



QAI has campaigned for the closure of institutional and congregate care arrangements since our inception in 1988, and have worked collaboratively with people with disability, family members, other advocacy groups and allies to successfully close down a number of such places. We need to support people to live in the community in accommodation arrangements they choose.

Abusive practices can become embedded if they are not immediately addressed. When subtle forms of abuse are viewed as harmless, more overt and serious issues are more likely to occur and be ignored. People who are systematically abused can normalise this behaviour and unwittingly perpetuate the abuse upon others. Other people who normalise abusive behaviour can become perpetual victims.

Kinds of abuse:-

- Rape and other forms of sexual abuse
- Punching, biting, hitting and other forms of physical abuse
- Verbal and emotional abuse
- Ridicule and vilification.
- Theft
- Destruction of property
- Violation of dignity - being left in bathrooms unattended for over an hour; being left naked or dressed in others' clothing or unpresentable clothing; not groomed
- High risk of harm - being given food that is unfit for human consumption; being fed meals in the shortest possible time – “bird feeding” that results in choking, asphyxiation, and respiratory problems and sometimes eventuates in death;
- No privacy
- Not allowed visitors
- Neglected health and hygiene and personal care matters
- Mistakes and overdosing in medication
- Inattention to significant injuries
- NO support to leave to go out – ever
- Being charged fees for services not delivered
- No choice about where, with whom or how they live or how they are supported
- Threats and intimidation
- Legal and Illegal use of Restrictive Practices – bondage, drugging, locked up

QAI maintains that the use of Restrictive Practices constitute cruel, inhumane and degrading treatment under the Convention Against Torture.

Where abuse occurs:--

Vulnerable people with disability experience violence, abuse and/or neglect in a variety of situations, support arrangements and living circumstances. Their lives are impacted by the heightened vulnerability, marginalisation, disempowerment and multiple disadvantages that burden and increase their risk of abuse.

- Boarding houses
- Hostels
- Nursing homes

- Group homes
- Family homes
- Hospitals
- Places of detention

Who perpetuates abuse?

People who are 'placed' in group living arrangements have reported to our organisation abuse by:-

- Co-tenants or other 'inmates'
- Staff- Significant power imbalance in service relationship increases likelihood of abuse
- Even in the family home people are abused by support staff.
- Or family members

What other actions perpetuates abuse?

Lack of value of the person as an individual is a signal to a would-be perpetrator that the person is vulnerable and a possible target: -

For example people with intellectual impairment who reside in Baillie Henderson Hospital in Toowoomba until recently lived in wards with four beds to a cluster separated only by beaded curtains. People who still reside in Jacana Rehabilitation Hospital in the Brisbane suburb of Bracken Ridge live in a similar situation with only a small cupboard to house all of their possessions. Residents of group homes with four or more residents are often required to share the only bathroom in the house, or where there are two bathrooms one is often designated for staff.

Lack of support network and exclusion from community are other factors that increase likelihood of abuse.

Lack of control and authority in one's life :-

- Having to submit to being doled out funds and medication
- Having no choice about who lives in the same house or even in the same room.
- Sharing supports that mean no individual freedoms for each person
- Being subjected to financial dependency – ie boarding houses and exorbitant charges for laundry and other housekeeping incidental.
- Having personal belongings and funds "pooled" to share with others

We need a shift in mindset so people with disability are not seen as passive recipients of care, but rather as key decision-makers regarding their lives – this will bring cultural change and make people with disability less vulnerable to violence, abuse and neglect.

How does a vulnerable person report or complain?

People with disability who experience abuse particularly when living in congregate settings will often tell someone who is part of the support service if they have no family connections.

However, in some circumstances in a group environment – how does a person who is being abused, intimidated, threatened tell anyone if their only contact is the abuser? How can they tell anyone else if they are threatened with physical violence if they report it? If the abuser is also abusing the other residents – who will speak up or who will they turn to?

And if the person does speak up - The denial of the validity of their complaint or lack of immediate investigation or response by the service provider or family member undermines a person's confidence in their supports and will increase feelings of fear, abandonment and isolation. It is imperative that a person making a complaint is not only listened to and taken seriously, but also that they feel they are listened to and their complaint taken seriously.

Reporting abuse is not something that constitutes a mere complaint and no matter how well devised any complaints mechanism, it alone cannot be relied upon as a means for abuse victims.

When victims with disabilities did report incidents of abuse to authorities, in 52.9% of cases nothing happened. Alleged perpetrators were arrested in only 9.8% of cases where abuse was reported to authorities.

A Report on the 2012 National Survey on Abuse of People with Disabilities Nora J. Baladerian, Ph.D. Thomas F. Coleman Jim Stream

When reporting abuse is ignored or not properly heeded

- When a sexual abuse complaint was described in a client incident report as “a sexual harassment allegation made by X against casual staff member Johnny Kumar.” – This indicates the devaluing of the person by minimising the crime to the level of some misdemeanours. This signals yet again that this is acceptable and understandable and even common practice.
- Further, the apparent lack of regard by case managers, other support staff, will effectively silence the victim/s and allow perpetrators to continue their abuse unfettered.
- Lack of action will instil entrenched distrust and fear of informal reprisals.
- Police often believe that in group homes where the abuse is by other residents that it is domestic violence- negating the fact that the people are not related and often have no choice about living with them. When the abuse is said be to be caused by staff the Police are often speaking with the perpetrator who can explain away the incidents.
- The illegal use of Restrictive Practices is often excused as a safeguard to protect either other residents, the person themselves, or staff. Police are ill equipped to know better.
- Police consider people with disability as unreliable witnesses because of difficulties in cross-examination. Many allegations of abuse do not proceed to trial. The lack of support to assist people to progress complaints results in people feeling intimidated, powerless and humiliated by the investigative and court processes.

How to stop abuse

- Government must cease the cycle of congregate care

- Cease referrals of vulnerable people to boarding houses and hostels
- Cease forced co-tenancy in group homes
- Cease referring younger people with disability to nursing homes
- Whistle Blower legislation – strengthen – Protection mechanisms should include recognition and reporting mechanisms at the individual, service and Government levels and that all health care and support staff within residential and institutional settings should have a professional and legislatively entrenched responsibility to speak out and report suspected abuse (a positive duty to report any suspected instances of abuse; proactive mechanisms for detecting potential problems) - penalties for staff who are complicit or do not report known abuses!
- There needs to be greater awareness of the difficulties vulnerable people with disability can face communicating their concerns (and an understanding of different means of communication ie through behaviour) and the support they may need to do so. This could be enabled by supports to whistle blowers, ensuring that they are encouraged and will not face recrimination by abusers – indeed this must be considered to be a civic duty. Limits of whistleblower protection for vulnerable groups such as people with disability must be acknowledged – people with disability require additional supports and safeguards, above and beyond the baseline protections offered to other groups, to empower them to assert and defend their rights. Significant cultural change is required to achieve this.
- NDIA must reconsider the constraints placed on NDIS participants who live with RP – they must be allowed the opportunity to self-direct their supports and services if they wish.
- It is now widely recognised that any initiatives aimed at addressing the plight of vulnerable people with disability in our society must heed their views and recognise that this group is in the best position to speak on their own behalf – ‘nothing about us without us’
- Ensuring access to independent and vigilant advocacy
- Vulnerable people with disability who have no informal supports should have the opportunity to be linked with a matched citizen advocate.
- Continue with the Community Visitors’ Program in all congregate/shared care environments until such time as these situations can be eventually replaced

Legislative measures

- a human rights charter at either a state or federal level aimed at decreasing the marginalisation and vulnerability of groups such as people with disability.
- Ensuring the authority and authenticity of the voice of the person and their informal supports in decision making to redress from bureaucratic processes their exclusion from guardianship status (by which they can formally participate and have a voice in proceedings affecting a person with disability). A national legislative process that will address weaknesses in some state laws and provide continuity and consistency especially in the NDIS context.
- Ensure that the national framework for the Use of Restrictive Practices delivers on the “last resort” and the “least restrictive” measures. The RP Legislation in Queensland is the most robust and longstanding in Australia, yet it has been amended several times,

with each amendment imposing more constraints on individuals while affording more ease for service providers.

- Ratify the OPCAT