Office of the Public Advocate
South Australia

Report

Domestic Family Violence and Exploitation

Findings of the Office of the Public Advocate

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1. Glossary

Acronym	Full title
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
APTOS	Applied Principles Tables of Support
ASU	Adult Safeguarding Unit
CHP	Community Housing Provider
CSIR	Critical Services Issues Response
CTO	Community Treatment Order
DCP	Department for Child Protection
DFSV	Domestic, family, and sexual violence
DVDS	Domestic Violence Disclosure Scheme
DHS	Department of Human Services
DPP	Director of Public Prosecutions
DRC	Disability Royal Commission - Royal Commission into Abuse Neglect and Exploitation of People with Disability
ENU	Exceptional Needs Unit, DHS
FVIS	Family Violence Intervention Services
GAA	*Guardianship and Administration Act 1993* (SA)
IPP	Information Privacy Principles
ISG	Information Sharing Guidelines
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer Asexual and other sexually or gender diverse people
MAPS	Multi Agency Protective Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NQSC	NDIS Quality and Safeguards Commission
ODA	Office for Data Analytics
OFW	Office for Women
OPA	Office of the Public Advocate
PA	Public Advocate
PT	Public Trustee
SAAS	South Australian Ambulance Service
SACAT	South Australian Civil and Administrative Tribunal

SAHA	South Australian Housing Authority
SAPOL	South Australian Police
SDA	Specialist Disability Accommodation
SIL	Supported Independent Living
VOCSA	Victims of Crime SA
WCHN	Women's and Children Health Network
WSSSA	Women's Safety Services SA
YWSWD	Youth & Women's Safety Wellbeing Division, WCHN

2. Purpose of this paper

This paper is to inform Ministers and Senior Government Officials about the impact of domestic, family and sexual violence (DFSV) and exploitation on people with disability, particularly those who are under the guardianship of the South Australian Public Advocate (PA). The *Public Advocate Clients and Domestic Family Violence Working Group* has identified key issues and recommendations to improve agency responses and outcomes for people with disability experiencing violence and abuse.

The profile of PA clients significantly affected includes women, some men and some people who identify as LGBTIQA+. These clients are usually socially active and mobile and can access the community independently. This paper highlights a number of impacts on these individuals. The body of literature and research pertaining to DFSV has predominantly focused on women, as this is the population group with the highest impact and burden of DFSV in the community. The working group recognises that the impacts and issues, when experienced by men or those who identify as LGBTIQA+ are also significant and are to be considered in the context of intersectionality

Addressing these key issues will:

- reduce the risk of harm
- respect human rights and improve safety
- hold perpetrators accountable
- address repeated/ongoing abuse
- promote systemic reform focused on DFSV
- promote coordinated responses between key agencies

3. Definitions and context

Appendix A provides definitions and the general context in which DFSV occurs.

4. Background

Women with a disability

Women with a disability are 40 per cent more likely to experience domestic violence than women who don't have a disability, and an estimated nine out of ten women with an intellectual disability have been sexually abused.[1]

The Australian Burden of Disease Study 2018 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian population. For women aged 15 to 44 years, intimate partner violence was ranked as the fourth leading risk factor for total disease burden, and child abuse & neglect was the leading risk factor.[2]The most prevalent health consequences, which lead to reduced life span and reduced quality of life, include:

- homicide,
- suicide,
- self-harm,
- injuries,
- early pregnancy loss,
- anxiety and depression.

These health impacts are compounded for women with disability.[3]

The *Royal Commission into Abuse Neglect and Exploitation of People with Disability* (DRC) examined the experience of women and girls with disability with a particular focus on DFSV at Public Hearing 17. The Hearing was held in two parts, 13th and 14th of October 2021 and 28th of March to the 1st of April 2022.

The Royal Commission noted that:

- 2 in 5 (40% or 1.2 million) women with disability have experienced physical violence after the age of 15, compared with 26% (or 1.7 million) without a disability[4]
- 90% of women with intellectual disability have experienced sexual abuse, and 68% of women with an intellectual disability will be subjected to sexual abuse before they reach 18 years of age[5]
- First nations women are 34 times more likely than non-Indigenous women to be hospitalised due to family domestic violence[6]
- Women with disability are twice as likely to experience sexual violence over one year compared to women without disability[7]
- In 2016 the cost of violence against women with disability was estimated as $1.7billion[8]

[1] Women, disability and domestic violence – WWILD – SVP Brisbane
[2] Family, domestic and sexual violence - Australian Institute of Health and Welfare (aihw.gov.au)
[3] Family, domestic and sexual violence - Australian Institute of Health and Welfare (aihw.gov.au)
[4] [Brownridge, D. (2006) 'Partner violence against women with disabilities: Prevalence, risks and explanations', Violence against Women, vol. 12, no. 9, pp. 805–22.
[5] Australian Law Reform Commission (ALRC) (2010) *Family Violence — A National Legal Response*. ALRC Final Report 114.
[6] Australian Institute for Health and Welfare, Family, domestic and sexual violence in Australia: continuing the national story, 2019.
[7] Brain Injury Australia, Monash University, Domestic Violence Victoria, No to Violence incorporating the Men's Referral Service and the Centre for Excellence in Child and Family Welfare, *The prevalence of acquired brain injury among victims and perpetrators of family violence*, 2018.

The AIHW recently released a National Sexual Assault Responses paper (August 2022) which indicates: Sexual Assault reports to police increased by 13% in 2021 from 2020. In 2020/21 the *National Disability Insurance Scheme Quality and Safeguard Commission* (NQSC) received: 418 notifications of incidents of alleged sexual misconduct.[9]

5. The role of the Public Advocate

The Public Advocate's functions include advocacy, as well as guardian of last resort for South Australians with impaired decision-making capacity or, mental incapacity as defined in the *Guardianship and Administration Act 1993* (GAA). The Public Advocate is appointed by the South Australian Civil and Administrative Tribunal (SACAT).

The Public Advocate is generally appointed when there is no other suitable person to assist with decision making and a decision relating to health, accommodation or lifestyle for that person needs to be made.

The Public Advocate is the guardian for 1832 people (as of 27 March 2023). Of these, 714 are female and 966 are male (There are 152 clients where the gender is not recorded). There is a lack of data currently available relating to people who identify as LGBTIQA+ under guardianship of the Public Advocate but is an area for future improvement in data collection.

Appendix B provides further detail about the appointment of the Public Advocate as guardian and the demographics of those under guardianship.

The Public Advocate is the guardian for some of South Australia's most vulnerable adults. Their circumstances are often exacerbated due to difficulties in sustaining connection with supports and services, inability to advocate for themselves and the lack of strong informal supports around them. The living arrangements of the Office of the Public Advocate (OPA) clients can result in them being more at risk to violence and abuse than the general population.

People with disability may also experience violence from people within a residential or institutional setting, which can include other residents, staff members, medical practitioners or service providers. Women who rely on personal care assistance may also experience abuse, which ranges from neglect or poor care to economic, verbal and sexual abuse.[10]

Violence experienced by people with disability was most often perpetrated by someone they know. For adults with disability, who have experienced violence after age 15, the most common perpetrators of violence were:

- an intimate partner – this was the case for more than 2 in 5 (44% or 1.1 million) adults with disability who have experienced violence after age 15, compared with 37% (or 1.7 million) of adults without disability
- an acquaintance or neighbour – more than 1 in 5 (22% or 598,000) adults with disability who experienced violence, compared with 16% (or 718,000)
- housemate or friend – 1 in 7 (14% or 365,000), compared with 12% (or 528,000)

[8] KPMG, *The cost of violence against women and their children in Australia: Final detailed report,* May 2016, 68. At The Cost of Violence against Women and their Children in Australia (dss.gov.au)

[9] National sexual violence responses, Summary - Australian Institute of Health and Welfare (aihw.gov.au)

[10] Women with disability – Women's Safety Services

- a parent – 1 in 9 (11% or 301,000), compared with 8.4% (or 382,000) [11]

The Public Advocate appeared before the Royal Commission into Abuse Neglect and Exploitation of People with Disability in June 2021 at *Public Hearing 14: Preventing and responding to violence, abuse, neglect and exploitation in disability services (South Australia)*. In her appearance she raised a range of risk factors which contribute to people with disability being more at risk of violence, abuse, neglect and exploitation.

The Public Advocate is particularly concerned about a small group of approximately 20 – 30 clients (mainly younger women but not exclusively) under her guardianship who are highly mobile, active and vulnerable in the community and whose circumstances increase the risk to their safety, health and wellbeing. They are often exposed to DFSV and exploitation. These clients often interact with SAPOL, Yarrow Place, health and mental health services and the NDIS. These clients are also at heightened risk of exploitation. Whilst it is a relatively small group, their circumstances are highly complex, and the investment and work required to support them is significant and often resulting in recurring issues. Current responses tend to be reactive rather than proactive, preventative or diversionary to avoid recurrence of violence, abuse or exploitation.

6. The Public Advocate Clients and Domestic Family Violence Working Group

In an effort to address DFSV concerns for victims-survivors who are at increased risk and under guardianship, the Public Advocate convened the first *Public Advocate Clients and Domestic Family Violence Working Group* with key stakeholders, on the 20th of March 2022. There have since been meetings on the 15th of June, 17th of August, 13th of October, 6th of December 2022, 2nd of February 2023 and 30th of March 2023 with the next meeting scheduled for 23rd of May 2023.

The working group membership consists of representatives from SA Police (SAPOL), SA Health Women's and Children's Health Network, the Department of Human Services (DHS), the Office for Women (OFW), the Adult Safeguarding Unit (ASU), the Department for Child Protection (DCP), Women's Safety Services SA (WSSSA), the Commissioner for Children and Young People and the Commissioner for Victims' Rights. Following the first working group there was a commitment from attendees to ongoing meetings and actions to improve information sharing across services.

Approximately 1229 of the 1832 people under the guardianship of the Public Advocate are also participants of the National Disability Insurance Scheme. In recognising the significance of the National Disability Insurance Agency (NDIA) and the National Disability Insurance Scheme Quality and Safeguard Commission (NQSC) for people under guardianship, the Public Advocate recently met with respective state representatives about the working group. Both the NDIA and the NQSC have a role in contributing to the safeguarding and supporting people with disability in relation to DFV and have agreed to participate as members in future working group meetings.

[11] People with disability in Australia, Violence against people with disability - Australian Institute of Health and Welfare (aihw.gov.au)

7. The goals and objectives of the working group

The goals of the *Public Advocate Clients and Domestic Family Violence Working Group* are to identify key recommendations to better support people with disability who experience DFSV and exploitation in the community. This will be through:

- identifying key issues and potential solutions
- across government and non-government collaboration
- developing proactive early intervention approaches to reduce risk of violence and abuse and therefore cost to government services
- identifying individual cases to the working group to create across-agency collaboration noting information sharing will only occur with the consent of the person or under Information Sharing Guidelines stipulated before disclosure
- systemic advocacy for wider legislative or policy change
- identifying service responses and interfaces
- providing leadership by state government agencies.

8. Case studies

Case Studies 1 and 2 were presented to the working group at the second meeting as examples of women under guardianship for whom the Public Advocate has concerns about their level of risk of violence and abuse, to illustrate the types of situations OPA clients' experience.

Case Study 1 – Client A

Client A is a woman who has an intellectual disability. Her children have been removed by DCP.

Client A has been under guardianship of the Public Advocate for over 10 years and was a client of the former Disability SA. She was removed from her parents' house by SAPOL and returned to Disability Services Accommodation (in DHS) through the use by OPA of Section 32 powers (under the GAA) due to risks to her safety.

Client A has a history of accommodation instability and experiencing DFSV. She continues to experience violence and abuse from her current partner. Currently she is in a relationship and living with a man who is also an OPA client. They have a child together, who has been removed from their care. Client A's partner has perpetrated abuse against her, including by threatening her with a weapon.

As both Client A and her partner require National Disability Insurance Scheme (NDIS) funded supports, their accommodation situation is complex. While Client A was eligible for Priority 1 Housing through the South Australian Housing Authority (SAHA) when she had children within her care, she is now no longer eligible due to their removal.

Client A's current accommodation is through her partner's service provider. Therefore, if this relationship ends, she will lose her accommodation. Client A and her partner receive drop-in NDIS funded supports each day.

The OPA monitors Client A and her partner's situation closely and refers matters to family violence services, SAPOL and specialist sexual violence services as required.

9. Issues identified by the working group

People under the guardianship of the Public Advocate are at greater risk then other people with disability regarding DFSV and exploitation as there is often an absence of family and support networks readily available to them. Their disability and support needs are often consider too complex for mainstream services and responses.

People with disability can be more likely to experience abuse due to a range of factors, including:

- *Reliance on the perpetrator of the violence, e.g. for personal care, mobility, income, parenting support or transport*
- *Lack of support options*
- *Lack of economic resources or sufficient income*
- *Lack of awareness that the violence they are experiencing is wrong (illegal and unacceptable)*
- *Social isolation that stems from the marginalised position of people with disability in our society*
- *Failure of adequate supervision in a community residential or other institutional setting*
- *Communication challenges and lack of access to interpreters, communication devices and information in appropriate formats*
- *Normalisation of the experience of being controlled and abused (especially if this has been accepted by authority figures, e.g., where a carer is asked to 'speak for' a person with a disability).*[12]

9.1. Increased risk of exploitation

Clients under the guardianship of the Public Advocate are at increased risk of exploitation. The terms “exploitation” and “abuse” are often used interchangeably. Exploitation can present itself in any of the forms of DFSV including coercion but there is usually an element of power imbalance where the perpetrator seeks to benefit from the exploitation in some form.

OPA clients often do not have strong support networks such as family and or friends. The Public Advocate is appointed as their guardian in such situations, as there is no other suitable people in their life to support them with decision making. The OPA has seen instances where people have taken advantage of clients due to their increased vulnerability resulting from cognitive impairments or intellectual disability. The OPA staff work closely with service providers to support and safeguard clients and address matters with SAPOL as required.

Exploitation is often hard to prove, particularly when the OPA client does not identify it and has chosen to remain with the perpetrator (or is being influenced within the relationship). The OPA can make substitute decisions to prevent access from a perpetrator. Keeping the client away from the perpetrator can be difficult for service providers when a client absconds to be

[12] Domestic, family and sexual violence experienced by people with disability | 1800RESPECT

with the perpetrator. Whilst respect and consideration for client choice is always considered paramount by OPA, when the client is at serious risk of harm, supporting client choice is difficult. The OPA undertakes substitute decision making but experiences difficulty in effecting decisions. This often results in the client returning to situations where they are again at risk. The OPA works with SAPOL to locate these clients and return them home and this can become cyclical without other appropriate interventions to prevent recurrence.

Patterns of absconding and returning become entrenched and services become reactive rather than creating an intervention and 'circuit breaker'. On most occasions OPA clients are not engaged with DFSV services and as such there is a lack of safety planning in relation to minimising risks for the client Proactive and assertive initiatives are required to support these people and their circumstances. There is also the opportunity, when there are significant concerns about a particular client, for OPA to utilise the DV Disclosure Scheme to gain a background on the perpetrator, where particular criteria are met and the client is willing to participate. This Scheme is discussed in further detail in section 9.16 However, often the perpetrator is not known to the OPA and therefore the OPA is yet to utilise this scheme.

9.2. Client choice vs safety

In addition to the issues outlined above, there is the tension between client choice and safety when the Public Advocate is appointed as the guardian/ formal decision maker. The Public Advocate delegates decision making powers to the staff of the OPA who are guided by the principles to be observed under S5 of the *Guardianship and Administration Act 1993* when making decisions.

These principles are as follow:

Where a guardian, an administrator, the Public Advocate, the Tribunal or any court or other person, body or authority makes any decision or order in relation to a person or a person's estate pursuant to this Act or pursuant to powers conferred by or under this Act—

> *(a) consideration (and this will be the paramount consideration) must be given to what would, in the opinion of the decision maker, be the wishes of the person in the matter if he or she were not mentally incapacitated, but only so far as there is reasonably ascertainable evidence on which to base such an opinion; and*
>
> *(b) the present wishes of the person should, unless it is not possible or reasonably practicable to do so, be sought in respect of the matter and consideration must be given to those wishes; and*
>
> *(c) consideration must, in the case of the making or affirming of a guardianship or administration order, be given to the adequacy of existing informal arrangements for the care of the person or the management of his or her financial affairs and to the desirability of not disturbing those arrangements; and*
>
> *(d) the decision or order made must be the one that is the least restrictive of the person's rights and personal autonomy as is consistent with his or her proper care and protection.*[13]

At times the Public Advocate (or delegates) must make decisions which are not consistent with the wishes of the person under guardianship, due to the risk to their safety and

[13] Guardianship and Administration Act 1993 | South Australian Legislation

wellbeing. An example is where the person under guardianship wants to return to the alleged perpetrator. It was noted in the DRC's *Overview of Responses to the Royal Commission's Issues paper on Violence and Abuse of People with Disability at Home* that:

> "…people with disability who have experienced violence and abuse over a long period of time may not report abuse because it's normalised. That means that they do not recognise that what has occurred to them is violence and abuse and should be reported. Responses emphasised how these factors are heightened when the perpetrator of abuse is a person with disability's key provider of support."[14]

This is likely to be the case for many OPA clients who have been subjected to trauma in childhood such as DFSV. They therefore normalise the violence and abuse to which they are subjected.

DFSV involves traumatic events that can have significant mental health impacts. Some victims of violence may need safeguarding in relation to their decisions during this moment of heightened vulnerability. At such times, assertive engagement may be required when working with people experiencing DFSV and exploitation.

The Public Advocate works with vulnerable adults under guardianship who are at high risk of DFSV including abuse, coercive control, violence, and exploitation, and who are unable or unwilling to report matters to SAPOL. The Public Advocate is currently exploring legal pathways under the *Intervention Orders (Prevention of Abuse) Act 2009* to stand in the shoes of protected adults under guardianship in such circumstances. This includes the ability of (a) a police officer, or (b) a person against whom it is alleged the defendant may commit an act of abuse or a suitable representative of such a person given permission to apply by the court, to apply for an Intervention Order to the Court under s20(1) of the Act. The OPA is currently undertaking a test case with SAPOL and WSSSA in an effort to obtain an intervention order for a highly vulnerable young female adult under guardianship.

9.3. The Guardianship and Administration Act – Section 32 powers

The Public Advocate may be granted Special Powers by the South Australian Civil and Administrative Tribunal (SACAT) pursuant to Section 32 1 (a) direct residence for and (b) detention of a protected person. In granting Section 32 1(a) SACAT or the guardian directs that a protected person resides in a place that is deemed appropriate. In granting Section 32 (1)(b), SACAT authorises the person's detention in that place of residence,

Their detention is implemented by the service provider. If, however a person absconds or does not return home a service provider can seek the assistance of an authorised authority or SAPOL.

These powers are outlined under Sec 32 (4) (a), (b), and (c)

> *(4) While an order for the placement or detention of a person is in force under this section—*
>
> *(a) the appropriate authority or a member of the police force may enter any premises and take the person, or cause him or her to be taken, using only such force as is reasonably necessary for the purpose, to the place in which he or she is to be placed*

[14] Counsel Assisting Opening Address - Public hearing 17 (Part 2), Hobart | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

or detained, and any person who assists the appropriate authority or member of the police force in the matter incurs no liability for doing so; and

(b) the person in charge of the premises in which a person is being detained pursuant to the order may take, or cause to be taken, such action as is reasonably necessary for the purpose of preventing the person from leaving the premises or for bringing the person back should he or she leave without lawful authority or excuse; and

(c) any person who takes any such action under paragraph (b) in good faith and with the authority of the person in charge of the premises incurs no liability for doing so.

The effectiveness of Section 32 powers continues to present as a challenge for the safety of clients when the service providers experiences difficulties in exercising the power to detain people.

Case study 2 – Client B

The following case study highlights the lived experience of trauma as a child and the cyclical risks of exploitation, abuse and sexual assault.

Client B is a young woman who has a brain injury which is complicated by substance misuse and complex trauma. She also has a family history of significant mental health issues. She has difficulties with activities of daily living, communication and social skills.

Client B has a history of presentations to hospitals including being detained under the *Mental Health Act 2009*. She does not engage with Community Mental Health services and has been placed under a Community Treatment Order (CTO) She has limited awareness of her health needs and refuses health care.

Client B was removed from her mother's care at a young age and place under the guardianship of the Chief Executive of DCP. During this time, she resided in residential care settings and had intermittent SAPOL interventions and hospital admissions.

When she reached adulthood, Client B was placed under the guardianship of the Public Advocate. She resides in Supported Independent Living (SIL) accommodation with support from an experienced non-government disability service provider funded jointly by the NDIS and the Exceptional Needs Unit (ENU) in public housing She frequently absconds and partakes in risk taking behaviour., which can involve dangers to others and significant impacts on her own social, physical and emotional wellbeing.

Special Powers under Section 32 of the GAA are in place to allow Police to return her and detain her in her place of residence. The service provider and the OPA lodge a missing person's report to SAPOL accordingly. At times she is returned by SAPOL, or she will call her carers when she is wanting to return.

She has required a highly restrictive and supportive model of care to allow her to build rapport with staff and receive appropriate care and be safe. She has been observed to improve in her engagement when she is in an environment with clear boundaries.

9.4. Information sharing

When SAPOL or the South Australian Ambulance Service (SAAS) attend a domestic violence incident, they are not easily able to identify if someone is under the guardianship of the Public Advocate and potentially subject to Section 32 orders. SAPOL and SAAS can contact the OPA to verify and share information under the Information Sharing Guidelines (ISG) and Information Privacy Principles (IPP). Whilst government agencies are subject to ISG and IPP, NDIS service providers are not, as there is no contract between the State government and the service provider. This may inhibit information exchange.

A service provider may call SAPOL or SAAS but not advise that the person is under guardianship. This information is important to ensure that SAPOL and or SAAS can work with the OPA to ensure appropriate decisions and responses occur.

Information sharing with key agencies and departments will assist in safeguarding people under OPA guardianship. Improved information exchange is one of the intended outcomes of the working group.

The OPA, SAPOL and Multi-Agency Protection Service (MAPS) have committed to work together to share information about OPA clients who have frequent interaction with SAPOL (rather than all OPA clients, many of whom do not have contact with SAPOL). Hence a targeted approach will be adopted. It is noted that the OPA, through this working group, has now established strong working relationships with SAPOL, including the Public Protection Branch and MAPS.

Recommendation 1: That the State government support the working group identify (a) gaps in information sharing across State and Commonwealth government agencies and (b) actions to address these gaps which comply with the Information Sharing Guidelines and Information Sharing Privacy Principles and relevant legislation.

Recommendation 2: That State government support the OPA and government agencies sharing information about clients. This includes formal mechanisms to share information about OPA clients who have regular contact with SAPOL.

Recommendation 3: State government to support OPA to explore, via the Multi-Agency Responses Governance Group (MARGG), formal pathways to ensure collaborative responses across partner agencies within the MAPS program.

Recommendation 4: That the State government support working group (a) identify gaps in information sharing with non- government service providers and (b) work towards addressing these gaps whilst respecting the client's privacy.

9.5. Capacity of the sector

With the advent of the NDIS there has been significant growth in the disability services sector which has seen new and novel service providers enter the market. The OPA has had numerous experiences where this has resulted in an increased exposure to risk for OPA clients.

The OPA has seen situations where service providers have not been able to support these clients under guardianship despite an adequate funding package through the NDIS, thus placing them at risk. The OPA has also had service providers withdraw services at short notice due to their inability to manage, often resulting in social admissions to hospital or an

inappropriate emergency/hotel placement. This is particularly evident for clients who have multi-agency involvement and experience multiple complexity factors, including DFSV, mental illness and escalated behaviours. There is a significant need for training for disability service providers about DFSV in trauma informed care and support and in making referral to the Family Safety Framework which was developed under the auspice of the South Australian Government's Women's Safety Strategy and Keeping Them Safe - Child Protection Agenda, to drive improved, integrated service responses to violence against women and children in South Australia.[15]. There are existing training programs that can be utilised in SA in partnership with the National Disability Insurance Agency (NDIA) and/or the NDIS Quality and Safeguards Commission (NQSC).

OPA clients who are experiencing or who have experienced sexual assault and/ or DFSV need to be provided with trauma-responsive care. Otherwise the risk is that the health impacts will be exacerbated and/ or client safety will be compromised. Where possible the OPA approves the engagement of service providers who specialise in trauma-informed practice and have specialised training and experience However, there is a need for more services with this experience and skill set.

Recommendation 5: That the State government provide an assertive outreach trauma-specialist safety-net service to respond to the unique needs of state guardianship clients (i.e. OPA clients) when other mainstream services are unable to meet the complex needs of this at-risk cohort. This model of care would be inclusive of therapeutic intervention promoting stabilisation in healthcare, trauma recovery, wellbeing and accommodation.

In the past Health and Recovery, Trauma Safety Services (HaRTSS) (formerly Youth and Women's Safety Wellbeing Division) of the WCHN provided training for disability service providers in partnership with Disability Services SA. This training included how to recognise and respond to sexual assault and domestic and family violence. With the advent of the NDIS, the 'marketisation' of the sector and the individualisation of funding for service providers this is no longer an option.

In 2020-21 the Public Advocate convened the Intersectionality of Services Group, comprising leaders from a range of sectors, including government and non-government disability service providers and advocates, housing and homelessness, family and domestic violence, health and the NDIA. The group was tasked with identifying and addressing gaps in service delivery for people with a disability in South Australia and achieved significant progress in strengthening networks and referral pathways on complex matters between agencies.

The group identified a need for specific training for NDIS planning staff to recognise a vulnerable person at risk of domestic violence or sexual assault and to make the appropriate referrals and inclusions in NDIS plans. Further, it is recommended that family and domestic violence training be provided to NDIA planners to better identify and detect family and domestic violence. This was proposed to be led at the national level; however, it is not clear if it has progressed. This issue was to be pursued by the NDIA.

This working group is revisiting this recommendation and considering how training can be reinstated to target disability service providers, including the training available from WSSSA and YWSWD.

[15] Office for Women - Family Safety Framework

Training for NDIS planning staff and disability service providers needs to be specific to South Australia to ensure that risk is assessed appropriately, and people are able to refer to specific South Australian programs such as the Domestic Violence Disclosure Scheme (DVDS), Family Safety Framework and other such programs and initiatives. The NDIA currently has nationally based E-Learning modules on family and gender-based violence but is willing to consider SA specific training for Agency staff within its training budget. As the NDIA and the NQSC will attend future working group meetings there will be opportunities to connect between working group representatives in relation to training provision for staff. Their addition to the working group may provide opportunities to access disability service providers.

WSSSA is an experienced provider in the South Australian community sector providing skill-based training drawing on the latest domestic and family violence research and practice frameworks. WSSSA are soon to release an e-learning course on how to recognise and assess for coercive control. WSSSA also offer a suite of other relevant courses relating to recognising and responding to DFV, safety planning, responding to disclosures, risk assessment, safety management, family safety framework and many others.

Cedar Health Service YWSW Division also provide a wide range of training. Understanding Vicarious Trauma, Understanding Multi-agency Protection Service (MAPS), Understanding Family Safety Framework, Responding to staff disclosure of DFV, Ask, Access and Respond to DFV, looking beyond behaviour and developing trauma awareness are just a few of the training modules they provide.

Recommendation 6: That the State government, Department of Human Services (DHS) partner with the NDIA to facilitate trauma-informed Domestic and Family Violence and Coercive Control training (facilitated by the Women's and Children's Health Network [WCHN] and/ or Women's Safety Services SA [WSSSA]) to all NDIA staff and disability service providers.

9.6. Gaps in service

This specific group of clients, under the Public Advocate's guardianship, do not fit within traditional service structures, and mainstream service providers struggle to support their safety. These clients often experience sexual assault, and some become pregnant and have had children who have been removed by the DCP. These clients are traumatised by these experiences. For this small group a wrap-around service which creates a safe place is required to provide trauma-informed support and services to assist them with healthy decision making in relation to sexual health and relationships.

The My Place Program, which was funded by DHS until December 2022 has secured an extension of funding from DHS, DCP and WCHN until June 2023 to allow for the completion of an evaluation. The My Place Program is a best practice example a trauma specialist therapeutic and health care response to vulnerable young people (with multiple complexities). The model of care is outreach and assertive in nature with multi-disciplinary clinicians providing responsive and flexible support to consumers.

The staff team consists of social workers, a midwife, and an Aboriginal clinical health worker. The program sits within the Health and Recovery, Trauma Safety Services (HaRTSS) (formerly Youth and Women's Safety Wellbeing Division) of WCHN affording the young people enhanced and co-ordinated access to Yarrow Place (sexual assault health care), also a division of the Women's and Children's Health Network, Metropolitan Youth Health (youth related health care), Cedar Health Service (domestic violence health care), Child and Family Health Service and hospitals.

The program is not offered anywhere else and cannot be easily replicated in the non-government sector even if funded. The non-government sector does not have the same ease of access to midwifes, doctors who specialise in youth health and other health services / systems. The My Place program is not resourced for 24-hour access; however, the model of care does allow for the staff to work outside of standard business hours should a client's level of risk require this. Enhancing the accessibility to this service would greatly benefit the model of care and the clients.

The program currently supports 15 young people and has previously supported young people under the guardianship of the Public Advocate. The program has secured short-term funding to continue until the service review being undertaken by Flinders University is complete. At this time the service is not taking new referrals.

Recommendation 7: That the State Government provide recurrent funding for the My Place program based on the recommendations of the program evaluation being undertaken by Flinders University.

9.7. Responsiveness of the NDIS

As of the end of December 2022, 1184, of the 1773 people under guardianship of the Public Advocate have a NDIS plan (67%). The OPA's experience is that the NDIA does not have the ability to respond quickly in an emergency due to its systems, processes and non-availability after hours.

Changes to the NDIS legislation recently included the *Participant Service Guarantee* which sets out time frames for the NDIS to respond within a maximum of 28 days to a small change in a participant's NDIS plan, which is inadequate in emergency or crisis situations.

The Public Advocate, through networking and forums, has established close working relationships with the NDIA at a state level. This is in addition to the OPA local NDIA escalation pathway and the Critical Services Issues Response (CSIR) pathway, which gives the Public Advocate immediate access to the NDIA State Manager for the resolution of issues. However, the NDIA is bound by legislation and tension remains about the responsibility of the State and the NDIA as outlined in the *Applied Principles Tables of Support* (APTOS). Although the Public Advocate has established these pathways, they still do not meet the need for a quick response to address a crisis for these women who are clients of the State government.

Given the prevalence of trauma amongst the OPA client group, the NDIA and service providers need to be trauma responsive.

Recommendation 8: That the State government develop capacity to address urgent situations of homelessness and health and safety risks for State Government clients (such as OPA clients) when other systems/services fail.

9.8. Housing

A lack of appropriate emergency housing remains a barrier. Often, housing insecurity can lead to clients residing in less than appropriate situations, placing them at risk of DFSV and exploitation. Conversely, for clients with a lease, the tenancy may be at risk due to DFSV impacting on the clients ability to maintain tenancy standards such as being a "good tenant'. This may present as property damage, rent arrears and neighbour disturbance. At times this

has resulted in the non-renewal of leases for PA clients. Public housing is the responsibility of the State and while the 400 new houses slated for construction over a four-year period is welcome, this number is not likely to replace existing SAHA stock which is reaching the end of its life.

In late 2021 the Public Advocate convened the *Housing for Exceptionally Complex Clients Working Group*. The group meets monthly with the aim to address housing and accommodation challenges for OPA clients. The working group is attended by representatives from the OPA, Wellbeing SA, SAHA, DHS, the NDIA, and the ENU within DHS.

Housing for OPA clients has become more challenging with the advent of the NDIS. A scarcity of community and other supported and specialist disability accommodation for people with complex needs has compounded this. The NDIA funds Specialist Disability Accommodation (SDA) but it is expected that only 6% of participants will receive this funding in their plan. Complexities around finding suitable SDA properties, the fact that SDA funding has not increased in the last five years, rising housing construction costs and an uncertainty of demand has seen the housing sector either hold back from constructing SDA properties or focus on SDA properties for people who have high physical support needs. This focus on high physical housing results in less robust housing for people with complex and challenging behaviours.

With only 6% of NDIS participants expected to receive SDA funding in their NDIS plan, housing options through community housing providers and SAHA remain the only realistic accommodation options for OPA clients, who are generally reliant on the Disability Support Pension for their income. The increasing cost of rent in the private rental market has moved this option further from the reach of OPA clients. Clients with SDA in their NDIS plan have to source an SDA property that meets their needs and the funding in their plan. The hesitancy in the community housing sector around the development of SDA properties means that OPA clients with complex behaviours struggle to find a robust SDA property which matches their funding and their preferred location.

To assist OPA clients to secure housing, service providers at times resort to renting a property in their name and subletting to the client. This arrangement is not ideal but at times must be accepted to address the imminent need of a client who might otherwise be homeless. These arrangements place OPA clients in a vulnerable position by not having tenancy rights under the *Residential Tenancies Act 1995* (SA). The OPA has seen instances where the service provider is no longer able to support a client resulting in the client becoming homeless as they lose both their support and their housing in these arrangements. This can result in OPA clients cycling through various service providers and housing.

Compounding the issue for NDIS participants are the NDIA housing processes, which are not responsive and timely enough when housing arrangements break down. The NDIA will not agree to fund short-term and medium-term accommodation if there is no longer term accommodation option arranged. In a marketised disability sector without an accommodation provider of last resort, people with disabilities involving behaviours of concern increasingly face homelessness and/or extended stays in inappropriate housing including hospitals or hotels when housing arrangements break down.

There is also limited access to homeless services through the Homelessness Alliances although it should be noted that this may not always be the most appropriate response for a person under the guardianship of the Public Advocate when they become homeless. The

Public Advocate is working to address these challenges through the *Housing for Exceptionally Complex Clients Working Group.*

The Public Advocate spoke of the risks these housing issues pose to vulnerable adults with disability when she appeared before the Royal Commission in June 2021, and she continues to advocate for better housing responses for both OPA clients and all South Australians with impaired decision-making capacity.

The Public Advocate raises the issue of housing regularly with Ministers and departments in a range of forums. There is an opportunity for the State government to collaborate to increase the supply of housing for clients under guardianship of the Public Advocate to reduce the risks associated with unstable/ insecure housing.

Recommendation 9: That all state government agencies work together to ensure that state clients under the Public Advocate are not evicted into homelessness.

Case Study 3

Client C is a young woman with an intellectual disability and significant mental illness, which impacts on her emotional regulation and conduct with others.

The Public Advocate is appointed as Client C's full guardian (Guardianship Order for lifestyle, health, and accommodation, with Special Powers 1(a) and 1(b) and the Public Trustee (PT) has a full administration order for Client C's personal estate.

Client C is living in supported accommodation due to experiences of housing instability. This includes living arrangements with family members that have broken down and living arrangements where she was subject to abuse and exploitation.

Client C is at risk of DFSV, including severe physical and sexual assaults that have significant risks of lethality. She can become violent and aggressive when distressed and has become involved with the criminal justice system due to these issues.

In the last couple of years Client C resided at an address whilst receiving systemic support. Throughout this period, Client C's living arrangement was reported to be of significant squalor. As a result, disability-related supports were unable to support her during this period.

Recently over a short-term period, Client C moved through several different emergency accommodation arrangements, which were unable to be maintained as Client C's complex behaviours put herself / staff and other residents within the accommodation at significant risk. Client C was assaulted and exploited numerous times during her stay in emergency accommodation.

Mid last year Client C moved into a public housing with increased NDIA. Restrictive practices are in place for line of sight. She is unlikely to be able to access further public housing if she is unable to stay within this property.

Recommendation 10: That the State government, South Australian Housing Authority (SAHA) develop a priority housing pathway for State guardianship clients to avoid homelessness and access medium and long-term accommodation.

Recommendation 11: That the State government establish a partnership to increase supply of community and social housing prioritising clients under State guardianship who require it.

9.9. Under reporting and low prosecution rates

Under-reporting of DFSV is a significant issue for people with disability. The OPA ensures that when it becomes aware of domestic violence or other incidents of violence and exploitation of people under guardianship that the client is assisted to make a report either by the OPA or a service provider.

The AIHW recent report into sexual assault responses indicates that 9 in 10 women who had experienced sexual assault did not report to police. Approximately one third of all sexual assaults occur within the context of DFSV.

In almost 9 in 10 incidents (87%, or 554,000), women who experienced their most recent aggravated sexual assault by a male in the last 10 years did not contact the police. Common reasons for this included woman feeling like they could deal with it themselves (34%, or 189,000) or not regarding the incident as a serious offence (34%, or 187,000). One in 4 women (26%, or 143,000) who did not contact the police also said it was because they felt ashamed or embarrassed about the incident.[16]

As the Royal Commission heard, identified barriers leading to underreporting included:

- not being believed or having their experiences minimised
- fear of losing supports or becoming homeless
- feelings of shame or self-blame
- lack of trust due to previous negative experiences of reporting
- physical barriers to accessing services
- fear of having children taken away
- negative consequences of reporting including retaliation, retribution, and criminalisation; and
- a lack of awareness of rights and access to information about how to make a complaint or report.[17]

It is well recognised that along with under reporting the prosecution rate for perpetrators of violence against women with disability is extremely low. This is an issue that has been noted by the Disability Royal Commission.

The evidence showed that people with disability are least likely to have their cases heard in court and are twice as likely to have their stories seen by investigators as false reports. Case studies show that people with mental health issues may make disclosures of sexual assault that appear implausible but on proper and further investigation, are found to be genuine.[18]

This is also the case for the people under guardianship with the Public Advocate.

The *Statutes Amendment (vulnerable witness) Act 2015* (SA) amended various acts to make provision for special arrangements for vulnerable persons and the justice system. Vulnerable witnesses include a person who has a mental disability, is the alleged victim of a serious

[16] Sexual assault in Australia (aihw.gov.au)
[17] Counsel Assisting Opening Address - Public hearing 17 (Part 2), Hobart | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
[18] Ibid.

offence including sexual assaults or has been subject to threats or has reasonable grounds to fear violence or retribution in connection with proceedings.

Witness provisions in the *Evidence Act 1929* approved by the court, allow the use of CCTV for witnesses to give evidence in a separate room, one-way screens, court support volunteer, a closed court and canine court companion.

Another amendment was the introduction of communication partner. This is a person approved by the Minister for the purposes of providing assistance in proceedings for a person with complex communication needs.

The following categories of persons are currently approved to perform the role of a communication partner:

- Speech Pathologists with Certified Practising Speech Pathologist membership of Speech Pathology Australia;
- Registered Occupational Therapists;
- Psychologists with general registration status with the Psychology Board of Australia; and
- Developmental Educators with full membership of Developmental Educators Australia Incorporated.

In addition to holding the relevant qualifications, the professional must have a minimum of five years' relevant experience working with people with complex communication needs and must have agreed in writing to comply with the Code of Conduct.

In September 2021 the SA Law Reform Institute released a report reviewing the role and operation of the communication partners service in South Australia. The report titled *Providing a Voice to the Vulnerable: A Study of Communication Assistance in South Australia*, considered the uptake of communication partners in SA and states:

> *… despite the best intentions of those involved, the CP role has not been utilised to the extent originally contemplated. Its limited take up in South Australia compared with other jurisdictions such as Tasmania, the ACT and Victoria is notable. SALRI does not attribute the relatively limited take up in South Australia to any one person or agency, but rather a combination of factors including cultural, attitudinal and operational issues.*[19]

The report considers these and other contributory factors in depth.

The Commissioner for Victims' Rights has outlined the issues relating to the current communication partners program to the Attorney-General and has requested funding for a South Australian pilot program based on the Victorian and ACT programs. This is currently under consideration.

Recommendation 12: The State Government review the underutilisation of the Communication Partners Service in South Australia and consider the introduction and outcomes of the Victorian Intermediary Pilot Program to best assist vulnerable adults with disabilities in criminal court proceedings.

[19] salri-cp-report.pdf (adelaide.edu.au)

9.10 Sexual exploitation or sex for favours

The Public Advocate is aware that many of these people under guardianship are at risk of sexual exploitation in return for favours such as money, cigarettes, drugs, food, and attention (perceived love). Clients may be at heightened risk of this type of exploitation due to intellectual or psychosocial disability and a lack of understanding that this behaviour is placing them at risk of harm. There is also often a power imbalance between the victim and the perpetrator when this exploitation occurs.

Exploitation of this nature can often go undetected by the Public Advocate. When OPA staff become aware, the Public Advocate is notified. OPA staff work closely with the service provider to review the client's situation and look at implementing safeguards which may include, additional staffing and reviewing orders.

The OPA and service providers also work closely with SAPOL in undertaking welfare checks and checks of certain addresses the client may frequent.

This type of exploitation is complex and challenging to address as there is the balance between the safety of the women and the dignity of risk (and minimising restrictive practices). A specialised trauma and sexual assault response is also required.

9.11 Coercive control and legislative amendments

Coercive control is a form of domestic violence, which is not widely understood due to its insidious nature and the vulnerability of the people involved. Coercive control is not currently a stand-alone offence in South Australia.

Coercive control is a pattern of behaviour which can include:

- attempting to isolate someone from their friends and family
- controlling finances
- monitoring what they say, what they wear and even what they eat or when they sleep.

The fact that it is usually carried out by someone who is in a relationship of trust with the victim adds to the confusion and lack of understanding that the perpetrator's actions are wrong.

In 2021 the South Australian Government consulted on amendments to the *Criminal Law Consolidation Act 1935* through the Criminal Law Consolidation (Abusive Behaviour) Amendment Bill 2021.

In early 2022 the Attorney-General's Department released a discussion paper exploring the measures needed to support the implementation of coercive control and whether it should be introduced in South Australia. The OPA made a submission welcoming the enactment of a coercive control offence as an additional safeguarding measure for vulnerable people. People with cognitive impairment are often victims of domestic and other violence and it is often difficult to get a conviction in these circumstances. This is particularly true of the crime of coercive control, which is insidious and subtle, meaning the victim may be easily confused about what is happening. The OPA noted that the Bill was focussed on family environments and suggested that it could be broadened to deal with other circumstances outside of family settings such as service provision environments.

It should be noted that coercive control is a factor for men and LGBTIQA+ people, and this is under reported.[20]

The Government made an election commitment to criminalise coercive control behaviours. Feedback received on the Coercive Control Discussion Paper is currently being considered to inform the development of legislation. AGD is working closely with the OFW to progress this work.

The WSSSA will be releasing a 3-hour e-learning course in early 2023 on how to recognise and assess for coercive control, noting that understanding coercive control is fundamental to effectively responding to DFV.

Recommendation 13: That the State Government commit to introducing legislation as a part of its work on criminalising coercive control and support the rollout of the WSSA training module.

9.12. Transition from child services to adult services and government to non-government services

The transition from the DCP to adult services (which may include guardianship of the Public Advocate) can be an unsettling and difficult time for young people, who have a history of trauma, abuse, neglect and/or exploitation. It can be particularly vulnerable during this transition period.

Two of the case studies discussed earlier are of women who were involved with the child protection system. Both also receive funding for disability supports through the NDIS. The Disability Advocate noted in his report on Children and Young People and the NDIS that there are a range of challenges for young people as they approach 18 years of age and are involved with multiple agencies. A lack of planning and coordination of services and support can unnecessarily compound anxiety and see an increase in challenging behaviours for some young people[21].

As a young person transitions from DCP they are often moving to being supported by NDIS providers in the non-government sector. Not all service providers are versed in undertaking this transition to 'adulthood' guardianship, which often includes new housing, support, and newfound freedoms. Young people transitioning from DCP who are NDIS participants can have multiple complexities and stakeholders in their lives such as mental health, criminal justice, trauma which all require a high level of skill to provide appropriate support. Without adequate skills and training to work with these young people with complexity in a trauma informed approach, OPA has seen housing and support arrangements break down and the young person cycle through service providers and housing. It takes time to develop rapport and relationships with these young people.

The OPA and DCP are working closely in relation to children and young people transitioning from DCP who require adult guardianship but notes that there are complex challenges as DCP supports drop away and NDIS funded non-government services are relied on more heavily. There is a need for these young people to be engaged with trauma informed services. SA Health provides services to young women requiring support with their sexual

[20] Walklate et al, In control, out of control or losing control? Making sense of men's reported experiences of coercive control through the lens of hegemonic masculinity, Journal of Criminology, 2022, pg 1 - 17

[21] disability-advocate-report-children-ndis.pdf (opa.sa.gov.au)

health to avoid exploitation and should be involved in the transition to adulthood when the need is identified.

The *Children's and Young People (Safety) Act 2017* review is currently underway. There may be further opportunities to enshrine working protocols/ practices in legislation which could provide further protections for young people transitioning to adult non-government services.

Recommendation 14: The State Government support OPA, DCP, the NDIA and other relevant health agencies (e.g. mental health services) to formalise a transition process/service for young people exiting guardianship who require adult guardianship.

9.13. Non-government vs government domestic, family sexual violence services

There is a place for both non-government and government DFSV services. While non-government services can be more agile in their responses, government services have the benefit of being able to readily use other government levers such as legal, health, child protection and corrections to influence and provide specialised outcomes for people experiencing DFSV.

The OFW administers the *National Partnership on Family, Domestic and Sexual Violence Responses 2021-2023* which has been developed by the Commonwealth Government with the view to providing funding to fill identified current gaps in service. The OFW has provided funding to the *SA Domestic and Family Violence (DFV) Alliance* to deliver Individual Safety and Support Packages (brokerage packages) to clients of specialist domestic violence services needing brokerage funding to leave DFSV situations.

Historically, Commonwealth government grants in relation to DFSV are generally directed to the non-government sector.

VOCSA may provide assistance to those victims who do not fall within the gendered funding model or criteria for support.

Recommendation 15: That State Government support the diversely funded DFSV services (government and non-government) to develop protocols with the NDIA to ensure collaboration with NDIA-funded services.

9.14. Trauma responsive services

Services to support people with disability and clients under guardianship more broadly would benefit significantly from trauma-responsive services.

Trauma-Informed Practice is a strengths-based framework which is founded on five core principles – safety, trustworthiness, choice, collaboration, and empowerment - as well as respect for diversity. Trauma-informed services do no harm i.e. they do not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible.[22]

[22] Trauma informed practice | Mental Health Australia (mhaustralia.org)

The DHS has developed a *Trauma Responsive System Framework*[23] which is a whole of system approach to building the capacity of the Child and Family Support System[24] There are applications and learnings that can be taken from this model in supporting people who experience domestic family and sexual violence who are under guardianship.

Recommendation 16: The State government support the working group to review the DHS *Trauma Responsive System Framework* and consider its application across the broader government systems to enhance support for OPA clients.

9.15. Identification of perpetrators

Opportunities to screen for, identify, assess, and manage the risk that a perpetrator poses are often missed. The range of services that can screen for and identify male perpetrators of DFV are broad and include specialist men's services, police, courts and corrections as well as child protection, mental health, and alcohol and other drug (AOD) service providers. Effectively identifying the risk of DFV perpetration along with its escalation is a crucial element in working towards safer lives for victims and children affected by DFV across Australia.[25]

The *South Australian Domestic Violence Disclosure scheme* provides an avenue for a person who may be at risk of domestic violence to get information about their partner or former partner to help make a decision about their safety[26]. There is a potential use for this service in relation to people under the guardianship of the Public Advocate, but this has not yet been explored. There is also the potential to link WSSSA with the *Domestic Violence Serial Offender database*. The Serial Offender database is funded by the SA government and maintained by WSSSA on behalf of all of the DV services in SA. It provides DV services with a central repository/reference of the perpetrators of clients who have received services from any of the SA DV services. The database arose as an election commitment from a previous government. Each DV service has a different data bases for their client records and case management. The database allows them to identify if a perpetrator has moved from one area to another and to ascertain some background. Without this linking of information, services may think the perpetrator is a first time offender and not realise that there are a number of connected victims in different areas, all dealt with by different DV services. SAPOL does not have direct access to the data base, but WSSSA share information with SAPOL when requested.

In South Australia the Multi Agency Protective Services (MAPS) can map offenders and people at risk. Although OPA does not have a formal agreement for sharing information with MAPS, the working group has assisted OPA to connect with MAPS and the OPA Assistant Public Advocates has provided an information session to MAPS to inform them about guardianship. The OPA works closely with SAPOL which leads MAPS and refers OPA clients to MAPS when required.

Recommendation 17: That State government agencies and WSSSA explore the potential use of the DV Disclosure Scheme, SAPOL Offender information and WSSSA Serial Offender database by OPA.

[23] DHS - Trauma Responsive System Framework
[24] Ibid
[25] Family violence perpetrator screening and risk assessment — Monash University
[26] SAPOL - Domestic Violence Disclosure (police.sa.gov.au)

The State Government's Office for Data Analytics (ODA) uses data to support the Government of South Australia to provide "the right services to the right people at the right time". The office aims to be a world leader in facilitating data-driven government that uses evidence to improve public sector efficiency and make better-informed decisions for citizens. ODA collaborates with all tiers of government, industry, research partners, community organisations and the education sector on data projects and initiatives.[27]

The ODA has undertaken a range of projects which look at vulnerable cohorts in our community, including:

- the Vulnerable Families Information Management System
- Offenders and Prisoners with Disability Early Identification Project; and
- At Risk Males Early Intervention Project and the Vulnerable Children's Project.[28]

There is merit in working with the ODA to identify how they could support the working group.

Recommendation 18: That the working group invite the Office for Data Analytics to a future meeting to consider how it can support the working group.

9.17. Support for perpetrators

Case Study 1 discussed not only the woman under guardianship but also her partner who is also under the guardianship of the Public Advocate. The working group focuses on survivors primarily, but it has been noted that often the perpetrator is also a victim/survivor of DFSV and exploitation in childhood. The working group also needs to consider how people using violence and abuse can be supported to access programs to reduce their risk of engaging in harmful behaviour towards their partner.

In 2020 the State government funded the perpetrator intervention pilot program which included nine new perpetrator beds for South Australian men. The trial helps men who are worried about their behaviour to reach out and break the cycle of violence. This trial allows women to stay in their own home and keep connections with school, work and family during this traumatic time. The nine beds form the final part of the initiative to create 40 new crisis beds for south Australians affected by domestic violence[29]

The State-wide Perpetrator Response service is currently funded by the State Government for $1.14m from 1 July 2021. The service provider appointed is *No to Violence*, which is the largest peak body in Australia for organisations and individuals who work with men to end violence. They provide advocacy, training, sector development and a men's referral service. The service provides sector training and development and there is opportunity for the OPA and the working group to promote this service more broadly to service providers who support clients who are at risk of perpetrating violence towards women. The Public Advocate has communicated information about this service to all OPA staff so that a referral to the service occurs for an OPA client when needed.

9.18 Early intervention programs

[27] About the Office for Data Analytics | Department of the Premier and Cabinet (dpc.sa.gov.au)
[28] Current projects | Department of the Premier and Cabinet (dpc.sa.gov.au)
[29] New perpetrator intervention program to keep families safe | SA Housing Authority

The National Plan to End Violence Against Women and Children 2022 – 2032[30], lists 5 Early Intervention Objectives to reduce the risk and prevalence of DFV and sexual assault. Objective 2 is to address adolescent violence in family settings and Object 3 is to improve timely responses to newly identified cases of violence, attitudes and behaviours that may lead to violence perpetration.

It is well documented, that pregnancy, and the post- natal period can be a time of increasing risk for DFV .In a recent study, one fifth of pregnant Australian adolescents experienced violence from a partner or family member before age 16, and young mothers may be at higher risk of family violence, possibly because of a link between partner violence and reproductive coercion (Marino et al , 2016)[31] The impacts of family, domestic and sexual violence (DFV) on children can be severe, affecting their health, wellbeing, education, relationships and housing outcomes (ANROWS 2018)[32].

Metropolitan Youth Health (MYH) is a lead provider of health service for young people who are pregnant and parenting and has a high proportion of its consumers who are impacted by DFV.

The Young Men/Young Father's Program, based in Metropolitan Youth Health Service, is a trauma specialist program, that has a focus on violence prevention and successfully works therapeutically with young men who have perpetrated or experienced violence in their lives. Since its commencement, the program has successfully engaged, and worked therapeutically with many young men; including young men who identify as Aboriginal/Torres Strait Islander (35%); 9 young men with CALD backgrounds; 16 young men with a disability; and 5 who identify as LGBTQIA. Many of these young men, have also had connection with the Youth Justice system.

The SPACE program, based in MYH, provides intensive therapeutic support to young pregnant and parenting people with a focus on the impacts of domestic and family violence on children.

The program provides individual therapeutic counselling for young people 12-25 years who are pregnant or parenting on the impacts of violence on themselves, their children, and their parenting capacity. SPACE also offers group work programs for young people 12-25 years who are pregnant or parenting on the impacts of violence on children. Clinicians in the SPACE program often refer young fathers to the Young Men's/Young Fathers program for more intensive individual therapy / support to address their behaviours and attitudes that create a DFV risk.

Recommendation 19: That the State Government provide recurrent funding of the SPACE and Young Fathers Young Men programs based on recommendations from the National Plan to End Violence against Women and Children 2022 – 2032.

9.19. Disrupting the behaviour and cycle

There are several actions that the OPA can undertake to seek to disrupt the cycles of DFSV and exploitation, including encouraging service providers to support OPA clients who are subject to DFSV to access appropriate services, and to support OPA clients at risk of

[30] The National Plan to End Violence against Women and Children 2022-2032 | Department of Social Services, Australian Government (dss.gov.au)
[31] RACGP - Teenage mothers
[32] ANROWS_Impacts-on-DFV-on-Children.2ed.pdf (anrowsdev.wpenginepowered.com)

perpetrating violence to access programs to address their behaviours. The OPA continues to work with SAPOL in reporting incidence of DFSV against OPA clients. The working group will continue to discuss ways in which all agencies can further develop communication and collaboration.

10. Collaboration and positive outcomes

Despite the working group only having met on a few occasions, several outcomes have already been achieved.

- The OPA has connected with WSSSA to understand each other's roles and services, discussing the unique issues for women under the guardianship of the Public Advocate and how WSSSA and the OPA can work together to support these people. WSSSA now regularly attends meetings as a representative of the non-government sector.
- The ASU is now a member of the working group given their work with adults experiencing abuse.
- The OPA has met with MAPS, a multi-agency partnership that shares information and responds to incidents of DFSV. The purpose was to understand what role the OPA can play and contribute to the MAPS processes in relation to people under the guardianship of the Public Advocate. The Assistant Public Advocates have since provided an information session to MAPS to inform them of the Public Advocate's role and the OPA. MAPS has also provided an information session to all OPA staff.
- The Public Advocate met with the Minister for Women and the Prevention of Domestic and Family Violence, Hon Katrine Hildyard MP and the Minister for Human Services, Hon Nat Cook MP to discuss the work of the group and highlight the unique issues for people under PA guardianship in relation to DFSV.
- The NDIA and the NDIS Quality and Safeguards Commission have joined the working group as there are a number of PA clients who experience DFSV are also NDIS participants.
- The working group has already seen one successful collaboration which has resulted in the better safeguarding of women under guardianship. See Case Study 4.
- Identified the need for an assertive, trauma-informed service for women under guardianship experiencing exploitation/ sexual abuse (and for women in similar circumstances).

Case Study 4 – Client D

Client D is young woman with an intellectual disability, significant mental illness and several developmental disorders. Client D is highly vulnerable and requires safeguarding.

In 2022 an urgent SACAT hearing following notification to the ASU appointed the PA as full guardian with special powers Section 32 (1) (a) and (b) of the GAA.

Client D lived in cluster SIL accommodation with a Community Housing Provider (CHP). Her disability support had recently been significantly reduced.

Client D intended to leave this accommodation to live with an older man who she had met online. This man displayed significant coercive and controlling behaviors towards Client D, including by monitoring what she eats, controlling how she presents herself, and forcing her to "punish" herself for behaviors he did not approve of. There is also a high risk of reproductive coercion within this relationship, as Client D stopped using her regular form of contraception.

Concerns were raised as moving to another State would remove Client D from her formal and informal support networks, including by losing access to housing supports and other services she receives from her provider in South Australia. If she was unable to keep living with her partner, she would be at risk of homelessness.

Actions undertaken by the OPA to address the risk were:

- Interagency collaboration between the OPA, SAPOL, specialist FDSV services, Health and other related services.
- Guardianship orders and powers were extended.
- OPA staff met with Client D and her mother to advise of the order and that Client D could not move interstate.
- SAPOL were advised of the flight details to ensure Client D did not leave the State.
- The PT was asked not to cancel the lease and to cancel the removalist service that had been booked.
- The CHP was advised that Client D is under administration with the PT and cannot terminate the lease herself.
- The Service provider in SA was reinstated and 24/7 support with active overnights put in place as a temporary safeguard measure after the client was advised that she could not travel.
- A new Support Coordinator was appointed.
- The employer was advised that Client D would not be ceasing employment.

The situation continues to evolve but interagency collaboration has stopped the client being placed in immediate risk. The OPA continues to monitor the situation.

11. Other work of the Public Advocate

DFSV and exploitation does not stand alone as an issue for people under the guardianship of the Public Advocate and for vulnerable South Australians. This is evidenced by the case studies. Issues relating to housing and funding for support also impact on the ability to provide a swift and timely response when the Public Advocate becomes aware that someone is in a situation of risk and decisions need to be made to support safety. To establish and maintain relationships and networks with other key agencies the Public Advocate convenes the *Housing for Exceptionally Complex Clients Working Group* (monthly) and the *OPA Disability Forum* (8 weekly).

The Public Advocate has been convening the *Housing for Exceptionally Complex Clients Working Group* since late 2021. The membership consists of representatives from the South Australian Housing Authority (SAHA), The Department of Human Services (DHS) including the ENU, the NDIA, SA Health and Wellbeing and the Office of the Public Advocate. Both systemic and individual client matters are raised in this forum to address housing and support funding issues.

The Public Advocate has also been convening the *OPA Disability Forum* since 2016. The membership consists of representatives from the SACAT, the PT, DHS (both Strategic Policy and Disability Services areas), the NDIA and the NDIS Quality and Safeguards Commission. These forums provide an opportunity to discuss systemic issues and work through potential solutions for challenges faced by clients of the OPA.

12. Next steps

Although in its infancy, the *Public Advocate Clients and Domestic Family Violence Working Group* is providing a valuable avenue to share information and consider how people under the guardianship of the Public Advocate can be safeguarded. The working group will continue to examine systemic advocacy opportunities and provide connections to assist with individual client cases.

13. Recommendations

Recommendation 1: That the State government support the working group identify (a) gaps in information sharing across State and Commonwealth government agencies and (b) actions to address these gaps which comply with the Information Sharing Guidelines and Information Sharing Privacy Principles and relevant legislation.

Recommendation 2: That State government support the OPA and government agencies sharing information about clients. This includes formal mechanisms to share information about OPA clients who have regular contact with SAPOL.

Recommendation 3: State government to support OPA to explore, via the Multi-Agency Responses Governance Group (MARGG), formal pathways to ensure collaborative responses across partner agencies within the MAPS program.

Recommendation 4: That the State government support working group (a) identify gaps in information sharing with non- government service providers and (b) work towards addressing these gaps whilst respecting the client's privacy.

Recommendation 5: That the State government provide an assertive outreach trauma-specialist safety-net service to respond to the unique needs of state guardianship clients (i.e. OPA clients) when other mainstream services are unable to meet the complex needs of this at-risk cohort. This model of care would be inclusive of therapeutic intervention promoting stabilisation in healthcare, trauma recovery, wellbeing and accommodation.

Recommendation 6: That the State government, Department of Human Services (DHS) partner with the NDIA to facilitate trauma-informed Domestic and Family Violence and Coercive Control training (facilitated by the Women's and Children's Health Network [WCHN] and/ or Women's Safety Services SA [WSSSA]) to all NDIA staff and disability service providers.

Recommendation 7: That the State Government provide recurrent funding for the My Place program based on the recommendations of the program evaluation being undertaken by Flinders University.

Recommendation 8: That the State government develop capacity to address urgent situations of homelessness and health and safety risks for State Government clients (such as OPA clients) when other systems/services fail.

Recommendation 9: That all state government agencies work together to ensure that state clients under the Public Advocate are not evicted into homelessness.

Recommendation 10: That the State government, South Australian Housing Authority (SAHA) develop a priority housing pathway for State guardianship clients to avoid homelessness and access medium and long-term accommodation.

Recommendation 11: That the State government establish a partnership to increase supply of community and social housing prioritising clients under State guardianship who require it.

Recommendation 12: The State Government review the underutilisation of the Communication Partners Service in South Australia and consider the introduction and outcomes of the Victorian Intermediary Pilot Program to best assist vulnerable adults with disabilities in criminal court proceedings.

Recommendation 13: That the State Government commit to introducing legislation as a part of its work on criminalising coercive control and support the rollout of the WSSA training module.

Recommendation 14: The State Government support OPA, DCP, the NDIA and other relevant health agencies (e.g. mental health services) to formalise a transition process/service for young people exiting guardianship who require adult guardianship.

Recommendation 15: That State Government support the diversely funded DFSV services (government and non-government) to develop protocols with the NDIA to ensure collaboration with NDIA-funded services.

Recommendation 16: The State government support the working group to review the DHS *Trauma Responsive System Framework* and consider its application across the broader government systems to enhance support for OPA clients.

Recommendation 17: That State government agencies and WSSSA explore the potential use of the DV Disclosure Scheme, SAPOL Offender information and WSSSA Serial Offender database by OPA.

Recommendation 18: That the working group invite the Office for Data Analytics to a future meeting to consider how it can support the working group.

Recommendation 19: That the State Government provide recurrent funding of the SPACE and Young Fathers Young Men programs based on recommendations from the National Plan to End Violence against Women and Children 2022 – 2032.

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Appendix A – Definitions and context.

What is Domestic, Family and Sexual Violence (DFSV)?

Domestic violence is violent behaviour between a current or former intimate partner. It can include behaviour that coerces, controls, or causes a person to be afraid[33]. The abuse can occur in a range of different ways as listed below. A partner does not have to be physically harmed to have experienced domestic violence.

Family violence is a broader term that refers to violence between family members, which can include violence between current or former intimate partners, as well as acts of violence between a parent and a child, between siblings, and more.[34]

Family violence is the more appropriate term for violence between Aboriginal and Torres Strait Islander people, as it covers the extended family and kinship relationships in which violence may occur[35].

Sexual violence covers a wide range of behaviours perpetrated against adults and children, including:

- sexual harassment;
- stalking;
- forced or deceptive sexual exploitation (such as having images taken and/or distributed without freely given consent);
- indecent assault; and
- rape.

While sexual violence can overlap with, and be a feature of, family and domestic violence, the dynamics of sexual violence incidents can be very different and occur in the context of a wider range of relationships between perpetrators and victims (e.g. where the victim and perpetrator are not known to one another).[36]

Tactics/ types of Domestic Family and Sexual Violence

Types of domestic and family violence can include:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Social abuse
- Financial abuse
- Reproductive Abuse
- Damaging property
- Harassment or stalking
- Spiritual abuse
- Systems abuse
- Forced marriage
- Technology abuse
- Exposing a child to domestic and family violence.[37]

[33] What is domestic and family violence? | Family Violence Law Help
[34] What is domestic and family violence? | Mission Australia
[35] [i]Council of Australian Governments (2011), National plan to reduce violence against women and their children, s.l.: s.n
[36] 4533.0 - Directory of Family, Domestic, and Sexual Violence Statistics, 2018 (abs.gov.au)
[37] What-is-DFV.pdf (imgix.net)

More detailed information about the types of domestic and family violence listed above and how they present is available on the Family violence law information sheet[38]

Impact of Domestic Family and Sexual Violence (DFSV) on health and wellbeing

The obvious physical effects of domestic and family violence on women are physical injury and death. Yet there are also other effects on women's physical health – such as insomnia, chronic pain, physical exhaustion, and reproductive health problems – that are not necessarily the result of physical injuries.

Women experiencing DFSV have higher rates of miscarriage, most probably because pregnancy is often a time when violence begins or is exacerbated.

Women experiencing DFSV are more likely to experience depression, panic attacks, phobias, anxiety and sleeping disorders. They have higher stress levels and are at greater risk of suicide attempts. They are at increased risk of misusing alcohol and other drugs, and of using minor tranquilisers and pain killers.[39]

The Australian Burden of Disease Study 2018 estimated the impact of various diseases, injuries and risk factors on total burden of disease for the Australian population. For women aged 15 to 44 years, intimate partner violence was ranked as the fourth leading risk factor for total disease burden, and child abuse & neglect was the leading risk factor. Child abuse & neglect was ranked third for men in the same age group [40]

Victim blaming

Victim blaming is a common response from both the perpetrator and society more broadly where the blame for the cause of the abuse/ violence is attributed to the victims/ survivors' behaviour. This response removes the responsibility for the behaviour from the perpetrator apportioning the blame on the victim.

Just as men can often blame women for provoking them to act violently, the wider community has historically blamed women for male violence – a woman who has been raped is told she shouldn't have been wearing a short skirt or been out alone at night, a woman experiencing intimate partner abuse is accused of failing in her wifely duties of keeping the house clean. This can lead many women to blame themselves because they are constantly told that violence that happens to them is always their fault.[41]

A recent study shows that 13 per cent of Australians believe that if a woman is raped while drunk or affected by drugs, she is at least partly responsible.[42]

The prevalence of victim blaming can influence how the woman responds and whether they report DFSV. It also presents a barrier to women accessing services and supports to assist them.

Child protection service documents are often proffered as evidence in family law, criminal, and other trials that involve DFSV. They can also inform the basis for litigation, as well as court findings and orders.

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[38] Family violence information sheet | Federal Circuit and Family Court of Australia (fcfcoa.gov.au)
[39] Impacts of domestic and family violence on women - Community Services
[40] Family, domestic and sexual violence - Australian Institute of Health and Welfare (aihw.gov.au)
[41] Family Violence Myths & Facts – Safe Steps Family Violence Response Centre
[42] Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). (ourwatch.org.au)

Due to the language used in these documents, judgments can place more weight on the responses of victims/survivors than on the actions of men who perpetrate domestic violence. For example, documents used in court proceedings throughout Australia often framed domestic violence as 'fights between parents', 'parental conflict' or 'mutual combat', or domestic violence was framed as the outcome of a 'dysfunctional relationship'. This can result in women being blamed for their own victimisation, or even being accused of complicity in the abuse of their children who are exposed to domestic violence.[43]

Gendered nature of DFSV

There are distinct gendered dynamics to violence in Australia, including differences in prevalence and in the ways in which men and women perpetrate and experience violence.[44]Australian women are nearly three times more likely than men to experience violence from an intimate partner.

Research shows there are strong links between socially dominant forms and patterns of masculinity, men's sexist attitudes and behaviours, and men's perpetration of violence against women.[45]

Men are often expected to support and conform to particular characteristics and behaviours that are considered the 'norm' for men in Australia. These characteristics, which can be understood as the socially dominant forms of masculinity in Australia, include:

- dominance and control
- aggression
- hypersexuality
- rejection of homosexuality and femininity
- stoicism and suppression of emotion
- toughness
- independence and self-reliance
- competitiveness
- risk-taking.

These socially dominant forms of masculinity are socially constructed rather than innate or biological.[46]

Domestic and family violence is complex and wide-ranging, but at its root it is strongly linked to male entitlement and violence-supportive masculinities. There is comprehensive evidence that points to rigid gender roles and stereotyped constructions of masculinity and femininity as one of the key drivers of violence against women.[47]

[43] Victim blaming can affect trial outcomes - The University of Sydney
[44] Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). (ourwatch.org.au)
[45] Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). (ourwatch.org.au)
[46] Change the story: A shared framework for the primary prevention of violence against women in Australia (2nd ed.). (ourwatch.org.au)
[47] Gender drivers of domestic and family violence - SAFER (a resource to help Australian churches deal with domestic and family violence) (saferresource.org.au)

DFSV and child trauma

Children exposed to domestic and family violence over a sustained period may experience trauma symptoms, including Post Traumatic Stress Disorder (PTSD), resulting in psychosocial and sometimes physical responses that, if left untreated, can have long-lasting effects on children's development, behaviour and wellbeing[48]

Distinguishing children who suffer abuse in the home from those who are 'only' exposed to domestic violence presents a considerable methodological and conceptual challenge, as these two phenomena are rarely discrete. The rate of co-occurrence of Australian children experiencing physical abuse and being exposed to domestic violence and experiencing sexual abuse and being exposed to domestic violence have been estimated at 55 percent and 40 percent respectively. These figures are likely to be an under-representation of the prevalence of the co-occurrence of exposure to domestic violence and other types of child abuse.[49]

Children who are exposed to domestic violence may experience many short- and long-term negative effects. They are up to 3.8 times more likely to become perpetrators or victims in adulthood than are children not exposed to domestic violence.[50]

Vulnerabilities that are unique for women with disabilities

Women with disability experience significantly higher levels of all forms of violence, including domestic and family violence. According to a recent Australian Bureau of Statistics (ABS) disability and violence report, women with disability are almost twice as likely as women without disability to have experienced physical or sexual violence by a cohabiting partner over a 12-month period (2.5 per cent compared with 1.3 per cent)[51]

Compared to women without disability, women with disability:

- Are at greater risk of severe forms of intimate partner violence
- Experience violence at significantly higher rates, more frequently, for longer, in more ways, and by more perpetrators
- Have considerably fewer pathways to safety
- Are less likely to report experiences of violence

For many people with disability, recognising that what they are experiencing is violence and that this is a problem, or a crime is a significant issue. This can be made worse by limited access to quality information and support. They may also lack the confidence to seek help or be unaware of the services available to support them.

Another barrier to seeking help or reporting violence is not being listened to. Often people with disability have limited control in family or institutional settings. In these environments, perpetrators are often seen by others (such as police and doctors) to be more believable.[52]

While women with disability experience all the same forms of DFV that other women experience, they are at risk of additional forms of DFV, including forced sterilisation, seclusion, and restrictive practices. Their need for disability supports also means they

[48] Children's exposure to domestic and family violence | Australian Institute of Family Studies (aifs.gov.au)
[49] Children's exposure to domestic violence in Australia | Australian Institute of Criminology (aic.gov.au)
[50] Intimate partner violence: childhood exposure to domestic violence - PubMed (nih.gov)
[51] Women with Disability and Domestic and Family Violence A Guide for Policy and Practice (pwd.org.au)
[52] Domestic, family and sexual violence experienced by people with disability | 1800RESPECT

experience DFV in a range of institutional and service settings, such as in residential institutions and aged care facilities[53]

Intersectionality

Intersectionality is a range of personal factors which can impact the persons experience of DFSV. Different aspects of a person's identity that can expose the person to overlapping forms of discrimination and marginalisation. These aspects can include gender, class, ethnicity and cultural background, religion, disability, and sexual orientation.[54]

Intersectionality recognises that women with disability experience unique forms of DFV not experienced by women without disability, due to the way gender and disability-based discrimination intersect. It also recognises that women with disability experience DFV in a broader range of settings and encounter barriers that are not experienced by women without disability[55]

The intersecting challenges experienced by women with disabilities mean that there can be a tension between addressing disability support needs and the risk of domestic, DFSV. While women with disabilities experience many of the same types of DFSV as women without disabilities, violence may also take particular forms, including withholding medications or aids and limiting access to support services.[56]

Services need to identify how the factors noted above can be associated with different sources of oppression and discrimination, and how those intersections can lead to increased risk, severity and frequency of experiencing different forms of violence. Services should appreciate the role that multiple sources of identity play in a person's lived experiences, and be accessible, inclusive, non-discriminatory and responsive to the needs of diverse groups.[57]

[53] Women with Disability and Domestic and Family Violence A Guide for Policy and Practice (pwd.org.au)
[54] Intersectionality and family violence | Victorian Government (www.vic.gov.au)
[55] Women with Disability and Domestic and Family Violence A Guide for Policy and Practice (pwd.org.au)
[56] National Risk Assessment Principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence - ANROWS - Australia's National Research Organisation for Women's Safety
[57] Intersectionality and family violence | Victorian Government (www.vic.gov.au)

Appendix B - Appointment of the Public Advocate as guardian.

Applications to the SACAT for a guardianship order can be made by the person themself, the Public Advocate, a substitute decision maker of the person under an advanced care directive, an administrator of the person's estate including the Public Trustee, a 'person responsible' as defined in the GAA or any person who can satisfy the SACAT that they have a proper interest in the welfare of the person who the application is about.

Evidence is required to support the application including medical and psychology reports and other supporting documents such as information about risks to the person, Aged Care Assessment Team Reports along with other documents already in place such as Enduring Power of Attorney, Enduring Power of Guardianship and Advanced Care Directives[58].

The Public Advocate is generally appointed when there is no other suitable person to assist with decision making and a decision relating to health, accommodation or lifestyle for that person needs to be made.

OPA client demographics

The Public Advocate is the guardian for 1832 people (as of 27 March 2023). Of these, 714 are female and 966 are male (152 people currently do not have a gender recorded).

OPA client ages range between 18 and 101. The breakdown of the age ranges are, 681 (37%) clients are 65 years or older, 602 (33%) are aged between 40-to-64-years and 549 (30%) are between 18 to 39 years.

OPA clients have disabilities or conditions which impact on their ability to make decisions including the following diagnoses: intellectual disability (32%), dementia (22%), mental illness (21%), dual diagnosis (16%), acquired brain injury (7%) and other (2%).

OPA clients reside in a range of accommodation types including disability-specific accommodation (31%), residential aged care facility (22%), public, private or community rental accommodation (14%), a hospital or a rehabilitation centre (4%), their own home (4%), family/partner's home or friend's home (5%), supported residential facility (5%), a mental health facility (3%) a forensic service or prison (1%), or no fixed place of address (1%).

Aboriginal and Torres Strait Islander clients account for 10.7% (196) of all OPA clients. They are overrepresented under guardianship compared to 2.4% of the South Australian population they represent. The majority of Aboriginal clients (149 or 76%) are living in metropolitan Adelaide due to the need to access services not often available in regional locations. Therefore, many Aboriginal clients are not able to be located with their families or their country. The OPA supports these clients with culturally appropriate services wherever possible and when available. 60% of the Aboriginal people under guardianship are male and 40% are female.

[58] Applying to SACAT for a guardianship order | South Australian Civil and Administrative Tribunal