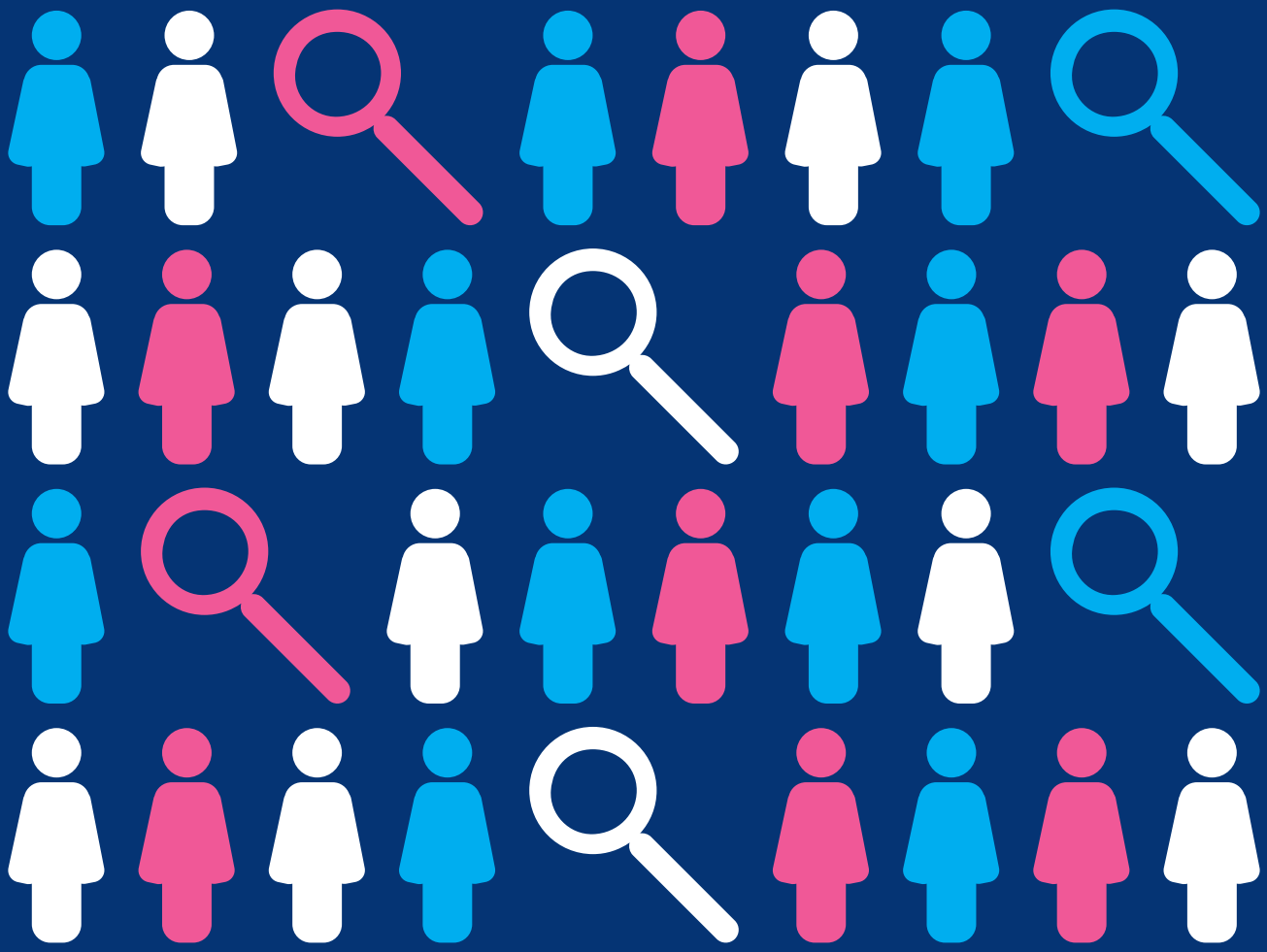
Spotlight Report #HiddenVictims

Disabled Survivors Too: Disabled people and domestic abuse



SafeLives
Ending domestic abuse

March 2017

Acknowledgements

We'd like to thank all of the practitioners who participated in this Spotlight particularly the insight we received from DeafHope, Scope, Talking Mats, Stay Safe East, Dr Justin Varney from Public Health England and Dr Ravi K Thiara from the University of Warwick.

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About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse, with over 60,000 victims at high risk of murder or serious harm now receiving co-ordinated support annually.

No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop.

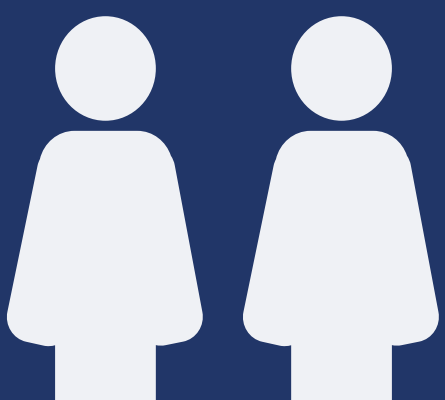
Every year, two million people experience domestic abuse. There are 100,000 people at risk of being murdered or seriously harmed; 130,000 children live in those households. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact.

Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody's business.

What would you want for your best friend?

- Help made available wherever they need it – whether from the police, their GP or hospital, or where they live
- Early, consistent and tailored support that makes them safe and meets their needs
- The choice to stay safely in their own home and community
- The perpetrator challenged to change and held to account
- A response that reflects the fundamental connection between the experience of adults and their children
- Agencies working together to meet the practical needs that people have, providing help on areas such as housing, money and access to justice

We want this for each and every person living with abuse. Wherever they live, whoever they are.



What we do

- Create a platform for victims, survivors and their friends and family to be heard and demand change
- Test innovative projects and replicate effective approaches that make more people safe and well
- Combine data, research and frontline expertise to help services improve and to influence policy makers (locally and nationally)
- Offer support, knowledge and tools to frontline workers and professionals

How we do it

- We are independent
- We focus on the practical: we believe in showing people what they can do, not telling them they should do
- We save time and money for local areas by solving common problems once and sharing the solutions
- We are informed by evidence of what really works
- We learn from local provision and respect local circumstances, but show how national replication can be achieved
- We work across organisational and sector boundaries

Background

More than 11 million people live with a limiting long term illness, impairment or disability in the UK. This is almost one in five people and the proportion increases with age. Around 6% of children are affected compared to 16% of working age adults and 45% of adults over state pension age.[1]

This report will look at disability and domestic abuse. It is part of our 'Spotlight' series which focuses on 'hidden' groups of domestic abuse victims or those with unmet needs, and proposes recommendations for both practitioners and policy makers.

We'd like to thank all of the practitioners who participated in this Spotlight and particularly the insight we received from Deaf Hope, Scope, Talking Mats, Stay Safe East, Dr Justin Varney from Public Health England and Dr Ravi K Thiara from the University of Warwick.

Executive summary

Disabled people experience higher rates of domestic abuse than non-disabled people. In the year to March 2015 the Crime Survey for England and Wales reported that women and men with a long standing illness or disability were more than twice as likely to experience some form of domestic abuse than women and men with no long standing
illness or disability.[2]

Our research has found that disabled victims of domestic abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims. SafeLives' data reveals that disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims. Even after receiving support, disabled victims were 8% more likely than non-disabled victims to continue to experience abuse. For one in five (20%) this ongoing abuse was physical and for 7% it was sexual.

Our research suggests that this may be attributed to a number of factors, either through poor commissioning, lack of awareness or understanding in practice, social stereotyping of victims of domestic abuse or services being inaccessible. For instance, some services may offer only telephone support, which excludes those who cannot communicate on the phone.

A further consideration is that services or change programmes for perpetrators may not be easily accessible to disabled perpetrators. Stereotypes may impact professionals' perceptions of what an abuser 'looks like', leading to the misconception that disabled people do not perpetrate domestic abuse. We know that this is not the case and that some disabled perpetrators use their knowledge of their victim's disability, and the systems designed to help them, to cause further harm.

For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members. Our national data shows that disabled victims are much more likely to be suffering abuse from a current partner (31%) than non-disabled victims (18%).

Intimate partners or family members often act as carers and this position of power can be exploited leading to widespread and pervasive means of coercive control and social isolation.

Disabled people often suffer from marginalisation in society through misplaced views of their lives and experiences, which can leave them ill-equipped to recognise abusive behaviours, understand their rights and seek support. Defining disabled people purely by their disability feeds into the perception that disabled people do not have intimate and sexual relationships. Failing to recognise that disabled people have intimate relationships adds an additional barrier to identifying them as victims of domestic abuse.

Disabled victims can also be excluded from data. In our national Insights dataset, 14% of people were identified as having an impairment. While this is in line with population figures, given that we know disabled women are twice as likely to experience domestic abuse, we estimate that the true figure is likely to be double (28%). This means that a significant number of disabled victims experiencing abuse are either not accessing domestic abuse services or are not being identified as having an impairment and therefore will not be receiving appropriate assistance or safety planning.

Further, SafeLives estimates that at least 13,600 disabled victims experiencing high risk domestic abuse (out of 16,000 disabled victims in total) are either not supported by a Multi-Agency Risk Assessment Conference (Marac), or their impairment is not identified by the Marac process. Currently almost one in five Maracs (18%) are not recording any disability referrals at all. In 2014 the Care Act introduced a clear legal framework requiring local authorities to safeguard vulnerable adults. Despite this, our Insights national dataset shows that in 2015-2016 none of the 925 referrals of disabled victims to domestic abuse services were from adult safeguarding.

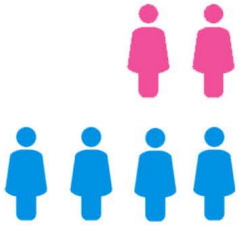
This report uses SafeLives' dataset and expertise to make recommendations about how we can increase the awareness and understanding of this issue, to provide better advocacy and support and to help end domestic abuse for disabled people.

Recommendations

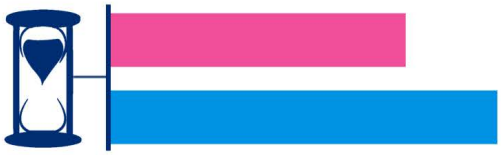
- Involve disabled people in the prevention of domestic abuse.
- Promote greater understanding about the dynamics of disability and domestic abuse.
- Promote greater awareness of hidden impairments.
- Ensure institutional advocacy for disabled victims of domestic abuse.
- Invest in more person focused services and support for disabled victims of domestic abuse.

Key Findings

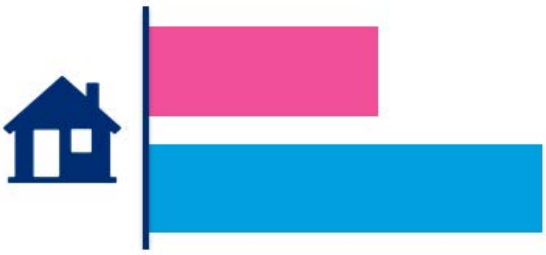
Disabled women are **twice as likely** to experience domestic abuse than non-disabled women.



Disabled victims typically experience abuse for a **longer period of time** before accessing support (**3.3 years'** average length of abuse vs **2.3 years**)

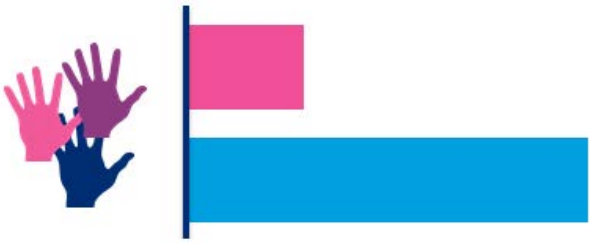


Almost a third of disabled victims **(31%)** were **living with the perpertrator** of the abuse compared to **18%** for non-disabled victims



Disabled people who are experiencing domestic abuse are **twice as likely** to have previously planned or attempted suicide (**22%** vs **11%**)

Disabled victims are more likely to report abuse from **multiple perpetrators**: **one in five (19%)** compared with **one in twenty (6%)**



Of the **16,000** disabled people experiencing high risk domestic abuse

An estimated **13,600** either are **not supported by a Marac**, or their disability is not identified by the Marac process

Almost one in five Maracs (**18%**) are **not recording** any disability referrals

In 2015-2016 **0 out of 925** referrals of disabled victims to domestic abuse services were **from adult safeguarding**

Despite continuing to experience a higher level of abuse at case closure

Only **9%** of disabled victims are **engaging or accessing adult safeguarding services**

Definitions

The UK Government defines domestic abuse as:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violent or abuse between those aged 16 or over who are, or have been, intimate partners of family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional.

The Equality Act (2010) defines a disability as:

A physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal activities. 'Substantial' is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed. A 'long-term' effect is one which has lasted at least 12 months; or where the total period for which it lasts is likely to be at least 12 months; or which is likely to last for the rest of your life. If the effects are sometimes absent or less severe, they are treated as continuing if they are likely to recur. This means that people with fluctuating conditions such as depression. arthritis or asthma can be covered.

Medical and social model define disability as:

According to the medical model a disability is a condition that impairs an individual from living a normal and full life or a condition that needs an intervention or treatment. The social model separates impairment and disability. Impairment is a condition that creates difference in physical or psychological functions. It suggests that disability is the interaction of the impairment with social and environmental restrictions. Supporters of the social model argue that it is the way society is organised, not the impairment itself, which excludes disabled people from full participation in society.

We use the social model.

Why disabled victims of domestic abuse need our attention

Disabled people are among the most marginalised and discriminated against people in society. The are more likely to be living in poverty and poor housing, less likely to be in work, less likely to access higher education, and less likely to have the opportunity to participate in social and cultural activities.[4]

Worldwide systematic reviews have highlighted the greater risk of violence generally for disabled people showing they are substantially more likely to experience threats of violence, physical abuse and sexual assault.[5] [6]

Domestic abuse is no exception. As this report will show, disabled people are more likely to experience physical, sexual, emotional and financial domestic abuse than non-disabled people. The abuse they suffer from is often more frequent, severe and lasts longer than the abuse suffered by non-disabled people.

Despite this, the abuse suffered by disabled victims often goes unreported and unnoticed, leaving these hidden victims without the support they need. Because they are often hidden, the research and data on this group is limited, making it more difficult to justify and advocate for the commissioning of services that respond to their specific needs.

This report uses SafeLives' Insights national dataset and our national Marac dataset to help demonstrate the extent of domestic abuse that disabled people suffer. Combined, this is the largest dataset in the UK on domestic abuse. Our Insights dataset comprises more than 55,000 cases providing detail of victims' and children's experiences, needs and service provision.

providing detail of victims' and children's experiences, needs and service provision. Our Marac dataset dates back to 2004 and provides a national picture of the number of victims experiencing abuse at the highest risk of harm or fatality.

In this report we also draw on evidence from our Spotlight on disabled victims of domestic abuse series[7], domestic abuse practitioners, disability charities and other research to help understand the experiences of disabled victims, and the improvements to support that they desperately need.

Policy and legislative context: The right to protection and support

Disabled victims of domestic abuse are entitled to protection, but the help available isn't working.

In 2014 the Care Act introduced in England, for the first time, a clear legal framework requiring local authorities to safeguard vulnerable adults. If an adult with care and support needs (such as a disability) is suspected to be at risk of any form of abuse or neglect, the local authority must make enquiries and take steps to protect them. This includes working with other agencies such as health and the police, and providing independent advocacy when it is needed. Despite this, in 2015-2016 none of the 925 referrals of disabled victims to domestic abuse services in our national dataset were from adult safeguarding.

In 2015-2016 **0 out of the 925** referrals of disabled victims to domestic abuse services were **from adult safeguarding**

In 2015 the police and criminal justice response to domestic abuse in England and Wales was strengthened by a new criminal offence of 'controlling or coercive behaviour in intimate or familial relationships'. This new offence is particularly important for disabled victims, because the abuser can often be the person relied upon for care, meaning there is an increased opportunity to use coercion and control.

It is possible that victims who lack mental capacity to make certain decisions may still be denied protection from the criminal justice system, which means that, ultimately, they are less likely to become safe. This is because the perpetrator may argue that the control was in the victim's 'best interest'. Talking about her research in a blog for our Spotlight series, Dr Ravi Thiara highlighted how abusive perpetrators who are also

carers often present themselves as 'caring heroes' to outsiders but in fact use this to exert greater control. This makes it harder for victims to 'name' abuse and do anything about it. One woman from the study highlighted how agencies and professionals can disregard the abusive actions of perpetrators by confusing caring behaviour with controlling behaviour:

“People pity him because he is taking care of you… people are reluctant to criticise this saint or to think he could be doing these terrible things.” [8]

Cited in blog by Dr Ravi K Thiara, 2016

Disabled victims of domestic abuse are also protected under the Equality Act (2010). This seeks to ensure that support available to others, such as from an Independent Domestic Violence Advisor (Idva), is equally accessible to those with impairments. It is a legal requirement of the Act that public bodies (such as the police and local authorities) carry out an equality analysis to take account of the needs of those with impairments when planning, delivering and commissioning services.[9]

Despite this requirement, domestic abuse services are often inaccessible to disabled victims. Research has found that there can be inconsistency amongst local authority commissioning of domestic abuse services for disabled people, as well as within the domestic abuse support provided by statutory bodies.[10]There is also inconsistent engagement from primary care services when disabled people seek domestic abuse help. Further, the absence of disability training across domestic abuse support services and a lack of awareness of domestic abuse in disability organisations exacerbate a lack of understanding and support.

"If staff aren't trained to consider the needs of people with impairments and if they aren't trained about domestic violence, then they will not be able to support the people who need them most."

Cited in blog by Dr Justin Varney, 2016

The Government’s Strategy to End Violence Against Women and Girls (VAWG) published in 2016[11] includes a commitment to promote understanding of the needs of disabled women who are victims of domestic abuse, and to support commissioners to provide appropriate support.

Through the new National Statement of Expectations for VAWG (2016) the Government committed to working with local areas to achieve clear outcomes by 2020. These include a reduction in the prevalence of all forms of violence against women and girls, matched with increases in reporting, police referrals, prosecution and convictions. The Government will support areas to put in place local strategies which aim to:

- put the victim at the centre of service delivery
- focus clearly on perpetrators
- take a strategic system-wide approach to commissioning
- be locally-led and safeguard individuals at every point
- raise local awareness of the issues and involve, engage and communities to seek, design and deliver solutions.

For disabled victims who are experiencing domestic abuse, the statement places importance on access to a broad diversity of provision which can be flexible and responsive to individual experiences and needs. It also prompts services to address identification of disabled victims, promoting wider touch points in the community. For instance, this might mean doing more to ensure disabled people feel able to disclose violence or sexual abuse; paying particular attention to how their impairment may prevent them from leaving the home or in expressing themselves to receive the help they need. The Government is also committed to addressing perpetrators of abuse, including those who may be disabled themselves.

Alongside the Statement of Expectations, the Government has provided a toolkit and new guidance for commissioners and services in England on how to prevent and address the effects of violence against women and girls. The guidance emphasises the importance of links between local agencies working with disabled people and domestic abuse services to promote disclosures and referrals, and highlights ways in which commissioners should be considering the needs of disabled victims. For instance, the toolkit provides an example of a service needs assessment which includes disability as a requirement for local plans and monitoring frameworks commissioning. This encourages local areas to commission services for clients with specific vulnerabilities, and to monitor issues around marginalisation and barriers to access. The Equality Act 2010 obliges service providers to ensure that disabled people can use their services. The toolkit also suggests that service specifications should include a breakdown of victims with additional needs, such as disability and outline the nature and scope of the service required.

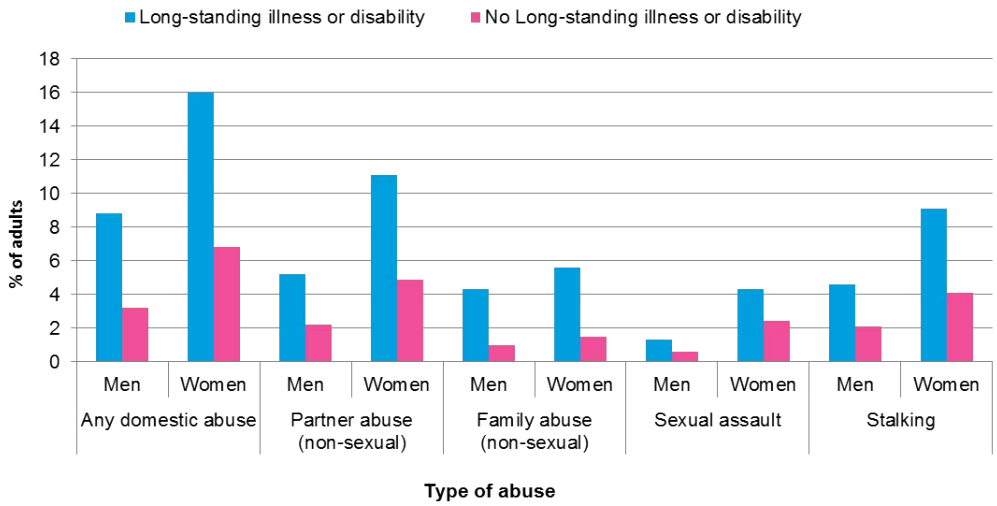
Disability and domestic abuse: the big picture

People with impairments are far more likely to experience domestic abuse.

The Crime Survey for England and Wales shows disabled people experience significantly higher rates of domestic abuse than non-disabled people.[12] In the year to March 2015 women (16%) and men (8.8%) with a long standing illness or disability were more likely to experience some form of domestic abuse than women (6.8%) and men (3.2%) with no long standing illness or disability.

This trend persists across every category of domestic abuse within the Crime Survey for England and Wales, and is true for both men and women (See Figure 1).

Figure 1: Percentage of adults aged 16-59 who were victims of intimate violence in the last year by long standing illness or disability, year ending March 2015, CSEW



It is likely that the rates are even higher than reported. Many disabled people may not be represented in statistics due to being excluded from research, not disclosing the abuse, or not being identified as a disabled person.

The abuse suffered by people with impairments lasts longer and is more severe.

Research reveals that disabled victims suffer more severe and frequent abuse over longer periods of time than non-disabled victims.[13]

The disabled victims in SafeLives' Insights dataset[14] typically endured abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims. The number of times they had attended A&E as a result of the abuse was also higher: 1.7 times in the last twelve months, compared with 1.3 for non-disabled victims, suggesting more frequent incidents.

Disabled victims receiving support from an Idva suffered higher rates of some forms of abuse. 31% of disabled victims suffered from sexual abuse compared with 23% of non-disabled victims. They were also more likely to report abuse from multiple perpetrators; one in five (19%) compared with around one in 20 (6%) non-disabled victims.

Our analysis also found that almost a third of disabled victims (31%) were living with the perpetrator of the abuse, increasing the opportunities for harm. This is much higher than the same figure for non-disabled victims (18%).

Victims must be identified sooner to prevent the long duration of abuse which, in turn, allows the abuse to escalate.

The risk for disabled victims of domestic abuse

For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent upon for care, such as intimate partners or family members who may be acting as a carer.

Our Insights data shows that disabled victims are much more likely to be suffering abuse from a current partner than non-disabled victims (37% vs 28%) and over a third (31%) were likely to be living with the perpetrator of abuse compared to 18% for non-disabled victims. They are also more than twice as likely to be experiencing abuse from an adult family member (14% vs 6%). Looking at the Crime Survey for England and Wales, which includes those who may be accessing support, the likelihood of non-sexual family abuse is approximately four times higher for women (5.6%) and men (4.3%) a long-term illness or disability compared to women (1.5%) and men (1%) without.[15]

Almost a third of disabled victims **(31%)** were **living with the perpetrator** of the abuse compared to **18%** for non-disabled victims

The forms of abuse used by abusive carers toward disabled victims can involve withholding, destroying or manipulating medical equipment, and preventing access to medication, personal care, meals and transportation.[16] For instance, abusers can take control of a disabled person's finances, denying them money for their prescriptions and essential needs related to their impairment.[17] Research has also found that many disabled women communicate that they have been sexually violated, repeatedly raped, or subjected to demands for sex in return for care giving.[18]

"Maria, a disabled woman, is denied access by her partner to the specialist nurse for her condition; the partner refuses to have handrails installed in their home. She stops Maria from using a walking stick, and Maria tries to walk without it, mocks her walking and tells her to stand up straight knowing she will fall and hurt herself. Her partner has pushed and shoved Maria but never hit her - she doesn't need to; the falls Maria has had over many years were put down to 'accidents' due to her impairment. Maria's partner controls her money, and Maria cannot leave the house without her partner's help as the access is poor. Her partner has threatened to disclose their relationship to Maria's family. A safeguarding alert was raised by the specialist nurse but the investigation found there were no concerns, except that Maria needed access to Dial-a-Ride to get to appointments."

Case study: Provided by Ruth Bashall, Director of Stay Safe East (victim's name has been changed to protect identity)

This power-imbalance between the carer and victim of domestic abuse, due to their dependency on the carer, and hence isolation, can lead to even more wide-spread and pervasive means of coercion and control. Experts from SafeLives' National Marac Scrutiny Panel gave evidence that an abuser often uses the fear of institutionalisation or the threat of children being taken into care to exert control over a disabled person.[19]

Sometimes the perpetrator of abuse is also disabled. This can be perceived as an additional barrier in reporting as disabled victims feeling that they will not be believed. Women who have experienced violence from disabled men report difficulties in being taken seriously by the police and social services. The myth that disabled people are vulnerable, and thus would not hurt anyone themselves contributes to this denial, seeing people's impairments, rather than the whole person, and making assumptions based on those labels. It is vital that service providers and statutory agencies are aware of, and respond appropriately to violence against disabled women, including when it is perpetrated by another disabled person.[20]

The opportunities for domestic abuse to take place are increased for disabled victims. Disabled victims with high dependency needs have reported daily, pervasive abuse, which had gone on, unchecked, throughout large sections of their lives.[21] Professionals need a greater understanding of the complex dynamics of disability and domestic abuse in order to help in these circumstances.

Recommendation: Promote greater understanding about the dynamics of disability and domestic abuse

- **The Government** has said that by 2020 they are committed to reducing the prevalence of all forms of violence against women and girls. The Government should monitor the extent to which local areas meet the actions set out in the National Statement of Expectations, and the extent to which this strategy is effective in meeting the needs of disabled victims.

- **Health staff** should document domestic abuse within patient records safely to ensure repeat incidents experienced by the victim are more likely to be identified and keep records for evidence purposes. If concerns are identified and it is safe to do so (for example a one-to-one environment), the health professional should use this opportunity to ask relevant questions about domestic abuse in line with NICE Quality Standards[22].

- **The Care Quality Commission** within its inspection framework for health services, care services and care homes should ensure providers are upholding their duties towards disabled victims of domestic abuse under Regulation 13 of the Health and Social Care Act 2008 which refers to the need to safeguard service users from abuse.

- **Domestic abuse services** should consider appointing 'champions' or specialists trained to support victims with impairments, who would take a lead in ensuring all staff members are aware of how disabilities can impact on the experience of abuse.

Impairments can be 'invisible', which means victims do not get the specialist support they need.

A 'hidden impairment' means that a person's injury or condition is not instantly noticeable or visible. Two key examples include learning difficulties and mental health problems - the next section looks at both in turn in respect of domestic abuse victims.

Victims of domestic abuse with learning disabilities

Not only is society less likely to make the connection between domestic abuse and disability, or assume that a disabled person can be experiencing abuse, but it becomes even more difficult to identify and support disabled victims if the disability isn't physical.

For instance, learning disabilities can be difficult to detect without face-to-face interactions or the involvement of specialist professionals. Some domestic abuse services are conducting more and more of their work over the phone because of contract requirements or pressures on resources which means they may be missing opportunities to identify victims with learning difficulties. If a victim's learning difficulties have gone unidentified it will be harder for a service to effectively meet that individual's specific needs.

“One of our service users did not understand negatives and so would find it difficult to answer questions accurately depending on how they were phrased. This was only apparent once a speech and language therapist had assessed the client.”

Learning Disabilities Primary Care Liaison Nurse

Speaking in a podcast for our Spotlight serries[23] Dr Michelle McCarthy highlighted how victims with learning difficulties are subjected to the same forms and levels of abuse as non-disabled victims, but with an intensification of coercive control, which plays on the victims' impairments. Perpetrators may manipulate the victim's sense of invisibility and feelings of lowered self-confidence to normalise the abusive behaviour that the victim may have experienced or witnessed throughout their life.

"That in itself was quite a barrier; for [victims with impairments] to be able to see that actually life could be better and to aspire to that."

Dr Michelle McCarthy, Reader in Learning Disabilities, University of Kent

Public Health England (PHE) recognises that primary health services have a legal responsibility to make reasonable adjustments to providing primary care services for people with needs arising from disabilities. Annual health checks are one important component of this, and since 2009 GP surgeries have received extra money to provide these checks (PHE, 2016[24]). PHE recommends that given the difficulties faced by people with learning disabilities, targeted health checks are an effective and important 'reasonable adjustment' to primary care services in the UK. It is a legal duty (under the Disability Discrimination Acts 1995, 2005 and the Equality Act 2010) of primary care services to make such adjustments.

In response to this, the NHS provides a (non-compulsory) Annual Health Check Scheme for adults and young people aged 14 or above with learning disabilities. Research shows that regular health checks for learning disabilities can often uncover treatable health conditions, and also reduces fear of going at other times; this allows patients to talk about anything that is worrying them[25]. An annual health check is a face-to-face opportunity for GPs to discover hidden impairments and provides a space to ask the question about domestic abuse. Despite this, recent figures show that only 44% of eligible adults with a learning disability have had an annual health check.

Victims of domestic abuse with mental health problems

Mental health problems have a complex relationship with domestic abuse. We know that women and men with mental health problems are at an increased risk of experiencing violence, regardless of gender or the specific mental disorder. We also know that exposure to domestic abuse increases the onset, duration and reoccurrence of mental health issues.[26]

The SafeLives national dataset shows that victims with other impairments are significantly more likely to be experiencing mental health issues (56% compared with 33%). Victims with impairments are also twice as likely to have previously planned or attempted suicide (22% vs 11%). Despite this they were less likely to have previously accessed a mental health service (59% vs 66%).

Disabled victims who are experiencing domestic abuse are **twice as likely** to have previously planned or attempted **suicide** (22% vs 11%)

Where mental health is a factor, perpetrators may use intensified methods of coercive control, often directly linked to the victim's mental health conditions. Forms of abuse could include threats of institutionalisation, withholding medication, threats to have their children taken away, or to 'out' them to friends, colleagues and family.[27]

Until there is a better awareness of hidden impairments, domestic abuse workers supporting victims who suffer from them will struggle to put in place the best form of support.

Recommendation: Promote greater awareness of hidden impairments

- **Idvas and other domestic abuse professionals** should be trained to ask disabled victims about experiences of abuse. This training should ensure they feel equipped in knowing how to engage and communicate with a client who is experiencing any type of mental health need or disability. This should be considered when developing safety plans and in facilitating a multi-agency response.

- **Health staff:** Information about free annual health checks at GP surgeries should be made accessible to patients with learning disabilities and more widely publicised. The requirement for GPs to routinely ask about domestic abuse at health checks should be investigated by NICE.

- **Commissioners** should fund training to help domestic abuse professionals understand the links between domestic abuse and disability, including 'hidden disabilities' such as mental health and learning disabilities. Funding should also be made available to help develop improved ways to enable victims to access support, such as ensuring professionals can meet clients face-to-face, have access to sign language interpreters and that their services are accessible for people with physical impairments.

False perceptions of people with impairments can prevent them from getting help.

Research with disabled victims confirmed that a negative social perception adds to a reluctance of disabled people to disclose domestic abuse.[28] In addition, the misplaced view of disabled people as asexual can mean they receive less education regarding healthy relationships. sexuality and sexual and reproductive health.[29] This means they may not be equipped with the information to recognise abuse behaviours or understand their rights and how to seek support.

"Society tends to avoid discussion of disabled people's relationships, particularly their sexual relationships, and it may well be that domestic violence falls under this curtain of paternalistic discretion. But we are doing disabled people a major disservice by not acknowledging their sexual and reproductive health and wellbeing, and talking about issues of domestic violence and sexual abuse is a key part of this."

Dr Justin Varney, National Lead for Adult Health and Wellbeing, Public Health England [30]

Disabled perpetrators of domestic abuse

The same societal and cultural stereotypes that influence our perceptions of disabled victims can also mislead our response to disabled perpetrators. The idea that a disabled person can perpetrate abuse goes against societal notions of their physical or mental impairment dependence, asexuality or inherent empathy for their disabled partner. When in reality, it is these societal projections of powerlessness that could lead to an increased desire for power and control within their own relationships.

Disabled perpetrators have intimate, personal and expert knowledge of the risks created by the victim's impairments, and can use this knowledge to increase the effectiveness of abusive tactics. For example, many disabled communities are tight-knit and the abuser can use the threat of loss of community or their status in that community to further isolate the victim.

"A disabled abuser will also manipulate assumptions about disabled people not being abusers themselves."

Ruth Bashall, Director of Stay Safe East

Experts from the National Marac Scrutiny Panel advised that such small communities can also lead to defensiveness and protectiveness around the abuser, as you might expect to see in other minority communities.

We need to better understand the experience of disabled victims, and also ensure that these victims themselves understand that the abuse they experience is not acceptable.

Recommendation: Involve disabled people in the prevention of domestic abuse

- **The Government's** commitment to make Sex and Relationships Education (SRE) statutory in schools must ensure that all children and young people, including those who have impairments, can access age-appropriate information about healthy relationships, boundaries and consent. High quality SRE should also be made available in schools for children with special educational needs.[31]

- **Local Safeguarding Adult Boards** should ensure that local agencies have policies and practices around domestic abuse which are informed by the views and experiences of disabled victims.

- **Domestic abuse services** should promote an understanding of healthy relationships in order to provide a person centered approach which is responsive to the individual needs and experiences of disabled victims.

The response to domestic abuse of disabled people

Many disabled victims are not getting support

In our national Insights dataset, 14% of victims were identified as having an impairment. While this is in line with population figures, given that we know disabled women are twice as likely to experience domestic abuse, we estimate that this could be only half the true number of disabled victims. This means that half of disabled victims are either not accessing domestic abuse services or not being identified as disabled.

The SafeLives' dataset shows that in 2015-2016, 2,400 victims experiencing high risk domestic abuse, with an identified impairment, were referred to Maracs nationally. If all victims experiencing high risk domestic abuse were known to services within England and Wales, and all impairments were identified, SafeLives estimates this figure would be at least 16,000.[32]

This suggests that at least 13,600 disabled victims of high risk domestic abuse were either not supported by a Marac, or their impairment was not identified, potentially leaving them without the specialist support they need.

Currently almost one in five Maracs (18%) are not recording any disability referrals at all.

When asked how they work with Marac partners to tackle this issue Thien Nguyen Phan, from Standing Together Against Domestic Violence, said they offer "Marac briefings and training to a range of frontline practitioners including adult social care and mental health services," as well as "free quarterly Marac workshops, which run for half a day, where we really go into more detail of the Marac process" and explain how the Marac process can work better for people with impairments.

Disability needs to be a consideration at the forefront of the Marac response, not an afterthought. It should be a question on the Marac referral form, and flagged up at the meeting, and a purposeful part of the safety planning and action planning. At Marac adult social care needs to be

present, participate, share information and take actions. But every agency should consider disability and ask the question from the beginning. They should not make any assumptions about whether there is or isn't disability especially as many disabilities are hidden. They need to ask the question and then respond accordingly.

Of the **16,000** disabled people experiencing high risk domestic abuse

An estimated **13,600** either are **not supported by a Marac**, or their disability is not identified by the Marac process

SafeLives' report 'A Cry for Health' found that victims with complex needs[33] are significantly less likely to be identified and access domestic abuse support through traditional support pathways[34]. We must look to the professionals that these groups come into contact with on a regular basis - healthcare workers and adult social workers - to identify and respond to domestic abuse and to make referrals and share appropriate information. Currently this is not happening. SafeLives' national data shows that only 7% of referrals into a domestic abuse service were received from health services, and none were referred by adult safeguarding.

Recommendation: Ensure institutional advocacy for disabled victims of domestic abuse

- **The Department of Health** should include monitoring of how the Care Act is impacting on victims of domestic abuse as part of its quarterly review of the impact of the operation of the Act. In addition, the government should consider supporting the creation of satellite or regional specialist hubs to support local areas, enabling them to draw on the specialist skills and knowledge of smaller charities who may struggle to engage with areas and/or Maracs on a local level.

- **Commissioners** should fund and promote training for services that are likely to come into contact with disabled victims of domestic abuse (for example adult social care, mental health, drug and alcohol services and primary care services). This training should include identification of domestic abuse and how to respond to disclosures and make a referral to specialist domestic abuse services.

- **Local Adult Safeguarding Boards** have a direct responsibility to ensure all statutory agencies meet their responsibilities in identifying, attending and responding effectively to experiences of abuse and should ensure the needs of disabled victims are specifically covered in their Strategic Plans.

- **Domestic abuse services** and disability services should make links with each other, to ensure that referral routes are established and understood (for instance by arranging reciprocal training and awareness raising).

- **Maracs** should monitor whether their referral and response levels for disabled victims are in line with SafeLives' estimates of the number of disabled victims experiencing abuse in their local area. They should work with local agencies, the SafeLives Knowledge Hub, or complete a self or peer assessment to identify solutions for low referrals.

- **Local authorities** have a duty of care under the Care Act 2014 to safeguard vulnerable adults and should ensure they are monitoring compliance with the legal provisions of the Act, with breaches being clearly articulated and recorded.

- **Police and Crime Commissioners** have a responsibility to commission services for victims, particularly those who are the most vulnerable. PCCs should ensure they consult with disabled victims and survivors of domestic abuse to ensure they are commissioning the most effective services for their needs, and to be particularly aware of the minimum standards and provisions of non-discrimination set out in the EU Directive of the Rights, Support and Protection of Victims of Crime (2012).

Support for disabled victims is not as effective as the support for non-disabled victims

Even when disabled victims are referred to local domestic abuse services these services may not be appropriate or accessible. For instance, refuges and community based domestic abuse services may not be accessible to victims with physical impairments, and there is only one specialist refuge in the UK for women with learning disabilities. Access to specialist professionals in other areas, such as the criminal justice system, can also be a barrier. In some areas Deaf victims are not able to access a good police response because they have to text the police who often arrive without an interpreter or do not immediately respond to a text

"To communicate with the police direct, it was really difficult for me and when I met them I didn't have an interpreter so we'd have to write things down...I couldn't make a statement straight away."

Excert from a survivor's story

To meet the requirements of equality law a service has a duty to make reasonable adjustments to make sure that a disabled person can use it as close as it is reasonably possibly to get to the standard usually offered to non-disabled people.[35]

However, accessibility of disabled victims is not simply about removing physical barriers; it's also about how support workers are able to effectively communicate and how information is presented to victims.

"The quality of court interpreters can be a big issue for deaf people and this is a common problem we see. We can never know in advance which interpreters have been booked and whether they will meet the client's needs for a deaf relay or deaf intermediary interpreter."

Service Manager, DeafHope

For disabled victims who do access domestic abuse support, the outcomes are less positive than those reported by non-disabled victims. After receiving support, victims with impairments were more likely to still be experiencing abuse: 50% said the abuse had stopped compared to 58% of non-disabled victims. For one in five (20%) this ongoing abuse was physical and for 7% it was sexual. When comparing the abuse at intake and exit the percentage reduction in abuse was also less pronounced for victims with impairments.

The multi-agency response for disabled victims requires improvement before it is able to respond properly to their risks and needs. The National Marac Scrutiny Panel concluded that adult social care must play a vital role in providing effective support to disabled victims experiencing high risk domestic abuse as is their duty under the Care Act, but as we have already seen they are mostly absent from the Marac response. In September 2016, SafeLives recommended that adult social care becomes a core agency attending Marac meetings. According to SafeLives' national Insights data, despite continuing to experience a higher level of abuse at case closure, only 9% of disabled victims are engaging or accessing adult safeguarding services.

Recommendation: Invest in more person focused services and support for disabled victims

- **Survivor groups** should be equally as accessible to disabled victims of domestic abuse; hearing and responding to the voice of the victims is crucial to effective service provision and gathering the views of disabled victims will ensure that the service is able to respond effectively. Specialist services in disability could also be asked to contribute to developing and enriching survivor groups, potentially at a regional level.

- **Commissioners** should ensure that local provision is accessible to disabled victims of domestic abuse, including both specialist services within an accessible distance, and availability of necessary professionals such as court interpreters. This may include making funds available to specifically address accessibility for disabled victims including adapted safe houses and other accommodation.

- **Local Authorities and Maracs** should monitor the engagement of adult social care within the Marac process as a required core agency at Maracs and promote improved engagement.

- **Domestic abuse services** should take steps to increase their accessibility, including both physical access (such as wheelchair ramps) and by altering how they communicate and interact with victims (for example ensuring support is not solely dependent on telephone contact, installing hearing loops and visually accessible resources).

Conclusion

Domestic abuse experienced by disabled people is frequent and severe; and considering both domestic abuse and disability is often underreported or not identified, it is likely that the rates are even higher than we are able to reveal through our data.

The opportunities for domestic abuse to take place are amplified for disabled victims. Professionals need a greater understanding of the complex dynamics of disability and domestic abuse in order to help especially when both the perpetrator and victim of abuse are disabled people. Disabled victims are not identified soon enough, which in turn, allows the abuse to continue to escalate, and the isolation and dependency on the perpetrators to become further entrenched.

We need to better understand the experience of disabled victims, including those with 'hidden impairments' so that professionals are able to put in place the best form of support. Importantly, we also need to ensure that victims themselves understand that abuse is not acceptable.

The experience of disabled victims accessing domestic abuse support demonstrates that these services do not yet meet the needs of all victims. Those who commission and provide services need to pay more attention to the needs of individuals to ensure they fulfil their statutory duties. We must also look to the professionals that these groups come into contact with on a regular basis, for instance healthcare workers and adult social care workers, to identify and respond to domestic abuse, making referrals where they are needed and sharing appropriate information.

We need a consistent and nationwide approach to supporting disabled victims of domestic abuse. We call on the Government to place greater focus on disabled victims by monitoring the extent to which local areas meet the actions set out in the National Statement of Expectations, and the extent to which this strategy is effective in meeting the needs of disabled victims. For the wider recommendations to be implemented, we need determination and commitment from a range of professionals at both operational and strategic levels.

Notes

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5. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies.

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14. SafeLives Insights dataset - Disabled victims (n=925)/Non-disabled victims (n=5153

15. Crime Survey England and Wales (2016). Inter-personal violence and partner abuse. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch201

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19. SafeLives' National Marac Scrutiny Panel Guidance http://www.safelives.org.uk/sites/default/files/resources/Guidance%20for%20MARACs%20-%20Disabled%20people%20FINAL.pdf

20. The Nia Project. (2008). Double Oppression: Violence Against Disabled Women: A resource pack for practitioners. Available at http://www.niaendingviolence.org.uk/perch/resources/double-oppression-violence-against-disabled-women.pdf

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31. The PSHE Association is working to develop a SEND version of their programme of study for PSHE education which is due to be launched in late 2017. in the meantime, resources for children and young people can be found here: https://booksbeyondwords.co.uk/

32. SafeLives estimates that there are 100,000 vicitms of high risk domestic abuse in England and Wales (although not all of these are currently visible to services or discussed at a Marac). The Department for Work and Pensions identifies that 16% of working age adults have an impairment; applying this percentage to the figure of 100,000 would equate to 16,000 disabled victims of high risk abuse. This figure is likely to be higher as not all victims of domestic abuse are working age, and disabled people are more likely to experience domestic abuse than those without.

33. A victim with additional substance misuse and/or mental health issues and needs.

34. http://www.safelives.org.uk/node/935

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