



disability wales
anabledd cymru



Cymorth i Ferched Cymru
Welsh Women's Aid

Supporting disabled people
experiencing violence against women,
domestic abuse and
sexual violence in Wales



Report by:
Disability Wales
and Welsh Women's Aid

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Thanks to survivors of abuse and to the following specialist services that contributed to this report:



About Welsh Women's Aid

Welsh Women's Aid is the umbrella organisation in Wales that supports and provides national representation for independent third sector violence against women, domestic abuse and sexual violence (VAWDASV) specialist services (comprising our membership of specialist services and members of the regional VAWDASV Specialist Services Providers Forums).

As an umbrella organisation, our primary purpose is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales; we provide advice, consultancy, support and training to deliver policy and service improvements across government, public, private and third sector services and in communities, for the benefit of survivors. We also deliver the Welsh Government funded Live Fear Free Helpline and a National Training Service partnership, and are piloting the Survivors Empowering and Educating Services (SEEds) project, supporting survivors to collectively influence and inform improvements in public services and commissioning and to help change attitudes.

About Disability Wales

Disability Wales is the national association of disabled people's organisations striving to achieve the rights and equality of all disabled people. Our core role is to represent the views and priorities of our members to government with the aim of informing and influencing policy.

Disability Wales is the lead organisation in Wales promoting the understanding, adoption and implementation of the Social Model of Disability, which recognises that people are disabled more by poor design, inaccessible services and other people's attitudes than by their impairment.

Disability Wales lobbies and campaigns on a wide range of issues including the right to independent living, access to the built environment and tackling poverty. As an umbrella body run and controlled by disabled people, we support our grass roots members through provision of information, training and development opportunities. We have a track record in delivering innovative projects including the development of centres for independent living, direct payments cooperatives and supporting co-produced research between Disabled People's Organisations and academic bodies.

About this Report

Findings from this joint report are drawn from analysis of responses to three surveys issued to specialist services and to survivors of abuse, in 2018. The methods included desk research, online questionnaires and case studies.

Welsh Women's Aid and Disability Wales circulated two surveys; one for violence against women, domestic abuse and sexual violence specialist services, one for survivors, which was also provided in an easy read version. Learning Disability Wales also shared the survey with their own networks.

All participants were able to share their experiences confidentially, therefore no identifying information was asked for and where names have been used, these have been changed.

Introduction

In 2011 Disability Wales, Welsh Women's Aid and the University of Glamorgan worked together on a research project looking at the experiences of disabled women affected by domestic abuse in Wales.

A key objective of the *Domestic Abuse of Disabled Women* research project was to collect previously unheard voices of disabled women who have experienced domestic abuse and bridge the data gap on domestic abuse of disabled women in Wales. Significantly, we found that many services that provide support to disabled women are not always identifying victims of abuse and therefore not able to signpost to appropriate services. Services that provide support to women who report abuse are also not always responding appropriately to women with a physical or sensory impairment, additional learning needs or mental health condition. This may vary from access to a refuge, personal assistance, communication support or information provided in appropriate formats.

During the eight years since the report was published, there has been much progress to address and prevent domestic abuse, sexual violence and all forms of violence against women. In 2015, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act was enacted, to improve the public sector's response and to improve prevention, protection and support for people affected by violence against women, including domestic abuse and sexual violence (VAWDASV).

We now also have a Welsh Government 'National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence', a National Training Framework for public services to 'Ask and Act', we have seen the publication of 'Information and guidance on domestic abuse: safeguarding older people in Wales', new guidance – a 'Whole Education Good Practice Guide' – for schools and governors, regional Strategies developed by local authorities, health boards and their partner agencies, and statutory 'Commissioning Guidance' published. Welsh Government has also led on producing two national communications campaigns: 'This is Me' on gender stereotyping and 'Don't be a Bystander'.

At the same time, resources mapping by Welsh Women's Aid has highlighted that specialist services delivering support in local communities have received year on year cuts in funding overall, and public sector austerity measures continues to impact women - and minoritised and disabled women - hardest of all. Welsh Women's Aid's annual [State of the Sector report](#) for 2018, for example, found that many specialist services across Wales are not receiving all the funding they need to run at sufficient capacity to meet demands for support.

The aim of this joint report therefore is to consider what disabled survivors of abuse are telling us now about what, if anything, has improved and what needs to change.

Particular consideration has been given to issues raised with us in 2011, but this time we also asked about recent access to and responses from statutory services.

As in 2011, we use the Social Model of Disability, which recognises that people are disabled more by poor design, inaccessible services and other people's attitudes than by their impairment.

SUMMARY OF RECOMMENDATIONS

Informed by survivors' and specialist services feedback, Disability Wales and Welsh Women's Aid makes the following key recommendations based on this survey (further recommendations at the end of this report):

- We call for the incorporation of the UN Convention on the Rights of Disabled People (UNCRDP) in Welsh policy and legislation. The UNCRDP specifically refers to the multiple discrimination faced by disabled women and calls for appropriate governmental measures to ensure the full development, advancement and empowerment of women (Article 6). It also states the right of disabled people to freedom from exploitation, abuse and torture both within and outside the home (Article 16). The UNCRDP should be fully recognised and implemented through policies and services to tackle violence against women, domestic abuse and sexual violence.
- Agencies should work to identify disabled survivors and their experiences of abuse as early as possible, through enquiry, and ensure staff are trained to understand and know how to mitigate and reduce the specific barriers to disclosure for disabled people.
- Agencies need to recognise the specific forms which violence against disabled women may take.
- Accessible information on violence against women, domestic abuse and sexual violence to be available in a range of formats.
- Publicity campaigns aimed at tackling domestic abuse to include disabled people and diversity across different forms of impairments in different communities, recognising that disabled people aren't a homogenous group
- Publicity and materials to include messages that mitigate and challenge victim-blaming myths
- Agencies should routinely record and report information about survivor and perpetrator characteristics i.e. gender, age, sexual orientation, ethnicity, immigration status, and disability – to focus attention on what agencies need to be doing better and how they should adapt to needs rather than expect people to adapt to them.

For specific recommendations for agencies, please see the conclusion section at the end of this report.

SUMMARY OF "DOMESTIC ABUSE OF DISABLED WOMEN" 2011

The 2011 report found that disabled survivors can fall through the gaps of service provision, because specialist domestic abuse services may not have the resources to deal with the specificities of abuse experienced by disabled women, and few organisations of and for disabled people consider dealing with domestic abuse to be part of their remit.

The report found that national and local policies and practices lack appropriate measures to ensure disabled women receive the appropriate level of support at the right time.

Evidence also suggested that disabled women are perceived to be less capable and an easy target and are therefore likely to be more vulnerable to abuse.

They key findings from the report included:

- There was limited data available on the prevalence of domestic abuse experienced by disabled women in Wales, which is needed to inform domestic abuse policy and practice.
- Survivors felt they were sometimes perceived to lack credibility when seeking domestic abuse support from statutory bodies.

- There were inconsistent levels of engagement and probing about abuse by primary care services (i.e. GP, A&E) when disabled women sought support for domestic abuse.
- There was a lack of accessible information on domestic abuse in a range of formats.
- There was limited access to accessible housing as well as availability of safe, emergency accommodation that met the access requirements of disabled women.
- There was a shortage of accessible housing that met the requirements of disabled women.
- There were inconsistencies in response to domestic abuse provided by statutory bodies.
- There was a lack of Disability Equality Training for service providers. For example, only 46% of domestic abuse services surveyed had received Disability Equality Training.
- There was inconsistent provision of accessible domestic abuse support services.
- Limited capacity and resources was highlighted as a key barrier by service providers, which prevented them from making adjustments to the built environment to improve physical access to benefit disabled survivors of abuse.

Many of these previous findings continue to be challenges for survivors in 2019, as outlined below.

This pace of change is disappointing but unsurprising. The impact of austerity measures – which particularly impact most on women and minoritised and disabled women in particular - and the knock-on effect this has had on both specialist services, other support services and the public sector is likely a contributing factor here¹. Inequalities across Welsh communities are exacerbated by long-term reductions in public spending, by class divisions, gender stereotypes and social norms in communities. For example, the Equality and Human Rights Commission Wales report on Housing and Disabled People in Wales found only one out of 22 local authorities set a percentage target for accessible and adaptable housing and over half of local authorities said a lack of funding for adaptations was a challenge². Disabled people in Wales are also more likely to be in poverty, less likely to be in work and have fewer qualifications than non-disabled people and these rates are the highest in the UK. 39% disabled people are in poverty compared with 22% non-disabled people; disabled people experience the widest employment gap with non-disabled people than the rest of the UK.³

VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

Violence against women and girls is experienced at epidemic levels globally and nationally: **1 in 3 women experience some form of violence and abuse in their lifetime⁴**, particularly intimate partner violence and sexual violence.

The definition of **violence against women and girls** used by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence 2011 (Istanbul Convention) to which the UK government is signatory is:

“Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic

¹ Women’s Budget Group –The Impact of Austerity on Women in the UK

<https://www.ohchr.org/Documents/Issues/Development/IEDebt/WomenAusterity/WBG.pdf>

² Equality and Human Rights Commission – Housing and Disabled People – Wales Hidden Crisis

<https://www.equalityhumanrights.com/sites/default/files/housing-and-disabled-people-wales-hidden-crisis-executive-summary.pdf>

³ JRF Report *Poverty in Wales 2018* (7 March 2018).

⁴ European Union Agency for Fundamental Rights – Violence against women: an EU wide survey

<https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>

harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

This means that all forms of violence against women are recognised within the definition. This includes, for example, rape, domestic violence, forced marriage and so-called ‘honour’ crimes, female genital mutilation, stalking, trafficking and sexual exploitation. Within this context, the Istanbul Convention defines **domestic violence** as:

“... all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former and current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim”.

Sexual violence includes any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding. This includes: rape and sexual assault, sexual violence and abuse (by partners, family members and by strangers), sexual harassment, child sexual abuse, and sexual exploitation, including associated with trafficking and the sex industry.

The term “violence against women and girls” reflects the gendered nature of the problem, the disproportionate impact of violence on women and girls, and covers all forms of violence to which women and girls are subjected. The definitions in the Istanbul Convention are supported in the Wales National Strategy.⁵

Whilst these forms of violence and abuse are predominately experienced by women and girls, and perpetrated by men; men and boys can also be victims of these crime-types. This perspective therefore locates domestic abuse, sexual violence and violence against women and girls as a form of systematic discrimination, whilst also recognising that men and boys are victims of some of these forms of violence, in strategic plans and delivery of responses.

Although not all violence against women occurs within a context of traditional power relations, perpetrators’ behaviour stems from a sense of entitlement supported by sexist, racist, disablist, homophobic and other discriminatory attitudes, behaviours and systems that maintain and reproduce inequality.

The UN Convention on the Rights of Disabled People recognises that disabled women and girls in particular, are often at greater risk and subject to multiple discrimination⁶. This is reinforced by successive research into disabled women’s experience of abuse.

Disabled people experience disproportionately higher rates of abuse than non-disabled people and the violence experienced is also gendered, with disabled women more likely to experience violence and abuse, over longer periods of time. Studies by organisations led by and for disabled people elsewhere in the UK have found, for example:

- 80% of referrals for Deaf Hope specialist counselling have experienced abuse⁷.

⁵ Welsh Government – National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016 – 2021 <https://gov.wales/docs/dsjlg/publications/commsafety/161104-national-strategy-en.pdf>

⁶ United Nations – Disability <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-6-women-with-disabilities.html>

⁷ Taken from the AVA tackling violence and abuse against disabled women and girls seminar – November 2018 <https://avaproject.org.uk/tackling-violence-abuse-against-disabled-women-girls/>

- Stay Safe East found at least 25% of service users have experienced family abuse, including forced marriage; 70% service users experienced partner abuse, many from successive partners; 20% service users experienced abuse in special schools and institutions and most had experienced more than one form of abuse in their lifetime⁸. Almost all service users had also been directly abused about their impairment⁹. For example, denying access to mobility or communication aids, force feeding, under or over-medication and refusing external assistance or blaming injuries on the person's impairment. These abuses can then be compounded by the abuser using discrimination faced by disabled women to further control her, such as inaccessible environments making escape impossible, limited support for disabled women to live independently and threats of institutionalisation or removing children.
- Vision Sense found disabled men and women in psychiatric services are two to eight times more likely to experience sexual violence and domestic abuse than the general public. Disabled women are also two to four times more likely to experience serious sexual violence than non-disabled women or disabled men and disabled children are 3.7 times more likely to be victims of violence and 2.9 times more likely to be victims of sexual violence¹⁰.

Research at Kent University¹¹ also found that 92% of professionals and 84% of the police felt women with learning difficulties were 'easy targets' for abuse. Given the foundation for domestic and sexual abuse is a misuse of power and control, perpetrators might perceive people with learning difficulties as easier to manipulate, easier to isolate, abuse and control. Perceptions by professionals as to why being disabled might explain the nature of their abuse, can be considered victim-blaming: it is essential the driver for abuse is named as an entitlement to control and a result of – often male - power and privilege.

Research on the experiences women with learning difficulties who have suffered domestic abuse found that professionals and the police believed women with learning difficulties are deliberately targeted by violent and abusive men¹². The analysis of a sample of domestic homicide reviews - Case Analysis on Domestic Homicide Reports¹³ - found caring responsibilities emerged as a theme in both intimate partner violence and adult family violence, which can often describe a disabled person's situation. 'However, while the victims of IPV were mostly being cared for, with AFV the victim was a carer' Stay Safe East is also clear about the risk of not viewing violence against disabled women as gendered, the organisation warns that when the abuse is viewed as due to 'their vulnerability rather than male violence', this does not address the cause' of violence and does not look to challenge the behaviour and sense of entitlement of the perpetrator or provide the survivor with appropriate, specialist sector support. Stay Safe East also recognises that abuse of disabled men happens within a patriarchal context; disabled men are more likely to experience abuse than non-disabled men, 'this is caused by having less power within families than non-disabled men and this powerlessness is reinforced by expectations around masculinity.'

Survey Findings

Three surveys were circulated in English and Welsh by Disability Wales and Welsh Women's Aid, amongst survivors, and amongst specialist services, which included one in easy read format.

⁸ *ibid*

⁹ *ibid*

¹⁰ *Ibid*

¹¹ University of Kent – Domestic violence and women with learning disabilities -

https://leics.police.uk/media/uploads/library/file/final_SSCR_findings_summary.pdf

¹² *ibid*

¹³ Standing Together Against Domestic Violence – Case Analysis on Domestic Homicide Reports – L Kelly and N Sharp-Jeffs http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf - page

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41 people responded to the survivor survey, of whom 25 identified as disabled survivors (when responding to the question 'Do you consider yourself to be a disabled person?'). It is not clear from the 16 who didn't identify as disabled if they had an impairment but didn't identify as disabled or were not in fact disabled.

All survivors responding to questionnaires were given information and support and access to the Live Fear Free Helpline**.

We found from specialist services' responses:

- Of those who responded 382 disabled survivors were referred to specialist services for support during 2017/18
- 75% services provide accessible resources or provide adaptations for disabled survivors in some of their services
- 77% of adaptations and resources provided by services are to meet needs associated with physical or sensory impairments.

The majority of disabled survivors who responded to our surveys were women (92%), identified as heterosexual (59%), 'White British' (83%) and had children (72%). Disabled survivors also told us they had a physical or sensory impairment (63%), mental health and chronic health conditions (58%), and required service access adaptations (58%) and needed home adaptations (93%).

The majority of disabled survivors disclosed they had experienced violence in the context of domestic abuse, with most reporting that the perpetrator was a male (ex) partner. Unsurprisingly, we also learnt that many disclosed multiple perpetrators, involving not only partners but also family members.

One of the emerging themes from the feedback provided by disabled survivors was a dissatisfaction with the police response when they reported the abuse, which was also notable as this feedback also emerged in our 2011 report. This time, nearly half (47%) disabled survivors who took part in the survey reported their concern that nothing happened to the perpetrator of abuse, after their disclosure.

Only 33% disabled survivors who responded to our surveys had been referred to or had accessed a specialist service that supports survivors of violence against women, domestic abuse or sexual violence. Of these, 17% reported that they had been supported in a refuge-based service.

Survivors reported barriers to accessing support from services, waiting lists for specialist support, lack of access to appropriate resources designed and accessible for disabled people and a lack of access to support through the medium of Welsh. These barriers compounded survivors' existing barriers to accessing support (shared with non-disabled survivors of abuse) because of their fear, feelings of shame or self-blame and concerns about not being listened to, believed or taken seriously on disclosure.

In 2017/18 12,166 women and children were supported by Welsh Women's Aid membership of specialist services, including refuge, community support, rape crisis and counselling services. Of survivors supported through the year, 875 survivors (12%) identified as disabled.¹⁴

This is not indicative of fewer disabled people experiencing violence and abuse, on the contrary, women who had a long-term illness or who were disabled were more than twice as likely to have experienced some form of partner abuse (12.4%) in the last 12 months than women who did not (5.1%).

¹⁴ 'Sustainable Development Goal 5: Gender Equality: Eliminating violence against women and girls: women most at risk of experiencing partner abuse, 31 May 2018 ONS

Less data is available on other experiences of abuse by disabled people. For example, the forced marriage of people with learning difficulties is a largely hidden problem and there is a widespread lack of awareness of the particular features of such forced marriages. In 2017, 125 cases (12.1%) of forced marriage dealt with by the Forced Marriage Unit involved victims who had a learning disability.¹⁵

Little data is available in Wales on the extent and prevalence of violence against women, domestic abuse and sexual violence experienced or perpetrated by disabled people. The low numbers available from services instead reflect the additional barriers to disclosure and accessing support for disabled people compared with non-disabled people experiencing domestic and sexual abuse.

As Stay Safe East, an organisation working with disabled victims of hate crime, explains: *'The multiple opportunities for violence against disabled women are a direct result of the denial by society of choice and autonomy for disabled women'* the abuser therefore is often able to control the survivor through her impairment or support needs.

Specialist services reported predominantly supporting survivors with a mental health need, this is not surprising given the links between violence against women and mental health conditions; 69% of women accessing mental health services have experienced domestic and/or sexual violence¹⁶. As one service highlighted; *'we had 48 referrals from Mental Health Team however most of our clients disclose that they have diagnosed conditions or on medication for depression and anxiety'*.

In 2017-18:

- 250 survivors were referred for support who disclosed a mental health support requirement, and 156 survivors were supported who disclosed a mental health support need.
- When asked if there were fewer disabled survivors supported than disabled survivors referred, most services reported that the service was full at the point of referral.
- 50% of survivors couldn't be supported because the service were unable to support specific access requirements or already supported other survivors with complex requirements.
- Most survivors who disclosed a mental health support requirement accessed services like counselling support, group work programmes, sexual violence and domestic abuse support in the community.
- 5 referrals were received for survivors with learning difficulties.
- 25 referrals were received for survivors with a physical or sensory impairment. Of this 25, 15 were supported.
- The reasons support could not be provided were evenly split and included: "unable to support specific requirements", "supporting others with the same or different access requirements" or the "service was full".

ADAPTATIONS MADE TO SERVICES

The 2011 report found that not all specialist services could provide support for disabled women with mobility support requirements. The concern of service providers in the earlier report was a lack of provision for wheelchair users and a lack of access to funding and support.

Eight years on the findings from our latest survey, whilst similar in terms of the challenges services face with regards providing accessible services, demonstrate that more has been done to improve

¹⁵ March 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730155/2017_FMU_statistics_FINAL.pdf

¹⁶ AVA – Promoting Recovery in Mental Health - <https://avaproject.org.uk/ava-services-2/multiple-disadvantage/promoting-recovery-mental-health-primh/>

service responses. Despite limited resources, specialist services who responded reported the following actions to maximise support and provide for disabled survivors:

- Proactively developing and implementing policies and procedures for supporting survivors with mental health support requirements.
- Delivering training for all staff and promoting psychologically informed environments¹⁷.
- Ensuring additional support time is allocated when supporting survivors with learning difficulties..
- Providing access to easy read paperwork.
- Ensuring the provision of accessible facilities and rooms e.g. toilets, accessible bedrooms, flashing alarms, provision of materials in large print and Braille.
- Some services provide additional space in their services for carers and to accommodate equipment e.g. for survivors with neurological impairments.

'We are committed to ensuring that our service is available to anyone in North Wales, this means that should a client present with a disability that we cannot facilitate, we will try to endeavour to meet their needs as best as we can.'

'Our offices are adapted for physical disability on the ground floors.'

Since 2011, Welsh Women's Aid has developed the National Quality Service Standards, these standards support domestic abuse services across Wales to evidence the quality of their delivery within a national quality framework. They form a set of accredited criteria against which Welsh Women's Aid members can evidence the quality of their provision. Included in the standards is an expectation that 'the organisation removes or reduces barriers to physical access, support and communication for disabled service users and employs a social rather than medical model of disability to meet disabled service user's requirements'. So far ten Welsh Women's Aid members have passed the assessment and five are in the process of completing it out of the 20 members (delivering domestic abuse services) who are eligible for the standards.

¹⁷AVA – Good Practice Briefing – Psychologically Informed Environments <https://avaproject.org.uk/wp/wp-content/uploads/2017/09/PIE-Ascent-good-practice-briefing1.pdf>

Case Study - A refuge worker's account

'I worked in a refuge that had adaptations made to it – this allowed us to support numerous women and disabled children.. There is a huge shortage of refuge spaces suitable for disabled women and children and so we often had women 'waiting' to access our refuge.'

'I worked with a woman, Angie*, who was a wheelchair user, both her children had some learning difficulties – while her husband had always been controlling – this intensified as she became more unwell and dependent on him for care.'

'Due to her impairment, it was difficult for Angie to get out alone and so was very isolated from sources of support or access to services. While a social worker was referred to her case, they refused to visit the home because of concerns about the husband's behaviour. A multi-agency meeting decided that the family were at risk and Angie was given a list of refuges to contact by her local housing options team, but no consideration was given to how her health requirements would be met or any plans made for continuity of care. After calling around for two days, mine was the last refuge she called and the only one that could accept her.'

'We found a school for the children, but because of a lack of wheelchair access, she was unable to take the children to school, which meant already overstretched refuge staff had to walk the children to and from school as well as support Angie with daily living tasks while we made referrals to other agencies.'

'It was very frustrating that Angie and her children's case was closed with agencies in the area they had fled from, this meant we had to make new referrals and it was weeks before a new social worker (and other services) were allocated. Additionally, the children's behaviour deteriorated and after years of her husband controlling the children's routine, it was difficult for Angie to set boundaries and a new routine.'

'It was clear that Angie and her children would need to return to their home county to be near family for support – which resulted in drawn out discussions with the local housing options team. There are so many barriers for any woman attempting to leave and the process of 'starting over' can take time, but I felt this was made harder because of Angie's impairment. It had been almost impossible for her to get out alone and access support and the lack of refuge space closer to home where she could continue to get support from family created another barrier to independence – she should never have been forced to move away from her support network.'

'Statutory services took longer to respond due to Angie's 'complex case' and when support was made available, it often wasn't what was best at that time. Further exacerbating the situation, rather than helping it.'

'I feel that better designed accessible facilities would have made a big difference – as Angie uses two different wheelchairs and walking frames, space was cramped. But she benefited so much from the communal aspect of refuge – I don't think she would have coped in self-contained accommodation.'

'I am so pleased we were able to support Angie, however the fact they had to move across the country and endure difficulty with very few services in place, only to move back to their own area is frustrating – if agencies supporting this family in the first place had done a better job, then I feel this move could have been managed in a much better way.'

NATURE OF THE ABUSE EXPERIENCED

The survey of survivors asked in brief about the types of abuse experienced, and focussed on what services were accessed, if at all, and outcomes for survivors and perpetrators.

Half of disabled survivors who responded to these surveys disclosed they had experienced abuse from more than one perpetrator. Specialist services already recognise and support survivors who have experienced multiple and cumulative abuse, often from many abusers, in their lives, but feedback from survivors suggests that many in public services need greater awareness of this and how this particularly impacts disabled or other minoritised survivors who have additional barriers to seeking help. .

'It was only later I realised that I had been abused and that each partner/family had different styles of abuse'

83% of disabled survivors reported they had experienced physical violence, and 75% survivors experienced unwanted sexual behaviour. Just under a third (30%) disclosed they had been sexually exploited.

All survivors who responded disclosed they had experienced verbal abuse, psychological and emotional abuse. Over three quarters survivors (78%) reported experiencing financial abuse and 69% disclosed having experienced stalking.

Just under half survivors (41%) had experienced the abuse for over two years and reported that the abuse is still on-going.

95% survivors disclosed that perpetrators of their abuse were men, and 14% survivors had experienced from both men and women. 82% survivors said the abuse came from an abusive partner, and 27% said the abuser was a relative.

We know from experience that financial abuse is often experienced by women but is not always recognised as such, so this is likely to be under-reported. Kent University's research¹⁸ found that financial abuse was common amongst women with learning difficulties.. Research also shows that women accessing specialist domestic violence services report high rates of financial abuse, ranging from 43% to 98%¹⁹ and a national prevalence study found that one in five women reported experiencing financial abuse from a current/former intimate partner²⁰.

Impairment can also be used to exacerbate the abuse or to not be held accountable for the abuse. For example, Deaf Hope found that hearing perpetrators use a person's hearing impairment as another way of abusing them. Deaf perpetrators have also been known to use their hearing impairment as an excuse to avoid prosecution and there have been court cases dropped due to a lack of interpreters.²¹

¹⁸ University of Kent – Op Cit

https://leics.police.uk/media/uploads/library/file/final_SSCR_findings_summary.pdf

¹⁹The Co-operative Bank and Refuge – Money Matters - <https://www.refuge.org.uk/files/Money-Matters.pdf>

²⁰ London Met University – Child and Woman Abuse Studies Unit

<http://repository.londonmet.ac.uk/1482/1/Review-of-Research-and-Policy-on-Financial-Abuse.pdf>

²¹ Op Cit Taken from the AVA tackling violence abuse against disabled women and girls seminar – November 2018 <https://avaproject.org.uk/tackling-violence-abuse-against-disabled-women-girls/>

DISCLOSURE: WHO DID SURVIVORS TELL ABOUT THE ABUSE AND WHAT WAS THE INITIAL RESPONSE?

Over half (59%) disabled survivors told a friend about their experience of abuse and 50% survivors disclosed to a family member about the abuse. Overall, the experience of reporting to family or friends was positive, with most reporting that they felt believed. This figure backs up other findings about the vital role of 'informal networks'.²²

55% of survivors told us they had recently reported abuse to the police. It is positive that 67% of those who reported to the police felt they were believed²³, at the point of disclosure, but there were still examples of poor practice given by some survivors which are a cause for concern:

- One woman told us the police officer also suggested she had assaulted the alleged perpetrator - *'police said he had a slight scratch on his hand'* (referring to the perpetrator).
- Some women told us they felt disbelieved which had impacted on their feeling of safety and ability to access future protection and justice – *"Police believed the person that abused me's version of events' ... Another woman noted - 'I was forced to withdraw my complaint because my ex-husband told my son I had made up complaints of abuse against him. Even though, seven years before he was convicted of assaulting me and a lifelong restraining order put in place. I've not been able to leave my home in the last six months as a result. I live in fear, my ex-husband could rape me next and no-one will do anything to help me.'*
- Some women felt that professionals had minimised their cumulative experiences of abuse – *'police felt my complaints were petty but they all formed a bigger picture for me'*. This highlights the importance of the police understanding of coercive control and the nuances of domestic abuse, particularly the role these various incidents play in creating a culture of fear and control.
- One woman noted being advised that her experiences of abuse was not a matter for the criminal justice system – *'turned away from police station, [I was] told as there were children involved and social services it was a civil matter'*.
- Some women noted concern about the police lack of action against the perpetrator - *'The police have not yet had time to interview him. They are unable to remove him as he is not physically violent.'* Others noted that they made complaints about the police handling of the complaint or that the perpetrator was only removed for a day, which allows very little time for a disabled woman to consider her options or arrange for her additional support needs to be met.
- When asked if interventions from services made her feel safer, one woman noted she felt abused again by the system and by professionals she had turned to for help - *'No, I felt that the police joined in on the harassment and intimidation'*.

Some survivors noted their concern about the lack of a joined-up response between police and other agencies, particularly prosecutors and social care services. For example: -

'It was the CPS that let me down – and they failed to understand the impact of domestic violence on my mental health. I am also deaf and was cut off from communicating - this again wasn't taken into account in how the CPS reviewed my case. The perpetrator was never prosecuted.'

²² In recognition of the vital role of friends and family in providing helpful responses to survivors of abuse, Welsh Women's Aid has developed [the Change That Lasts model](#), which recognises that survivors seek help and support from their communities as well as from professionals and specialist services, and that those communities should be upskilled to respond safely and appropriately. Crucial to the model is the Ask Me Ambassadors, members of communities who know what to do with a disclosure and sign-post to services.

²³ The percentage of survivors who felt believed is not recorded in the 2011 report

'Social services could not provide respite for my child, so they requested my ex-husband provide it. They encouraged him to collect my children from my home, breaching the restraining order. Each time he collected them I was sexually assaulted and told I should be grateful for the respite. Social services facilitated my abuse. Told me it was my responsibility if I wanted a respite break. The Police mishandled the complaint, arrested my ex-husband prior to my signing my statement.'

That poor practice is still being reported, several years after all police forces have been subject to national inspections on domestic abuse, is particularly worrying, and suggests one of the findings from the 2011 report is still an issue 8 years on, namely – that the police do not take complaints seriously and that survivors are questioned or are perceived to lack of credibility when seeking domestic abuse support from statutory bodies.

Concerns about police responses to disabled survivors who report domestic or sexual abuse are evident from other research sources. Research conducted by Kent University²⁴ has found that only 12% of police officers felt they had had enough training in communication with people with learning difficulties, and Mencap research found 'people with learning difficulties are often not regarded as being capable of providing reliable accounts'. This identified lack of training is likely to be impacting on disabled survivors when they attempt to seek help and protection.

A minority of survivors responding to our survey disclosed they had reported the abuse to their GP. The health service response to domestic and sexual abuse is a vital part of a coordinated community response to achieve earlier intervention and prevention. Health professionals are in a unique position to pick-up on warning signs of abuse and we also know failings by GP practices in particular have led to specific recommendations for improvement from Domestic Homicide Reviews²⁵.

Inconsistent levels of engagement and probing to identify domestic abuse by primary care services when disabled women seek support, was another concern identified in the 2011 report. Despite several decades of guidance and training requirements for health professionals to address domestic and sexual abuse, and the positive evaluation and roll-out of IRIS (Identification and Response to Improve Safety) across the UK (in Wales, this is only available in Cardiff, the Vale of Glamorgan, Cwm Taf)²⁶, and despite "ask and act" being introduced in Wales in recent years which requires health service professionals to be trained in early identification and effective responses, this survey found that some survivors still reported poor practice by health services when they disclosed abuse:

- One woman told us of her frustrations about always being accompanied by her partner who was also her carer which restricted her opportunity to disclose abuse - *'I couldn't access services on my own - GP etc - he would always accompany me to 'help me communicate' so I was never left alone.*
- Other women told us they were disbelieved on disclosure, and in some cases survivors felt they were not taken seriously - *'My doctor does not want to document possible abuse as a probable cause of my stomach issues until I've had full physical examination. The second doctor I saw didn't mention the abuse.'*

41% of survivors said they disclosed abuse to a specialist service. Consistent with successive research with survivors over more than two decades, the majority of survivors who received support from specialist services, on the whole experienced a positive response.

²⁴ Kent University - Op Cit https://leics.police.uk/media/uploads/library/file/final_SSCR_findings_summary.pdf

²⁵ Standing Together Against Domestic Violence – Op Cit http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf page 9

²⁶ <https://commissioner.south-wales.police.uk/en/police-crime-plan/violence-women-girls/iris-identification-and-referral-to-improve-safety/>

'I was assigned an advocate and then a support worker once I was in refuge. I couldn't have thought about reporting to the police otherwise. I don't know how I would have rebuilt my life without the support of women's aid.'

However, it is important to note the following two points raised:

'The domestic violence support was good as I felt validated, but there were no practical solutions for me. I had already left him by then. I did receive some mental health support though, which were really good. All together it was helpful, but a drop in the ocean of what I actually need to truly get better. Also reported rape to services two years ago and received a leaflet was told that the waiting list is very long to see anyone in person. Still waiting!'

'There was poor wheelchair access and space in my local Women's Aid office and all the courses and support groups were in a basement with no lift. They had to come out to see me at home, though had to wait till my partner was out of the country working. I had locks changed while he was away and his name was made known to the police. My housing association installed a panic alarm for me and I was able to stay in my own home. Staff were very supportive and apologetic that I couldn't use their office due to my wheelchair.'

Both of these accounts highlight the very concerning lack of equal access to support for all survivors of abuse and is indicative of a lack of sufficient resources to maximise accessibility and duration of the service provision, early enough, to support all survivors. What we see from these accounts is that whilst services did what they could with those limited resources, ultimately, particularly in the first account, needs have not been met.

In Welsh Women's Aid State of the Sector report we highlighted the number of survivors having to wait to access support, particularly for sexual violence counselling support, due to resources available to meet need. That report found, for example, that in one month (March 2018), 292 survivors of sexual violence were waiting for support, due to demand exceeding capacity, this represents 26% of referrals. In 2017-18 Welsh Women's Aid members also reported the uncertainty and chronic shortage of funding for sexual violence services. Specialist sexual violence services are heavily reliant on non-devolved and devolved criminal justice funding, with limited funding coming from health, local authority or Welsh Government funding streams. This is despite the range of support services that they deliver, from crisis to recovery, which includes specialist mental health and therapeutic support for survivors of sexual violence. Members also highlighted that they have never been fully funded and rely on other sources of income which they have to generate. This lack of access to services highlighted in the feedback to the survey and State of the Sector directly contravenes the National Violence against Women, Domestic Abuse, Sexual Violence Indicators objective six, which states 'Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales'

RESPONSES AFTER DISCLOSURE

Survivors' experiences of agency responses in the longer term, after disclosing abuse, were mixed, but many told us they had to wait for support or there was a noticeable delay in securing their safety and in meeting their requirements – if that happened at all in some cases.

Survivors responding to our surveys told us that after the initial disclosure of abuse, 44% survivors accessed medical care, 33% survivors moved away from their home, 17% survivors went into refuges, and just over half (55%) survivor separated from their abusive partner.

Survivors who disclosed to general agencies noted they were not always referred to a specialist service. One woman was told a support service would be in touch but she didn't hear anything further. Of the 33% survivors who were subsequently referred to specialist services, the majority (67%) were able to access this support but that they had to wait to access the service.

'There was no "disabled room" free at the refuge at the immediate time, so I was homeless and social services placed me in an Inn, until the flat at the refuge came available. During this time thank god for direct payments, my carers came to the Inn to support me, and I at this stage had Women's Aid make contact with me. I had a councillor available'.

Many survivors told us they had to wait for refuge spaces, for access to trauma therapy (six months wait on average), social housing (six months wait on average), counselling support (over six months wait was noted). One woman stated she never received therapeutic support and when she asked her GP for this she was advised the health service won't offer it.

Just under half (47%) of survivors told us that despite disclosing abuse to agencies, "nothing happened" with the perpetrator of abuse to challenge their behaviour or hold them to account. In a quarter of cases (26%), survivors told us that the perpetrators moved out of the family home and an equivalent number also reported that they moved out and the perpetrator remained in the family home.

It is not clear whether these waiting times are related to survivors being disabled or whether non-disabled survivors also have similar waiting times, and this may warrant further investigation. We know, however, that where women experience multiple discrimination and disadvantage their access to services and to support is more restricted and their ability to have their needs met is reduced.

It is also worth noting that leaving an abusive partner or at the point of seeking help is the most dangerous time for victims of domestic abuse, and a point at which services and multi-agency coordination to manage the risk presented by perpetrators should be maximised.

This limited response to the majority of perpetrators mirrors research into the benefits of domestic abuse perpetrator programmes, which notes that the majority of agencies responding to domestic abuse solely focus on what women and children should do differently, while more focus is needed on the perpetrator to stop their abusive behaviour²⁷.

²⁷ Durham University – Domestic Violence Perpetrator Programmes – Steps Towards Change, L Kelly and N Westmarland - https://www.nr-foundation.org.uk/downloads/Project_Mirabal-Final_report.pdf

Case Study – Margot*

'I experienced abuse from my step-father and mother – no services picked up on this and I believe these experiences and never being told that the behaviour from my parents was wrong led to me experiencing domestic abuse as an adult.'

'As a child, my mother would dominate conversations and speak for me when I came into contact with medical professionals. My schools assumed that my behaviour was due to deafness - I was very quiet, withdrawn, didn't engage a lot with my peers. Because I didn't actively cause trouble, I'd largely be left to my own devices including when I didn't turn up to classes and when I was truanting school for long periods of time. I still performed well in exams though (largely taught myself using the syllabus and textbooks). Social services got involved when I was truanting but failed to recognise signs of abuse. They threatened to take me into care if I didn't go back to school and I said "yes please". She thought I was calling her bluff and the conversation ended. My mother was in the room with me so I couldn't directly disclose the abuse.'

My ex-partner who perpetrated abuse against me would also often dominate conversations, acting as though he was 'helping' me. It meant that he'd misrepresent things that were said and prevented me from engaging in conversations or speaking for myself. He attended GP and other medical appointments with me and told my GP to increase my dose of antidepressants to the point I couldn't function any more. He also coerced me into seeing a psychiatrist and attended the first session with me to set out the terms of the therapy, explaining that I had serious behavioural issues, was a pathological liar and manipulator and the therapist needed to be on his guard for my lies and deflection. When I actually disclosed abuse to the therapist he shut me down and reminded me we were there to address my 'childhood issues' and failed to support me. Attending the therapist was also a form of financial abuse since I had to pay out £95 a session weekly for a number of months.'

'He [the perpetrator] had my email and social media accounts hooked up to his phone so it was impossible for me to communicate electronically with anyone without him knowing. Because I am deaf, I couldn't pick up the phone and call for help in a crisis or just to have a chat, so I became very isolated. I also couldn't hear where he was, so if he was out of sight I'd never attempt to use my phone or laptop without permission in case he crept up on me and 'caught me doing something wrong'. He'd also use my deafness to gaslight me - he'd tell me to do something, I'd do it and then he'd berate me for it saying why would he ever have asked me to do such a stupid thing, I'd obviously misheard him.'

'It was very scary going into refuge not knowing what to expect. It helped in providing safety and peace and allowing me to deal with urgent stuff like cutting off joint accounts, getting my name off the lease, getting benefits sorted and untangling my life from the perpetrator. My support worker also went above and beyond and helped me with phone calls to banks, estate agents because I couldn't hear on the phone to do it myself. The Freedom Programme and my support worker also helped me to start to understand what had been done to me by my perpetrator, to learn that I wasn't alone and it wasn't my fault. Basically I had the support I needed to start sorting my head out and the space to focus on my physical and mental health and start putting my life back together.'

'The fire service came and installed flashing fire alarms but other than that there was no specific provision in terms of communication support. It made things harder but my support worker adapted to me as an individual to accommodate my needs as well as possible - it was quite tiring at times to be in meetings without any communication support. I was happy to accept that compromise to access the support confidentially (I know most of the communication support workers in South Wales!). It did make it tricky dealing with the social environment of sharing a house too, I was often left out of conversations but made up for it with individual friendships and chats.'

WHAT BARRIERS DO DISABLED SURVIVORS FACE WHEN ACCESSING SUPPORT?

The surveys asked survivors and specialist services about the barriers to accessing and providing effective support.

Specialist services reported various challenges they faced, in terms of their ability to provide fully accessible safe spaces to all who need it and the challenges created by lack of resources or services available to provide a coordinated package of support for survivors, such as mental health support from adult social care services. One service reported that they have requested funds from their local Housing Authority for the refuge premises to be made physically accessible for five years, but this has not been secured which restricts their ability to deliver accessible and equal access to safety and support. The service has, now found their own accessible unit to use, but this only provides one family space. One of the challenges faced by refuge services is the age and type of buildings they occupy, despite having adaptations, they may still not be fully accessible for people with mobility and sensory impairments.

Services also noted that survivors often face difficulty accessing support in their first language (in the example given, this was through the medium of Welsh), particularly for survivors with learning difficulties. Survivors noted that access to therapeutic interventions in a language they are comfortable communicating in is important.

Services also raised concerns about the length of waiting lists which restricts survivors' access to vital support. For example one service employs two specialist counsellors who support survivors who have autism, but there is always a waiting list to see them. Funding also remains a significant challenge to delivering equal access to support for survivors, as well as a lack of joined-up services; mental health was identified as a service where better coordination was needed to ensure more effective support is available for survivors with mental health support requirements when they need it.

The number of survivors who reported the abuse to a disability organisation was low, at just 5%, although the response was positive to disclosure, this small number may indicate the need for disability organisations to do more to both recognise the signs of violence and abuse within the people who use their services and make the service a safe place for people to disclose, as well as ensuring staff are trained to respond safely and appropriately and refer on to specialist services were needed.

Survivors identified several reasons why they felt unable to report or disclose the abuse they had experienced. Over half (57%) of disabled survivors told us that they didn't feel it was "serious enough" to report, and 52% noted they didn't want people to know about it.

The majority – 8 in 10 survivors - said they felt that barriers to them disclosing or reporting the abuse they had experienced included feeling alone and isolated, and fearful of further abuse as a result.

A further 63% survivors feared financial hardship, 57% survivor were scared to leave home with nowhere suitable to go, and 42% survivors worried about getting the abuser into trouble. Just under a third of survivors (31%) noted a lack of adaptable living or care and support packages, which hindered their disclosure.

Access issues were repeatedly highlighted by survivors:

'The support was not there for me to move away from the family home, so there was little point in me reporting the abuse.'

'Access issues due to my wheelchair.'

'I am a wheelchair user, station wasn't accessible. Sent to two stations, both inaccessible. Police repeatedly knocked my door against my instructions...It took five appointments with officers before anyone was able to sit down and take my complaint. I find it very difficult to leave my home. No reasonable adjustments made by the police.'

'Yes because of my health and disabilities.'

These findings are similar to the 2011 report, and highlight the additional barriers and multiple factors disabled survivors may face in reporting or leaving, for example the concern about a lack of adaptable living or care packages, which may be less likely for non-disabled survivors.

However many of the barriers women face are not surprising as they are similar to concerns raised by survivors who have taken part in successive research in Wales and the UK over the last few decades, such as Welsh Women's Aid 'Are you Listening, Am I Being Heard?'²⁸, Still We Rise²⁹ from the Women's National Commission and A Bitter Pill to Swallow from the Women's Resource Centre³⁰.

Deaf Hope found that communication barriers prevent Deaf people from disclosing abuse and there is a higher risk of forced marriage and honour based violence for Deaf people and in particular for Deaf lesbians, gay men, bisexual and trans people³¹. Deaf Hope also found that Deaf specific refuges may not be an option due to smaller Deaf communities and the challenges of managing risk and safety.

Additionally, case analysis of domestic homicide reports found that one victim's mental ill health played a role in the circumstance of the case³² and in another her physical disability would have added to her isolation³³. The Kent University research into additional learning needs and domestic abuse also considered barriers when the perpetrator has a physical disability; *'these are significant factors, as the men needed a level of care or support themselves and one reason why women found it difficult to leave their violent partners was that they were worried that the men would have no one to look after them.'*

Stay Safe East highlights the multiple barriers disabled women face including institutional discrimination such as segregation, marginalisation and assumptions about capacity, the terror of losing children and the problem of a one size fits all approach to support services, as we've seen examples of in this report.

They highlight the following as particular concerns:

- Disbelief of the story of disabled victims.
- Lack of understanding of coercive control in a disability context and within different cultural contexts.
- Child protection processes which deny the rights of disabled mothers surviving abuse.
- National policies impact most on disabled women.
- Services are not designed for disabled women – short term IDVA or counselling support, limited 24 hour refuges, health and safety concerns of refuges, access and British Sign Language access.
- Lack of sex and relationship education for young disabled people.

²⁸ Welsh Women's Aid – Are you Listening, Am I being Heard - http://www.welshwomensaid.org.uk/wp-content/uploads/2016/03/Are_you_listening_and_am_I_being_heard_FINAL_July_2016.pdf

²⁹ Women's National Commission – Still We Rise <https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/wnc-report-strategy-focus-groups.pdf>

³⁰ <http://thewomensresourcecentre.org.uk/wp-content/uploads/A-Bitter-Pill-to-Swallow.pdf>

³¹ Op Cit - Taken from the AVA tackling violence abuse against disabled women and girls seminar – November 2018 <https://avaproject.org.uk/tackling-violence-abuse-against-disabled-women-girls/>

³² Op Cit - http://www.standingtogether.org.uk/sites/default/files/docs/STADV_DHR_Report_Final.pdf - page 38

³³ Ibid page 38

HOW DID YOU FEEL ABOUT THE SUPPORT OFFERED AND WHAT WOULD MAKE IT EASIER IF YOU WERE REPORTING AGAIN?

While some of the findings of this report indicate that services need to do so much more to ensure support provision is accessible and meets the needs of disabled survivors, some survivors reported very positive experiences.

'I can't say thank you enough to so many people. I am now in a lovely flat in an independent living complex. I had my carers, fantastic social worker, my chemist arranged pick up and the Women's Aid team where absolutely fantastic, they helped me cancel all my direct debits, helped with balancing my money (what little I had, they organised financial and welfare agent to the refuge, they organised everything as I slowly healed and they still supported me to find appropriate SAFE flat after, they worked alongside my social worker and carers. It is always a lot harder when disabled to do this, don't think I would have lived to my next birthday if I had not had excellent support from so many council employees all working together, I was although carried because I was in a daze and scared, but I was involved in every step of the way... it was a dreadful scary time but I coped the support was amazing. Being disabled however does put up a lot of barriers at the beginning how can I cope how will I get there, how do I get out? Who will accommodate my powerchair, will I be able to get in and out of a strange bed, will the showers be big enough, will I be able to get on and off the toilet these things go through my head stopping me seeking help'.

Many survivors, however, highlighted to us an inconsistency and delay in the availability of good quality support, and in some cases survivors noted a distinct absence of helpful responses that met their needs and built on their existing strengths.

'Support was good, but didn't make me feel any safer'

'Yes eventually it was ok, when things got done'

'No it was awful huge lack of any kind of help or support'

When considering what would make it easier to report again, 70% survivors advocated the need for 'increased awareness and understanding of disability equality issues for support service staff, such as police officers, doctors, nurses, housing officers, domestic abuse coordinators'. Survivors also noted that they do not identify with the 'public story' of abuse, and called for more diversity in publicity and representation, which demonstrates that people from across communities can and do experience violence and abuse. Survivors also unanimously recommended the following should be prioritised:

- Greater publicity
- Accessible information
- Accessible housing
- Accessible refuge spaces

One survivor noted:

'more support was needed for me to stay safe in my own home. More of an emphasis is needed on preventing the behaviour instead of the emphasis on women moving to strange places with their children and the person who causes the harm gets to stay in the area. It's very difficult physically to move when someone has an illness and maybe also has to do so without friends or a support system'

In the 2011 report, respondents reported that information was often only available in standard rather than accessible formats. Other suggestions for making reporting easier were very similar to those identified in this survey.

Best practice example – Cyfannol Women’s Aid

No....SH! – Sexual Harassment Peer Mentor Volunteering Scheme

Volunteering Matters in partnership with Cyfannol Women’s Aid

In Gwent, Cyfannol Women’s Aid and Volunteering Matters are working together on a peer-led mentoring programme for young women. The project, funded by Rosa: Justice and Equality Fund, recruits young women as peer volunteers to support the delivery of workshops to help improve awareness of sexual harassment and abuse of young women with learning difficulties.

The Volunteering Matters S.A.F.E (Sexual Awareness for Everyone) project works with women with learning difficulties to promote awareness of healthy sexual relationships. Young women accessing Independent Living Studies courses at local colleges in Torfaen, Monmouthshire and Blaenau Gwent were reporting experiencing sexual harassment and abuse; this was compounded by the young women having to use public transport to get to college due to cuts to college transport funding.

The volunteers, the majority of whom have learning difficulties themselves, help design and develop accessible sessions and go on to assist staff in facilitating the workshops to other young women. Educational workshops and toolkits are delivered to women with learning disabilities and Autism. The sessions focus on how to identify sexual harassment in public spaces, such as public transport, and how to deal with it in a way that keeps them safe.

As the leading provider of sexual violence services in Gwent, Cyfannol’s expertise were brought in to support the development of the workshops and attempt to support the un-met needs of women with learning difficulties experiencing harassment.

The project also aims to strengthen relationships and links, via the contacts both services have, with training providers, education establishments and health services, which in turn, it is hoped, will increase the visibility of and referrals into Cyfannol’s sexual violence services and further strengthen multi-agency working.

Best Practice Example: Transform Project: Carmarthen Domestic Abuse Services

The Transform Project was a partnership between Carmarthen Domestic Abuse Services and Carmarthenshire People First, funded by Lloyds Bank Foundation. The project's aim was to consider what would improve service responses for people with learning disabilities who have or are experiencing domestic abuse, the barriers to disclosing and needs and resources to deliver services.

At the end of the research project, key findings were identified; people with learning disabilities don't always recognise abusive or unhealthy relationships and they can face multiple barriers to disclosing, including; fear of repercussions, missed opportunities from professionals, and minimising their experiences. As well as specific concerns for women with learning disabilities including a lack of accessible services and lack of education on healthy relationships for people with learning disabilities.

A number of recommendations were highlighted in the report including improved education on healthy relationships, particularly in school at an earlier age, in an accessible format; improving training on domestic abuse and learning disabilities as well as the introduction of accessible assessment tools for agencies and safeguarding and learning disability agencies to signpost to appropriate support where needed.

Following this research project, the aim is to secure onward funding to develop a training module specifically focussing on learning disability and domestic abuse to deliver to professionals in partnership with Carmarthen People First and to campaign for a streamlined local pathway for people with learning disabilities experiencing abuse.

CONCLUSION

This report has shown, that eight years on from our first joint report, disabled survivors of violence against women, including domestic abuse and sexual violence continue to face barriers to reporting, accessing appropriate support that build on their strengths and meet their needs, and leaving to a place of safety in an emergency.

As is the case for anyone experiencing violence against women, domestic abuse and sexual violence, there are multiple barriers to reporting and leaving, but concerns about care packages and accessible spaces are just some of the additional concerns highlighted by survivors. *'The support was not there for me to move away from the family home, so there was little point in me reporting the abuse'*

Disabled survivors also reported delays in accessing specialist VAWDASV support, this echoes findings from Welsh Women's Aid about waiting times for access to support. This waiting is further exacerbated by the lack of accessible support available, despite specialist services attempts to mitigate that.

We have also heard the challenges specialist services face in providing equal access to support services for disabled survivors and many continue to call for better resources to provide that support. Services in particular raised their concerns about gaps in access to support for survivors with mental health conditions, learning difficulties and autism.

Much of the findings are similar to those in the 2011 Disability and Domestic Abuse report, particularly given the examples of poor response from the police and other statutory services. Clearly more needs to be done across public services in Wales to ensure front line officers are trained in and sensitive to the particular needs of disabled survivors seeking support. Additionally, the need for improved funding and resources for specialist services was highlighted in the 2011 report and continues to be a major cause of concern.

RECOMMENDATIONS

The following recommendations are informed by the recommendations for improvements made by survivors and by the experience of Disability Wales and Welsh Women's Aid, with the aim of achieving lasting improvements in responses to disabled survivors of abuse.

These recommendations will help deliver on the National Strategy objectives for Wales:

Recommendations for all agencies:

- Agencies should work to identify disabled survivors and their experiences of abuse as early as possible, through enquiry, and ensure staff are trained to understand and know how to mitigate and reduce the specific barriers to disclosure for disabled people.
- Agencies need to recognise and understand the specific forms which violence against disabled women may take.
- Accessible information on violence against women, domestic abuse and sexual violence to be available in a range of formats.
- Publicity on campaigns to tackle domestic abuse to include disabled people and diversity across different forms of impairments in different communities, recognising that disabled people aren't a homogenous group
- Publicity and materials to include messages that mitigate and challenge victim-blaming myths
- Agencies should routinely record and report information about survivor and perpetrator characteristics i.e. gender, age, sexual orientation, ethnicity, immigration status, and impairment – to focus attention on what agencies need to be doing better and how they should adapt to needs rather than expect people to adapt to them.

For statutory services (health, social care, housing, education, justice system etc.):

- HMIC to conduct a review into police conduct when responding to disabled survivors of VAWDASV.
- All police forces to be trained in coercive control and violence against women, domestic abuse and sexual violence including in relation to disabled women.
- All statutory services have knowledge of disability services and signpost to specialist VAWDASV services that can support disabled survivors.
- Survivors with serious mental health conditions need to be prioritised.
- Children's social care should improve public confidence in their work, as survivors with learning difficulties may have already had their parenting abilities questioned and are therefore fearful of statutory involvement.
- More awareness and funds should be made available for adaptations for people with a range of impairments – for example residential or refuges don't have access for working animals.
- Ensure care packages are easily transferable across local authority boundaries.

For specialist violence against women, domestic abuse and sexual violence services:

- Recognise that survivors with learning difficulties or a neurological impairment may struggle to retain information in group programmes such as the Freedom Programme for example and these should be adapted accordingly
- Services to prioritise training on disability equality and ensure staff are informed of additional support needs that disabled survivors may have
- All services, including the national Live Fear Free helpline to secure funding to produce all materials in a range of accessible formats, i.e. braille, easy read, BSL
- Live Fear Free helpline to further publicise itself within services accessed by disabled people

For disability services:

- Disability services should invest in training on VAWDASV, the signs and how to appropriately support someone who discloses domestic abuse.
- Disability services to display publicity about violence against women, domestic abuse and sexual violence to support survivors to recognise abuse and seek support
- We want preventative initiatives developed which seek to challenge the negative stereotypes of disabled women, as well as initiatives aimed at building disabled women's confidence and self-image. A recent example of this is DW's project Embolden: the Spirit of Disabled Women. A project funded by the Fawcett Society and Spirit of 2012. This project highlighted the achievements of D/deaf* and disabled women across Wales. Women breaking stereotypes, achieving great things and creating positive change. Further detail on this project available at: www.disabilitywales.org/projects/embolden
- Integrate Disability Equality Training with VAWDASV training - involve disabled women, utilise experienced disabled trainers, tap into existing resources and expertise on disability equality issues.
- Secure funding to develop a service specifically for D/deaf³⁴ women impacted by violence and abuse, modelled on the approach developed by Deaf Hope.

Recommendations for Welsh Government:

- We call for the incorporation of the UN Convention on the Rights of Disabled People (UNCRDP) in Welsh policy and legislation. The UNCRDP specifically refers to the multiple discrimination faced by disabled women and calls for appropriate governmental measures to ensure the full development, advancement and empowerment of women (Article 6). It also states the right of disabled people to freedom from exploitation, abuse and torture both within and outside the home (Article 16). The UNCRPD should be fully recognised and implemented through policies and services to tackle violence against women, domestic abuse and sexual violence.
- Strategic discussion must take place at a regional level to look at how trauma informed work with services can be better supported through the network of specialist organisations and mental health providers.
- Funding to be made available to consider how the 'Ask and Act' training can be adapted for people with learning difficulties.
- Welsh Government to consider further roll out of Change that Lasts service model, to both meet the needs of disabled survivors within communities and reduce the cost of VAWDASV to the public purse in Wales.
- Ensure ring-fenced funding and diversity of funding streams that address the full range of needs of survivors of violence against women, domestic abuse and sexual violence.
- Ensure core provision and delivery of accessible specialist services is sustained and funded at a national level.

**Names changed to protect anonymity*

³⁴ *D/deaf explained

Generally, the "small d" deaf do not associate with other members of the deaf community. They may strive to identify themselves with hearing people, regard their hearing loss solely in medical terms.... In contrast, "Big D" Deaf people identify themselves as culturally deaf and have a strong deaf identity.

Appendix 1

The Live Fear Free website is a Welsh Government resource, delivered by Welsh Women's Aid which provides information and advice for survivors, their friends and family and concerned professionals experiencing violence against women, domestic abuse and sexual violence. The helpline can be accessed via;

Live Fear Free Helpline: 0808 8010 800

Text service: 078600 77333

Email: info@livefearfreehelpline.wales

Live chat service



Cymorth i Ferched Cymru
Welsh Women's Aid



disability wales
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