Evidence Review

Risk Factors and Prevention of Violence, Abuse, Neglect and Exploitation

September 2025

Research and Evaluation

Contents

Executive summary

This evidence review provides an overview of key risk factors contributing to violence, abuse, neglect and exploitation among people with disability as reported in the available literature. This review also outlines potential strategies and interventions to mitigate these risks to increase the safety and wellbeing of people with disability.

It seeks to address two questions:

1. What are the risk factors for violence, abuse, neglect and exploitation for people with disability?
2. What interventions have been used to reduce and prevent violence, abuse, neglect and exploitation?

A scoping approach to searching for the best available evidence through open access libraries and grey literature was used. The following sources in the public domain were searched: Google, Google Scholar and Analysis and Policy Observatory. This included peer-reviewed literature and grey literature.

Key findings

- People with disability face significantly higher rates of violence, abuse, neglect and exploitation compared to the general population, with heightened risks for those with intellectual disability, from culturally diverse backgrounds, or in institutional settings.

- Violence, abuse, neglect and exploitation is not always obvious or intentionally malicious and can therefore be poorly identified and under-reported. Violence, abuse, neglect and exploitation can have cumulative negative effects on a person with disability.

- Risks that increase violence, abuse, neglect, and exploitation against people with disability can be understood in three levels. These are:

  Individual level - personal characteristics about the person with disability.

  Service level - the way a service provider or service is run and managed.

  Systemic level - external conditions in society that affect an individual's experience, the way people behave or get help.

- Individual, service and systemic level risk factors, and insufficient oversight can create environments where violence, abuse, neglect and exploitation are more likely to occur.

- Interventions to reduce or prevent violence, abuse, neglect and exploitation are mostly directed at the individual level by teaching people with disability skills to recognise and report violence, abuse, neglect and exploitation. There are fewer interventions targeting changes at the service level and even fewer reducing and preventing violence, abuse, neglect and exploitation at the systemic level.

- The risk factors and interventions identified in the research literature at each level are summarised in Table 1.

Table 1: Risk factors and interventions at the individual, service and systemic levels

Level	Identified risk factors	Interventions to reduce or prevent violence, abuse, neglect and exploitation
Individual (personal characteristics)	Type and severity of disability, people with: • psychosocial and intellectual disability, especially when severe or profound • physical disability requiring personal assistance • maladaptive or risky behaviours • mental health conditions • sensory impairments • declining cognitive function Gender and cultural diversity: • women from non-English-speaking backgrounds and Indigenous backgrounds	Training for people with disability on: • identifying and responding to inappropriate staff behaviour • sex education and sexual abuse prevention • safety awareness and protective behaviour • social relationships • pattern recognition in high-risk situations
Service (service provider characteristics)	Organisation and staff management with: • poor working conditions • ineffective management and staff supervision • lack of clear policies addressing violence, abuse, neglect and exploitation Service environments with: • isolated work environments • use of restrictive practices • environments limiting choice and opportunity for people with disability Worker characteristics: • male gender compared to a high female workforce • lack of appropriate education, qualifications, training, and professional skills working with people with disability • previous history of abuse towards people with disability, staff and family • high burn out symptoms and personal stress • work dissatisfaction	Training for staff on: • sexual abuse and risk factors specific to individuals with developmental disability • general ongoing professional development Oversight: • regular unannounced visits • regular clinical supervision

Level	Identified risk factors	Interventions to reduce or prevent violence, abuse, neglect and exploitation
Systemic (external conditions affecting an individual's experiences)	Home environment: • unstable living situations Social, community and service isolation: • limited informal support network • limited to a single service provider • carer burnout including limited access to respite and assistance Economic inequality: • low financial decision-making capacity • inability to afford basic necessities Lack of education and awareness: • insufficient, appropriate safeguarding education • knowledge gaps in workers and professionals Policy and system gaps: • barriers to reporting violence, abuse, neglect and exploitation • limited knowledge of safeguarding systems • negative social attitudes	Training for all: • school based physical violence

• Broader considerations to support and boost the effectiveness of any interventions as well as remove barriers to reducing and preventing violence, abuse, neglect and exploitation are summarised in Table 2.

Table 2: Individual, service and systemic level considerations to improve reducing and preventing violence, abuse, neglect and exploitation

Individual level	Service level	Systemic level
• Accessible safeguarding resources • Program design for people with intellectual disability • Tailored training for children • Access to independent advocates	• Specialised workforce training • Workplace culture reform • Person-centred practice • Access to independent advocates • Regular audits and reviews	• Public campaigns and community education programs • Strengthening community connections • Regular audits and reviews • Capturing diversity data

Conclusion

This evidence review examines the pervasive issue of violence, abuse, neglect and exploitation faced by people with disability in Australia and the known interventions to prevent and safeguard people with disability. Violence, abuse, neglect and exploitation is driven by risk factors at individual, service, and systemic levels. People with disability experience higher rates of harm due to dependency on government funded systems such as in disability, health, mental health and social welfare, social isolation, inadequate service quality and delivery, workforce challenges and systemic barriers to accessing help and education.

Addressing violence, abuse, neglect and exploitation is a multifaceted challenge that requires coordinated efforts across individual, service, and systemic levels to reshape the structures and cultures that perpetuate harm. To strengthen safeguarding efforts for people with disability, systems must work together to create practical, inclusive, and responsive approaches. Lasting impact requires coordinated action across the sector, shifting service cultures, promoting inclusion, and ensuring people with disability are recognised as trusted decision-makers and reporters of harm.

Interventions include tailored training and education for people with disability, targeted workforce training and improved service oversight. Individual level interventions are essential to empower people with disability to recognise violence, abuse, neglect and exploitation and assert their rights. Similarly, service level interventions aimed at workers to shift their attitudes especially about sexual abuse and people with intellectual disability were important safeguards. A multi-level approach that integrates individual, service, and systemic interventions enhances safeguarding measures and improves regulatory compliance that uphold international human rights standards.

To achieve meaningful change, a concerted effort with a focus on prevention, accountability, and empowerment at every level is necessary to create a safer, more inclusive environment for all Australians with disability.

Evidence Review: Risk Factors and Prevention of Violence, Abuse, Neglect and Exploitation

Objective

The Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability has highlighted the ongoing risk of violence, abuse, neglect, and exploitation and the unacceptable levels of harm endured that people with disability face daily.[1]

Article 16 of the Convention on the Rights of Persons with Disabilities (CRPD) grants the right to freedom from all forms of violence, exploitation, and abuse.[2] Article 16(3) requires Parties to 'ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.'[2] This is reflected in the *NDIS Act 2013* and core function where effective independent monitoring and responses to reduce and prevent violence, abuse, neglect and exploitation is an essential mechanism to safeguard people with disability, representing a critical issue requiring urgent attention.[3]

> This evidence review seeks to address two questions as reported in available literature in the public domain:
>
> 1. What are the risk factors for violence, abuse, neglect and exploitation for people with disability?
>
> 2. What interventions have been used to reduce and prevent violence, abuse, neglect and exploitation?

What do we mean by violence, abuse, neglect and exploitation?

Violence, abuse, neglect and exploitation are forms of harm that can be understood, experienced and committed in many ways. While there are no consistent approaches to defining violence, abuse, neglect and exploitation, broadly, they are defined as:

- **Violence** – 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation'.[4] This includes physical and sexual assault, which may be perpetrated by strangers or individuals known to the victim, including intimate partners, with the intent to harm or intimidate.[5]

- **Abuse** – in addition to the definition of violence, it encompasses physical, psychological/emotional, sexual abuse, neglect or financial exploitation.[4] Abuse can manifest as mistreatment or the degradation of dignity in organisational settings.[6]

- **Neglect** – the failure, whether intentional or unintentional, to provide essential physical or psychological support, resources, or care, leading to harm or potential harm to an individual's wellbeing.[7] Neglect may occur between relationships or in organisational contexts where norms or cultures fail to prioritise the needs or personal choices of individuals.[7]

- **Exploitation** – when an individual unfairly manipulates another person or their resources, whether opportunistically or premeditatedly, for personal gain.[8] Forms of exploitation include coerced criminal, sexual, financial, spiritual, or labour-related activities, and often rooted in relationships based on trust or loyalty.[8]

These forms of harm can include both overt (e.g., sexual abuse, financial abuse, physical abuse and bullying) and covert (e.g., discrimination and stigma, exploitation and disability shaming) experiences.

The NDIS Commission and violence, abuse, neglect and exploitation

The *NDIS Act 2013* and *NDIS Incident Management and Reportable Incidents Rules 2018* set out how registered NDIS providers should manage incidents including types of incidents that need to be recorded and managed through a registered provider's incident management system, and reportable incidents that are required to be reported to the NDIS Commission for oversight.[3,9]

The NDIS Quality and Safeguards Commission (NDIS Commission) has oversight of specific reportable incidents and/or alleged incidents resulting in harm reported by registered NDIS providers*, and complaints submitted by any person in relation to the provision of NDIS supports and services by either a registered or unregistered provider†.

This report uses a broad definition of violence, abuse, neglect and exploitation to encompass the wide variation in reports of harm and complaints that may or may not be made to the NDIS Commission. Violence, abuse, neglect and exploitation is not always obvious or intentionally malicious.[10] Forms of violence, abuse, neglect and exploitation that do not constitute a reportable incident may still be a warning sign of problems about safety and wellbeing and indicate potential harm or behaviours that can escalate if ignored.[11]

In the period between July 2023 to June 2024, the NDIS Commission reports between 0.71% to 0.80% of NDIS participants associated with a reportable incident.[12] Serious injury followed by neglect is the most common reportable incident type. Violence, abuse, neglect and exploitation complaints received in the same period ranges between 16.6% to 24.2% of complaints.[12]

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* Reportable incidents include: the death of a person with a disability, serious injury of a person with a disability, abuse or neglect of a person with a disability, unlawful sexual or physical contact with, or assault of, a person with a disability, sexual misconduct committed against, or in the presence of, a person with a disability, including grooming of the person for sexual activity, or the use of a restrictive practice in relation to a person with a disability, other than where the use is in accordance with an authorisation of a State or Territory in relation to the person.

† Complaints is broadly reported as alleged abuse or neglect consisting of financial, physical, sexual violence, psychological or emotional harm and abuse, constraints, forced treatments and interventions, humiliation and harassments, violation of privacy, systemic abuse, physical and emotional neglect and passive neglect and wilful deprivation.
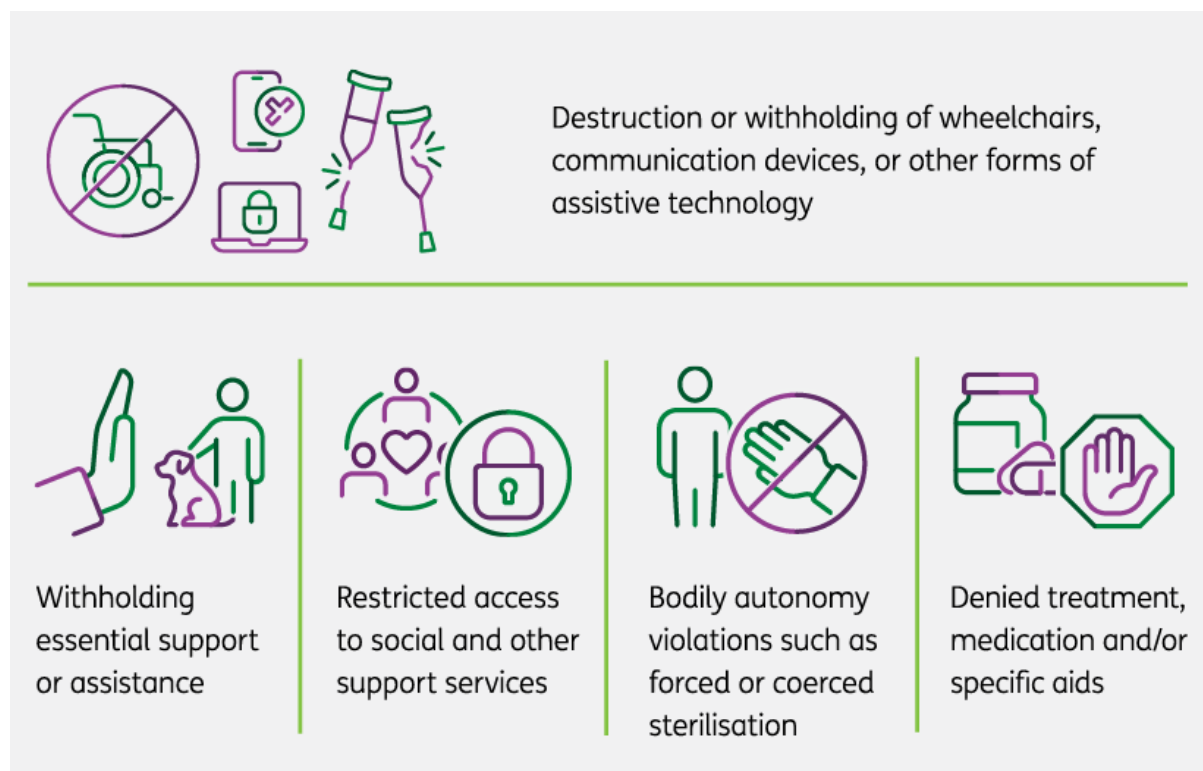
What do we know about violence, abuse, neglect and exploitation?

Research consistently highlights that people with disability are at a greater risk of being exposed to or being victims of violence, abuse, neglect and exploitation at some point in their lives compared to the general population*.[1,11,13,14,15,16]

A systematic review of the type of violence, abuse, neglect and exploitation experienced by people with disability in Australia across their lives found having a disability increased the risk of experiencing:[15]

- Intimate partner violence (physical, sexual, emotional, and financial abuse)

- Violent crime and victimisation (physical and sexual abuse, systemic abuse/neglect)

- Child maltreatment (physical, sexual, and emotional abuse, neglect)

- Bullying or peer victimisation (physical, emotional, social, and financial abuse)

- Disability-related hate crimes (emotional, physical, social abuse)

- Systemic abuse/neglect.

The type of violence, abuse, neglect and exploitation perpetrated towards people with disability can also be uniquely targeted based on perceived vulnerability from their impairment or support needs, and be in the form of disability-related forms of violence:[14,17]

Destruction or withholding of wheelchairs, communication devices, or other forms of assistive technology

Withholding essential support or assistance

Restricted access to social and other support services

Bodily autonomy violations such as forced or coerced sterilisation

Denied treatment, medication and/or specific aids

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* The general population refers to people who do not have a diagnosed disability

Research shows that a single incident of violence, abuse, neglect and exploitation is often the exception rather than the norm, and that people often experience multiple forms of violence, abuse, neglect and exploitation, either simultaneously or across their lives, compounded by social isolation, ableist discrimination and dependency on systems and care.[5,15,18] For example, signs of violence, abuse, neglect and exploitation are mislabelled as behavioural issues rather than signs of distress and abuse and are not prevented or responded to.[18] Continued violence, abuse, neglect and exploitation has cumulative negative effects on a person with disability, leaving the person feeling "unimportant, invisible and misunderstood".[10]

Many studies have been conducted in an attempt to explain high rates of violence, abuse, neglect and exploitation amongst people with disability. However, accurately determining the prevalence of harm among people with disability remains challenging with estimates varying across studies and national surveys used, such as the Australian Bureau of Statistics' Personal Safety Survey (ABS PSS) and Survey of Disability, Ageing and Carers (SDAC). These numbers differ according to the definitions of violence, abuse, neglect and exploitation and disability used. Most violence, abuse, neglect and exploitation research has focused on physical and sexual abuse while emotional and psychological abuse and neglect is difficult to recognise in the lives of people with disability.[20] There is no nationally representative data source on neglect of people with disability and data on the interpersonal exploitation of people with disability is also limited.[1]

Whilst there is currently no comprehensive strategy or framework that allows sufficient, reliable and enduring capture of violence, abuse, neglect and exploitation data in Australia, ABS PSS of the Australian population compares types of reported violence, abuse, neglect and exploitation among people with disability to the general population (see Figure 1).

Figure 1: Overview of violence among the Australian population (%)[21]
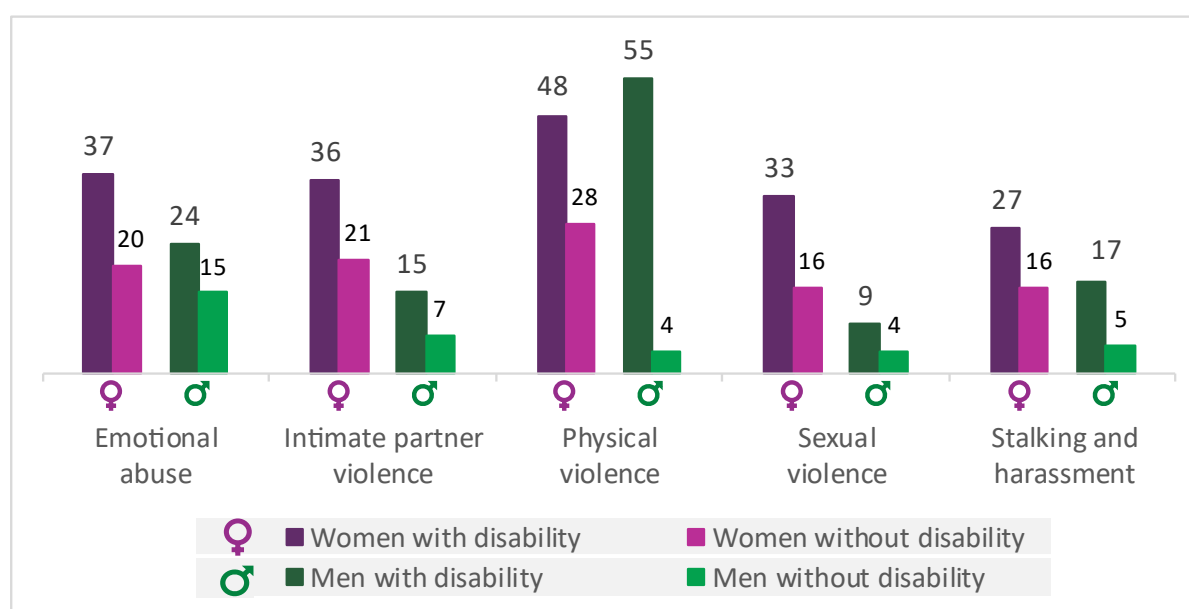
While Figure 1 doesn't include all forms of violence, abuse, neglect and exploitation it illustrates that people with disability are much more likely to experience some form of harm more than people without disability.

What are the risk factors for violence, abuse, neglect and exploitation in people with disability?

The disproportion of violence, abuse, neglect and exploitation experienced by people with disability indicates that there are certain risk factors that can increase their vulnerability to experiencing violence, abuse, neglect and exploitation. These are in addition to risk factors already present that exist for all such as age and gender. While there are characteristics and circumstances that can increase the risk of violence, abuse, neglect and exploitation, it is crucial to recognise that people with disability are not inherently vulnerable but become so when others exploit their situation. [22] Violence, abuse, neglect and exploitation against people with disability is likely to be a consequence of unequal power relations between people with disability and people without disability.[23]

The risk of experiencing violence, abuse, neglect and exploitation spans both informal settings (e.g., family homes) and formal environments (e.g., disability services, schools, or workplaces). Residential and group homes are especially high-risk environments where systemic neglect and physical and sexual abuse are frequently reported.[1]

This review seeks to analyse risk factors contributing to the likelihood of violence, abuse, neglect and exploitation across different levels of the environment. Understanding risk factors within their environment can assist in identifying and preventing potential violence, abuse, neglect and exploitation with specific targeted interventions for that level. The risk factors identified in our research have been organised into different levels of the disability service system by the following:

Individual – personal characteristics or attributes specific to a person that may influence their risk or resilience. For example, age, disability, gender, cultural background, citizenship status.

Service – characteristics and dynamics of organisations or systems providing support or services to people with disability. For example, organisational culture, service delivery practices, organisational policies and procedures, staffing.

Systemic – external conditions in society, such as the physical, social, political, economic and cultural environment, systems and structures, that affect an individual's experiences, wellbeing and risks. For example, poverty, service accessibility, relationships, policies and laws.

Individual level risk factors

At the individual level, certain characteristics can increase the risk of experiencing violence, abuse, neglect and exploitation. These factors often intersect with service and systemic issues, compounding the risks. The individual level risks associated with type and severity of disability including the type of assistance or support needed, gender and culture are detailed in the following sections.

Type and severity of disability

The same data from the ABS PSS in Figure 2 indicate experience of any type of violence, abuse, neglect or exploitation by type of disability showing that people with psychosocial* or intellectual disability, especially when severe or profound, are most affected.[14,24,25]

Figure 2: Experience of violence by disability type (%)[24]
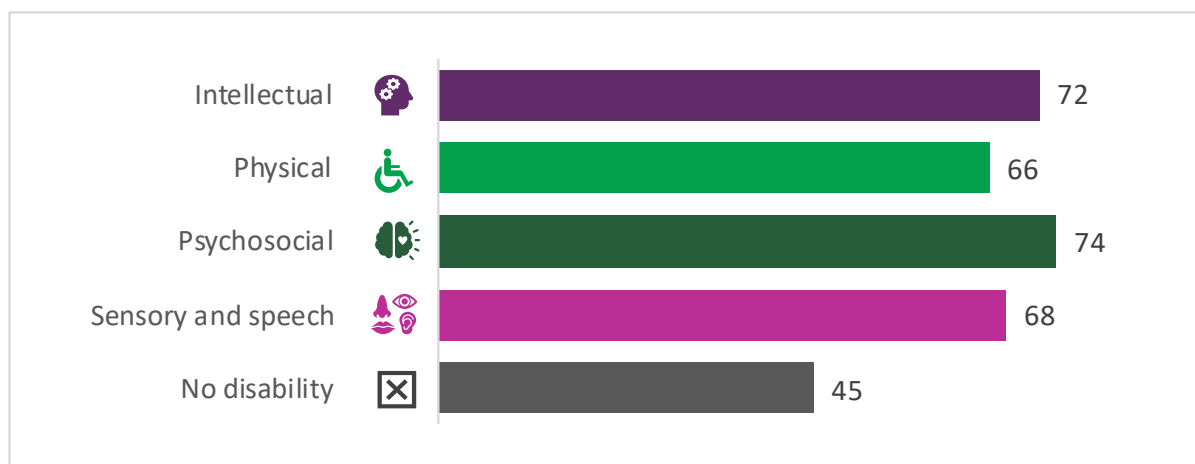
Figure 3 breaks down the prevalence of different types of violence, abuse, neglect and exploitation among individuals by disability type, indicating that people with psychosocial and intellectual had again experienced the most of all forms of violence, abuse, neglect and exploitation.[24]

Figure 3: Experience of violence type by disability type (%)[24]

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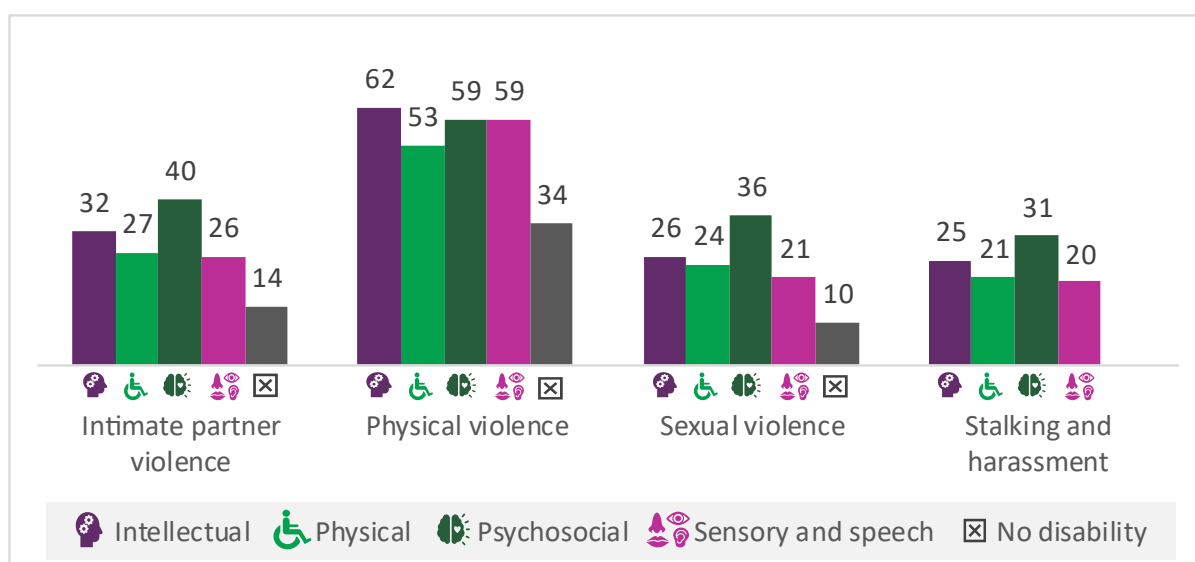
* Psychosocial disability includes anxiety, mood disorder, post-traumatic stress disorder, substance abuse disorders; and intellectual disability includes learning disability, autism spectrum disorders, attention deficit hyperactivity disorder, dyslexia.[13]

Figure 1 and Figure 2 present opportunities to target specific interventions addressing the type of violence, abuse, neglect and exploitation for people with different types of disability. For example, interventions to recognise and deal with intimate partner violence and sexual violence specific to people with psychosocial disability.

People with intellectual disability or cognitive impairment

Several studies continue to confirm people with intellectual disability are frequently more at risk of sexual exploitation and financial exploitation (especially in conjunction with cognitive decline and the presence of other mental health issues), particularly from someone in a paid position entrusted with their care. [8,10,26,27] Up to 90% of women with intellectual disability report having experienced sexual abuse.[25]

People with intellectual disability exhibiting risky behaviours, such as running away and interacting with strangers online; and maladaptive behaviours such as physical violence, self-harm, disruptive behaviour, rebellious behaviour, hyperactivity, property destruction and socially offensive behaviour had a higher probability of being abused. [8,25]

Violence, abuse, neglect and exploitation is also more likely with lower levels of cognitive ability. For example, girls with low cognitive ability were nearly 5 times more likely to experience sex trafficking compared to participants with higher levels of cognitive ability.[8] Dementia and decreased cognitive function have also been identified as risk factors.[25]

People with sensory impairment

Other studies looking specifically at sexual violence associated sensory impairment with the highest risk of sexual victimisation at a rate nearly 4 times higher than that for other types of disability.[28]

People with physical disability

Those with a physical disability with impaired ambulation, the need for personal assistance, being incontinent and having a sensory impairment or an existing intellectual disability, were also more likely to experience violence, abuse, neglect and exploitation.[25]

Gender and type of disability

Most studies have identified female gender as a risk factor despite using different methods, such as case file reviews and interviews. Women with intellectual disability seem to be at particular risk of sexual abuse with up to 75% of victims being female.[25] Women with disability also experience greater lifetime violence and more severe and sustained abuse over a longer period compared to males.[15]

The ABS PSS data analysed by Sutherland and colleagues in Figure 4 highlight that women with disability, regardless of disability type, consistently report the highest rates of violence, abuse, neglect and exploitation across categories compared to men with disability.[21,24,29] Almost half of women with psychosocial and intellectual disability experienced a form of violence, abuse, neglect and exploitation.

Figure 4: Experience of violence by disability type and gender (%)[21,24,29]

	Women	Men
Stalking and harassment	Intellectual: 31, Physical: 27, Psychosocial: 39, Sensory and speech: 30	Intellectual: 21, Physical: 15, Psychosocial: 20, Sensory and speech: 12
Sexual violence	Intellectual: 47, Physical: 33, Psychosocial: 50, Sensory and speech: 36	Intellectual: 9, Physical: 12, Psychosocial: 16, Sensory and speech: 8
Intimate partner violence	Intellectual: 52, Physical: 37, Psychosocial: 51, Sensory and speech: 38	Intellectual: 17, Physical: 15, Psychosocial: 26, Sensory and speech: 17

Legend: Intellectual · Physical · Psychosocial · Sensory and speech

However, there are some distinctions to note. Men who were victims of sexual abuse had high rates of being subjected to physical or mechanical restraint and a higher rate of use of behaviour modifying drugs.[25]

Gender and cultural diversity

Women with disability from non-English-speaking backgrounds and Indigenous women with disability face heightened risks due to intersecting vulnerabilities, such as systemic racism and socio-economic disadvantage.[30] Aboriginal and Torres Strait Islander women with disability are more likely to experience physical or sexual violence or coercive control; the onset of physical or sexual violence or coercive control; and the escalation of physical or sexual violence than non-Indigenous women with disability.[30] This is similar to women from non-English-speaking backgrounds with the exception to the escalation of physical or sexual violence.[30]

Service level risk factors

Several studies have identified the characteristics of service level risk factors that are more likely to increase the likelihood of and facilitate violence, abuse, neglect and exploitation. These risks often emerge from deficiencies in organisational structures, workforce management and service delivery.

Organisation and staff management

- Stressful and poor working conditions such as staff shortage, work overload and negative relationships between staff and senior management.[6,25]

- Management distanced from direct care staff with a narrow culture such as lack of openness to new ideas and perspectives, resisting input, challenges, change, and involvement of outside professionals.[25]

- A punishing culture from management or the perpetrator such as staff intimidation, threats and bullying to control and prevent abuse disclosure by other staff.[25]

- Ineffective management of the residential home and ineffective staff supervision with minimal management service contact, lack of team meetings or reflective practice.[6,25]

- Lack of clear policies to recognise or respond to alleged practices of violence, abuse, neglect and exploitation, and low prioritisation of investigating violence, abuse, neglect and exploitation due to other pressures.[25]

- Lack of clear policies on using restrictive practices.[25]

Service environment

- Workplaces where staff and the place of work is isolated within the organisation and away from peer scrutiny, especially during nights and in monitoring personal and intimate care, which provide opportunity to abuse.[25]

- Workplaces where the person with disability is isolated from other services or workers creating service dependency and relying on the potential perpetrator for care.[15,25] This makes the person with disability reluctant to report the abuse and leave the situation.[15,25]

- Residential settings, during leisure activities and personal hygiene care with specific types of violence and abuse such as rough handling during bathing and dressing.[25]

- Misuse or overuse of restrictive practices.[1]

- Poor development, implementation and monitoring of interventions designed to reduce the frequency, severity or duration of behaviours.[25]

- Places that lack true choice and opportunities for independence for the person with disability, creating increased dependence on caregivers.[15]

Worker characteristics

- Overrepresentation of males compared to females in the workforce, especially when working with people with intellectual disability.[25]

- Age had relationship with the type of violence, abuse, neglect and exploitation committed. While the mean age of perpetrators were 35 years old, staff aged 50 or more were more likely to commit physical abuse and sexual abuse whereas younger staff were more likely to commit financial abuse.[25]

- Workers with a lack of appropriate education, qualifications, training, and professional skills working with people with disability and about their rights are at greater risk of failing to recognise and report violence, abuse, neglect and exploitation,[6,10,25,27] leading to committing violence, abuse, neglect and exploitation unintentionally or allowing it to occur. These workers are often employed to assist individuals with physical supports, medical requirements, and behavioural needs.[27]

- Workers with history of previous abuse towards people with disability, intimidation towards other staff, substance abuse, dysfunctional family situations and history of domestic abuse were all associated with abuser characteristics.[25]

- Workers experiencing high burnout symptoms and high conflict levels at work was a stronger predictor of abuse compared to demographic variables such as age, education, role and years of experience.[25] Level of burnout was found to be an especially strong predictor of psychological and physical abuse and neglect.[25,31]

- Workers experiencing personal stress, and emotional and physical exhaustion including problems at home and work and economic inequality.[25]

- Worker dissatisfaction with their working conditions including low motivation, job stress and under time pressure to get work done quickly.[25]

Systemic level risk factors

Experiences of violence, abuse, neglect and exploitation can be felt and perpetrated in everyday interactions in society through relationships, external environments, systems, structures, settings, situations and broad policy and legislative instruments. These create systemic and structural issues and barriers to safety, justice and wellbeing.

Home environment

- Living in an unstable home, being in state custody, staying in a shelter, and living in closed environments such as residential group homes.[8,25]

- Women from metropolitan areas with a long-term health condition were more likely to experience physical or sexual violence than women in regional and remote communities.[30] However, the probability of experiencing the escalation of physical or sexual violence was higher for women from regional and remote communities than for women in metropolitan areas.[30]

Social, community and service isolation

- People with disability who have limited support networks, no outside contact and who are rarely visited.[15,25]

- People with disability limited to a single provider responsible for delivering different services to the same person across life domains, creating potential or actual conflict of interest and making it more difficult for the person with disability to remove themselves from situations with poor quality or abusive providers.[22]

- Fear of social isolation and loneliness driving the desire for friendship, exposing them to potential and opportunistic perpetrators.[15]

- People with intellectual disability misusing drugs and/or alcohol, and who have learning difficulties may be exploited for their desire for social connection.[8]

- Carer burnout including limited access to respite and assistance from providers.[31] Emotions such as regret, distain and even hatred towards the person they care for have been connected to carer burnout.[31]

Economic inequality

- Low financial decision-making capacity, ability to understand financial choices and ability to carry out activities of daily living increase the likelihood of financial exploitation.[8]

- People experiencing inability to afford housing, food, medical care, and medication increases risk to financial exploitation especially for people with intellectual disability.[8]

Lack of education and awareness

- Insufficient education and support on forming healthy relationships, including friendships and healthy expressions of sexuality.[15]

- Lack of adequate education and programs targeted specifically at people with intellectual disability to identify and recognise appropriate and inappropriate behaviour and relationships; what violence, abuse, neglect and exploitation could look like and empowering them with the skills to make appropriate decisions.[10,32,33]

- Knowledge gaps on identifying signs of violence, abuse, neglect and exploitation in people with disability and appropriate response and support to violence, abuse, neglect and exploitation experiences by disability support workers, and professional health and allied health providers such as doctors, nurses, occupational therapist.[15,32] Whilst there are mandatory reporting guides for recognising signs of violence, abuse, neglect and exploitation, most of these guides are intended for the general, neurotypical population and may not be appropriate to neurodivergent people or people with intellectual disability.[19]

- Inaccessible and difficult avenues to report violence, abuse, neglect and exploitation.[1] This decreases independence whereby people with intellectual disability often need to rely on support to lodge and follow a complaint to completion.[1,26] People with disability who have reduced physical and emotional defences and communication barriers are less likely to report violence, abuse, neglect and exploitation[34] in systems which don't respond to their needs.

- Limited practical knowledge of people with disability and the general public of the NDIS Commission, its role and responsibilities and finding information such as banned providers and banned persons' lists.[22]

- It is difficult for people with intellectual disability to report abuse and less likely to be believed when they do disclose.[34] Negative social attitudes and beliefs about people with disability where they are seen as 'less' than, othered, inherently vulnerable and helpless with views of disability as a form of 'special vulnerability'.[6,10,22] This reduces the persons agency and voice.

Understanding the complex system of violence, abuse, neglect and exploitation

There has been a tendency for services and systems to respond to violence, abuse, neglect and exploitation by focusing at the individual level and to treat symptoms rather than the systemic and structural causes of violence, abuse, neglect and exploitation.[20] The World Health Organisation (WHO) promotes a public health approach to violence, abuse, neglect and exploitation built on a socio-ecological model where violence, abuse, neglect and exploitation can be understood as 'the result of the complex interplay of individual, relationship, social, cultural and environmental factors'.[4]

Sobsey's integrated socio-ecological model (see Figure 5) illustrates the complex nature of the abuse of people with disability.[35] The model provides a framework to view violence, abuse, neglect and exploitation as a form of interaction within a relationship between two individuals, the perpetrator and the victim, called a microsystem (e.g., person with disability and disability support worker). This relationship exists with and is strongly influenced by an exosystem or unit of the social environment (e.g., a group home, or service provider) that also exists within and is strongly influenced by a macrosystem (i.e., society or culture).[35] The model also includes mesosystems, other microsystems and exosystems, that interact with the victim and perpetrator.[35]

Sobsey's socio-ecological model can be logically applied to the levels of risks in the disability service system. That is, individual level risks in the microsystem influenced by and existing within the service level as the exosystem, and placed in the macrosystem reflecting the systemic levels of society and culture. These relationships suggest that addressing risk factors across the various levels of the socio-ecological model may contribute to decreases in more than one type of violence.[4] Thus, it offers an approach to targeting intervention and prevention. This will require collective action, collaboration and integration across many sectors and disciplines, focusing on prevention of both violence, abuse, neglect and exploitation occurring and re-occurring, and preventing further harm.[4,36]

Figure 5: Adapted integrated socio-ecological model of violence, abuse, neglect and exploitation[35]
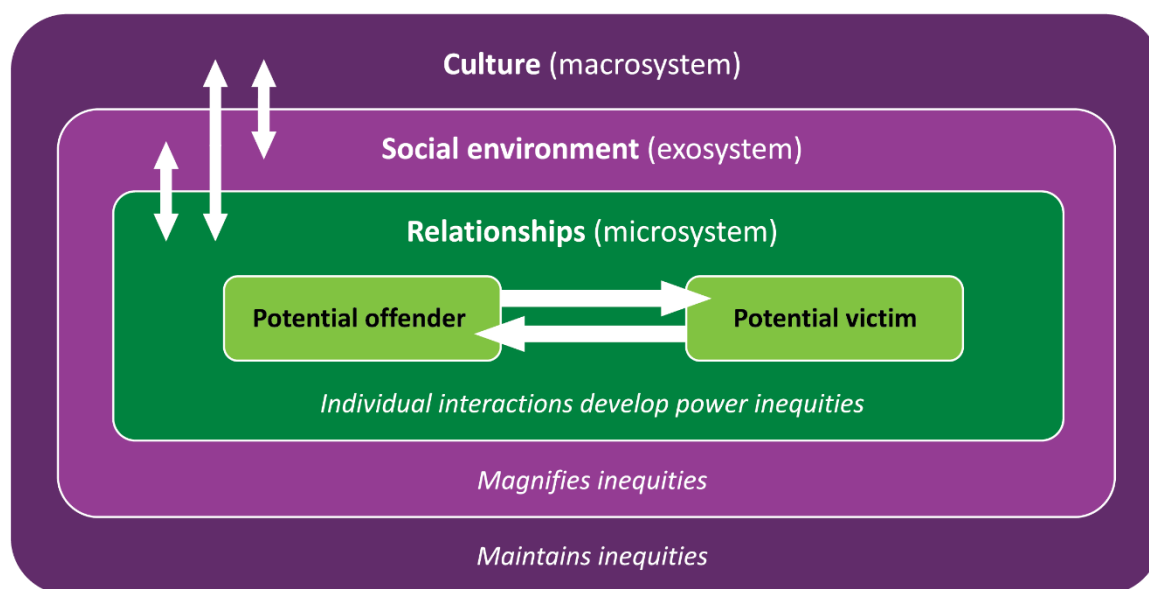
Intervention and prevention to reduce or prevent violence, abuse, neglect and exploitation

A comprehensive response to violence, abuse, neglect and exploitation on several different levels at once is one that not only protects and supports people with disability, but also reduces the perpetration of violence, abuse, neglect and exploitation, changing the circumstances and conditions that give rise to it in the first place systemically.

Intervention refers to actions to address and respond to violence, abuse, neglect and exploitation to stop the harm, mitigate its adverse effects or to interrupt an emerging problem. Intervention actions can be implemented before, during or after harm has occurred to victims, potential victims and perpetrators. Interventions can include proactive prevention activities.

Prevention refers to stopping violence, abuse, neglect and exploitation and potential risks from occurring or further re-occurring. Prevention activities are usually proactive interventions to prevent risk factors developing and is offered to entire communities. In this case it can also target people with disability (to prevent harm and further harm) and perpetrators (to prevent re-occurrence).

Both intervention and prevention focus on the overarching goal of ensuring safety and wellbeing. Whether prevention or intervention actions are appropriate and which to implement will be unique to each individual and situation.

Several reviews have examined interventions to prevent and reduce violence, abuse, neglect and exploitation against people with disability, but most do not focus on evaluating intervention effectiveness and none cover all types of interventions aimed at preventing all forms of violence, abuse, neglect and exploitation across all disability types.[6] In Mikton, Maguire, and Shakespeare's systematic review of studies to assess the effectiveness of violence prevention interventions, all

studies received a "weak" rating on quality due to high risks of bias, small sample sizes, and inadequate outcome measures and thus no intervention could be definitively deemed effective.[37]

However, examining interventions alone can still indicate opportunities for investment and conducting high-quality evaluations to build a robust evidence base of what interventions are the most effective, feasible and appropriate specific to the context. The following outlines interventions that can be implemented at the different levels of risk within the disability service system.

Individual level interventions

Training

Training was the main form of intervention to reduce and prevent violence, abuse, neglect and exploitation for people with disability.

In-situ training[38]

- Strategy – On-site in-situ training on sexual abuse prevention using realistic scenarios, role-play and immediate coaching for women with mild to moderate intellectual disability.

- Findings – Skills generalised to natural settings for most participants, though some required more intensive training.

- Recommendations – Customise training intensity per individual and emphasise maintenance of learned skills over time.

Behavioural skills training[39]

- Strategy – Behavioural skills training with repeated role-playing for women with intellectual disability to identify and respond to inappropriate staff behaviour in various settings.

- Findings – Participants improved their ability to accurately identify and report abuse but hesitated to act independently in real situations.

- Recommendations – Extend training to broader populations (e.g., those with severe disability) and assess real-life application ethically.

Safety awareness training[40,45]

- Strategy – 'A Safety Awareness Program for Women with Disabilities' (ASAP for Women) for all women with diverse types of disabilities to enhance safety awareness and protective behaviours in women with disability, focused on building safety self-efficacy, safety skills, social relationships, and safety promoting behaviours.

- Findings – Significant increases in self-efficacy and safety skills, with moderate improvements in safety behaviour and social relationships.

- Recommendations – Expand ASAP for Women to meet the unique safety needs of women and conduct broader evaluation.

Self-advocacy training[41]

- Strategy – Safety and self-advocacy training (i.e., IMPACT: Ability) using role-play and defence techniques in high school students with cognitive and/or physical disability.

- Findings – Significant improvements in safety and self-advocacy knowledge. Students felt more capable of speaking up to stop potential abuse and navigating unsafe situations.

- Recommendations – Integrate such programs into transitional education for students with disability.

Education

Sex education[6]

- Sex education and assertiveness training for people with intellectual disability can help with prevention and early detection of sexual abuse.

Safety education[32,41,43]

- Positive results found in adults with intellectual disability with education programs that focus on pattern recognition to identify high risk situations and who to approach when they have concerns or to discuss an incident.

Programs

Technology-based programs[,43]

- Strategy – Computerised assessment tools (i.e., Safer and Stronger Program) for women with disability to self-screen for abuse to raise awareness about abuse and safety promoting behaviours.

- Findings – Increased abuse awareness and safety behaviours with a single exposure, particularly among those with limited prior exposure to abuse. Both abuse awareness and safety self-efficacy were significantly related to safety behaviours.

- Recommendations – Utilise such tools for scalable and accessible interventions in diverse settings.

Peer-led group programs[44]

- Strategy – Group-based programs to build safety awareness, abuse and safety knowledge, and social support among women with disability.

- Findings – Participation in a brief safety awareness program may improve safety protective factors.

- Recommendations – Expand such programs to broader community settings and evaluate long-term impacts to which gains translate into actual safety behaviour, reduction of abuse risk, and reduction in the experience of abuse.

Service level interventions

Comprehensive education and training

Staff training[27,41,45]

- Strategy – Workshops to improve knowledge and attitudes of service providers about sexual abuse and risk factors specific to individuals with developmental disability.

- Findings – Increased staff knowledge on sexual abuse factors and positive attitude shifts about sexual abuse and sexuality towards people with developmental disability, though real-world application was not directly assessed.

- Recommendations – Service providers to implement sexual abuse prevention training of people with developmental disability and offer regular booster sessions. This can be monitored with behavioural observation.

Professional development[27,42]

- Comprehensive education and training with ongoing professional development has been associated with better quality of care, quality of life, and a reduced risk of violence, abuse, neglect and exploitation to people with disability.

Oversight[6]

- Regular unannounced visits by supervisors and inspectors, regular clinical supervision and training on specific topics such as relational dynamics of abuse, appropriate boundaries, patterns/signs of abuse and appropriate response to suspected cases of abuse, can also help improve practice.

Systemic level interventions

Universal School-Based Interventions[45]

- Strategy – Good School Toolkit implemented in Ugandan primary schools involving head teachers, administration, teachers, and the students themselves to reduce physical violence against students with and without disability.

- Findings – Significantly reduced violence from staff and peers towards students with and without disability. Students with disability experienced a greater reduction in violence compared to those in control schools.

- Recommendations – Develop targeted interventions for children with disability and perpetrators of violence towards children, such as workers, and address low disclosure rates of violence.

In summary, interventions targeting to reduce and prevent violence, abuse, neglect and exploitation in the socio-ecological environment can be considered through:

Individual level interventions

Addressing individual service level risks rests on empowering people with disability with knowledge about their rights, advocacy and supports and speaking up to report violence, abuse, neglect and exploitation. The following have been shown to improve protective factors:

- Behavioural skills training and self-advocacy programs empower individuals to recognise and respond to abuse.

- Tailored approaches to address cognitive diversity among participants.

- Technology-based tools offering scalable solutions for violence, abuse, neglect and exploitation awareness and self-screening.

Service level interventions

Mitigating service level risk factors requires organisations to adopt best practices such as staff training, person-centred cultures and having transparent and clear policies and governance structures addressing violence, abuse, neglect and exploitation. Organisational commitment to integrating violence, abuse, neglect and exploitation prevention in policies and practices is critical, however there are limited studies that have tested interventions. The following has been shown to improve worker response:

- Staff training improves the capacity of workers to identify and prevent violence, abuse, neglect and exploitation but requires ongoing reinforcement.

- Regular unannounced visits by supervisors to give further monitoring and oversight of staff and workplace practices.

Systemic-level interventions

Mitigating systemic risks to reduce risk to people with disability requires systemic changes, such as improved oversight of settings, stronger policy accessibility and improved implementation, inclusive education programs and disability education. The following has been shown to improve broad attitude changes:

- Oversight through regular unannounced visits by supervisors, regular clinical supervision.

- School-based and community-wide programs reduce violence, abuse, neglect and exploitation and foster inclusion for people with disability.

- Regular unannounced visits by inspectors including an assessment of culture.

The interventions identified above has typically placed the focus of managing risk largely on static (unchanging) factors about the individual. While this may help target interventions by gender or disability type, it does not target specific actions that mitigate other risks for people with disability that exists in the service and systemic environment.

Systemic change to prevent violence, abuse, neglect and exploitation

Everyone plays a role in regulating NDIS services and safeguarding people with disability from violence, abuse, neglect and exploitation. Mainstream services and disability specific services can influence change through a proactive role in promoting interventions, fostering safeguarding workplace cultures, and enhancing appropriate service responses based on a human rights approach to deliver safe and responsive services to individuals.

A multi-level market stewardship approach to reducing violence, abuse, neglect and exploitation

Table 3 proposes a framework summarising the efforts required of all systems and actors to collectively address reduced violence, abuse, neglect and exploitation of people with disability.

Table 3: A framework for systemic change to identify and respond to violence, abuse, neglect and exploitation.

Understanding violence, abuse, neglect and exploitation	- Definition - Patterns of violence, abuse, neglect and exploitation - Impact of violence, abuse, neglect and exploitation - Models of violence, abuse, neglect and exploitation and prevention - Research and analysis - Data collection, analysis - Evaluation
Individual prevention	- Building individual capability and resilience - Access to advocacy - Consumer empowerment
Service prevention	- Quality assurance - Service monitoring - Organisational culture and change - Training and managing workers - Person-centred practice - Policies, procedures and code
Systemic prevention	- Inclusive communities - Family supports - Community awareness - Community connection - Acts and regulation - Policy, resources and guidance - Coordinated interagency monitoring and response - Adult safeguarding protection - Barrier free reporting - Supporting victims - Increase professionalism of the disability support worker industry

Local level leadership

Many impactful changes can be considered immediately to ensure that safeguarding efforts are responsive, practical, and meet the needs of people with disability. Some of these consider the interventions listed above but also require concerted effort to uplift violence, abuse, neglect and exploitation response across the sector. For example, self-advocacy to speak up about violence, abuse, neglect and exploitation can only thrive in a society that recognises people with disability as capable decision-makers and legitimate reporters of abuse.[22] Equipping individuals with tools such as clear information on safeguarding, sex education, and safety promoting behaviours must be paired with societal and systemic changes, including access to independent advocates and inclusive, interactive prevention programs tailored for people with intellectual disability. Furthermore, workplace cultures within disability services must also shift towards fostering trust, supporting reporting, and emphasising person-centred practice.

Building these foundations is vital for the effective implementation of early interventions, ensuring that safeguarding measures are responsive, empowering, and inclusive across all levels of interaction and support. The following are further considerations needed to support and enhance the effectiveness of any interventions as well as remove barriers to reducing and preventing violence, abuse, neglect and exploitation.

Accessible safeguarding resources – Providing people with disability with accessible, plain-language materials about violence, abuse, neglect and exploitation, recognising it, reporting it and safeguarding referral processes is critical.[22] Developing resources in various formats, such as visual aids or audio guides, ensures inclusion for all disability types.

Program design for people with intellectual disability – Safeguarding programs should be designed to cater to diverse intellectual and developmental needs. Using immersive and in-situ-based learning methods can increase engagement and comprehension, enabling individuals to recognise and respond to risks effectively.[32,43]

Tailored training for children – Children with intellectual disability benefit from concrete, relatable examples applied to real situations rather than abstract 'what if' scenarios. Integrating prevention lessons into everyday activities and using tools like storytelling videos, comic strips and role-playing can build their understanding gradually.[32,46]

Self-advocacy – Empowering people with disability to self-advocate requires a shift in societal attitudes to view them as capable and autonomous individuals with decision-making capacity.[22]

Access to independent advocates – Independent advocates who can identify and raise concerns on behalf of those unable to advocate for themselves are essential to a robust safeguarding framework.[1]

Public campaigns and community education programs – Community education can help dismantle negative societal perceptions and stereotypes and promote recognition of their rights and abilities.[22]

Strengthening community connections – Enhancing relationships between people with disability, their families, service providers, and broader community networks can foster a sense of belonging and trust to build natural safeguarding mechanisms and support effectiveness of early intervention.[22] Collaborative approaches with an educative function involving justice, health, education, and community sectors can amplify the impact of safeguarding efforts.[22]

Specialised workforce training – Disability service providers require ongoing, targeted training to address the specific relational and contextual dynamics of violence, abuse, neglect and exploitation.[27,42] Topics such as recognising subtle signs of harm, fostering supportive environments, and maintaining professional boundaries are essential for effective intervention.

Workplace culture reform – Shifting the culture within disability services to prioritise transparency, trust, and proactive reporting can strengthen natural safeguards.[6,10,43] Acknowledging good practice, providing open communication and providing clear guidance on reporting mechanisms are key steps towards this goal.

Person-centred practice – Establishing practices that centre on the preferences, needs and voices of people with disability can build better relationships to help detect risks and foster resilience.[6] Encouraging active participation in decision-making processes ensures that safeguarding measures are both inclusive and effective.

Capturing diversity data – Collecting disaggregated data on disability types, cultural and linguistic backgrounds, gender, and age to understand specific vulnerabilities and needs.

Regular audits and reviews – Implement routine data audits to ensure accuracy and identify trends using incident management systems data.

These additional considerations aim to fill gaps and strengthen the broader ecosystem supporting people with disability, ensuring interventions have success in being meaningful, accessible, and impactful. For example, social isolation is a significant risk factor for violence, abuse, neglect and exploitation. Individuals who are socially isolated often lack the protective networks that can detect and respond to violence, abuse, neglect and exploitation or provide emotional and practical support to escape harmful situations. This isolation not only increases their vulnerability to exploitation and harm but can also drive a desire for connection that exposes them to potential perpetrators.[15] Peer-based programs play a critical role in addressing this issue by fostering connections, reducing loneliness, and building supportive relationships. These programs can create safe spaces for individuals to develop social networks, learn protective behaviours, and access resources to navigate challenging situations. This approach ensures that people with disability are not only safeguarded but also empowered to actively participate in their own protection.

Conclusion

This review has highlighted the significant and complex risks of violence, abuse, neglect and exploitation faced by people with disability in Australia. It emphasises that violence, abuse, neglect and exploitation is not merely a series of isolated incidents but arises from a complex interplay of individual vulnerabilities, service level deficiencies, and systemic societal issues. The findings highlight that safeguarding effectively demands a holistic, multi-level and integrated approach to reshape the structures and cultures that perpetuate harm. This can be achieved through combining individual empowerment, service level improvements, and systemic reform with a focus on prevention, accountability, and empowerment at every level.

At the individual level, the findings emphasise the importance of empowering people with disability through education, self-advocacy training, and access to resources tailored to their diverse needs. Extra focus is required for groups at heightened risk, such as individuals with intellectual disability or those from CALD backgrounds. These individuals often face additional barriers in recognising, reporting, and escaping violence, abuse, neglect and exploitation.

At the service level, workforce training and cultural reforms are critical. Disability service providers and workers need targeted training to recognise subtle signs of violence, abuse, neglect and exploitation and understand the relational dynamics that can lead to violence, abuse, neglect and exploitation. Service providers must also foster workplace cultures that promote trust, transparency, and accountability. For example, introducing routine unannounced visits, reflective practices, and robust monitoring mechanisms can help identify and address systemic risks. Addressing dependency on single service providers is another priority, as such dependencies can create environments that perpetuate violence, abuse, neglect and exploitation.

At the systemic level, structural reforms are required to enhance oversight and collaboration across agencies. Ensuring reforms are guided by human rights principles, particularly those outlined in Articles 15 and 16 of the Convention on the Rights of Persons with Disabilities (CRPD), ensures a preventive, person-centred approach to safeguarding. Social isolation, ableist attitudes, and systemic barriers to reporting violence, abuse, neglect and exploitation need to be dismantled through inclusive policies to improve accountability and responsiveness.

To achieve meaningful change, a concerted effort with a focus on prevention, accountability, and empowerment at every level is necessary to create a safer, more inclusive environment for all Australians with disability.

References

1. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). *Final Report.* https://disability.royalcommission.gov.au/publications/final-report

2. United Nations. (2006). *Convention on the Rights of Persons with Disabilities – Articles.* https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles

3. *NDIS Act 2013 (Cth).* https://www.legislation.gov.au/C2013A00020/latest

4. World Health Organisation. (2002). *World report on violence and health. Geneva.* https://www.who.int/publications/i/item/9241545615

5. Australian Institute of Health and Welfare. (2024). *People with disability in Australia.* https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia

6. Collins, J., & Murphy, G. H. (2022). Detection and prevention of abuse of adults with intellectual and other developmental disabilities in care services: A systematic review. *Journal of Applied Research in Intellectual Disabilities,* 35(2), 338–373. https://doi.org/10.1111/jar.12954

7. Smyth, C., Fisher, K. R., Robinson, S., Ikäheimo, H., Hrenchir, N., Idle, J., & Yoon, J. (2023). Policy representation of everyday harm experienced by people with disability. *Social Policy & Administration,* 1–17. https://doi.org/10.1111/spol.12985

8. Lambert, I., Wright, N., Gardner, A., Fyson, R., Abubakar, A., & Clawson, R. (2024). Cognitive Impairment as A Vulnerability for Exploitation: A Scoping Review. Trauma, Violence, & Abuse, 0(0). https://doi.org/10.1177/15248380241282993

9. *NDIS Incident Management and Reportable Incidents Rules. (2018).* https://www.legislation.gov.au/F2018L00633/asmade/text

10. Idle, J., Robinson, S., Fisher, K. R., Ikäheimo, H., Smyth, C., & Yoon, J. (2024). Conceptualising the everyday harm experienced by people with cognitive disability: A scoping review of microaggression and emotional and psychological abuse. *Journal of Intellectual & Developmental Disability*, 1–13. https://doi.org/10.3109/13668250.2024.2336076

11. Robinson, S., Fisher, K. R., Graham, A., Ikäheimo, H., Johnson, K., & Rozengarten, T. (2022). Recasting 'harm' in support: Misrecognition between people with intellectual disability and paid workers. *Disability & Society*, 38(9), 1667–1688. https://doi.org/10.1080/09687599.2022.2029357

12. NDIS Quality and Safeguards Commission. (2024). *Quarterly Performance Report Q1 2024-2025*. https://www.ndiscommission.gov.au/sites/default/files/2024-11/NDIS%20Commission%20Quarterly%20Performance%20Report%20July%20-%20September%202024.PDF

13. Leif, E., Fox, R., Subban, P., & Sharma, U. (2023). 'Stakeholders Are Almost Always Resistant': Australian Behaviour Support Practitioners' Perceptions of the Barriers and Enablers to Reducing

NDIS Quality and Safeguards Commission
Evidence Review: Risk Factors and Prevention of Violence, Abuse, Neglect and Exploitation

29

Restrictive Practices. *International Journal of Developmental Disabilities,* 69(1), 66 https://dx.doi.org/10.1080/20473869.2022.2116908

14. Sutherland, G., Krnjacki, L., Hargrave, J., Kavanagh, A., & Llewellyn, G. (2021). *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. https://disability.royalcommission.gov.au/publications/nature-and-extent-violence-abuse-neglect-and-exploitation-against-people-disability-australia

15. Koh, J., Kembhavi-Tam, G., Rose, V., Featherston, R., & Shlonsky, A. (2021) *Rapid Evidence Review: Violence, abuse, neglect and exploitation of people with disability.* Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. https://disability.royalcommission.gov.au/publications/rapid-evidence-review-violence-abuse-neglect-and-exploitation-people-disability

16. Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet,* 379(9826), 1621–1629. https://doi.org/10.1016/S0140-6736(11)61851-5

17. Powers, L. & Oschwald, D. (2004). Violence and abuse against people with disabilities: Experiences, barriers and prevention strategies.

18. Simmons, J., Wijma, B. & Swahnberg, K. (2015). Lifetime co-occurrence of violence victimisation and symptoms of psychological ill health: a cross-sectional study of Swedish male and female clinical and population samples. *BMC Public Health* 15, 979. https://doi.org/10.1186/s12889-015-2311-3

19. Molloy, R., Brand, G., Munro, I., & Pope, N. (2023). Seeing the complete picture: A systematic review of mental health consumer and health professional experiences of diagnostic overshadowing. *Journal of clinical nursing*, 32(9-10), 1662–1673. https://doi.org/10.1111/jocn.16151

20. Robinson, S., & Chenoweth, L. (2011). Preventing abuse in accommodation services: from procedural response to protective cultures. *Journal of intellectual disabilities: JOID*, 15(1), 63–74. https://doi.org/10.1177/1744629511403649

21. Sutherland, G., Krnjacki, L., Hargrave, J., Kavanagh, A., & Llewellyn, G., Bollier, A.-M., & Sully, A. (2020a). Violence against people with disability in Australia - Fact Sheet No. 1 (Version 2). The University of Melbourne. https://doi.org/10.26188/12935762.v2

22. Davy, L., Robinson, S., Idle, J., & Valentine., K. (2024). Regulating vulnerability: policy approaches for preventing violence and abuse of people with disability in Australian service provision settings. *Disability & Society*, 1–22. https://doi.org/10.1080/09687599.2024.2323456

23. Krnjacki, L., Emerson, E., Llewellyn, G., & Kavanagh, A. M. (2016). Prevalence and risk of violence against people with and without disabilities: findings from an Australian population-based study. *Australian and New Zealand journal of public health*, 40(1), 16–21. https://doi.org/10.1111/1753-6405.12498

24. Sutherland, G., Krnjacki, L., Hargrave, J., Kavanagh, A., & Llewellyn, G., Bollier, A.-M., & Sully, A. (2020b). Violence against people with disability: Differences by impairment - Fact Sheet No. 3 (Version 2). The University of Melbourne. https://doi.org/10.26188/12991526.v2

25. Kamavarapu, Y. S., Ferriter, M., Morton, S., & Völlm, B. (2017). Institutional abuse - Characteristics of victims, perpetrators and organsations: A systematic review. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 40, 45–54. https://doi.org/10.1016/j.eurpsy.2016.07.002

26. Frohmader, C., Dowse, L., & Didi, A. (2015). Preventing violence against women and girls with disabilities: Integrating a human rights perspective. *Human Rights Defender*, 24(1), 11–15. https://search.informit.org/doi/10.3316/informit.216817383976146

27. Araten-Bergman, T., Bigby, C., & Ritchie, G. (2017). *Literature Review of Best Practice Supports in Disability Services for the Prevention of Abuse of People with Disability*. Report for the Office of the Disability Services Commissioner (Version 1). La Trobe. https://doi.org/10.26181/22240192.v1

28. Amborski, A. M., Bussières, E. L., Vaillancourt-Morel, M. P., & Joyal, C. C. (2022). Sexual Violence Against Persons With Disabilities: A Meta-Analysis. *Trauma, Violence & Abuse*, 23(4), 1330–1343. https://doi.org/10.1177/1524838021995975

29. Sutherland, G., Krnjacki, L., Hargrave, J., Kavanagh, A., & Llewellyn, G., Bollier, A.-M., & Sully, A. (2020c). *Intimate partner violence against people with disability in Australia* - Fact Sheet No. 4 (Version 3). The University of Melbourne. https://doi.org/10.26188/12991586.v3

30. Boxall H., Morgan A., & Brown R. (2021). *Experiences of domestic violence among women with restrictive long-term health conditions: Report for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Statistical Report no. 32. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/sr78092

31. Broady, T., Thomson, C., Katz, I., & Judd-Lam, S. (2024). *Literature review on the abuse, neglect, and exploitation of adults with disability and older people by carers.* Sydney: UNSW Social Policy Research Centre. https://doi.org/10.26190/unsworks/30105

32. Starke M., Larsson, A., & Punzi, E. (2024). People with intellectual disability and their risk of exposure to violence: identification and prevention - a literature review. *Journal of Intellectual Disabilities*. https://dx.doi.org/10.1177/17446295241252472

33. Stobbe, K. J., Scheffers, M., van Busschbach, J. T., & Didden, R. (2021). Prevention and Intervention Programs Targeting Sexual Abuse in Individuals with Mild Intellectual Disability: A Systematic Review. *Journal of Mental Health Research in Intellectual Disabilities*, 14(2), 135–158.

34. Laing J. (2017). Preventing violence, exploitation and abuse of persons with mental disabilities: Exploring the monitoring implications of Article 16 of the United Nations Convention on the Rights of Persons with Disabilities. *International Journal of Law and Psychiatry*, 53, 27–38. https://doi.org/10.1016/j.ijlp.2017.05.012

35. Sobsey, R. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Paul H Brookes Publishing.

36. World Health Organisation. (2004). *Preventing violence: A guide to implementing the recommendations of the World report on violence and health.* Geneva. https://www.who.int/publications/i/item/9241592079

37. Mikton, C., Maguire, H., & Shakespeare, T. (2014). A Systematic Review of the Effectiveness of Interventions to Prevent and Respond to Violence Against Persons with Disabilities. *Journal of Interpersonal Violence*, 29(17), 3207-3226. https://doi.org/10.1177/0886260514534530

38. Egemo-Helm, K. R., Miltenberger, R. G., Knudson, P., Finstrom, N., Jostad, C., & Johnson, B. (2007). An evaluation of in-situ training to teach sexual abuse prevention skills to women with mental retardation. *Behavioral Interventions*, 22(2), 99-119. https://psycnet.apa.org/doi/10.1002/bin.234

39. Bollman, J.R., Davis, P.K. & Zarcone, J. (2009). Teaching women with intellectual disabilities to identify and report inappropriate staff-to-resident interactions. *Journal of Applied Behavior Analysis*. 42, 813-7. https://doi.org/10.1901/jaba.2009.42-813

40. Dryden, E. M., Desmarais, J., & Arsenault, L. (2014). Effectiveness of the IMPACT: Ability program to improve safety and self-advocacy skills in high school students with disabilities. *Journal of School Health*, 84(12), 793-801. https://doi.org/10.1111/josh.12211

41. Araten-Bergman, T., & Bigby, C. (2020). Violence Prevention Strategies for People with Intellectual Disabilities: A Scoping Review. *Australian Social Work*, 76(1), 72–87. https://doi.org/10.1080/0312407X.2020.1777315

42. Ottmann, G., McVilly, K., & Maragoudaki, M. (2016). 'I walk from trouble': exploring safeguards with adults with intellectual disabilities – an Australian qualitative study. *Disability & Society*, 31(1), 47-63. https://doi.org/10.1080/09687599.2015.1122575

43. Robinson-Whelen, S., Hughes, R. B., Powers, L. E., Oschwald, M., Renker, P., Swank, P. R., & Curry, M. A. (2010). Efficacy of a computerized abuse and safety assessment intervention for women with disabilities: a randomized controlled trial. *Rehabilitation psychology*, 55(2), 97. https://doi.org/10.1037/a0019422

44. Robinson-Whelen, S., Hughes, R. B., Gabrielli, J., Lund, E. M., Abramson, W., & Swank, P. R. (2014). A safety awareness program for women with diverse disabilities: A randomized controlled trial. *Violence Against Women*, 20(7), 846-868. https://doi.org/10.1177/1077801214543387

45. Bowman, R. A., Scotti, J. R., & Morris, T. L. (2010). Sexual abuse prevention: A training program for developmental disabilities service providers. *Journal of Child Sexual Abuse*, 19(2), 119–127. https://doi.org/10.1080/10538711003614718

46. Devries, K., Kuper, H., Knight, L., Allen, E., Kyegombe, N., Banks, L. M., Kelly, S., & Naker, D. (2018). Reducing Physical Violence Toward Primary School Students with Disabilities. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 62(3), 303–310. https://doi.org/10.1016/j.jadohealth.2017.09.004