

**Disabled Women and Domestic
Violence: Making the Links**

**An Interim Report
for the
Women's Aid Federation of England**

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Introduction

Background

Women's Aid, working in conjunction the Violence Against Women Research Group at the University of Bristol and the Centre for the Study of Safety and Well-being at the University of Warwick, is conducting the first major UK study of the needs of, and services for, disabled women experiencing domestic violence. The research team and Women's Aid are grateful for the generous sponsorship of the Big Lottery Fund.

There is a serious lack of research in this country on the experiences of disabled women survivors of domestic violence, and there is also evidence from projects in the field that the responses by service providers are often inadequate. Our study will produce research evidence and key recommendations with the aim of leading to practical improvements in both disability services and domestic violence services.

This Interim Report discusses the first phase of the project, which consisted of two national surveys - one of domestic violence services and one of disability organisations - together with consultations and focus groups with disabled women and key experts in these fields.

Research Aims and Definitions

The overall aim of the project is to fill a major gap in existing knowledge in the UK about disabled women who experience domestic violence and the services which they need. The focus of the research is on the service needs of:

**disabled women experiencing abuse from partners,
other family members, or personal assistants.**

The research does not cover abuse that women may experience within institutions. However, we recognise that violence also occurs in residential homes and hospitals, where it may be carried out by health, support workers and other professionals.

In the current study, we are focusing on the experiences of women with **physical and sensory impairments**. We are very aware that abuse is major issue for women with learning difficulties, as well as for those dealing with mental health issues. However, with the limited funding available for this study, we do not have the resources to cover all these issues in this study, as we would like to. Women's Aid and the research team are committed to endeavouring to address these gaps in future, when further funding is available for this purpose.

In this study, we embrace the social model of disability, in which **disability** is viewed as socially created, as defined by UPIAS¹, as follows:

The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.

Within the research, domestic violence is defined as follows:

Physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour' crimes. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'. (See www.womensaid.org.uk)

Crime statistics and research both show that domestic violence is gender specific, i.e. it is most commonly experienced by women and perpetrated by men.

However, we also recognise, as noted above, that abuse may be perpetrated by other individuals who have close relationships with disabled women, for instance, personal assistants/carers and family members.

¹ Union of the Physically Impaired Against Segregation.

The study will make a particular effort to include and to identify the needs of disabled black and minority ethnic (BME) women experiencing abuse.

Within these contexts, the project aims to:

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

Methodology

The study was commenced in September 2005 and will extend for two and a half years. It includes two national surveys in Stage 1 and detailed fieldwork with disabled women in Stage 2. The project uses several different methods to conduct the research, including the following:

1. An initial focus group with disabled women to inform the design of interview schedules and questionnaires and the overall conduct of research.
2. Ten interviews with key professionals and activists in women's and disability organisations.
3. Consultation with disabled abused women, contacted through local domestic violence services.
4. A national survey of local Women's Aid and other domestic violence services.
5. A national survey of disabled people's organisations.
6. A literature review and background analysis of policy and legislation.
7. Interviews and individual case studies with disabled women who have experienced abuse from a partner; (50-60 women to be included).

8. Case studies of projects exemplifying good practice (4-5 projects).

This Interim Report covers points 1) to 5).

Overall, the study draws on a 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 (e.g. see Dullea and Mullender, 1999; Hague, Mullender and Aris, 2003).

What existing literature reveals about disabled women and domestic violence: some key themes

Previous research and research overviews in the domestic violence field (e.g. Mullender and Hague, 2001) have revealed a lack of research and literature on disabled people's experiences of abuse in the UK. However, many domestic violence practitioners and support services have become increasingly aware of difficulties in meeting the needs of disabled women. A lack of awareness of domestic violence in some disability organisations has also been identified, although many disabled women activists have worked hard to raise the issue over the years in both service fields.

Practice appears to be patchy within the two sectors, which work largely in isolation from each other. Even following the implementation of sections of the Disability Discrimination Act in 2005, the requirement to meet needs appears to be being interpreted in narrow ways. A recent local study (Radford *et al*, 2006) has shown that, while many professionals and survivors of violence hope for greater service development in the future, currently they recognise both individual and agency limitations in making the connections between disability and domestic violence. The Leeds Inter-Agency Project (LIAP) is an example of one of a few projects that has developed good practice in this area (LIAP, 2007).

The serious gaps both in evidence from research and in practice responses are compounded by the fact that previous studies, in the main, have failed to include the experiences of disabled women from black and minority ethnic backgrounds (Vernon, 1998). A recent Australian study (Cockram, 2003) is one of the few that has included the experiences of women from minority ethnic groups.

In general, disabled women have particular reasons to fear violence and abuse, which non-disabled women may not face (Sobsey and Doe, 1991; Chenoweth, 1997). Studies so far in the UK have found that more than 50% of disabled women have experienced domestic abuse during their lives (Magowan, 2003), and there is some evidence from the research that disabled women, regardless of age, sexuality, ethnicity or class, are assaulted or raped at a rate at least twice that for non-disabled women (Sobsey and Doe, 1991; Magowan, 2003, 2004). Similarly, in a sub-set drawn from the British Crime Survey (BCS), nearly twice as many disabled women had experienced intimate violence compared to non-disabled women (Mirrlees-Black, 1999). Similarly, Jansson (2007) found, based on the 2005/6 BCS, that: 'having a limiting illness or disability was associated with all types of intimate violence... Both men and women with a limiting illness or disability had higher odds of intimate violence compared to those with no limiting illness or disability' (Jansson, 2007: 63).

Australian, Canadian and American researchers have provided helpful research (see e.g. Chenoweth, 1997; Nosek and Howland, 1998; Nosek *et al*, 2001; DAWN, 2007), but in the UK, studies have been small-scale to date (see, for example, James-Hanman, 1994; Hill, 1995; Macleod and Cosgrove, 1995; Radford *et al*, 2006). Key practical training and investigative work has been undertaken by Greater London Action on Disability (GLAD)², Scope, the UK Disabled People's Council (UKDPC, formerly the British Council of Disabled People, BCODP) and the UKDPC Women's Committee, the latter previously developing a useful web-site (with some input from Women's Aid as well as from disabled women activists and organisations). Disabled women consultants and trainers have also offered training and services (see e.g. Magowan, 2005). This project builds on these helpful interventions.

² Not currently in existence.

A political issue: the social model versus the medical model

Ways in which disability is defined and explained are highly contested between the medical model in which disabled people are seen as 'defective' and viewed only in terms of their impairments, medical conditions or assumed dependency, and the social model adopted by disabled people's movements. The social model argues that problems faced by disabled people are socially created through socially disabling attitudes and practices. The causes of disability are redirected towards external barriers of society, as opposed to individual conditions (or traits ascribed to particular conditions). Thus, disability is viewed as being primarily created by social, economic and cultural barriers that inhibit disabled people's independence and integration in 'mainstream' society. Disability therefore is the disadvantage or restriction of activity caused by a society that takes little or no account of people who have impairments, and thus excludes them from full participation.

This model does acknowledge the existence of impairment – that is the biological component of disability; however, a clear distinction is drawn between impairment and disability. Following on from this, we refer to 'disabled women' who have specific 'impairments' (rather than to people/women 'with disabilities'), except when directly quoting from others.

When looking at the experiences of disabled women, we may also need to re-define what we mean by domestic violence, the contexts in which it occurs and the perpetrators of abuse, since the range of experiences women have are likely to be particularly diverse and complex. Conditions and impairments may be exploited by abusers (including for example by personal assistants) and there may be particular issues of increased power and control over disabled women, multiplying the vulnerability and isolation that they may experience.

Barriers

Some of the barriers to effective intervention which have been identified in research studies (for example, in the recent study by Radford *et al*, 2006, and in previous studies: see e.g. Magowan, 2003, 2004) include:

- low take-up of domestic violence services by disabled women³;
- low numbers of women disclosing abuse to disability organisations⁴;
- power and control issues between perpetrators and disabled women, which may be accentuated by women's vulnerability and by the attitudes of society to disability;
- vulnerability, isolation and dependence especially when the perpetrator is also the personal assistant or carer;
- institutional and social barriers, especially disbelief from agencies, family members and friends;
- double stigma and 'compounded disadvantage' for women from some minority communities (e.g. for some South Asian women);
- difficulties which disabled woman may experience in leaving their home if, for example, it has been specially adapted, or if a package of home-based community care services has been organised (see also Cross, 1999);
- inability of domestic violence and other support services to provide appropriate support. Women who do decide to leave are likely to have more complex needs, for example for accessible accommodation and transport, assistance with personal care or sign language interpreters, and possibly for emotional support (see also Nosek *et al*, 1998; 2001). Refuge-based support and other domestic violence services may not always be able to meet these needs.
- because of disabling social attitudes, sources of protection available to other women are often less accessible to disabled women and they may be forced into the situation of having to endure abuse for longer before seeking help (Humphreys and Thiara, 2002).

³ This is due in part to a variety of issues including: fear that services will be inaccessible and inappropriate; low impact of awareness raising campaigns; barriers to access; communication difficulties; and so on.

⁴ As with the preceding point, this is due to a number of issues, the most significant of which are: staff in disabled people's organisations failing to ask about or be aware of domestic violence; concern that services will be inaccessible and inappropriate; low impact of awareness raising campaigns; and so on.

The Surveys

The Questionnaires used

The questionnaires for the disability and the domestic violence surveys were constructed to find out:

- the extent and quality of a) local domestic violence services and b) disability organisations, in meeting the needs of abused disabled women throughout England;
- the scope of provision for disabled women in both sectors;
- gaps and services needed to improve service provision;
- good practice examples in both domestic violence services and disability organisations to inform recommendations for service improvement.

Issues addressed included specific attempts to reach and communicate with disabled women experiencing domestic abuse, as well as the effectiveness of the services then provided.

With regard to domestic violence services, practical accessibility was assessed both through the survey and through an analysis of the statistics made available by Women's Aid from the 2006 figures from UKrefugesonline (UKROL). (These figures were collected simultaneously by Women's Aid.) The issues we investigated included practical measures such as wheelchair accessibility, use of Minicom, Braille and environmental adaptations, and whether the availability of these measures meant that services for disabled women and the allocation of resources for these were priorities. Knowledge of, and compliance with, the Disability Discrimination Act (DDA) (1995, and amended and expanded in the 2005 Act)) by local domestic violence services was also investigated.

As part of the survey, we assessed attitudes about disability, as indicated by the presence or absence of the following:

- measures to make communication and support easy, effective and comfortable;
- attempts to reach disabled women experiencing abuse within specific communities;
- interaction with local disability organisations;

- provision of information-raising materials for both disabled and non-disabled women;
- provision of Disability Equality Training as a means of increasing knowledge and understanding.

This last point – the provision of Disability Equality Training - could be expected to translate into shifts in attitudes towards disability and to lead to improved, accessible services. We also looked at the proportion of organisations employing disabled women as workers, thus enabling women using services to work with staff members who shared experiences of disability as a socially created exclusion.

With regard to disability services, we assessed:

- knowledge of domestic violence services and what they could provide;
- whether disability services could offer specific support for disabled women experiencing domestic violence;
- whether they had specialist workers in post;
- whether workers had had domestic violence training, and their attitudes towards domestic abuse.

For both types of services, information was collected on equal opportunities policies and on other policies in relation to disability or abuse, as relevant, and whether disability organisations had dedicated domestic violence policies.

How the survey was conducted, and barriers to data collection

The questionnaires for the two surveys were each drafted, piloted with three organisations in the relevant sector, and re-drafted, with input from the project Advisory Group and Women's Aid. The questionnaire to disability organisations was distributed by the research team, and the questionnaire to domestic violence organisations by Women's Aid National Office. All questionnaires were sent out with a covering letter and research background sheet, with a three-week time period for replies. Both questionnaires were followed up with a reminder letter giving a further two weeks to respond, followed again by reminder emails.

To get as many responses as possible, both questionnaires were then extensively followed up with telephone contacts. This was particularly the case for the survey of disability organisations for which the initial response rate was poor. A great deal of additional work was undertaken to enable organisations to complete it. Many disability organisations, located in the voluntary sector, are transient and over-worked and it was difficult for them to find time to work on a questionnaire about a subject that some of them viewed as tangential to their core responsibilities. The survey revealed that several organisations had closed or were in the process of losing funding. In some cases, contact numbers had changed and new numbers could not be obtained. Questionnaires and reminder letters were also sent back marked 'gone away', and the organisations could not be located. In all, 26 organisations had actually closed, mainly due to funding difficulties within a short time span. The most vulnerable were small organisations of disabled people.

The initial response rate from domestic violence organisations was substantially more favourable, partly because the questionnaire was circulated through Women's Aid's national network of domestic violence services. However, a number of organisations had changed their contact details, which created difficulties during follow-up calls and analysis. Moreover, codes and names of organisations sometimes did not tally, which also created difficulties in follow up contacts due to the confidential nature of local domestic violence services and their locations. Staff shortages, and the number of surveys to which domestic violence services are expected to respond, were also identified as militating against a high response rate. A number of domestic violence staff expressed the fact that they were overburdened with work and responsibilities, while at the same time recognising the importance of the survey. Lack of resources was quoted as a reason both for not filling out the survey by some organisations and for the lack of developed disability services by many others.

For organisations in both sectors, resource shortage was a major factor. The research team also noted that some staff were unsure who should fill in the survey and there was some duplication, in various cases due to the circulation of questionnaires to umbrella organisations who responded on behalf of smaller groups.

Missing Data

Not all responding organisations for either survey completed the questionnaires in full, resulting in some missing data for both. Percentages quoted are always of the total number of substantive responses responding to the survey overall, unless otherwise stated.

Key findings from the Survey of Domestic Violence Services

The survey was sent by post to 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 services⁵.)

Who responded to the survey?

The total number of organisations surveyed was 342. The initial response rate was adequate and, after follow-up, twelve additional survey responses were collected. The final number of responses was 133, resulting in a final response rate of almost 40% (39%).

The geographical location of responding organisations was spread throughout England with no higher concentration in any area than in any other, although the majority were from projects in towns and cities. All the organisations assisted women and children experiencing domestic violence and some specialised, for example, providing services for BME families or specifically for South Asian or African Caribbean women. The services varied in size and in services offered, and in the numbers of women and children assisted.

Monitoring and record keeping

All the responding domestic violence services monitored the use of their services. However, we were not able to collect detailed statistics on the women and children using all the projects in relation to age, type of abuse experienced, sexuality, ethnicity etc due to the very large numbers involved across all the organisations.

Women's Aid conducts an Annual Survey of women and children using domestic violence services each year. Overall, Women's Aid's national network offered services of all different types to

⁵ All service details in the UKROL database are updated biannually; new services and changes to contacts are updated on an ongoing basis.

196,205 women and 129,193 children in England in 2004-5. Women and children accessing refuge-based services during that year numbered 19,836 and 24,347 respectively. Total numbers accommodated in refuge houses during 2005-6 was slightly lower (16,815 women and 19,450 children) – due almost certainly to residents staying longer because of a shortage of move-on accommodation.

Disabled women using services

Total numbers of women and children using refuge and other services are collected in the Women's Aid Annual Survey, together with more detailed figures for one representative day, 'Census Day', which is November 2nd each year⁶. Based on these figures, we estimate that domestic violence services offered the following support in England to disabled women over the past three years.

The numbers of disabled women supported by domestic violence services vary slightly from year to year, suggesting that services try to respond to fluctuating demand. Of the 3615 women resident in refuge accommodation on 2nd November 2006, 85 of them were recorded as disabled (compared with 66 out of 3,236 women in 2005 and 69 out of 2,914 women in 2004). However, more detailed information on a sample of 868 women resident in refuges on 'Census day' 2006 (the Residents' Survey) shows that 108 of those women had one or more impairments - i.e. 12%. Physical, sensory and mental health impairments were included in this survey. If mental health issues are excluded, the proportion falls to 7%. Assuming that day was fairly typical, this suggests that an estimated annual figure of around 1170 disabled women with physical and sensory impairments were accommodated in refuges throughout 2005-6⁷.

On the same day in 2006, 125 disabled women were supported by non-refuge based services (3% of all women using these services)

⁶ Annual figures of disabled women using services can be extrapolated from the Census Day figures, together with more detailed information from a sample of residents on that same day – the 'Residents' Survey'. The figures from the Residents' Survey are the most accurate as they are based on data collected individually from the sample of women included, and give additional details of women's impairments.

⁷ That is, 7% of 16,815 which is the total number of women accommodated in refuges between April 1st 2005 and March 31st 2006.

compared with 209 in 2005 and 87 in 2004. These figures indicate an increase of 29% in the numbers of disabled women using refuge accommodation, though a decrease in disabled women given other forms of support – this probably being due to incomplete monitoring information, rather than a significant fall in support offered.

In the survey reported here, 114 organisations kept records of the numbers of disabled women approaching or using the service; (86% of respondents) and the remaining 19 organisations (14%) did not. Most of the organisations had offered services to disabled women in the last year but the numbers varied widely. In the majority of cases, however, the numbers involved were small, usually less than 10 women per project and often only one or two.

77% of organisations routinely asked questions about disability in relation to all referrals (n=103). This information was sometimes gathered from risk or support assessments or from application or core monitoring forms, rather than being asked for directly. Some organisations felt that it was oppressive to impose questioning but rather were led by what the woman wished to disclose from a position of respect for her autonomy. (This included some help-line services, as might be anticipated, but also some refuge organisations.) Others stressed that they offered a universal service open to all women. However, good practice now suggests that monitoring services for numbers of disabled women using them (and explaining why this is being done) is the only way to collect accurate information which can then be used to assess need.

Organisations which did not monitor their services for disabled women using them said that the reasons were firstly limitations and restraints on time, followed by lack of workers and the fact that they were already overwhelmed by demands. Organisations also mentioned having no facilities for disabled women, no knowledge of the issue or feeling it was inappropriate to monitor. Ten organisations said that there was no reason for not monitoring for disabled women – they just did not do it. Only one organisation of these said that they thought this omission was a serious issue, and was now looking into how they could best monitor for disabled women service users in the future.

Policies

In the survey, 99% (132 organisations) had equal opportunity policies in operation. However, while the majority (87% of overall number, 116 organisations) included disability in these policies, 13% did not. This is perhaps a surprising finding given the introduction of compliance with segments of the DDA in 2004 and 2005, and the requirement to include disability within equal opportunity policies. It represents an anomaly which clearly needs to be addressed.

As examples of good practice, several organisations were in the process of developing full disability policies and disability reviews as a move towards disability equality schemes and impact assessments (as required under the 2005 Disability Discrimination Act, although it should be noted that domestic violence organisations are not public bodies).

Specific provision for disabled women

a) Provision of services and of disabled workers

The questionnaire asked whether domestic violence organisations provided specific services for disabled women. Thirty-eight per cent of projects did provide such services, but 60% did not, with the remainder not answering the question (see table on page 19). Of those providing services, these were primarily 'structural' (e.g. the provision of ramps, handrails and wheelchair access to toilets) as opposed to 'attitudinal'. In contrast, specialist provision for other minority groups (e.g. BME women, older and lesbian women) was more prevalent: for example, 53% of organisations provided specialist services to BME women.

It is generally regarded as good practice to offer women using domestic violence services the opportunity to work with a worker who shares their background or heritage where possible in order to maximise meaningful and well-informed support. While this does not of course guarantee a good service, it may enable a more understanding one. In the case of disabled women, it may be helpful to offer support from a worker who self-identifies as disabled. However, only 27% of organisations were able to offer this service. Sixty-five per cent said they were not, and the remainder did not answer. This compares with 68% of organisations which could offer access to BME workers - though it

should be noted that this figure includes projects which are solely for BME women and children.

Significantly, when comparing these figures with the answers to other questions, it seems that the figure of 27% (of organisations providing access to a disabled worker) was actually a large over-estimate. While organisations might be able to access support from disabled workers working elsewhere, far fewer than 27% (and possibly as few as three, or 2%) could actually provide some form of specialist support themselves. Certainly, only three responding domestic violence organisations later said they actually had a disabled worker in post.

Organisations who did not provide such a service said that they had not encountered a need for it or had no resources and no disabled staff. In some cases, it seemed that no attempt had been made to address this situation.

Some organisations who could offer support from someone experienced in disability issues, said that this was most often provided through partnerships and only after possibly time-consuming negotiation. It was also dependent on partner disability organisations having available resources which they often did not, given their characteristically stressed financial state (as discussed throughout).

Overall, engagement with disabled women, when compared to interaction with other minority groups, did not appear to be given such a high priority within existing service restrictions in personnel, financial and time resources.

The figures for specialist workers and services offered to disabled women (27 and 38% respectively) and to other minority, mainly BME, groups (68 and 53%) are summarised in the following table. (Where figures add up to less than 100%, remaining data was missing.)

A number of organisations stressed their flexibility in attempting to accommodate disabled women whilst working with extremely limited resources.

	Offer worker who shares identity		Offer specific services	
	Yes	No	Yes	No
Disabled women	27% n=36	65% n=86	38% n =50	60% n=80
Other minority (mainly BME) group	68% n=90	23% n=30	53% n=70	45% n=60

A few respondents talked about problems which disabled women might experience in some refuges, for example, possible discrimination, lack of help from other residents, or disabled women having complex emotional needs which workers, in their view, had failed to meet. Some organisations showed an awareness of the social model of disability in terms of the barriers and disabling impacts of society's attitudes which disabled abused women are likely to encounter and the way that workers might make unfounded assumptions about women's needs and situation. One spoke of services, on occasion, 'not responding to her needs, not following through with promises (e.g. for an interpreter), not being aware of the complexities of domestic violence for disabled women'. Promising to provide specialist services and then not being able to were mentioned in several responses.

b) Specific attempts to reach disabled women

35 organisations -- 26% -- made specific attempts to reach disabled women in their publicity, but 71% (n=95) did not (and the remainder did not reply). Several gave talks, distributed publicity in different formats, targeted disabled people deliberately or publicised themselves through liaison within the local domestic violence forum and local partnership working. While all these activities are important, distributing publicity, for example, is not sufficient in terms of making focussed attempts to reach and offer services to disabled women and a more strategic programme of activities is to be recommended.

Some organisations made it clear that their services were universal for all women and stated that they did not wish to be seen to be favouring one group over another. They stated that they responded on the basis of need within a universal service and if the need was there, they would then find a way to meet it. One

organisation, for example, specifically explained that they 'treat every woman as an individual and then develop individual action plans within a framework of understanding oppression from a feminist perspective'.

Most often, the reason given for not reaching out to disabled women was lack of resources. Many organisations said they had only one or two staff members who were already stretched to the very limit. Respondents suggested that they did not have the capacity to be pro-active and were overwhelmed with the demand for their services overall. Some also suggested that, as they had no, or limited, facilities to meet the needs of disabled women, they felt it would be unfair deliberately to make attempts to reach such women and then have to disappoint them. The outcome of such decisions were, however, that no services were then available in the relevant local area, leaving abused disabled women without help or support.

c) Services offered and limitations

The domestic violence organisations responding to the survey did offer a variety of specific services to disabled women but often in a rather limited way. For example, 77% (102 projects) could offer outreach to disabled women in the community and 76% (101 projects) could offer advocacy. Thirty-five per cent of organisations (n=46) could offer help with community care assessments and getting assistance from social services but 63% (n=83) could not, with the remainder not responding to this question.

Some organisations had specifically adapted accommodation or facilities, as discussed below, and a few offered clear examples of best practice in meeting disabled women's needs in a variety of careful and well-informed ways. However, many said that they could offer very little, despite, very often, their wishes and best intentions. Many could offer information leaflets but little else, although the majority would refer on to specialist organisations. In general, it appears that it could be a 'post code lottery' as to whether, as a disabled woman, you are able to get help from your local domestic violence service, despite many improvements in recent years in services offered.

Similarly to the explanations given for not attempting to reach disabled abused women, most of the reasons for not offering specialist services were quoted as financial, and the fact that the

organisation lacked the needed facilities and also lacked the resources to improve this situation. Some organisations felt that the range of services needed was very wide while the actual number of disabled women being referred was very small. This meant they would find it hard to justify large expenditure when there were many other needs they were also not meeting which involved larger numbers of women.

A few respondents were disappointed that their managers and governing bodies did not do more and that there was considerable ignorance of the issue. Some spoke of a 'culture change' being needed with awareness-raising and education for both staff and managements.

On the other hand, a sizable minority were in the process of trying to access funding and working to improve their facilities and services. For several, the situation was under review in terms of offering specific dedicated services to disabled women in the future.

A very few were in the process of conducting a disability audit or employing a specialist worker and showed great commitment to the issue. However, in general, services spoke of having no funds available and no time to address an issue that they 'felt bad' about, but regrettably could not take on.

d) Specialist provision for BME disabled women

Specialist BME organisations responding to the survey could usually offer little to disabled women specifically, although there were some examples of very good practice. The majority of respondents who offered services to all women said that they could access support for BME disabled women but would need to do this in partnership with other agencies, depending on need. Some services said that they would like to provide such support themselves but had no available resources.

Personal Assistance

Disabled women coming into refuges may be in a position where they can bring their existing care package with them including direct payments to employ personal assistants (PAs). In such a situation, a woman's own PA may be willing to accompany her, and the refuge service should then attempt to make this possible.

A few organisations demonstrated good practice in this regard in that they specifically stated that a disabled women was able to bring a female PA or carer to accompany her to the refuge, and extra dedicated PA accommodation was specifically provided.

The survey showed that it is very unusual for domestic violence organisations themselves to be able to provide temporary PAs for disabled women using their services. Several respondents in our study did not understand the question. However, 13% (17 projects) said they could access some form of personal assistance when needed, on occasion from other sources. Seventy-nine per cent (105 projects) could not; and the remaining 11 projects did not answer the question. According to UKROL (from the data collected in 2006), trained personal assistants could be provided in 3% of projects listed (n=8) and untrained personal assistants in a further 1.5% of projects (n=4).

Knowledge of and Compliance with the Disability Discrimination Act (DDA) (1995, and amended in 2005 Act)

In our survey, 125 organisations (94%) were aware of the need to comply with the DDA from 2005 and were making some attempts to do so. However, very few organisations were completely compliant (with 76.5% actually stating that they were not compliant). Many quoted a lack of awareness of the requirements of the Act or being too busy to address it yet, although they were intending to in the future. Some organisations had DDA planning in progress, built into their work plans.

Those who were compliant had conducted building and needs assessments, improved the accommodation, provided disability equality training and were working on disability policies or audits. An increasing number of services had purpose-built or purpose-adapted buildings and facilities. Two respondents had purpose-built flats for disabled women and one a purpose-built bungalow.

Facilities and Accessibility

Accessibility for disabled women wishing to use domestic violence services was measured both in our survey and through data

obtained from UKROL in 2006. UKROL data on disabled facilities is available from 294 domestic violence organisations (out of the total number of 350 organisations listed on UKROL, a response rate of 84%), and include the following information on facilities for disabled women available in those services. (See table on p.24.)

As these figures are all self-reported, they have the usual limitations of self-reported data. Therefore, it is not possible to estimate how comprehensive the facilities were in each organisation and how effective they were in making it possible for disabled women to use the premises (e.g. whether they reached acceptable standards or were provided throughout the accommodation).

a) Mobility, physical accessibility and visual aids

Significantly, in our survey, questions on practical facilities were often left blank, suggesting that no accessible services were available within these locations. Ten organisations said that they did not provide any services accessible by disabled women.

Ninety-one projects in our survey - 68% - were able to assist women with mobility difficulties. From the UKROL statistics, 250 domestic violence organisations in all (85% of respondents) could offer some services for women who are wheelchair users and 144 (49%) could offer full wheelchair access. 60% of organisations offer ground floor accommodation and 68% ground floor services. A few organisations had been very pro-active and had fully adapted and accessible provision. As can be seen in the table on the following page, availability of adaptations varied widely between organisations, with between 40% and 60% having some adapted facilities (but these were unlikely to be comprehensive). While these figures are encouraging in some respects, and adaptations were far more available than in the past, there are still a large number of organisations without accessible facilities and which are unable to respond to disabled women who need physical accessibility.

Facility offered	Percentage⁸ and number of organisations	
Full wheelchair access	49%	n=144
Limited wheelchair access	47%	n=137
Some wheelchair services available	85%	n=250
Ground floor accommodation	60%	n=180
Ground floor services	68%	n=199
Accessible office	60%	n=177
Accessible playroom	46%	n=136
Adapted shower	48%	n=142
Adapted toilet	64%	n=188
Adapted minibus	4.7%	n=14
Alarm system	46%	n=135
Flashing lights / alarm system	12%	n=34
Lift	15%	n=44
Quick and ready fire exit	27%	n=80
Reachable light switches	53%	n=156
Reachable telephone	17%	n=49
Reachable electric sockets	52%	n=153
Services for visual impairment	17%	n=49

⁸ Percentages relate to the 294 organisations giving any information on disabled facilities, and not to the total number of 350 organisations.

Thirty-two per cent of organisations in our survey could access transport that was accessible if needed, but only a small number actually had accessible minibuses themselves (4.7% in the 2006 UKROL figures).

According to UKROL, only 17% of projects (n=49) had facilities for women with visual difficulties. The comparable figures from our survey were 28% of projects (n=37).

b) Publicity and Materials

The survey found that publicity materials in different formats (e.g. Braille, tape etc.) were available in 38% (51 organisations) but not in 54% (72 organisations) with the remainder not answering. However, in the most recent UKROL figures, the number of projects using such materials was much lower at only 12% (36 organisations). This discrepancy could be due to differential response rates and different projects responding. In either case, the figures are surprisingly low, especially since Women's Aid nationally until recently was able to provide publicity and other materials in different formats.

One organisation provided their own specialist leaflets targeting disabled women living in the community, together with a comprehensive information pack about disabled women and domestic violence, targeting both service users and providers produced. This organisation was an example of good practice in attempting to reach disabled women experiencing domestic abuse.

c) BSL Interpreters, hearing aids and induction loops

In our survey, 50% of organisations said that they could not provide BSL interpreters among their workers (66 organisations), while 11% (14 organisations) were able to provide interpreters from their staff (UKROL figures are very similar, at 13 organisations). However, 81% (108 projects) could access BSL interpreters from other organisations if required, and only 8% (11 organisations) could not access such services. The comparable figure from UKROL is 104 organisations able to access interpreters.

Very few organisations had access to Minicom systems in our survey (only 9 projects, 7%), whereas 20% of organisations (n=27) had hearing induction loops. Overall according to the UKROL

figures, 38% (n=113) organisations had some services for hearing impairments.

Some organisations offered examples of innovative measures including sensory devices for deaf women, flashing light fire alarms and vibrating pillows, text-phones, desk loops, personal listeners, and port-a-loop.

d) Non-fixed aids

Non-fixed aids were available in 49% of organisations (n=65) but not in 43% (n=57), with the remainder not answering. These figures demonstrate some advances in the provision of facilities, but there is clearly room for improvement. Non-fixed or moveable aids, including extra lighting, handrails, ramps and the examples mentioned in c) above, could be easily made available in all refuges to provide general support, at little extra expense.

Attitudes and Awareness

Attitudes, knowledge and understanding of disability and domestic violence were assessed by looking at knowledge and attitudes displayed in the more 'qualitative parts' of the survey, and at ways in which domestic violence organisations utilised disability equality training, and employed, engaged with, and learned from disabled women.

While it was clear from the survey that Women's Aid and other domestic violence organisations have increased their services for disabled women greatly in recent years, and that effort and resources have been devoted to improved facilities in many organisations, the awareness of disability issues demonstrated in the qualitative sections of the survey was low in the majority of cases. Some structural changes had clearly taken place, but this was far less clear in terms of attitudes - which, of course, underpin the impetus behind social and organisational change.

From analysing the written comments added by some of those responding to the survey, it was clear that often there were no measures in place to improve attitudes or knowledge. A lack of clear commitment to the issue or of attempts to reach disabled women and involve them in the service were evident in many of the responses received. Overall, the language used by many responding to the survey displayed a lack of awareness of

disability issues, and of the dynamics and implications of the social model of disability, (in which the causes of disability are viewed as social exclusion and disadvantage, rather than being due to individual conditions or situations.) For example, several organisations spoke of 'women with disabilities' (rather than 'impairments') - or even 'clients with disabilities' - and used terms which imply that 'disability' is the problem; whereas within the social model, society's attitudes are viewed as the major problem. Some organisations spoke of very individualised solutions, in terms of individual assessments etc., rather than in terms of their organisations providing improved facilities in general.

In general, lack of experience, of understanding, and of information was evident, although services often said that they wished to improve this situation. The majority of organisations had not been able to interact significantly with disabled women, and this lack of engagement was reflected in general terminology used which was sometimes rather medicalised in nature. It appears that although 59% of organisations who responded offer disability equality training, this is not necessarily reflected in knowledge regarding disability.

However, a fair number of responses indicated considerable awareness of the issues and understanding of disabled women's experiences of domestic violence. Several respondents spoke movingly of the support they offered, the isolation and vulnerability of abused disabled women that they addressed, and the way that their counselling and support services attempted to meet the needs of traumatised disabled abuse survivors. A few had clearly taken on the issue in a whole-hearted way and were refreshing examples of good practice.

More generally, however, respondents again identified the need for a cultural shift in attitudes and work with disabled women experiencing domestic abuse. There remains a lack of awareness and knowledge. Respondents were aware that lack of knowledge/understanding regarding this issue resulted in trepidation and concern in their responses to disabled women referred to their projects.

Where staff members receive their knowledge and understanding of disability and domestic violence from is crucial in determining attitudes, understanding and ability to support abused disabled

women successfully. Interaction with, and learning from, disabled women themselves were seen to be key issues in this endeavour by various organisations, and are regarded more widely as best practice.

An increase in accredited disability and domestic violence training and disability equality training provided by respected disability organisations, preferably designed and delivered by disabled women expert in domestic violence issues, is clearly required across the board to assist in improving services for abused disabled women. (See next section.)

Disability Equality Training

a) Provision of training

Fifty-nine per cent of projects provided some disability equality training (78 organisations) and 38% (51 organisations) did not, with the remainder not answering. Forty-eight per cent (64 organisations) offered such training to all workers (80 % of those offering any training at all). This training provision was part of the core training offered to new workers for 98% of projects offering it. In contrast, 81% (108 organisations) of organisations provided such training in regard to other marginalised groups, particularly BME women, a considerably higher figure, thus suggesting once again that disabled women do not appear to be taken as seriously by many domestic violence services as other minority groups.

The majority of the projects had found that disability equality training assisted with improving attitudes and knowledge about disability and the law (110 projects, 83%), but several pointed out that this depended on the quality of the training. One organisation did not find the training useful.

Agencies had accessed training from a wide variety of sources, some of them of variable quality (according to various comments made by respondents), despite attempts by local and national Women's Aid organisations to ensure good quality. It is to be recommended that disability equality training is provided by reputable organisations with specific expertise in this area, as discussed above.

Some organisations only offered training according to need or preference, and it appeared that often the training was not in-

depth. In some cases, managers undertook the training and then fed back to the team. This was identified by front-line workers in the survey as a problem in terms of reliability (through the second-hand nature of the training) and of obtaining précised and filtered information. It appeared from the evidence of the survey that many services had received training on one occasion only, which might have been some time ago. The length of the training undertaken varied with the vast majority of courses being for one day or half a day (47.9%, n=34, half day; 41%, n=29, full day), with 4.2% (n=3) for 2 days. Some trainings were very short and, in five organisations (7%), were for less than 2 hours.

Those who had not provided training said that their service was not suitable for disabled women, that they had a very small training budget, or that disability training was, in any case, part of wider equality or multi-agency training. (Four projects had undertaken inter-agency domestic violence forum training.) The main reason for not providing disability equality training, however, was lack of money, together with not feeling the need presented was great enough to justify the considerable expenditure. Various organisations identified training as a future undertaking, which they were planning.

A few organisations mentioned a lack of interest/emphasis on the issue on the part of their managing bodies which staff said that they found frustrating. Organisations also identified a need for more guidance and direction from Women's Aid nationally. Thus, until a wider and embedded shift regarding the need for disabled equality training and disability issues in general occurs at management levels as well as among front-line workers, services for disabled women will remain inadequate.

b) Training provision by disabled women

The majority of projects felt that it was important that training was provided by disabled women with expertise on domestic violence, with 84% saying that this was either very important (40.2%) or moderately important (43%). (We suggest that this represents best practice.) However, some organisations felt the quality of the training was more important than who provided it, and that it was better to have training even if disabled trainers were not available, rather than have none at all, as demonstrated in the following quotes:

Having the right trainer can make all the difference, even if she is not disabled herself. But there would be less assumptions made if the trainer is disabled. A disabled woman is likely to have greater understanding and first hand experience and it would be good to learn from.

Training by a disabled woman would be best but by a non-disabled woman would be preferable to no training at all.

This is a contentious issue which will be further discussed in later reports.

For organisations where training had been undertaken, the continued use of terminology that contradicts the social model of disability called into question the quality and nature of disability and domestic violence training that had been received, as noted above.

Liaison and partnerships with other organisations on domestic violence work

Of responding organisations, 35% (n=47) worked in partnerships with disabled people's and other organisations, and 59% (n=79) did not, with remaining organisations not answering. Seven per cent of those who did were involved in formal partnerships. Of those who worked in inter-agency environments or partnerships of some kind, only 1% did not find such arrangements helpful. The rest found partnership work with disability organisations very useful and to be recommended.

General partnership work included giving talks on disability and abuse, inter-agency auditing, and evolving future plans to dedicate greater emphasis and resources to the issue. A worrying feature in some areas was that disabled women were lumped in, in a somewhat indiscriminate way, with other vulnerable adults, evidenced by their inclusion in Vulnerable Adults' Policies. Sometimes, domestic violence may also be placed within these policies, and practice appeared to vary.

The majority of domestic violence organisations also liaised informally with disabled people's organisations and medical/social services in specific cases, and consulted when they could not meet the needs of disabled women using their services. Thus,

partnership work with specialist organisations and social services enabled both sign-posting methods to direct women to appropriate organisations, and the provision of adaptations in some cases where the domestic violence services were unable to provide these independently.

Such partnership and sign-posting work sometimes involved members of the medical profession, social services, agencies working with 'vulnerable people' and organisations *for* rather than *of* disabled people. The perception seemed to be, in some (but by no means all) cases, that such professionalised bodies are in a superior position to determine the needs of disabled people – and this tended to result in services provided from a non-disabled perspective. It was possible to detect in some responses a reluctance/inability to interact with disabled people/women who should be regarded as experts in relation to disability and abuse.

Some organisations did not know whom to liaise with or have any information on disability services at all.

Plans to develop work on disability

34% of organisations had plans to develop more services for disabled women including more accessible facilities, more or new purpose-built buildings more adaptations, more training and information for staff, and more formal liaison with disability organisations. However, the other respondents did not have such plans. One organisation said that staff were too tired to even think about it.

Gaps in services

Overall across the country, current domestic violence services for disabled women were patchy and sometimes minimal, despite the staff often having the best of intentions.

Responding service organisations identified problems that were difficult to deal with in accommodating and/or providing services for disabled women, including awkward stairs in properties; problematic old buildings; building regulation constraints; inaccessible bathrooms/bedrooms/kitchens and/or play and meeting areas; no disability access / adaptations at all in some

cases; and widespread inability to comply properly with DDA accessibility regulations from 2005, often due to absence of funding.

A further gap in services was that disability access might be interpreted narrowly, solely in terms of wheelchair access.

A number of respondents talked of the need for, and lack of, thorough disability equality training within their organisations; this resulted in their being unsure how to address disability requirements, both in terms of practical issues and attitudes. Encouragingly, four organisations identified a need for specialist disability workers to advise on issues such as accessibility and the dynamics of domestic violence and disability, and were in the process of fulfilling this.

A range of general issues were highlighted, including the need for:

- more accessible refuge and other domestic violence provision;
- more accessible safe housing for disabled abused women;
- better publicity and advertising to reach disabled women;
- more awareness of disabled women's needs and a deeper understanding of the impact of abuse on disabled women's lives;
- more outreach work;
- clear and fully developed disability policies;
- better partnership with disability organisations;
- increased and high quality disability equality training across the board;
- an acknowledgement of the issue as a *core* issue for domestic violence services;
- more funding and resources.

One **organisation** said:

Funding is always an issue. Without mainstream funding, many projects like ours are unable to offer the full service we should. We are unable to provide properly for disabled women. Staff actually paid for their own training in sign language in order to provide a better service.... Inadequate training on the complexities of domestic abuse for disabled women can also have a detrimental impact.... I believe that

most domestic violence services would like to provide inclusive, comprehensive services but funding is the major constraint.

On a general level, insufficient interaction between domestic violence services and disabled women invites the question as to whether a self-fulfilling prophecy is set in place: inadequate services may lead to very few or no disabled women coming forward for support, and this may lead to a continuing lack of services, and so on. Lack of awareness and knowledge can lead to a similarly circular outcome.

Rather, it is to be recommended that specific attempts to reach, involve and provide for disabled women experiencing violence need to be prioritised in a systematic and embedded way, both in the operation of projects and in their managements. Best practice would be for this to be done with the full involvement of disabled women themselves, in order to explore the extent and nature of their experiences, so that abused disabled women's requirements and needs may be more appropriately met in the future.

Key Findings from the Survey of Disability organisations

The questionnaire for disability organisations was sent to a wide range of local disability organisations including all those affiliated to the British Council of Disabled People (now the UK Disabled People's Council), and those appearing on the lists of Greater Manchester Coalition of Disabled People, Disability Rights Commission, DIAL UK, Radar, and Social Services Yearbook 2005. The questionnaire was also sent to some national organisations, which were asked to circulate it to their local branches to ensure they had an opportunity to input into the survey.

Who responded to the survey?

Questionnaires were sent out to 348 disability organisations, of which 26 had had to close during the survey, leaving 322 potential respondents. Given the focus of the research on physical and sensory impairment, organisations that work exclusively with learning difficulties, mental health issues and with children and young people were excluded. After *extensive* follow up, a total of 126 responses were received, including 53 (42% of those responding) who stated 'we do no work in this area', giving an overall response rate of 39%. Substantive responses were therefore received from 73 organisations, giving an effective response rate of 23%.

Responses to lengthy telephone and email follow up indicated that many disabled people's organisations had viewed the survey as of no relevance to them because they did no work in the area of domestic violence. Others were unable to find the time or the staff capacity to complete the questionnaire. Since the services offered by most disabled people's organisations are general to all disabled people and not just focused on disabled women, many did not see this as an area they are able to address. However, given that at least 50% of those approaching disabled people's organisations are female and, as noted earlier, as many as one in two of all disabled women may have experienced domestic violence at some

point in their lives⁹, this suggests that 25% of those using disability services are potentially in need of support with this issue.

Missing data

As can be expected, not all responding organisations completed all the questions, resulting in missing data. This is due to survey construction (respondents were asked to skip questions not relating to their organisation) as well as incomplete questionnaires, which were more numerous than for the domestic violence services survey. Responses of 'we do no work in this area' also contributed to the missing data.

Unless otherwise stated, 'responding organisations' will be taken to be the 73 which gave substantive responses to at least some of the questions.

Monitoring and record keeping

Of the disabled people's organisations that responded to this question (58 out of 73), the majority (n=54; 93%, or 74% of all respondents) stated that they monitored the use of their services. It is apparent from the organisations (n=46) that provided information about the number of people using their services that there was enormous variation in the size of organisations, ranging from those that offered services to less than 30 people in 2005-06 to those that offered services to over 50,000 people in the same period. The picture that emerges is primarily one of organisations serving large numbers of disabled people: 76% of those which responded to this question (35 out of the 46) had served over 500 people in the last year. It is possible that those organisations that stated only that they 'do no work in this area' (i.e. domestic violence) do carry out monitoring in regard to other issues, but we do not have this data.

Disabled women using services

Twenty-eight organisations provided information about the numbers (actual or as a percentage) of disabled women using their services for 2005-06. Organisations consistently indicated that between 50% and 60% of their service users in the past year were

⁹ Magowan, 2003

women. This corresponds with what we know about both disabled people and carers - that a small majority tend to be women.

Types of impairment experienced by women service users varied greatly by organisation. Estimates of the number of service users with physical impairment ranged from 15% to 97%; service users with sensory impairment (visual and hearing) ranged from 1% to 50%; and service users with multiple impairments ranged from 1% to 67%.

Age of service users was not always recorded or monitored by responding organisations and only 14 provided this information showing: Young women (aged 25 and under) made up between 4% and 29% of service users. Women aged 26 to 49 made up between 20% and 68% of service users, either making up a significant proportion or, in some cases, a majority. Older women (aged 50 and over) made up 24% to 90% of service users and were frequently the majority of service users.

Black and minority ethnic (BME) women - only 13 organisations (from the 28 who responded to this question) monitored the number of BME disabled women using their services. The organisations reporting the highest numbers either targeted those communities and/or were located in London, with the exception of one from the West Midlands.

Sexuality - the number of disabled service users known to be lesbian was very low: only four organisations responded, with three reporting less than 5% lesbian service users, and a specialist agency reporting 25%.

Employment status - very few organisations (6 out of 28) monitored employment status of service users and of these, five reported that fewer than 20% of their users were in paid employment. Very low numbers of service users in unpaid employment were also reported - responses ranged from 3% to 10%. It seems, therefore, that the majority of disabled women using disability organisations are unemployed.

Policies on domestic violence

The large majority of the 52 disability organisations that responded to this question, did not have a policy on domestic violence: 46 of

these 52 did not have such a policy and only 6 stated they did have a domestic violence policy (8% of the 73 organisations giving any substantive responses.) Reasons for this varied but the main ones included: lack of staff and funding capacity; domestic violence being incorporated into the wider policy on abuse against vulnerable adults; domestic violence being seen as 'not appropriate' for their work as it was not part of the remit of the organisation; domestic violence not being regarded as a necessary part of services offered; and that, when it did infrequently come up as an issue for users of the service, cases were signposted to specialist organisations.

All six organisations that have a policy on domestic violence had been approached for help with domestic violence issues, suggesting either that, if an organisation has been asked for assistance with domestic violence, it is likely to develop a policy, or (perhaps more likely) that if an organisation has a domestic violence policy in place, then it is more likely to be approached for help and to record that that happened.

Monitoring domestic violence, and routine enquiry

From the findings it was apparent that the majority of disability organisations do not monitor the numbers of disabled women experiencing domestic violence. Only a small number responded to this question (16 out of 73, 22% or less than one-quarter). Of those that did respond to this question, 75% (n=12) reported that they did not monitor domestic violence, while 25% (n=4; 5% of all those making any substantive responses) stated they did, and reported a range of from 1 to 8 women supported in the last year. These figures clearly illustrate that very few disabled women are accessing support from disabled people's organisations for help with domestic violence issues.

Similarly, only four organisations (7.5% out of the 53 responding to this question, or 5% of all respondents) routinely asked disabled women service users about domestic violence. The way questions were asked varied across organisations. (It is worth noting that it is generally accepted that routine enquiry should only be practised by those organisations which provide staff with experience of domestic violence issues and who have had domestic violence awareness training, including specific training in routine enquiry.)

Only two of the six organisations that have a policy on domestic violence (or one-third) routinely ask their service users about abuse. All four organisations that routinely ask service users about domestic violence (i.e. including two that do not have a domestic violence policy) have been asked for help with domestic violence.

Specific provision for disabled women experiencing domestic violence

78.5% of those organisations responding to this question (and 60% of all respondents: n=44) did not have any specific provision for disabled women experiencing domestic violence. Sixteen per cent (n=12) reported that they did offer such provision for domestic violence; however only two-thirds of these (n=8) have been asked for help. The remaining 29 did not reply to this question, suggesting that they did not offer any specific services.

Only two out of the six organisations that have a policy on domestic violence offer specific services for disabled women experiencing domestic violence. The large majority of organisations that do offer specialist provision (10 out of the 12) do not have a policy on domestic violence. Only one organisation that routinely asks about domestic violence also offers specific provision.

The specific provision offered by the 12 organisations included information, advice and counselling, advocacy, emergency or crisis care, outreach services and housing services. Other forms of provision offered included referrals and signposting, benefits advice, and a wider advocacy service for hate crimes. Four out of the 12 had dedicated domestic violence staff. None of the respondents provided longer-term support services.

It is possible that some organisations considered making referrals to specialist agencies and giving information as 'specific provision' for domestic violence. Similarly, they may have considered making a referral to a refuge service as providing a crisis service.

Feedback on domestic violence work

Only a very small number (n=4) of responding organisations collected feedback on their work around domestic violence - and only 18 organisations responded to this question at all.

Dedicated domestic violence staff

A dedicated domestic violence worker was employed by only four of the responding organisations, and no further information was provided about this; and only 22 organisations (less than a third of all those responding) answered this question at all. As is to be expected, organisations with dedicated staff also make particular provision for domestic violence.

Only one organisation has a domestic violence policy, employs dedicated domestic violence staff, offers specific provision and monitors the numbers of disabled women experiencing domestic violence. It is clear from the survey results that the provision of support services by disabled people's organisations to disabled women experiencing domestic violence is extremely limited.

Specialist domestic violence training

Most disabled people's organisations did not provide any training for staff on domestic violence - clearly a considerable gap. Of the 20 organisations responding to this question (27% of those organisations making any substantive responses), one third (n=7, or less than 10% of all responding organisations) stated they had staff with specialist domestic violence training, while the remaining two-thirds said they did not. The roles of staff who had undertaken domestic violence training included welfare rights officers, information and advice officers, outreach workers, advocacy workers, disability advice workers, and volunteers. The training itself varied a lot in length, ranging from less than two hours to more than two days. Five out of the seven organisations that had domestic violence trained staff had also been asked for help with domestic violence.

Liaison with other organisations on domestic violence work

Of those 23 organisations responding to this question, just under two-thirds (n=14, 19% of all respondents) liaised with other groups regarding disabled women experiencing domestic violence, while the remainder (n=9) did not. Among the organisations mentioned as liaison partners were domestic violence forums, Women's Aid, other women's refuge organisations, housing associations, social services, local counselling and therapy services, Victim Support, GPs, and other relevant local groups.

Membership of Domestic Violence Forums

The majority of responding disabled people's organisations were not members of local domestic violence forums; indeed nearly three quarters of responding organisations (73%) did not answer this question at all. Only three (4%) organisations said they were members of a local forum.

Time and staffing, small number of service users, and not knowing about the local domestic violence forum were among the stated key barriers preventing them from liaising with the local forum.

Organisations approached for help

Thirty-seven per cent of responding organisations (n=27) had been asked for help with domestic violence, and 44% had not (n=32), the remaining 14 did not reply. If those that had been asked for help could not themselves meet these needs, they dealt with them in one or more of the following ways:

- 15 referred to a specialist domestic violence service;
- 15 referred to a local domestic violence helpline;
- 14 referred to social services;
- 10 referred to the police;
- 8 referred to housing;
- 5 referred to the National Domestic Violence Helpline;
- 5 referred to a solicitor.

Some organisations made referrals to more than one agency depending on the needs of the woman experiencing abuse. A number of additional organisations were also commonly referred to

including Citizens' Advice Bureaux, women's centres, counselling and other local support services, and a Centre for Independent Living.

Other responses by organisations to requests for help by women experiencing domestic violence included making home visits, and giving advice and information about their options.

Support needed by disability organisations

When asked about the support their organisation needed in order to undertake work on domestic violence or respond appropriately to women experiencing abuse, the following responses were given.

Nature of support needed	Organisations responding
Training	37
Specialist post/worker	16
Information	34
Financial resources	33
Better multi-agency work	19
Integrated policy and plan	10
Further legislation	5
Other (not specified)	2

Generally, disabled people's organisations view domestic violence as just one among a range of areas of work that they do, and often as something that is not part of their remit. It is apparent that many do not see the relevance of domestic violence to their work, despite the potentially large number of their clients who will have experienced it. The few organisations that are embracing the issue of domestic violence felt that they (and other organisations like them) need to develop an awareness of domestic violence, build links with existing domestic violence services and agencies, and have the resources to recruit dedicated staff members to address this issue.

Several of the disabled people's organisations responding stated that they believed that domestic violence organisations should develop a more detailed awareness of disability issues, of different types of impairments and of the access requirements involved.

Several also mentioned that domestic violence organisations should have a better understanding of the potential vulnerability of disabled women and the isolation that they experience.

Plans to develop work on domestic violence

The majority of organisations (60% overall, 88% of the 49 responding to this question) did not have plans to develop further their work around domestic violence, with only five organisations (7% of all respondents) hoping to do this. Their plans included: training for staff and volunteers (if resources could be secured); training to help develop a policy on domestic violence; seeking out and identifying local and national support services; feeding issues affecting disabled women experiencing abuse to the local domestic violence forum; and the development of emergency services.

Of the five organisations hoping to develop further work around domestic violence:

- two already offer some form of specific provision;
- two have staff with specialist domestic violence training;
- four have been asked for help regarding domestic violence;
- three currently liaise with other organisations around domestic violence.

Clearly work around domestic violence is not a priority for most disabled people's organisations, and those that have already taken some steps towards addressing this issue are the ones motivated to pursue this further in the future.

Gaps in services

A range of issues were highlighted by 26 of the responding organisations (36% of all those giving a substantive response). The following points were among those made:

- Domestic violence was an issue that had not been addressed at all, and was not a priority area.
- There was an absence of any specialist domestic violence workers; and in a few cases only male advocates were employed.

- There were no staff who have been trained in domestic violence issues.
- There was a perceived lack of domestic violence training, and a felt need for more information on domestic violence. The lack of training also resulted in organisations not asking women about abuse.
- Domestic violence 'did not come up', and many did not see it as part of their remit.
- A minority stated there was no gap in their services as they signposted to specialist services.
- There was a lack of resources to do any direct work around domestic violence.
- Some considered specialist domestic violence agencies to whom they referred as more appropriate for dealing with the issue.
- The lack of resources was seen to underpin the under-development of work around domestic violence.
- There was a lack of information about domestic violence and a lack of accessible refuge places.

Issues arising in relation to women experiencing domestic violence

While just over one-third of those disabled people's organisations giving a substantive response (27 out of 73) had been approached for help with domestic violence issues, only very few actively work with or are able to offer direct support to women experiencing domestic violence¹⁰. Given the small numbers involved in this survey, further research is needed to establish how widespread the issues raised are. However, the following points were made:

- There is a lack of accessible refuges, taking accessibility in its widest sense to include projects where communication is

¹⁰ Based on figures given in this survey, as discussed, 27 disabled people's organisations had been asked for help with domestic violence, around 8 organisations had provided direct support to disabled women experiencing domestic violence in the past year, and 14 organisations said they liaised with other organisations about domestic violence issues. The vast majority did not routinely ask about or monitor for domestic violence and, unless their service users directly approached them, they would have no knowledge of their needs or of the shortcomings of service provision.

a barrier. This severely limits the options available for disabled women experiencing domestic violence.

- There is a lack of information available to disabled women about sources of help and advice in relation to domestic violence. This leaves disabled women vulnerable to abuse.
- Inadequate care packages may result in women entering into, or remaining in, dependent relationships. This situation may be exacerbated if the woman has dependent children.
- If a woman has to move areas to escape violence, this may mean that she loses her care package and/or her personal assistants. This will mean having to start again to get a new package set up, making this a very difficult option.
- Women may be sexually abused by husbands and partners who are also their carers.
- Women are often dependent on their husbands/partners for personal care, thus limiting their choices, and making them feel that have to put up with the violence and there is no opportunity for escape.
- Abuse may sometimes be perpetrated by other carers and family members.
- A lack of accessible places and lack of mobility may lead to a woman's greater dependence on the perpetrator.
- A resultant lack of confidence may then compound the abused woman's situation.
- Direct payments may have impacted negatively on some women, although for others they can result in their having greater control over their lives. Protocols should be developed with the Independent Living Fund to ensure that disabled people are in independent control of payments made to counteract dependence.

Overall, our findings from the survey indicated a severe lack of resources in disabled people's organisations. However, our findings also indicate that, wherever it is possible to do so, disabled people's organisations should start to monitor for and develop services on domestic violence. These would be expected to include domestic violence policies, specialist advocacy services and support, specialist worker posts where needed, and closer liaison with Women's Aid and local domestic violence services.

Key Findings from the Focus Group and other Consultations with Disabled Women and key Professionals

We include here a brief selection of issues which emerged from the focus group and consultations with disabled women who had experienced abuse, and from the data-set of ten interviews with domestic violence and disability experts. This is not a complete list of such issues but is a highlighting of the main points which emerged. Some of the points raised replicate those arising from other parts of the study.

Issues for Disabled Women experiencing Domestic Violence

Domestic violence has different parameters and meanings for disabled women, and often takes on different aspects so that a new and expanded definition needs to be developed. These additional difficulties are often exacerbated for BME women. For these and other reasons, disabled women may be particularly vulnerable to domestic violence. Issues particular to disabled women include the following:

- Certain abusive men seek out disabled women deliberately.
- Domestically and sexually, abusers are likely to humiliate and emotionally abuse disabled women, sating for example, 'you are not a proper woman, you can't pull it off,' etc.
- There is a large range of specific types of abuse that disabled women may experience, including sexual exploitation, emotional insults, abusive name-calling, being kept without food or medicine, not being providing with services, not being assisting to use bathroom etc., as well as physical assault and abuse.
- Abusers may use animals and equipment in their abuse of disabled women. For example, dogs used by visually impaired women may be taken away or wheelchairs or hearing aids removed.
- The dynamics of intimate abuse if the abuser is the main carer or helper are likely to be complex and particularly distressing.
- Violence from personal assistants is a key form of abuse experienced by disabled women.

- The situation of older women, and the particular impact of domestic violence on older disabled women, are issues which are often overlooked.
- If a disabled woman leaves home for a refuge or other alternative accommodation, she may lose her benefits and care package, possibly for an extended period of time, and have to be re-assessed.
- Disabled women may fear institutionalisation if they reveal abuse.

Implications for organisations - including policy implications

a) Domestic violence organisations

- A lack of awareness of disabled women's needs still pervades the domestic violence movement, despite recent attempts to improve.
- Access issues and facilities for disabled women in domestic violence services remain a problem, as does the full implementation of DDA 2005 regulations.
- There is a need for more facilities and domestic violence organisations of all kinds, including outreach services, as well as refuge provision.
- A lack of available resources holds back domestic violence services in meeting the needs of disabled women despite, often, the best of intentions.

b) Disabled people's organisations

- Some disabled people's organisations are not gender aware on any level or aware of violence against women issues.
- Some organisations do not believe that domestic violence is relevant to their work nor do they try to meet the needs of abused women.
- Organisations of disabled people provide a general service and have to deal with a very wide range of issues, of which abuse is just one. Organisations of disabled women specifically are more likely to be able to work on domestic violence.
- A few organisations of disabled people said that they wanted to do work on domestic abuse. It may be that they are not intending to overlook the issue but rather that they have no or very limited resources. Resources are being cut back across

the board for disability organisations so that they often cannot take the issue on even if the will is there. Many organisations of disabled people have no funding at all.

c) Points general to all organisations

- Deeply patronising attitudes to disabled women remain throughout the statutory and voluntary sectors - even though they may 'pretend' to have better developed attitudes.
- Lack of awareness among social care agencies, especially, is profound. They may have very limited awareness (e.g. they may think that providing wheelchair accessibility only is sufficient).
- Attention to disabled women's needs in relation to abuse needs to be mainstreamed in the statutory sector, written into their work and targets, and to be integral to all relevant budgets and policies (rather than tacked on as an afterthought or forgotten until a disabled person arrives).
- Access to temporary accommodation and homelessness provision is a key issue for disabled abuse survivors.

Overall, both disability equality training and domestic violence training are needed.

Concluding Remarks

The main difficulty in providing services for abused disabled women - for both organisations of disabled people and domestic violence organisations - was identified as lack of funding, which held projects back in what they wished to achieve. This was the case for most domestic violence organisations, but was even more acute for disability and disabled people's organisations, with many closures and funding crises even during the short period of our surveys.

Despite recent improvements, accessible services and specialist facilities were a major lack in both sectors. For disabled people's organisations, lack of information about, awareness of or commitment to, domestic violence was a substantial difficulty. This was evidenced by, for example, the low response rate from disability organisations and the number who stated 'we do no work

in this area'. Domestic violence organisations sometimes showed a lack of awareness and understanding of disabled women's needs. The findings of the survey were that attitudes to disabled women and disability need to be improved in domestic violence services, despite more developed training and a greatly increased effort to meet disabled women's needs in recent years.

In particular, good quality disability equality training is needed in the domestic violence sector. Similarly, there is a need for further domestic violence training for disability organisations, and the development of both domestic violence and disability policies and of specialist worker posts in both sectors. Finally, improved liaison between the two fields would result in better services for disabled women experiencing domestic abuse.

These are interim findings only. The issues highlighted in this report will be developed further during the remainder of this research study, and addressed more fully in the final reports and research outputs.

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