



Ending
domestic
abuse



The Unseen

Blind and partially sighted people's
experiences of domestic abuse

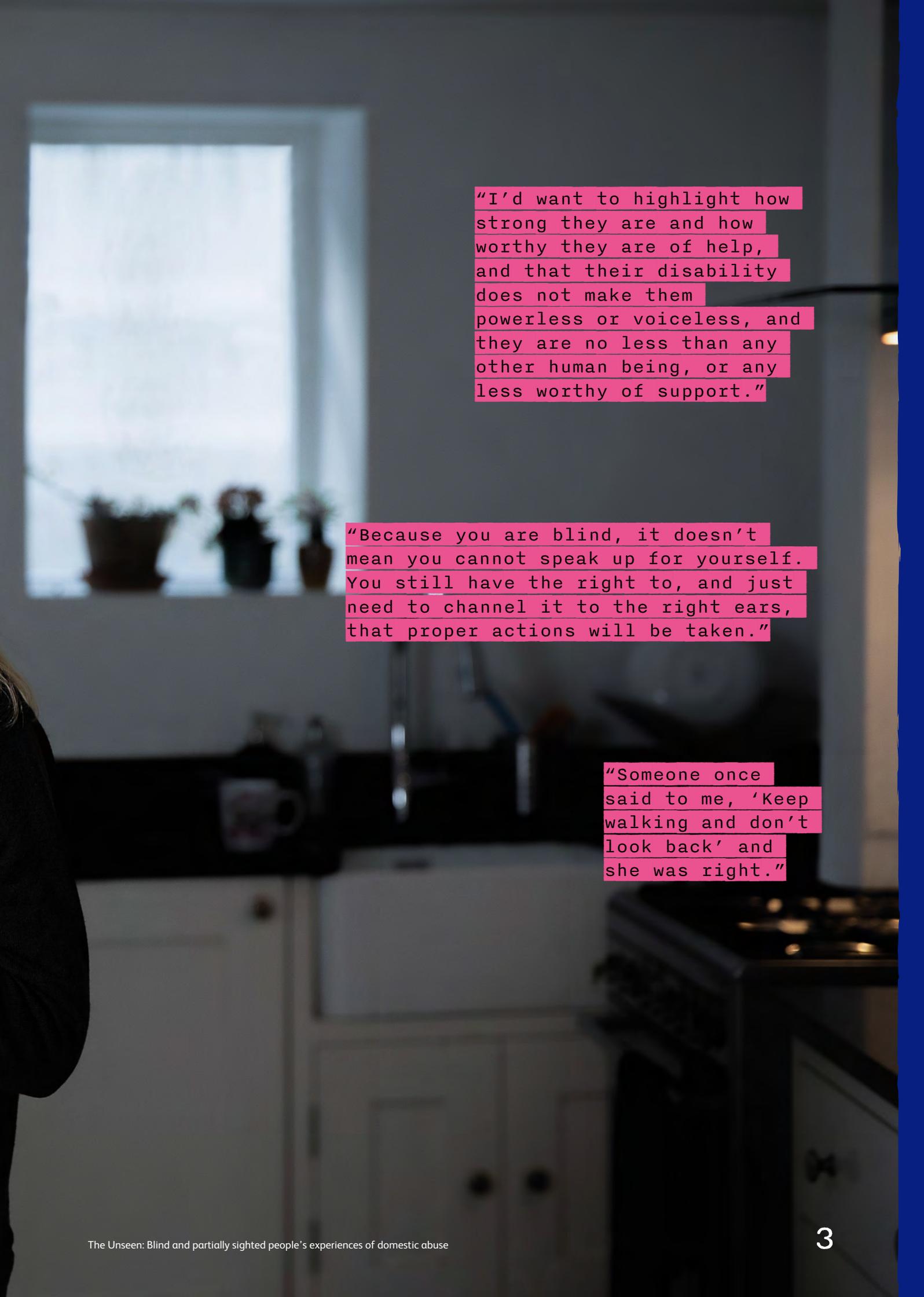
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This report is a collaboration between SafeLives and Vision Foundation.



A blurred photograph of a kitchen interior. In the background, a window is visible with three potted plants on the sill. The foreground shows a kitchen counter with a sink and a faucet, and white cabinets below. The overall lighting is soft and slightly dim, creating a somber atmosphere.

"I'd want to highlight how strong they are and how worthy they are of help, and that their disability does not make them powerless or voiceless, and they are no less than any other human being, or any less worthy of support."

"Because you are blind, it doesn't mean you cannot speak up for yourself. You still have the right to, and just need to channel it to the right ears, that proper actions will be taken."

"Someone once said to me, 'Keep walking and don't look back' and she was right."

Definitions

Visually impaired

The term visual impairment is used to describe a loss of sight that cannot be corrected using glasses or contact lenses.

Blind

Someone who has been identified as Severely Sight Impaired on a Certificate of Vision Impairment from an eye hospital, and then registered blind by their local authority.

Partially sighted

Someone who has been identified as Sight Impaired on a Certificate of Vision Impairment from an eye hospital, and then registered partially sighted by their local authority.

Domestic Abuse

The Domestic Abuse Act 2021 defines abusive behaviour as:

- physical or sexual abuse.
- violent or threatening behaviour.
- controlling or coercive behaviour.
- economic abuse.
- psychological, emotional or other abuse.

The abuse can consist of a single incident or can occur over time, it takes place where the victim or survivor is currently, or has previously, been in an intimate personal relationship with the other person, is a relative, or is a co-parent to the same child.

Victim/survivor

In general, if a person is currently living in danger, no matter what the risk level is, they will be referred to as a 'victim of domestic abuse' but where they are receiving support/ moved on from the abuse, they will be referred to as a 'survivor'. In this report we refer to representatives from either or both groups as a victim/survivor.

Professional

In this report, we use the term professionals to refer to practitioners working in sight loss, domestic abuse, or other professions associated with this issue (e.g. health services, police).

Disability

Under the Equality Act 2010, you are disabled if 'you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.'

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; in contrast, 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.

Vision Foundation and SafeLives promote and uphold the social model of disability.



Executive summary

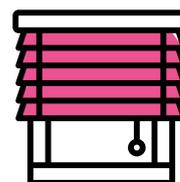
Executive summary

In 2022, Vision Foundation commissioned SafeLives to research into the experiences of domestic abuse for blind and partially sighted people.

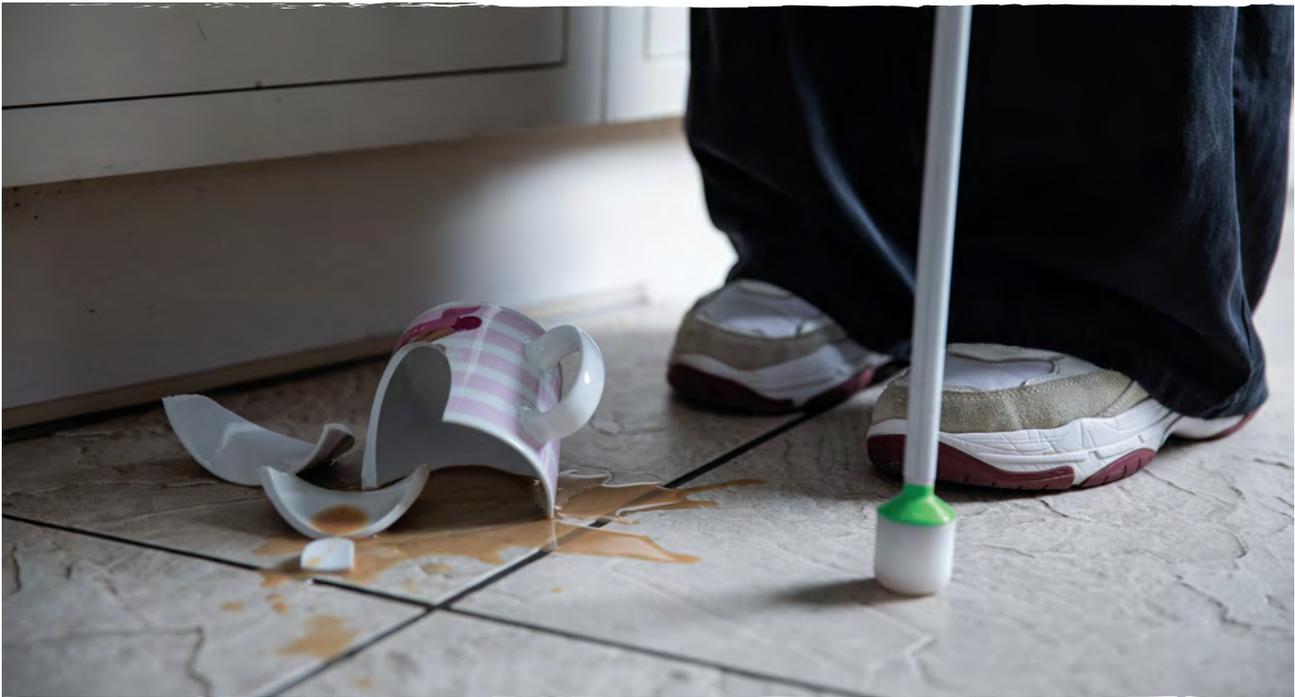
The research project included a literature review of relevant papers from the last 20 years; interviews and focus groups with 78 participants, most of whom were victims or survivors of abuse, and/or visually impaired; and a survey of 72 practitioners working in sight loss, domestic abuse, or other professions associated with this issue (e.g. health services, police).

Key findings

- At least 1 in 12 visually impaired people in the UK is estimated to be a victim or survivor of domestic abuse, translating to 188,000 likely victims or survivors. There are 2.19 million people in the UK living with sight loss, equating to 1 in 30 of the population. However, there is very limited existing research and evidence into the experiences of domestic abuse for people who are blind and partially sighted.
- Disabled people are three times more likely to experience domestic abuse.
- Blind and partially sighted victims and survivors experience many of the same abusive behaviours as fully sighted people, but they also face additional forms of abuse such as the abuser moving things around the house so that the victim or survivor trips or is unable to find items they need, or withholding support like sighted guiding or accessible equipment.
- Those with a visual impairment might have a dependence on individuals for support, which may include the person perpetrating the abuse. This can result in complex risk-benefit negotiations for victim/survivors. Victims described being encouraged to stay with their carer-perpetrator by professionals and family members.
- It is difficult for blind and partially sighted people to access information on domestic abuse and domestic abuse services aimed at the general public since much of this information is in printed format or on inaccessible websites.



"If I had closed blinds, he would open blinds, and it would be like I was told that 'No, no - you didn't close them'. So, it happened for a number of years, to a point where I actually thought that I was crazy."



- Participants found that, in general, formal services including domestic abuse services, the police, GPs and housing services usually did not understand their visual impairment and did not take their visual impairment into account when supporting them.
- Professionals talking to a visually impaired person's carer rather than to the visually impaired person themselves can increase the risk of and exacerbate abuse. Lack of accessibility and confidentiality are major barriers to visually impaired victims seeking help.
- Professionals do not report a good understanding of the types of abuse, perpetrator tactics and needs of survivors with a visual impairment.
- Accessing support is particularly difficult for visually impaired victims and survivors who are male, Black and/or from cultures that are a minority in the UK owing to social prejudices and a lack of professional understanding and specialised support, which compounds with the lack of support for blind and partially sighted victims and survivors.
- Viewing visually impaired people through the medical rather than the social model of disability means that professional services have a preconceived idea that blind and partially sighted people always depend on others which may prevent them from recognising abusive behaviours or supporting a victim/survivor to leave an abusive relationship.



"It's like, 'Go and make me a cup of coffee in the green mug', and you make a cup of coffee in the red mug so then the red mug comes flying across the room at you, so therefore that's used as a tool, 'You're useless, you can't even make a cup of coffee.'"

The facts

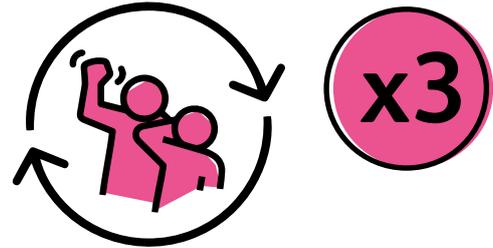
Disabled people are

three times more likely
to experience abuse in their lifetime.



Disabled people are

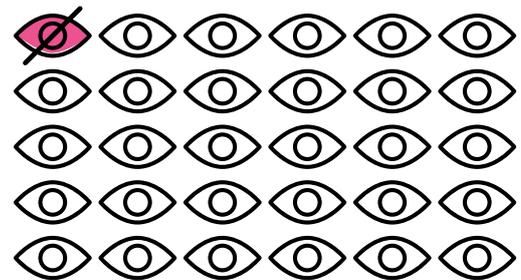
three times more likely
to experience abuse from more
than one person in their lifetime.



There are over

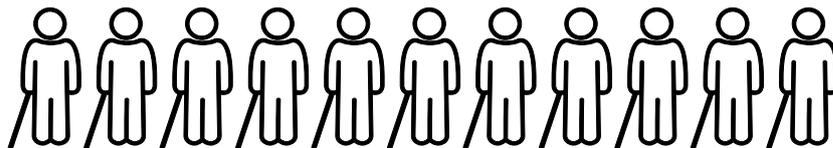
2.19 million

people in the UK living with sight
loss, 1 in 30 of the population.

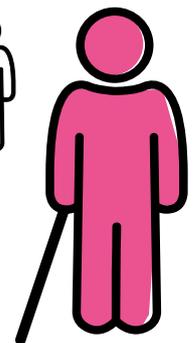


At least

1 in 12



visually impaired people in the UK are estimated
to be victims or survivors of domestic abuse,
translating to 188,000 likely victims or survivors.



Less than

1 in 5



domestic abuse professionals have had **specialist**
training to support visually impaired victims or survivors.

Abusers use tactics specific to their blind or partially sighted victim:

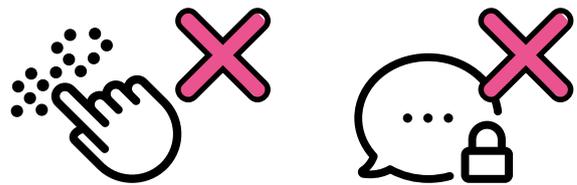
- placing objects in the way to cause falls.
- preventing them from using mobility aids such as guide dog or white cane.
- withholding or hiding medicines.



Some survivors are encouraged to stay with the abuser



by family members or support services, as the abuser is perceived as their carer and “best option”.



Lack of accessibility and confidentiality are major barriers

to visually impaired victims or survivors seeking help.



3 in **4** domestic abuse professionals either don't know about their organisation's accessibility policies, or don't know if they have them.



3 in **4** domestic abuse professionals don't know if their social media services are accessible.

Key recommendations for the sector and for society

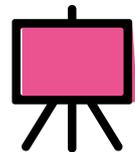
Guidance

We must develop best practice tools on how to work with victims and survivors with a visual impairment, including toolkits for practitioners and clear referral pathways.



Training

We must train domestic abuse practitioners and sight loss professionals on the specific needs of visually impaired victims and survivors. This training must include a focus on risk factors, safety planning, identifying abuse and referral pathways. We must work with people with lived experience to ensure an effective and appropriate approach.



Service Accessibility and Information

We must ensure that all domestic abuse information, services and premises are accessible to those with visual impairments. Safe spaces must be created where a person with sight loss can see a professional one-to-one and without a carer and have the opportunity to disclose domestic abuse.



Advocacy

We must engage with the sight loss community to build trust and raise awareness of domestic abuse, including the development of a visual impairment survivors' network where survivors can share their experiences and help to shape future research, learning and action.



Awareness

We must disseminate this and future research in order to achieve improvements in policy, practice and awareness so as to address the harm of domestic abuse in the sight loss community.



Investment

We must ensure that funds are available for organisations to be able to implement changes and meet urgent needs.



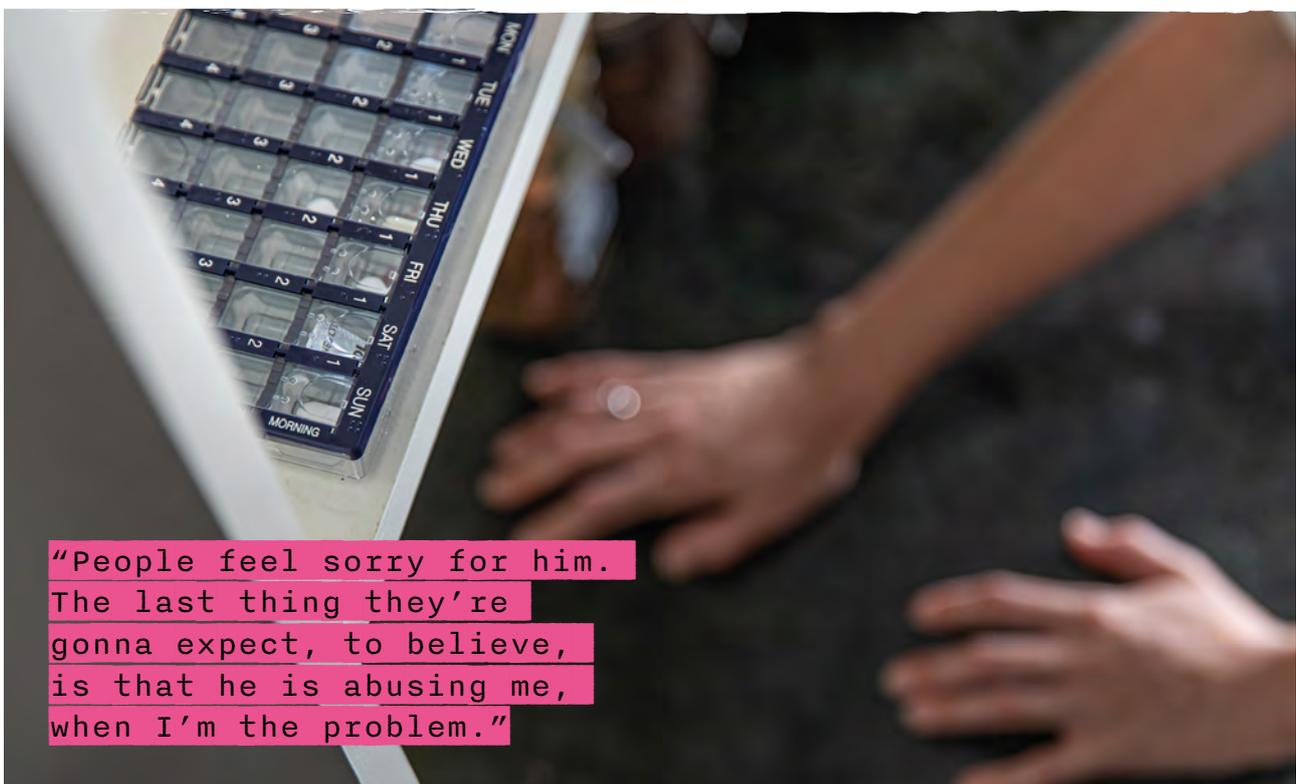
Introduction

When Vision Foundation commissioned SafeLives to research into the experiences of domestic abuse for blind and partially sighted people, we were concerned that despite evidence showing that disabled people are nearly three times as likely to have experienced domestic abuse, there were no data, discussions or dedicated services addressing this issue in the sight loss community.

When we raised this with sight loss charities, we heard anecdotal stories about service users who were survivors and met strong agreement that our audiences might be uniquely at risk, but again, found no formal or targeted activity.

This vital report therefore aims to address the gap in research on domestic abuse amongst blind and partially sighted people – the prevalence, the unique experiences of visually impaired victims and survivors, and the myriad barriers to support.

We hope that this work will provoke urgent action so that we can reach and empower victims, prevent further harm, and save lives.



“People feel sorry for him. The last thing they’re gonna expect, to believe, is that he is abusing me, when I’m the problem.”

Research approach

SafeLives and Vision Foundation established an expert advisory panel to support the research, offer advice, guide ethical considerations and to help distribute the research through their networks.

This panel was made up of different experts across data, voice and practice and included those with lived experience of visual impairment and/or domestic abuse, academics, visual impairment organisations, domestic abuse organisations and wider support services and organisations.

The researchers worked closely with the survivors on the panel to co-design the research. This included conversations in scoping the project and its design, helping to design the different work programmes and the data collection tools and reviewing the analysis.

The survivors were compensated for their time on the project. Integrating survivor voice and lived experience throughout the project has added to the research both in the way it has been designed but also in the depth of exploring the findings.

Research aims

This research aimed to address the gaps in evidence about blind and partially sighted people's experiences of domestic abuse. This focus of the research was presented in five research questions:

- What current research and information is available on blind and partially sighted people experiencing domestic violence and abuse (DVA)?
- What is the prevalence of DVA within the visually impaired population?
- Are there any additional issues for this community and how do the issues of intersectional barriers affect blind and partially sighted people?
- What are the barriers to accessing support?
- What specific and non-specific DVA support is available for blind and partially sighted people?

The research was split into three work programmes:

- Literature review.
- Qualitative research with those with lived experience of visual impairment and/or domestic abuse, delivered through interviews and focus groups.
- Quantitative research with professionals, delivered through surveys.

1: Literature review

The research began with a review of the key literature relating to blind and partially sighted people and their experiences of domestic abuse. The review focused on adult experiences from age 16 and upwards.

Due to the lack of literature in this area, the scope of the report was widened to include all physical and sensory disabilities, with a focus on visual impairment where possible. This review focused on literature from the UK and includes both academic and grey literature. A total of six studies from the last 20 years were found and the majority of the research was qualitative. The experiences of victims and survivors in these studies will be centred in this review. A further 42 sources were drawn upon for the overall report.

This review was compiled by SafeLives researchers, with ongoing direction and input from Vision Foundation representatives and the expert advisory panel.



2: Qualitative research with victims and survivors

The second work programme focused on qualitative data collection from those with lived experience of domestic abuse, and/or visual impairments. Participants were recruited through a survey, where they could opt for a one-to-one interview or to participate in a focus group.

A total of 103 people responded to the recruitment survey. Of the 103 who responded, 78 (75.7%) consented to participate in an interview (56) or focus group (22). Fifty-seven participants (73.1% of the 78 who participated in interviews or focus groups) reported before the interview or focus group that they had experienced domestic abuse, and of the 56 interview participants,

21 (37.5% of the interview participants) talked about personal experiences of abuse during the interview and a further 17 (30.1%) talked about the experiences of friends or family members who were domestic abuse victims/survivors.

These figures are likely to be lower than the true figure of participants with these experiences since participants were not obliged to talk about personal experiences during interview and were encouraged to do so only if they felt comfortable.

Fifty-six participants reported having a visual impairment (71.8%). Seventy participants consented to sharing their demographic data, and of these, respondents were primarily Black/African/Caribbean/Black British (45%) or White British/Irish/Gypsy or Traveller/other White background (41%), and aged 20-29 (47%) or 30-39 (31%).

The majority of participants were male (36, 51%) or female (32, 46%) with one identifying as non-binary and one as other. Nine participants (13%) identified as having a trans history.



3: Quantitative research with professionals and practitioners

This third work programme sought to gain insight into professional services and practitioners.

A total of 72 people responded to the survey for practitioners, with the percentage of respondents with a disability at 19.1%.

Thirty-one respondents were from domestic abuse services (43.7%), 11 from health services (15.3%), and seven from social services (9.7%). The remaining responses were mostly spread across police (5, 6.9%) and visual impairment (5, 6.9%).



A child with dark hair, wearing a light-colored shirt with horizontal stripes, is seen from behind. They are holding a red-handled tool, possibly a toy hammer or screwdriver, vertically. The setting is a playroom with a white table and chairs. On the table are a yellow toy car, a red toy car, and a book with a yellow smiley face on the cover. In the background, there are colorful floral curtains, a white shelving unit with books and toys, and a patterned rug on the floor.

Findings

Prevalence

The Office of National Statistics (ONS) found that disabled people in England and Wales are nearly three times more likely to have experienced domestic abuse than non-disabled people.

The ONS use the Equality Act 2010 definition of disability which includes those with a long-standing illness, condition or impairment which reduces their ability to carry out day-to-day activities.

A total of 14.3% of all disabled people experienced domestic abuse between April 2019 and March 2020 compared to 5.1% of non-disabled people (ONS, 2021).

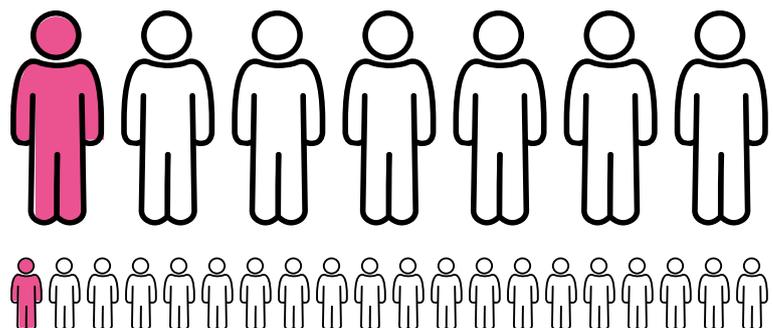
When split by gender, 17.5% of disabled women and 9.2% of disabled men experienced domestic violence in the same period compared to 6.7% of non-disabled women and 3.6% of non-disabled men. This indicates a similar gender effect in those with disabilities.

Further stratification of the ONS data by type of disability indicates that of those with a visual impairment, 8.6% reported experience of domestic abuse between 2019/2020, which is an estimate of over 188,000 visually impaired people experiencing domestic abuse. This is lower than reports from 2018/19 (11.7%) and 2013/2014 (16.9%), however, the data does not indicate whether this is due to a decrease in the reporting of such abuse, or a decrease in the experience of abuse (ONS, 2021).

“The fact that they are blind or visually impaired ... the domestic abuse thing is taking priority. And at the end of the day, I can see why it would be, but the two are kind of as important as each other in that situation, you know.”

1 in 7

disabled people experienced domestic abuse between April 2019–March 2020, compared to 1 in 20 non-disabled people.



Experiences of abuse

The literature and qualitative research gathered information on what the experiences of domestic abuse were for blind and partially sighted people. This identified perpetrator tactics, victim and survivor coping strategies and the impact of the abuse on the survivor.

Perpetrator tactics

The interviews, focus groups and literature review identified different tactics of abuse that are being utilised by perpetrators towards victims and survivors with a visual impairment (inside and outside of the relationship).

We were told that perpetrators often utilise abuse tactics that are specific to those with a visual impairment that uses their disability. Specific abuse tactics for this group included:

- Not buying or withholding accessible products.
- Withholding support for basic needs, for example not taking victims to appointments or withholding medication.
- Placing objects in the way of the victim to cause them to fall or be injured.
- Moving objects and furniture around without them knowing.
- Withdrawing independence and increasing isolation.
- Using the victim's disability to gain sympathy for themselves from neighbours, professionals etc.
- Targeting vulnerability.
- Following and watching them (including via cameras); although this can occur in relationships without a visual impairment there are more opportunities for this to be unnoticed and for additional fear to exist around this.
- Creating/utilising a power dynamic – this was described by a number of participants in the qualitative research and was particularly prominent when talking about the intersectionality of race and disability and the additional power dynamic this adds to the relationship.
- Attacking without the victim knowing where it is coming from, including direct blows and thrown objects.

"I fell into the trap straight away, because I felt like somebody was protecting me, and was trying to take care of me and look after me."

"I can't go anywhere as I keep thinking he is probably round the corner because I can't see, I can't see to run."

"When you can't see you can't really know what is going on fully so it is a lot more scarier and the person who is doing that knows that."

Some of the examples of other forms of abuse identified during the interviews and focus groups, that might be exhibited in relationships where there is not a visual impairment, included:

- Gaslighting (manipulation of someone to destabilise a victim’s belief).
- Telling victims and survivors that no-one will believe them.
- Financial control.
- Perpetrator being aware that survivor is unlikely to disclose abuse due to cultural implications.
- Perpetrator being aware that survivor is unlikely to disclose abuse due to care/social support implications.

“I found her comment more disturbing almost than the act itself which was “well I can see what’s going on around you, you can’t see what’s going around you so nobody’s going to believe you over me.”

Impact of the abuse on the survivor

In the interviews participants described the coping strategies and mechanisms that they used to try to reduce the abuse they experienced. Survivors frequently described changing their behaviour to avoid or reduce the abuse they experienced and to placate the abuser, such as through avoiding the perpetrator, keeping quiet and isolating themselves from family and friends. They also described more active resistance such as going on hunger strikes and trying to leave the relationship.

“I have absolutely zero self-confidence now. I don’t like myself; I hate myself.”

The interview participants described a broad range of impacts of the abuse, some of which were described as lasting well beyond the end of the relationship and having a long-term impact. Physical impacts included injuries, stopping talking and eating and difficulties in attending medical appointments without the support of the perpetrator which impacted on their ability to maintain their physical health. Psychological impacts included flashbacks, difficulties in building trust, feelings of guilt and self-doubt and feeling isolated. Financial impacts were also mentioned including difficulties in managing finances and the lack of access to finance. Some longer-term positive outcomes were identified such as being more sensitive and engaged with people, particularly those that have experienced abuse.

“There was this huge sense of maybe if I wasn’t blind, if I wasn’t this, if I wasn’t that then he wouldn’t hate me.”

Barriers to seeking help or leaving

The following section summarises the barriers identified for survivors in seeking help and leaving the situation.

Barriers to disclosure

- Negative perception of people with a visual impairment by society and professionals and not wanting to be seen as being a 'failure'.
- Fear of being made to move to another area and not having a support network or geographic familiarity.
- Perpetrator being the carer and being present at appointments, limiting opportunities to disclose.

"They might be totally dependent on their carer. So, they wouldn't want to rock the boat and interrupt that care just for fear of, I don't know, being institutionalised or put in a home because they can't look after themselves."

Barriers to leaving

- Feelings of isolation and low confidence.
- Reliance on the perpetrator for ongoing support .
- Fear of children being removed – compounded by the fear that professionals think they cannot look after their children without the perpetrator due to their visual impairment.
- Lack of understanding from professionals.

"My mum, as she left, told me I had to work harder at it, and I had to sort it."

Cultural barriers

- Participants described normalising controlling behaviour within different cultures.
- Participants described cultural responses to disability, including victims being told that they were lucky to have a partner at all.

"Especially if it's cultural, I think people are really hesitant because they think they might offend ... that's just part of the culture. That's almost like a reason that it's okay."

Gendered barriers

- Men and women both shared that they felt that they might not be believed.
- Women identified that they had less power in a 'power dynamic' and others could 'boss them around'.
- Men identified that the abuse might be thought of as more of a joke and be told to 'grow up, man up sort of response'.

Lack of awareness and identification

- Not recognising experiences as abuse was identified across the research both by individuals and by professionals.
- Additional intersectional barriers were identified as contributing to the abuse not being recognised. For example, respondents identified that younger people might feel they wouldn't be taken seriously and that they can 'handle any form of situation'.

"[I] didn't realise that what was happening to me would be classed as domestic abuse ... reinforced by my thinking "I don't know if anybody will believe me or take, take it seriously because I'm a man" and she was actually saying "nobody will believe you and take it seriously because you're blind."

"You know, you are a specialist in your field and you don't have to be a specialist in the VI [visual impairment] stuff but you need to liaise with other services."

Experiences of seeking help

Participants talked about seeking help both informally and formally. Many interviewees identified that they had talked about the abuse informally with friends or family members and described this as being helpful and that it validated their experiences.

Some interviewees identified that seeking help from family and friends had not been positive, identifying experiences of not being believed, being blamed, being laughed at and being told to stay in the relationship for reasons such as social stigma and not being able to cope without the perpetrator's support. Societal and cultural views of visual impairment and gender often played a role in this potentially harmful advice.

In terms of professional help seeking, many of the interviewees identified speaking to the police about the abuse with a few having spoken to other organisations such as domestic abuse services, health, housing, education or therapists. Only one person interviewed identified having spoken to a sight loss organisation whilst they were in the relationship.

Although some interviewees did identify positive experiences of seeking support from professionals, there were also many negative experiences. These included:

- dismissing disclosures (particularly if the disclosures were from children).
- increasing risk of harm by professionals disclosing the details to the perpetrator.
- being encouraged to stay in the relationship.
- long waits for housing or mobility support.
- being offered inaccessible support such as drawing therapy.

The professionals we surveyed identified that if they had supported visually impaired victims or survivors, the numbers of these were very low, and yet this study has found that the prevalence is high. This may indicate that visually impaired victims and survivors are not being reached through the current services available.

"Even my family said to me ... 'When you did have vision, you didn't leave him ... Now, you've got nothing - what are you going to do?"

"People don't think it is a big deal, 'Well she can't see. If she can't see then she is going to have to put up with a bit of that.'"

The professional survey identified a lack of awareness of the accessibility options available to blind and partially sighted people. Most of the respondents answered ‘don’t know’ for accessibility options being incorporated on their organisation’s website and social media accounts. Most also answered ‘don’t know’ about whether the physical premises of their organisations had been risk assessed to ensure they are safe and accessible for blind and partially sighted people. This highlights that even if organisations do have provision of accessible services, their professionals do not know of these, creating a further barrier to support.

Overall, barriers to support included:

- Information not being in an accessible format, or easily accessible.
- Buildings and refuges not being accessible.
- Professionals not understanding the specific needs of a visually impaired person.
- Professionals not being aware of or signposting to appropriate support.
- Long waiting lists for mobility training meaning they would be very isolated while on the waiting list.
- Visual impairment and domestic abuse organisations being disconnected, and neither well informed around the other issue.

“I think if we [visually impaired people] were seen as equal - as equals - we would be at a bigger advantage of not falling into the trap of being in a DV relationship, or anything like that.”

Accessibility and Confidentiality

Accessibility and confidentiality repeatedly arose in the interviews, focus groups, literature review and professional survey as specific areas of concern for visually impaired people experiencing domestic abuse.

Accessibility

Interview participants discussed how it is difficult for visually impaired people to find information on what services are available as not all websites are accessible and print information such as leaflets and posters in public places are inaccessible for most visually impaired people. They also highlighted that even adverts on television will often only show a helpline number and not read it out, so again most visually impaired people will not be able to know what it is. This was also seen in research where even when organisations had accessible information available, details on how to request this were in small print.

One interview participant pointed out that lack of accessible information can make a visually impaired victim or survivor feel like people do not care:

“When you don’t have anything you’re like ‘They don’t take visually impaired people seriously, because if they did, there’d be a way for visually impaired people to access this information.’”

The literature identifies that victim/survivors found that the accessibility of services, in particular refuges, could not cater for their disability and created additional barriers to accessing the support they needed. This was further compounded if children were in the family home. Interview participants also suggested that the physical support needed for a visually impaired person would likely be lacking in a refuge.

“It’s important to me to stay in my own home. I’ve been here over twenty years and I don’t feel blind in my own home.”

“I might need someone to show me step by step where things are in the refuge, so would anyone within the refuge have that awareness to help me with that.”

Confidentiality

As identified in the literature, interviews and focus groups, those with visual impairments often have carers. These can be paid professionals, family members or romantic/intimate partners. Interviewees identified that when seeking support from services, information is often shared with carers even if the interviewees have asked for it not to be. This poses a great threat to victim/survivors whose carer is also their perpetrator. Interviewees also noted perpetrator-carers can explain away physical symptoms of abuse such as cuts or bruising – ‘they are always knocking into things.’

The literature reports that professionals often spoke to carers instead of those with the visual impairment, even when both were in the same room, and that carers were often included in one-on-one appointments in order to ‘help’ the visually impaired person. It was highlighted by interview participants that professionals must ensure that they speak to visually impaired people on their own, and not always in the presence of a carer.

Interview participants also identified that their wishes were not always adhered to, for instance, one interviewee identified they didn’t want to talk to anyone from their own culture as they wanted to ensure the person they spoke to was not someone who knew them or their family. However, this was not followed and led to the interviewee not disclosing the abuse fully because, being unable to clearly see the staff member, they were afraid that it may have been someone who knew them.

Participants further discussed that confidential information might be sent in the post, as is routinely done in healthcare and this may be in an inaccessible format to those with visual impairments. Again, this may be picked up by the perpetrator and/or other caring third parties revealing confidential disclosures.

“If as a disabled person you say, ‘I do not want this shared with the other person’, nine times out of ten it’s shared on the grounds that they’re a carer.”

“There’s such a perception in society that you are an incapable blob that that capability isn’t given to you and that therefore gives control and often that control is given to other people.”

“They really turn on the carer thing and they often do the, with authorities or people, ‘Can I speak to you in private?’, and doctors, police, services, will speak to them in private. You wouldn’t for normal people because of confidentiality.”



Recommendations

Recommendations

We are calling for a multi-faceted and united response to this abuse experienced by some of the most vulnerable people in our society, in some cases by the people they trust and depend on for every part of their daily lives.

Training and best practice

- Introduce domestic abuse training for all professionals in contact with people with a visual impairment.
- Train domestic violence and abuse (DVA) services staff on specific needs of blind and partially sighted victims and survivors, including needs, accessibility, and confidentiality.
- Work with victims and survivors to use lived experience to develop best practice guidance.
- Introduce specially trained domestic abuse champions into visual impairment (VI) organisations.
- Develop national training events to share the learning, additional risk factors, specific needs and considerations.
- Establish clear referral pathways and relationships between VI and DVA organisations and the statutory sector.
- Set up clear approaches and methods of data gathering around individuals' specific needs.
- Review safety planning processes in DVA services to ensure visual impairment and relevant information is recorded and the options are detailed.
- Review current national domestic abuse initiatives to identify how to make them accessible for blind and partially sighted people.
- Undertake risk assessments of buildings and make them accessible for people with visual impairments.

"I guess the biggest thing is to know that this is not normal. And you don't have to put up with it."

Access to help

- Develop a VI survivors' network to share experiences and help shape future research, learning and actions.
- Make documents available in readily accessible and locatable formats for those with a visual impairment: screen-readable text, minimal visual communications, adjustable text for colour and availability of audio formats.

"There always is a way out. You're never trapped."

Ensure all DVA services staff are aware of their existence and how to access them.

- Instigate safe ways for people to disclose domestic abuse, including opportunities to see individuals one-to-one without a carer.
- Develop accessible information for those experiencing domestic abuse which includes ways to recognise behaviour as domestic abuse and where to seek help.

Tools

- Establish a funding mechanism to enable organisations to implement change.
- Develop a VI domestic abuse toolkit for practitioners with a quick guide to support.
- Review risk assessment formats to flag and highlight needs for consideration.

Communication

- Run an awareness campaign for the VI community on how to identify and seek help for domestic abuse.
- Build clear communication among DVA services staff on the accessibility measures adopted, for whom and how to access them.
- Implement effective communication channels and mechanisms in DVA services for feedback on the gaps in accessibility of services.
- DVA services should engage with VI community to build trust, raise awareness of domestic abuse and support organisations.
- Increase awareness among society in general on visual impairment and domestic abuse and how to take action.
- Focus organisations on reducing the barriers to individuals of seeking and receiving support, implementing a social model of disability rather than a medical model.
- Urge professionals to be curious and create safe environments where people can talk about their safety and domestic abuse.
- Promote domestic abuse services and ways to seek support in accessible formats widely to the VI community.

“Because you are blind, it doesn’t mean you cannot speak up for yourself. You still have the right to, and just need to channel it to the right ears, that proper actions will be taken.”

“And you know that there is light at the end of the tunnel, our families and society and our communities might say we bring shame, but that shame is our honour. And that’s what we hold on to every single day.”

About the authors



About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, 8,577 professionals received our training. Over 75,000 adults at risk of serious harm or murder and more than 95,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last six years, almost 3,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that's just the start.

Together we can end domestic abuse. Forever.
For everyone.

About Vision Foundation

The Vision Foundation is committed to understanding the unique risks that visually impaired people may face and ensuring that support is accessible. In 1921 The Greater London Fund for the Blind was set up to support and give a voice to blind and partially sighted people across London. Today we're called the Vision Foundation and we're still transforming lives.

We've distributed more than £30m to sight loss organisations that work to inform, include, and empower London's visually impaired community. Empowerment is at the heart of what we do; our work focuses on what people can do, rather than what they can't.

Everything we do is driven by the hopes, fears and lived experiences of the people our work supports. As such our strategy has been built with extensive input from our visually impaired staff, trustees, volunteers, and supporters, as well as the wider sight loss sector. From peer mentoring for blind young jobseekers, to adapted sight testing for children with learning disabilities, to embracing later life friendships through cookery and dance, we are determined to transform lives, celebrate and nurture talent, and create a level playing field for people with sight loss.

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Thank you to everyone that shared their lived experience with us – we hope that this report makes a difference.

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The full report is available at:
visionfoundation.org.uk and safelives.org.uk

The full reference list is available at:
www.visionfoundation.org.uk