

Making the links

Disabled women and domestic violence

Summary of findings and
recommendations for good practice

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The study

This short good practice report outlines the key findings and recommendations from the first national UK study on the needs of disabled women experiencing domestic violence, and the services available to meet these needs.

The full-length report is available at www.womensaid.org.uk, www.bristol.ac.uk/vawrg, www.warwick.ac.uk/shss/swell.

The research was undertaken between September 2005 and March 2008 by researchers from the Violence Against Women Research Group of the University of Bristol and the Centre for the Study of Safety and Well-being at the University of Warwick. It was managed by Women's Aid and funded by the Big Lottery Fund.

The aims of the research

- To develop further understandings of the needs of disabled women experiencing domestic violence.
- To investigate the scope of existing provision and identify what disabled abused women need from this provision.
- To identify gaps in assistance to disabled women experiencing abuse, both within disability services and domestic violence services.
- To identify and examine examples of good practice and policy.
- To make recommendations for policy and for service development.

The research is intended to lead to:

- practice improvements in both disability and domestic violence services;
- ideas for good practice in all sectors;
- recommendations for input into the local and national strategic agenda.

The study is grounded in the social model of disability, in which disability is viewed as socially created, and barriers are caused by the failure to take account of the needs of disabled people. It is this failure that is truly disabling, not people's individual impairments.

The focus of the research was on the needs and experiences of women with physical and sensory impairments who were experiencing abuse from partners, ex-partners, other family members, or personal assistants. The study drew on the growing view that the voices and perspectives of those who use services should inform the evaluation of these services and the development of best practice guidance.

The research approach

The research was organised into two stages.

Stage 1:

- An initial focus group with disabled women to inform the development of the content and design of the research overall.
- Interviews with ten key professionals and activists in national women's and disability organisations.
- Consultations (by email, telephone or post) with a range of disability and domestic violence organisations, and with some disabled abused women.
- Distribution of publicity through the UK Disabled People's Council and a wide range of both disability and domestic violence organisations.
- Two national postal surveys; one of domestic violence organisations and one of organisations of disabled people.
- A review of relevant national and international literature, and an analysis of UK policy and legislation related to domestic violence and disability.

Stage 2:

1. Thirty in-depth interviews with disabled abused women from diverse backgrounds.
2. A series of case study interviews with individuals with expertise on practice issues.
3. Interviews with strategic and commissioning managers and disability consultants.

The findings from Stage 1 and Stage 2 yielded a mix of valuable data which fed into the development of recommendations and guidance for service providers, commissioners and policy makers.

Background to the research

With a few exceptions, there is a gap in the UK in the existing research literature on disability and domestic abuse, and an absence of dedicated service and policy development for disabled women who experience violence.

Barriers to effective intervention identified by previous studies include:

- a significant lack of effective and accessible services;
- low take-up of domestic violence provision by abused disabled women;
- low numbers of women disclosing abuse to disability organisations;
- an absence of awareness-raising campaigns;
- fears that services would be unsupportive of women's personal needs.

Existing literature also suggests that disabled women experience more abuse than non-disabled women. Non-disabled abusers may use a woman's impairment as part of the abuse, increasing both the abuser's power and control and the woman's vulnerability and isolation.

Thus, disabled women experience a greater need for services,

accompanied by far less provision. They therefore lose out on both counts. Against this general backdrop, the research identified the following key findings.

Key findings: survey of domestic violence services

The survey was sent by post to 342 local domestic violence organisations running refuges, outreach services and support groups for women experiencing violence and to domestic violence forums within England, identified through Women's Aid lists and UKrefugesonline (which includes all local domestic violence services.) The final number of responses was 133, resulting in a response rate of almost 40%. Organisations varied considerably in size, and their geographical location was spread throughout England. All the organisations assisted women and children experiencing domestic violence and some specialised, for example, in providing services for women and children from black, minority ethnic and refugee (BMER) communities.

Using the Women's Aid Census Day figures from 2006, disabled women with physical and sensory impairments comprised 7% of women using domestic violence services.

In the survey, 87% of responding domestic violence organisations monitored referrals for disabled women, with 70% routinely asking questions about disability. Those who did not said they were led by what a woman wished to disclose and that they offered a universal service open to all women.

Although 99% of organisations had equal opportunity policies, only 87% specifically included disability. Several were in the process of developing full disability policies or conducting disability assessment impacts / audits.

Ninety four per cent were aware of the Disability Discrimination Acts 1995 / 2005 (DDA) and were making attempts to make properties accessible, although 76% stated that they were not yet compliant. Some projects had specially adapted accommodation or facilities, and a few offered examples of good practice by providing fully accessible housing (e.g. a whole adapted apartment).

Thirty eight per cent of organisations offered some form of specific services to disabled women. These were primarily 'structural' (e.g.

provision of accessible accommodation, transport, ramps, etc.) though some refuges were able to offer specialised emotional support. Just three projects had disabled staff in post.

Twenty seven per cent of services made attempts to reach disabled women through publicity, talks or local partnership working with disability organisations. Thirteen per cent of refuge organisations provided, or could access, temporary personal assistants (PAs, including paid and informal care workers) for disabled women staying in their refuge, and several could sometimes offer accommodation to an existing PA accompanying a disabled woman.

Overall, however, across the country and despite, very often, the best of intentions, domestic violence services for disabled women were patchy and sometimes minimal. Many organisations interpreted disability access narrowly, solely in terms of wheelchair access – and this could not always be achieved, due to difficulties with, for example, older buildings, building regulation constraints, and no available route to improve properties. Lack of resources, and buildings belonging to other organisations were key difficulties.

Staff working in some domestic violence organisations demonstrated an understanding of disabled women's experiences of domestic violence; however, in the majority of organisations awareness of disability issues appeared to be very low. This impacted critically on staff attitudes and on whether disabled women were likely to feel comfortable or welcomed. Fifty nine per cent of projects provided disability equality training, usually as part of core training.

The majority of domestic violence organisations were able to liaise with disability organisations when required, although only a few had partnerships in place. Some said that disability organisations were not concerned with the issue, and therefore unable to provide the type of inter-agency partnership that good practice requires.

On a general level, most domestic violence organisations surveyed appeared not to have interacted with, taken advice from or otherwise involved disabled women in their work. The study clearly demonstrated that the needs of disabled women have to be embedded at both operational and management levels as a core

issue in domestic violence services in order to build on the good work already conducted in some projects.

Domestic violence organisations said they needed:

1. more accessible refuge accommodation and other safe housing for disabled women;
2. more outreach services;
3. better publicity and advertising to improve the information available;
4. more awareness of disabled women's needs and the development of a deeper understanding of the impact of abuse on disabled women's lives;
5. clear and fully developed disability policies;
6. better partnership with disability organisations;
7. increased and high quality disability equality training.

In summary, while there is still a long way to go, and accessibility remains a challenge, Women's Aid and other domestic violence services have improved greatly in recent years. However there are still many domestic violence organisations which have not addressed the issue at all and, overall, knowledge and awareness of the needs of disabled women need substantial development.

Key findings: survey of disability organisations

The questionnaire for disability organisations was sent to a wide range of local and national disability organisations - 348 in total. A total of 126 responses were received; however, over 40% of these stated 'we do no work in this area', meaning that substantive responses were received from 73 organisations, only giving an effective response rate of 23%.

Very few organisations for disabled people considered dealing with domestic violence to be part of their work. The majority who responded to the survey did not specifically ask users of their services about domestic abuse, and very few abused women had approached them for support. Only four organisations monitored for domestic violence.

The majority of disability organisations did not have domestic violence policies: only 5% had one in place. Some viewed dealing with domestic abuse as part of wider vulnerable adults' policies, or as something that they automatically signposted to specialist agencies.

Over three-quarters of responding organisations had no specific provision for disabled women experiencing abuse. Ten per cent of projects offered some services, including basic advice and counselling, advocacy, emergency/crisis care, outreach, and in a few cases, housing services, referrals, signposting and a wider hate crimes advocacy service. None provided longer-term assistance, and most referred women on to other agencies. Only four disability organisations employed dedicated staff with domestic violence expertise.

Only 6% (just seven projects) had offered specialist domestic violence training to a range of staff and volunteers, but many identified a need for staff and management to undertake such training. Just under a third of disability organisations liaised with other agencies – such as Women's Aid and other domestic violence organisations - regarding disabled women experiencing domestic violence. The majority were not members of their local domestic violence forum, and many were unaware of them.

Thus, most disability organisations did not address the issue of domestic violence, and did not regard it as a priority or as part of their remit. Most staff lacked information about domestic abuse and many were unaware of how to contact specialist domestic violence services (including accessible refuge places). Several said that domestic violence did not come up in their work at all.

Many disability organisations highlighted the difficulties they experienced in terms of a lack of accessible refuges or domestic violence outreach services. These gaps in provision meant that disabled women lacked information about sources of help/advice, and might be forced to remain dependent on their abusers. Inadequate care packages also tended to lead to women entering into dependent relationships, an issue that was compounded if they had dependent children.

Most disabled people's organisations had extremely limited resources, and some had no funding at all. This often made it difficult for them to address domestic violence. The few that were embracing the issue felt that disability organisations needed to develop an improved awareness of domestic violence, to build links with existing domestic violence services, and to have the resources to recruit dedicated staff. Training, information, financial resources, better multi-agency work and specialist posts were the principal areas of need identified.

In particular, the following needs were identified:

1. There should be more information available for disabled women about sources of help and advice in relation to domestic violence.
2. More attention should be given to abuse perpetrated by PAs, other carers and family members.

Disability organisations also expressed a need for more and better service provision, generally. This should include accessible refuge accommodation, outreach services, and other provision, in order to widen the options for abused disabled women.

Partnership between the sectors and the need for a ‘sea change’

The major issue identified by organisations in both sectors was lack of both resources and staff. This shortage of resources means that disabled women are far less likely than non-disabled women to be able to access support and help when they need it.

The surveys also highlighted the need for a ‘sea change’ or ‘cultural shift’ in attitudes to disability and domestic violence in both sectors.

For domestic violence organisations this would include clear and fully developed disability policies and increased, high quality, disability equality training across the board. Specific attempts to reach, involve and provide for disabled women experiencing violence should be embedded, in a systematic way, in both the strategic management and operation of Women’s Aid nationally and of local domestic violence service providers in the UK. Best practice would be for this to be done with the full involvement of disabled women themselves.

Disabled people’s organisations should also take on the issue of domestic violence as both a management and an operational concern. A useful starting point would be to monitor domestic violence, to provide dedicated domestic violence training, and to develop relevant services, in tandem with Women’s Aid and other local domestic violence specialists. These could include focussed advocacy services and support, employing staff with relevant expertise, and the development of domestic violence policies.

Partnership between domestic violence organisations and disability organisations is vital to the development and sharing of good practice, and both sectors have a responsibility to develop this, using both formal and informal channels.

Overall, despite best intentions, good practice is patchy within both the disability and the domestic violence sectors, which still work largely in isolation from each other. At the moment, the overall picture remains that the needs of abused, disabled women are only very partially and inadequately fulfilled.

Disabled women's experiences

Thirty disabled women, aged between 20-70 years from diverse backgrounds, and with a range of physical and sensory impairments were interviewed.

Abuse experiences

The perpetrators of abuse included intimate partners, PAs, and family members, with some women being abused by more than one abuser. The time period over which abuse had been experienced ranged from one to 22 years; for severely disabled women dependent on care, the experience had sometimes been life-long.

Interviewees had experienced a wide range of abuse. Women's impairments were frequently used in the abuse, and humiliation and belittling were an integral part of this. Some interviewees who had high dependency needs reported daily, pervasive abuse, which had gone on, unchecked, throughout large sections of their lives and certainly since becoming dependent on others for care. Such life-long abuse was not always acknowledged by professionals.

Many women questioned prevailing definitions of domestic violence and abuse, since in their experience as disabled women, it was far more pervasive and wide-ranging than intimate partner violence. All the respondents said that being disabled affected the nature of abuse and made it worse.

"I suppose you don't even recognise it to start with. And I lived here with two of my live-in PAs. And then we got together and I think even then right at the beginning of our relationship, she was actually quite abusive. I just didn't really notice it. And at the time you think 'Oh never mind', you just kind of skim over it and don't think about it. ... And then [she] and me were on our own and I think that was kind of what she wanted really, the situation that she wanted. So she had free access to my bank account. She had free access to my van. And it's really weird because one of the times I was sitting on the loo and I called

her because I wanted to get off the loo. She came in and she said 'well now that the PAs have gone I'm not going to be running around after you. So you'll have to wait'. So she would like leave me in situations like that quite regularly."

Sexual violence, often extreme, was a recurring theme, and it appeared to be proportionately more common for disabled than for non-disabled women. Many women spoke about being sexually violated, being repeatedly raped, or subjected to demands for sex in return for the provision of care.

Sometimes, more than one perpetrator had been involved, and some women had been sexually abused by fathers, and then later by partners. Many of them had not disclosed this to anybody previously until the interview.

"... In the evenings I'd be exhausted. And being deaf is hard work, you know: you have to concentrate so much harder, and it's tiring. And he'd be furious and slap me and kick me awake. And he used to, like: 'Don't you fall asleep on me, I want a wife, a real wife not an old woman'. And you know, it was sex all the time, twice a day, and he would shout at me and then hold me down and I hated it, I hated it."

When the abuser is the carer: neglect, isolation and intense vulnerability to abuse

The abuse experienced was especially acute where the abusive partner was also the carer, making it impossible for women to get help. Neglect was a strong feature, and isolating women from other external carers had the effect of exacerbating the neglect, and was a direct strategy of abuse adopted by some perpetrators.

The women's narratives extensively illustrate intense and painful vulnerability to, and dependence on, their abusers for everyday tasks. They also emphasised their isolation, inability to leave their abusers (due in part to the limited availability of support services), and also their lack of educational or employment opportunities.

“One time, he actually took the battery out of this wheelchair I’m in now. He just unplugged it so I couldn’t move and if it wasn’t for a mutual friend that came to the house he wouldn’t have plugged it back in. And I don’t know how long I’d have been staying there with a dead battery.....He’d make me wait for help or he’d tut a lot or he’ll say ‘Oh god you have to do it again, Oh come on then, get it over and done with’. And shove me about sometimes and push me hard...”

Financial abuse by abusers who are carers

Abusers sometimes took control over disabled women’s finances, and might use them for their own purposes, such as funding alcohol and/or drug dependency. As part of this abuse, several women were denied money for their prescriptions and for essential personal needs related to their impairment. For one woman, becoming disabled had led to her husband and his family conspiring, in her own words, ‘to get rid of me’, after she could no longer work. Others were made to feel they contributed little to the household and were not given money they needed:

“I wasn’t allowed any food for the children. I had to take that from child allowance.”

Being physically dependent, not believed and meant to be grateful

When abusers were carers, the abuse was often linked in with the caring and enabled them to exert greater control. This situation made it very difficult for women to name the abuse or to do anything about it -- and sometimes agencies colluded with this.

“It’s like...your heart goes out to your partner because they are doing all your care work. And I do appreciate that... because some of it’s quite physical and some of it’s hard work. But also this was their home, and also I was the money as well. And to end all of that for one person, it sounds really awful. Can I kick them out of the house, make them lose everything? So it’s really harsh...”

A number of the women said they were made to feel, and indeed often felt, that, because of their impairments, they were undeserving of a relationship and should be grateful. Disabled women are often seen as asexual, and this added to their reluctance to disclose to family and friends. Interviewees who were in same sex relationships in particular had often been disbelieved and denied help.

Those who had experienced verbal and mental abuse believed that this was often not taken seriously, and that service response to physically abused women was more positive.

Reinforcing control and dependency

At times, abusers deliberately emphasised and reinforced the woman's dependence as a way of asserting and maintaining control. The vulnerability felt by disabled women was greater when subjected to physical abuse.

“Being disabled, well, it just dominated it, the way he was able to treat me because of it, like.... But he would go round and close the windows so the neighbours couldn't hear, he would take the phone, and throw it out of my reach, grab my hair and drag me because he knew I couldn't do anything about it. And then plonk me on the stairs where I would be stuck, pin me down with his hand around my mouth all the time.”

Although the daily terror of being dependent on and living with an abuser was a reality for many of the interviewees, when they regained some power by moving into their own accessible accommodation (with or without their partner), this sometimes made the abuse worse.

Abuse by personal assistants (PAs, including paid/informal care workers)

A minority of the women interviewed reported abuse from their PAs. However, this form of abuse was generally considered to be widespread, pervasive and continual in disabled women's lives,

though relatively little is known about it by agencies. In particular, women felt that the authorities paid no attention to and rarely acknowledged mental and financial abuse, abusive invasions of privacy, and the control exerted by PAs over the disabled woman.

“Well, I have been stolen from and abused by my care workers, and then there was a huge argument with social services and the housing people because they refuse to believe it or even investigate it. They were just on the care workers’ side and got all serious and judgemental if I started to try to tell them about it.”

Women who directly employed abusive PAs found it difficult to criticise or ‘discipline’ them while they were dependent on them for care. The absence of adequate professional support led to much anxiety and some women were afraid their funding would be cut back if they reported difficulties with their PA.

Barriers to getting protection

All the women interviewed believed that being disabled made the abuse worse and limited their capacity to get away from the violence or to take other preventive measures. Women who had no recourse to public funds were particularly trapped, as even when they had attempted to leave, without funding, they often could not access the services they needed. Women whose first language was not English were also in a particularly difficult situation.

Disabled women had many reasons for remaining with their abusers. In many cases, they could not get away without assistance. Many of the women interviewed did not tell anybody about the abuse for long periods of time, if ever. Women who developed an impairment later in life, and those who had children, were particularly likely to keep the abuse secret. Some women said they were ashamed and believed the violence was their fault - something which tended to be reinforced by the abuser. For some, the prospect of being with an abusive partner was preferable to ‘a life of care agencies’, and this led to them staying in the abusive situation for many years.

“It wasn’t that I went to bed hungry certain nights or whatever, it’s that complete isolation that there really isn’t anyone to turn to. And partly if you do turn to someone the shame of it is enormous. And even more because I’m a disability equality trainer ... and there I was being abused at the same time. And you’re kind of stuck in the situation...”

Triggers to leaving/separating

Interviewees spoke about the triggers that had led to them making the decision to leave their abusers. These included –

- feeling they had had enough;
- a fear they would be fatally harmed;
- the escalation of the abuse;
- the involvement of children.

“[He] was driving me around these roundabouts screaming at me. I was nearly falling out of my chair. I was strapped in, but I was nearly falling out. And I kind of said well that’s it... And I said well that’s it, it’s over, it’s finished. I started laughing, I don’t know at that point something in me just kind of... this calmness came over me. And it was like no sorry you’ve got to go. I’ve had enough. It’s too much. You’re going to kill me.”

Factors which helped women to make the decision to leave included having access to a supportive organisation, and to someone who would assist them; and becoming more confident.

Factors which led to women staying in the abusive situation included:

- believing they had nowhere to go;
- no available services;
- the abuser’s threats of suicide.

Post-separation

Separation did not always help, and even where women had been separated for some time, they spoke about their vulnerability. Post-separation violence was a reality for many, continuing sometimes for many months or years after separation. Post-separation abuse included continuous texting and phoning, answerphone messages, turning up unannounced, stealing loved pets, and harassing family members.

“He used to make phone calls at three o’clock in the morning to wake the household up. He used to write very nasty letters at least... well I suppose every other day I used to get a letter.”

Sometimes disabled women may find it harder than non-disabled women to leave a locality, and this meant they might encounter their perpetrators even after separation.

Many women said they continued to live in fear even after many years of separation; this was especially the case if they had children.

Personal impact of the abuse

The impact of the abuse was manifold. Many women reported getting very depressed, losing a sense of themselves, having problems sleeping, developing eating disorders, feeling worthless, not being able to trust anybody.

“[It] had a massive impact on me. I lost who I was, my identity really. He left me with some things and up to this day I can’t get them out of my head...I feel not very good about myself in that sense. And I feel that can be just as bad, even worse than being physically abused.”

When abuse was gradual and perpetrated by partners who were also carers, women spoke at length about the profound and deep impact it had on them in relation to their sense of self. Often this took a long time to deal with, either because it had been so pervasive and lengthy, or because they had not had any support and were trying to

come to terms with it on their own.

Impact on children

All the nineteen women who had children believed that the children had been badly affected by the abusive situation. For a few of the interviewees, the abuse started, or increased, after the children were born, as they were often unable to look after them on their own and needed greater support from their partners or family members. Those women whose children were old enough to be aware of what was happening said that it had affected them greatly.

“I mean mentally I knew he was doing a lot of damage to my son by saying that I was no good, I was a slag, I preferred other men to him.”

Some of the interviewees strongly believed that their impairments had been used against them by professional agencies when making decisions about the children. Some women had felt pressurised by social workers and other professionals to remain with or return to their abusers; for example, one woman found that being in a relationship – albeit an abusive one – had assisted her in getting her children back.

Some children had themselves experienced direct physical or sexual abuse. Both sons and daughters had been sexually abused and one son was severely physically abused by his father for some time.

Where women had suffered very severely from the impact of abuse as well as from their impairment/s, it was evident that children had grown up with great anxiety. Where children still had contact with their fathers, some women reported abusive ex-partners manipulating the children to turn them against their mother, for example, calling her insulting names or participating in the abuse.

A number of the women said they had not realised until later the damage their children had suffered from living with or directly experiencing abuse; at the time, they had believed that staying with the abuser was the right thing to do.

Disabled women's experiences of, and advice to, services

Women's help seeking

Many women had never sought help for the abuse they had experienced. They gave various reasons for this, for example:

- not recognising their experience as abuse;
- blaming themselves for the abuse;
- having no other options;
- not trusting agencies to respond effectively;
- fear of losing their independence;
- fear of losing their children;
- pride.

Some of the interviewees needed a positive indication that they would be supported before they would disclose to professionals.

Accommodation and physical accessibility were significant barriers for women in seeking help, and many believed they could not be accommodated according to their needs. Disabled women were also reluctant to leave their own housing if it had been adapted for them.

"There was nowhere to go. Well I thought there was nowhere to go especially with my ex husband. There wasn't many refuges but there's thousands of places for pets. If you weigh up the difference. I mean there's a huge difference. So it just goes to show what a human being's... what they value more."

Lack of information about services or believing refuges/domestic violence services were not 'for them' were barriers for many women. Women who recognised that they needed help to deal with the emotional impact of their experiences, often some time after the abuse ended, received mixed responses.

Women from BME communities, who had often experienced profound isolation, were especially likely not to have sought any help. Not being understood, facing racism, or having no recourse to public

funds, were real fears or actual experiences for some BMER women, who felt doubly different, and believed that services would be unable to offer them the support they needed. BMER women living in predominantly white areas, in particular, thought services could not properly support them, as both disabled and black women.

Lesbian interviewees thought they would not be taken seriously or believed, and this was often their direct experience, acting as a deterrent to them reporting their abuse to any agency.

Informal support

Many women had used informal networks of support – friends, parents, siblings and neighbours - and were equally divided as to whether these contacts had been helpful or unhelpful. Positive responses included being given a leaflet with contact numbers, being put in touch with support services, calling the police, or being provided with a safe space until further help could be found.

Peer support was hugely important, and a few women had found supportive groups that were assisting them in coming to terms with what had happened. Remaining in their own accessible accommodation within their own networks was really important to some disabled women in dealing with the abusive situation.

Formal agencies

The main agencies women had contacted included the police, social services/adult services, refuges/domestic violence services, disability organisations and housing agencies. When asked if their needs were met by these agencies, women almost always said 'no'. Eighty per cent had found both social services and the police unhelpful.

Professionals tended not to ask disabled women about domestic abuse, but focussed on the impairment and the woman's ability to deal with that. Even if women told their doctors or social workers they were very depressed, this was generally assumed to be due to being disabled, and no questions were asked about what was happening

at home. In some cases, the issue could easily have been pursued, but the professionals still ignored it. Not being asked, coupled with reluctance (in some cases) to disclose, maintained the secrecy of abuse for disabled women.

Where a professional had been proactive, this had become a lifeline. Helping a woman remove herself from the situation, exploring options for her, or putting her in contact with a support organisation, made a huge difference. Being in a supportive environment enabled the women concerned to feel stronger and/or finally to leave the abusive situation.

“He was different and he noticed what was going on because he’d worked a number of years with vulnerable disabled adults and I’m sure he came across somebody like me before because he just knew. I could tell he knew. He did the best thing he could have done. He introduced me to the [disability organisation].”

Those women who had gone to an accessible refuge where good provision has been made for disabled women were extremely positive about the service they had received. BMER women supported by specialist domestic violence services also spoke very positively, stating that being able to speak to people who understood their experiences, and in their own language, was of great importance.

Advice to other disabled women

When asked what advice they would give to other disabled women, the interviewees repeatedly emphasised the importance of telling someone. Those who had remained silent about their abuse felt particularly strongly that speaking out about it was critical. Naming the abuse was seen as an important step, along with the need for disabled women to believe they do not deserve abuse.

Disabled women's suggestions for improvement in practice

Informants believed strongly that the issue of disabled women's experience of domestic violence should be mainstreamed and have greater visibility among all relevant organisations, so that services are sensitised and better able to respond to abused, disabled women.

Women interviewees identified the following key issues which underpin good practice in this field:

- 1) Be informed about disabled women's needs.
- 2) Take advice from, and consult with, disabled women.
- 3) Develop accessible services.
- 4) Provide accessible well-publicised domestic violence services (including refuge accommodation) that disabled women know about.
- 5) Do not threaten disabled women with institutionalisation if no refuge space is available.
- 6) Develop good accessible alternative accommodation, both temporary and permanent accommodation, plus support to use it.
- 7) Develop disability equality schemes and reviews with input from disabled women.
- 8) Take disabled women seriously and avoid being patronising.

Involving disabled women at both strategic and operational levels was seen to be key for agencies, enabling them to develop improved policies, strategic and policy reviews, service plans and service monitoring.

The need for professionals in all services to be more aware of the issue, and pick up on it, was highlighted, as was the need to develop greater sensitivity in asking disabled women about their situation and enabling them to disclose.

For women from black and minority ethnic communities, it was important to have support services that were run and led by people of similar backgrounds, and who were sensitised to issues of disability and domestic violence. Safety was talked about in terms, not only of

physical safety, but also of emotional and cultural safety, and access to specific foods and hygiene.

Women suggested that the following could be very helpful to them and other disabled women experiencing domestic violence:

- A telephone helpline run specifically for disabled women affected by domestic abuse.
- An on-line counsellor or adviser who specialised in domestic abuse and disability.
- An external agency which could provide supervision and support to staff and to disabled women employing PAs.
- The creation of a 'buddy' system for those employing PAs, so that the more experienced can guide and support others.
- The provision of information to disabled women about disability and domestic violence organisations and other services. The need for innovative ways to disseminate information to disabled women was underlined.

Being able to take care packages and PAs with them when going into an accessible refuge was identified as a crucial issue for disabled women: without this, their options were severely limited.

Women stressed that attention should be given to where disabled women are rehoused: accessible accommodation also needed to be safe, which meant that it should be provided in different areas to enable women to escape their abusers. Consideration should also be given to providing tenancy agreements for accessible accommodation in the sole name of the disabled person, so that it might be easier to evict an abusive partner.

Informants also recommended the following:

In regard to **disability organisations** –

Most interviewees thought disability organisations should:

- train staff on domestic violence awareness;

- have greater publicity and information about domestic abuse, available in various places and formats;
- discuss issues of abuse openly within the organisation;
- use campaigning and information provision to support women to recognise and name what was happening to them, and to formulate ways to tell someone;
- run self-confidence courses for disabled women, including issues of abuse in a way that did not create warning bells for the abuser.

In regard to **domestic violence organisations** –

Women suggested that domestic violence services should:

- reach out to disabled women through appropriate publicity and information;
- develop more accessible accommodation and services;
- advertise the availability of their services to disabled women;
- develop greater awareness and training around the issues of disability and abuse;
- develop an accessible telephone helpline.

Many of these issues were also identified during other stages of the research, and we have combined them in our recommendations for good practice.

Recommendations for good practice

In collating the recommendations from the variety of research sources and information, there are some resounding themes:

- More comprehensive services for disabled women experiencing domestic violence are needed in all sectors. At the moment, services for disabled women experiencing domestic violence are often overlooked, neglected or inadequate.
- Training and awareness raising is also needed in all relevant sectors, to include demythologising disability and domestic violence, challenging prevailing attitudes, and overcoming fear, anxiety and lack of commitment among service providers.
- It is important to be aware that, proportionally, many more disabled women are abused than non-disabled.
- Disabled women should never feel at risk of, or be threatened with, institutionalisation, if they report abuse.
- There needs to be more awareness that abuse may also be perpetrated by personal assistants (PAs), other carers, and family members.

These outcomes can only be achieved through the following:

- the allocation of dedicated resources;
- interaction between disabled and non-disabled women, both as service providers and service users;
- the involvement of disabled women in service development;
- domestic violence organisations and disability organisations working in partnership and learning from each other.

An example of good practice

An inter-agency project has worked with thirty-five local agencies to develop a *Domestic Violence Strategy and Strategy Action Plan*. Disabled women and BMER women are specifically named as groups for whom services must be developed. As a minimum standard in their Action Plan, agencies must ensure that their services are accessible to disabled women, so that this issue then becomes integrated into planning and work agendas. Work plans have to include action on producing information in a range of formats, sending staff on training, access issues and addressing attitudinal barriers. This work has developed into the *Minimum Standards Quality Mark*. There are three levels to this quality mark with requirements to be achieved for each one for disabled women experiencing domestic violence. These are then incorporated into local Commissioning Frameworks and Service Level Agreements for agencies, which are consequently permitted to use the Quality Mark in their policies and publicity.

“ We worked with adult services to come up with guidelines around community care packages because some disabled women will already have a community care package in place. So the guidance means that social services know how to respond to women experiencing domestic violence and to assure the women that the community care package doesn’t end because they move house. So it is about doing reassessments and seeing what changes in their needs are. But for the package to still continue...” **Inter-agency project**

Recommendations

1. General recommendations

The following recommendations were drawn from all the sections of the study.

1.1 A comprehensive range of support services should be developed to meet the needs of abused disabled women.

In particular:

- 1.1.1 more accessible refuge accommodation – together with accessible outreach, advocacy and other support services;
- 1.1.2 more floating support workers to support abused disabled woman who wish to stay in their own homes;
- 1.1.3 full involvement of, and negotiation with, disabled women in all service provision;
- 1.1.4 the ability for disabled women to take their care package with them if they move due to domestic violence, or to negotiate a new one in the new area;
- 1.1.5 the availability, where needed, of higher levels of focussed support than provided for non-disabled women, and greater advocacy, telephone contact and outreach to sort out difficulties before they are ready to leave home for alternative accommodation (e.g. a refuge);
- 1.1.6 support and protocols in regard to making the self-directed support programme effective for abused disabled women;
- 1.1.7 partnership working arrangements to ensure that disabled people's and domestic violence organisations work together to meet the needs of abused disabled women.

1.2 Disability and domestic violence policies and training to support their implementation, raise awareness and build expertise, should be developed and implemented across both sectors.

In particular, training provided should:

- 1.2.1 be provided by disabled women expert in domestic violence issues;
- 1.2.2 develop understandings of both
 - a) a gendered approach to domestic violence, and
 - b) the social model approach to disability;
- 1.2.3 overcome lack of knowledge, and challenge negative stereotypes and prevailing social attitudes about abused disabled women;
- 1.2.4 focus on the complexity of ‘disability oppression’ as caused by social barriers (whilst acknowledging that individual impairments can also cause difficulties);
- 1.2.5 cover diversity issues, including issues specific to disabled BME women, lesbians, older women, young women and other minorities;
- 1.2.6 make BSL interpreters available where possible, and ensure other access needs are met in all training, using accessible formats and venues;
- 1.2.7 be delivered in phases where necessary, to raise its profile.

1.3 Disabled women with knowledge of domestic violence should be involved in all developments in policy and practice.

- 1.3.1 Funding should be sought for dedicated posts; for example, a disability worker in domestic violence organisations or a

domestic violence specialist in disability organisations. Ideally, mainstreamed funding should be aimed for, to embed this provision and make it sustainable.

1.3.2 Disabled women with knowledge about the issue need to be consulted about all developments in policy and practice and invited to participate in strategy development and in service plans and reviews.

1.3.2 Involvement of disabled women should be monitored, including take-up of services, and participation in service development.

1.3.4 Disabled women should be encouraged into management roles in the relevant agencies.

1.4 All relevant agencies should aim to provide accessible premises and services.

1.4.1 All relevant agencies should take advice on the needs of abused disabled women.

1.4.2 A variety of different formats should be utilised in order to provide accessible publicity and information.

1.4.3 Complex needs, which disabled women may have, depending on their individual impairments and which extend beyond physical accessibility, need to be catered for.

1.4.4 The provision of fully accessible adapted accommodation for disabled women seeking refuge is vital, e.g.:

a. for women with mobility difficulties, a few examples: lifts, ramps, bathroom and kitchen adaptations and smooth floor surfaces;

b. for women from the Deaf community, a few examples: BSL provision, email, flashing light fire alarms and vibrating pillows, and text phones including, importantly,

for helplines;

c. for women with visual impairments, a few examples: appropriate new technology where possible, large print information and colour-contrasted environments.

1.4.5 Further small adaptations such as handrails, desk loops, personal listeners, kettle pourers, accessible IT, small moveable aids and extra lights (which are relatively inexpensive) should be provided.

1.5 Measures should be taken to raise awareness of domestic violence and reach out to abused disabled women.

1.5.1 As an over-arching principle, these measures should emphasise taking disabled women seriously and avoiding patronising responses.

1.5.2 They should include the provision of more publicity, posters and leaflets about the issue, together with more information for service providers, and for disabled women themselves.

1.5.3 Agencies should work directly with disabled women wherever possible to raise awareness of domestic violence, and to spread information about available services and where to get help. This can include safety planning for individual disabled women who have experienced abuse.

1.5.4 Steps should be taken to reach out to disabled women who are very isolated and not able to access any services, for example, through local radio, information in accessible toilets for disabled people, and so on.

1.5.5 Relevant agencies should involve disabled women (both service users and workers) in decision-making about what is required to raise awareness and what would work best.

1.6 Acknowledge and be vigilant about the potential existence of abuse by PAs (in both statutory and voluntary sector agencies).

1.6.1 Sensitive and non-judgmental investigation is required, according to the relevant procedures. Do not automatically believe the PA's account of events, and disbelieve or ignore the disabled woman.

1.6.2 Agencies need to be aware of the difficulties arising under the self-directed resources programme, where there is domestic abuse. Whilst this system will ostensibly give disabled people more control, this can be difficult for women experiencing PA abuse as they may not be able to access the support and professional help needed to deal with such a problematic issue.

1.6.3 Mechanisms should be developed to ensure disabled women have access to guidance about such situations, including peer support groups, 'buddying' with other disabled women employing PAs and advice-giving websites.

2. Further recommendations for domestic violence organisations

2.1 Local domestic violence organisations should be fully inclusive of all women, including disabled women.

2.2 There is an urgent need for more facilities of all types for disabled women, embedded across all domestic violence services (including outreach, advocacy and refuge) and for the comprehensive provision of high quality disability equality and domestic violence training.

2.3 All refuge organisations should have full physical access, and should be compliant with the Disability Discrimination Act. As far as possible, premises should be adapted to be fully accessible in all ways (for example, by providing a fully adapted flat or bungalow for refuge users).

- 2.4 Ideally domestic violence organisations should go above and beyond what is required under the DDA (which is a basic minimum).
- 2.5 Domestic violence organisations should work to increase awareness among disabled women regarding domestic violence services. Unless disabled women are specifically ‘targeted’ in domestic violence publicity and outreach, they may not know that accessible facilities are available.
- 2.6 Thus, the development of accessible services needs to go hand in hand with a wider ‘reaching out’ exercise, both with other service providers and with users of services. This may include advertising, meetings with disabled women’s groups and individuals, holding events on disability and domestic violence, and working in partnership with local disability organisations.
- 2.7 Abused disabled women do not form a homogeneous group, but come from diverse backgrounds, and have different types of impairments, needs and life experiences. Thus, publicity information needs to take on these different needs, to be provided in different formats, and to be a) accurate and b) detailed.
- 2.8 Reaching out needs to be to all disabled women, including BMER women and lesbians experiencing abuse.
- 2.9 Disabled women should be fully consulted about, and involved in, the provision of services.
- 2.10 Domestic violence organisations should aim to employ a specialist disability advocate.
- 2.11 There needs to be recognition that the use of accessible formats may require lengthy communication and cannot be done quickly.
- 2.12 Allowance should be made for the fact that a disabled woman considering moving into refuge accommodation may

need a prior visit to assess whether her needs will be adequately met (for example, whether her PA can be accommodated, or another PA provided for her).

- 2.13 Attempts should be made to avoid the isolation of disabled women residents (for example, if the adapted suite is on the ground floor away from other refuge residents and communal meeting areas). There should be a commitment to encourage interaction and to make shared spaces accessible.
- 2.14 Both workers and residents who are not disabled may need to work on demystifying disability and addressing the social model. This may entail breaking down the 'taboo', talking about issues for disabled women in the refuge, honestly and openly addressing issues and overcoming anxieties that non-disabled workers and women may have about 'getting it wrong'.
- 2.15 Managements should embed the issue in their action plans, operational priorities and budgets, in order that the needs of disabled women become a fundamental issue in domestic violence organisations.
- 2.16 Disabled women should be represented in the work of the domestic violence organisation as helpline, refuge and outreach workers (including, where possible, minority women and lesbians). In order to enable change most effectively, disabled women should ideally be represented at management level in local domestic violence projects and also regionally and nationally in Women's Aid.
- 2.17 Women's Aid national office should promote best practice and embed attention to disability as a core issue in domestic violence work through the dissemination of these findings and recommendations and associated resources.
- 2.18 Incorporation of issues for disabled women should be included in good practice guidelines and National Service Standards, along with other equality and diversity issues.

3. Further recommendations for disabled people's organisations¹

- 3.1 Disabled people's organisations with a relevant brief should take on domestic violence issues.
- 3.2 In order to do so, secure resourcing should be sought for all disability organisations, since funding is currently very precarious for many.
- 3.3 Awareness raising about domestic violence should take place throughout the disability field, as many disabled people's organisations are not aware of gender issues and of violence against women.
- 3.4 Disability organisations should develop their own domestic violence policies.
- 3.5 Training in routine enquiry about domestic violence and how to respond appropriately if disclosures are made should follow general awareness raising training.
- 3.6 Awareness raising should also include poster, leaflets, and awareness-raising events.
- 3.7 Disability organisations should also consider employing dedicated workers with domestic violence knowledge.
- 3.8 Organisations providing support and advocacy should, where possible, offer a choice of male or female advocates to those using their services.
- 3.9 Partnership and inter-agency work with local domestic violence organisations, forums and services is vital.

¹ We recognise that large disability organisations will have more resources than many organisations of disabled people, and therefore should be more able to implement these recommendations.

3.10 In general, there is a need to raise the profile of the issue as a fundamental one within the work of relevant disabled people's organisations and the disabled people's movement.

4. Additional recommendations for the statutory sector

There are three overarching areas that the statutory sector could improve upon to better meet the needs of disabled women experiencing domestic abuse:

- the adoption of adequate definitions that take account of the range of needs and experiences of abused disabled women;
- the development and implementation of better methods of recording and monitoring;
- the provision of services and guidance throughout relevant statutory sector agencies (possibly on a multi-agency basis).

With regard to guidance, the government *No Secrets* national guidance (2005) on meeting the needs of vulnerable people could, for some situations, be sensitively adapted by local authorities specifically to assist disabled women experiencing domestic violence.

However, the 'vulnerable adults' framework may not always be the right one in which to provide services for disabled women who have been exposed to violence, and separate dedicated support services are likely to be more appropriate.

In particular, the research identified the following recommendations for the statutory sector:

- 4.1 Overall, attention to the needs of disabled women who have experienced domestic abuse needs to be 'mainstreamed' in the statutory sector, written into work targets and integrated into all relevant budgets and policies (at the moment, it is usually tacked on or overlooked until a disabled woman needs help).
- 4.2 Both service provision and related guidance should aim to

give the disabled woman experiencing abuse as much control as possible, and balance protection and risk assessment with a women's empowerment approach.

- 4.3 All relevant agencies need to develop disability equality schemes and reviews with input from disabled women, and to ensure that the needs of abused disabled women are included.
- 4.4 Statutory agencies should, if possible, set up disability advisory groups of disabled domestic violence activists/consultants to advise on improving services.
- 4.5 Networks and partnerships between the relevant statutory and voluntary sector agencies should be developed.
- 4.6 Definitions of domestic violence as it is experienced by disabled women and to which statutory agencies should work, should be negotiated. Such definitions should include the statement that intimate violence is a common occurrence for disabled women; is sometimes perpetrated by family members in a carer situation, or by PAs; may be experienced by a range of women (including BMER women and lesbians); and may particularly include financial abuse and sexual and psychological violence. Thus definitions of domestic violence used for non-disabled women may need to be expanded.
- 4.7 Disabled women should never be placed in residential institutions as a solution to domestic abuse (unless they wish this outcome).
- 4.8 Welcoming and accessible temporary accommodation and homelessness provision is particularly required to enable abused women to leave violent situations, as well as support to get there. Such facilities should be advertised, so that disabled women are aware that options exist under the homelessness legislation.
- 4.9 Fair Access to Care Services policy, practice guidance and

eligibility criteria regulate access to social and support services for disabled people. The threshold criteria for the various levels of eligibility need to be set so that abused disabled women will qualify for help.

- 4.10 Best practice includes working with local adult care services to put in place good practice guidance on community care packages and domestic violence (possibly agreed on a multi-agency basis). There should then be processes in place to ensure that the guidance is fully implemented and that agencies know about it.
- 4.11 Disabled women experts, and both domestic violence and disability organisations, need to be consulted thoroughly about such guidance.
- 4.12 Thus, the community care system and care planning should be flexible so that women's care packages are portable. This is likely to include agreements between different local authority areas to avoid disputes in individual cases about who is responsible.
- 4.13 In localities where it may be too ambitious to agree multi-agency guidance on care packages, social care/adult services staff need to be provided with training on how to respond to disabled women who are experiencing domestic violence.

5. Recommendations for strategic development on disability and domestic violence

5.1 Strategic and Commissioning Frameworks

5.1.1 All relevant strategic agendas and commissioning frameworks should include domestic violence in general, and respond to disabled women's experience of abuse in particular.

5.1.2 These issues should be flagged at a sufficient priority level to

ensure policy responses, and be included in all relevant national and local performance indicators.

5.1.3 Monitoring and recording of domestic violence should be integrated into local and national strategy documents.

5.1.4 Local services are now provided through local area agreements (LAAs), and domestic violence service provision should be specifically included at various levels within them.

5.1.5 Wherever possible, the needs of disabled women experiencing domestic abuse should be specifically highlighted in these agreements. (This is only likely to happen where the statutory sector, and disability and domestic violence services, are able to introduce the issue and relevant performance indicators into the LAA process.)

5.1.6 The needs of disabled women experiencing domestic violence should feature in the future development of the Supporting People programme and any subsequent funding frameworks (in terms of both residential provision and floating support).

5.1.7 The Home Office National Action Plan on Domestic Violence should in future address the issue of disabled women.

5.1.8 Consideration should be given to including the issue of disabled women and domestic violence in joint strategic needs assessments in local areas, commissioning intentions and frameworks, and other relevant PCT and local authority strategies. International Human Rights statutes and instruments and the national human rights legislation could also be used in representing the needs of abused disabled women.

5.2 The Disability and Gender Equality Duties

5.2.1 The needs of disabled abused women should be highlighted in the disability equality duty for public sector organisations,

and in the development of disability impact assessments and disability equality schemes.

5.2.2 Similarly, the gender equality duty provides opportunities to highlight the need for domestic violence service provision for disabled women.

5.3 Domestic violence strategies and the diversity and equality agenda

5.3.1 All equalities and diversity work should include attention to the issue.

5.3.2 Domestic violence is included in all crime and disorder reduction and community safety strategies and plans across the country (from 2008, partnership plans). The needs of disabled women should be specifically addressed in these plans.

5.3.3 In particular, domestic violence strategies in local areas should incorporate the need for services for abused disabled women.

Thus there are two general principles:

5.3.4 Disability should be included in all domestic violence strategies, agendas and frameworks developed by local authorities and strategic partnerships.

5.3.5 Similarly, domestic violence and disabled women's needs should feature in all diversity and equality strategies, agendas and frameworks, both locally and nationally.

5.4 Domestic violence quality marks and minimum standards

5.4.1 Local domestic violence strategies and action plans (and relevant agencies themselves) should develop domestic violence minimum standards to include meeting the needs of

disabled women.

5.4.2 In best practice, services could then qualify for graded 'quality marks' which agencies attain (e.g. on accessibility, training and direct service provision for disabled women) and may subsequently use in their publicity, targets and documents.

5.5 Domestic violence organisations

5.5.1 The study strongly recommends that the future of specialist domestic violence services themselves needs to be ensured within the new Local Area Agreement agenda.

5.5.2 Thus, LAAs and other relevant strategic instruments across local areas should include domestic violence service provision to meet the needs of abused disabled women (as noted above), including the provision of funding where appropriate and information on funding sources.

5.5.3 Local Women's Aid and other domestic violence organisations should be able to participate in their local strategic partnerships and the wider policy process, in order to aim for the prioritisation of domestic violence provision within LAAs (including provision for disabled women).

5.5.4 The current focus on criminal justice approaches to domestic violence in the new strategy frameworks (both the National Domestic Violence Action Plan and the Local Area Agreement indicators) should be widened.

5.6 Disabled people's organisations

5.6.1 Umbrella groups and partnerships in the disability field should try to promote the strategic inclusion of services for disabled women experiencing domestic violence in the work of disabled people's organisations and disability services.

5.6.2 Disabled experts and activists should aim to participate in disability advisory groups advising local authorities and local strategic development.

Concluding statement

Overall, it is essential that all relevant organisations, in both the statutory and the voluntary sectors, take on the issue of domestic abuse experienced by disabled women. This should include service provision, training and awareness raising, policy development and the wider strategic agenda, locally and nationally.

For too long, disabled women facing abuse have been ignored and left without assistance. Now is the time to make a change.

The recommendations of this first national study of domestic violence and disability will hopefully contribute to this change.