the National Community Attitudes Survey (NCAS) on Violence Against Women (VAW). This is important because attitudes toward violence is an important indicator of the extent of the problem. A consistent finding in the 2009, 2013 and 2017 NCAS is that people born in non-English speaking countries are more likely to have a lower level of understanding of the nature of VAW, a lower level of support for gender equality and a higher level of endorsement of attitudes supportive of VAW than those born in Australia. This was especially the case for respondents who were recently arrived or who had poor proficiency in English. The 2017 NCAS report in particular, provided some insight into current attitudes within CALD communities towards women and gender equality and highlighted continued regressive attitudes and dated norms, with rigid gender stereotyping, undermining women’s roles in home and work and condoning and victim blaming scoring significantly higher. In all these areas, respondents from CALD communities were twice as likely to have regressive views than the main stream community.[15]

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[10] Woodlock, D., Western, D., Bailey, P. & Healey, L. (2013). *Voices Against Violence: Paper 6: Raising Our Voices - Hearing from with Women with Disabilities,* Melbourne: Women with Disabilities Victoria

[11] Woodlock, D., Western, D., Bailey, P. & Healey, L. (2013).

[12] Victoria Police Law Enforcement and Assistance Program- LEAP Data analysis, 2006

[13] Woodlock, D., Western, D., Bailey, P. & Healey, L. (2013).

[14] Didi, A, K Soldatic, C Frohmader, and L Dowse. (2007). “Violence against women with disabilities: is Australia meeting its human rights obligations?” *Australian Journal of Human Rights* 22 (1): 159-177.

[15] ANROWS (2019). *Attitudes towards violence against women and gender equality among people from non-English speaking countries: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS).* (ANROWS Insights, Issue 02/2019). Sydney, NSW: ANROWS

CALD communities are affected by the same risk factors for violence as experienced by the general community. However, through the provision of AMES settlement services we also know that women remain vulnerable to violence during the settlement phase and in fact, this vulnerability escalates. Women and girls with a disability face these additional barriers to support and protection inside the broader categories of newly arrived refugees and migrants.

Recommendation 2: Develop specific responses to the prevention of violence against women with disabilities in CALD communities

AMES recommends the development and promotion of cultural awareness training with a specific CALD disability focus for service providers. This approach should include developing training materials that contain guidance on how to work with interpreters, translators and bicultural workers. These resources should be co-designed with representatives of the CALD communities with disability, with a particular focus towards newly arrived refugee and migrant communities.

Self-advocacy

Through laws and regulations, Australia is committed to upholding the rights of all individuals, and in particular the rights of people with disabilities, to fully participate and engage in decision-making in relation to their care and support. Families, carers and communities can often overlook the agency of a person with a disability in decision-making or having a voice in the process. This can be further heightened in CALD communities where both a client and their family members or carers are unfamiliar with the options and choices available in Australia.

Groups that may not have all the relevant skills to self-advocate for their needs, limited by factors such as language proficiency and access to informal support networks, may struggle to navigate information about rights, express their needs and disclose information about their safety. This is especially relevant around violence and abuse in order to understand one's rights to safety and reporting pathways.

Recommendation 3: Develop and diversify prevention of violence and advocacy services

a. *Advocacy services should be encouraged and funded to support CALD groups and hire staff directly from CALD communities. The impact would be threefold as it would: i) allow organisations to deliver culturally relevant services in community language; ii) enable the development of outreach activities to engage CALD communities with disabilities; and iii) include the expertise of someone with lived experience of disability.*

b. *There needs to be a stronger focus on capacity building programs to increase CALD community's ability to advocate for themselves. By increasing the knowledge of disability services, the NDIS, rights and the complaint process, the need for formal advocacy services will decrease as self advocacy capability increases.*

Underutilisation or exclusion from services

CALD community members often underutilise or are excluded from disability services. Consultations with refugee communities, asylum seekers and service providers conducted by the Refugee Council of Australia between 2014 and 2016 identified that people from refugee backgrounds with disability were excluded from mainstream disability services due to changes at policy level, barriers to service access and the consequences of poor service provision.[16] At the end of 2017, an estimated 22 per cent of NDIS clients would be expected to come from CALD backgrounds. However, the data identifies that only 7 per cent of NDIS participants across Australia identified as CALD; and 9 per cent in Victoria.[17]

Common barriers to services include language proficiency; lack of understanding of what services are available; complex assessments and long waitlists; need for a formal diagnosis; inadequate information in community languages; visa eligibility issues; and lack of culturally responsive support coordination. CALD communities may be unfamiliar with the concept that they have choices within social services. According to NDIA staff, participants who are confident, educated and able to articulate their needs have better outcomes than those with less capacity to understand and navigate the NDIS.[18] Not having access or underutilisation of disability services prevents people with disability from exercising their right to fully participate in society and to lead the life they wish.

Recommendation 4: Develop and support outreach activities to engage CALD communities with disability to increase their involvement in mainstream disability services

a. Utilise participatory approaches such as co-design, when working with CALD communities to engage and build ownership and involvement. Consultations with CALD groups need to be facilitated in the communities' first languages to reach more vulnerable groups, attract people to the sessions and ensure effective participation.

b. Build partnerships with key CALD organisations based on locality to identify, recruit, train and support networks of community leaders who are known and respected in their community and can act as liaison with isolated, new and emerging communities. Maintain and support leaders to disseminate information through leadership pathway development via media activity, public speaking and membership of working groups, committees and boards.

Recommendation 5: Develop accessible disability information materials and web content in additional languages

a. AMES recommends that in order to be inclusive of all people with disability, information needs to be accessible for all Australian residents relating to rights and prevention of violence and abuse. This includes offering information in a variety of languages, simplified versions, visual and audio information for those who are illiterate, and targeted information to those with specific types of disability including consideration of the mode of information sharing.

b. Consider the demographic profile of CALD communities, especially in relation to newly arrived communities, when resources are being developed. Newly arrived communities, even if a small language group, need information as they may not be aware of disability rights in Australia or the social model of disability. This is particularly relevant for those hard to reach communities.

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[16] Heneker, K.J., Zizzo, G., Awata, M., Goodwin-Smith, I. (2017). *Engaging CALD Communities in the NDIS*. Australian Centre for Community Services Research, Flinders University.

[17] ECCV (2019), *It's Everybody's Business': Multicultural Community Perspectives on Disability and the NDIS*. Policy Issues Paper, Ethnic Communities Council of Victoria.

[18] Mavromaras et.al. (2018). *Evaluation of the NDIS: Final Report.* National Institute of Labour Studies Flinders University, Adelaide, Australia.