

**“Access to specialised victim support services for women with disabilities  
who have experienced violence“**

JUST/2011/DAP/AG/3293

**National Report**

**United Kingdom of Great Britain and Northern Ireland**

**University of Leeds**

**Sarah Woodin, Sonali Shah and Lito Tsitsou**

June 2014

## Table of Contents

|  |    |
|--|----|
| 1. Executive summary.....  | 4  |
| 2. Introduction.....   | 7  |
| 3. Methods and Data Overview.....  | 8  |
| Interviews with Disabled Women: Focus groups and in depth<br>interviews.....   | 9  |
| Support Services: online survey and expert interviews.....   | 12 |
| 4. Disabled women (Focus groups and in depth interviews).....  | 17 |
| Perspectives on the national and regional situation.....   | 17 |
| Experiences of violence.....   | 18 |
| Knowledge of rights.....   | 24 |
| Knowledge and Use of Support Services through the life course.....   | 29 |
| Barriers.....  | 36 |
| Facilitating Factors.....  | 46 |
| Examples of good practice from disabled women.....   | 49 |
| Recommendations for Improvement.....   | 50 |
| 5. Organisations and support Services for Women Affected by Violence<br>(online survey and service provider interviews)..... | 51 |
| Access at Local Level.....   | 53 |
| Access at Wider Level.....   | 58 |
| Challenges in Creating Accessibility.....  | 60 |
| Public Relations and Information.....  | 63 |
| Co-operation and Networking.....   | 63 |
| Examples of Good Practice.....   | 67 |
| Future Prospects and Suggestions for Improvement.....  | 68 |
| Conclusion.....  | 69 |
| Further Issues.....  | 69 |
| 6. Conclusion: Access to support services for disabled women who have<br>experienced violence.....                           | 70 |
| References.....  | 73 |

## **Abbreviations**

|      |                                      |
|------|--------------------------------------|
| BME  | Black and Minority Ethnic            |
| BSL  | British Sign Language                |
| CPS  | Crown Prosecution Service            |
| VAW  | Violence against Women               |
| SVSS | Specialist Violence Support Services |

## **Executive Summary**

This report sets out the empirical part of the UK strand of an international study funded as part of the Daphne III programme by the European Commission. It reports on the findings generated from life history interviews and focus groups conducted with disabled women from different parts of the UK. It also includes evidence from interviews with service providers and their perspectives on the subject of access to support for disabled women with an experience of violence. The results of a national survey of providers of services to women who have experienced violence are also discussed.

A broad definition of violence has been used in this report, to include physical, sexual, psychological and financial forms of abuse. Domestic violence, rape, sexual harassment, forced marriage; 'honor' killings and genital mutilation are included. Such violations of females have been recognised as a worldwide social and human rights problem that cuts across cultural, geographical, religious, social and economic boundaries, regardless of class, religion, disability, age or sexual identity. For the disabled women in this study, experiencing violence encompassed physical and sexual violence, verbal abuse, emotional abuse, control, isolation and economic coercion. Actions included being physically isolated from others and being conditioned to feel worthless by the perpetrator saying and doing things to purposely lower the woman's self-esteem and confidence. Impairment – related violence that focussed on perceived weaknesses of women was also prevalent.

Disabled women had a very limited awareness of their rights in relation to violence. Such knowledge as had been gained was often gathered from places of work or studies as a student. Further, such knowledge as women had was patchy, often related to personal, individual circumstances or just one aspect of the law rather than the broader aspects of the law.

Access to services was poor. Women had limited knowledge of possible sources of support and links to outside assistance were easily severed. Perpetrators acted to limit contact with others who might help and there was a perceived stigma associated with needing help from a service such as a refuge. D/deaf women faced particular problems reporting abuse due to

small and close social networks that meant interpreters often knew the people involved or in some instances agencies relied on perpetrators and family members to translate. The need for assistance was made more problematic where disabled women relied on perpetrators as 'carers' or where disabled women lived in specially adapted accommodation due to the need to replicate this provision if they moved. The same applied to women in receipt of services such as personal assistance from their local authority because this could not be transferred across geographical areas.

Interpersonal support, as well as practical assistance was most highly valued by disabled women who had experienced violence. Both peer support groups of women with similar experiences and individuals working for support agencies who were responsive were particularly appreciated.

Mainstream services for women who have experienced violence did offer services to some disabled women and this was primarily to women who had mental health conditions, often as a consequence of the violence they experienced. However, disabled women more generally experienced considerable difficulties accessing services, with women with sensory and speech impairments and women with mobility impairments being particularly poorly served. Just one service for women with learning difficulties fleeing violence was identified and overall we only found six organisations in all of the UK that were particularly concerned with disabled women who had experienced violence.

Some service providers were aware of some of the additional barriers faced by disabled women but overall their understanding of accessibility was at a fairly basic level; often expressed in terms of the possibility for making adjustments on an individual level rather than the need for anticipatory arrangements. In some instances service providers admitted turning away disabled women because they knew that finding accessible housing or securing needed personal assistance would be more difficult than for non-disabled women. In many instances refuges and other service buildings were not fully accessible, either because buildings were old or because defences against perpetrators had been put in place and these prevented access.

Service providers identified funding as a major barrier to making services accessible to disabled women. However few organisations had concrete plans for what they might do to increase accessibility in the future if funding were made available and accessibility was not identified as a clear priority over other claims. Most organisations were experiencing funding cuts, in competitive environments, and expressed considerable uncertainty about the future. In turn their funders often made judgements about organisational performance based on numbers of women assisted, an issue that was considered to be at odds with providing an equitable service that included disabled women.

In summary therefore, disabled women faced considerable barriers to securing assistance compared with non-disabled women and although some did receive assistance, the way that services were delivered and the overall availability militated against the possibility of easy access to help. This report raises some areas of considerable concern, highlighting the degree of harm experienced by disabled women and the scope for further action to address this.

## 2. Introduction

This report sets out the empirical part of the UK strand of an international study funded as part of the Daphne III programme by the European Commission. It reports on the findings generated from life history interviews and focus groups conducted with disabled women from different parts of the UK. It also includes evidence from interviews with service providers and their perspectives on the subject of access to support for disabled women with an experience of violence. The results of a national survey of providers of services to women who have experienced violence are also discussed.

The empirical work set out to answer the following questions:

- a) What are the needs and support requirements of D/deaf and disabled women who have experienced violence (from a range of sources: over time, places, variety of perpetrators)?
- b) Are D/deaf and disabled women who have experienced violence aware of their rights and of potential support services?
- c) To what extent do mainstream services offer support to D/deaf and disabled women who are victims and survivors of violence?
- d) Do services have the necessary resources to provide assistance to D/deaf and disabled women (e.g. knowledge, understanding, finance, sphere of influence)?
- e) What are the most important issues for improving access – barriers and facilitating factors?

The next section provides an account of the methods used for the various strands of the research and following this, Section 4 covers the accounts of disabled women.

A life history approach was used to generate data in relation to the types of violence and support (formal and informal) experienced by the women at different points over their life courses. It discusses the methodological approach adopted as well as on the women's experiences of violence and support, their relationships and experiences with formal support services, and knowledge of their rights as disabled people and survivors of violence.

Section 5 provides data on the degree to which service providers considered that they were responsive to the experiences and needs of D/deaf and disabled women. Key issues covered are accessibility, in terms of whether services considered they were able to reach disabled women, how services saw themselves linking in to wider provision and some areas of good practice.

This report was written by the research UK team. However a draft of this report was prepared for a meeting for the advisory group and other stakeholders, held in April 2014. Their feedback on the report was noted in the construction of this final UK national report that in turn informs the international comparative project report for the project.

### **3. Methods and Data Overview**

This study used a mixed method approach (quantitative and qualitative data was generated) to investigate the issue of access to specialised services for disabled women who have experienced violence. Based on previous research that provided evidence of lack of access to support services as a problem particularly affecting disabled women, this research encompassed several strands.

- A national online survey of service providers
- Interviews with expert service providers.
- Interviews with disabled women.
- Focus group discussions with disabled women

Research was carried out in all four countries of the UK, although there has been a greater involvement of participants in England and Scotland, in part due to greater population densities.

A review of national and international law and policy on the situation of disabled women was completed in May 2013 and published on the project website.<sup>1</sup>

---

<sup>1</sup> <http://women-disabilities-violence.humanrights.at/?q=publications>



## Interviews and Focus Groups with Disabled Women who have Experienced Violence

Four focus groups were held with 29 disabled women. Details of these are as follows:

| <i>Area</i>      | <i>Number of Participants</i> | <i>Additional Information</i>   |
|------------------|-------------------------------|---|
| Southern England | 3                             | Disabled women  |
| Northern England | 8                             | Women with learning difficulties (intellectual disability)  |
| Scotland         | 12                            | Disabled women, including some women with learning difficulties, mental health conditions and sensory impairments |
| Scotland         | 6                             | D/deaf women  |

Focus groups were held on the premises of organisations that did support work for disabled women experiencing violence. This was to ensure the availability of assistance if this was needed, either at the time or in the future.

Life story interviews were carried out with 16 disabled women living in different geographical areas across the U.K. These took place from May 2013 (for the focus groups) and October 2013 (for the interviews until the end of January 2014). Details about the interviewees are as follows:

| <i>Pseudonym</i> | <i>Age</i> | <i>Ethnicity</i> | <i>Impairment</i> | <i>Area / Country</i> | <i>Marital Status</i> | <i>Children</i> |
|------------------|------------|------------------|-------------------|-----------------------|-----------------------|-----------------|
| Sarah            | 56         | White British    | Mobility          | Ayrshire, Scotland    | Divorced              | Yes             |
| Barb             | 47         | White British    | Visual            | Glasgow, Scotland     | Divorced              | Yes             |
| Lois             | 22         | Black British    | Mobility          | West Midland, England | In a relationship     | No              |

|          |    |               |                         |                     |                                |     |
|----------|----|---------------|-------------------------|---------------------|--------------------------------|-----|
| Alison   | 47 | White British | Mobility                | Ayrshire, Scotland  | Divorced and in a relationship | Yes |
| Zara     | 37 | Pakistani     | Deaf                    | Glasgow, Scotland   | Separated                      | Yes |
| Sam      | 47 | White British | Speech, Mobility        | Edinburgh, Scotland | Single                         | No  |
| Frieya   | 33 | White British | Deaf                    | London, England     | Single                         | No  |
| Elma     | 39 | White British | Mobility                | Leeds, England      | In a relationship              | No  |
| Adele    | 34 | White British | Mobility                | Leeds, England      | Single                         | No  |
| Samantha | 48 | Indian        | Visual, Deaf, Mobility  | Leeds, England      | Married                        | Yes |
| Shirley  | 48 | White British | Mobility, Hearing       | Glasgow, Scotland   | Divorced                       | No  |
| Malika   | 41 | Palestinian   | Mobility                | Edinburgh, Scotland | Single                         | No  |
| Betty    | 40 | White British | Learning Difficulty     | Leeds, England      | In a relationship              | No  |
| Lucy     | 48 | White British | Learning difficulty     | Leeds, England      | In a relationship              | Yes |
| Saima    | 29 | Asian British | Mobility, Mental Health | Yorkshire           | Separated                      | No  |
| Natalie  | 41 | White British | Mobility                | Midlands            | Married                        | Yes |

### ***Recruitment and Sampling***

Women with a variety of experiences, life situations, ages and impairments were recruited. Twenty nine women took part in four focus groups and sixteen women participated in individual interviews. All participants became involved in the project through a process of self-selection. This means that the women freely volunteered themselves for involvement in the research. A number of women did this through responding to short recruitment notifications published on project websites, on Facebook, and in newsletters of disabled people's organisations. Other women learned about the work through their association with some of the expert service providers involved in the earlier empirical phases of the project. For example, five of the women attended monthly support groups for disabled women,

which was led by one of the service providers included in the prior interviews. One of disabled women was on the board of trustees of another of the expert service providers. Another woman had just won a court case against her perpetrator with the specialist support of one of the experts (who is also a member of the U.K. advisory board).

Once the women had expressed an interest in participating in the research, they were sent a *Participant Information Sheet* and *Consent Form*. The former provided some important information about the study to ensure that participant met the sample criteria before interviews were arranged. It also allowed the participant to provide contact details (in a preferable format) so the researchers could keep them in touch with the project as it developed, and also an alternative name for themselves, so their identities could be protected. Women provided written consent for their story/ experiences to be used in publications and reports generated as part of the project.

The sample included disabled women across a range of ages but remained within the age boundaries stipulated in the original proposal. All participants identified themselves as being survivors of violence, and had experiences of accessing support at different points in their lives.

### ***Setting up the Interviews***

Once the women had responded to the recruitment requests and completed the *Participant Information Sheet* mentioned above, arrangements were made, between themselves and the researchers, for the interview. The women were presented with options as to what format of interview would be most accessible for them – face-to-face, via e-mail, via Skype, telephone. All women expressed a preference for face-to-face interviews. The location of the interviews was chosen by participants. Whatever the chosen location, it was required to be safe and accessible for the participants. Most of the UK interviews took place either in the women's home or at a women's support service which was familiar to the participant. Where the latter was the chosen location, arrangements were made to book a room with the relevant service providers. Service providers also offered to provide support to the women if they required it after the interview in case they experienced being re-traumatised. One of the interviews was conducted in a bar/restaurant which was local to the participant. Although the researcher was concerned about discussing such a private and sensitive topic

in such a public place, the participant was not concerned. In the event, no problems were encountered. The only problem related to the transcription of the interview which was occasionally difficult due to background noise.

All interviews were between 60-120 minutes in duration and focus groups lasted between 1 – 2 hours. However breaks were incorporated into the interview times, either because the participants requested some time to regain her composure after recollecting traumatic experiences, or because someone else needed assistance or a comfort break was required. For instance, one of the women was a full-time carer to her eighty year old mother who had Alzheimer's so needed to provide personal assistance to her during the interview. Interestingly, during the interview the participant recalled being the child victim of violence by her mother.

Other interruptions included a woman becoming emotional after recalling traumatic experiences. She was offered the opportunity to stop, take a tea break or carry on another time. She chose to take a short break for a cup of tea, and regain her composure to carry on. Another couple of women needed time to cry, but still wanted to finish the interview. In fact, despite the anticipated problem of re-traumatising the women by asking them to recollect experiences of violence over their life course, none of the participants wanted to cut the interview short and all felt it was important tell their stories of violence and support.

### **Support Services: online survey and interviews with service providers**

Data collection for service providers involved carrying out an online survey, in which all providers of specialised services were invited to participate, and carrying out individual interviews with providers of services to women who have experienced violence. Generation of data took place between May and the end of September 2013. The online survey was carried out first, between 1 May and 6 June 2013. This was followed by 15 expert service providers, with the final interview being completed at the end of September 2013.

#### ***Online Survey***

A total of 166 service providers in England, Wales and Scotland took part in the online survey, which was managed and operated by Austrian partners in the project. Following late

requests from service providers who contacted the researchers after the cut off date, the survey was re-opened on three occasions, to allow the participation of two further individual services that wanted to contribute and notably to allow participation from services in Scotland.

Women's Aid Federation organisations sent out the survey in England, Scotland and Wales. Northern Ireland Women's Aid did not do so as they were in the process of completing another survey on a similar subject. (Representatives from Northern Ireland did, however, participate in the interviews with service providers). There are a number of other important but smaller organisations that run services for women, including Refuge, Rape Crisis Centres, as well as independent organisations that target particular groups of women such as disabled people and Black and minoritised ethnic groups and researchers sought to make contact with as many as possible of these, to ensure their participation. The small number of disabled people's organisations that provide services to women who have experienced violence were also invited to participate.

The total number of providers of services to women who have experienced violence in the UK is not known precisely. There is also geographical variation because services are continually opening, closing and amalgamating in various ways. However, there are indications of the approximate size. The Women's Aid Federation in England, sent survey questionnaires to 299 of their members in 2011-12, (although details of the nature of the services was not clear - some services were reported as having expanded and some services were found to have been completely decommissioned). Scotland listed 40 members (Scottish Women's Aid, 2012), Wales 25 members<sup>2</sup>, and Northern Ireland 10 members (Women's Aid Federation Northern Ireland, 2012). A review of Disabled People's Organisations revealed just six that were concerned with domestic violence, compared with four reported in previous research six years earlier (Hague et al, 2007).

The following table gives an indication of the types of services provided by participating organisations.

---

<sup>2</sup> Welsh Women's Aid  
[http://www.welshwomensaid.org.uk/index.php?option=com\\_content&view=article&id=99&Itemid=104](http://www.welshwomensaid.org.uk/index.php?option=com_content&view=article&id=99&Itemid=104) (15.10.13)

**Table 1: Services Provided by Respondents in the Online Survey**

| Q. What type of service are you? Please mark all that apply               | Responses |         | Percent providing this kind of service |
|---|-----------|---------|--|
|   | Number    | Percent |  |
| a refuge service for survivors of domestic violence                       | 38        | 23.0%   | 62.3%                                  |
| a women's advice centre   | 22        | 13.3%   | 36.1%                                  |
| a women's helpline  | 35        | 21.2%   | 57.4%                                  |
| a counselling centre for women who have experienced violence              | 19        | 11.5%   | 31.1%                                  |
| a specific contact point for disabled women who have experienced violence | 11        | 6.7%    | 18.0%                                  |
| a contact point or counselling centre for disabled women                  | 5         | 3.0%    | 8.2%                                   |
| a contact point or counselling centre for disabled women and men          | 4         | 2.4%    | 6.6%                                   |
| something else  | 31        | 18.8%   | 50.8%                                  |
| Total   | 165       | 100.0%  | 270.5%                                 |

From Table 1 it is clear that the majority of organisations provided more than one type of service, with the provision of refuge accommodation and counselling services appearing most frequently. Services were asked to give details about the category 'something else' where they selected it. Answers here did overlap to some extent with those indicated in the table and sometimes indicated more specific aspects of the categories above. However, the most important additional services mentioned in this section were Outreach services, Independent Domestic Violence Advocates (IDVA), assistance to peer support groups of disabled women who have experienced violence and training (e.g. the Freedom Programme, which aims to support new patterns of thinking and behaving for women).

### **Interviews with Service Providers**

A total of 15 interviews were held with expert providers in all parts on the UK: England, Wales, Scotland and Northern Ireland. Although typically the interviews were arranged with one representative of an organisation, on several occasions more than participant was present, as respondents opted to present different aspects of their services as well as take the opportunity to have additional input into the study. Therefore more women took part in the interviews than originally anticipated: a total of 18, as indicated in the table below.

**Table 2: Participants in the Service Provider Interviews**

| <b>Participants</b> | <b>Area / Scope</b>  | <b>Interviewees</b>                                    | <b>Characteristics of Services</b>   |
|---------------------|----------------------|--|--|
| <b>England</b>      |                      |  |  |
| 1                   | City (Southern)      | Manager<br>Project worker                              | Long standing multi – area service. Includes projects for older women, BME women, Deaf women. Wide range of services provided including refuges, rape crisis, legal, children’s services |
| 2                   | City (Southern)      | Manager  | Local service concerned with hate crime and domestic violence against disabled women. Support and counselling offered.   |
| 3                   | Small town / rural   | Project worker   | Women’s refuge service that has some facilities for women with physical impairments / Deaf women   |
| 4                   | National             | Deputy Manager   | Hate crime phone line for women and men with learning difficulties.  |
| 5                   | City (North Eastern) | Community Outreach Worker<br>BME project worker        | Refuge, on call service, outreach, resettlement, children services. Developing LGBT support.   |
| 6                   | City (North Eastern) | Project worker   | Peer support group, practical assistance and advocacy supporting women who have experienced domestic violence.   |
| 7                   | City (North Western) | Manager – BME lead<br>LGBT and disability lead project | Rape Crisis service offering a helpline and advice. Commitment to diversity and independent working.   |

|                         |                                 |  |  |
|-------------------------|---------------------------------|--|--|
|                         |                                 | worker   |  |
| 8                       | Town (far North)                | Counselling Service Manager  | Outreach, advice, counselling, training, sanctuary (woman is supported in her own home) and other support services.  |
| <b>Wales</b>            |                                 |  |  |
| 9                       | City (South)                    | Service Manager  | Refuge, counselling, advice, training and outreach services  |
| <b>Scotland</b>         |                                 |  |  |
| 10                      | City – Central belt             | Service Manager  | Training and support for women who have experienced violence   |
| 11                      | City – Central belt             | Information and education officer                                    | Advice, refuge, advocacy, outreach and children’s services with a focus on BME women and issues of forced marriage and ‘honour ‘violence.                  |
| 12                      | National                        | Service Manager  | Training and consultancy on rape and sexual violence and support for the development of local organisations.   |
| <b>Northern Ireland</b> |                                 |  |  |
| 13                      | City / Rural / Local / National | Policy Manager<br>Board Member and previous manager of Rural Service | National representation for local groups providing refuge, helpline, support, counselling, prevention education and children’s services.                   |
| 14                      | City and Rural                  | Outreach Development Manager   | Disability organisation working on domestic and other violence against disabled women as one of a number of other projects concerned with disabled people. |



## **4. Disabled Women (Focus Group Discussion and Individual Interviews)**

### **Perspectives on the National and Regional Situation**

Given that women who have experienced violence have typically been isolated from friends, family and wider society, it is perhaps not surprising that many were poorly informed about wider issues. There was a tendency to focus on individual experience, rather than on collective experience. Disabled women typically did not have a great deal of information about the wider picture on a regional or national level. Focus groups were generally better informed than individuals, with a few exceptions. This may have been because focus group members were recruited through support agencies, resulting in a situation where at least some of the members of the groups were known to one another. Some had formed support groups and doing this necessitated a certain amount of organisational work and an acknowledgement that the problem of violence against disabled women was part of a wider situation. This being said, knowledge was largely restricted to the regional situation or information about one policy sector rather than several. So for example, some women were well informed about "hate" violence initiatives, but poorly informed about domestic violence initiatives. Some were informed about the law, but not about how it was implemented in practice. The perspectives described in this section reflect women's patchy knowledge.

There were contradictory accounts as to whether the situation was better in Scotland or in England. For example, one Deaf participant felt the situation to be worse in Scotland:

I think there is still not that much information in the Asian deaf communities, compared to other countries there has, and we have still not had much reported, no not much. (Deaf focus group participant)

On the other hand, another participant (Alison) felt that Scotland was a less patriarchal society than England. Beyond these comments however, participants have not much to say about the regional disparities highlighted by service providers (see below).

Education and training were seen as a high priority, both for disabled women themselves and for people working in services. By way of example, a lack of sex education in special schools, as well as the inadequate form it took in mainstream schools, was highlighted by

participants who reflected how disabled children and young people needed to learn what behaviour is wrong and how they can resist and report certain behaviour.

### **Perceptions and Understanding of Violence**

Women and girls are exposed to different forms of violence over their life course. This includes domestic violence, rape, sexual harassment, forced marriage, 'honor' killings and genital mutilation. Such violations of females have been recognised as a worldwide social and human rights problem that cuts across cultural, geographical, religious, social and economic boundaries, regardless of class, religion, disability, age or sexual identity. According to the disabled women in the sample, experiencing violence encompassed several things including physical and sexual violence, verbal abuse, emotional abuse, control, isolation or economic coercion. Physical violence was seen in terms of being hit and beaten, psychological or emotional violence involved being verbally attacked, physically isolated from others and being conditioned to feel worthless by the perpetrator saying and doing things to purposely lower the woman's self-esteem and confidence.

For example, Malika pointed out that violence:

....can be physical and it can be mental as well, something that disturbs you physically, harms you or affects you deeply in a negative way, mentally.

Friya also described violence as encompassing a range of acts, not unlike "a tornado that starts small and then it rips the whole land".

### **Experiences of Violence over the Life course**

The women all had experience of different types of abuse during their lives, by different perpetrators and in different contexts. Some acts were specific to their position as a disabled woman, some were not.

Samantha recalled being controlled and beaten by her brothers as a child, being forced to marry an older man when she was just twenty, and later being physically beaten by her second husband whenever he had too much to drink:

My brothers used to beat us up a lot; maybe because they wanted to be - yes, in other words that's right - they wanted to be in control. They were controlling us, they were controlling all the sisters. All my three brothers... He [my second husband] used to get drunk, beat me up, be really aggressive, shouting. So I had some beatings and that. Shouting, screaming. But he never said anything to my children.; always me.

Barb also experienced physical and sexual violence for sixteen years, as well as being isolated, controlled and manipulated. She likened it to being in "a prisoner of war camp:

I just I don't quite know how I got into this situation but it turned out to be sixteen years long and it was just very very bad; violence, sexually violence, hundreds of rapes; hundreds of times literally. Just completely broke me down... it's also the isolation and he made sure I was isolated from family and friends...I've kind of described it to people like if you imagine like a prisoner of war camp and as long as you work hard, keep your head down then you know you're quite safe, but if you try to run you're in real danger then and it was safer just to keep quiet and live my life.

The experience of isolation and control was echoed by a number of women who participated in the study. They remembered being traumatised by intimate partners, gradually and over time, being broken down little by little:

It's really strange because when he started trying to make me wear different clothes, or to change who I was - because I'm quite tomboy-ish and he tried to change that. And I should have noticed, but I was so wanting to please him, I thought maybe I should be more womanly, more girly. It was that kind of thing. And then it changed into obviously money, he started to control my money, tried to get hold of my bills, it was all scary (Friya)

The actions of violent men in isolating women from family, friends and other sources of support have been well-documented. Reinforcing this finding, disabled women taking part in this study gave many examples of how violent partners controlled them by placing limits around their movements and contacts with other people. This controlling behaviour had very negative effects on the women concerned:

I didn't believe it myself. Self-denial. I think all victims go through self-denial without even realising it's denial. .... you think it's your fault, you have to make it better ....I'm the one doing this.....You analyse yourself and then you get worse. And then the person who's the perpetrator attacks you for that, for the fact that he's the one that started that in you. (Friya)

Women saw violence as also being about psychological control which left them "brainwashed" and blind to reality. As Elma put it 'it's almost like you don't see it because you're in this bubble and you don't want to see'. Friya recalled that, 'it's a very dangerous thing to go through because he got me, but he didn't get me completely because I got out finally'. Malika reflected how, over time, an intimate partner started to become jealous and exercise control over her:

...he really was going towards really being jealous of everything and completely wanting to control because he knew I was trying to end the relationship so he became more and more. So I experienced his aggression in a physical way... And at one point, he locked me in the flat and wouldn't let me out...But after that, it was really quite difficult. You know, he would be pursuing me and harassing me and trying to make me feel guilty and he would be trying to, you know, go down the route where he felt that he wanted to harm himself, and that he was blaming me and things.

This was not unlike Friya's experience which, she saw as starting small and growing out of control. However, unlike the other cases where perpetrators were non-disabled, Friya's perpetrator identified as Deaf, like Friya.

Although Friya and her perpetrator were both Deaf, Friya also had additional impairments which took her a while to fully comprehend and accept. As a result she sometimes had a very low self esteem. She believed he took advantage of this to control and manipulate her:

He used to use this to his advantage because I already felt very low self-esteem about that anyhow, and I wasn't quite understanding myself. I didn't understand myself so much as I do now. So yeah, he would pick on me, he would say other women are better than me. He would say his ex-girlfriend was better than me,

saying she's not like this, she's not like that. Picking things out, nit-picking. It certainly was a massive, massive advantage to him.

Other women experienced impairment-specific abuse, a type of violence not experienced by non-disabled women. Often this was not recognised as violence, but as a normal part of the disabled person's life. The perpetrator was often someone who the women was reliant on and who exploited their position. Both Alison and Adele had such experiences. Adele recounted how she experienced abuse for a good part of a decade, starting when she was a young teenager. The perpetrator, who was in their 20s at the time, was Adele's carer and sexual partner who, she believed, exploited his role as her carer to control and isolate her:

He would purposefully give me the strongest painkillers when my friends were coming, and they couldn't come then obviously because I was asleep. He would cancel care shifts, he would then say that I'd cancelled them, because again when you've had them tablets you're not good at remembering anything - even what your name is.

Alison was a victim of physical, psychological and financial abuse. She identified some of the violence she experienced by her three husbands as related to her being disabled. She believed all of them saw her as an easy target and easy to control:

My first husband saw me as a meal ticket because of my impairment...My husband, at the time, isolated me from my peers so I felt so alone...It was about control; if you're abusive it doesn't matter where the abuse leads it's always about control. They've got a manual, they've got the same book; you can laugh but they have

Elma also believed her status as a disabled woman does make her an easy target for perpetrators of financial abuse:...men they can see a disabled woman and think she's an easy touch and I've had that a lot through the years. It's like they see a vulnerability and they might as well see pound signs because sometimes I think I used to give [boyfriend] money and I'd give him my bank card. I'd do really crazy things because I loved him so much - or thought I did.

Most women experienced abuse in their homes. There was also evidence of institutional abuse for women who attended segregated education. For instance, Lucy was sexually violated at a college for people with learning difficulties she attended when she was in her late teens. The perpetrator was from the college too and was well known to Lucy; she reported how she was not the only target, but one of several:

Like there's a rapist out there, who raped several people. I was raped when I was eighteen, just coming up to my eighteenth birthday and he physically and mentally abused me. I hated it. It also happened not just to me, it happened to four, three other people; it was one of my mates.

Malika, who went to a residential school for disabled children in the 1980s gave examples of paid care staff exploiting their power and not respecting the privacy of the young people. Moreover it exemplifies how young disabled girls may be perceived as asexual and objectified:

A male staff member would barge into your room and, you know, take off the duvet. You know, this was – you know, he never dared to do – or harm us or anything but this kind of privacy. You know, that would not be at all tolerated today... it was just the characteristic of these kind of people, that they just feel that, I don't know, that it's part of their work.

Such objectification was also felt by Alison while in hospital for treatment in relation to her impairment. Although she was not violated, she was subjected to acts, such as being separated from her power chair, which increased her powerlessness and lack of control:

They took my chair. Now I'm very independent but when people take my chair away I'm a sitting duck, or a lying duck because I can't sit up on my own... after about three hours of feeling degraded and abandoned and humiliated – all the feelings that I didn't want to feel – I decided it was enough, I didn't want to cope with this. I phoned up a friend and said can you come and help me get dressed and get me out of here.

Forced marriage was also a type of violence experienced by two of the women, both of whom were from Black and Minority Ethnic (BME) communities. For example, at the age of

twenty Samantha was forced by her brothers to marry a much older man who also abused her:

All my three brothers... They arranged or forced my marriage because my dad had passed away when I was sixteen. I was twenty at the time and he was about forty; or he could have been sixty. You know he never told me his age! And for the sake of me starting to talk to my sisters and my brothers I got married but I stayed in India for ages; eight months. They wouldn't let me - my husband wouldn't let me come back to England. I tried to commit suicide a couple of times and they [the husband's family] just got fed up and sent me back to England.

Zara, also a Pakistani woman living in the U.K., had an arranged marriage to a man from Pakistan. Zara is a Deaf woman, the man she was forced to marry was not. They had a very fractious relationship from the beginning, as it was a marriage of convenience:

It was an arranged marriage that we had and we did get a divorce and it was a long time ago - it was twelve years. But he wasn't a good person; there were a lot of arguments, and he was very rude - he swears a lot - and that's why I filled for divorce... he was using me for a visa to come here and he moved away to England, you know. He moved away, he wanted to live there and he actually married again and had a child - a daughter

Zara spoke BSL, but her husband made no attempt to learn her language, he merely shouted at her. She reported going through a miserable time, experiencing verbal abuse and manipulation from her husband and his brother. Eventually she convinced her family she needed a divorce, and wanted to find a Deaf husband. However, her family did not really help her escape despite awareness of how she was feeling and the mental abuse he was causing:

Communication was very hard; he talked too fast so it was hard for me to pick up lip reading. I tried to get him to talk slower but most of the time I couldn't understand him...I just felt hurt at the time, I felt sad. Why would he do this to me? Because I'm normally a quiet person, the type of person that usually I'd want them to leave me alone, you know? So I've been upset quite a lot over this but with my family at that moment, they were upset for me because of the way that he turned

out... obviously my family and my mums sisters and brother came out and talked about it. Not arguing but they had a discussion about it and didn't include me, they just asked me if I was happy or not happy. And well I had enough so I didn't ask for help...I did everything myself.

In summary the women interviewed for this study experienced different types of violence. Psychological violence, control and isolation, were common experiences. Sometimes this was connected to their impairment, other times it was not. In the majority of cases the perpetrators were intimate partners, and the abuse took place in their private homes. However there was also evidence of institutional violence, in special education institutions, by care staff, which would warrant further research and investigation.

### **Knowledge of Rights**

Many disabled women were not clear about their formal rights under criminal law, or felt that they only had partial knowledge of the criminal prosecution process. A range of different views were expressed in relation to use of the law:

I don't think a lot of women, Deaf and disabled, realise the help or the law is out there for them. I think had they known, they'd be in like a shot. I think even for women with no difficulties, who are being abused, don't know their own laws, if you know what I mean. (Friya)

International law was particularly poorly understood, both in terms of its content and potential uses. Natalie, a law student, was one of the few participants who was aware of international law in relation to disabled people. She felt that it had little direct relevance or impact for the daily lives of individual women in the UK however, because it was unclear to her how, or if, the government made use of the legislation. She was also less clear about international law on the rights of women, reflecting the more general picture of partial knowledge. Some participants said that their knowledge had been developed through work or involvement in disability or human rights organisations (Barb, Milika) while also pointing out that they similarly only understood one part of a larger picture.

More participants were aware of national legislation such as the Disability Discrimination Act 1995 (now replaced in many parts of the UK by the Equality Act 2010). This was largely seen as being concerned with access to buildings and the need for improvements in several areas was discussed as an issue in focus groups.



More broadly, interpretation of relevant law was felt to be difficult, especially in situations when people treated them badly in practice. Adele for example, pointed out that it was often hard to know the source of a particular instance of discrimination. While it might be easy to understand gender - related rights, the situation became considerably more complex if several different kinds of rights were potentially implicated (gender, disability or sexuality):

I'm not always very sure if someone is having a go at me, why. If the only thing that you can be discriminated for is your gender its simple to navigate what you need. Whereas if there's a lot of things then it's difficult to know where to go to coordinate the bits. So if I have an issue it could be with my impairment, my gender, my sexuality or all three at once so to get those bits together is difficult at best, and damn right impossible sometime! I don't think that women get enough protection.  
(Adele)

On the other hand, participants had a clear idea about what was right and wrong and good and bad treatment. Women, including Betty, presented instances where they had stood up for friends or taken direct action to tackle abuse.

Friya learned about her rights under criminal law from the director of a support service for disabled women who acted as her advocate while she went through the criminal prosecution process. Her experience, as a Deaf women, engaging with the criminal justice system taught her a lot about her own legal rights as a survivor of domestic violence:

I don't know the words or the laws, as such, but I understand it better and I know what's out there. And I think having been in court, there are a lot of things that can be changed definitely. Interpreters, how they use them. When I went for the court visit, this is what I mean about people being narrow-minded about disabled people as such, they think we don't have a brain and we do, bigger than theirs, I think. This lady was showing me round the courtroom and she was saying this is for this and this is this. And I was signing to my dad, and I was like – I said this must be so and so, and dad was like hmm. And then she said, well this – and he told her what I said, and she said, "Oh she's catching on, isn't she?" (Friya)

However, others felt less enthusiasm due to worries about what might happen. Some participants said that they preferred not to make use of the law because there was sceptical about the outcomes:

If you don't have a law degree you don't know how it works, you don't know what to expect, you don't know what you can get from it, you don't know what can happen, so very much is just wading into open waters. (Lois)

Further, the effort involved in taking legal action was sometimes felt to be extremely difficult in the light of the amount of energy it involved, a sentiment echoed by several participants:

I need to know my legal rights ..... But it gets – living with pain day in, day out, day in, day out, and after the resuscitation, the doctor will not give me sleeping tablets. It's just horrendous. (Saima)

Disabled women were asked whether they thought the law was applied equally to disabled and nondisabled women. A majority felt it was not equally applied and that disabled women had poorer access to legal remedies. As mentioned above, Friya was the only member of the sample who had experience of law courts and the prosecution process from beginning to end. This had involved engaging with a host of different legal professionals and she recalled her positive experience as a Deaf participant in the court:

I was in a room where video link was accessible, that I could see and they showed me round beforehand what the room would look like and they told me where people would be..., there was a BSL interpreter. I had two of them and they were excellent... I had the best judge ever. Seriously. She was just – I think when I was there, and the way she reacted to me, and she also stopped the barrister of the perpetrator's side to call me by my surname. It's things like that that have got the respect from woman to woman because she was a woman judge. I had that advantage, but she was very fair, very firm. But I could see that she had that respect from me and from what I heard afterwards, she actually asked to take this court case. She's every interested with deaf victim, deaf perpetrator because it's a very rare

case to have two of the same. There's always one or the other, either a hearing perpetrator and a deaf victim, or a vice versa. So I think she took it upon her own interest to take charge and she was awesome, I think.

Knowledge of rights for everyone was felt to have improved over time to some extent.

There was a perception that support was dependent on the extent to which their social and legal rights was recognised in mainstream society, and embedded in policy and legislation.

This in turn was influenced by the point in historical time in question that violence was experienced. Children were thought to have more rights now, compared with previously, and access to the Internet was viewed as a very positive development which enhanced their knowledge. Shirley had grown up in the USA in the 1970s and was abused by her father as a child, for many years. However she did not access support as she believed that, unlike in today's society, children had no or little rights to do so:

The violence with my father escalated to a point where he did actually threaten my life but at that age I was how do I put it? I wouldn't say ignorant but I think I probably thought at the time that the laws were no strong enough to protect me in that I could go to the police and say that my father is just trying to kill me. I think even at the time I thought parents do whatever they want with their children and it never occurred to me that I could press charges against my own father or that I can show them evidence of physical scars... had I been born in the 1980's or 1990's I would have been in child protection and I would have a right to go as a child. Social services would have been more proactive, they were non-existent in the 70's I hadn't heard of any of social services or child protection.

However awareness of rights still seemed to be worryingly low. This could be attributed to strategies exercised by perpetrators to isolate and control women and ensure that they did not gain knowledge. This behaviour was reflected in participants' stories:

Well when I was being hit and abused, I didn't know about any rights. I felt powerless ..... All I wanted to do was somebody to help me which they didn't do. And it was only when I phoned the police to get him arrested that I found out that I did

have rights and they did start to help me by giving me this alarm that was attached to my phone. (Leeds focus group)

Knowledge of rights was also advanced by women's participation in education and support groups. For instance Barb went back to college as mature student, after being isolated by her husband for several years. She recalled how her husband was not supportive of her going back to college or did not like her going to work, but both increased her knowledge and her strength to get out of the situation he had put her in:

My partner wasn't happy about me doing this because it meant I wasn't always at home so that was difficult but somehow he let me do that, and I did a social care course. And through that I learnt about the help that there was out there in relation to the violence and stuff. He didn't like this and would say "ever since you've went to this college it's been putting ideas in your head." Finally I finished college and I started working and again he didn't like that - but somehow, I don't know, maybe I was getting stronger - but I did it and I went to work.

Women also recognised how attending support groups increased both their knowledge of their rights and how to get support. Zara mentioned an organisation for Deaf people in her home city that ran a support group. She mentioned the group organiser (also a Deaf woman) who supported her and advised her. Similarly Adele and Elma benefitted greatly from their participation in a support group for disabled women. This had not only increased knowledge of their rights in terms of survivors of violence but also as disabled people. For Elma, the support service also presented her with the opportunity to meet other disabled women and to become more confident and positive about her own impairment:

I haven't been brought up as disabled, by my mother, and it's made it really hard to access, or even ask for support ...I'm more accepting now but it took a long time...Adele and I became involved in [North England service provider] support group...it's really helped me; it's helped me grow as a person, it's helped my confidence. We're all in the same boat. We're all different but we can come together and be who you are and it don't matter.

In summary, women had different levels of knowledge about their rights. There was a perception that disabled women/girls have more knowledge about their rights than before, advanced by the internet and also disability and human rights organisations where they worked or volunteered. However, lack of access was compounded by the way the law segments rights into those related to gender, disability, race, sexuality etc., making it difficult to tell which rights applied to their situation. As will be discussed further in the section on Barriers, knowledge of the law did not automatically lead to easy access. However, the findings discussed in this section indicate that there is scope for much greater articulation and communication of the legal rights of disabled women with regard to preventing and escaping from violent situations.

### **Knowledge and Use of Services over the Life Course**

A range of services are discussed in this section, from those that were purely concerned with providing interpersonal support, such as counselling, to those encompassing personal safety and well-being (refuge provision, ensuring safety in the woman's own home etc.) and to a lesser extent those that had responsibility for dealing with perpetrators (the police) or supporting women through the criminal justice system (victim support). This section forms a brief introduction to more substantial sections on barriers and facilitating factors later in this report.

Participants were asked about which services they knew of, as well as those they had known about as children, as young adults and as older adults. Typically they were aware of few services for disabled women. As discussed above, about a quarter of participants were recruited via support services and interviews were held, either on the premises or in their own homes. Therefore, at least these participants were aware of at least one source of support. However, several were not aware of the broad range of options that might be available to disabled women who have experienced violence and this was especially so when they were younger.

### ***Childhood***

Using a broad conception of service, the agencies most frequently contacted by participants in their youth, where they had been subjected to violence, were schools. To the extent that

schooling was compulsory, this was clearly not a case of making independent contact with a support organisation but more a matter of mentioning problems to people in authority, such as their parents. No participants mentioned children's helplines such as ChildLine,<sup>3</sup> despite reporting experiences of violence in childhood. There could be a number of reasons for this. First, some of the women were children during the 1960s/ 1970s, prior to the 1989 United Nations Convention on the Rights of the Child (UNCRC) which was ratified by the UK in 1991, and the 1989 Children Act. This was the first time the rights and protection of children had been legislated for, and there was a legal framework whereby the welfare of children and young people was promoted and safeguards could be put into place to ensure they were protected first harm, and could seek support for abuse experienced. However before this NSPCC did exist and advised government on child protection issues. They set up the Battered Child Advisory Centre and various services to protect children from abuse from the 1970s. In 1991 they set up a Child Protection Helpline. However despite this, it was very difficult for children to speak out, especially if they were disabled. These services were not necessarily accessible for disabled children anyway. A second issue was that parents, being the first port of call in many cases, were resistant to make the abuse issues public for fear of the scandal it would provoke. Such was certainly the case with Lois and Barb who, as is evidenced in a later section, believed their families were barriers to them accessing professional support.

As mentioned below, Shirley, who was abused by her father, was unaware of services to protect children, or that she had the right to speak out against her parents or adults in general. Another woman, Adele was being groomed and sexually abused by her adult male carer when she was a young teenager. Although this must have been seen by parents and medical professionals who were in regular contact with Adele, it was allowed to continue for a decade. One can question how such obvious paedophilia was allowed to continue for so long and whether it have gone unreported if the survivor was not disabled.

---

<sup>3</sup>ChildLine is a UK helpline offering guidance and support to children up to the age of nineteen. Established in 1986, it became part of the National Society for the Prevention of Cruelty to Children (NSPCC) in 2006. The NSPCC reports that in 2012 / 13 they offered support to 1.5 million children and active support to 290,000 children [http://www.nspcc.org.uk/what-we-do/the-work-we-do/childline-services/childline/childline\\_wda90547.html](http://www.nspcc.org.uk/what-we-do/the-work-we-do/childline-services/childline/childline_wda90547.html) [21.3.14]

### ***Early Adulthood***

As young people gained independence from their parental families, so reported use of services increased. Two types of services were typically reported, those designed to support women who had experienced violence and those designed to support disabled people.

### ***Services to Women who have Experienced Violence***

Participants reported the greatest use of services in early adulthood, especially in relation to domestic violence. Overall, there was a perception that the number of services had increased and that support services were more widely available, compared with previous years. Some felt that it was easier to get hold of the information also, making it more likely that services would be used:

I think years ago there weren't a lot of support agencies - like now there is [organisation]-there weren't enough voices to tell people that there is support out there for disabled people. There wasn't, now there is. (Samantha)

At the same time, the patchy nature of services in the UK needs to be borne in mind. As described later in this report, some areas have a much greater availability of support services than others, indicating geographical unevenness as well as changes over time. A distinction was also made between services that could be used on a voluntary basis and those that were more or less compulsory. Barb noted the way that police attitudes and intervention had changed over the period of time she had experienced violence from her partner:

It was over a period of sixteen years.....I can see differences. When the relationship began I think the way the police dealt with situation was quite different then. It seemed to be very much, as the victim of a crime you had to speak up and you would be asked "do you want us to charge him?" Almost like it was up to me to decide whether I wanted to press charges whereas by the end of the relationship which was 2004 by that point the police would press charges regardless of what I said you know. (Barb)

Malika chose to have counselling for the effect the negative experiences in her life collectively had on her. This was a generic charitable counselling service:

because of my financial situation, it's a charity counselling service, that you give donations, and professional, very professional. And I just looked up online and I thought I'd better do something.

In other situations women took a more proactive decision not to use services:

Interviewer: Did you try to access any help like Women's Aid?

Participant: No I didn't think it was something I couldn't handle. (Shirley)

Although access to services was valued, it was not welcomed in all circumstances. Use of services was deemed by some to be stigmatising, especially in circumstances where they were highly visible to others, such as the police. Most women had little knowledge of specialised support services before using them and the perceived stigma in using them served to put some women off. This issue is discussed in more detail below, in the section on barriers to the use of services.

### ***Medical and Social Services***

While many participants had made use of medical services during periods of ill-health or following injury by perpetrators, it was reported that medical personnel did not make reference to other support services for women who have experienced violence. Just one exception was reported, where Saima had been strongly recommended to go straight to a refuge from hospital, which she did. In the majority of cases, GPs did not discuss possible wider causes of injury. On a similar note, Barb talked about how her abuse was known to medical services but it was overlooked:

I was quite seriously injured a number of times and hospitalised a number of times. I suppose, I mean friends and all of that it's all part of it; it's the isolation and he made sure I was isolated from family and friends and I think the, you know, when there were opportunities to get help like from the police or from my doctor or somebody.  
(Barb)



Shirley, who was severely abused by his father for a number of years, recollected that medical services attributed her physical scars to her own behaviour as opposed to the behaviour of others:

They thought I was a heroin addict 'cause I was so thin and I had needle signs and scratches because I was having medication and I was also having convulsions and with the convulsions they made assumptions and thought that I was a heroin addict and they treated me like a piece of dirt and basically forced me to .... With no assistance even though I couldn't stand up straight. I collapsed on the floor and I was there for an hour and I then crawled back to my room and then I lost consciousness and was in a comma and they had to give me an adrenalin shot and I still have the scar.

Access to health services was affected by the degree to which women fitted into formal eligibility criteria. In an age of austerity, a close fit with existing categories was felt to be an essential prerequisite for receipt of help:

Health services should normally help but they do not have the funds to do so, and there is also so much pressure on the third sector all these voluntary organisations, their waiting list has been pushed up. So, while there's help you have to wait for what you need, and I feel that if you don't quite fit in assessment criteria, you are just left sort of with nothing. (Lois)

Several women were receiving or had received support assistance from social services. The majority of references to this help were negative, certainly before leaving a violent domestic situation. Some women were resistant to accessing social services for fear that children might be removed, and this did happen to some women.

I kept it invisible from social services; all they wanted to do was take my kids away from me because I was a disabled person with kids and they saw that as the main issue. When I did turn to anyone for help it went all wrong so in the end I nearly lost the kids, I did lose the kids for at least a while. But I got them back .....At one point I was frightened of social services, I was frightened of court, I was frightened of my first ex-husband for custody of [my daughter] .....the only reason I got my kids

back because of the social worker that was dealing with the case had left for maternity leave and her boss got me my kids back as soon as she could, and she was absolutely great. (Alison)

Despite retaining custody of the children, Alison reported that after starting a new relationship with someone different, social services personnel intervened and demanded that she inform her new partner of her past experiences.

Lucy also had her children removed. She did not want them around her violent partner so social services advised her to put them up for adoption.

In other instances use of social services support was more directly linked to the need for assistance rather than child well-being. Saima reported that while social services recognised the existence of violence they did not do anything about it. Instead, she reported a struggle to maintain access to support services as the Department tried to end their involvement despite the recognition of a need for safeguards.

Regarding access to specialised services, the support available from key personnel was particularly welcomed.

### ***Later Adulthood***

As women became older, and disabled people became more visible in society and their rights became enshrined in law, several were introduced to specialist support services for disabled women. As mentioned in the methods section, several women in this study were recruited through such support services, which were often run by disabled women. The women who participated in these services were very positive about their experience of it and, identified them as extremely supportive and often being the key to their 'new life' out of violence. Friya talked about the years of support she has received from a specialist support service for disabled women. She especially identified the director of the service as her rock:

They helped me a great deal, especially the director. It's been somewhere that I can come to, it's a safe place, nobody judges me, there's a whole range of disabilities here, I don't feel – because in the deaf community it's a very – as I said earlier,

everybody knows everybody. If I went to a deaf-led thing, I don't really feel that they'd have that much empathy because I have other difficulties other than just deaf. And that's why I felt that this is probably the place for me because they are more open minded to the difficulties I might face.

And the director has been great, been supportive. She's given me a lot of paperwork to look at, she's given me email links, she's given me a voice, hugs. It's just been a welcome haven, really, for me; because my family are so far away in Yorkshire, the director's always on the other end of the phone or text message, if you like.

Adele mentioned how that, although she was being abused from the age of 13, it was only as an adult that she became aware that 1) the relationship she was in was abusive, and 2) there was support available to help her make it stop. She attributes her increase in knowledge to her university course in Health and Social Care, and to her involvement with a group that discussed women's health issues:

... when I was older and I went back to school they were talking about that, and those things, and that other type of abuse – and when I went to uni and to [X women's] group. But before that I just thought abuse was someone getting smacked or getting raped, and in it's literal sense none of that was going on.

Samantha, who was abused by different perpetrators over her lifecourse, also only found good support in her adulthood. She referred to the same service as Adele as being important to her self-confidence and mental well-being, as well as knowledge of acts of violence and of support services available for disabled women:

I mean they have given me a lot of support in every way. If it wasn't for the staff here I would still be inside the house not doing anything... there's not enough information, there isn't. I haven't seen anything so far; I've not come across anything for disabled women, what they're going through. Only through [X woman's] group I've got to know a lot.

Barb also reflected on how her turning point out of violence came well into her adulthood, when she eventually got a job for a Disabled People's Organisation. This introduced her to new knowledge about her rights and formal mechanisms of support:

I think as well my knowledge of legislation might be a bit more because of my work, if it wasn't for my work I wouldn't know anything about any rights at all...Yes my children and I were with Women's Aid which again I knew about because of work.

Where women remained linked to violent partners, in one or two instances relationships were said to have improved to the extent that their partner was no longer violent. This was Samantha's experience, although the majority had moved away from the abusive situation.

### **Barriers**

Disabled women taking part in this study described a formidable array of barriers that had prevented them from gaining knowledge about rights and services, disclosing the violence they experienced or/and from escaping violent situations and receiving help that they needed. In this section, the results are divided into two main parts, a) barriers created by perpetrators, family members or other individuals, and b) barriers associated with accessing formal support services. The former includes the perpetrators' exercise of power over the disabled women arising from their roles as providers of physical assistance and emotional security. It also includes evidence of family members posing barriers to reporting and disclosure. The latter sub-section is concerned with barriers created by professional support services. Although the two issues are dealt with separately, there are apparent overlaps and evidence of causality between the two.

#### ***Barriers from perpetrators***

Although disabled women and girls experience the same types of abuse as their non-disabled contemporaries, they are likely to be subjected to additional types of abuse specific to being disabled. The impairment-specific acts of abuse included those which simultaneously increase the powerfulness of the perpetrators and the powerlessness of the disabled women. There was evidence from some of the women's narratives that perpetrators exploited the fact the women were dependent on them, responsible for providing their personal support, and giving them their medication. As described above, Adele recalled how her partner overdosed her with her own medication, and isolated her from friends and other sources of support.

Other women were also receiving physical assistance from their partner. Some of the evidence suggests they took advantage of the women's dependent status, using it to manipulate the women into not calling for outside help:

I'm quite able apart from my shoes and my socks; sometimes he would make me wait forever just because he had the control and I didn't (Alison)

I was going through so many operations on my feet and I think that because he knew like, I would have said to my partner I need someone there. I could still do some things by myself but I still relied on him and he was putting me down all the time, that's what he was; just putting me down most of the time....I was always scared because I thought I can't cope by myself because of the way that I am and because of the children. But gradually - you know you always think the worst don't you; that without him I won't manage. (Samantha)

Barb also recalled how her husband exercised control over her, preventing her from accessing support for her visual impairment which in turn caused several financial difficulties for the family:

when I first met him I had contact lenses at that point but they were not free on the NHS you know; you have to pay for them so money wise - even though when I started work I was the bread winner - he took control of the finances so there wasn't money to buy contact lenses, you know I didn't need them in his view. So yes: you can't have the glasses because they don't look good and you can't have the contact lenses because they cost money so you're not having them either... I wasn't really aware of how much bills were and stuff because I couldn't read that stuff so you know I think there were lots and lots of money problems which I think were because you can't budget things if you can't read the bills coming in, you know. You get to the point when there were just loads of letter that don't get opened he wasn't interested in paying them and I couldn't read them anyway so we were just always on the bread line and things were just always in arrears.

Although on one hand Alison's partner may have been responsible for the lack of external

personal support she received, Alison believes that the fact she did not receive self-directed support had an impact on the level of impairment-specific violence she experienced. If she received self directed support and direct payments in order to employ her own Personal Assistants, she would have had a choice not to rely on her intimate partner for personal assistance:

There's a woman that I work with of a similar age as me and she's got cerebral palsy – she's forty so she's a bit younger – but she'd got two kids; one's a teenager and one's about three now. And when I listened to her she has all the assistance, she had the chance of self-direct support so she could get a PA to help her to look after the baby and even with her first child – sixteen or seventeen years ago. And I look back at my experience and I had to claw every day to keep my kids; no support... if I had none of that would have happened. Because I would have been able to say I'm ok, because I've got assistance and I've got control.

As well as exploiting the physical dependency women had on them, perpetrators also exercised emotional control over them which was often a barrier for them accessing support immediately:

People say “you get hooked” it's like magnetism; you can't live with them but you can't live without them. (whispers) Part of me hated him but part of me adored him, but it just got worse and worse (Alison)

My mum worked for Women's Aid many years ago and I used to go in there with her and I used to say to her, “Why are they all like this? And if that happens to me, I'm out the door. They can go.”... I think it's so easy to say, “If you slap me, I'll be gone.” Easier said than done because you're with somebody that you love so much and they give you a slap, you're going to be shocked and think what I have done to deserve that? Maybe you are made of steel and you can go out the door, but sometimes it's not as easy as that...(Friya)

### ***Barriers from Family Members***

Other women recalled how, during childhood and youth, family members prevented them from disclosing and reporting the experience of violence to professional support services to

avoid family scandal. Parents and grandparents are normally the first port of call for children and young people so they have control over what to do with the information. Further, as suggested above, some women in this study were children at a time when children, and especially disabled children, had few rights of their own and their views were not taken seriously. Barb, who was sexually assaulted by a strange man when she was seven, recalls the psycho-emotional effects of sweeping it under the carpet:

I think the thing that sticks with me most from that which is, er, I suppose is in part a reflection of the times then that these things weren't as widely spoken about as now. I remember hearing my parents talking trying to figure out what to do and they – and I think the thing that hurts me the most was probably my parent's reaction – my mum particularly, I think they must have been thinking do they phone the police, if they do, you know, it'd be a big scandal; it would be in the paper - all this kind of thing. A sort of shameful situation and I remember hearing my mum saying that "she's young, she'll just forget about it if we don't mention it". And it was just swept under the carpet. I suppose it's perhaps what happened in those days but, you know, I think I've always felt, you know, sweeping it under the carpet may have stopped a scandal but nobody thought how it would affect me

Lois was sexually abused by her cousin from when she was age seven to thirteen. Although it was made known to her immediate and extended family, her family chose not to believe it, and were frightened of the scandal it might have caused within their community and thus preferred not to formally report it to the police at the time:

My father and the members of the extended family...were accusing me that I must have made it up and asking me for explicit direct extended details, dates and times..... it was really all awful.

When Lois was 18 and went to the police herself, she felt she was not fully believed because her parents "were in denial" and thus "skipped over what was important" in the reports they gave.

For some women, family members participated in the perpetration of violence. This was

particularly an issue reported by some BME Deaf women.

There are a lot of hearing Asian women where the women are suffering because of the way their husbands treat them. They are completely unequal, they are treated like a slave and like a real second class citizen. So often I see that within the hearing Asian community. It's not always how the husband treats them but the whole family treats them. Maybe by the mother in law, she's told to do this and do that. (Focus Group BME Deaf Group)

Other barriers imposed by BME families included freedom to choose partners. Both Zara and Samantha had an arranged marriage which, in both instances, led to them being abused by their husbands and in-laws. However it was not considered culturally appropriate to ask for external support because it was a deal made by the two families. For instance, as already described above, Samantha was the youngest of five children and always was controlled by her older brothers in such a way she was denied the opportunity to go to school, to choose her future. Her brothers used her as a domestic slave when she was younger, but then passed her on to another abuser away from her home country. However she did not argue, out of respect:

My brothers used to beat us up a lot; maybe because they wanted to be - yes, in other words that's right - they wanted to be in control.

Having no knowledge of, or access to support, Samantha could only think of one possible way out: 'I tried to commit suicide a couple of times and they [in-laws] just got fed up and sent me back to England'.

Again as mentioned above, Zara was forced to marry a man from Pakistan who, she believed, wanted a visa. She eventually got divorced but it took too long caused her to develop depression. Zara's family were not supportive of her choice and believed she needed to accept her lot as there was no way out:

He wasn't a good person; there were a lot of arguments, and he was very rude - he swears a lot - and that's why I filled for divorce... I've been upset quite a lot over this but with my family at that moment, they were upset for me because of the way that he turned out. So I just said "what can I do?" My mum was patient; she reassured me that at the end of the day there was nothing else I could do... obviously my family



and my mum's sisters and brother came out and talked about it. Not arguing but they had a discussion about it and didn't include me.

Participants stated that the 'keep it in the family' philosophy is typical in the Asian community and can often be a barrier to accessing external support. Samantha reinforced this in her story about her sister also being a victim of violence by her husband:

But we just had to accept it didn't we? We couldn't say anything because he was our brother in-law, and you know what the Asian community's like.

Another barrier, which was apparent in Zara's case, was the inability to communicate with members of the family who need assistance. None of Zara's family could use BSL, and thus could not communicate with her on an equal level.

### **Barriers from others (individuals and structures)**

Disabled women's own concerns that they would be left without support if they left the perpetrator, have been described above. However, some women pointed out that other people had disregarded the possibility that a 'carer' might be the perpetrator of sexual violence. Adele noted that there were two aspects to this. Firstly, there was disregard for her sexuality - the view that the man was more of a carer than a partner - and also the converse, a disregard for violence on the basis that the man cared about her:

He was someone to look after me; you know it's nice, he's got this car, he can take you out. I don't think people considered it in a relationship way, they kind of thought of it as more of a carer. I don't think anyone thought that something was wrong. And even when you did convince someone that something was wrong they'd make excuses like oh, he gets frustrated because it's difficult being someone's carer. So people would fall into that as well; you need to understand that he cares about you... so it was really difficult. (Adele)

Therefore, getting others to recognise the problem of abuse and violence was very problematic for some. Even if it was recognised, getting action presented further problems.

In summary therefore, disabled women, like non-disabled women experiencing violence

were prevented from leaving the abusive person and seeking support from the perpetrator who exercised emotional control over them. However, disabled women were more likely to depend on the perpetrators for personal assistance too. The section above evidences how some family members were barriers to disclosure and reporting, especially with childhood abuse and also within the Asian community.

### ***Barriers from Services***

This study suggests that disabled women are also more likely than non-disabled women to encounter barriers from professional support services, including the criminal justice system. These barriers took different forms. For instance, Alison reported disabling attitudinal barriers by different support services, including social services, women's support services and the court. Counsellors and therapists who were treating her husband were not legally permitted to disclose any information about him without his consent. However Alison believed this was a barrier to prevention of violence, stating that if she had been made aware of her husband's history of mental health problems and psychosis she could have prevented herself and her daughter from being abused:

Long before the violence started he was seeing the counsellors and psychologists and whatever; I went to them and said "look you've got to help me because I know if you don't involve me with some of this this family is going to split up." But they won't because of confidentiality. The social services used that against me all those years later on because they had that report on my ex-husband and in his young teenage years he had shown signs, he had shown quite dark tendencies to being sadistic and psychotic but no one told me, no one had told me any of this.

Other services created barriers to her safety. Despite the fact Alison was experiencing on-going violence from partners, she could not access formal or informal support. She asked to be relocated for her own and her children's safety, but reported that there were no services that offered support for her as both a disabled woman and mother:

I should have had the support from the services but it wasn't there- not for me.

Other families with non-disabled mums in similar situations, had been lifted in the

middle of the night, put into taxis and relocated where they could; to another part of the country so that the man could not get at them... there was only a provision for either me as a disabled person or for the kids; there wasn't provision for a disabled woman that had kids.

Instead of supporting her to escape her abusive partner, the support services removed her children from her for a while, perceiving her as incapable of pursuing a mothering role due to having an impairment. Understandably this made her very cautious when accessing support:

I did try but they just didn't grasp it [...] and when I did turn to anyone for help it went all wrong so in the end I nearly lost the kids, I did lose the kids for at least a while... Me: I was branded as the worst mum in the world.

This was also, or even more so, the case for women with learning difficulties:

[If they left a violent partner] it's very likely the parent with the learning disability would have their children removed from their care instantly. And I was put in that situation where that did happen but when they did ask him to leave the family home, they didn't put that support in for me so they moved him back in anyway because he was my support to look after the children. (Focus group, women with learning difficulties)

Other women also experienced disabling barriers by different services, again borne from negative stereotypes about disabled people. Friya spoke about her experience at court:

...this is what I mean about people being narrow-minded about disabled people as such, they think we don't have a brain and we do, bigger than theirs, I think. This lady was showing me round the courtroom and she was saying this is for this and this is this. And I was signing to my dad, and I said this must be so and so, and dad was like hmm. And then she said, well this – and he told her what I said, and she said, "Oh she's catching on, isn't she?" ... that really wound me up because I thought, 'catching on?' You know, it's not that difficult. I appreciate maybe some deaf people struggle with English, but you shouldn't label us all with the same brush.

Friya, and other women, mentioned a lack of accessible information as a barrier to accessing support services. Samantha stressed the importance of providing information in different formats, especially for non-English speakers and women with learning difficulties:

They should be in different languages too... and with pictures and stuff like that so people that can't understand English- can understand pictures.

Zara, Friya and Deaf women taking part in the focus group mentioned the lack of interpreters in mainstream services to be a barrier for Deaf people. The Deaf women, in one of the focus groups, reported how the police were rarely trained in sign language so women either have to wait until an interpreter has been booked, depend on a family member or just keep quiet and 'suffer in silence'. Depending on a family member to interpret sensitive information to external support services can, more often than not, be very problematic especially when the perpetrator is in the family. Further it denies the survivor the right to privacy. As such women will not disclose. However, the budget cuts in services often mean that support facilities such as BSL interpretation are cut from support services so Deaf Women have no option but either to depend on family or not access support.

However, even in specialist services for Deaf women/women with hearing impairments and minority ethnic women, problems arise with regards to confidentiality. The fact that there is only a small pool of interpreters in the UK may create barriers to maintaining privacy and confidentiality. This may especially be problematic for services offered in small communities, and could prevent disabled women who have experienced violence from revealing their stories or actively seeking support.

### ***Criminal Justice System***

Some disabled women reported their experiences with the criminal justice system in light of their effort to access support during or after their experiences of violence. Considerable discussion was generated about police intervention and support. Women in this sample (both in focus group and interviews) reported that the police could be judgemental towards disabled women and operated on the basis of assumptions about women's mental abilities

and understanding of their own situation and experiences. Women reported the tendency of police to disbelieve disabled women. Further, some women like Lois felt that police would be judgemental of the coping mechanism they employed to deal with experiences of sexual abuse such as drinking or promiscuity and would use such practices against them preventing this way their access to justice. Issues of accessibility of the police services in the disabled population and especially the deaf and hearing impaired were also commended.

One key issue raised by disabled women who had experienced domestic abuse was that police would not intervene on the basis of evidence but only on the basis of victims pressing charges (Samantha, Barbara). This complicated women's situations, as they often faced a series of barriers that did not allow them to press charges easily, including fear of repercussions, lack of financial support and care for them and their children, lack of housing support etc. This way, problems with prosecution arise. However, Police action was said to have become more decisive in defence of women in recent years and a preparedness to act without women's consent was also reported.

In order to ensure protection, some services required particular types of evidence of violence. For instance, Shirley experienced ongoing violence from her father from childhood and stated she was constantly in fear. However, when she asked for help from child protection services she was told that there had to be obvious evidence of abuse before anything could be done:

When I was 14, I called something called child protection services, this took place in New York city in America and I was told I would be entitled to family counselling. I said that I thought my father was a danger to me and that he was excessively violent and that I was in fear of something horrible happening to me like him putting me in hospital. And I was still pretty much fobbed off until and it was the family counsellor that said that until he did something quite nasty that would put me in hospital, only then they would have grounds to do something.

Mixed experiences of the criminal justice system were reported by Deaf women. Friya had a positive experience in court (see above) when a judge asked the defence lawyer to refer to her more respectfully by surname. However, her experience with the Crown Prosecution

Service (CPS) barrister was less positive as he was unsure of the correct way to work with Deaf clients and their interpreters.

### ***Facilitating Factors and Support***

Disabled Women in this sample made use of both formal and informal mechanisms of support linked to their experiences of both disablement and violence. Typically women reported making contact with either a person or organisation as a turning point for finding support. Formal types of support included special schooling, hospitals, counselling and child services, police and disability services.

Special schooling was a positive experience for some women in this sample at various ages (Sam's college, Zara's school, Adele). Zara attended a school for the hearing impaired, which promoted her independence, socialisation and made her feel happy:

No I went to school here - a private school, for the deaf in Glasgow.

I was happy, I was happy. They helped me improve in things, so it was not bad.

Sam also attended a special college, where her experience of academic training was very positive, with encouragement and equality. There she socialized with other disabled students. This was also reported by Adele and Malika

For other women such as Sam and Elma, hospitalisation was a very positive and supportive experience. Alison also reported a very good GP who would contextualise her condition and provide support further than diagnosis and treatment:

When I was down in England I had a very good GP. When I first moved into the town that I lived in - until I moved up here - it was quite obvious that he'd never come across someone with cerebral palsy before but the very next time I went, which was only a couple of weeks after, he was so clued up it was like "wow!". And it wasn't just the medical stuff; he'd researched all the background, and he was very supportive. And since I'm up here I've got a really good GP up here. So it's a good GP service.

Receiving counselling was also seen as positive, especially for post violence experiences. Having someone trustworthy to talk to and be listened by was valued highly by some women:

I went to women's counselling and that was really useful. It helped to give my brain some space, I definitely think there's more investment needed in that. (Adele)

Although counselling is mentioned as beneficial to some, other participants did not automatically find this helpful (e.g. Saima, who received counselling from a psychologist). What seemed to be more important to the participants was that there was a person they could relate to, rather than what their actual profession was. So, one participant (Sarah) mentioned a van driver to be particularly helpful, Saima suggested support workers at a refuge.

Participants also valued the opportunity to receive help from and help others in the same position as themselves.

I think it makes you feel better to be helping other people, that's me. I always feel better helping , and that's what we've been allowed to do with this women's group. We are now helping other people. It just gives you the most amazing boost instead of feeling like oh it's terrible, even if you're still going through it, to help someone else makes you feel a little bit better. And that's what we've been allowed to do with this women's group. (Focus group discussion)

Peer support was deemed to be particularly helpful was because it was non-judgemental, women were treated with respect and not as children, and it helped them find a solution to their problems. This was particularly so for both Adele and Samantha who discovered a support service in their home city that specialised in providing support to disabled women. It was run by a disabled woman, herself a survivor of domestic violence. The two women believed that, joining the service and meeting other disabled women who had experienced

what they had caused a turning point for both of them. It provided them with a means to regain their confidence enough to be able to stop what was happening to them. For instance, after being in an abusive relationship for 10 years, Adele decided it was time to get out. She spoke of how meeting the manager of the disabled women's support service prompted her to do so:

I was 23 when I started trying to get out of it but it takes a lot of time. I think to get to the point where you can't stand it anymore. You try to change it but then it doesn't change and you have to get out... she (the manager) was talking about smear tests and stuff like that. Then afterwards she started talking about this: domestic violence towards women, and it just sort of clicked into place that I've got to go, he's got to go. Even if I had to go back to my parents he's got to go.

Lois also commented on the positive impact of both counselling and university services on her life and the improvement in her independence and emotional stability: "The uni health and support team, they literally saved my life". Lois was given supportive counselling for her experience of violence and distress but also a lot of mechanisms such as special chair, wrist support and ergonomic laptop that allowed her to pursue her studies.

Alison had both positive and negative experiences of support especially with regard to child services during the time in which she also experienced domestic violence. As already mentioned, Alison had her children taken away from her due to her being seen as incapable of motherhood because she was disabled and experienced domestic violence. At some point she managed to have her children returned to her due to the assistance from of a specific individual in social services in combination with Women's Aid support.

I got my kids back because of the social worker that was dealing with the case had left for maternity leave and her boss got me my kids back as soon as she could, and she was absolutely great. But as well as that: then I started getting the support from a local Women's Aid, I did course and it was really helpful.

For Barbara the police were also helpful although her overall experience of such support in light of her experience of domestic violence was rather more mixed. Initially the police saw



her as the victim of a crime and offered her the possibility of pressing charges rather than pursuing her case as a crime. However, later on they would pursue the case based on the evidence of physical abuse rather than expect her to act, which was found to be very helpful.

On the other hand, informal mechanisms of support were also sought by disabled women in this sample, which primarily involved disclosing experiences of violence to family members and friends but also to some extent resulted in some form of intervention. For example Malika offered her experience:

I had a really good friend, that lives in Glasgow, and I had – one night when he was harassing me, I had to call her at three o'clock in the morning.

Samantha also explains:

My older sister helped me, the one that's just slightly older, she was they're for me. And my kids helped me - to be honest - my kids helped me they did; I mean they have given me a lot of support in every way.

Other examples include both formal and informal support. When Betty disclosed her situation to a friend she in turn disclosed it to her parent who was a policeman and they arrested the perpetrator.

### **Examples of Good Practice from Disabled Women**

This section looks at both experiences of good practice and recommendations for improving support mechanisms for disabled women who have experienced violence. Overall, this study has shown that disabled women have different experiences of support and have different ideas of what constitutes as effective help. Those women who had experience of helpful support indicated a number of actions that constitute aspects of best practice:

- Good mechanisms of assessment of women's needs in light of their access requirements, and psychological support in light of their experiences of violence (Lois)
- Support that allows independent living and empowerment (Samantha)

- Best practice stems from those practitioners that are attentive, look at the person as a whole and assess the situation as a whole and offer good solutions that allow disabled women to live with fewer barriers (Alison)
- Organisations that promote awareness of what is violence have also been of great help to women who have experience isolation and violence (Adele)
- Organisations that offer safety and anonymity, a non-judgemental and empathetic environment that allow women to express their feelings, outline their experiences and offer information and emotional support throughout everyday life (Friya)

### *Recommendations for improvement*

Disabled women also made several recommendations for the improvement of services and more effective responses towards disabled women's needs. The following provides a summary of these:

- **Outreach programs** - there was a suggestion for awareness campaigns, workshops and outreach mechanisms that would pass on information on violence and available support for disabled women in accessible formats.
- **Employing Deaf/Disabled staff and volunteers** - a suggestion for employing Deaf and Disabled people in front line services such as the police, prosecution services, specialist victims support services. This could make them more accessible and welcoming. Further employing Deaf people in services would limit the need for interpreters, thus avoiding problems relating to anonymity and confidentiality.
- **Education/rehabilitation programmes for perpetrators** – support should be available for more people showing signs/with history of mental distress and tendencies towards perpetrating violence
- **Regular face-to-face support and information updates** – Information on the internet, although freely publicly available, is not accessible for all. The information should be disseminated to women in other ways, such as face-to-face meetings etc to overcome communication barriers influenced by having a visual impairment or learning difficulty .

## **5. Organisations and Victim Support Services (results of online survey and interviews with service providers)**

This section of the report is concerned with the perspective of service providers of specialised services for women who have experienced violence. The majority of these services originated in the voluntary sector as a result of campaigning and fundraising by nondisabled women from the 1970s. In more recent years they have needed to compete with other organisations, such as housing services, for the provision of support to women who have experienced violence while continuing to raise funds independently.

All services except two (nos. 2 and 4, which assisted disabled women only<sup>4</sup>) provided services to both disabled and non-disabled women. Participants ranged from women working in local small voluntary organisations to women working at national level for organisations that represented many local groups.

One service in the sample provided services to Black and minority ethnic (BME) women only and another four employed dedicated BME workers as part of their overall project. One project employed a lesbian, gay, bisexual and transgender (LGBT) lead worker and another planned to develop this focus in the future. One service had developed an initiative targeting older women.

### **Description of Target Groups**

Services participating in the online survey reported that a high percentage of women using their services had an impairment of some kind. The small number of independent organisations that specifically targeted their services towards disabled women took part in the survey were not part of larger VAW organisations but generally sought to support women's take up of services for women as well as more general services.

---

<sup>4</sup> See methods section p12 for the table on numerical references.

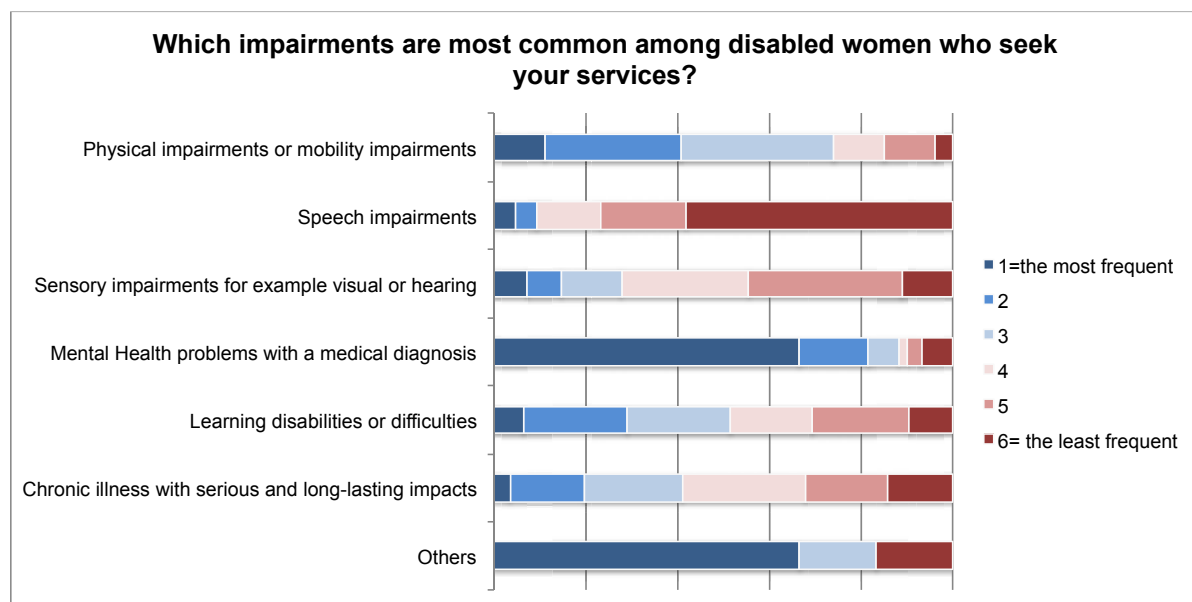
**Table 3: Percentage of women using services who had a long-term impairment**

|         | Frequency | Percent | Valid Percent |
|---------|-----------|---------|---------------|
| 0-24%   | 19        | 2.7     | 3.9           |
| 25-49%  | 18        | 24.3    | 32.1          |
| 50-74%  | 11        | 14.9    | 19.6          |
| 75-100% | 8         | 10.8    | 14.3          |
| Total   | 56        | 75.7    | 100.0         |
| Missing | 18        | 24.3    |               |
| Total   | 74        | 100.0   |               |

Note: respondents were asked to give an approximate figure (the percentages in the table above have been aggregated): mean: 39%, mode: 30%

All categories of impairment were represented in the answers given. However mental health conditions were most commonly reported, as is evident from the following table.

**Table 4: Most Commonly Identified Impairments of Women Seeking Support**



Respondents were asked to give details of impairments that they had included in the 'Other category' and with one exception concerning older women, all described mental health conditions. Violence was thought by many to be the cause of such conditions as depression,

post-traumatic stress disorder (PTSD), Dissociative Identity Disorder (DID) etc. that were identified. Second most frequently reported were physical impairments and learning difficulties and indeed several respondents noted in the expert interviews that in some instances they turned away women with such impairments. From Table 3 it appears that a small number of these women are being reasonably successful at accessing services, although with the total population of women unclear, conclusions are hard to draw. Women with sensory impairments are underrepresented among applicants and this is the case especially for women with speech impairments. This raises the question of whether the emphasis on web based and visual information and the use of telephone helplines is problematic for women with visual and speech impairments.

Not all interviewees distinguished disabled women from other users of their services, with many viewing disability in a wider context of diversity: one of a number of ways that women might be different from one another and might experience additional difficulties or be more 'vulnerable' (13). Two service providers did however (5, 13) make a point of collecting statistics on the number of disabled women using their services: this being required by funders in one instance.

Definitions of disability ranged from a straightforward description of various impairments, to thinking about disability as a socially imposed restriction (in line with a social model definition) (7), to a view that a woman ought not to be identified as having impairments on the basis that this might stigmatise her further (13). Estimates of the number of disabled women applying for assistance and those gaining access are likely to have been affected by all these perspectives.

## **Accessibility at Local Level Level (Institutions/Organisations)**

### **What Institutions/Organisations mean by barrier-free access**

There was not always a clear understanding about the meaning of 'barrier – free'. It was not a phrase that was familiar to providers of services concerned with violence against women and there was uncertainty about meaning:

I think we do actively strive to create both physical barrier free in terms of people being able to think our service is for them barrier free.....I'm not sure if that's what barrier free means. (Service 13)

Others took barrier – free to have a wider meaning, involving organising everything in order to facilitate a women's access to needed services. These actions might involve things that were not necessarily in the formal remit of the service but were recognised as important for making sure that things happened.

Overall however, participants found it easier to identify barriers than to say what a barrier – free service might look like. Further, there was a tendency to focus on the means of achieving an end rather than the end itself. For example, several respondents mentioned

the cost and lack of sign interpreters as a barrier rather than the means of communication used. Similarly, participants had considerably more difficulty with identifying barriers for women they assisted than those encountered in other situations.

Even if you could get rid of mobility as a barrier.... you've also then got all the other barriers. So, for example, you might have a disabled woman who is perfectly mobile at getting around the place but she may be a minority ethnic woman within her community as well. So then you have ...a whole other set of barriers which are not necessarily to do with her disability (Service 9).

In a similar vein, others identified structural barriers existing within services as linked to the way society and services are organised:

If you've got a deaf woman then how is she going to live in a refuge where everybody else is hearing? Okay, we can bring an interpreter in but that's very isolating for her and so there are those kinds of issues and how you deal with them. You know it's hard enough for somebody who doesn't speak any English but at least they can begin to learn English and we can help them to get to college to do classes and that kind of thing. (Service 1)

Participants also felt that that barrier free access was probably not achievable, although it was certainly considered something to strive for. Reasons given included that what represented a barrier for one woman might be needed by another and that resource limitations meant that compromises would always have to be made.

Importantly however, participants linked barriers and personal empowerment. Some respondents emphasised how the whole purpose of domestic violence was to isolate and control women so that they were not able to gain access to help. It was felt important that women needed to 'break through' personal barriers to remaining with violent men (and patriarchy) in order to seek help and not stay with or return:

There's something about the link then between barrier and control and retaking control and power and choice, so there's a link between that. So we, as far as possible, encourage, welcome, want women to come to us themselves. (Service 7)

In summary therefore, while in no instances were barriers judged to be a good thing, respondents showed a wide variety of understandings of the meaning of barrier free, and the possibility of eradicating barriers. There was a similar patchy understanding of the concept of accessibility, which is discussed in the following section.

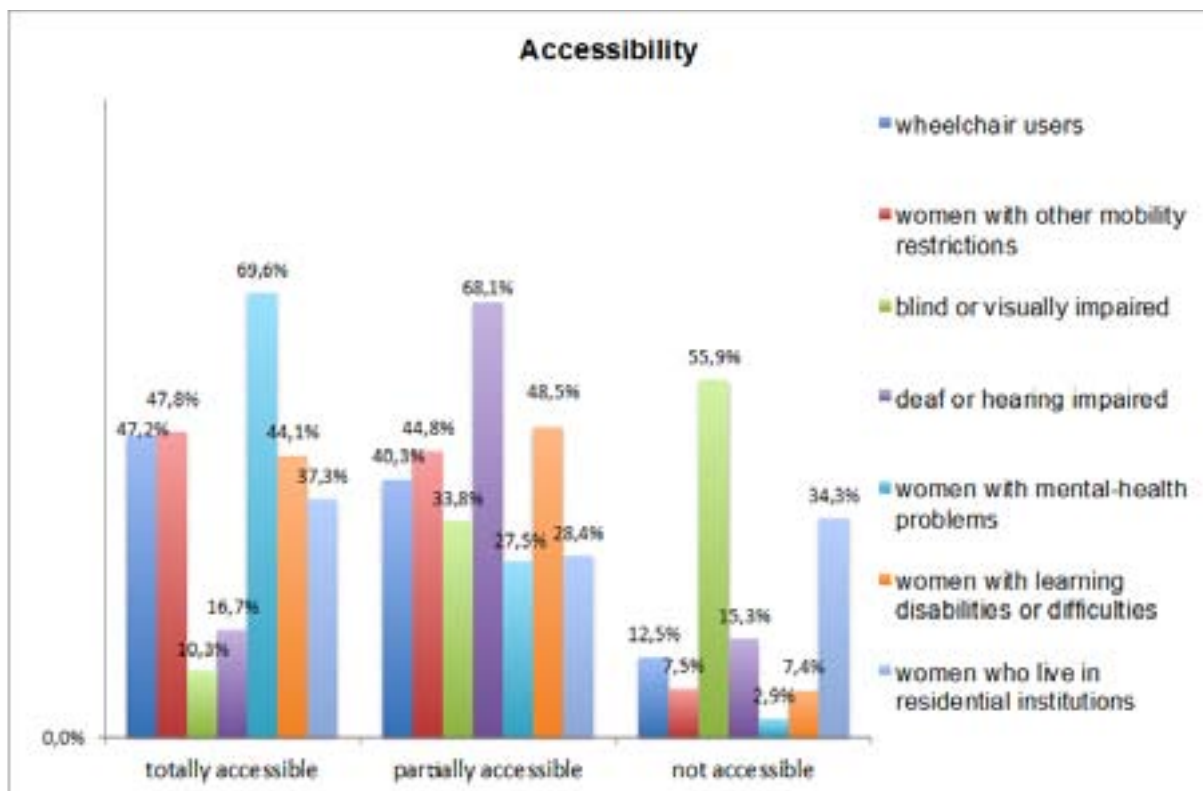
### **The Current Situation**

Overall, there was a clear desire expressed to help more disabled women, based on the knowledge that disabled women were more at risk of violence than non-disabled women. Service providers acknowledged that many women were turned away due to lack of space / capacity and the level of demand. Further, it was recognised that many women, for a variety of reasons, did not or could not make contact with services. Many under-resourced services

were located in old buildings with poor accessibility, with barriers against violent perpetrators forming additional difficulties for women getting in and out of buildings.

Service providers were invited to comment on whether their service(s) was accessible to women with a range of different impairments. Their responses are summarised in the following table:

**Table 5: Service Providers' Assessments of the Accessibility of their Service(s) to Women with a Range of Impairments**



Of the service providers participating in the online survey, 12.5% stated that their service was inaccessible to service users, with 47.2% stating their service was totally accessible and 40.3% partially accessible. Similar but slightly better conditions were described for women with other mobility impairments (only 7.5% stated the service was not accessible, 44.8% partially accessible and 47.8% totally accessible).

Accessibility was not defined for respondents to the survey and from responses a variety of definitions were used and understood by those completing it. Types of services provided to accommodate disabled women ranged from meeting in a different, accessible place, to paying taxi fares, to the making available some accessible rooms in refuges. Generally service providers mentioned single rather than multiple measures and these are quite some

way away from meeting conditions of full accessibility. The results indicate that many service providers may not have a detailed understanding of what is meant by accessibility and the various possibilities for barrier removal.

As might be expected from the findings already discussed above, accessibility for blind and visually impaired women was reported to be much poorer. 55.9% of respondents stated that their service was inaccessible to these women and only 10.3% that the service was totally accessible. Similarly, 67.1% of those answering this question (5.5% did not) reported providing no particular facilities or services for women with visual impairments.

Accommodations / adjustments and other arrangements made by services included referral to specialist centres, to paying for taxis, to making specific adaptations to the building and translation of information into Braille.

Partial accessibility for D/deaf and hearing impaired women was the norm (68.1%).

Accessibility here was seen in terms of having sign interpreters available on occasions as well as increasing use of text messaging and email.

A large percent (69.6%) of respondents felt their service was totally accessible to women with mental health conditions and only 2.9% said that it was not accessible. Many services had made explicit links with external mental health services (e.g. visits were arranged on a regular and scheduled basis) or had incorporated aspects of mental health support, such as counselling, into their overall provision. Similarly, a large percentage of services considered that they were accessible to women with learning difficulties: 44.1% totally accessible, 48.5% partially accessible and 7.4% inaccessible. Again many services identified other organisations with which they had links as sources of support.

Therefore there is a wide variation in the extent to which women with impairments access specialised women's services. As there is some uncertainty regarding the total number of disabled women experiencing violence and ours is a relatively small sample in relation to the total number of services and incidence of violent acts, no definitive claims are put forward beyond the observation that there are certain women with particular impairments who appear to be particularly under-represented.

### **Future plans**

Overall, respondents did not identify a large number of planned actions, either in general or in relation to disabled women. There were worries about funding cuts and most local organisations employed a small number of staff, making use of volunteers, with paid staff often part time and precariously employed. Survey respondents, of the two thirds who answered the question, identified an average of 2-3 items from a list of 17 actions designed to increased accessibility for disabled women. The three highest scoring measures were



Barrier – free Website Material (14.7%), Disability Equality Training for staff (12.7%) and Barrier-free rooms for wheelchair access (7.8%). While respondents did talk about measures they had carried out, regarding statements about the future, where these existed, details were typically vague. Of the few more definite statements, one service was trying to re-locate to a more suitable building, while another was considering work for which there might be an income:

....we've sustained a cut in funding in the last year, we lost a post, so that's severely hampered the areas of development that we're looking at. However we do have a lot of support [and they are clear we] need to expand, we need to grow and it's how we do that. .... the plan for us is to develop some training programmes, get some money to develop some training programmes and within those training programmes we would train up tutors and tutors who are specialised to work with particular groups (Service 10)

Respondents did identify a wide range of measures they had taken in the past but did not feel able to commit to concrete measures in the future.

### **What is Needed**

Survey participants were asked what their services required in practice to provide best possible support and counselling for disabled women. All services identified funding and resources as their biggest barrier. A number of other issues were also identified when they were asked about this question more broadly, detailed below:

**Table 6: Requirements for Improving Support (Local level)**

| <i>Issue</i>  | <i>Number</i> |
|---|---------------|
| Funding   | 24            |
| Better communication (Braille, easy read) / adaptations | 7             |
| Training for staff                                      | 6             |
| It would depend on women's needs                        | 5             |
| Transport   | 3             |
| Better service provision by others                      | 3             |
| Better service provision to women (e.g. counselling)    | 3             |

|               |   |
|---------------|---|
| Legal changes | 1 |
| More staff    | 1 |
| Supervision   | 1 |

Here again it should be noted that a significant number did not answer the question (58 individuals responded), suggesting that for many the steps that needed to be taken were not immediately apparent, or they decided not to answer for other reasons. Some did specify what the money might be used for while others made more general statements about the need for funding overall. The importance of treating each woman as an individual was emphasised again in the interviews. It was stated that “one size doesn’t fit all” (Service 13).

Interestingly, outreach services do not feature highly in this list and there was an indication that this was particularly important for disabled women (Service 13 reported an 800 – fold increase in take up by disabled women after an expansion of outreach services). However it should be noted that severe under-funding was a feature of all of the services, which often ran on a shoestring.

Other aspects identified by service providers as needed included the possibility for enabling women to meet together in peer support groups, being able to support more disabled women in the process of using women’s support services, employing many more disabled women, being able to secure accessible venues, to provide advocacy and support, improvements in staff skills in signing, specialist staff – mentioned by three organisations spontaneously (organisations were not specifically asked about this), and being able to develop services for women who were excluded e.g. women who use alcohol.

First of all our publicity material and our website should be more inclusive and accessible. That is probably the least expensive thing we can do. Then I think to make our refuge a little bit more accessible than it is now. To have someone who can communicate in BSL, or at least a very significant budget for BSL interpreting. To have our staff a little bit more trained on the various issues of impairment and what the needs might be, so that we can advocate better. And stronger partnerships with existing disability organisations, in the sense that their staff are more aware of warning signs, because they are the less threatening individuals, because they are more welcomed into the home than anyone else. (Service 11)

In conclusion, services that were very stretched felt that they needed funding most of all in order to continue providing services. Too large caseloads and demands for services resulted in a push towards reactive rather than proactive working and this was compounded by difficulties accessing help from other services (discussed further below).

## Accessibility on the Wider Level (regional/national level)

### The current situation

Overall, given the above findings, it is not surprising that respondents considered current support for disabled women to access services to be insufficient (66.2%; valid percent 84.5) compared with the 12.2% who considered it sufficient (valid percent 15.5). Suggestions for improving services and disabled women's access to them broadly mirrored those given (see above in Table 6). However there were important differences in that working with other agencies initially had a higher profile than funding, although the latter was decisive in the final analysis (see following section).

Certain groups were considered to be losing out overall, in particular Deaf women, who experienced lack of communication and support if they went into a refuge with hearing women, women who used alcohol, alcohol not being allowed in refuges) and disabled women were felt to be losing out through current practices and rules.

Very often we find disability is seen as the poor relation. For example it's the last kind of section 75 group to be funded in terms of justice issues. We're doing quite a big piece of work around hate crime and only recently has there been an advocate funded by the justice commission to do this piece of work and they're funded on a part time basis.....you've got all the other section 75 [groups] funded .....why is that? And it's been a hard slog just to get to this stage, just still asking questions. ....And that's [after] years and years and years of work in building relationships. (Service 14)

Interview participants considered women's ability to access services in general was impacted by spending cuts to services as well as cuts to welfare benefits.

### What is Needed

Macro level priorities were, as with the local level, especially focussed on the need for additional finance. When asked about the single most pressing issue, all respondents opted for resources and funding. However working relationships with other agencies assumed a higher profile in the responses about wider regional and national priorities. Again, responses reflected a mix of desirable outcomes and processes:

**Table 7: Requirements for Improving Support (city / regional level)**

| <i>Issue</i>   | <b>Number</b> |
|--|---------------|
| Better response from other agencies / partnership working            | 10            |
| Funding and resources (includes time)                                | 8             |
| More specifically targeted / specialised services for disabled women | 7             |
| Accessible buildings / services / information                        | 7             |

|  |   |
|--|---|
| Training and information (for staff / volunteers)        | 3 |
| Design services with disabled women / ask disabled women | 2 |
| Awareness  | 1 |
| Information for disabled women as service users          | 1 |
| Outreach support   | 1 |
| Planned pathways to support                              | 1 |

The combination of shortage of funding, over - commitment and requirements to keep services full, in order to maximise income, clearly presented problems for service providers. To deal with this issue, almost all of the services tried to develop good links with what were seen as professional services for disabled women. These services might include day centres, residential services as well as disabled people's organisations in a few instances. However there was a lack of awareness of the issue of institutional abuse: most respondents assumed these services to be benign. Staff working in professionally-run disability services were mostly considered to be a source of expertise and knowledge, which they lacked.

However as countless studies and numerous exposés have shown, there is a high rate of institutional violence in special services for disabled people. Just one women's service showed knowledge and awareness of the issue. Even where the abuse was spotted, they reported that it proved impossible to get the services to recognise that there was a problem with the staff – the perpetrator involved eventually left the country. An extract from the interview, at which two workers were present, is as follows:

DV worker 1: ....one of my clients, her partner targeted her at a day centre. He was a worker there, yeah? He was this really kind worker who fell in love with one of the clients.

DV worker 2: Oh, God!

DV worker 1: And not only did he abuse her but he used her as a way of accessing other disabled women as well. They were her friends and they'd come over for dinner and they would get abused by him as well. He left our area, but I tried to put things in place to kind of prevent him from doing it in other areas, and it was very difficult to kind of— I didn't have much information about him anyway, but to kind of get services to listen and put out maybe a flag about this person was very, very difficult. (Service 5)

It is perhaps disappointing that just two out of 41 expert respondents opted for more consultation with disabled women survivors at a structural rather than just individual level.

## Challenges of implementing Accessibility

### Institutional/political/structural level

All 58 respondents who answered this question in the survey highlighted the problem of finances as the major brake on the activities they could do and the results they could accomplish. Several different kinds of challenges were identified however, and they were mostly linked to the situations of women affected by violence rather than the macro level.

The problems faced by UK disabled women who have experienced violence have been detailed in previous research. These range from the experiences that all women have in overcoming and challenging the isolation caused by actions of the perpetrator to the psychological consequences of violence and abuse. A few particular issues were raised additionally however and these will be briefly discussed here as they are less often highlighted.

Black and ethnic minority (BME) women were reported by two specialised services concerned with reaching these women to be especially isolated due to the abuse perpetrated by wider family members. Further accessibility issues were apparent in Northern Ireland. While a higher incidence of violence against women has been recorded in conditions of conflict in many countries, older women who had lived through the Troubles before the signing of the Good Friday Agreement in 1998 were particularly at continuing risk. It was pointed out that especially in self-policing communities that 'dealt with their own dirty laundry' (Service 13), it was not acceptable for a woman to go to a member of the police force as the Royal Ulster Constabulary (RUC, now the Police Service Northern Ireland, PSNI) was in conflict with paramilitary forces. Added to this, an emphasis on the sanctity of marriage produced a strong impetus towards remaining in abusive relationships. In the situation below the perpetrator, who was the learning disabled woman's husband was himself a disabled man, following injury during fighting:

And how cruel would you be to leave a poor man in a wheelchair.....She was stigmatised, she ....had learning difficulties ..... after he'd done his stint in the army, he'd got the paramilitary involvement. So he had a lot of fingers in a lot of pies you know and – of course he held the purse strings and quite a full purse too, but you wouldn't have known to look at her. So there was all sorts of abuse happening in that household and like I say, he held the upper hand because nobody would have believed her. (Service 13)

That kind of not believing, it applies as well to people who [have]...disabilities themselves because the cultural notion ... that person is caring for you, they must be a saint. And I think that is something that is very common even if that's not what people believe. (Service 14)

Overall, there was a tendency to view the problem of accessibility as an individual one stemming from a woman's impairment rather than an issue of the way society and services

are designed. An exception to this was the recognition that women in general who had experienced violence all faced difficulties accessing services because of perpetrator actions.

### **Challenges in terms of different types of disability / impairment**

The cost of interpretation was experienced as a barrier for services in their communication with D/deaf women. Initial contact was reported to have been made easier by the use of text, but some remarked on the fact that it was not automatically available. It was reported that many services still did not use text as a front line of communication. Few women workers providing front line services used signing. Even where there were resources available for signing, the small number of people in a local D/deaf community presented problems with anonymity. Additional costs were incurred because in some instances interpreters who lived further away had to be brought in:

The problem is that because [the Deaf community] is quite a tight-knit community, it is very hard to get interpreters that were not involved. So the confidentiality of the client was much harder to maintain because the interpreters all worked at the resource centre. (Service 13)

Women who relied on family members, personal assistants or carers were considered to have particular problems. It was reported that women who relied on other people for daily assistance:

Some of them, they're so grateful that someone is caring for them, that they put up with lots and lots of really extreme sexual and physical violence because they're just so grateful. (Service 5)

Also noted by interviewees was the pressure that was often placed on disabled women to stay living with and / or reliant on a perpetrator because others did not want to or feel able to provide the physical assistance required. This applied to both family members and to professionals such as social workers, who might be concerned about the commitment and costs of such support.

In the same vein (see also the discussion in the following section) local refuges might turn down women who needed more physical assistance for one of a number of reasons. First, the refuges were often not accessible. With limited budgets and in a position of having to turn away many women for lack of space, some felt that it was difficult to accommodate disabled women. Service personnel stated that were in the position of having to fundraise for specialist equipment:

So the difficulty is finding the funding for creating more disabled access and more facilities. Nobody's thinking about that, it's just like, and finding the funding, it's like, we need to buy all this, bells and vibrating pillows and all this; nobody is giving them to us. Or the government decides, right you can have a pot of money £500,000 to look after so many disabled women, 'cause they don't. (Service 3)

On the other hand, as was pointed out by some interviewees, disabled women may have had a considerable struggle to secure adaptations needed for her home.

If you've spent that long battling with the Local Authority to get those adaptations, are you really going to want to leave that accommodation and go somewhere else, and then spend another five years or whatever battling to try and get your next property adapted? It's a huge, huge, barrier, which I think people don't really appreciate. (Service 5)

Following on from the points above, refugees also faced the possibility that they would have to fight with Local Authorities for resources where needed if disabled women moved there. This issue of inter-agency collaboration is discussed further below.

These pressures, combined with the concerted tactics of perpetrators were felt to particularly pose barriers for these women. Nevertheless, some service providers spoke of arrangements made that incorporated Multi-Agency Risk Assessment Conferences (MARACs) that reduced the harm to disabled women who remained in their homes with violent men, including systems of sending signals to the police to call at the house, and so on.

Other impairments mentioned as posing problems by some service providers included: women with severe mental health conditions (such as depression and suicidal intentions), women with learning difficulties who were marginalised, subject to 'mate' crime from people who were semi-homeless and women with learning difficulties who were repeatedly targeted and victimised. Additionally, disabled women who were targeted by disabled family members or partners experienced additional scepticism or unwillingness to act from services, on the basis that the victim support services would be seen to be unfairly targeting a disabled person.

### **Public relations and Information**

Services were not particularly proactive in publicising their services. This was mainly due to demand, which outstripped the ability of service providers to respond. Further, disabled women were not targeted as part of general publicity work and in many instances this was deliberate in that there was a stated commitment to help all women rather than specify particular groups.

Just 6, (5.9%) of service providers stated that they specifically addressed issues related to disabled women in their public relations work. Several stated that the issue was not high on their agenda, on those of funders or that of the public more generally.

Some greater success in reaching disabled women was reported by some services however. For instance, a surprising 800% increase in take up of services by disabled women was reported by Service 11, following the introduction of an outreach service that aimed at helping women to stay in their own homes. This was not a special initiative aimed at disabled women. However it proved to be very effective in that it potentially removed the need for disabled women to find alternative, accessible accommodation.

## Cooperation and Networking

### The current situation

Service providers participating in the online survey were asked about their links with organisations of and for disabled people. Their responses are summarised in the table below.

**Table 8: Connection and Collaboration with Disabled People**

| Does your service have close connections and collaborations with:            | Responses |         | Percent of Cases |
|--|-----------|---------|------------------|
|  | N         | Percent |                  |
| Interest groups of disabled people   | 32        | 26,4%   | 53,3%            |
| Living and working places for disabled people                                | 13        | 10,7%   | 21,7%            |
| Counselling centres for disabled people                                      | 10        | 8,3%    | 16,7%            |
| Representatives of disabled people   | 21        | 17,4%   | 35,0%            |
| women's or violence counselling centres that explicitly help disabled people | 15        | 12,4%   | 25,0%            |
| no, none yet   | 13        | 10,7%   | 21,7%            |
| other services, centres or persons that advocate for people                  | 17        | 14,0%   | 28,3%            |
| Total  | 121       | 100,0%  | 201,7%           |

Additional agencies that respondents were in contact with included statutory organisations, (mainly local authority social service departments) and large national charities for people with learning difficulties and people with mental health conditions.

Few interviewees from women's support services talked of their explicit links with disabled people's organisations, although it should be noted that there were three organisations that had a more explicit link to DPOs / organisations of Deaf people. Generally the view was expressed that disabled people's organisations were male dominated and that they did not have an interest in domestic violence. This lack of concern about domestic violence was apparent from the results of our research with disabled people's organisations. While it is of course possible that our search missed some agencies, a detailed trawl of organisations



revealed only 6 DPOs in the whole of the UK with an interest in domestic violence, compared with 4 reported by Women's Aid in England in 2007 (Hague et al, 2007).

There was some recognition that disabled people's organisations had led work into hate crime in recent years; however this was seen as a somewhat separate issue from domestic violence.

All expert service interviewees discussed the problems that women who had experienced violence faced in terms of the need to get a large number of problems dealt with quickly when leaving home. In a situation of resource scarcity, one of two approaches was adopted. Organisations (the vast majority) opted to try to get other organisations to help with aspects of needed assistance. This being said, there were gradations in the model adopted by different agencies: some had tighter boundaries around their roles than others. Alternatively, just one organisation consciously opted to work very much apart from the statutory system, viewing the 'system' as inherently problematic and patriarchal.

The majority of respondents emphasised the need to work with other agencies in order to achieve the outcomes that women needed. Collaborative working was seen as essential both because of lack of resources and also because it was considered that other organisations held expertise in related areas. At the same time collaboration was often stipulated as an essential requirement by funders and was also a requirement of working with MAPPAs and MARACs.

Collaboration was also seen as an essential way to reach women who might be experiencing violence and most organisations sought to publicise their availability through other organisations. This being said, they did not proactively target disabled people's organisations; they were more likely to look to mainstream social service providers. At the same time the systems in place were not always keen to recognise violence:

Just giving people the confidence to deal with disabled people... and trying to get people away from the vulnerable adult idea I think is probably the biggest thing. That's not an entire success because the structures and the processes within the police, you know, the council, etc., are all focused around this idea of people at risk.  
(Service 2)

Notably, VAW services did not largely have much of a perspective on 'hate' crime, which has, however become more of a focus for DPOs and BME organisations. While historically 'race' hate crime has been the highest reported strand of those recognised under UK legislation, it was reported by one respondent that hate crime incidents reported as due to disability had overtaken those for 'race' for 2012 – 13 in their area. VAW service providers were largely uninformed about 'hate' crime and not aware of its features.

One service had explicitly set out to work collaboratively with disabled people to produce easy read materials as a way of developing support for women with learning difficulties and their work is discussed in the following section.

A range of different approaches to networking and collaboration were used. It should be noted that these are 'ideal types' and that different personnel from the same agencies sometimes expressed different views as indeed did the same people at different times during interviews. Most respondents mentioned other organisations as important as a

source of referrals, for expertise and support for women they helped and as a source of funding. Some services spoke highly of the expertise of services for disabled women and saw them as more suited to supporting disabled people than they were themselves. For example, it was pointed out that:

No organisation can exist in a bubble. We've already talked about how complex the needs are, and all the issues. And it's not just for one organisation to take on, there's expertise in lots of different organisations. (Service 14)

As well as expertise, it was acknowledged that a certain amount of compulsion was involved. Other organisations might have control over resources needed by women who had experienced violence and collaboration was also often a requirement for funding bids. A certain amount of frustration was also clearly in evidence in some instances and a number of issues were highlighted.

Some VAW services reported a lack of confidence and action in protecting women in instances where there was concern about cultural differences and whether an action might be considered discriminatory. Service 11, for example, mentioned a worker who had not taken action for fear of transgressing cultural norms:

A social worker contacted us, he was talking about one of his clients, it was a man who was going to be married..... And he said, "Oh that case, we just let it be because I called another organisation and I was told that it was cultural and I should not interfere." And I said, ".....did that response satisfy you really?" And he said, "No." .....And I said, "I suppose you had concerns because you felt he was not capable of being married, and have you discussed the implications of that on not just him but on his wife who is coming here?" (Service 11)

Often other organisations did not offer the assistance needed by woman. Particular problems arose in relation to disabled women who were in receipt of support services, in kind or monetary, and who had moved area to escape violence and abuse. With support services organised by local authorities re-application and assessment for eligibility was required and entitlement was not automatic. Several VAW support organisations noted the reluctance of statutory services to accept responsibility for supporting women and the common experience of having two local authorities in dispute with one another regarding responsibility for support. For example, one service representative stated:

Social services, adult services are a big obstacle, there are good examples as well, but if we're sent a woman who needs personal care, my god I have a battle, a fight on my hands to get a carer in, paid by social services, adult services to shower the lady three times a day, to help her with the shopping, we are domestic violence professionals, DV workers, we are not personal carers, because I'm not qualified for that. (Service 3)

One respondent, a disabled manager of a VAW support service, spoke of outright hostility on a personal level:

And twenty-five social workers talking to each other and they're looking at me and I'm a user of social care and it's like I'm one of them and I'm in the room. .... What am I doing there? And also, you know, I'm a practitioner..... And I see my role as a challenge role and, God knows, they don't like being challenged, but being challenged by a disabled woman, and an older disabled woman at that, they don't like it at all. (Service 2)

One service, (Service 5), which placed a high value on inter-agency working, in fact resolved such tensions by being quite flexible about roles. Interviewees took on responsibilities that they felt were

outside of their responsibility simply because others would not do it and because women needed help with particular things.

It is important not to over-state the degree of conflict however. Several service providers talked about the constructive working relationships that had been formed with other organisations. Typically these were with organisations where control and hierarchy were less central to the relationship, often with other voluntary organisations and especially where competition for resources and financial transactions were not involved. Organisations mentioned in this respect included housing associations, an organisation run by Deaf people, health care services, advocacy organisations and others. In several instances good relationships with particular individuals working in statutory services were also highlighted.

One organisation (Service 7) stated that they worked outside of the 'system' as a conscious strategy.

Our approach then is to create somewhere that is not part of the establishment that is not attached to a medical establishment or medical model of any kind that women can come to (Service 7)

This organisation felt an independent approach was necessary because of the lack of understanding of other agencies of the extreme nature of abuse experienced, and its effects on women, as well as the wish to form a separate space that would challenge prevailing patterns of patriarchy.

There were therefore a range of issues that arose from respondents' experiences of working with other organisations. Both positive and more challenging experiences were reported.

### ***What is Needed***

Disabled women's access to support services was impacted on by the nature of relationships between organisations and the financial context and a few of the main issues are discussed in this section.

Competition for resources and funding impacted on the ability and willingness of support services to assist disabled women. None of the respondents specifically mentioned that they would be less likely to offer a place in a refuge to a disabled woman who needed more space or other resources (such as personal assistance) but they did acknowledge that there was pressure to make maximum use of resources, such as to use all of the rooms in refuges at all times. Service providers anticipated increased demand for resources that accompanied support of disabled women and this acted as a deterrent for some at least. Lack of funding to pay for specific adaptations to premises was also highlighted in the interviews and it was felt that if this were made available, it would need to be ring fenced for the purpose.

Strategies that emphasise recruitment via and collaborative working with other agencies have been described above. In other instances agencies tried to establish a separate identity in order to best support women. Each of these had its limitations (recognised by respondents in the interviews) in that women in certain situations might not be reached.

### **Examples of Good Practice:**

While not all long term and sustained, several organisations had been proactive in taking up opportunities and / or forging links with disabled people's organisations. These experiences had not been without problems but had resulted in some outcomes that had the potential at least to make a difference for disabled women who had experienced violence.

Developments appeared fairly limited overall according to service providers, not least because of the barriers put in place by perpetrators, the level of overall demand, problem of resources and the lack of knowledge of service providers.

It was acknowledged that there was plenty of scope for better practice: as one organisation that was 'near the top' in terms of adapted refuge provision acknowledged, a large number of disabled women were turned away on a regular basis.

Nevertheless some important initiatives and practices evident in this study included:

- One VAW service had taken the initiative in forging links with a disabled people's organisation to develop research in collaboration with a local university.
- A service had developed a purpose built refuge that had extensive features making it accessible to women with physical and sensory impairments
- A VAW service had collaborated extensively with a disabled person's organisation to develop easy read materials publicising its services and how they might help. They were investigating ways that this information service could be extended
- Specialist services for women especially at risk of marginalisation extended help to
- BME D/deaf women, older women etc
- 
- Increased variety in the ways of communicating with women had been developed in recent years (text services, email, phone etc).
- A few agencies extended support to disabled women to understand experiences of abuse and to make use of VAW services, so operated between the situation of disabled women trapped in violent relationships and VAW services
- One service was proactive in assisting women with learning difficulties who were at risk of repeatedly being targeted by perpetrators

### **Future prospects and suggestions for improvement**

The most promising outcomes had taken place as a result of focussed attention to improving the situation of disabled women who had experienced violence rather than by chance. Disabled women were often left out of service provision that was concerned with women who had experienced violence and omitted from initiatives aimed at addressing violence against disabled people.

### **Reflections and Wider Issues**

Overall, there was a good awareness that disabled women needed access to services and of the fact that resources were insufficient. Knowledge about the needs of disabled women was mixed, with some services feeling more confident than others about what was needed.

Services were largely reactive rather than proactive, due to the level of demand, and it was stated that this hampered adequate responses to disabled women.

Putting in place a multi-agency approach / response was felt to be a challenge, especially with fewer resources available in line with cuts to budgets. Resource limitations led agencies to take particular approaches to management of scarcity. These approaches had implications for women experiencing

violence. An approach that emphasised collaborative working with organisations for disabled people (day centres, residential services etc.), picked up on institutional abuse of women, but only in instances where there was awareness and understanding of this issue. Where service providers did not understand the pervasive nature of this form of abuse it was missed.

Outreach services appeared to be effective in some localities at least in terms of increasing the take up of support by disabled women. As discussed, this reflects the problems of accessibility in housing and services. While this seems to point towards the need for an increase in outreach services that can enable a woman to remain in her own home, this kind of measure needs to be combined with peer and other forms of support in order to combat isolation.

## **Conclusion**

Service providers had a mixed understanding of accessibility. Where they were familiar with the concept it was often interpreted in narrow terms that primarily described individual aids and adaptations. Conversely, some service providers had a more nuanced understanding of access problems and expressed concerns about how far there was to go. Perhaps not surprisingly, service providers taking part in the interviews expressed a clearer understanding of accessibility issues for disabled women than the respondents to the online survey. Nevertheless, it needs to be pointed out that services did serve a large number of disabled women even if the take up was not always systematically monitored.

It is notable how substantial issues are still to be resolved since research on disabled women's access was last carried out in 2008. We found only 6 (compared with 4 previously) services that expressly aimed to offer support to disabled women fleeing violence. Support for women experiencing hate crime was available from some services but support for women victims of institutional abuse was rarely publically available.

Overall, it may be stated that VAW services focussing on domestic abuse were stretched financially and under the threat of funding cuts. The economies of scale presented by services provided by housing associations were perceived to be a threat to the continued existence if small local serviced providing a personally supportive and knowledgeable service tailored to need.

## **Further Issues**

Services for disabled women who have experienced violence are primarily available through domestic violence services and to some extent projects dealing with 'hate' violence. As such provision is fragmented and inconsistent.

A better understanding of accessibility needs to be developed by service providers, in line with an anticipatory rather than reactive approach.

There is little doubt that disabled women valued highly the personal advice, support and assistance that they received from VAW services and supportive individuals in particular. However there is a large gap for disabled women between their experience as a victim of violence and being able to make use of such personal support. Peer support was singled out

as being of particular help but this was primarily organised on an informal basis, under the auspices of funded voluntary organisations.

Some of the findings of this study warrant further research and investigation, in particular whether strengthening the support for disabled women to remain in their own homes and excluding perpetrators leads to better results for disabled women. Problems of wider housing and service accessibility need to be addressed at the same time. However in the interim, such measures may offer a short term or immediate solution to a pressing problem.

## **6. Conclusion: Access to Support Services for Women who have Experienced Violence**

The disabled women taking part in this study reported many different types of abuse over their lives, from different perpetrators and in different contexts. While in the majority of cases perpetrators were intimate partners, especially in early adulthood, there was evidence of institutional violence, in special education institutions, by care staff and of 'hate' violence. For many, violence was evident in different forms over the life course.

### *Disabled Women and the Life Course*

The agencies most frequently contacted by participants in their youth, when subjected to violence, were schools. No participants mentioned children's helplines despite reporting experiences of violence in childhood. Overall, it was very difficult for children to speak out, especially if they were disabled and potentially available services were not necessarily accessible for these disabled children. Further, as children, at that stage, they had no awareness of their rights and especially the right to report these experiences neither that there were any services that could support them. Parents, as the first port of call in many cases, were said to be resistant to reporting abuse for fear of the scandal it would provoke.

Regarding prevention of abuse, inadequate sex education in special schools, as well as the inadequate form it took in mainstream schools, was highlighted by participants who emphasised that disabled children and young people needed to learn how to distinguish between acceptable and non-acceptable behaviours. As young people gained independence from their parental families, so the reported use of services increased. Two types of services were typically reported, those designed to support women who had experienced violence and those designed to support disabled people.

The greatest use of services in adulthood was reported, especially in relation to domestic violence. The number and type of services was reported to have increased compared to the past. However, medical personnel and practitioners were said not make reference to other support services for women who have experienced violence. There was only one exception in this sample, a woman who was sent to a refuge from the hospital she attended. Often

injuries were overlooked and the condition of disabled women was misinterpreted and attributed to other personal attributes.

### *Support Services and other Assistance*

As disabled women became older and more visible in society and their rights enshrined in law, several were introduced to specialist support services, including VAW services for women, disabled people's organisations and peer support groups of other disabled women who had experienced violence. The women who participated in these services were very positive about their experience and identified them as supportive and non-judgemental and often as the key to their 'new life' out of violence.

Access to support services was affected by the degree to which women fitted into assessment eligibility criteria. However, some women were reluctant to access social services for a range of reasons, such as the fear that children might be removed.

Issues mentioned included disabling attitudinal barriers from support services, including social services, women's support services and the court and barriers to women's safety. Despite experiencing on-going violence from partners some women could not access formal or informal support, with safeguarding services reported by some as especially problematic.

These issues overlap significantly with the problem of barriers.

### *Barriers*

Disabled women taking part in this study described a formidable array of barriers. Obstacles arose from perpetrators, family members, people considered to be 'carers' or other individuals as well as those associated with accessing formal or informal support.

For some women, family members perpetrated violence such as in the case of BME Deaf women. Other barriers imposed by BME families included restrictions on the choice of partners and forced marriage, which further led to abuse by women's husbands and in-laws. For some, it was not considered culturally appropriate to ask for external support and challenge the familial arrangement. The 'keep it in the family' philosophy was reported as typical in the Asian community. Another barrier faced was the inability to communicate with members due to lack of knowledge of use of BSL by family members.

Moreover as we have seen, disabled women had concerns about being left without support, if they decided to leave the perpetrator. However, this idea was reinforced by others who disregarded the possibility that a 'carer' might be the perpetrator of sexual violence. This indicated a disregard for disabled women's sexuality, suggesting that the man was more of a carer than a partner, and conversely a disregard for violence on the basis that the man was somebody who 'cared'. Therefore, getting others to recognise the problem of abuse and violence was very problematic for some. Even if it was recognised, getting action presented further problems.

Further, lack of accessible information as a barrier to accessing support services was highlighted. There was an evident lack of BSL interpreters in mainstream services – especially in the police-which increased women’s dependency on their family for interpretation or condemned them into silence denying them in this way the right to privacy and the right to support. However, even in specialist services for Deaf women/women with hearing impairments and minority ethnic women, problems arose with regard to confidentiality. There are only a small pool of interpreters in the UK, which may create additional barriers to maintaining privacy and confidentiality. This may especially be problematic for services offered in small communities, and can prevent disabled women from disclosing their stories or actively seeking support.

### *Criminal Justice System*

Women interviewed had little knowledge about the law and how it was implemented in practice. Often they were not clear about their formal rights under criminal law, or had partial knowledge of the criminal prosecution process. Beyond this many expressed a lack of confidence in dealing with the criminal justice process or were sceptical about the degree to which it could help. Experiences of judicial processes were reported as both positive and negative. Therefore concrete assistance for disabled women in regard to use of all aspects the law is needed. Many felt they were disadvantaged compared with non-disabled women.

While improvements in recent years were reported, disabled women stated that the police could be judgemental towards disabled women, operate on the basis of mistaken assumptions about women’s mental abilities and situations and be unwilling to press charges unless the woman did so herself. They were reported to disbelieve disabled women or to be judgmental of the coping mechanisms they employed to deal with experiences of sexual abuse. Further women felt the police hindered their access to justice. Issues of accessibility of the police services to the disabled population and especially the deaf and hearing impaired were also commented on.

### *Interpersonal and Peer Support*

Disabled Women in this sample approached both formal and informal sources of support. Formal types of support included special schooling, hospitals, counselling and child services, police and disability services. Participants also valued the opportunity to help others in the same position as themselves. Peer support from others who have been in similar situations was seen as personally valuable. Non – judgemental assistance was especially important as a means for regaining confidence.

While women had a range of perspectives on what constituted effective help, the potential role of assessors in ensuring that women could access effective help was highlighted, as was an approach emphasising independent living and empowerment. Organisations that promoted awareness of what violence is were also of great help to women who had experienced isolation and violence. Further, organisations that offer safety and anonymity, a non-judgemental and empathetic environment that allows women to express their feelings, outline their experiences and offer information and emotional support were seen in a positive light.



As well as the importance of interpersonal support, disabled women in this study made several recommendations for the improvement of services and more effective responses towards disabled women's needs such as, an increase in outreach programmes to raise awareness; employment of Deaf/Disabled staff and volunteers in mainstream and specialised services to increase support and confidentiality; education/rehabilitation programmes for perpetrators; and regular face-to-face support and information updates to overcome communication barriers influenced by having a visual impairment or learning difficulty.

## References

Booth, T., Booth, W., and McConnell, D. 'Temporal discrimination and parents with learning difficulties in the child protection system' (2006) *British Journal of Social Work* Vol. 36(6) pp.997-1015.

Booth, T., Booth, W., and McConnell, D. 'The prevalence and outcomes of care proceedings involving parents with learning difficulties in the Family Courts' (2005) *Journal of Applied Research in Intellectual Disabilities*, Vol. 18(1) pp.7-17.

CSCI Supporting Disabled Parents: a family or a fragmented approach? (2009) <http://dera.ioe.ac.uk/8785/1/Disparents.pdf> [7.4.14]

Hague G, Thiara, R and Magowan (2007) *Disabled Women and Domestic Violence: Making the Links*. A report for the Women's Aid Federation of England. <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200080001&itemid=1351> (3.6.14)

Scottish Women's Aid (2012) *Annual Report 2011-2012 Celebrating 35 Years* [http://www.scottishwomensaid.org.uk/sites/default/files/Annual%20Report%202011-12%20\(web\).pdf](http://www.scottishwomensaid.org.uk/sites/default/files/Annual%20Report%202011-12%20(web).pdf)

Women's Aid (2013) *Women's Aid Annual Survey 2011/12: Executive Summary* <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200210002&itemid=1195> (15.10.13)

Women's Aid Federation Northern Ireland (2012) *Annual Report 2011-2012* <http://www.womensaidni.org/themainevent/wp-content/uploads/2012/11/Womens-Aid-Annual-Report-2011-12-FINAL.pdf> (15.10.13)

Woodin S and Shah S *Access to Specialised Victim Support Services for Women with Disabilities who have Experienced Violence* (2013) <http://women-disabilities-violence.humanrights.at/?q=publications> [7.4.14]