

Intellectual Disability and Family Violence

A Community in Focus Resource

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What is an Intellectual Disability?

Intellectual disabilities affect someone's intellectual skills and adaptive behavior, such as the ability to learn, communicate, reason and retain information. Children with an intellectual disability often do not learn at the same rate as other children and regularly reach developmental milestones later than others, or in some cases, not reaching them at all.

The majority of intellectual disabilities are caused by genetic factors. However, some intellectual disabilities are acquired through trauma, such as a brain injury, being deprived of oxygen or premature birth.

Some examples of Intellectual Disability include:

- Autism Spectrum Disorder (ASD)
- Down syndrome
- Fragile X syndrome
- Developmental delay
- Acquired Brain Injury

Intellectual disability exists on a spectrum, and someone's abilities will be dependent on the individual, not the diagnosis. Everyone's abilities and strengths will be different, and their need for assistance or support will also exist on a spectrum.



Common Terminology

Understanding the use of language among the disability community is important. There are a lot of terms which have their roots in medical terminology, which are no longer used and are considered slurs, due to how those words have been weaponised in our communities. Being led by the individual you are working with is important to ensure that you are being respectful to them.

Disability has been conceptualised over history through two main ways:

Medical Model of Disability: The medical model of disability conceptualises the condition as something that needs to be fixed or repaired. It defines the disability as an issue for the individual and it defines the people who experience disability as someone who can never reach the same potential as an abled body person.

Social Model of Disability: The social model of disability understands that people who live in disabled bodies experience a world that is not built for them. People experience physical, attitudinal, communication and social barriers and that it is the community which is disabled for not being set up to cater to all needs and abilities.

The social model of disability is what is preferred and the most empowering for people with a disability. It acknowledges that everyone can reach their potential if the community is adapted to ensure everyone can participate equally, using equity principals.

When discussing people with an intellectual disability, who are using violence, we also need to ensure we are understanding the nuances of how intellectual disability may impact on behaviour.

Person using violence: A person using family violence is utilising controlling and coercive behaviour to manipulate their victims. Perpetrators of family violence cause their victims to fear for their life or for the lives of others in the family.

Person who uses violence due to their disability: Some people with intellectual disabilities, may use violence as a trauma response or because they are experiencing sensory overload inadvertently harm others.

While it is always unacceptable to harm others, we need to recognise that some people with an intellectual disability are not harming others with the intent to coerce or control them and in those instances, they may need assistance which is specific to their disability and needs to help them change behaviour rather than a traditional Men's Behaviour Change Program, Adolescent Program or Case management. However, this will be based on the needs of the individual and their capacity to learn, understand and adapt their behaviour.



Intellectual Disability and Family Violence

People with an intellectual disability can be both a victim/survivor of family violence and a person using family violence.

Victim Survivors: People with a disability experience violence by an intimate partner at higher rates than the general population, with 2 out of every 5 experiencing family violence, which is 44% of the population, compared to 37% of the general population which will experience intimate violence in their lifetime. People with a disability are also more likely to experience violence by a parent (11.2%) or sibling (5.3%) than the general population. (AIHA, People with a Disability).

People with a disability are more likely to experience violence because many are in an inherently vulnerable situation where they need to rely on others to provide day to day assistance with basic living. This means people using violence have more opportunity to use power and control to deny people their basic needs.

Victim/survivors can also develop an acquired brain injury as a direct result of family violence. 59% of the hospitalisations due to family violence are caused by injury to the head and neck. (AIHA, Hospitalisations). A report found that 36% of women who experience intimate partner violence have an acquired brain injury, which is triple the average rate of brain injury in the community (Brain Injury Australia, Brain Injury and Family Violence)

It has also been noted that many people who obtain an ABI as a result of family violence may not attend a hospital or receive medical treatment and may not have a formal diagnosis. There has been a recommendation by Brain Injury Australia that screening for ABI's to be undertaken by family violence intake services, but to-date there is little information about whether this recommendation has been adopted as part of the reforms (Brain Injury Australia, Brain Injury and Family Violence).

Person Using Violence: Although there are few studies of the prevalence of brain injury among people using family violence, the evidence available indicates that rates of brain injury are disproportionately high in people using family violence, compared with matched non-violent community samples and the general population. Studies have found that the rate of brain injury among samples of male people using intimate partner violence is around 60 per cent, and that this is double the rate found in matched community samples. (Brain Injury Australia, [Brain Injury and Family Violence](#))

More generally, studies have shown that acquired brain injury is a risk factor for violent crime due to damage to those parts of the brain that control emotions and regulate behaviour – sometimes referred to as ‘challenging behaviours’. The potential for unaddressed brain injury and family violence experiences in childhood to play a role in promoting intergenerational family violence has also been noted in the literature. However, it is not inevitable that a person with a brain injury becomes a person using violence. (Brain Injury Australia, [Brain Injury and Family Violence](#)).

There is little research on intellectual disability and family violence perpetration outside of ABI's. But any disability which impairs the brain's ability to regulate behaviour may have similar results to those found in the studies about ABI's.

Barriers to Accessing Assistance for Family Violence

Regardless of whether someone is using violence in the home or experiencing violence in the home, people with intellectual disabilities can experience barriers when seeking assistance for family violence. Those barriers may include:

- Experiencing sensory overload, which can make undertaking a risk assessment overwhelming
- Experiencing information processing issues which can make following a safety plan or case management plan difficult
- Many experience lower levels of literacy, which can make finding assistance difficult
- Some perpetrators may prevent their victims from accessing external supports such as an NDIS package to keep the person dependent on them and to stop people coming into the home which further isolates the victims
- Some perpetrators may misuse the victims NDIS package if they are self-managing the services
- Many people receive inappropriate referrals to services, particularly therapeutic programs which are not set up to cater to someone with an intellectual disability
- Most emergency accommodation options are not supported. If the victim/survivor is reliant on their perpetrator for daily care needs, they can access the DFVCRI for short term assistance, but it can still take weeks or months to obtain ongoing support through the NDIS, or to find a service provider who is able to accommodate their needs which leaves people who need assistance in the home in a precarious position
- Perpetrator accommodation services such as PASS are also not set up to allow for support, if the person using violence needs assistance with care needs then they are often forced to remain in the home with the victims
- Women and men with an intellectual disability who are using violence have no supported accommodation options as the DFVCRI is only for those who are experiencing violence
- There is often little understood about the referral pathways in community services to assist someone to gain a formal diagnosis of an intellectual disability or to access support through NDIS or service providers.



- Perpetrators may have legal guardianship over their victims, which has been obtained through The Office for the Public Advocate, which gives them access to a lot of information about the victim and the ability to make legal decisions on their behalf.
- Victim/survivors may have legal guardianship over the person using violence, which means it may be the victims responsibility to find alternative housing and to access support for the person who is harming them.



What is the NDIS/NDIA?

The National Disability Insurance Agency (NDIA) facilitates the role out of the National Disability Insurance Scheme (NDIS).

The NDIS has two components:

- Enabling the community to become more accepting and accessible for people with disabilities. This is done through a grants based process which is distributed to peak bodies.
- To support individuals to have the supports to access the community.

The NDIS does not replace the disability pension and does not cover medical expenses. Participants need to meet eligibility criteria to get a plan. Only about 1/3 of people who attend a special school are actually eligible for a plan, which means a significant proportion can not access ongoing supports.

The NDIS is not a crisis services, which means that they cannot immediately make adjustments to plans, if someone's circumstances change, such as family violence or the death of a carer.

The NDIS does not provide a service. Once a participant has a plan approved by the NDIS, they then can go to the Local Area Coordinator, which can assist to locate service providers in the area. The participant then can choose to have a Support Coordinator, which is someone who organises the plan, or they can Self Manage, which means the participant would need to locate and organise the services they need.

You can learn more about the NDIS here: <https://www.ndis.gov.au/>

Practice Considerations

Tips for Having Conversations

There is also not always a consensus in the disability community about how to best refer to someone, or how to best conceptualise or understand a specific disability. Carers and other advocates have had a history of sometimes talking over those who have a disability, and it is important to be led by the individual with a disability by the language they wish to use to describe their condition.

Some suggested questions you could use with clients are:

1. You mentioned on your intake form that you identify as having a disability, could you tell me more about it?
2. How does your disability impact your life? Do you need assistance with care tasks?
3. Do you prefer to be called someone who has Autism Spectrum Disorder, or would you prefer someone who experiences Autism Spectrum Disorder?

Tips for Easy Communication

- Where possible provide all information in easy English
- Ask if they would like an interpreter, many people with an intellectual disability may use sign language, even if they are not hearing impaired
- Ask if they would like to bring an advocate or a friend/family member to an appointment.
- Make sure you check if they are comfortable with receiving text messages and emails in case literacy is an issue

Considerations for Safety Planning

- If your client is linked in to a Disability Support Organisation, consider who is authorised to have conversations about the client and consider removing the perpetrators ability to know where they are
- Work with the Disability Support Organisation to ensure that they are aware of your clients circumstances and the need for clients whereabouts to be kept confidential

- Consider if someone holds a guardianship over your client, and what impact that might have on your client if it is the perpetrator or someone who is encouraging your client to remain with the perpetrator. Do you need to petition the Office for Public Advocate?
- Consider the impact on your client if they hold a guardianship order over the person causing them harm. It can be very emotionally draining to have to deal with the trauma while also trying to care for another person. Examine if this is a safe situation and if there are alternatives.
- If your client has a regular specialist appointment, consider whether the perpetrator will be able to locate the victim at that location and if it is a possibility to change the time and day
- If your client has a falls device, consider removing the perpetrators ability to locate the victim through the device.





This resource was written by Kim Adams, Principal Strategic Advisor Family Violence

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