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Commissioner Megan Mitchell National Children's Commissioner GPO Box 5218 SYDNEY NSW 2001

Dear Commissioner Mitchell

re: Examination of children affected by family and domestic violence

Thankyou for the opportunity to contribute to your examination of the effect of family and domestic violence on children. CDA applauds the National Children's Commissioner for her commitment to further investigation in this area.

As you are aware, Children with Disability Australia (CDA) is the national representative persons organisation for children and young people with disability aged 0-25 years. CDA has a national membership of over 5000. CDA's vision is that children and young people with disability living in Australia are afforded every opportunity to thrive, achieve their potential and that their rights and interests as individuals, members of a family and their community are met.

CDA welcomed the opportunity to participate in the Commissioner's roundtable discussion which examined the effect of family and domestic violence on children. As CDA will not be providing a formal submission on this occasion, please accept our brief comments in relation to this matter.

There is a great paucity in local data as to the prevalence and impact of family and domestic violence upon children with disability in Australia. International research indicates that children with disability are 3.4 times more likely to experience maltreatment than children without disability, however this data is not specific as to the location of the abuse (ie: in the family home or an institutional setting).¹ Research to determine the number of children and young people with disability impacted by family and domestic violence in Australia is essential.

For children with disability, the opportunities for disclosure of violence occurring in the home may be limited. Children with disability may not be able to disclose abuse and the impact of violence in the home as readily as children without disability. The disclosure of trauma and distress will vary from individual to individual. For children with disability an added consideration is that for children who have supported communication needs, disclosure may occur through a change in behaviour, rather than a verbal communication. In the case of children with disability, changes in behaviour have an increased tendency to be pathologised as attributable to the child's disability, rather than a demonstration of distress. This can reduce a child's access to the appropriate support options to protect from further harm and support recovery from trauma.

Whilst most children with disability (aged 0-14 years) live in the family home, there is a large number of children with disability who reside for extended periods of time in the out of home care sector.²

¹ Knutson, J. and Sullivan P. 2000, 'Maltreatment and disabilities: A population-based epidemiological study', *Child Abuse and Neglect*, Vol. 24, Issue10, p. 1257.

² ABS 2008, *Australian Social Trends*, 'Families with a Young Child with a Disability', Commonwealth of Australia, viewed 2 June 2015, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter4002008

There is no official national data regarding the number of children with disability in out of home care, but available research and the experiences of CDA members reflect this high representation. The Victorian Equal Opportunity and Human Rights Commission found that in June 2011, of 4,064 children in out of home care in Victoria, 579 or 14% had a disability.³ This is almost double the prevalence rate of children with disability in the total Australian population (7.3%).⁴ The same research suggests that children with disability are more likely to be in residential care than children without disability in the out of home care system.⁵

CDA would urge the National Children's Commissioner to consider the diversity of domestic environments in her assessment of the impact of family violence on children, and the range of possible perpetrators of violence within these settings.

It is vital that the individual needs of children and young people with disability in relation to family and domestic violence are prioritised and that children with disability are not just 'viewed as a risk factor or stressor in the lives of someone else'.⁶

The specialist needs of children and young people with disability in relation to the provision and accessibility of family and domestic violence supports is an essential area for further research and consideration. The diversity of support needs for children with disability need to be recognised in relation to any examination of the prevalence and impact of family and domestic violence upon children with disability.

CDA strongly encourages the National Children's Commissioner to consider the added vulnerability faced by children with disability in this area and urge the Commissioner to progress and emphasise this in your work.

For further information regarding the impact of abuse and neglect upon children and young people with disability, we urge you to refer to our issues paper Enabling and Protecting, available from http://www.cda.org.au/enabling-and-protecting.

CDA is available to provide further information to the inquiry if required. Thank you for the opportunity to contribute to this valuable work.

Yours Sincerely

Stephanie Gotlib
Chief Executive Officer

11/06/2015

³ Victorian Equal Opportunity and Human Rights Commission 2012, Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria, Carlton, p. 7.

⁴ Australian Bureau of Statistics 2012, 'Disability, Ageing and Carers, Australia: Summary of Findings, 2012', Commonwealth of Australia. Canberra.

⁵ Victorian Equal Opportunity and Human Rights Commission 2012, *Desperate Measures: The Relinquishment of Children with Disability into State Care in Victoria*, Carlton, p. 7.

⁶ Children with Disability Australia, 2012 Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability, p. 17.