

Making the links: Disabled women and domestic violence

Executive summary from Women's Aid

Introduction

This 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 research was undertaken between September 2005 and March 2008 by 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 existing provision.
- To identify gaps in provision and support, both within disability services and domestic violence services.
- To identify examples of good practice.
- To make recommendations for policy and for service development.

The focus of the research was on the needs and experiences of women with physical and sensory impairments. 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.

Research methods

Research methods included: an initial focus group and consultations with disabled women, interviews with key professionals, practitioners,

activists, and other experts, two national postal surveys of specialist domestic violence organisations and organisations of disabled people, and in-depth interviews with thirty disabled abused women from diverse backgrounds.

Background to the research

Previous research – of which there is very little - suggests that disabled women experience more abuse than non-disabled women, and their impairments may be used by their abusers in order to increase both the abuser's power and control, and the woman's vulnerability and isolation. There is also a lack of dedicated service and policy development in the U.K. for disabled women who experience domestic violence.

Thus, disabled women experience a **greater need** for services, accompanied by far **less provision**, and therefore lose out on both counts.

Key findings

1) Domestic violence organisations

Of the 342 surveys sent to local domestic violence services, 133 responses were received, resulting in a response rate of 40%. Disabled women with physical and sensory impairments comprised 7% of women using domestic violence services¹. 38% of organisations offered some form of specific services to disabled women. These were primarily 'structural' though some refuges were able to offer specialised emotional support. Only three projects had disabled staff in post. While appropriate service provision has improved in recent years, it is however, often patchy and sometimes minimal. The findings from the survey of domestic violence organisations included the following:

- **Monitoring:** 87% of responding domestic violence organisations monitored referrals for disabled women, with 70% routinely asking questions about disability.
- **Training:** Over half the organisations provided disability equality training, usually as part of core training. Despite this, however, staff awareness of disability issues was low in most cases.
- **Policies:** 99% of organisations had equal opportunity policies, but 13% did not currently include disability within those policies.

¹ Statistics collected in a day count of women using domestic violence services.

- **Awareness raising and publicity:** 27% of domestic violence organisations made attempts to reach disabled women through publicity, talks or local partnership working with organisations for disabled people.
- **Accessibility:** Some projects had specially adapted accommodation or facilities and a few offered fully accessible housing, but many were not accessible at all. There was a tendency for organisations to interpret disability access solely in terms of wheelchair access, whereas services need to be accessible to all women (including those with sensory impairments). Also, providing full wheelchair access was often impossible within existing resources and buildings constraints.
- Several projects could assist in accessing or accommodating a **personal assistant (PA)**.
- **Disability Discrimination Act 1995 /2005:** 94% were aware of the Disability Discrimination Act (DDA) and were making attempts to make properties accessible, although 76% stated that they were not yet compliant.

Women's Aid and other providers of specialist 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.

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 undertaken in some projects.

2) Disability organisations

Of the 348 surveys sent to disability organisations, substantive responses were received from 73² organisations, resulting in a response rate of 23%. Very few organisations for disabled people considered dealing with domestic violence to be part of their remit, and their limited resources made it difficult for them to address the issue. Less than a quarter had specific provision for disabled women experiencing abuse. Only four organisations employed dedicated staff with domestic violence expertise. The vast majority said they were rarely approached for support, but if this occurred, most would automatically signpost to specialist agencies. The findings from the survey of disability organisations included the following:

² The other 53 responding stated only 'we do not work in this area'.

- **Monitoring:** Only four organisations monitored for domestic violence.
- **Training:** Only 6% offered specialist domestic violence training - but many identified a need for such training.
- **Policies:** Only 5% of disability organisations had a domestic violence policy in place, though some included it as part of their wider vulnerable adults' policies.
- **Awareness raising and publicity:** Most staff had little information about domestic abuse and were unaware of how to contact specialist domestic violence services. Several said that domestic violence did not come up in their work at all.
- **Service provision:** Those disability organisations which had encountered the issue of domestic violence during their work highlighted the general shortage of accessible refuges and domestic violence services generally.

The few disability organisations that were embracing the issue felt that others 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. Disabled people's organisations should take on the issue of domestic violence as both a management and an operational concern.

There is clearly a need for a cultural shift in attitudes to disability and domestic violence in both sectors.

3) Disabled women's experiences

The disabled women who were interviewed for this research had experienced a wide range of abuse, which had often continued over an extended period. The perpetrators included intimate partners, PAs, and family members, and some women had been abused by more than one person. Current definitions of domestic violence are clearly too narrow to encompass the range of experiences of disabled women. All the respondents said that being disabled made the abuse worse, and also severely limited their capacity to escape or take other preventative measures.

- **Nature of abuse for disabled women:** Being disabled strongly affected the nature, extent and impact of abuse. Women's impairments were frequently used in the abuse. Humiliation and belittling were an integral part of this and were particularly prevalent.

"Oh yes, he would drag me along the floor because I couldn't walk or get away that was how it would start, the way it always went. He'd insult me with all those names, 'you spassy' and so on, 'who'd want to marry you?'"

And he smashed me against the wall, shouting insults, you cripple, all that sort of thing.”

- **Sexual violence** appeared to be proportionately more common for disabled than for non-disabled women.

“... 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.”

- **Financial abuse** was also particularly common with carers often taking women's personal allowances and other money.

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

- **Reinforcing control and dependency:** many abusers deliberately emphasised and reinforced the woman's dependence as a way of asserting and maintaining control.

“Because I can't feed myself and he would go out in the evenings deliberately and I wouldn't have eaten anything for a twenty-four hour period or more. So that wouldn't have happened to anybody that could feed themselves.”

“What he liked to do was to hold the chair down just as I was trying to move in it somewhere -- or, this is a great one, move it away just at the very moment I was shifting myself into it...”

- **Abuse by carers:** The abuse was especially acute where the abusive partner was also the carer. Neglect and deliberate isolation were tactics adopted by some perpetrators, exacerbating the abuse and making sources of help unavailable.

“...He took everything. He took my complete independence where I had to ask him a fortnight before I needed sanitary towels to make sure that I'd get them. Like one time I ended up with too many because... because I was so underweight, my periods were irregular anyway. I only weighed four stone nine or ten years while I was with him.”

- **Abuse by PAs (including paid and informal care workers):** While only a minority of the women interviewed reported abuse from their PAs, it was generally considered to be widespread, pervasive and continual in disabled women's lives – and often unacknowledged.

“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.”

- **Response of professionals:** Disabled women who reported abuse were often disbelieved, not taken seriously, or made to feel guilty, ungrateful, or unworthy of any relationship.

“Your pride's at stake... look here's somebody who wants to be with me and then over a period of time it deteriorates and you don't want to say to people 'I'm scared' you know. I don't know what to do about it?'... I think definitely for disabled women that there is this issue of like 'Oh you're so lucky that you've got somebody' that you think I'm not going to get somebody again. I'd rather put up with this... because there are some nice times and you know he is sorry. So this is better than being on my own.”

- **The impact of abuse:** Disabled women experienced depression, losing a sense of themselves, having problems sleeping, eating disorders, feeling worthless, and not being able to trust anybody as a result of the abuse.

“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.”

4) Seeking help

- **Barriers to seeking help** included: women not recognising their experience as abuse, blaming themselves, being unaware of any other options, fear of losing their independence or of being institutionalised, fear that their children would be taken away, and not trusting agencies to respond effectively.
- **Disclosure of abuse:** professionals rarely asked about it, and women were reluctant to disclose if not asked.

- **Lack of accessible service provision** was a significant barrier for women in seeking help.
- **Accommodation:** Disabled women were often reluctant to leave their own housing if it had been adapted for them.
- **Refuge provision:** Accessible refuge provision was scarce, and many women believed they could not be accommodated according to their needs.
- **Black, Asian, minority ethnic and refugee women, lesbians, and women with no recourse to public funds,** were particularly reluctant to seek help – and least likely to receive the support and services they needed.
- **Care packages:** Disabled women who are unable to take their care packages and PAs with them when moving areas find their options severely limited.

“Because you can’t run away from it, it’s not like I could have gone to a safe house or anything like that. [They] don’t have hoists. They wouldn’t understand the PA system. You know the whole system just wouldn’t work. And as well it was a woman abusing me. Which people don’t really see as abuse... people still laugh if I say ‘Oh yeah she was really abusive’.”

“For example they [social services] could only think to send me to a completely inappropriate disabled care home, it was outrageous, I couldn’t even consider going there. They also know nothing about domestic violence, not really, not for disabled women anyway, maybe for others they do know, but not for disabled...”

Recommendations for good practice

The following recommendations were drawn from all the sections of the study and are a summary of the detailed recommendations which can be found in both the good practice short report and the full report, which are available on the following websites: www.womensaid.org.uk, www.bris.ac.uk/vawrg, www.warwick.ac.uk/shss/swell

Recommendations for service providers

- 1.1 A comprehensive range of support services should be developed to meet the needs of abused disabled women including more accessible refuge accommodation, floating support and advocacy services, and recognition of the need for higher levels of focussed support.

- 1.2 Agencies should aim to raise funding for a dedicated post: for example, a disability worker in domestic violence organisations or a domestic violence specialist in disability organisations.
- 1.3 All relevant agencies should aim to provide accessible premises and services, and disabled women should be fully consulted in this process. Ideally this should go beyond the minimum requirements of the DDA.
- 1.4 Complex needs, which disabled women may have, depending on their individual impairments and which extend beyond physical accessibility, should be catered for.
- 1.5 Measures should be taken to raise awareness of domestic violence and reach out to abused disabled women; agencies need to utilise a variety of different mediums and formats when producing publicity and information.
- 1.6 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.
- 1.7 Disabled women with knowledge of domestic violence should be involved in all developments in policy and practice and invited to participate in strategy development, service plans and reviews.
- 1.8 Disabled women should be represented in the work of local, regional and national domestic violence organisations as employees, volunteers, and at management level, and disabled women should be encouraged into management roles in all relevant agencies.
- 1.9 Disabled women's take-up of services, and participation in service development should be monitored.
- 1.10 Disability and domestic violence policies, and training to support their implementation, should be implemented across both sectors.
- 1.11 In particular, good quality disability equality and domestic violence training, preferably delivered by disabled women experts, should be provided in all relevant organisations.
- 1.12 Training in routine enquiry about domestic violence, and how to respond appropriately if disclosures are made, should follow general awareness raising training for disability organisations.
- 1.13 All agencies should be aware of, and vigilant for, the existence of PA abuse, and investigate any allegations sensitively, according to the relevant procedures. The PA's account of events should not automatically be accepted in preference to that of the disabled woman.
- 1.14 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.

- 1.15 Domestic violence organisations and disability organisations³ should work in partnership to meet the needs of abused disabled women and learn from each other.
- 1.16 Managers should embed the issue in their action plans, operational priorities and budgets, in order that the needs of abused disabled women become a fundamental issue in domestic violence and disability organisations.
- 1.17 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.
- 1.18 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.

2. Recommendations for the statutory sector

- 2.1 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 integral to all relevant budgets and policies.
- 2.2 Both service provision and related guidance should give the disabled woman experiencing abuse as much control as possible, and balance protection and risk assessment with a women's empowerment approach.
- 2.2 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.
- 2.4 Statutory agencies should set up further disability advisory groups of disabled domestic violence activists/consultants to advise on improving disability and domestic violence services.
- 2.5 Networks and partnerships between the relevant statutory and voluntary sector agencies should be developed.
- 2.6 Definitions of domestic violence as it is experienced by disabled women and to which statutory agencies should work, should be negotiated.
- 2.7 Disabled women should never be placed in residential institutions as a solution to domestic abuse (unless they wish this outcome).
- 2.8 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.

³ 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.

Such facilities should be advertised, so that disabled women are aware that options exist under the homelessness legislation.

- 2.9 The threshold criteria set by FACs (Fair Access to Care Services) for the various levels of eligibility for access to support services need to be set so that abused disabled women will qualify for help.
- 2.10 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).
- 2.11 Disabled women experts, and both domestic violence and disability organisations, need to be consulted thoroughly about such guidance. There should be processes in place to ensure that the guidance is fully implemented and that agencies know about it.
- 2.12 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.
- 2.13 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.

3. Recommendations for strategic development

- 3.1 All relevant strategic agendas and commissioning frameworks should include domestic violence in general, and responding to disabled women's experience of abuse in particular.
- 3.2 These issues should be included in all relevant national and local performance indicators.
- 3.3 Monitoring and recording of domestic violence should be integrated into relevant local and national strategy documents.
- 3.4 Domestic violence service provision should be specifically included at various levels within local area agreements (LAAs).
- 3.5 Wherever possible, the needs of disabled women experiencing domestic abuse should be specifically highlighted in these agreements.
- 3.6 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).
- 3.7 The Home Office National Action Plan on Domestic Violence should in future address the issue of disabled women.
- 3.8 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.
- 3.9 Disability should be included in all domestic violence strategies, agendas and frameworks developed by local authorities and strategic partnerships.
 - 3.10 Similarly, domestic violence and disabled women's needs should feature in all diversity and equality strategies, agendas and frameworks, both locally and nationally.
 - 3.11 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.

Conclusion

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.

“No-one ever deserves it...you need to feel you're worth something different – say to yourself that you are worth more. Doing that is so hard for disabled women (what with all the stuff about women being perfect and beautiful)...”

The research was undertaken by Professor Gill Hague and Dr. Pauline Magowan from the University of Bristol, Dr. Ravi Thiara from the University of Warwick, with Professor Audrey Mullender from the University of Warwick, and an Advisory Group of disabled consultants.

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