ATTACHMENT: CASE STUDIES - VIOLENCE, ABUSE, NEGLECT AND EXPLOITATION OF PEOPLE WITH DISABILITY IN INSTITUTIONAL AND RESIDENTIAL SETTINGS

*These are real stories from people with disability from across Australia. Some are already on the public record. Others have been provided with consent from the individuals and families concerned, but names have been changed and specific situations have been de-identified.*

A man with intellectual disability residing in a State Government-run group home was found in an appalling state of neglect. Unable to feed himself and reliant on staff to provide him food and fluids 4 to 5 times per day via a feeding tube into his stomach, the man’s feeding tube was found to be infested with maggots at the wound where it entered his stomach. It took more than a year for the ‘incident’ to be formally investigated. The investigation also discovered that his rehabilitation programme was not being followed; he was being left unattended by staff; personal items, items of his clothing and linen were being used on other residents of the group home; a hoist provided for assisting with his transfers was not being used; and he wasn’t ever taken on any outings.

Josie is 41. She has an intellectual disability and she lives in a group home ‘village’ style complex. There are a number of other residents with intellectual disability living in other units on the site – some live in units on their own, whilst others share. Josie was raped by a male co-resident within the grounds of the complex. She immediately disclosed the rape to an on-site support worker who advised her to *“just keep out of his way”*. The rape was not reported to the police and Josie was not offered any support or counselling.

A 41 year old man with quadriplegia and no verbal communication, and who lived in a State government funded group home, spent days with an undiagnosed broken leg. His injury went ‘un-noticed’ by the group home staff for more than 4 days, despite the fact that the broken bone was ‘poking out’ through his skin. It was discovered by one of the staff on a Sunday, but rather than seek immediate treatment, staff waited until the following day to contact a doctor. The man was totally reliant on staff for all aspects of his care, yet the staff maintained they did not know how the injury occurred.

A woman with disability in her 50s was ''digitally raped'' by a staff member while showering in a government-owned group home. An incident report was made after the woman told another worker what happened, but that report was later re-written by a supervisor. The worker who allegedly raped the woman was then transferred to another home and the matter was not referred to police.

Samantha is 25. She was locked in a garage for 'misbehaving' by a staff member at her group home, and was left with only a bucket to go to the toilet in. She was kicked violently by the same staff member, causing extensive bruising.

Sarah is 40 years old. She lives in a government funded group home. She has cerebral palsy, a vision impairment, uses a wheelchair and has limited verbal communication. She requires full assistance with going to the toilet, eating, showering and other aspects of personal care. She needs to placed into a hoist to be transferred to the toilet, shower or from her bed into her wheelchair. Over a period of 4 months, Sarah was raped more than 30 times by a male disability support worker who was employed to care for her. She was also repeatedly sexually assaulted, tortured, violated, degraded and abused in the most horrific ways. She had various objects inserted into her vagina and anus, including the perpetrator’s pager that he set off after he had inserted it. She had bottles of hair shampoo shoved into her vagina and left there until the perpetrator chose to remove them. He would rape her in the shower and then just leave her hanging in the hoist for hours, naked and freezing. He would laugh at her while he was raping her, calling her a whore, a tart and a slag. He would anally rape her while she was suspended in the hoist. He would repeatedly taunt her, telling her that she wouldn’t be able to tell anyone what he was doing and that no one would believe her anyway. The rape and torture of Sarah only came to light by chance, and through the dogged determination of her friend, and extreme courage from Sarah, an investigation finally ensued. It eventually transpired that two of the other female residents with intellectual disability had also been raped and abused by the perpetrator. One of them had told the staff and management what was happening to her, but they didn’t believe her. In fact, she was reprimanded and punished by staff for supposedly making up false allegations. Senior managers then set about covering up the scandal. When the three women were supported to tell their stories and the evidence became indisputable, the perpetrator pleaded guilty to 12 charges of rape and was sentenced to 18 years jail.

Christine, a 39 year-old woman with intellectual disability, was raped 3 times in one week by 3 different men. She lives in a residential facility, and although she is classified as having “high support needs”, she receives only 2 hours of support each day. For the other 22 hours, she is left unsupervised and unsupported. In one of the attacks (in the local park in broad daylight), she was repeatedly anally and vaginally raped and beaten. When she made it back to the residential facility, a staff member made her hand-wash her bloody underwear and garments. The worker wrongly “assumed” that the woman was menstruating (despite her being on an injectable contraceptive) and she was reprimanded for getting blood on her clothes. Vital forensic evidence was lost. Two days later, the woman disclosed the rapes to her friend who helped her report the rapes to the police. Despite the fact that she was able to give a very clear description of one of the perpetrators (who the police believed was known to them) - three of the five police initially involved in interviewing her and taking her statement, asked her friend if the woman might be “making it up”. The detectives investigating the case admitted that, although there was now clear evidence that the rapes occurred, there was "little likelihood" of a conviction due to the fact that the woman “has an intellectual disability”.

A 12 year old girl with intellectual disability experiences violence, including sexual violence, by boys in her class at school. The parents are provided with a certain number of counselling sessions for their daughter, but she needs on-going counselling and other interventions, which the parents have to pay for.

Linda is a 24 year old woman with a psychosocial and intellectual disability. She resides in a government funded group home with five other women with disability. Most of the other women are older – ranging in age between 40-60 years. The organisation managing the group home also operates several other group homes in the area. Linda is told by staff that she is being taken to visit “Jack” – a young man with intellectual disability who resides in one of the other group homes run by the organisation. Jack is considered to have significant ‘behavioural issues’ and is ‘difficult for staff to manage’. Jack is considered easier to ‘manage’ if he is not ‘sexually frustrated’. Linda is told by the staff that Jack is her “boyfriend”. Linda is taken to the group home where Jack resides and sent into his bedroom. Linda is raped by Jack but Linda thinks that she has to let Jack have sex with her (even though she doesn’t want to) because she has been told that Jack is her “boyfriend”. This ‘arrangement’ continues for many months until Linda eventually discloses to a family friend that Jack “hurts her” when he makes her have sex. Linda shows her family friend the cuts and bruises on her genitalia and inner thighs. Linda is eventually taken to a sexual assault support service, accompanied by an independent advocate. After one session, the sexual assault support service says they can no longer assist, because Linda won’t “open up” to them, and they don’t have the resources or the capacity to work with her.

Joan has Autism Spectrum Disorder and while a young primary school aged child, was restrained by staff at her school at one stage for up to 45 minutes every morning. Her parents withdrew her, and the next school also restrained her. She is now so traumatised she cannot attend any school. She is only nine years old and the State Government Education Department has made little effort to assist her with the psychological treatment she needs to recover from the abuse.

Kayla, 14, has an intellectual disability and does not use spoken language. She wears a continence aid during the day and night. During the school holidays, she attended a day program for teenagers with disability. She was sent to the day program in the early morning and was wearing a continence aid. When her parent picked her up to take her home, she was soiled and her mother changed her. When she changed her, she found a very deep cut or tear to her vaginal area, between her anus and vagina. Significantly, there was no blood in the soiled continence aid. The parent took her daughter to the hospital, where she underwent surgery and had stitches to repair the injury. The hospital staff were steadfast in their opinion that this was an 'inflicted injury'. They said that the injury would have bled profusely. Kayla is 'well padded' and the only possible time and place that she could have been injured was during being changed by a staff member. She was interviewed by police but there was no outcome as she could not tell them what had happened. Staff and management at the day program said that they did not know what had happened.

A family complained about the failure of a government run respite care centre that failed in its duty of care by neglecting their daughter. The family say they found their 20-year-old daughter, who has cerebral palsy, aphasia and quadriplegia, left alone outside at night and covered in ants at the respite care centre.

Natalie is 50 years old and is a resident at a psychiatric hospital. She is Deaf, and has intellectual disability, schizophrenia and epilepsy. She lived with her family until her parents were unable to care for her personal needs, and then moved into a residential care facility. During the first three years, Natalie complained that a night worker was hurting her. She also began to experience delusions during this time. Her complaints were not taken seriously and Natalie eventually stopped talking about the abuse. However, she began to have violent outbursts and staff reports reveal that she was restrained, sometimes for several hours, due to these outbursts. When the violence escalated to endanger other residents, Natalie was moved to the psychiatric hospital where she was placed under stricter medical supervision. At the hospital Natalie began to wet her bed at night and to pull out large sections of her hair. She was also heavily medicated. A new case manager experienced in working with survivors of sexual assault began to suspect that Natalie had been sexually abused. With the help of an interpreter, Natalie disclosed that for over three years, a night worker at the residential care facility had regularly come into her room and sexually assaulted her. The case manager scheduled a medical exam where it was discovered that Natalie had a sexually transmitted disease.

In 2014, Jane found out through a Freedom of Information request that her 8 year old son, who has Autism Spectrum Disorder, had been locked in a room smaller than an accessible toilet, two out of every three days, 2-3 times per day while attending his school. He had also been subjected to physical restraint. The documents setting this out had been kept from her. Numerous parents at the same school who had seen similar abuses over a number of years formally complained to the State Government Education Department. They refused to investigate, and the same Principal still leads the school. The School Diary sets out restraint as a consequence for inappropriate behaviour.

A 16 year old girl with disability, who lives in a State Government run group home, was found to have a broken femur. The young girl has cerebral palsy, severe spastic quadriparesis, cannot mobilise herself or bear her own weight and uses a wheelchair. At some time over a period of two days she sustained a fracture of her right femur. Her mother was the first person to notice the injury. Despite a medical specialist determining the injury most likely resulted from abuse, a subsequent investigation was unable to provide an explanation as to how the injury was sustained. The investigation did, however, determine that the group home’s processes relating to reporting and management of injuries, and/or possible abuse of clients, were inadequate.

Toni is 44 years old. She has a mild intellectual disability. She lives in a supported accommodation facility with approximately 20 other residents. Toni is unhappy in the facility. She wants to make her own decisions. She is not allowed to manage her own finances. Toni sometimes packs her bags and “runs away” from the facility and because she has no money, she hitchhikes. On four separate occasions within the space of a year, Toni has been raped by men who have ‘offered her a lift’.

Frank has multiple disabilities including Autism Spectrum Disorder. Frank told his mother he was taped to a chair while at school, and this was confirmed by the tape marks on his wrists. He was locked in rooms and subjected to restraint on numerous occasions, at least once witnessed by his mother. When attempting to make a complaint years later, the school refused to admit the abuse occurred, and said they had no documentation so could not investigate the complaint.  Frank was a young primary school child, and still suffers the trauma of those years. No assistance has ever been offered by the State Government Education Department at any time and Frank ended up being hospitalised halfway through his primary school years due to psychological damage.

Large numbers of men and women with intellectual, psychosocial and multiple disability reside in boarding houses where they are extremely vulnerable to violence and all forms of abuse. In one boarding house, a number of advocates, ex-staff, ex-residents and family members made complaints to police, the State Government department and the Ombudsman regarding the culture of violence and abuse within the boarding house. Allegations included that both male and female residents were repeatedly raped by the boarding house proprietor and other residents; many were placed in solitary confinement or physically beaten as punishment; residents were given non-prescribed medication to sedate them, and residents had their money restricted to control ‘comfort’ spending or their money was stolen by the proprietor. Allegations also included that the proprietor used another property to ‘hide’ residents until they recovered from beatings, and that the proprietor targeted particular female residents who he raped repeatedly over many years. Family members allege that they were threatened by the proprietor and that he interfered with the will-making of residents so that the wills favoured him. Despite repeated reports to authorities, it took almost 2 years before concerted action was taken to close this boarding house and move the residents to safety. A police investigation is still ongoing but to date no charges have been laid in relation to these criminal offences.