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Criminalising coercive control in South Australia – engagement with women with disability



A summary of initial consultations

On 27 March 2023 the Department of Human Services (DHS) held an engagement session for women with disability and disability service providers, to discuss their views about criminalising coercive control and the implications of this legislation, once it takes effect.

Prior to the session, participants were provided with a discussion paper – Criminalising coercive control in South Australia for women with disability. This paper provides a definition of coercive control, explains the unintended consequences that legislation may have and asks a number of questions for participants to consider.

This is a summary of the key themes and issues raised by participants.

Please be aware that the content in this document may be distressing or raise issues of concern for some readers. There are a range of services available if you require support after reading this paper. Lifeline provide 24/7 crisis support and can be contacted on 131 114. Beyond Blue also provide support services and can be contacted on 1300 224 636. Confidential information, counselling and support services can also be accessed through 1800RESPECT.

Use of coercive control specific to women with disability

Women with disability are at a heightened risk of experiencing coercive control, in addition to other forms of family and domestic violence (FDV), and participants highlighted the need for protection against coercive controlling behaviours from not just intimate partners, but carers, parents and extended family members.

Women with disability are often in a 'relationship of reliance and vulnerability' which provides perpetrators with unique opportunities to exploit those vulnerabilities – as well as opportunities to excuse their behaviours. One participant raised international examples, citing that Scotland's legislation allows for controlling behaviour if it is 'reasonable under the circumstances' and pointed out that what constitutes reasonable in a disability context could also be exploited by perpetrators.

Participants discussed that women with disability also experience systems control, when accessing services such as the NDIS, or their GP. Systemic vulnerabilities that are compounded for many women with disability can make it easier for perpetrators to isolate women from loved ones and other supports, making it easier to coercively control them.

Society has the perception that women with disability are vulnerable, and it is 'easy to talk on behalf of someone' rather than having that person speak for themselves. This perception takes away women's voices and agencies, and can make coercive control an invisible behaviour when it becomes part of the norm.

Women with disability can also feel that they are 'lucky' to be in a relationship, or society can view them as being 'lucky' – and this perception can cause them to remain in relationships that are unsafe or accept abusive behaviours due to fears of potentially not being able to enter new intimate relationships. It was also raised that society assumes that all intimate partners of women with disability have positive intentions, which again is a barrier to identifying intimate partner violence.

The need for coercive control education for the disability workforce was raised on the basis that many frontline disability workers don't have a strong understanding of coercive control or how a woman with disability might respond to it – for example she may be deemed difficult or abusive herself, when she is trying to express distress. This puts women with disability at greater risk of experiencing coercive control, because it can go unnoticed.

Participants also agreed that there needs to be specific provision for people with disability in the coercive control legislation.

Barriers to service provision for women with disability

Participants advised that there are multiple access issues for women with disability – physical logistical barriers are everywhere. There are also communication barriers, and a need for a communication support service. A person with disability may have difficulties in communicating, have limited access to or use of technology, and experience physical barriers – it is important that appropriate provisions and mechanisms be available so that all people are able to report abuse.

Another participant advised that it must be clear to workers and women with disability where to go and what to do if they witness or experience abuse. Easy read documents are also needed so that people with Intellectual Disability are aware of coercive control and what it might look or feel like. A need for easily accessible education resources was raised by multiple participants – including the need for resources in language, and in sound. Some people with disability have difficulty reading but understand speech.

Participants also explained that vulnerability is situational, and that it is not inherent to an impairment. People with disability are not vulnerable because of their disability, but because of the lack of supports available and the ableism of most institutions and services.

Respectful relationships education was raised as being important for children with disability, citing the perception that people with disability are not going to engage in sexual or romantic relationships. Early education and primary prevention strategies are just as important for people with disability.