

HUNTINGTON'S VICTORIA SUBMISSION TO THE PARLIAMENTARY INQUIRY INTO ABUSE IN DISABILITY SERVICES

Huntington's Victoria (HV) is a not for profit organisation funded by the Victorian Government and public sources. We are the only specialist service in Victoria to support and assist people affected by Huntington's disease (HD).

Huntington's disease (HD) is a genetic neurodegenerative disease that results in brain cell death. As the brain cells die, people with HD can experience:

- Involuntary movements,
- Impaired physical coordination and balance
- Loss of mental flexibility
- Difficulty with thinking skills and processes
- Attention and memory difficulties
- Difficulties with swallowing
- Impaired verbal communication
- Problems in planning, organising and executing task
- Mood disorders such as depression and anxiety
- Personality changes

Huntington's Victoria aims to improve the quality of life of all people touched by HD in Victoria by connecting families to the vital support and services they need, while supporting people affected by HD to live meaningful and hopeful lives as valued members of the community.

The organisation provides access to expert staff that assist in the navigation of the disability service sector, provide relevant information and connect people with respite and support services. We also work with Australian and global healthcare professionals, disability service providers and academics to increase awareness and understanding of HD, as well as the impact it has on individuals, families and communities.

HV has had long experience working in collaboration with OPA and the Community Visitors Program. I have documented one case below (which uses the fictional name Carol) to demonstrate that collaboration and how they supported our client through a terrible instance of sexual abuse.

Carol

I contacted OPA's Advice Service on [REDACTED] 2011 in relation to Carol, who lived in an outer-suburban pension-level SRS. A pension-level SRS is a facility providing low level care and support to residents, most of whom have a disability, where the vast majority pay accommodation and support fees equivalent to or lower than the government pension plus rent assistance.

On the morning of [REDACTED] 2011, the SRS manager noticed that Carol was absent and reported her missing. A couple of hours later, she was brought back to the SRS by a taxi driver.

Carol told the female SRS manager that she had been involved in sexual activity with two different men at different times in the early hours of that morning. She said that she had felt threatened and that she could not refuse their advances.

After one of Carol's carers reported noticing blood on her underwear, the manager booked her in to see a doctor the following day.

At this appointment, Carol disclosed to her doctor and the manager that she had been sexually assaulted twice in the time she was missing from the SRS. She also alleged that the male SRS proprietor had previously sexually assaulted her.

The doctor discussed Carol's allegations with the manager and told her that they needed to be reported to the police. The doctor also told the manager that the male SRS proprietor (the accused) should not visit the facility until this matter was resolved.

The SRS manager also contacted Carol's case manager at Huntington's Victoria that day (a Friday) to tell them that Carol had been missing overnight and was alleging that she had been sexually assaulted.

This was not the first time Carol had told someone that the proprietor had abused her. A few months earlier Carol had told the then male SRS manager (brother of the female proprietor) about the abuse. He did not report the allegation to the police nor to the SRS regulator, the Department of Health instead he told his sister, the accused's wife and joint SRS proprietor, about it. It appears no action occurred at this time in relation to this allegation of abuse.

The female SRS manager also had personal ties to the accused, as she was the former manager's girlfriend. The female manager instead of taking Carol straight to the police station spoke to various members of staff. She met with the accused's wife and joint proprietor to inform her of the allegations and sought her permission to confront the male proprietor. At this time, the female proprietor and female SRS manager agreed that they needed to inform Department of Health of the situation and so they rang and left a message for the authorised officer.

On the [REDACTED] 2011, the female SRS proprietor and manager met with the accused and told him that Carol was saying that he had sexually assaulted her. He denied these allegations. It was only after this meeting that the SRS manager took Carol to the police station.

Carol spoke with a female police officer who deals with sexual assaults and was asked to return to do a videotaped interview on [REDACTED] 2011. It appears that Carol was not offered the services of an Independent Third Person (ITP) so she asked the SRS manager to support her in the interview. An OPA trained Independent Third Person provides support for people with cognitive impairment in police interviews, ensuring they understand their rights and assisting their communications with police.

Huntington's Victoria attended the SRS on the following Monday to meet with Carol and the SRS manager to discuss Carol's psychological and medical needs. At this meeting, the manager expressed concerns about losing her job because of the actions she had taken to protect Carol and that she felt unsupported by DoH and her SRS colleagues, particularly as there appeared to be an absence of clear guidelines of how to respond to such situations.

HV were very concerned for Carol's safety and wellbeing, as she remained living at the SRS where she had been allegedly repeatedly assaulted and was in a traumatised state. They referred Carol to CASA for support and advocated on her behalf to DoH to get her crisis accommodation, additional support staff and a fast-tracked Aged Care Assessment Service (ACAS) assessment. This assessment

was necessary if she wanted to move into aged-care; the only available alternative to the SRS sector. Despite HV's best efforts, DoH provided no resources to support and protect Carol, which prompted our contact with OPA's Advice Service.

The Advice Service referred the matter to the Community Visitors Program and to the Advocate Guardian Program. The Community Visitors Program used existing protocols with Department of Health to set up a meeting with the Regional Director to discuss Carol's situation. The Public Advocate, the OPA Manager of Volunteer Programs and Huntington's Victoria attended the meeting. DoH reported that the matter was being investigated by the Authorised officer under the Supported Residential Services (Private proprietors) Act 2010 and the Regulations but did not provide details. This was the start of ongoing communication between the Community Visitors' Program and the department about this matter particularly as Community Visitors remained concerned that Carol was still living at this SRS for three weeks after she reported the alleged assaults.

HV & Carol's family wanted her to move into aged care however, this is always contingent on an ACAS assessment, which are very difficult to organise in a short timeframe. Huntington's Victoria believes the ACAS assessment would not have occurred in such a short timeframe without OPA's involvement and championing of Carol's case to DoH.

On [REDACTED] 2011, HV was successful in gaining an aged care placement close to family for Carol. She was very pleased with her new accommodation and told Huntington's Victoria that her quality of life has never been as good as it has since she moved out of the SRS.

Police advised us that charges would be laid against the male proprietor, but proceedings ceased after his unexpected death. Police also advised that they believed that Carol had consented to the two other reported assaults that occurred in the early hours of [REDACTED] 2011 therefore, there would be no investigation. Huntington's Victoria argued that Carol's 'consent' was given under duress and therefore should not be considered consent at all. No further action has been taken in relation to these reported assaults.

This matter eventually prompted the Volunteer Programs area of OPA to organise for a research report into sexual assault of SRS residents to occur which made eight recommendations for service improvement that the department accepted.

In addition, Community Visitors continued to push for changes to security at this SRS as it was their view that if Carol's absence had been noticed and reported earlier to police then she may have been protected from the assaults that occurred that night.

This is a good case study of how not to handle an allegation of abuse and how if it hadn't been for Community Visitors and OPA the outcome for our client would have been so much poorer.

Tammy Gardner
CEO
Huntington's Victoria