

RISK IN CONTEXT



People with Disabilities



Safe and Equal acknowledges Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. Sovereignty has never been ceded.

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PURPOSE AND APPLICATION

The *Risk in Context* series supports practitioners to apply an intersectional lens when undertaking MARAM risk assessment, recognising that evidence-based risk factors may present or be experienced differently across diverse communities. Designed for practitioners working at the Intermediate and Comprehensive MARAM Responsibility Levels, this resource provides practical examples and guiding questions to inform Structured Professional Judgement, contextualising key evidence-based risk factors for victim survivors with disabilities.

This guidance supports practitioners to recognise how established family violence risk factors may be shaped by disability, ableism, and the care relationship. These dynamics overlap and interact, and practitioners should consider which are relevant to each person's circumstances. The risk factors outlined are not exhaustive. They should be considered alongside broader MARAM practice guidance and risk assessment tools, recognising that victim survivors are the experts in their own experiences, relationships, and safety.

UNDERSTANDING FAMILY VIOLENCE AGAINST PEOPLE WITH DISABILITIES

People with disabilities are a highly diverse group across age, cultural background, gender identity, sexuality, and disability type, and cannot be understood as a single, homogenous group. For some people, disability intersects with other marginalised identities – including Aboriginal and Torres Strait Islander identity, cultural and linguistic diversity, LGBTQIA+ identity, and migration status – in ways that compound both the risk of family violence and the barriers to disclosure and help seeking. This guidance recognises the strength and agency of people with disabilities while addressing how adults using family violence deliberately exploit ableism and systemic barriers as a sustained pattern of coercive control.¹ This guidance also recognises that people who are Deaf or hard of hearing, and who use Auslan or another sign language as their first language, share a distinct, rich culture and language. Many people in the Deaf community do not identify as people with disability, but understand themselves as a culturally and linguistically distinct group.²

Family violence disproportionately impacts people with disabilities due to a complex intersection of ableism, gender inequality, and systemic marginalisation that creates high levels of risk while simultaneously removing pathways to safety, normalising control, obscuring violence, and making it significantly harder for victim survivors to be believed, access support, or name their own experiences as family violence.³ Nearly half of women with disability in Victoria have experienced family or domestic violence since age 15, substantially higher than the estimated 30% of women without disability.⁴ People with disabilities nationally experience violence that is more frequent, prolonged, and involves multiple perpetrators across a range of contexts including intimate partners, family members, paid and unpaid carers, and disability or healthcare workers.⁵

These conditions are shaped by Australia's history of forced institutionalisation, segregation, and systemic abuse, including widespread violence, neglect, and forced sterilisation.⁶ Many victim survivors hold living memory of these experiences, and the Royal Commission documented that institutional violence continues today in contemporary residential care settings, group homes, and supported accommodation.⁷

1. Our Watch and Women with Disabilities Victoria 2022
2. State of Victoria, Australia, Department of Families, Fairness and Housing 2022
3. Our Watch and Women with Disabilities Victoria 2022; Dowse et al. 2016
4. Krnjacki et al. 2016
5. Our Watch and Women with Disabilities Victoria 2022; Dowse et al. 2016; García-Cuéllar et al. 2023
6. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023, Volume 3
7. Royal Commission 2023

Adults using family violence deliberately weaponise the fear of institutionalisation, threatening placement or psychiatric hospitalisation as punishment and control.⁸ Many people with disabilities have well founded reasons to anticipate that disclosure may not result in protection but in further loss of decision-making authority, home, community, and control over their own lives. In this context, the threat of institutionalisation functions as a uniquely powerful form of coercive control, grounded not in abstraction but in documented historical and contemporary harm.

DISABILITY-BASED ABUSE: A DISTINCT FORM OF VIOLENCE

Disability-based abuse refers to patterns of violence in which an adult using family violence deliberately exploits a person's disability, related supports, or care systems to exert power and control.⁹ This form of violence targets fundamental aspects of autonomy and access to care, such as communication or mobility supports, medical needs, or disability funding, turning systems designed to promote independence and dignity into mechanisms of coercion and control.¹⁰

While people with disabilities experience the same forms of family violence as those without disabilities, such as physical and sexual assault, they also face unique, disability-specific forms of abuse. These tactics are often hidden within the context of caregiving and are underpinned by ableist and sexist stereotypes.¹¹

Adults using family violence exploit ableist assumptions that can also shape professional responses, including beliefs that people with disabilities are inherently dependent, incapable, less worthy, or require a level of support where control is necessary. These assumptions are deliberately leveraged to justify withholding care, controlling medical decisions, restricting mobility, or isolating victim survivors from supports and independence. This exploitation of disability-specific supports and ableist assumptions distinguishes disability-based abuse as a distinct form of family violence, making it both particularly insidious and contributing to its frequent misidentification or minimisation within professional practice and support systems.¹²

8. Our Watch and Women with Disabilities Victoria 2022; Maher et al. 2018; Royal Commission 2023

9. Royal Commission 2023

10. Our Watch and Women with Disabilities Victoria 2022

11. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

12. Dyson et al. 2017; Maher et al. 2018

HOW VIOLENCE IS FRAMED AS CARE

When adults using family violence also provide care, violent behaviours are frequently interpreted as care or support, normalised and excused by systems designed to trust and elevate caregivers. Adults using family violence exploit this, positioning themselves as indispensable and creating a “halo effect” where they are perceived as selfless and beyond reproach.¹³ Services and systems may inadvertently reinforce this framing through carer-focused language that portrays family members as “burdened” or “struggling to cope,” excusing violence as an understandable reaction to caring pressures rather than recognising it as a deliberate pattern of coercive control.¹⁴

Substitute decision-making arrangements, where others are legally empowered to make decisions about finances, living situations, medical care, and daily life can become tools of coercive control, further legitimised under the guise of protection.¹⁵ Adults using family violence deliberately embed themselves in these legal structures as guardians, administrators, or authorised decision makers, exploiting gendered and ableist stereotypes that frame women and girls with disabilities as “incapable” or lacking capacity to justify unilateral control.¹⁶ These arrangements strip victim survivors of autonomy, making it extraordinarily difficult to seek help, make safety plans, or leave violent situations when the person causing harm holds legal decision-making power.¹⁷

ASSESSMENT APPROACH

Risk factors may present differently depending on the identity, circumstances, and disability experience of a victim survivor. Practitioners should use intersectional analysis to understand how adults using family violence target victim survivors’ disabilities, related supports, and care systems, recognising that structural inequities including ableism, inaccessible services, and substitute decision-making arrangements create compounding barriers to disclosure and help-seeking that directly shape what victim survivors are able to share and when.

People with disabilities are active agents in their own safety, and develop sophisticated strategies to manage, resist, and survive family violence within highly constrained circumstances. Practitioners should recognise victim survivors as experts in their own safety, actively identifying the strategies they have already used to keep themselves safer, and the relationships, community connections, and resources they value and trust. Recognising this lived expertise is central to effective risk assessment and safety planning, as overly protective responses that override victim survivor autonomy can inadvertently replicate the dynamics of coercive control.

The guiding questions throughout this resource are intended as conversation starters to support structured professional judgement, not as a checklist or script. Questions should always be adapted to the person’s communication needs, cognitive abilities, and disability experience. This may mean simplifying language, using supported communication tools, allowing additional time, or approaching topics across multiple conversations rather than in a single assessment.

13. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

14. Our Watch and Women with Disabilities Victoria 2022

15. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

16. Our Watch and Women with Disabilities Victoria 2022; Australian Law Reform Commission 2014

17. Bigby et al. 2023

Disability inclusive practice in assessment:

- +** Conduct assessment collaboratively, ensuring communication is accessible and adapted to the person's needs. This may include augmentative and alternative communication, interpreters, Easy Read materials, or additional time. Never assume what a person can or cannot understand, decide, or do; always communicate directly with the person themselves.¹⁸
- +** Centre the victim survivor's self-assessment of risk and fear. Recognise that suppressed or minimised expressions of fear do not necessarily indicate low risk.
- +** Actively reflect on your own assumptions and biases, approaching each engagement with an open, curious, and non-judgemental stance that treats disability as context rather than explanation. Focus on perpetrator behaviour and its impact on the victim survivor's safety, autonomy, and freedom.
- +** Assess for violence from multiple perpetrators including intimate partners, family members, and paid or unpaid carers. Ensure assessment conversations occur privately and without third parties present. A person attending as a support person may be connected to the adult using family violence.¹⁹
- +** Recognise that "best interests" decision-making can replicate coercive control. Promote autonomy through supported decision-making rather than substitute decision-making, and centre the victim survivor's own agency and preferences.²⁰
- +** Recognise that legally authorised arrangements including guardianship, power of attorney, and behaviour support plans do not mitigate risk. These arrangements can themselves be used as tools of coercive control, and professional judgement must actively interrogate power, consent, and choice regardless of their legal status.
- +** Identify protective factors and strengths. These may include connections to disability community networks, peer support, advocacy organisations, cultural and faith communities, and family relationships.²¹
- +** Apply the principle of "Nothing About Us Without Us" centring the lived expertise of victim survivors with disabilities in assessment and decision-making, actively challenging ableist assumptions about capacity, agency, and credibility.²²
- +** When receiving disclosures from people with cognitive or communication disabilities, recognise that non-linear, inconsistent, or delayed accounts often reflect systemic barriers and the impact of coercive control rather than a lack of credibility. Do not treat inconsistency as grounds to doubt or minimise a person's account.
- +** Risk for people with disabilities can shift rapidly, particularly during changes to care, housing, NDIS plans, or the adult using family violence's access to the victim survivor. Transitions such as guardianship reviews, changes in support workers, threatened withdrawal of care, or separation may signal escalation points requiring immediate risk management. Where abuse is embedded across multiple systems, care relationships, or legal structures, the cumulative impact may not be visible when each element is considered in isolation.

18. Dyson et al. 2017

19. Royal Commission 2023

20. Royal Commission 2023; Bigby et al. 2023

21. Our Watch and Women with Disabilities Victoria 2022

22. Charlton 1998



RISK FACTORS RELEVANT TO AN ADULT VICTIM SURVIVOR'S CIRCUMSTANCES



Financial Abuse

Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship.

Financial abuse in context for victim survivors with disabilities



NDIS Funding Exploitation and Control

Financial abuse against people with disabilities often involves the deliberate misuse or control of disability-related payments, supports, and funding. When adults using family violence hold roles as carers, support coordinators, or plan nominees, they may exploit NDIS systems to maintain control, restricting access, redirecting funding for their own benefit, or using substitute decision-making arrangements to remove choice and financial autonomy.²³

Common behaviours include:

- + Making decisions about NDIS plan development and reviews without consultation, positioning themselves as essential intermediaries between the victim survivor and the NDIS
- + Misusing NDIS funding, for example using transport or household tasks funding for their own purposes rather than the person's disability-related needs²⁴
- + Controlling online NDIS accounts and budget information, preventing independent access to plan details
- + Taking control of NDIS participant portals or MyGov accounts, changing passwords to prevent the person from accessing their own funding, support schedules, or medical records
- + Deliberately exploiting ableist assumptions about capacity to claim the victim survivor cannot manage their own finances or understand their needs²⁵



Guiding questions for practitioners

Can you tell me who's involved in your NDIS plan? Things like who comes to meetings, who makes decisions about your supports, and whether you can see how your funding is being spent?

Is the person using violence your NDIS Plan Nominee?

Has anyone used your NDIS funding for things that don't benefit you?

Has anyone removed, restricted, or changed your access to supports funded through your NDIS plan?

Does your child have an NDIS plan?

Is the person using violence listed as a Child Representative?

Note: child representatives have access to all plan information, including the location where supports are provided.

For people with cognitive disability or communication support needs:

Do you know who your plan nominee is? Would you like to find out what your plan says?

23. Royal Commission 2023; Breckenridge et al. 2021

24. National Disability Insurance Agency 2024

25. National Disability Insurance Agency 2024; Our Watch and Women with Disabilities Victoria 2022



Disability Support Pension (DSP) and Centrelink Control



Guiding questions for practitioners

The Disability Support Pension (DSP) is often a person's primary or sole source of income, making control over DSP payments a particularly powerful mechanism of economic coercion. Adults using family violence may target DSP payments to create total financial control, removing the victim survivor's capacity to meet basic needs independently or to leave.²⁶

Common behaviours include:

- + Taking or controlling DSP payments, including withholding funds needed for food, medication, or disability-related equipment
- + Redirecting DSP payments to accounts controlled by the adult using family violence, including misusing PIN access when assisting with banking²⁷
- + Exploiting the Centrelink tip-off system by threatening to report the victim survivor for "fraud," knowing this threat alone can cause significant fear and compliance²⁸
- + Using knowledge of DSP eligibility requirements to threaten payment cancellation or review²⁹

Can you tell me how your finances are managed day to day? Things like who receives your payments, who can access your accounts, and how decisions about money get made?

Do you have enough money for what you need, including food, medication, and equipment?

Has anyone threatened to report you to Centrelink or contact them about your payments?

For people with cognitive disabilities or substitute decision-making arrangements:

Who manages your finances, and did you choose that arrangement?



Carer Payment Weaponisation



Guiding questions for practitioners

When adults using family violence receive Carer Payment or Carer Allowance, they may weaponise their "carer" status to justify control over all aspects of the victim survivor's life, exploiting the caring relationship as a tool of coercive control.³⁰

Common behaviours include:

- + Using receipt of Carer Payment to claim authority over the victim survivor's daily decisions, movements, relationships, and access to services
- + Threatening to withdraw essential care as punishment or to enforce compliance
- + Receiving Carer Payment without providing required care, or providing only minimal care while retaining the payment
- + Leveraging "carer" status to access and control the victim survivor's other financial supports, accounts, and benefits³¹

Are you receiving the care and support you need by the person receiving Carer Payments?

Has anyone used their carer role to access or control your other payments or financial accounts?

Do you make your own decisions, or does your carer make decisions on your behalf without asking you?

26. Royal Commission 2023; Economic Justice Australia 2022

27. Our Watch and Women with Disabilities Victoria 2022

28. Economic Justice Australia 2022

29. Royal Commission 2023

30. Our Watch and Women with Disabilities Victoria 2022

31. Royal Commission 2023; Bigby et al. 2023

RISK FACTORS FOR ADULT OR CHILD VICTIM SURVIVORS CAUSED BY PERPETRATOR BEHAVIOURS



Controlling Behaviours*

Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence. Adults using family violence may express ownership over family members as an articulation of control.

Controlling behaviours in context for victim survivors with disabilities



Restrictive Practices

Adults using family violence may misuse restrictive practices as tools of coercive control, physically, chemically, or environmentally limiting a victim survivor's rights, autonomy, and freedom of movement. These actions are often framed as necessary care, safety measures, or behaviour management, and in some contexts are authorised within service systems or laws, making it harder for victim survivors to name or challenge the violence they experience.³²

Restrictive practices can include:

- + Physical restraint: using one's body to restrict movement
- + Mechanical restraint: using equipment or devices to restrict movement
- + Chemical restraint: using medication or sedatives to control or subdue
- + Seclusion: confining a person in a room or area they cannot freely leave
- + Environmental restraint: limiting access to the community, areas of the home, or personal belongings including mobility or communication aids³³

See also: [Medical Exploitation and Control](#)



Guiding questions for practitioners

Can you tell me about your day to day life at home, where you can go, what spaces and belongings you can access, and whether you need support to move around?

Does anyone restrict your access to your mobility aids, communication devices, or other equipment you need?

Has anyone locked you in a room or prevented you from leaving spaces in your home?

Does anyone physically restrain you or use equipment to restrict your movement?

32. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023; Dyson et al. 2017

33. Our Watch and Women with Disabilities Victoria 2022

*Serious risk factor



Medical Exploitation and Control



Guiding questions for practitioners

Medical control is a recognised form of violence against people with disabilities that involves acts, treatments, or procedures that interfere with a person's autonomy to make decisions about their own health.³⁴ Adults using family violence exploit ableist attitudes and medical systems to erode bodily autonomy, using healthcare as a site of coercive control.

Examples of medical control include:

- + Forcing unwanted medical treatments or procedures without the person's knowledge or consent
- + Forcing or coercing psychiatric interventions or treatments without the person's knowledge or consent
- + Withholding or restricting access to essential medications, treatments, or medical equipment
- + Manipulating medication dosages for coercive control. For example, over or under-medicating to sedate, discredit, or destabilise the person³⁵
- + Controlling or preventing access to healthcare providers and medical appointments
- + Sabotaging, hiding, or withholding assistive technologies such as wheelchairs, communication devices, or hearing aids
- + Making unilateral decisions about medical care, denying the person's right to choice and informed consent³⁶
- + Preventing access to reproductive healthcare or contraception

See also: [Reproductive Coercion](#)

Do you have a say in decisions about your medication and medical care, including who you see and what treatments you have?

Are you able to see doctors or health professionals alone?

Has anyone forced, withheld, or tampered with your medication, medical treatment, or assistive technology?

34. Our Watch and Women with Disabilities Victoria 2022; Dyson et al. 2017; Maher et al. 2018

35. Our Watch and Women with Disabilities Victoria 2022; Dyson et al. 2017

36. Our Watch and Women with Disabilities Victoria 2022; Bigby et al. 2023; Royal Commission 2023



Reproductive Coercion

Reproductive coercion involves deliberate interference with a person's reproductive autonomy and decision-making. For people with disabilities, reproductive coercion is rooted in the history and ongoing practices of reproductive violence. The Royal Commission documented that women and girls with disabilities continue to be subjected to involuntary sterilisation and irreversible procedures performed without full, free, and informed consent.³⁷

Women and girls with disabilities are frequently denied their sexual and reproductive rights, including access to information and the ability to make informed decisions about their own fertility, sexuality, and healthcare. This denial is reinforced by ableist and sexist stereotypes that portray women with disabilities as incapable parents who should be prevented from having children, as childlike and in need of protection from sexuality, or as asexual and therefore not needing sexual or reproductive healthcare.³⁸

Common behaviours include:

- + Sabotaging, hiding, damaging, or withholding contraception
- + Refusing to use protection during sexual activity
- + Forcing or coercing pregnancy, or termination
- + Forcing or coercing sterilisation or irreversible procedures
- + Using long-acting contraception or hormonal treatments to suppress menstruation without consent, for the convenience of others or to manage "behaviours of concern"
- + Controlling or restricting access to reproductive healthcare services
- + Preventing access to sexual and reproductive health information
- + Accompanying medical appointments to monitor or control reproductive health conversations
- + Exploiting a carer role to dismiss or override reproductive decisions
- + Threatening child removal to suppress reproductive autonomy or maintain control
- + Threatening to withdraw care or support as a mechanism of reproductive control³⁹

See also: [Restrictive Practices, Medical Exploitation and Control](#), [Weaponising Child Protection](#), [Carer Payment Weaponisation](#)



Guiding questions for practitioners

Are you able to attend reproductive and sexual health appointments alone?

Has anyone damaged, hidden, or prevented you from accessing contraception?

Is there anyone you would be fearful of if they found out about a pregnancy or a decision you had made about your reproductive health?

Note: for people with disabilities, reproductive coercion may originate not only from intimate partners or family members but from care systems and institutions.

37. Royal Commission 2023

38. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

39. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023; Children by Choice 2023



Weaponising Child Protection



Guiding questions for practitioners

Mothers with disabilities in Australia are estimated to be up to ten times more likely to have a child removed from their care, often based on disability status rather than clear evidence of child neglect or abuse.⁴⁰ This disproportionate intervention is driven by pervasive ableist and sexist stereotypes portraying women with disabilities as “incapable parents”, a stereotype that adults using family violence deliberately exploit as a tool of coercive control.⁴¹ Women with disabilities are routinely afraid to disclose their disability to authorities knowing it will negatively affect perceptions of their parenting capacity, creating a profound barrier to seeking help.⁴²

Adults using family violence exploit this systemic bias by manufacturing harmful narratives around the mother’s parenting while presenting themselves as capable and concerned. They create false evidence through deliberate sabotage such as restricting disability supports, withholding resources, or provoking reactions they selectively record, then use these manufactured issues as proof of “incapacity” in reports to authorities.⁴³

Common behaviours include:

- + Making false reports to child protection or family courts based on disability status
- + Presenting as capable and competent while deliberately shifting blame onto the mother’s disability or support needs
- + Framing disability, diagnoses, medication use, or support needs as evidence of parental incapacity
- + Withholding financial resources or sabotaging access to supports, then using resulting impact as proof of neglect
- + Exploiting communication difficulties in court settings to discredit the victim survivor⁴⁴

See also: [Undermining and Gaslighting](#)

Has anyone suggested that your disability, diagnosis, or need for support means you shouldn’t be caring for your children?

Has anyone made you feel that talking about violence would put your relationship with your children at risk?

40. Libesman et al. 2023

41. Libesman et al. 2023; Lima et al. 2022

42. Libesman et al. 2023

43. Breckenridge et al. 2021; Lima et al. 2022

44. Breckenridge et al. 2021; Australian Institute of Health and Welfare 2023



Emotional Abuse

Perpetrators' use of emotional abuse can have significant impacts on the victim's physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance

Emotional abuse in context for victim survivors with disabilities



Threats of Institutionalisation and Psychological Control

Adults using family violence exploit fears rooted in the historical and ongoing institutionalisation of people with disabilities to inflict emotional harm and maintain psychological control. These threats are deliberate tactics designed to terrorise victim survivors, exploiting well-founded fears of losing autonomy, home, and community.⁴⁵

Common tactics include:

- + Threatening placement in residential care, institutional settings, or group homes against the person's will
- + Portraying the victim survivor as a burden whose care is unsustainable, creating fear that any complaint or disclosure will result in abandonment, or removal from home and community
- + Threatening to withdraw care or abandon the person
- + Threatening to share private information about their health or disability with others
- + Threatening to report them to child protection, disability services, police, or Centrelink as a form of intimidation⁴⁶

See also: [Technology-Facilitated Abuse](#), [DSP and Centrelink Control](#), [Weaponising Child Protection](#)



Guiding questions for practitioners

Has anyone ever threatened to send you to a care facility or institution, or suggested you'd be better off somewhere else?

Has anyone threatened to have you admitted to a psychiatric facility or mental health unit?

Has anyone ever threatened to abandon you or stop providing care?

45. Royal Commission 2023; Our Watch and Women with Disabilities Victoria 2022

46. Maher et al. 2018; Royal Commission 2023; Our Watch and Women with Disabilities Victoria 2022



Undermining and Gaslighting



Guiding questions for practitioners

Adults using family violence exploit ableist assumptions about capacity, memory, and credibility to undermine victim survivors' confidence, autonomy, and sense of reality. Through emotional and psychological tactics, adults using family violence may make the person feel that no one will believe them, that seeking help is pointless, or that they deserve the treatment they receive. These tactics are particularly powerful against people with cognitive or psychosocial disabilities, where adults using family violence deliberately exploit credibility challenges and communication differences to distort the person's experience of abuse and prevent them from being believed.⁴⁷

Common tactics include:

- + Humiliating through derogatory language, disability-specific slurs, mockery, or persistent put-downs that erode self-worth
- + Infantilising the victim survivor or treating them as incapable of making their own decisions
- + Gaslighting: denying or minimising violence, blaming the person's disability for misunderstandings or memory gaps, or claiming symptoms are fabricated
- + Attributing distress, trauma responses, or resistance to abuse to the person's disability rather than recognising them as responses to violence
- + Presenting as calm and cooperative to authorities while portraying the victim survivor as irrational or incapable
- + Provoking reactions to frame the victim survivor as the aggressor in legal proceedings or reports to services
- + Using the person's disability to discredit their accounts of abuse to services, family members, or authorities
- + Claiming the victim survivor is an "incapable" or "unfit" parent and creating fear that disclosure will result in child protection involvement or loss of custody
- + Positioning themselves as a self-sacrificing carer to family, professionals, or the community while privately belittling or controlling the victim survivor

See also: [Weaponising Child Protection, Technology-Facilitated Abuse, Threats of Institutionalisation and Psychological Control](#)

Does anyone make you feel bad about yourself or your disability?

Has anyone told you that others won't believe you?

47. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023



Isolation

A victim is more vulnerable if isolated from family, friends, their community (including cultural) and the wider community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic. Other examples of isolation include systemic factors that limit social interaction or facilitate the perpetrator not allowing the victim to have social interaction.

Isolation in context for victim survivors with disabilities



Social and Community Isolation

Relationships with family, friends, community, and specialist disability supports are critical for safety, connection, and identity. When adults using family violence deliberately sever these connections, they remove key protective and visibility safeguards, increasing the likelihood that violence and neglect go unnoticed, particularly for those in closed or supported accommodation settings.⁴⁸ Disability-specific networks, peer support, and advocacy organisations are uniquely protective for people with disabilities, making them deliberate targets for adults using family violence.⁴⁹

Common behaviours include:

- + Preventing attendance at disability programs, day services, or community activities
- + Restricting contact with peers, disability-specific networks, or advocacy organisations
- + Controlling or preventing access to independent advocacy or support workers
- + Monitoring or blocking communication with family, friends, and community
- + Removing or limiting access to transport, mobility aids, or support to get around
- + Threatening to expose private health information or diagnoses to prevent the person from connecting with community, services, or support networks
- + Preventing participation in cultural, faith-based, or community activities that provide identity and connection⁵⁰

See also: [Technology-Facilitated Abuse](#) and [Threats of Institutionalisation and Psychological Control](#)



Guiding questions for practitioners

Can you tell me about your connections with friends, family, community, and the services that support you, are you able to see people and access services when you want to?

Has anyone restricted your access to transport, mobility aids, or support to get around?

Has anyone prevented you from seeing your support workers or attending programs that are important to you?

48. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

49. García-Cuéllar et al. 2023

50. Our Watch and Women with Disabilities Victoria 2022; García-Cuéllar et al. 2023; Maher et al. 2018; Dyson et al. 2017



Communication-Based Isolation



Guiding questions for practitioners

Adults using family violence weaponise communication barriers as tools of control, deliberately withholding communication aids, interpreters, or assistive technology to isolate victim survivors.

People who are deaf, hard of hearing, have speech impairments, or use augmentative and alternative communication (AAC) are at particular risk.⁵¹ Deaf women experience domestic violence at twice the rate of hearing women, and adults using family violence specifically target communication access as a control tactic⁵²

For Deaf victim survivors who use Auslan or another sign language, this isolation can be compounded by the interpreter pool itself: it is often small, and interpreters may be personally known to the adult using violence or to their broader network, creating barriers to accessing safe, confidential support.

Common behaviours include:

- + Damaging or destroying communication tools including cochlear implant magnets, hearing aids, phones, tablets, or AAC devices
- + Withholding or controlling access to interpreters, communication aids, or translation services
- + Speaking for the victim survivor without consent, particularly in critical situations such as medical appointments or when police are present
- + Targeting hands, fingers, or upper limbs to prevent sign language communication⁵³
- + Dismissing or ignoring attempts to communicate distress, or minimising communication difficulties
- + Monitoring communications through technology under the guise of “safety” or “care”
- + Refusing to learn or use the person’s communication method such as sign language, AAC, or communication boards⁵⁴

See also: [Technology-Facilitated Abuse, Undermining and Gaslighting](#)

*Can you tell me how you communicate and connect with people?
Do you have reliable access to your communication aids and devices, and privacy when you need it?*

Has anyone damaged, hidden, or taken away your hearing aids or communication devices?

Does someone speak for you in situations where you could speak for yourself?

51. Our Watch and Women with Disabilities Victoria 2022

52. Letico 2024

53. Letico 2024

54. Our Watch and Women with Disabilities Victoria 2022; Letico 2024



Sexual Assault*

Perpetrators who sexually assault their victim are also more likely to use other forms of violence against them.

Sexual assault of victim in context for victim survivors with disabilities



Sexual Violence



Guiding questions for practitioners

Women with disabilities are more than twice as likely to experience violence by a domestic partner, and the overall rate of sexual assault of people with disabilities since age 15 is nearly twice that of people without disabilities.⁵⁵ Women with intellectual or psychological disabilities face the highest risk, with 45% having experienced sexual assault.⁵⁶ Risk is further heightened for those living in institutional and segregated settings, including group homes, residential facilities, and supported accommodation, where power differentials and reduced connection to family and community, can enable abuse to go undetected and unaddressed.⁵⁷

Sexual violence often occurs during personal care situations such as bathing, toileting, or dressing, where adults using family violence exploit their position of power, trust, and access. Violence is normalised as “part of care” or framed as “necessary for protection,” making it difficult for victim survivors to recognise, name, or report, particularly when they rely on the person causing harm for essential daily support, or when they have not had access to accessible information about healthy relationships and what constitutes abuse.⁵⁸

Common behaviours include:

- + Sexual assault during personal care routines including bathing, toileting, or dressing
- + Grooming: establishing a false sense of love, trust, or specialness to facilitate sexual abuse, particularly by those in positions of authority or trust
- + Controlling or restricting which support workers provide personal care
- + Exploiting situations where the victim survivor cannot clearly communicate consent or refusal due to communication barriers or cognitive disability
- + Framing sexual assault as “part of care,” “necessary for protection,” or medical intervention
- + Filming, photographing, or livestreaming sexual violence or personal care situations without consent

See also: [Medical Exploitation and Control](#), [Reproductive Coercion](#), [Technology-Facilitated Abuse](#)

Note: the following questions require careful trauma-informed, accessible and inclusive language. Behaviour-based questions support disclosure by focusing on lived experience rather than labels. Many victim survivors may not identify coerced or forced sex within a relationship as rape or sexual assault. A victim survivor may answer ‘no’ when asked if they have been sexually assaulted, but ‘yes’ when asked if they have had sex when they didn’t want to.

Do you feel safe when you get help with personal care like washing or dressing?

Do you have a say in who provides your personal care?

Has anyone ever made you do sexual things you didn’t want to do?

Has anyone told you that what happened between you was ‘normal’ or ‘part of your care’ when it didn’t feel right to you?

Has anyone taken photos or videos of you without your permission, including during personal care?

55. Our Watch and Women with Disabilities Victoria 2022; Australian Institute of Health and Welfare 2023

56. Royal Commission 2023

57. Our Watch and Women with Disabilities Victoria 2022; Royal Commission 2023

58. Maher et al. 2018; Royal Commission 2023; Dowse et al. 2016



Stalking of Victim*

Stalkers are more likely to be violent if they have had an intimate relationship with the victim, including during, following separation and including when the victim has commenced a new relationship. Stalking when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Technology-facilitated abuse, including on social media, surveillance technologies and apps is a type of stalking.

Stalking in context for victim survivors with disabilities



Technology-Facilitated Abuse

People with disabilities experience stalking at substantially higher rates than people without disabilities, with women with disabilities at particular risk. Former intimate partners are the most common perpetrators of stalking against people with disabilities, consistent with the serious risk this presents in the context of separation and post-separation violence.⁵⁹ For people with disabilities, adults using family violence exploit assistive technology, communication devices, and disability-specific digital systems as tools of surveillance and control, extending stalking behaviour into the systems and supports designed to promote independence and safety.⁶⁰

Victim survivors are often disbelieved when reporting complex technology-facilitated abuse and are frequently advised by police and services to disengage from technology. For many people with disabilities, social media and digital platforms are primary lifelines to family, community and support networks, and disengaging from technology can increase isolation and remove critical safety connections. Responses should instead focus on holding adults using family violence accountable.⁶¹

Common tactics include:

- + Placing tracking devices on mobility aids such as wheelchairs, walkers, or scooters
- + Using spyware or monitoring software on communication devices, AAC devices, or computers
- + Exploiting digital accessibility tools and adaptive technology to monitor activities, communications, and whereabouts
- + Exploiting knowledge of the person's disability support schedules, medical appointments, or care routines
- + Using the NDIS portal, provider portals, or MyGov to monitor location, activities, and service usage
- + Monitoring through shared cloud accounts, family-linked devices, or joint accounts set up for care coordination
- + Manipulating smart home accessibility features including voice-controlled lights, automated door locks, environmental controls, or temperature systems to harass or demonstrate control⁶²

See also: [NDIS Funding Exploitation and Control](#)



Guiding questions for practitioners

Do you feel like someone is watching you through your devices, cameras, or smart home technology?

Has anyone used your assistive technology or communication devices to monitor what you do or where you go?

Has anyone used the NDIS online portal to monitor your location or activities?

Does the person using violence have access to your accounts, passwords, or devices?

Has anyone shown up unexpectedly at your medical appointments, support sessions, or other regular activities?

59. Krnjacki et al. 2016

60. Our Watch and Women with Disabilities Victoria 2022; Krnjacki et al. 2016; Harris and Woodlock 2021

61. Harris and Woodlock 2021

62. Harris and Woodlock 2021

BIBLIOGRAPHY

- [Australian Institute of Health and Welfare. *People with Disability: Family, Domestic and Sexual Violence*. \(2023\)](#)
- [Australian Law Reform Commission. *Equality, Capacity and Disability in Commonwealth Laws*. ALRC Report 124. Australian Law Reform Commission \(2014\)](#)
- [Bigby, C; Carney, T; Then, S. *Diversity, Dignity, Equity and Best Practice: A Framework for Supported Decision-Making*. La Trobe University \(2023\)](#)
- [Breckenridge, J; Singh, S; Lyons, G; Suchting, M. *Understanding Economic and Financial Abuse and Disability in the Context of Domestic and Family Violence*. UNSW Gendered Violence Research Network; Commonwealth Bank of Australia \(2021\)](#)
- [Charlton, JI. *Nothing About Us Without Us: Disability Oppression and Empowerment*. University of California Press \(1998\)](#)
- [Children by Choice. *Reproductive Coercion and Abuse among Clients with Disabilities*. \(2023\)](#)
- [Dowse, L; Soldatic, K; Spangaro, J; Van Toorn, G. "Mind the Gap: The Extent of Violence against Women with Disabilities in Australia." *Australian Journal of Social Issues* 51, no. 3 \(2016\)](#)
- [Dyson, S; Frawley, P; Robinson, S. "Whatever It Takes": Access for Women with Disabilities to Domestic and Family Violence Services. ANROWS \(2017\)](#)
- [Economic Justice Australia. *Dob-Ins and Domestic Violence: How Australia's Welfare Fraud Tip-off Line Makes Women Less Safe*. \(2022\)](#)
- [García-Cuellar, MM; Pastor-Moreno, G; Ruiz-Pérez, I; Henares-Montiel, J. "The Prevalence of Intimate Partner Violence against Women with Disabilities: A Systematic Review of the Literature." *Disability and Rehabilitation* 45, no. 1 \(2023\)](#)
- [Harris, B; Woodlock, D. "For My Safety": Experiences of Technology-Facilitated Abuse among Women with Intellectual Disability or Cognitive Disability. eSafety Commissioner \(2021\)](#)
- [Krnjacki, L; Emerson, E; Llewellyn, G; Kavanagh, AM. "Prevalence and Risk of Violence against People with and without Disabilities: Findings from an Australian Population-Based Study." *Australian and New Zealand Journal of Public Health* 40, no. 1 \(2016\)](#)
- [Letico, V. "Deaf Women Are Twice as Likely to Experience Domestic Violence. How Perpetrators Weaponise Disability." Victoria University \(2024\)](#)
- [Libesman, T; Gray, P; Chandler, E; Briskman, L; Didi, A; Avery, S. *Parents with Disability and Their Experiences of Child Protection Systems*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability \(2023\)](#)
- [Lima, F; O'Donnell, M; Bourke, J; et al. "Child Protection Involvement of Children of Mothers with Intellectual Disability." *Child Abuse & Neglect* 126 \(2022\)](#)
- [Maher, J; Spivakovsky, C; McCulloch, J; et al. *Women, Disability and Violence: Barriers to Accessing Justice*. ANROWS \(2018\)](#)
- [National Disability Insurance Agency. *Fraud Fusion Taskforce Investigates \\$1 Billion in NDIS Payments in First Year*. \(2024\)](#)
- [Our Watch and Women with Disabilities Victoria. *Changing the Landscape: A National Resource to Prevent Violence against Women and Girls with Disabilities*. Our Watch \(2022\)](#)
- [State of Victoria, Australia, Department of Families, Fairness and Housing. *Person-First and Identity-First Language* \(2022\)](#)

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. *Final Report: Abuse, Neglect and Exploitation of People with Disability*. Commonwealth of Australia (2023)

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. *Final Report: Volume 3: Nature and Extent of Violence, Abuse, Neglect and Exploitation*. Commonwealth of Australia (2023)

Saldanha, S; Botfield, JR; Moradi, M; Wong, J; Mazza, D. "Australian Health and Social Service Providers' Perspectives on Interpersonal and Structural Forms of Reproductive Coercion." *Social Science & Medicine* 385 (2025)