



**Ending domestic abuse**

## **The Unseen**

# **Blind and partially sighted people's experiences of domestic abuse**

**Written by Nanya Coles, Nicola Stokes, Emma Retter and Fay Manning.**

## Table of contents

Findings and quotes from participants	3
Recommendations	4
Introduction	6
Methodology summary	7
Summary of findings	8
Areas for additional research	14
Research context	16
Work Programme 1 – Literature review	20
Work Programme 2 – Qualitative research	28
Work Programme 3 – Professional survey	62
References	71
Appendix 1	74
Appendix 2	78
Appendix 3	83
Appendix 4	90
Appendix 5	98
Appendix 6	113

## Findings and quotes from participants

- Disabled people in England and Wales are nearly three times more likely to have experienced domestic abuse.
- Disabled people experience abuse for a year longer than non-disabled people before accessing support (3.3 years compared with 2.3 years).
- Disabled victims/survivors are three times as likely to have multiple perpetrators than non-disabled victims/survivors (19% compared with 6%).
- Disabled victims/survivors are twice as likely to have attempted suicide or experienced suicidal ideation than non-disabled victims/survivors (22% compared with 11%).
- Only 19% of all services surveyed had staff employed to support disabled service users who had received training/knowledge in supporting blind or partially sighted service users specifically.
- Only 19% of professionals surveyed had received training on domestic abuse and visual impairment, but 65% felt that their organisation would be able to adequately support a blind or partially sighted victim/survivor of domestic abuse.
- 72% of professionals surveyed either did not have policies in place to support blind and partially sighted people or were not aware whether their service had these policies in place.
- 74% of professionals surveyed did not know whether their service's social media accounts had options to make them more accessible to blind and partially sighted people, and 69% of professionals did not know whether this was the case for their service's website.
- 54% of professionals surveyed did not know whether the physical premises of their services had been risk assessed to ensure they are safe and accessible for blind and partially sighted people.
- "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."
- "Relatives ... would say stuff like 'Well, you know, men would have left you by now. He's a very good man for sticking by you.'"
- "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?'"
- "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."

# Recommendations

## Nationally

- Best practice guidance to be developed on working with victims and survivors with a visual impairment.
- Develop a visual impairment domestic abuse toolkit for practitioners which includes a quick guide to support.
- Establish a funding mechanism for organisations to be able to implement change.
- Review risk assessment formats to incorporate the ability to flag and highlight needs for consideration.
- Development of training events to share the learning including information about the issue, the additional risk factors, specific needs and considerations.
- Develop a visual impairment survivors' network where survivors can share their experiences and help to shape future research, learning and actions taking place.
- Review current national domestic abuse initiatives to identify ways to make them accessible for blind and partially sighted people.

## All services

- Risk assess buildings and make them accessible for VI individuals
- Organisations need to focus on reducing the barriers to individuals of seeking and receiving support, implementing a social model of disability rather than a medical model
- Incorporate safe ways of enquiry into practice which include opportunities to see individuals one-to-one and without a carer.
- Establish clear referral pathways between organisations supporting those with a visual impairment and other organisations including statutory organisations and domestic abuse sector.
- Domestic abuse training to be rolled out for professionals having contact with people with a visual impairment.
- Establish clear approaches and methods of data gathering around individuals' specific needs
- Review safety planning process to ensure visual impairment and relevant information around this is recorded and the options are detailed.
- Develop accessible information for those experiencing domestic abuse which includes ways to spot domestic abuse and where to seek help.
- Professional should be curious and create safe environments in which to ask individuals about their safety and domestic abuse.

## Domestic violence and abuse services

- All documents to be made available in accessible formats for those with a visual impairment, including ensuring that text is screen-readable, avoiding dependence on visual communications (images, diagrams or photos), that text can be adjusted for colour, size and contrast, and audio formats are available. Documents should also be easy to locate for victims and survivors and all staff should be made aware of their existence and how to access them.

- DVA services should communicate clearly with their staff on what accessibility measures have been adopted, who these are appropriate for and how they can be accessed.
- Implement clear communication channels and mechanisms for feedback on the gaps in accessibility of services.
- Organisations should engage with the community to build trust, be accessible, raise awareness of the organisations and of domestic abuse.
- Train staff on domestic abuse which includes information on the needs, risk factors and safety planning for blind and partially sighted victims and survivors.
- Review safety planning process to ensure visual impairment and relevant information around this is recorded and the options are detailed.

### **Visual impairment services**

- Trained domestic abuse champions to be implemented by visual impairment organisations. The champions should receive specific training around domestic abuse, referral pathways and risk assessment and support the development of resources within the organisation.
- Establish clear referral pathways and build relationships with domestic abuse services.
- Train organisations on visual impairment including needs, accessibility, and support.

### **Visually impaired community**

- Run an awareness campaign for the visually impaired community which includes how to identify and seek help for domestic violence and abuse.
- Promote domestic abuse services and ways to seek support in accessible formats.
- Develop a visually impaired survivors' network where survivors can share their experiences and help to shape future research, learning and actions taking place.

### **Wider society**

- Increase awareness on visual impairment and domestic abuse.

## Introduction

*“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.”* Interview participant.

### 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, nearly 13,500 professionals received our training. Over 70,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last four years, over 2,000 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.

### Introducing this project

SafeLives have been commissioned by the Vision Foundation to research into the experiences of domestic abuse for blind and partially sighted people. There has been little research that documents the experiences of those with physical and sensory impairment who are affected by domestic violence. This is despite the evidence showing that disabled people are nearly three times as likely to have experienced domestic abuse (ONS) and literature from the wider world identifying disabled adults are at greater risk of exposure to violence. There are limitations in understanding of the relationship between disability and domestic violence including information not being disaggregated by disability type, analyses not adequately accounting for gender, ethnicity, and other intersectional factors such as religion and sexuality. This research therefore aims to address the gap in research and focus on domestic violence and abuse amongst blind and partially sighted people.

### Acknowledgements

We would like to thank the members of the expert advisory panel for all their insight. We are particularly grateful for the input from those with lived experience who helped to guide and shape this work throughout. Thank you to everyone that shared their lived experience with us – we hope that this report makes a difference.

## Methodology summary

### Research approach

SafeLives incorporate data, voice and practice. We put the voice of the survivor at the heart of everything we do. We combine our data, research and expertise to help services improve and to continue to influence policy makers everywhere. The research methodology will build on these principles.

An expert advisory panel was established to support the research, offer advice, challenge 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 expert advisory panel met virtually on four occasions and was contacted between meetings for input into specific elements of the research for instance, to give feedback on the interview and focus group schedules and the survey questions. Apart from the survivors, members of the expert advisory panel were not compensated for their time.

In addition to the contact mentioned above, 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, inputting into the design of the analysis methods and coding 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. The research wanted to explore what research already existed and what it told us about prevalence of domestic violence and abuse in the visual impairment community, what the experiences of abuse were and whether there were any additional issues for this community, what the barriers to support are and what support is available. This focus of the research was presented in five research questions:

- R1 – What current research and information is available on blind and partially sighted people experiencing domestic violence and abuse (DVA)
- R2 – What is the prevalence of DVA within the visually impaired population?
- R3 – Are there any additional issues for this community and how do the issues of intersectional barriers affect blind and partially sighted people?
- R4 – What are the barriers to accessing support?
- R5 – What specific and non-specific DVA support is available for blind and partially sighted people?

The research was split into three work programmes (WP):

- WP1 focused on exploration and scoping, delivered through a literature review
- WP2 focused on qualitative research with those with lived experience of visual impairment and / or domestic abuse, delivered through interviews and focus groups
- WP3 focused on quantitative research with practitioners, delivered through surveys.

### The work programmes

This research involved victims of domestic abuse, people with a visual impairment, experts by experience and practitioners working primarily in domestic abuse services. The planning, design, undertaking and results of the work programmes were informed by a panel was made up of different experts across data, voice and practice and included those with lived experience of visual impairment and / or survivors of domestic abuse through the expert advisory panel.

#### Work Programme 1 – literature review

This work programme undertook a literature review for exploration of domestic violence and abuse in the blind and partially sighted community. This literature review is the first step in SafeLives work with the Vision Foundation to address the gap in research and increase knowledge of domestic violence and abuse in the blind and partially sighted community. There has been little research in the UK that documents the experiences of those with physical and sensory impairment who are affected by

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

### **Work Programme 2 – qualitative research**

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%) reported before the interview that they had experienced domestic abuse, and of the 56 interview participants, 21 (37.5%) 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.<sup>1</sup> 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. Thirteen percent (9 participants) identified as having trans-history.

### **Work Programme 3 – quantitative research**

This third work programme sought to gain insight into professional services and practitioners. Two versions of the survey were created, with one being designed so that it was fully accessible for visually impaired people. This included an audio introduction at the start of the survey and text boxes instead of radio buttons.

A total of 72 people responded to the WP3 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 7 from social services (9.7%). The remaining responses were mostly spread across police (5, 6.9%) and visual impairment services (5, 6.9%), children and young people services (4, 5.5%) and housing (2, 2.7%).

## **Summary of findings**

The evidence identifies that there is an increased prevalence of domestic abuse for disabled people; however, there is limited existing research and evidence into the experiences domestic abuse for people who are blind and partially sighted.

Our evidence identifies that the experiences of blind and partially sighted victims and survivors of domestic abuse are unique. Those with a visual impairment may have increased vulnerabilities and be at greater risk, and many might have a dependence on individuals for support and these can be the person perpetrating the abuse. This can result in complex risk-benefit negotiations for victim/survivors. Alongside the abusive behaviours experienced by fully sighted people, victims and survivors with a visual impairment may experience additional forms of abuse and the impacts of this are often long-lasting.

This research identifies that when visually impaired victims and survivors seek help that they face many barriers including accessibility of information and services, a lack of knowledge about domestic abuse, stigma of both disability and domestic abuse, a lack of knowledge on the specific needs and potential risks for VI victims and survivors amongst professionals. The research shows that the types of abuse, perpetrator tactics and needs of survivors with a visual impairment are currently not being understood by professionals. This needs to change and risk assessments and safety plans amended appropriately to meet the needs of the survivors, avoid additional harm and help victims to become safer sooner.

Themes around the experiences of abuse, help seeking and the barriers for the victim, professional training and knowledge around visual impairment and domestic abuse emerged from the research. The

---

<sup>1</sup> This data was not collected for focus group participants as the focus group schedule was designed so it did not probe for information about personal experiences as disclosure of abuse may be more difficult for victims/survivors in this setting.



forms of abuse, vulnerabilities and barriers to support have compounded the issue and have led to low numbers of visually impaired victims and survivors receiving support through services. Measures need to be put in place to address this.

## Experiences of abuse

The literature and qualitative research gathered information on what the experiences of domestic violence and 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), many of which fit into the patterns identified in the Duluth Power and Control Wheel (Appendix 7).<sup>2</sup>

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:

- 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 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 particular 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

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:

- Gas lighting (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

### Impact of the abuse on the survivor

In the interviews participants described the coping strategies and mechanisms that they used 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 avoiding the perpetrator, keeping quiet and isolating themselves from family and friends. They also described more active resistance such as going on hunger strikes, trying to leave the relationship and trying to build a healthy relationship.

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, 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

---

<sup>2</sup> The Duluth Model-Power and Control Wheel (Domestic Abuse Intervention Project, n.d. circa 1993).

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.

### Help seeking and barriers

In Work Programme 2, participants talked about seeking help both informally and formally. The process of informal help seeking appeared to be a kind of sense making exercise. 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 VI and gender often played a role in this unhelpful advice.

*“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.’”* Interview participant.

Where informal help seeking did not validate experiences, identify abuse or offer support, participants often refrain from seeking any further formal support. Disclosing to friends and family was a way of exploring whether they wanted to seek more formal support, and if not supported, interviewees described losing confidence in the idea of formal disclosure.

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, 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 support; being offered inaccessible support such as drawing therapy; and not putting in the additional / tailored support they needed to be safe. Many of these issues could have been addressed with appropriate training, as will be discussed below.

In Work Programme 3, most of the professionals identified that if they had supported visually impaired victim / survivors that the numbers of these were very low. This is in spite of the literature identifying that the prevalence of abuse for disabled people is almost three times as high as those without a disability. This suggests that visually impaired victims and survivors are not currently being reached through the current services available.

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

Barriers for the survivor
<p>Barriers to disclosure</p> <ul style="list-style-type: none"> <li>- Negative perception of people with a visual impairment by society and professionals and not wanting to be seen as being a ‘failure’.</li> <li>- Fear of being made to move to another area and not having a support network or geographic familiarity</li> <li>- Perpetrator being the carer and being present at appointments, limiting opportunities to disclose</li> </ul>
<p>Barriers to leave</p> <ul style="list-style-type: none"> <li>- Feelings of isolation and low confidence</li> <li>- Reliance on the perpetrator for ongoing support</li> <li>- Fear of children being removed – this is compounded by the fear that professionals think they cannot look after their children without the perpetrator due to their visual impairment</li> <li>- Lack of understanding from professionals and their inclusion of perpetrator-carers in confidential disclosures</li> </ul>

<p>Cultural barriers</p> <ul style="list-style-type: none"> <li>- Participants described normalising control within different cultures and different expectations</li> <li>- Participants described cultural responses to disability, including victims being told that they were lucky to have a partner at all</li> </ul>
<p>Gendered barriers</p> <ul style="list-style-type: none"> <li>- Societal attitudes towards disability and gender were discussed in relation to women and men. Both identified that they might not be believed.</li> <li>- Women identified that they had less power in a 'power dynamic' and others could 'boss them around'.</li> <li>- 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'.</li> </ul>
<p>Lack of awareness and identification</p> <ul style="list-style-type: none"> <li>- Not recognising experiences as abuse was identified across the research both in their own relationship and by professionals</li> <li>- Additional intersectional barriers were identified as contribute 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 '<i>handle any form of situation</i>'.</li> </ul>

### Accessibility

Accessibility was framed in two distinct ways in the research: information accessibility and physical accessibility. Regarding information accessibility both research in Work Programme 1 and participants in Work Programme 2 identified that the lack of information in accessible formats was a barrier to both the understanding of domestic abuse in VI communities, as well as accessing support.

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 (Radford et al 2006).

One interview participant pointed out that lack of accessible information can make a VI 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.'"*  
Interview participant.

Respondents to the survey in Work Programme 3 identified that they could be more accessible by providing information in different formats such as audio. However, it is clear that organisations and professionals need input from those with lived experience to enable information to be truly accessible. Some respondents to the survey identified this need too.

*'We are continuing to try and improve accessibility but would welcome additional support and guidance on this'* Professional survey respondent

The literature identifies that victim and 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. Participants also suggested that the physical support needed for a visually impaired person would likely be lacking in a refuge.

*"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."* Interview participant.

The professionals 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 (50 of the 72) and their social media accounts (53 of the 72). Nearly a third of respondents (23) answered 'don't know' in response to the formats blind and partially sighted people are able to receive information in. Most (39, 54.2%) respondents answered 'don't know' to whether the physical premises of their organisations had been risk assessed to ensure they are safe

and accessible for blind and partially sighted people and only 22 respondents answered 'yes'. This highlights that even if organisations do have provisions of accessible services, their professionals do not know of these, creating a further barrier to support. This suggests a lack of forethought on the part of organisations and professionals and highlights another area that training could support.

Research question 4 sought to identify any barriers to accessing support. The research identified barriers to professional support which included:

- Information not being in an accessible format, or easily accessible
- Buildings and refuge not being accessible
- Professionals not understanding the specific needs of a visually impaired person
- Lack of awareness of services being available
- Professionals not sign-posting to appropriate support
- Long waiting lists for mobility training meaning they would be very isolated while on the waiting list
- Information being sent in printed formats that might not be accessible and having to share this information with the perpetrator in order to read it

### **Lack of professionals trained in visual impairment, and lack of training around domestic violence and abuse in the sight loss community**

In Work Programme 2, interviewees identified that many professionals had not been trained in visual impairment, this impacted their experience of disclosure and support negatively. They believed professionals would not understand their experiences and needs without specific training. The survey in Work Programme 3 for professional services also identifies low levels of professionals being trained in visual impairment and domestic abuse in visually impaired people and the low levels of knowledge for professionals in these in these subjects.

Despite clear indication that professionals have not been trained and lack knowledge in visual impairment and DVA in the visually impaired community, professionals responding to the survey identified that they felt that they would be able to adequately support survivors with a visual impairment with the majority stating that they would do this through being led by the survivor. Bringing the finding from the work programmes together, we can see a possible over-confidence in professionals in how they may handle cases involving blind and visually impaired victim/survivors. Further, literature identifies survivors want professionals to already know how to support those with visual impairment, rather than require victim and survivors to teach them about the disability [Balderston et al, 2019].

Examples of where training could have had an impact include a participant recalling being questioned about an incident, and police asking her to recall details she could not know due to her impairment. Another participant recalled that professionals didn't understand how frightening her situation was- she couldn't know if her perpetrator was following her or not. It was specifically mentioned that organisations need to be more understanding of reports of aural evidence and not dismiss disclosures where the victims and survivors could not see what was taking place.

One of the male focus groups identified that whilst professionals might be aware that visually impaired people experience domestic abuse, they were unlikely to be concerned enough to offer adequate support, or it may not be seen as a priority. One interview participant recalled cases where they felt police knew of a victim and survivor's visual impairment but did nothing to support the additional needs they had.

Interview participants talked about how important it is for domestic abuse services to demonstrate that they have an awareness of the impact of disability on abuse. Some mentioned that having visual impairment awareness training would be beneficial. Further issues relating to training of professionals are discussed below.

### **Disconnect between visually impaired organisations and domestic abuse organisations**

Interviewees identified that there is a disconnect between visual impairment services and domestic abuse services. They identified that professionals working in one sector would be unaware of the work going on in the other sector. This was viewed negatively as participants felt when seeking support on domestic abuse, as their visual impairment was not taken into account, and on the flip side, when seeking support for their visual impairment, identification of domestic abuse was not considered. An interview participant identified that visually impaired people are more likely to have professionals involved in their lives because of the disability, but that these professionals will not necessarily understand domestic abuse. This has also been seen in previous literature, with only one out of 30

victims and survivors interviewed by Hague et al feeling that the domestic abuse they had experienced was picked up by a social worker (Hague et al 2011b). Literature has labelled this a 'clientelist perspective' in support services and identified that it leads to missed opportunities for identifying potentially abusive situations. Literature from Work Programme 1 also showed that services vary in the language used around domestic abuse, adding another barrier for identification of clients who are at risk of or experiencing domestic abuse review use of language being different across the sectors. [Radford et al 2006].

*"The fact that they are blind or visually impaired ... the domestic abuse thing takes 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."* Interview participant

The survey in Work Programme 3 identified that most organisations surveyed did not have dedicated people employed to support visually impaired people. Of those that did, just over half of those dedicated people had training. This not only shows that organisations in general need to have better support in place for those with visual impairments but highlights the heedless lack of training in those appointed to support those with such impairments.

The interviewees that didn't disclose personal experiences of domestic abuse, were more likely to think that professionals would be aware of the domestic abuse experienced by visually impaired people. This shows a hopefulness in the support that professionals would be able to give; however, this does not appear to hold up to experience.

### 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, as disclosures may be reported to the perpetrator by well-meaning professionals. This may be a particular issue if victims and survivors are not believed by professionals. Interviewees noted perpetrator-carers can explain away physical symptoms of abuse such as cuts or bruising, - 'they are always knocking into things.'

Possibly because of their lack of visual impairment training, interview participants noted 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 (even healthcare) in order to 'help' the visually impaired person. It was highlighted in WP2 that professionals must ensure that they speak to visually impaired people on their own, and not always in the presence of a carer.

*"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."* Interview participant.

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 culture, but this was not followed and led to the person not disclosing the abuse fully because of fear. This could be related to the societal views of those with impairments seen in the literature that they do not know what is best for themselves and that others know better (Disability Wales and Welsh Women's Aid 2019).

*"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."* Interview participant.

Participants in Work Programme 2 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.



## Next steps and areas for additional research

Following this report the aim is to publish the learning and to build on the learning to develop additional discovery pieces of research. The learning from this research will be being promoted and could lead to the development of a series of co-created webinars and resources to be shared across the blind and partially sighted community. There are also additional areas of research that have been identified below.

With additional time and resources, the research could have carried out additional targeted communication to gather the voices from different professionals not reached through the dissemination method used. Any future research could be used to target any gaps in the breadth of voices captured.

Resources were limited on the project which meant that the voices of professionals were limited to being gathered through surveys. Any future research should seek to gather qualitative information from professionals to explore in greater depth the findings from the survey.

Several the respondents provided details of their organisations' websites. Future research would be useful to carryout website reviews and explore this review against the answers provided about accessibility.

Further research to be done on intersectionality and cumulative victimisation

### Risk assessment and safety planning

Future research could explore the risk assessment process for visually impaired domestic abuse victims and survivors. This research could explore the different impacts and outcomes achieved through safety plan development.

### Gender

Work Programme 2 was relatively balanced in the recruitment of male and female participants (36 and 32 participants respectively, one non-binary participant and one identifying as other). Three focus groups were conducted, split by gender based on input from the expert advisory panel resulting in one female and two male groups. The Male focus groups expressed notably different reflections than the female focus group on the vignettes used. Further, the genders of the characters in the vignettes were assumed to have different genders by the male and female focus groups, despite the names and pronouns being used were gender neutral (Sam and Ash, they/them). It would be useful to explore these differences in perceptions of domestic abuse in greater depth in future research and whether this impacts support and help seeking behaviour.

### Familial Roles

Despite a higher number of disclosure of DVA in romantic/intimate partnerships, Work Programme 2 did include participants who had experienced abuse from other family members such as parents and siblings. One participant described the difficulty of being in a mixed vision household, where the youngest members of the family had the best vision. In this instance, it impacted parents' ability to provide safety to their daughter, and her access to support. This has highlighted a potential area of research necessary for those in mixed vision households and its impact on care and abuse.

### Age

Although this research aimed to reach as wide an audience as possible, most of the participants in Work Programme 2 were under the age of 40 (56 participants) with only 13 participants aged between 40-49 and one participant aged over 60.

Considering the role aging can play in visual impairment- sight loss is more common amongst the older population. For those aged 75 and older the prevalence of sight loss prevalence is 85 people per 1,000. (RNIB, 2021b)- additional research would be needed to address the gaps in older people within the interviews and focus groups.

Participants agreed that older people should be a future focus of research. Some participants in both the interviews and focus groups said that older victims and survivors are not usually thought of as being victims of domestic abuse and tend to 'fall out of that domestic abuse remit'. They also said that older victims and survivors are less likely to want to leave a relationship that have been in for a long time, which is particularly problematic as older people are also more likely to be losing their sight.

One participant also pointed out that many visually impaired people are older people, who often are not perceived as being victims of domestic abuse so professionals who do meet them may be less likely to identify that they are experiencing abuse.

### **Cumulative victimisation**

Several participants in Work Programme 2 talked about how their ethnicity or culture affected their experiences of abuse and how holding these identities alongside being vision impaired often impacted how they were treated. Further research could explore these links, focusing specifically on how Black, Asian and racially minoritised vision impaired victims/survivors are treated both by their abusers and by those from whom they seek support.

### **Children**

The Domestic Abuse Act 2021 now recognises children living within the home as being victims of domestic abuse in their own right. This research does not specifically explore the impact of domestic abuse on children within the home. Further research could explore the impacts of this abuse where there is a visual impairment with either the victim or survivor, perpetrator or child.

### **Professional services**

While Work Programme 3 managed to collect data that provided a good overview of how well-equipped professional services are at supporting vision impaired domestic abuse victims/survivors, future research could expand on this by gathering qualitative information from professionals to explore their views and experiences in greater depth, and also use targeted communication methods to gather voices from professionals in sectors that were underrepresented in this research. In addition, further research could carry out reviews on the websites of the services surveyed to test their accessibility and explore this review against the answers participants gave about how accessible they believed their websites to be.

## Research Context

### Definition of domestic abuse

The Domestic Abuse Act 2021 has recently created a legislative definition of domestic abuse. Domestic abuse is not limited to physical violence and can be experienced as patterns of abusive behaviour to gain power and control. The Domestic Abuse Act 2021 states that this behaviour takes place where the victim or survivor is:

- In an intimate personal relationship with the other person (i.e. married, civil partnership, intimate relationship)
- They are an ex -partner and have previously been in an intimate relationship with the other person
- They are a relative
- They have, or there has been a time where they have had a parental relationship to the same child

The Act also recognises that children are victims and survivors of domestic abuse whether they see, hear or experience the abuse.

The Domestic Abuse Act 2021 also sets out what constitutes abusive behaviour:

- 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 take place overtime as a course of conduct.

Although the Act does not specifically describe coercive and controlling behaviour the Home Office definition is as follows:

“Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.” (Home Office, 2015).

Economic abuse is defined in the Domestic Abuse Act as behaviour that has a substantial impact on the victim’s ability to have money or property or obtain goods or services.

### Domestic abuse sector terminology

Idva/Idaa - Independent domestic violence advisor, or Independent domestic abuse advocate in Scotland. This is a specialist worker who supports a victim of domestic abuse. The Idva/Idaa will support the victim with safety planning and help them to navigate the different agencies involved, including acting as the victim’s advocate at Marac.

Outreach - Outreach workers provide one-to-one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience, and recovery.

Marac - Multi-agency risk assessment conference. A Marac is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, adult and children’s social care, housing practitioners, Idvas/Idaas, probation and other specialists from the statutory and voluntary sectors including substance misuse. After sharing relevant and proportionate information they



have about the situation of a victim of domestic abuse, representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan.

Victim and 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'. Whilst anyone can experience domestic abuse, it is understood that women are predominately the victims of domestic abuse. Each year nearly 2 million people in the UK suffer some form of domestic abuse – 1.3 million female victims and 600,000 male victims<sup>3</sup> and women are more likely than men to be the victims of high risk of severe domestic abuse, with 95% of those going to Marac or accessing an Idva service being women<sup>4</sup>.. The paper therefore sometimes uses gendered language.

## 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.”

'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.

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 (SafeLives, 2017).

## Safeguarding

The Care Act 2014 sets out safeguarding requirements for vulnerable adults, defined as someone who has needs for care and support, is experiencing or at risk of abuse or neglect and is unable to protect themselves against the abuse or neglect as a result of their needs. This definition can encompass disabled people including those with a visual impairment. The Act requires caregivers involved in preventative safeguarding work as well as those responding to allegations or instances of abuse to apply six key principles when conducting safeguarding processes: empowerment, prevention, proportionality, protection, partnership and accountability. Together, these principles encourage caregivers to take a person-centred approach, ensuring that the vulnerable adult is involved as much as possible and that their wellbeing and needs are centred in the safeguarding process. This prevents the adult from being silenced while decisions about them and their lives are made for them by their caregivers.

## Severely sight impaired (blind) or sight impaired (partially sighted)

To assess sight ophthalmologists will look at two factors. The first is visual acuity which is described as:

“central vision, the vision you use to see detail.”

It will also consider the visual field:

“how much you can see around the edge of your vision, while looking straight ahead.” (RNIB, 2021a).

Visual acuity is measured using an eye chart and the Snellen test. RNIB describes this as:

---

<sup>3</sup> ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)

<sup>4</sup> SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives

A Snellen test usually consists of a number of rows of letters which get smaller as you read down the chart. On the Snellen scale, normal visual acuity is called 6 / 6, which corresponds to the bottom or second bottom line of the chart. If you can only read the top line of the chart then this would be written as 6 / 60. This means you can see at 6 metres what someone with standard vision could see from 60 metres away. The figures 6 / 60 or 3 / 60 are how the result of a Snellen test are written. The first number given is the distance in metres from the chart you sit when you read it. Usually this is a 6 (for 6 metres) but would be 3 if you were to sit closer to the chart (3 metres away).

The second number corresponds to the number of lines that you are able to read on the chart. The biggest letters, on the top line, correspond to 60. As you read down the chart, this number gets smaller as it corresponds to the lines with smaller letters. Someone with standard vision can read towards the bottom of the chart. Standard vision can be referred to 6 / 6 vision. For example, if the second line of the chart was marked as the 36 line, a person with standard vision (6 / 6) would be able to read this line on the chart when it was 36 metres away. However, if you had a Snellen score of 6 / 36, you would only be able to read the same line at 6 metres away. In other words you need to be much closer to the chart to be able to read it. Generally the larger the second number is, the worse your sight is. (RNIB, 2021a)

To be certified as severely sight impaired:

“your sight has to fall into one of the following categories, while wearing any glasses or contact lenses that you may need:

- Visual acuity of less than 3 / 60 with a full visual field.
- Visual acuity between 3 / 60 and 6 / 60 with a severe reduction of field of vision, such as tunnel vision.
- Visual acuity of 6 / 60 or above but with a very reduced field of vision, especially if a lot of sight is missing in the lower part of the field.

(RNIB, 2021a)

For those who are certified as sight impaired (partially sighted) you may need:

- “Visual acuity of 3 / 60 to 6 / 60 with a full field of vision.
- Visual acuity of up to 6 / 24 with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry.
- Visual acuity of 6 / 18 or even better if a large part of your field of vision, for example a whole half of your vision, is missing or a lot of your peripheral vision is missing.”

(RNIB, 2021a)

With regards to the visual field RNIB notes, if:

*“you have a good visual acuity, you will usually have had to have lost a large part of your visual field to be certified as severely sight impaired (blind) or sight impaired (partially sighted). Alternatively, if you have all your visual field, you will usually have to have a very poor visual acuity to be certified as severely sight impaired (blind) or sight impaired (partially sighted).”* (RNIB, 2021a)

This is the criteria to be **certified** as severely sight impaired (blind) or sight impaired (partially sighted). This does not include all people who have experienced sight loss and support is available for those who have experiences of sight loss but do not fit the criteria to be officially certified.

In their Sight Loss Data Tool RNIB estimate that there are a total of 2,190,000 people living with sight loss in the UK – a prevalence of 3.2% and or 33 people per 1,000. The total percent of the blind or partially sighted population who are **registered** as either blind or partially sighted in England is 13%, Wales 14%, Scotland 19% and Northern Ireland 14% (RNIB, 2021b).

Sight loss is more common amongst the older population. For those aged 75 and older the prevalence of sight loss prevalence is 85 people per 1,000. (RNIB, 2021b). Prevalence of sight loss is also higher for those with dementia, particularly those living in care homes (RNIB, 2021b).

## Sight loss and at-risk groups

RNIB have found that certain groups of people are more at risk of sight loss than others. As noted above, the first of these is old age. For children and young people, there are certain factors which can increase the likelihood of sight loss. These factors include those who were born prematurely or were very low weight, those from a low socio-economic background and those children and young people with learning difficulties. Up to half of children with sight loss have other disabilities (RNIB, 2018).

Sight loss is gendered. The proportion of women who are blind is higher than men. Deloitte Access Economics found that in 2016- 2017, the number of new cases of sight loss and blindness overall was 99.6 incidence per 10,000 men and 173.5 incidence of blindness or sight loss for women (2017). However, the gendered nature of sight loss typically occurs in older age (over 65) with the rates of women in older age being significantly higher than men, the reasons for this include increased life expectancy, greater risk of certain eye conditions, socio-economic barriers and women's caring responsibilities in the home<sup>5</sup>. In younger years, the rate of blindness and sight loss is relatively similar between genders with men being very slightly more at risk of loss of sight (Deloitte Access Economics, 2017).

People from a Black, Asian or racially minoritised communities are at a greater risk of sight loss, largely due to socio-economic barriers and prevalence of certain health conditions. For example, the risk of diabetic eye disease is greater for those from South Asian communities and Black African and Caribbean communities, Black African and Caribbean communities are also at a greater risk of developing some forms of glaucoma (RNIB, 2018).

People with diabetes, learning difficulties and those who have dementia also have a greater risk of sight loss compared to the general population (RNIB, 2018).

### **Additional risks for those blind and with sight loss**

Falls are more common amongst older people and can be directly linked to blindness and sight loss. The RNIB Sight Loss Data Tool estimates that in the UK, 8% of all falls for those aged over 65 were experienced by someone with sight loss and 4% of these falls were directly attributable to sight loss (2021b).

Sight loss can also be linked to poor health and other health conditions. In the UK, 18% of those who are blind or partially sighted reported that they had a long-term illness or disability in 2011 and 6% reported that their health was 'bad' or 'very bad' (RNIB, 2021b).

People with sight loss are more likely to suffer from depression, experience social isolation and loneliness with 43% of those who are blind or have partial sight loss wishing they could leave the house more often (Clements and Douglas, 2009) and 73% of those of a working age not employment (RNIB, 2015)

Each of these factors can contribute to barriers in accessing support for domestic abuse.

### **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. 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).

---

<sup>5</sup> Gender - The International Agency for the Prevention of Blindness ([iapb.org](http://iapb.org))

# Work Programme 1 – Literature review for exploration of domestic violence and abuse in the blind and partially sighted community

## Summary

This literature review is the first step in SafeLives work with the Vision Foundation to address the gap in research and increase knowledge of domestic violence and abuse in the blind and partially sighted community, with a particular focus on London.

Overall, the evidence we have found tells us:

- Reporting of domestic abuse appears to be low for those with a sensory disability, in particular for those who are blind or partially sighted
- Victims and survivors who are blind or partially sighted can face further discrimination and barriers to accessing support for domestic abuse where they have other intersecting identities
- Perpetrators use disability, including blindness and partial sight, to gain further power and control over the victim or survivor
- Although it does not fall into the definition of domestic abuse, victims and survivors felt that the intimate nature of the work that paid carers or personal assistants perform constituted domestic abuse and victims and survivors have reported this form of abuse
- Statutory services and support services outside of the domestic abuse sector often focused solely on the victims and survivor's disability and did not consider or take into account domestic abuse when working with victims and survivors
- Victims and 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.
- Education for professionals and specialised 'by and for service' for victims and survivors with disabilities can promote and facilitate victims and survivors accessing the support they need for domestic abuse

## Introduction

There has been little research in the UK that documents the experiences of those with physical and sensory impairment who are affected by domestic violence. From the wider world, literature reviews, systematic reviews and comparative data analyses focusing on violence and disability have indicated that disabled adults are at greater risk for exposure to violence (Hughes et al., 2012, Dunkle et al., 2018 and Hughes et al., 2011). Yet, significant limitations remain in current understanding of the relationship between disability and domestic violence, including that some analyses do not adequately account for gender, ethnicity and other intersectionalities such as religion and sexuality.

Historical literature has gone some way to report on the factors that may contribute to increased risk of domestic abuse in those with disabilities. When investigating victim/survivors with intellectual disabilities, Nosek, Howland and Young (1997) reported nine factors which contribute to risk. These were i) dependency on long term care, ii) denial of human rights leading to victims feeling powerless, iii) less risk of the perpetrator being discovered, iv) victims facing a lack of understanding v) less education about healthy/appropriate relationships and sexuality (awareness of one's self as a sexual being) given to those with ID, vi) increased risk of social isolation vii) potential for physical helplessness and vulnerability in public places viii) neglect of individual capacity and self-protection by professionals due to values and attitudes ix) Economic dependence on another. Evidently these factors are not solely experienced by those with intellectual disabilities but are likely generalisable to other disabilities, both physical and sensory. For example, a lack of knowledge about sex and sexuality has also been reported in those with physical disabilities (McCabe 2000). External input appears to be one of the drivers of this, with professional seeking the repression of sexual and relational identities in those with disabilities (Dixon and Rob 2015). Further, in a recent scoping review identifying barriers to sexual education in disabled young people, seven barriers were identified including the social misperception of people with disabilities as asexual and in need of protection (Michielsen & Brockschmidt 2021).

## 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. 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. 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).

Domestic abuse specific data sets held by SafeLives (Insight, (SafeLives 2020a) and Outreach (SafeLives 2020b)) as well as Womens Aid (Hague et al., 2011a) indicate similar prevalence levels as reported by ONS data. SafeLives Insight data and Outreach data indicate 14% and 16% of victims-survivors having a disability respectively (SafeLives, 2020a & 2020b). The Womens Aid data set indicates a lower prevalence of 7%, however, this may be due to the data set being gendered (Hague et al., 2011a). In relation to visual impairments none of these data sets accounted for this specifically, however, the Insight data set and Outreach data set reports 7% and 5% prevalence respectively of sensory impairments (SafeLives, 2020a & 2020b).

Those with disabilities not only experience higher incidences of domestic abuse, but analysis of the Insight data set from April 2015-March 2016 found that disabled people additionally experience domestic abuse for a longer period of time before accessing support (3.3 years vs 2.3 years). Other differences between disabled and non-disabled populations included living with the perpetrator when accessing support (31% vs 18%) and previous suicide ideation or attempt (22% vs 11%). SafeLives also found that disabled victims and survivors were more likely to have multiple perpetrators (19% compared to 6% of non-disabled survivors) (SafeLives, 2017). Similarly, when investigating romantic relationships in those with intellectual disabilities, Ward, Bosek and Trimble found two thirds of those who had engaged in romantic relationships experienced intimate partner violence with more than one partner (Ward, Bosek and Trimble, 2010).

It should be noted that the prevalence of domestic abuse among those with disabilities is likely to be underestimated. As with most forms of domestic abuse, reporting is a problem, however, it has also been identified that screening instruments used by domestic abuse services (e.g. DASH) do not include/account for specific types of abuse relating to those with disabilities, such as medication withholding and purposeful movement of furniture to create barriers (Nosek et al 2001). Further, generic questions about control of money/social movements may not go far enough to perceive abuse in relationships where the perpetrator is depended upon for care responsibilities.

In alignment with the above barriers, based on population data from the 2011 Census, SafeLives estimates that 19% of all Marac referrals should involve disabled victims. However, for the year April 2020-March 2021, the proportion of cases involving those with a disability was only 7.5%. This is an increase from April 2019-March 2020 (6.5%), however, is still considerably lower than the estimated population.<sup>6</sup> These discrepancies between predicted and actual reports illustrate the gap in reporting of domestic abuse for disabled people.

## Contributors of increased risk

Those with disabilities face unique risks in relation to domestic abuse, especially regarding their dependency on long term care, and opportunities for abuse such as medicinal tactics. Literature investigating domestic abuse in disabled populations found that perpetrators often used the victim or survivor's disability to gain or reinforce control (Hague et al, 2011a). One survivor gave an example of the perpetrator using medication and his role as carer to control and isolate them:

---

<sup>6</sup> based on Family Resources Survey 2018-19 which identifies that almost 1 in 5 of the working age population (16-64 years) is disabled



*He would tell friends that I was poorly when he'd zonked me out. If you've had very strong painkillers, you're very dozey; so he would purposefully give me the strongest painkillers when my friends were coming, and they couldn't come then obviously because I was asleep. He would cancel care shifts, he would then say that I'd cancelled them, because again when you've had them tablets you're not good at remembering anything—even what your name is . . . he'd give you so much that you didn't know what you'd done . . .* (Shah et al, 2016).

Other examples of abuse directed at disabled victims and survivors included the use of mobility aids (taking out batteries, moving at the last second so the victim falls), neglect by the perpetrator when the survivor was dependent (shutting in a room when unable to move, leaving for days on end with the accessible vehicle) and dehumanising (abandoning on the floor with dinner as 'that's where they belong') (Hague et al, 2011a).

Disability Wales and Welsh Women's Aid (2019) found that the reliance (perceived or actual) on a perpetrator carer hindered initial disclosures or ability to disclose to professionals. Survivors expressed difficulty in opportunities to speak to professional one-on-one, even in health care settings, and even when they were able to make a disclosure, survivors felt a judgement from professional as to why they hadn't done something sooner, or more to 'help themselves' (Disability Wales and Welsh Women's Aid 2019, Shah et al 2016). Some survivors in the Hague study discussed being made to feel unworthy and "underserving" of their relationships and that they "should be grateful" to the perpetrator. One survivor felt pressured into staying in the abusive relationship because they were told "*who else will look after you?*" (Interviewee, 44 years) (Hague et al, 2011a).

Hague et al in their analysis of disabled victim and survivors experiences of domestic abuse summarised six key factors which trapped survivors in the relationship with the perpetrator and gave the perpetrator further power and control over the relationship. These were:

- "not being able to escape;
  - not being able to get out of the way before an attack or to move afterwards;
  - not being able to see or hear an abuser coming;
  - lack of training/jobs so you could not be independent in the way you would be if not disabled;
  - the perpetrator using the impairment to make the abuse worse;
  - the abuser being seen as saintly, beyond reproach, and the disabled woman not being believed."
- (Hague et al, 2011b)

Radford et al found the stigma faced when experiencing domestic abuse was compounded when the victim or survivor had a disability as:

*Disabling attitudes are pervasive in society, and unfortunately can inform the understanding of professional and voluntary sector workers: because many clients were housebound, they were particularly vulnerable and were often locked in, their 'freedom' being used as a treat or reward to be earned.* (research participant) (2006).

### **Paid Care/Personal Assistant Abuse**

Although the Domestic Abuse Act 2021 does not include paid personal care in the definition of intimate relationships, several victims and survivors felt that their care workers were performing some incredibly intimate jobs with respect to their care and that the abuse they experienced by a paid carer or personal assistant felt like domestic abuse (Nixon, 2009).

*Because, on some level around carer abuse, you don't get much more of an intimate relationship. (UK disability activist) (Nixon, 2009).*

Hague et al, in a national (UK) study of the needs of disabled women experiencing domestic violence, found that a small number of survivors interviewed had reported abuse from their paid carers but they felt their complaints were not taken seriously or even understood by the social work team (2011b). Interestingly in a 2013 study on relationships and those with Multiple sclerosis (MS), both male and female perpetrator carers denied abuse, and expressed disbelief that anyone could abuse a person with MS. However, male perpetrator carers appeared to disclose small instances of abuse as a cry for help, whilst female perpetrator carers appeared to justify the abuse suggesting the victims provoked it. In victim and survivor focus groups, both males and females with MS praised their carers even when disclosing

instances of domestic abuse (Shapiro, Wigglesworth and Morrison 2013). These discrepancies in experience and reporting of abuse were concluded to be exacerbated by the physical dependency of those with MS on carers, including the way victims and survivors viewed the nature of the mistreatment and even the extent to which they were willing to admit mistreatment (Shapiro, Wigglesworth and Morrison 2013, Yoshida, 2009).

### Intersectionality

Intersectionality identifies multiple factors of advantage and disadvantage. Examples of these factors include gender, caste, sex, race, ethnicity, class, sexuality, religion, disability, weight, physical appearance, and height. These intersecting and overlapping social identities may be both empowering and oppressing, but frequently serve to exacerbate the inequalities experienced by blind and partially sighted people. Intersectionalities such as age, sexual orientation, ethnicity, immigration status, and work (sex work) in those with visual impairments impact both on the abuse experienced, and on their ability to seek support and leave abusive situations (Hague et al, 2011a, Hague et al, 2011b, Balderston et al, 2019 and Sasseville et al., 2022).

Hague et al and Balderston et al, both studies on disabled women and their experiences of domestic abuse reported on the impact of sexuality when it came to the experience of abuse, and the support on offer. One participant in the Hague et al study identified a lack of belief about her abuse due to preconceived ideas of perpetrators, Balderston et al reported similar views of a mental health support worker:

*She was really skinny. And she would kick me regularly – and they just wouldn't acknowledge it at all. I think that people still have this vision of abusers to be male, to be stronger. (Interviewee, Hague et al 2011a, Page 154).*

*"Because she was in a same sex relationship with her carer, who was also her perpetrator none of the agencies involved saw what was happening as domestic violence..." (Mental Health Support Worker, Balderston et al, 2019, Page 56).*

Balderston et al also reported that agencies such as housing support struggled to understand intersections in those with disabilities, both in terms of sexuality and for example sex work:

*"Because she was in a same sex relationship with her carer ...I think she was also dismissed as a nuisance by housing because her council property had been heavily adapted and now she wasn't safe there... housing were really unhappy about that" (Mental Health Support Worker, Balderston et al, 2019, Page 56)*

*A lot of the disabled women I supported were sex workers, and I felt like my managers were reluctant to see them both as disabled and as sex workers, because somehow their disability would negate their agency and decision making, and somehow make them less responsible." (Housing Support Worker, Balderston et al, 2019, Page 55).*

Hague et al also found that culture and race impacted the support agencies and paid care workers gave to those with disabilities, leading to a lack of care and increased neglect:

*'Because I kept on voicing about the cultural needs, I ended up not getting any care for over a year.'* (Black female interviewee, Hague et al, 2011b, Page 159)

Those with 'no recourse to public funds' were cited in a number of studies as facing additional barriers to escaping abuse on top of the barriers faced due to a disability. No recourse to public funds, which occurs when one is subject to immigration control, meant that they lacked finances to escape as well as being either feeling unable to access services, or incurring additional costs. This additional burden appears to stem from the belief that disabled people and asylum seekers are a burden on society, and refugee status is a gift not a right (Yeo 2017). For those whose first language wasn't English, accessing services and financial support proved even harder (Hague et al, 2011a, Balderston et al, 2019, Chynoweth et al., 2020).

In a 2022 systematic review of French and English language studies, Sasseville et al investigated cumulative contexts of vulnerability among women with disabilities, elderly women and immigrant women. Their work highlighted the importance of researchers and support services understanding that individuals exist within an intersectional context. They showed how a situation such as 'living in a rural area' could

be both classified as a risk factor for abuse, as well as a protective factor dependent upon other contexts (Sasseville et al 2022). Their work also attempted to draw out the cumulative impacts of multiple victimisations, however, few papers had investigated this. Divin et al. (2013) studied intimate partner violence in Mexican American women aged 55-75 with a mobility impairment. They found that their experience of multiple victimisations lead to social marginalisation that created a lack of support and an inability to integrate into the work force. Sasseville et al, indicate that an important area of practice that needs addressing is the fragmentation of agency effort (e.g., disability support services, domestic abuse services, immigration support or housing) as this creates a fragmented response to victims and survivors needs without considering the individual in their entirety.

## Barriers to accessing help for domestic abuse

### Knowledge of available support

In Radford et al (2006) domestic abuse professionals and agencies in the local Disability Forum highlighted that a lack of knowledge of domestic abuse services was the first barrier many face. Part of the reason behind the lack of knowledge lay with the difficulty that those with disabilities face in accessing information. Issues include situations where victims and survivors rely on perpetrator-carers to access information on their behalf, or require information in accessible forms such as brail or large print. One participant highlighted a problem of access to these supposed accessible formats stating:

*'Some agencies even give details of how to get large font leaflets — in the small print at the bottom!'*  
(Research participant, Radford et al 2006, Page 242)

Knowledge also plays a specific role as a barrier to accessing support in immigrant and non-English speaking victims and survivors. Yeo (2017) noted that a lack of knowledge about national laws can make victims and survivors feel unable to leave abusers, especially when they risk cultural social standing in doing so.

The research highlighted the isolation that this abuse can bring to victims and survivors of domestic abuse which further compounds the difficulty in leaving the perpetrator, reducing the likelihood of the perpetrator being accidentally discovered and increasing dependency on the perpetrator. – The isolation from services, friends and family is further exacerbated by limitations to education and training.

*You know the same opportunities are not there for Deaf (or disabled) people. We're forced to become dependent to a certain extent because the facilities aren't there. You don't want to add to it. You know, that awful dependence through no fault of your own, because the opportunities are just not there. You don't have the educational opportunities that other people have and training and job opportunities.*  
(Interviewee, Hague et al, 2011a, Page 125).

### Physical access to support

Multiple papers raised the issue of non-accessible physical spaces being a barrier to support services or to places of safety. Balderston et al found that for services in the disability advocacy, housing, community support, adult social care and the women's sector "the most significant theme that emerged from our findings was that most services remain inaccessible to disabled survivors of abuse" (2019). Hague et al also found that building and service accessibility was poor in their survey of domestic abuse professionals, with issues including old buildings, awkward stairs, inaccessible rooms, no disability access/adaptations at all in some cases, and widespread inability to comply properly with British disability legislation in terms of accessibility. As much as 76% of those surveyed indicated that they currently did not comply with the United Kingdom Disability Discrimination Act, citing absence of funding as the main reason (Hague et al., 2011a). The survey analysis also noted that disability and accessibility was often seen purely in terms of wheelchair use and, therefore, would not be taking into consideration blind or partially sighted victims and survivors (Hague et al, 2011a). Since this publication the Disability Discrimination Act has been replaced by the Equality Act, except for in Northern Ireland.

Physical accessibility issues were also compounded when intersectionalities came into play such as being disabled and a mother. Shah et al quotes one survivor who was experiencing ongoing abuse and who asked to be taken to a place of safety with her children:

*"I should have had the support from the services, but it wasn't there—not for me. Other families with non-disabled mums in similar situations, had been lifted in the middle of the night, ... so that the man*



*could not get at them . . . there was only a provision for either me as a disabled person or for the kids; there wasn't provision for a disabled woman that had kids.”* (Shah et al., 2016, Page 1203).

### Statutory Response to Domestic Abuse

As noted by Sasseville et al (2022), statutory and support agencies are often developed from a clientelist perspective. As such, statutory agencies and agencies outside the domestic abuse sector have been reported to have differing responses to domestic abuse (Radford et al 2006). The research found that these differences can be in the terms agencies use such as describing emotional abuse and controlling care as 'neglect' rather than 'abuse' (Radford et al 2006), as well as what they allow access to such as described by Bradbury-Jones et al., in their study on access to maternity care for disabled mothers who were victims of abuse (2015). The women in our study sought to control when, how and to whom they disclosed their pregnancies, disabilities or domestic abuse experiences, as they worried about losing control over their bodies, their family and their baby following disclosure.

Another limitation to the clientelist perspective, is that they often focus on one aspect of an individual, leading to missed opportunities for identifying potentially abusive situations. Only one out of 30 victims or survivors interviewed by Hague et al felt that the domestic abuse they had experienced was picked up by a social worker (Hague et al 2011b). The interviewees described how any professional that visited them concentrated solely on their disability and how this was affecting their day-to-day life. Even when survivors discussed feeling depressed or not being able to sleep, this did not lead to further questions and was assumed to be part of the issues around the disability (Hague et al, 2011b). Disability Wales and Welsh Women's Aid (2019) also reported on how disabled victims and survivors are unlikely to be seen one-on-one by statutory services when there is a carer involved, even in health care settings. This is often explained to 'help' those with disabilities either with recall of events or physical mobility, however, it again removes the opportunity for disclosures of domestic abuse (Disability Wales and Welsh Women's Aid 2019).

Hague et al also found that specialist disability organisations also concentrated solely on the disability of victims and survivors as opposed to considering domestic abuse in the home. A mapping survey of UK disability organisations found that almost all did not see domestic abuse as 'their issue' (2011a). It was further estimated that 83% of specialist services could not offer any advice or support around domestic abuse and there was often no recognition of the gendered issue of domestic abuse with many women only having the option of a male worker (Hague et al., 2011a).

Support workers also appeared to make assumptions not only about the vulnerability of disabled people, but also their capabilities and disclosures. A Community Support Worker gave an example of this:

*“I supported a blind survivor of domestic violence who was originally from Nigeria to get housing. When she explained to the housing officer that the perpetrator was smashing plates around her to frighten her, the housing officer claimed that this was not abuse but a 'relationship breakdown'. The housing officer suggested the perpetrator was 'stressed' from his caring responsibilities. She actually had a full-time job in an education setting and was highly independent.”* (Balderston et al, 2019, Page 55).

A lack of understanding about disability and domestic abuse was also apparent when victims and survivors had children. Some survivors interviewed felt their “condition had been used against them” by professional agencies when dealing with the children, whilst other feared that professionals viewed them as unable to make good decisions due to their disability (Hague et al, 2011a and Bradbury-Jones et al., 2015). One survivor gave an example of how returning to her known abusive partner allowed her to have her children returned to her from foster care and another survivor described how her children were nearly removed from her care as there was no facilities with disabled access available for her and her children to move to (Hague et al, 2011a).

### Facilitators to accessing help for domestic abuse

#### 'By and for' Services

Support services that were described as 'by and for' disabled women were indicated in the literature to be positive for victims and survivors to engage with. Experience reported in Shah et al., showed these services to be a place where women regained confidence and reached a place where they could exercise control about their situations.

*'... a support service in their home city that specialized in providing support to disabled women. It was run by a disabled woman, herself a survivor of domestic violence. The two women believed that joining the service and meeting other disabled women with similar experiences was a turning point for both of them.'* (Shah et al 2016, Page 1205).

Similarly, to Shah et al, Balderston et al found that disabled women wanted peer support from other women who had similar experiences to them. They highlighted how the friendships and peer support that is often found in refuges is not always accessible for disabled women if they cannot access these spaces (2019). This challenges the idea that victims and survivors are merely 'service-users' but highlights the value in interactionary relationships between providers and victims and survivors, and between individual victims and survivors (McLaughlin 2009).

There was limited literature looking into the experiences of disabled people with other identities (such as men, LGBTQ+ or Black, Asian and racially minoritised victims/survivors) with by and for services. However, research does suggest that non-disabled people with these identities benefit from accessing specialist, by and for services, so future research could look into whether this is also the case for vision impaired people (SafeLives 2017b).

### **Awareness and Education of Service Providers**

An increased awareness and education for domestic abuse services (as well as other agencies involved) was discussed in much of the literature. For survivors this meant not having to continually educate others:

*I just want to be able to get help without having to explain my disability or my violence. If they just asked everyone, 'What do you need?' like Braille or words and pictures, ... It gets exhausting having to teach everyone about everything I need. It should be their job to be able to help."* (Service User, Balderston et al, 2019, Page 64).

Disability Wales and Welsh Women's Aid also found that 70% of the victims and survivors they interviewed wanted more awareness and understanding of disability equality issues by support service staff, such as police officers, doctors, nurses, housing officers, domestic abuse coordinators (2019). Victims and survivors in this research felt that a greater public awareness and more stories that represented their experiences should be shown in public to "demonstrate[s] that people from across communities can and do experience violence and abuse" (2019).

Hague et al found that only 59% of their survey respondents had been provided with disability equality training which was considerably lower than other training in response to marginalized groups. Hague et al felt that this showed that the impact of disability was not taken as seriously as it should be (2011a). For professionals with lived experience of domestic abuse and specialised in working with disabled women, they felt that it was important that other support/service agencies perceived the value of, and respected their knowledge and expertise (Balderston et al, 2019).

Finally, one study discussed the importance of multi-agency work as a facilitator to supporting disabled victims and survivors of domestic abuse. They found that positive joined up working from agencies helped "address some of the additional barriers disabled survivors face when attempting to end violence and abuse." (Balderston et al., 2019).

### **Conclusion**

There is a lack of literature that focuses specifically on the experiences of blind and partially sighted people who have experienced domestic abuse. Where we have expanded the scope of the review to include physical and sensory disabilities there is a small amount of research from the UK which highlight barriers and facilitators to accessing support for domestic abuse. It is clear that research into this area is lacking and the experiences of victims and survivors with a visual impairment are largely not being heard or seen. This is particularly true when it comes to those with other intersectionalities such as race, and immigration status.

The experience of abuse in those who are blind or partially sighted and those with other disabilities broadly followed the same forms as those without disabilities, in terms of Physical, Sexual, Verbal and psychological abuse. However, those with disabilities face unique risks, especially regarding their dependency on long term care, and opportunities for abuse such as medicinal tactics. These unique risks could also be missed in the context of care-perpetrator relationships.

The available research highlights that those who are blind or partially sighted and those with other disabilities who seek support regarding domestic abuse are not receiving the support they need. This was due to both information access issues (i.e. no brail or large print available), as well as physical accessibility issues with service provision. Where victims and survivors have further intersecting identities, such as non-English first language or being a parent, accessing and receiving the correct support was found to be even harder.

Victims and survivors felt that paid carers and personal assistants could be included in the definition of domestic abuse as the work they provide was of comparable intimacy. In all cases of domestic abuse, the research found that statutory and other non-domestic abuse services often focused solely on the victims and survivors' disability and lacked motivation and knowledge to enquire about domestic abuse.

Where victims and survivors wanted to escape the abuse, they found difficulty accessing specialist domestic abuse services such as a refuge. This was found to be even more difficult where children were also fleeing the family home.

Studies indicated the benefit of support services created by disabled people and for disabled people. Further importance was placed on peer support and the benefits in confidence and knowledge that can come from safe spaces for victims and survivors to share their experiences. Education for professionals outside the disability sector is also key so that victims and survivors can access the best and safest support when escaping an abusive relationship.

## Work Programme 2 – Qualitative research

### Interview and Focus group overview

This work programme focused on qualitative research, it sought to gather detailed information from survivors and blind and partially sighted people through interviews and focus groups. The interview and focus group schedules were co-created with the expert advisory group and are included in the appendices.

The programme aimed to address the following research question primarily:

**R2** – What is the prevalence of DVA with the partially sighted and blind people?

**R3** – Are there any additional issues for this community and how do the issues of intersectionality affect partially sighted and blind people?

**R4** – What are the barriers to accessing support?

Secondary objectives include the following research questions; however, these are also picked up in other work packages:

**R5** – What specific and non-specific DVA support is available for partially sighted and blind people?

### Participant recruitment

Short recruitment surveys were designed for individuals to complete if they were interested in taking part in the research. These included questions on whether the individual had personal experience of visual impairment, domestic abuse or both, and participants were also asked whether they would prefer to be involved in an interview or a focus group and whether they would want these to take place in person, over the phone or using a digital meeting platform.

Two versions of the survey were created, with one being designed so that it was fully accessible for visually impaired people. This included an audio introduction at the start of the survey and text boxes instead of radio buttons. The survey was disseminated across the Vision Foundation and SafeLives social media platforms and was also promoted by members of the expert advisory panel.

All individuals who responded to the survey were contacted by the project team to ascertain whether they were still interested in taking part and if so, to arrange a suitable time for their interview or focus group.

### Schedule Design

An initial draft of the interview and focus group schedules was first created using the relevant research questions and evidence from the literature review as a guide. These were then shared with two members of the expert advisory panel with lived experience of domestic abuse, one of whom is also visually impaired, who offered suggestions and revisions that were incorporated into the schedules. These were then shared with the wider expert advisory panel members who were able to suggest any changes before the schedules were finalised.

The interviews took a semi-structured format and the schedule comprised of four main sections: introductory questions, experience of abuse, experience of seeking support and closing. The focus group schedule was structured around two vignettes which told the story of a fictional abusive relationship in which the victim was visually impaired. Focus group participants were encouraged to comment on the situations described in the vignettes and then give their opinions on the more general issues raised in these stories. The interview schedule can be found in Appendix 1 and the focus group schedule can be found in Appendix 2.

### Interview and focus group process

All interviews and focus groups were carried out via digital meeting platforms, either Zoom or Microsoft Teams, and they were all recorded using the recording functions built into these platforms. Safeguarding measures were put in place in order to ensure participants' safety, confidentiality and anonymity. These included asking participants in the recruitment survey whether they had any safeguarding needs we needed to be aware of, storing their contact details in a password-protected document and ensuring that all names, place names and other identifying information were redacted from transcripts. Interviewers were also instructed to escalate any safeguarding concerns that arose during interviews by contacting a SafeLives Safeguarding Champion.

After receiving advice from one of the expert advisory panel members with lived experience, it was decided that the focus groups would be divided by gender in order to ensure that participants felt as comfortable as possible. As a higher number of people who were interested in being part of a focus group identified as male than identified as female, we organised one female focus group and two male focus groups. There were no participants interested in taking part in a focus group who identified outside the gender female-male binary.

All participants were required to complete a consent form before participation which included information about anonymity, confidentiality and use of information. In order to ensure that this was accessible, participants were given the option of completing the form as a Microsoft Word document, completing the form as an online survey or the interviewer reading out the form and questions to the participant before the interview began. Verbal consents were recorded separately to the recordings of the interviews themselves and stored securely along with the copies of the written consent forms.

All interview participants were sent the interview or focus group questions at least one day before they took part in the research along with an information sheet on the purpose of the research and on how their contribution would be used. All participants were told at the beginning of the interviews and focus groups that they did not have to disclose personal experiences of abuse if they did not wish to, but that they were welcome to do so if they felt comfortable. Any participant who did disclose either personal experiences of domestic abuse or who talked about the abuse experienced by a friend, whether current or historic, were asked at the end of the interview whether they felt like they or their friend were receiving adequate support for this. In the cases where either the participant or the interviewer was not confident that they were receiving adequate support, the participant had a discussion with the interviewer about what support they or their friend might find useful, following which the project team researched appropriate local or national services to signpost the participants to.

During the interview period, a very small number of participants overstepped personal boundaries, for example by making inappropriate comments or asking their interviewer questions of a personal nature once the recording had ended, which left interviewers feeling uncomfortable. There were other participants who were not in a suitable setting for the interview to take place, such as in outdoor areas with a lot of background noise, which made it difficult for the interviewer to conduct the interview and for the recording to be accurately transcribed. As a result of the learning we have gained from this process, SafeLives is now developing a code of conduct for future projects to be sent to interview participants before the interview starts describing the standards of behaviour expected from both the interviewer and the interviewee. Participants will be advised that if they do not follow these standards, the interviewer will terminate the interview. The aim is that this will give the interview participants confidence that the interview will be conducted to a high level of professionalism, lower the incidences of inappropriate behaviour and give the interviewers confidence to manage any incidences where inappropriate behaviour does occur.

## Analysis

Data analysis of the interview and focus group transcripts was based on the concepts of thematic analysis (Clarke, Braun, & Hayfield, 2015). We primarily utilised deductive codes, but allowed for some inductive coding. This allowed us as researchers to carry with us that which we have gathered from the literature and also listen to what is “new” in the data (Mihalis and Odum 2019).

The deductive codebook generated from the literature review was utilised during the first pass, and then refined by double coding of three transcripts and agreement among four qualitative researchers involved in the data analysis. The codebook is included in Appendix 3.

The analysis was carried out focusing primarily on participants who disclosed personal or a friend or family member’s experience of domestic abuse during the interview (regardless of whether or not the participant had disclosed abuse in the recruitment survey). This was because these interviews provided the richest data in terms of giving examples of experiences of abuse and experiences of seeking support. Interviews where experiences of abuse were not disclosed were then analysed as a second stage and included in the report where they revealed a substantially different response from that given by those who had disclosed abuse during interview.

## Summary of Key Findings

- 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 perpetrator 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.
- 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.
- Accessing support is more 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 depend on others which may prevent them from recognising abusive behaviours or discourage a victim/survivor from leaving an abusive relationship.
- 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.
- 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. This may occur because the perpetrator is able to manipulate others and/or because professionals view visually impaired people as less capable than fully sighted people.

## Demographics

A total of 78 participants took part in the qualitative study with 56 (72%) undertaking an interview and 22 (28%) involved in the three focus groups. In the pre-interview survey that was filled in by these 78 participants when they first expressed their interest in being involved with the research, 56 (72%) self-reported as having a visual impairment and 57 (73%) disclosed experience of domestic abuse. There were 37 (47%) participants who reported having a visual impairment and disclosed experience of domestic abuse.

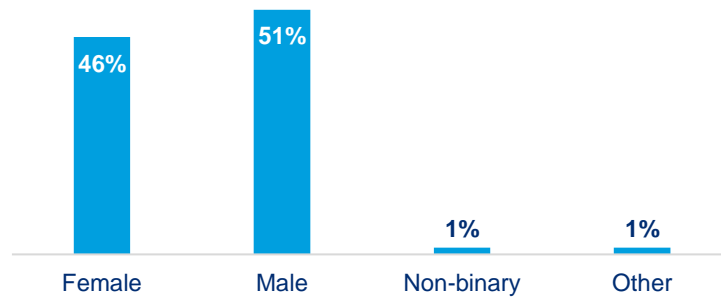
Before each interview and focus group, participants were asked to give us further demographic details about themselves if they felt comfortable doing so. Only eight participants elected not to provide any demographic information at this point (two focus group and six interview participants). Of those who did, the breakdown of gender, trans history, age, ethnicity and sexuality are recorded below.

### Gender

Interview participants were relatively evenly split between male and females (36 and 32 participants respectively). One participant identified as non-binary and one identified as 'other'.

Gender	Number of Participants	Percentage of Participants
Female	32	46%
Male	36	51%
Non-binary	1	1%
Other	1	1%

## Gender of Participants

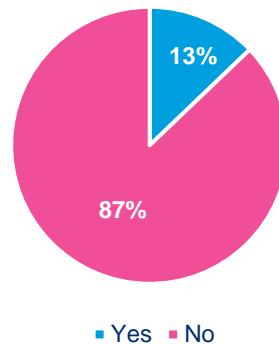


## Trans History

The majority of participant who took part in Work Programme 2 did not disclose having a trans history, with 13% identifying as having a trans history. Although there are no official figures published for the percentage of trans adults in the UK, it is estimated to be ~1%.

Do Participants have a Trans History	Number of Participants	Percentage of Participants
Yes	9	13%
No	61	87%

## Do Participants have a Trans History



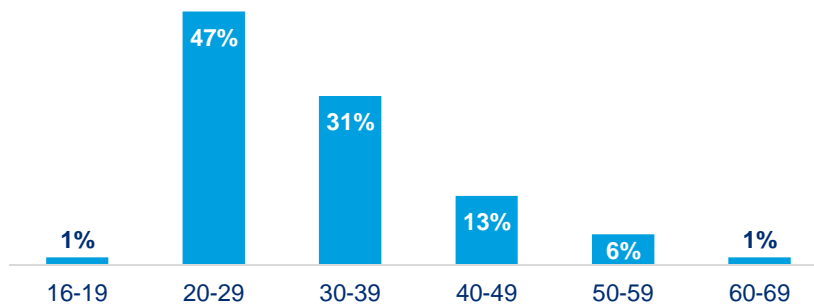
## Age

Participant age was group by 16-19, and then 10 year increments up to the age of 69 years. Only one participant fell in the 16-19 age group, and one in the 10-19 age group. The majority of participants were aged 20-29 (47%) with 30-39 being the second largest group (31%).

Age	Number of Participants	Percentage of Participants
16-19	1	1%
20-29	33	47%
30-39	22	31%
40-49	9	13%
50-59	4	6%
60-69	1	1%



## Age of Participants

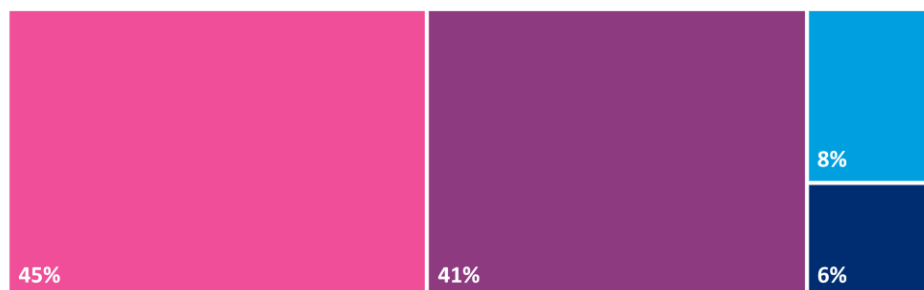


## Ethnicity

Ethnicity was grouped into four domains. The largest group identifies as Black/African/Caribbean/Black British (45%), with White British / Irish / Gypsy or Traveller / other White background being the second largest (41%). The other two domains- Asian / Asian British and Mixed / multiple ethnic groups- had six and 4 participants respectively.

Ethnicity	Number of Participants	Percentage of Participants
Asian / Asian British	6	8%
Black / African / Caribbean / Black British	32	45%
Mixed / multiple ethnic groups	4	6%
White British / Irish / Gypsy or Traveller / other White background	29	41%

## Ethnicity of Participants



- Asian / Asian British
- Black / African / Caribbean / Black British
- Mixed/multiped ethnic groups
- White British / Irish / Gypsy or Traveller / other White background

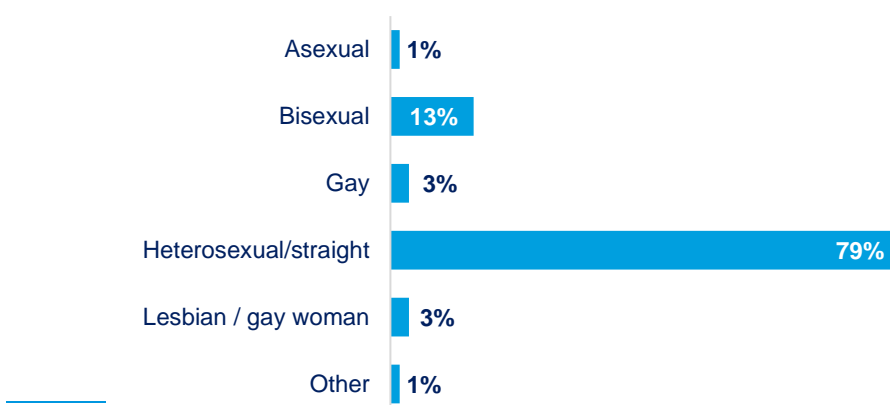


## Sexuality

Heterosexuality/straight was the largest participant group when it came to sexuality. 79% of participants identified as straight (55 participants), with the next highest group only having 9 (bisexual, 13%). However, those identifying as asexual, gay, Lesbian/gay woman and other were also represented.

Sexuality	Number of Participants	Percentage of Participants
Asexual	1	1%
Bisexual	9	13%
Gay	2	3%
Heterosexual	55	79%
Lesbian / gay woman	2	3%
Other	1	1%

### Sexuality of Participants



## Qualitative Results- Blind and Partially Sighted People’s Understanding and Experiences of Domestic Abuse

A large portion of the interviews and focus groups were spent discussing the level of awareness that blind and partially sighted participants, as well as the wider visually impaired community, have around the issue of domestic abuse as well as what experiences they or other visually impaired friends have had of domestic abuse. This includes the types of abusive behaviours experienced, the impacts these had on them, and how intersectionality affected people’s experiences.

### Understanding and Awareness

#### Blind and partially sighted people’s awareness of domestic abuse

Some interview participants did not believe that the visually impaired community as a whole has much awareness of the domestic abuse that is experienced by blind and partially sighted people, a view that was shared by the members of the female focus group. However, others believed that visually impaired people in general do know that domestic abuse occurs, but that it is not something that is generally talked about or shared within the community.<sup>7</sup>

*“It’s not discussed. It’s sort of a, a ‘well, that’s almost what you have to put up with’.”* Interview participant.

A couple of participants though did express optimism that people are now more open to having these conversations, and that therefore now is ‘the right time’ to speak about the domestic abuse experienced in the visually impaired community.

<sup>7</sup> When ‘interview participants’ are mentioned, this refers to interview participants who disclosed during the interview either personal experiences of domestic abuse or a family member or friend’s experience of domestic abuse, unless otherwise stated.

The female focus group suggested that some visually impaired victims and survivors might not be able to recognise that they are being abused, a view that was confirmed during interviews when several interview participants said that for at least part of their abusive relationship they did not realise that what they were experiencing was abuse. One participant suggested that, had they known more about domestic abuse at the time, they would have been less likely to remain in their abusive relationship.

Some of the views expressed in the focus groups about what abuse looks like or the prevalence of abuse suggested that there were some gaps in the awareness of these participants, most of whom were visually impaired people. For example, many people in the second male focus group agreed that visually impaired people were unlikely to experience abuse from family members, with one participant saying that, on the contrary, family members were the people most likely to care for visually impaired people. However, not only is it the case that many interview participants were abused by family members, but one of the concerns expressed by these participants was that abuse by family members can be ignored when controlling behaviour is portrayed as 'caring' by outsiders or the victim or survivor themselves.

In addition, while the vignettes that were read out to focus group participants described controlling, abusive behaviour, there was widespread agreement in the first male focus group that the actions the perpetrator exhibited in the first vignette were not particularly concerning. They saw the situation as being more serious after the second vignette when the perpetrator's behaviour had escalated.

*"It's kind of a little bit pushy and forcey, but I don't think Sam has any better choice."* Member of first male focus group

### **Blind and partially sighted people's awareness of domestic abuse support**

Many interview participants who had experienced domestic abuse themselves or whose friends had experienced domestic abuse said that at the time they had not been aware that support had been available for them, or where they could find it. While some participants now have a better idea of what support options there are, others still do not have a clear idea of what support would look like for them if they were to find themselves once again in an abusive relationship.

### **Barriers blind and partially sighted people face to gaining knowledge and awareness of domestic abuse**

Barriers that visually impaired people face to increasing their knowledge and awareness of domestic abuse and related support services ranged from ignorance about the issue and not feeling comfortable talking about it to not having access to the accessible technology needed to phone services or research information on the internet. One major theme repeated by many participants was the lack of accessible information, as lots of public-facing information is only available in small-sized print and some websites are not accessible.

*"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.'" Interview participant.*

### **Dependence and Independence**

Several interview participants talked about how the dependence that some visually impaired people can have on those around them can impact their risk and experiences of domestic abuse. Reliance on partners, family members and wider society ranged from support in sighted guiding, visiting unfamiliar areas, reading printed materials and driving to and from medical appointments. Not only did this dependence and resulting power imbalance make it easier for perpetrators to abuse visually impaired victims and survivors but withholding or threatening to withhold this support often formed part of the abuse itself. Examples of this behaviour experienced by interview participants included perpetrators refusing to take them to medical appointments, hiding or not purchasing accessible technology, leaving them in the middle of a busy road and selectively reading from correspondence so the victim or survivor was not kept up to date on their own financial matters.

Participants also talked about how this dependence on their perpetrator was sometimes a key factor that kept them in the abusive relationship as they believed it would be difficult for them to manage

without this person in their life. These beliefs may also have impacted professionals who sometimes displayed similar attitudes, discussed in the 'Experiences of Formal/Professional Support' section below.

*"You know it is a case of, 'Am I going to cope without that person in my life?' so they put up with it."* Interview participant.

Other participants suggested that dependence on others could foster a sense of loyalty towards a carer which could also make it difficult to leave them if they were being abusive. For one participant, the perpetrator's acts of support made them feel like they were being taken care of, so they were less able to see the abuse.

*"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."* Interview participant.

In addition, the impact of this dependence on the perpetrator was discussed by several interview participants. For some perpetrators, the awareness of the victim/survivor's dependence on them facilitated their abuse since they thought they would 'get away with it' as the victim or survivor would be unable to leave. One interview participant also talked about how their abusive partner wanted to utilise this dependence as a form of virtue signalling 'so I can tell everybody how great I am and how ungrateful you are.'

On the other hand, while many interview participants talked about the dependence visually impaired people can have on others, a few talked about how visually impaired people can be very independent and how frustrating it can be when other members of society do not recognise this. However, it was also pointed out that this potential for independence could be limited by perpetrators by, for example, refusing to purchase equipment that is accessible for visually impaired people.

## Experiences of Abuse

### Experiences of abuse impacted by vision impairment

Interview participants talked about several ways in which a person's visual impairment can impact their experience of abuse, with almost all of the examples coming from their personal experiences, while the focus group members shared some personal experiences and also reflected on the abuse portrayed in the vignettes.

The female focus group agreed that in the case of the characters in the vignette, the perpetrator would probably have seen the victim/survivor as more vulnerable and therefore more of a 'target' because of their sight loss. Interview participants also felt that blind and partially sighted people are more likely to experience abuse in the first place because perpetrators view them as being more vulnerable and therefore feel that they are able to 'get away with it'. Compounding this was the fact that for some interview participants, their perpetrators would frame their controlling behaviours as being for the protection and support of the victim or survivor, which made it more difficult for some people to recognise that they were being abused. This was often the case when a person was just starting to lose their sight and was having to adjust to practical changes and deal with complicated emotions, with one participant saying that the support their perpetrator offered at this time was for them 'a false safety net'.

Participants also talked about how their sight impairment meant that they sometimes worried that the perpetrator may be watching them or following them without them knowing. With regards to physical abuse, the fact that they would not know where attacks were coming from or when they might be struck meant that these were a lot 'scarier' as they were less able to defend themselves and also less able to escape these attacks.

*"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."* Interview participant.

Perpetrators would use the victim and survivor's disability to control them in various ways, such as by placing objects in the path of the visually impaired person so they would slip or trip over them. One perpetrator put cameras in every room of the house claiming they did it for the 'safety' of their partner and would sometimes phone them up while they were out to ask them why they were in the room they had just entered. There was general agreement among the female focus group that visually impaired

people 'suffer more' in relationships than fully sighted people, and they suggested other ways that perpetrators could control blind and partially sighted victims and survivors, including not allowing them to use mobility aids such as a guide dog or a white cane in public, controlling their benefits, deliberately moving furniture, withholding support for basic needs such as using the toilet, and family members deliberately keeping them at home and making it difficult for them to move out and become independent.

Several interview participants said that perpetrators had complained about their sight loss and said that they were a burden, or used insults specifically targeted at their sight loss or told them that because of their visual impairment they would never find another partner.

*"Most people would say horrible words but he was saying sight loss stuff ... You know, like "Who is going to go out with you? You can't even see you blind bitch."* Interview participant.

Several participants had experienced gaslighting, with perpetrators moving things around the house, often things that the victim/survivor had recently moved themselves, and then telling the victim/survivor that they had never moved the object in the first place, and they were just being 'forgetful' or that their visual impairment meant they were confusing things. While gaslighting does often take place in relationships where the victim/survivor is fully sighted, one interview participant pointed out that when the victim/survivor is visually impaired, the perpetrator is able to do this on a bigger scale as they can move things in front of the victim/survivor who is unable to see that they have done this.

*"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."* Interview participant.

One participant described how their perpetrator would set traps for them by asking them to complete tasks that they knew would not be possible because of their sight loss, and they would then be abused for not having successfully completed the task they were asked to do.

*"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.'"* Interview participant.

In addition, sometimes perpetrators would tell the victim/survivor that nobody would believe them if they were to disclose the abuse because they were visually impaired.

*"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."* Interview participant.

## **Other experiences of domestic abuse**

Interview participants also talked about experiencing a wide range of other types of abuse that did not necessarily have direct links to their visual impairments, which they experienced on top of the visual-impairment-specific abuse discussed above. Other forms of abuse included honour-based abuse, physical abuse, sexual abuse, economic abuse, verbal abuse such as humiliation and degradation, isolating the victim/survivor from friends, preventing them from accessing information, controlling how they behave in public and, for one participant, refusing to call a doctor or emergency services when the victim/survivor had sustained serious injuries. The female focus group also talked about elements of abuse, particularly coercive control, that were more general such as a perpetrator isolating a victim from their family and friends.

### **Isolation**

Some interview participants talked about the perpetrator isolating them from other people, with one person saying that they were not allowed to have friends or have other people visit their house. Other participants talked about how it was not just the case that the perpetrator would directly isolate them, but that while they were in the relationship, they found that they would isolate themselves to try to protect other people as well as to avoid any stigma, or the deterioration of their mental health meant that they would go out and speak to people less than they used to. One participant talked about a friend who would stay at home even after their relationship with the perpetrator had ended for fear of the

perpetrator finding them. A further participant talked about how their friend's family and friends avoided them because of the abuse they experienced.

*"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."* Interview participant.

### **Relationships between perpetrator and victim or survivor**

There were some discussions in the interviews and focus groups about the different relationship dynamics there can be between a victim or survivor and their perpetrator, including when a perpetrator has caring responsibilities for the victim or survivor, and when the perpetrator is also visually impaired.

Some interview participants talked about their experiences of their perpetrators also being their carer. (In these situations, the relationship began with the perpetrator as their partner, and they later took on caring responsibilities; no participants disclosed experience of abuse from a professional carer.) They believed that this carer role facilitated the abuse because it gave the perpetrators more power, and they would also try to elicit sympathy from others by telling people that they were a carer. In addition, it meant that the perpetrators had a lot of influence over the support given to the victim or survivor because professionals would listen to their opinions, sometimes more than they did the opinions of the visually impaired person themselves.

*"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."* Interview participant.

For two participants, the perpetrator of their abuse was also visually impaired. One of these suggested that they were seen as a scapegoat for all the bitterness and resentment the perpetrator felt about their own visual impairment because they were a constant reminder of it. The other talked about how the fact that the perpetrator was also visually impaired and was experiencing mental ill health was a key factor in them not recognising that they were being abused since they would make excuses for their partner, assuming they did not mean to strike them or that they could not help the way they were behaving.

One participant suggested that if their partner, who was the perpetrator of abuse, had also been visually impaired, they would have been a lot more reluctant to leave the relationship because they would have felt like they would have been neglecting someone who needed their support.

There was a lot of discussion in the second male focus group about the relationship between the victim or survivor and the perpetrator in the vignette. There was agreement that the main driver behind the actions of the perpetrator was the frustration they felt at living with a visually impaired person. Participants believed that the perpetrator should have given more thought earlier on as to what a relationship with a visually impaired person would entail, but because they did not do this, they ended up becoming 'tired', 'irritated' and 'angry' with the victim because the relationship did not match their expectations. With this group, the perpetrator's behaviour was seen as the actions of someone who 'cannot cope' with their partner's sight loss, and while their violence was 'not really necessary', it was viewed as an understandable reaction to unexpectedly difficult circumstances. The perpetrator was not therefore perceived as being deliberately abusive, rather it was the victim or survivor's sight loss and the perpetrator's lack of foresight as to what this would entail that were seen to be the causes of the problems in the relationship.

*"The action [the perpetrator] took was normal."* Member of second male focus group.

When asked whether they thought the perpetrator's actions would have changed if they had also been visually impaired, there was some disagreement within this focus group. Some participants agreed that in this situation the relationship would be better as the perpetrator would have an improved understanding of what the victim was experiencing with regards to their sight loss. Another member of the focus group however did not believe that it would be possible for two visually impaired people to have a relationship together.

A participant in the female focus group highlighted the part of the vignette where the perpetrator gave the victim a present to apologise for their actions as not being genuine as they did not intend to change their behaviour. In contrast, there was agreement among the second male focus group that the

perpetrator's apology to the victim was a positive step in the couple's relationship, and they did not view this as part of the abuse.

*"I think [the perpetrator] came and apologised to [the victim] and they made it up. So, I think there is no bad thing."* Member of the second male focus group.

One member from the first male focus group also questioned whether maybe the perpetrator in the vignette was 'good', as third parties such as friends and family might be involved in the relationship and this can create more problems for a couple, so 'we can't directly blame [the perpetrator]'.

### **Perpetrator manipulation of others**

Several interview participants gave examples of instances from their experiences where the perpetrator had manipulated other people to either denigrate the victim or survivor or to venerate their own behaviour. In one instance, the perpetrator attempted to further isolate the victim/survivor by telling new neighbours that they should not bother speaking to them as their visual impairment meant they were 'not interested in other people'. A few participants talked about how their perpetrator had attempted to gain sympathy from others, including the police, by telling them how much support they gave the victim or survivor, by saying that living with the victim or survivor was difficult, or by suggesting that they were a martyr-figure for supporting a visually impaired person.

*"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."* Interview participant.

Another theme that emerged was perpetrators telling people that any concerns the victim or survivor had about their relationship or any emotional distress or mental ill health they were experiencing was because of their sight loss, thereby deflecting attention away from the effects of their abusive behaviour. A member of the female focus group also suggested that perpetrators could tell others that any bruises the victim/survivor had were caused by them walking into objects they could not see when they were in fact caused by physical abuse. In addition, one interview participant suggested that perpetrators who are fully sighted are able to manipulate others by denying any accusations made against them by the victim/survivor, claiming that because they are fully sighted, they can give a more accurate version of events than the visually impaired person can.

## **Impacts of Abuse**

### **Emotional/psychological impact of abuse**

Many interview participants reported that they or other victims or survivors they knew had felt very scared, even 'petrified', and they would always feel the need to watch their backs. Another common response was that participants had felt depressed. One participant said they had felt 'used' and 'neglected', while another felt 'broken' through the abuse and a few participants said they had been suicidal. A member of the first male focus group talked about a combination of different forms of abuse as leading to 'your melting point of your esteem'.

*"I have absolutely zero self-confidence now. I don't like myself; I hate myself."* Interview participant.

A few participants talked about how they would end up believing what the perpetrator was telling them, which affected other relationships they had as they would think that everybody viewed them the same way that the perpetrator did. Some participants talked about how they felt ashamed or believed that the abuse was their fault or that they deserved it. One participant described how this led to them feeling like they had to be thankful to the perpetrator whenever they did something for them. A member of the female focus group suggested visually impaired victims/survivors might be grateful to be in a relationship and blame themselves for the abuse rather than the perpetrator.

*"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."* Interview participant.

Even once the abusive relationship had ended some participants were still impacted by their experience, including through flashbacks, finding it difficult to build up trust, and retaining some guilt

about the relationship and wondering whether they could have done anything differently to change the behaviour of the perpetrator.

One participant though did point to how the abuse had impacted them in a positive way as they are now more sensitive and engaged with people, particularly those who have also experienced abuse.

### **Practical/physical impact of abuse**

The practical impact of abuse for interview participants ranged from the injuries that resulted from physical abuse to difficulty in managing finances because of economic abuse. One participant talked about a friend who was the victim of abuse who got so ill that they stopped talking and eating. One participant even sometimes considered cancelling some of their medical appointments because of the difficulties of arranging all the surrounding practicalities such as childcare and transport to and from the hospital without the support of their partner, who was perpetrating the abuse.

### **Behavioural response to abuse**

Some interview participants learnt to avoid the perpetrator or keep quiet when they were around so as to minimise the abuse they experienced, while others would try to placate the abuser or to 'make things better'. One participant talked about how their friend continued to try to 'work things out' with their partner, the perpetrator of abuse, to attempt to build a healthy relationship.

Some participants though talked about ways that they had tried to challenge the perpetrator. One participant had gone on hunger strikes to 'put up resistance' and have 'some sort of control'. Some participants had tried to leave the home where they were living with their perpetrator but had subsequently returned, often because of the isolation they felt having moved to a new area.

## **Intersectionality**

### **Race/ethnicity**

Several participants who identified as Black or who talked about Black friends who had been victims and survivors of abuse said that the perpetrator had been White, and they believed that racism had also played a role in the abuse they experienced. Several more participants did not talk about direct experience of this but did believe that racism would be a factor in cases of domestic abuse, particularly that perpetrated against Black people, and all three focus groups highlighted race as being a factor that impacts a visually impaired person's experiences, saying that Black people or people of colour are 'socially disregarded', experience 'extra racism' compared with White visually impaired people or are 'not given the opportunity to seek help and support from appropriate authorities'.

*"I'm a Black and my husband's a White. And again, I'm impaired so it was like a mix problem for him like so much for him to occupy."* Interview participant.

### **Culture**

A few participants talked about how traditional beliefs in their culture facilitated their abuse, including beliefs that 'what your husband says is treated as religion'. Some of these participants also talked about how being perceived as too 'Westernised' was a contributing factor to their abuse as this was seen to violate their traditional honour code.

Regarding seeking support, one interview participant talked about how living in a tight-knit Muslim community meant that it was difficult for them to talk about their experiences of abuse as 'it is going to give me a bad name', and that perpetrators understand this and so know that the victim is unlikely to disclose the abuse. They also said how even talking to professionals can be worrying as they are likely to know who your parents are. Another participant talked about how the concept of honour meant that their family encouraged them to stay in their abusive relationship as getting a divorce would be seen as dishonourable. Similarly, one member of the female focus group talked about how their experience of being originally from Pakistan, where people 'prioritise family and sticking together' and where disability is a 'stigmatised topic' meant they thought it likely that if a visually impaired person from that community wanted to move out, they would be discouraged from doing so.



However, another participant talked about how people from outside their culture would sometimes view the controlling behaviour they were experiencing as 'just part of the culture' and would therefore not recognise it as abuse, or not want to label it as abuse, for fear of causing offence.

*"I can't talk to her about her problem without understanding her religious beliefs and her background because I have got to put it into context."* Interview participant.

## **Gender**

Some interview participants talked about women experiencing abuse more often than men do, and that some women are 'undermined' and 'never respected' because of their gender, and this can lead to domestic abuse. One participant compared societal attitudes towards disabled people with those towards women, with people from outside of these groups thinking they can 'boss them around', and another talked about how traditional gender roles compounded with expectations about her as a disabled person to affect how people viewed her.

*"When I was growing up, I was always told that because I'm blind and a woman that I couldn't have high aspirations of being dependent."* Interview participant.

Several other participants talked about the additional issues that men who are victims of domestic abuse can face. This included the fact that they may be more likely to be abused if they are not seen to be fulfilling their perceived societal role as a 'provider', and that a man being abused by a woman might be seen as 'entertaining' and not taken seriously. The female focus group all agreed that female victims have more of an 'advantage' than male victims and that people do not tend to discuss men as being victims of domestic abuse, and some members of the second male focus group believed that female victims would be given more attention and pity than male victims. One male interview participant said that when the police arrived after an abusive incident, they automatically assumed that he was the perpetrator and his female partner, who was the perpetrator, was treated sympathetically while he was given a 'grow up, man up sort of response'.

One male participant also talked about how the intersection of being visually impaired and a male victim and survivor of domestic abuse meant that he faced a double barrier in being believed and finding support. He was therefore reluctant to seek support firstly as he thought it was unlikely that he would be believed because he was a man, and secondly because he did not know that there would be any support available for male victims/survivors of domestic abuse.

*"[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"."* Interview participant.

Some members of the second male focus group however did not agree that a visually impaired person's gender would impact their experiences of seeking support for abuse, as they believed that people's experiences would be similar regardless of gender.

One participant who was trans said that they believe the abuse they experienced got more severe when they came out as trans, and others who had not directly experienced abuse said that they believed discrimination against trans people would lead to them experiencing abuse.

## **Other**

There were some mentions in the focus groups and interviews of a victim's age impacting their experience of seeking support for abuse. A few interview participants mentioned that abuse might be particularly hard for younger people, with some talking about how their youth at the time of abuse was a contributing factor to them not understanding that the behaviour they were experiencing was abusive. In addition, one member of the second male focus group believed that young victims and survivors would not be treated well as their age would cause people to believe they can 'handle any form of situation'.

On the other hand, some participants in both the interviews and focus groups said that older victims and survivors are not usually thought of as being victims of domestic abuse and tend to 'fall out of that domestic abuse remit'. They also said that older victims and survivors are less likely to want to leave a



relationship that have been in for a long time, which is particularly problematic as older people are also more likely to be losing their sight.

Some participants also mentioned victims and survivors having other disabilities alongside their sight loss, including mental health conditions. For one participant, they believed that their mental ill health led them to look for validation from someone which made them more vulnerable to abuse.

### **Cumulative victimisation**

A few participants also talked about how being women growing up in cultures that have 'really set ways of how females should behave' compounded with their sight loss which made them more of a target for abusers and made it easier for perpetrators to get away with their abuse.

*"I think there was this cultural attitude that you should be appeasing the males, not just because you're a woman but because you're blind."* Interview participant.

One member of the male focus group mentioned how cultural, racial, and sexual diversity all impact how society engages with an individual and can cause someone to be 'on the fringes of society'.

### **Societal Understanding and Attitudes towards Blind and Partially Sighted Victims/Survivors**

Throughout the course of the interviews and focus groups, several participants talked about the ways in which blind and partially sighted people, and specifically blind and partially sighted domestic abuse victims and survivors, are viewed by society and how this impacts their experiences.

#### **Perceptions of disability and visual impairment**

Interview participants identified different ways in which visually impaired people, and disabled people more generally, are perceived by wider society. This ranged from them being seen as vulnerable and weak, as people who are to be pitied and who cannot do anything for themselves, to being viewed as irritating or annoying and people who cannot contribute to society. Several people said that visually impaired people are often treated in a patronising way and spoken to as if they had a learning disability when they do not. One participant talked about how difficult it can be to navigate the different, contradictory expectations of disabled people, with them being seen as needy on the one hand, but on the other hand seeing Paralympians and being told 'you've got to be the best in order to succeed'.

Participants in interviews and focus groups also suggested that visually impaired people are looked down on, laughed at, viewed as 'incomplete', and several suggested that they are treated as 'less of a human'. Others said that visually impaired people are seen as a 'burden', and that ensuring things are accessible is viewed as an inconvenience. One participant also said that visually impaired people are often viewed as lucky to be in a relationship, and another said that they are expected to be 'grateful for what they get', views which are underpinned by the fact that society generally views disability using the medical model rather than the social model.

*"It seems like the minute you're born you're being constantly vetted. You're being constantly told that you're not enough. And that each and every time it becomes, you know, a struggle to prove to people that, you know, you can do this."* Member of first male focus group.

The impacts of this treatment included having limited choices, not being supported, or encouraged to be independent, feeling left out of social activities and negative impacts on mental health.

#### **Perceived dependence**

A few interview participants talked about the fact that society often views visually impaired people as being particularly dependent, seeing them through the medical rather than the social model of disability. Some viewed this as leading to fully sighted people paying more attention to and caring more for visually impaired people, but for others this attitude can come across as patronising as they can be seen as 'helpless individuals.' This can lead to assumptions being made that visually impaired individuals will be unable to be independent and will therefore have to rely on other people. The female focus group briefly touched on the idea that professional services have a preconceived idea that blind

and partially sighted people depend on others and this may prevent them from recognising abusive behaviours or cause them to speak to a carer rather than to the visually impaired person themselves, which can increase the level of control within an abusive relationship.

*“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.”* Interview participant.

### Societal awareness of domestic abuse in the visually impaired community

Most interview participants and the female focus group believed that the level of awareness among the public of the domestic abuse experienced by visually impaired people was very low, and that generally most people have very little awareness that this goes on. Participants suggested reasons for why this might be the case, including the stigma attached to disability and the lack of coverage in the media. Some people suggested that even those who are told about it are not likely to believe it, either because they do not believe that anybody would perpetrate abuse against disabled people or because they think the victim and survivor’s visual impairment means they have misinterpreted the actions of the perpetrators.

*“Obviously, I know who it was, but, like, other people would say, ‘Well, you don’t know for sure. How can you know, because you can’t see them?’”* Interview participant.

Some interview participants however did believe that there was a good awareness among the public, pointing to stories in the media and social media as helping to improve this awareness. Some members of the first male focus group agreed that the public is largely aware of this issue but thought that people do not care enough to talk about it.

### Perceptions of visually impaired victims/survivors

Interview participants had different views as to how visually impaired domestic abuse victims/survivors would be viewed by society. Some believed they would be seen in the same way as visually impaired people who are not victims/survivors of abuse, for example as not ‘worthy’ or not contributing to society. One member of the first male focus group said that some people would find it funny, and another said that some people might believe that the victims had done something in a previous life to deserve this treatment.

One participant talked about how in their experience fully sighted people do not believe that visually impaired people should be in relationships in the first place as they are perceived as not being able to protect themselves. Another said that visually impaired people are expected to accept abuse as ‘it is the way things are’, and one participant talked about how their friend who was a victim/survivor was blamed by other people for entering the abusive relationship in the first place.

*“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.’”* Interview participant.

Alternatively, some interview participants and members of the first male focus group talked about how society’s general pity of visually impaired people can be a significant factor in how visually impaired victims/survivors are treated, with people being shocked or ‘appalled’ to learn that this occurs. However, some participants pointed out how this attitude can be damaging to visually impaired people, as, for example, their disclosures of abuse might be dismissed as people are less likely to believe that anyone would abuse them. One participant also talked about how, while there is currently more of a move to give power back to those who have suffered abuse such as by using the term ‘survivor’, visually impaired people are left out of this movement as they are still seen as people with no voice and no power.

*“It’s almost we lose our human identity by saying that we’ve been through this ... they can only see me as this poor, tortured, you know, blind child that, you know, struggled with this adversity.”* Interview participant.

### Views on perpetrators and/or those in relationships with visually impaired people

Some interview participants said that society views those in relationships with visually impaired people as kind people who are doing the visually impaired person a favour and might even sympathise with them because they see being in these relationships as very difficult. One participant said that this attitude prevented them from trying to seek support because they did not think they would be believed as the perpetrator would be seen as a good person. Those who were abused by family members also said that relatives are similarly viewed as having had to sacrifice a lot. With both abusive families and partners, some participants talked about how there can be 'almost an expectation' that these people might sometimes 'snap under such pressure', thereby creating an excuse for perpetrators' abusive behaviour. Alternatively, one participant talked about how controlling behaviour can be viewed as being 'overprotective' rather than abusive.

*"Relatives, or even carers who are from the same ethnic background, would say stuff like 'Well, you know, men would have left you by now. He's a very good man for sticking by you.'" Interview participant.*

Some interview participants echoed this idea themselves during their interviews, saying that those in relationships with visually impaired people 'need to be able to tolerate a lot of things' and that being in a relationship with a visually impaired person is 'really hard' for a fully-sighted person.

One of the few participants whose perpetrator was also visually impaired talked about how this impacted people's perception of the abuser, as society has a general belief that 'all disabled people are good' and that meant that people were less likely to believe that their perpetrator could be carrying out abuse.

*"I still have had people to be like, 'God, it's amazing to think that someone who's visually impaired did that to you,' ... And it's very much like, well, what does that, what does that matter." Interview participant.*

## Experiences of Seeking Support

Many interview participants talked about their experiences, both positive and negative, of seeking and receiving support from informal sources such as friends and family members and from professional services. Interview and focus group participants also talked more generally about the types of barriers that visually impaired people are likely to face when trying to access support as well as factors that would enable them to do so.

### Barriers and Enablers

#### Support barriers

Interview participants identified many support barriers that prevented them from seeking both informal and formal support, many of which were directly related to their visual impairment. One participant said that their visual impairment meant they would question their own judgement and assumed that the physical abuse they did experience was accidental, leading to them making excuses for the perpetrator and not attempting to seek support.

*"I didn't realise at first that it was domestic abuse, I just thought, you know, this is life if you like." Interview participant.*

Those who would have liked support said that it would be more difficult for visually impaired people to find information on what services are available as not all websites will be accessible and print information such as leaflets and posters in public places are inaccessible for most visually impaired people. 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.

In addition, the perpetrator may have isolated them through the abuse, or may be acting as the voice of the victim or survivor in public further limiting the victim/survivor's opportunities to disclose abuse. Some participants also said that a visually impaired person might be concerned that if a perpetrator found out they had disclosed abuse, they may withhold support that the visually impaired person needs. The issue of being without necessary support might also dissuade some people from leaving the accommodation they share with the perpetrator. Others may be financially reliant on the perpetrator and unaware of the benefits they would be entitled to receive if they were to move away from them.

*“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.”* Interview participant.

One participant also pointed out that many visually impaired people are older people, who often are not perceived as being victims of domestic abuse so professionals who come into contact with them may be less likely to identify that they are experiencing abuse.

Several participants did not think that domestic abuse services would be able to adequately support a visually impaired person, and some said that they had not accessed support as they were unaware of any specialist domestic abuse services supporting disabled or visually impaired people. One member of the first male focus group said that formal services like local authorities, hospitals and GPs never signposted them towards any support services they could access if they were a victim of domestic abuse. Again, this problem was compounded for people in specific demographic groups, with one participant pointing out that there are very few refuge places in the country for men, so finding one that adequately supported a visually impaired man would be even more difficult.

In addition, there was concern that while some services have had disability training, they would not have had training that breaks down the support needs of people with different types of disabilities, including visual impairments. One participant said that workers who were not visually impaired, or at least who had not been specifically trained to support visually impaired people, would not understand their experiences, and needs. Another said that they were not aware of any local visual impairment community in their area, and without this support they did not feel like they would be ‘treated normally’ by professionals. Furthermore, some participants mentioned that even if a visually impaired person did want to visit a professional to talk about their experiences of domestic abuse, poor public transport links might make it difficult for them to travel to a new location without support.

One participant talked about the fact that professionals did not believe that they would be able to take care of their children if they were not with their abusive partner, and this made them reluctant to leave the relationship as they were concerned that this ‘could end up destroying everything’ so they ‘might as well just carry on’.

Another barrier for several participants was the concern that disclosing the abuse would mean they would need to move to a new area, and that they would not be fully supported to do this. There was concern that the waiting list for mobility training in a new area can be very long, so a visually impaired person who moves to a refuge would be completely isolated while they are waiting for this. There would also be insecurity for people moving to new accommodation as it would take them time to get used to these new surroundings.

*“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.”* Interview participant.

*“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.”* Interview participant.

One participant talked about how their internalised ableism and their feelings that they had to be successful to compensate for their disability led to them being reluctant to leave their abusive relationship because they would have viewed this as being a ‘failure’.

*“I particularly felt that I had to succeed because of the pressure that I put on myself as being I'm a disabled woman, I need to be successful, because deep down inside I- I felt I wasn't.”* Interview participant.

Interview and focus group participants also identified many barriers to seeking and receiving support that were not necessarily directly linked to their visual impairment. These included feelings of shame, fear that others would judge them or not believing that the abuse was ‘serious enough’ to warrant asking for help (particularly if the abuse they were experiencing was not physical). For several participants, the control and isolation of the abuse restricted their ability to practically seek help or else their fear that the perpetrator would find out and retaliate prevented them from trying to access support.

Some of these barriers were especially problematic for people within certain demographics, with men likely to feel particularly embarrassed and afraid that they would be laughed at if they were to say they were being abused, and one Muslim woman talked about how disclosing abuse might be 'frowned upon' and lead to them being given a 'bad name'. In addition, those who were experiencing 'honour'-based abuse were less likely to think that professionals would understand their situation.

*"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."* Interview participant

## **Support enablers**

When interview participants talked about things that would enable them to seek support, many participants suggested other ways of information being shared so that it is made accessible for visually impaired people, including virtual conferences, social media groups dedicated to talking about visually impaired people's experiences of domestic abuse and accessible information on websites as well as in healthcare centres where visually impaired people are likely to visit.

Several participants also talked about how important it is for domestic abuse services to try to show that they have an awareness of the impact of disability on abuse and to show that they are happy to work with potential clients to make things accessible for them, as this would give more disabled people the confidence to speak to them. Some suggested that having visually impaired practitioners or at least practitioners who were specifically trained in visual impairment awareness would also be beneficial or having professionals available in public places and at community events as this would make it easier for victims/survivors to access them. It was suggested by one participant that if sight loss organisations were to promote specific domestic abuse organisations, a visually impaired person would take this as an endorsement and assume that that the domestic abuse organisation must be accessible.

Participants also talked about the importance of those who were listening having the right attitude towards them, including showing that they care, demonstrating that they are trustworthy and giving the victim/survivor the time to talk and letting them know that they are there for them.

## **Experiences of Informal/Community Support**

### **Experiences of seeking support**

Many interview participants said that they had talked about the abuse they were experiencing to a friend or family member. For some, they were only interested in this informal support and did not want any professional involvement, while for others disclosing to an informal contact was a means of discussing whether they wanted to seek more formal support. In some cases, it was a neighbour, friend or family member who reported the abuse to a professional service (sometimes without the knowledge or permission of the victim or survivor). A few participants said that it was someone close to them who had first identified that they were experiencing abuse, although the impact this had on the victim/survivor was mixed, with some accepting this while others did not.

All three focus groups agreed that the victim or survivor described in the vignettes would be able to talk to people close to them, including friends and family, to support them, and members of the female focus also suggested that they could receive support from social media.

One interview participant said when they had confided in a friend, that friend had not discussed any extra support they might need because of their visual impairment, but another participant explained that their friend had been very understanding, saying that their partner should be the one to leave the shared home as the victim/survivor would find it more difficult moving and getting used to a new area.

Of those interview participants who talked about friends who had experienced domestic abuse, some said the disclosure of abuse was not immediate and it took a while for their friends to build up enough trust to confide in them. They also talked about the type of assistance they had offered to their friends, with several of these participants saying that they had given their friends support and encouragement, while a couple let their friends stay in their homes.

### **Positive responses**

Several interview participants talked about how helpful confiding in friends and family had been for them, saying that they had been 'utterly supportive' and that they had believed and validated their experiences, with some friends doing their own research so they could determine how best to support the victim/survivor. Socialising with friends helped victims/survivors to feel 'welcome and normal' and helped them to have fun. One participant also suggested that close family members were good to speak to because they better understand the victim/survivor's sight loss condition having spent so many years living with that person.

For one participant, their response to their friend's support was more complicated as their friend disclosed the abuse to a professional service even though the participant had asked them not to do so. While the participant was unhappy about this, they believed that their friend had 'done the right thing.'

*"At the end of the day afterwards, I was like, you know, although I was not particularly pleased, thank you, you know, you've done me a favour."* Interview participant.

## **Negative responses**

Some participants however had received negative responses from family and friends to whom they had disclosed abuse. Some had experienced being laughed at, being blamed for entering the relationship, or else not being believed as the perpetrator is 'always so nice'. One participant was asked whether they had considered that they might be the one who was 'triggering' the perpetrator's behaviour. Participants also talked about friends and family making excuses for the perpetrator, telling the victim/survivor 'that's how men are, and God created that men are different' or that the perpetrator moving things around the house was because they were 'probably just tidying up'. This was especially difficult for participants who used these discussions with friends to look for validation that something was wrong, since not receiving this led them to believe that they were being 'hyper-sensitive' and to question their own judgement. Even when friends and family did believe them, sometimes they did not know how to respond, or put very little effort into supporting them.

*"Even my family said to me, 'Well, you've made your bed – lay in it. When you did have vision, you didn't leave him ... Now, you've got nothing – what are you going to do?'"* Interview participant.

A few participants who spoke about their experiences to friends and family members were advised to remain in the relationship and to talk things through with their partners as things would probably improve. For some participants, this came from the social stigma of divorce within their community, while for others it was because their family did not believe that the participant would be capable of managing on their own because of their visual impairment. One participant said that these situations can be more difficult for people who are the only visually impaired person in their family as it can be difficult to discuss these issues with them.

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

One participant said that, because their family recognised that they were experiencing abuse before they did, the accusations from their family caused the participant to resent them. They did however rebuild these relationships once they had left the abusive relationship.

## **Experiences of Formal/Professional Support**

### **Professional awareness of domestic abuse in the visually impaired community**

When it came to whether professionals are aware of the domestic abuse experienced by visually impaired people in the first place, responses from interview participants were mixed, with some saying they did not believe that professionals were aware at all and others saying that there was awareness of this issue within professional bodies. One participant also pointed to the disconnect between domestic abuse and visual impairment services, with those working in one of these sectors having little awareness of the issues raised in the other. The second male focus group agreed that while professionals might be aware that visually impaired people experience domestic abuse, they were unlikely to be concerned enough to offer adequate support.

One participant also pointed out that visually impaired people are more likely to have professionals involved in their lives because of their disability, but that these professionals will not necessarily understand domestic abuse. Another suggested that while visually impaired people generally have



good professional care when it comes to eye health, they are lacking the extra support needed in areas like mental health and wellbeing.

Interview participants who did not disclose personal experiences of abuse or a friend's experience of abuse were more likely to believe that professionals are aware of the domestic abuse experienced by visually impaired people, with very few people in this group saying they thought professionals do not have a good awareness of this issue.

### **Experiences of seeking support**

Many interview participants said that they had spoken to the police about the domestic abuse, and a few said they had spoken to domestic abuse organisations, health professionals, housing services, therapists, or a teacher. Only one person who we interviewed said that they had spoken to a disability or sight loss organisation about their abuse while the relationship was ongoing. A few participants said they had seen counsellors or therapists once the abusive relationship was over.

One participant commented that the fact that their carers were their partner and family members meant that they had little interaction with professionals, and this cut them off from potential sources of support. Another said that they believed that if the perpetrator had been visually impaired themselves, this would have meant that more agencies would have been involved in their relationship which might have meant the abuse was noticed sooner and prevented from escalating.

The female focus group suggested that the victim or survivor in the vignette could speak to a counsellor, government organisations, support helplines or the police. One member of this focus group thought that counsellors would respond well to the victim's needs, and another suggested that some professionals, such as doctors, might be less likely to believe a visually impaired victim if they disclosed abuse than they would be a fully sighted victim.

There was widespread agreement in the second male focus group that the victim/survivor in the vignette should see a counsellor or a relationship counsellor to help them to 'not harbour those negative thoughts' and to help clear the air. This fits into the narrative built by this group that the behaviour of the perpetrator in the vignettes was indicative of problems within the wider relationship that both parties were responsible for addressing. The group also agreed that if seeing a relationship counsellor, the victim would not be treated any differently from other people.

The second male focus group also agreed that the victim should seek support from government institutions, but this was to support them with their disability rather than to support them as a victim of domestic abuse.

### **Positive responses**

Some participants talked about receiving some very good responses when reaching out to formal services. Many of those who spoke to domestic abuse services received very positive responses and felt understood and well-supported (although for one participant this positive response only occurred after several negative experiences with a domestic abuse service, see below).

Some of those who had disclosed their abuse to employers or education services said that these professionals had been very supportive in signposting them towards domestic abuse services. Several participants talked about receiving some 'amazing support' from police, with a couple saying that the police had been understanding when they explained how their vision impairment impacted their experiences and had put extra measures in place to support them. Others highlighted the good support they had received from housing support, solicitors, their local council, helplines, and Victim Support. Those who had spoken to housing officers were provided with alternate properties and some participants talked about how efforts were made to ensure that new properties were accessible, and one participant was offered a safe house that would allow them to stay with their children and their guide dog.

Interview participants who did not disclose during the interview that either they or a friend had experienced domestic abuse tended overall to have a more positive picture of formal support than the other participants did. They gave very few negative comments about formal services and believed that on the whole professionals had adequate training to support visually impaired domestic abuse victims/survivors and that they would be taken seriously.



## Negative responses

Negative responses from the police, health professionals, support workers, teachers and professional carers included them dismissing disclosures of abuse or not taking action even if they witnessed abuse taking place. This seemed to be a particular issue for participants who were children or teenagers when they were being abused, as adults were less likely to take them seriously. One participant said that the control their family was exerting on them was seen by teachers as 'a cultural thing' and they were therefore reluctant to challenge the participant's family about it.

Participants talked about professionals getting in touch with perpetrators to tell them what the victim/survivor had been saying regarding the abuse, which could put them in even greater danger, and encouraging the victim/survivor to reconcile with the perpetrator even after they had left the relationship. Two participants also talked about having to wait several weeks, or even in one case six months, before housing support were able to find separate accommodation for them or the perpetrator, even after they had disclosed that they were experiencing abuse. Another participant explained how the police discouraged them from pressing charges, and when the participant then decided not to press charges the police 'just basically left, they weren't interested at all'. The participant felt 'really saddened' by this reaction.

In general, participants found that formal services including the police, GPs and housing services usually did not understand their visual impairment, sometimes paying lip service to their concerns without fully comprehending their situation. For example, one participant was offered drawing therapy, and it was a family member who had to suggest more suitable types of therapy such as using modelling clay. There was also little understanding from professionals on how sight loss impacts experiences of domestic abuse, including 'honour'-based abuse.

*"I think in my experience even when they became aware of [my visual impairment] it was ignored because they didn't know what to do."* Interview participant.

For a few participants who reported the abuse to the police, the police did not consider the effect their sight loss may have had on their experiences when asking them questions about the incident. For example, participants would be asked questions like where other people were during these incidents which they were unable to answer fully because they had not been able to see the other people at the time. They felt that the fact that they were not able to give answers to these questions meant that the police were less likely to believe their whole story. One participant also said they were aware of instances where police had been aware that a victim was visually impaired but had still left them in vulnerable situations without considering how the victim might need extra support.

*"I don't think fully understood about my visual impairment. I don't think they fully understood the impact and how frightening it was. Because I said to them, "Well how do I know he is not following me?" I don't think they understand things like that."* Interview participant.

Some participants also found that information or physical spaces were not adapted to be accessible for visually impaired people. One participant who went to court was not given large print versions of the court documents as it was deemed that this would have taken too much time. Another participant said that, while their experience of being provided alternative accommodation was good, they had heard from other disabled people that refuges are often not accessible and do not provide the equipment that they would need to live independently, such as liquid level indicators.

Another issue with professionals that participants encountered was their patronising attitude and the fact that they underestimated what visually impaired people are able to do. Several participants said that professional carers or even, in one case, a large domestic abuse organisation, assumed that a visually impaired person needed to be looked after and would assume that they could not live on their own or look after their children if they were not living with a partner. In some cases, this led to the professionals minimising the abuse they were experiencing. In one instance, a carer told a participant that their visual impairment meant that they were not fulfilling their duties as a partner and that their partner was 'making so many sacrifices' for them so they should 'take [the abuse] with a pinch of salt'. This stopped the participant from disclosing the abuse to anyone else as it made them believe that they were the one in the wrong.

*“You’re reminded so much how it’s your vision impairment that... that’s the reason, not that that person is the horrid person, and what they’ve done is a crime.”* Interview participant.

*“There’s such a lack of understanding of ability that automatically they go straight to worse-case scenario and worse-case scenario is that you’re a major safeguarding issue and therefore you’re better staying where you are.”* Interview participant.

A further concern for some participants was the potential lack of confidentiality from professional services. This was a particular issue when it came to professionals being likely to share information with carers, even if the disabled person had requested that they did not. Even if a professional does not talk directly with a carer, one participant pointed out that a victim/survivor is likely to be given or sent printed information, which is not accessible to them but which a fully sighted carer would be able to access. Another participant talked about an occasion at a medical centre where, although they had specifically requested to not speak to anyone who was from their own culture because they lived in a tight-knit community, the staff member they ended up speaking with was from their culture. As the participant was not able to see well enough to know whether or not they knew this person, they decided to not be completely honest with them about the abuse they were experiencing.

*“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.”* Interview participant.

One participant talked about the poor response they had received from their local domestic abuse service, which assigned her a support worker on two separate occasions, but the support workers never got in touch with her. As a result of this the participant felt that they should stop ‘wasting their time and pestering them’ and that they must not ‘deserve’ their help. At no point did anyone ask how they could support the participant with their visual impairment. They were then assigned a third support worker who has been very supportive, but they are still being told that they are a ‘unique’ case because of their sight loss, which has made them feel ‘very isolated and alone’ and ‘that no one understands’.

The one participant who had contacted local visual impairment organisations found that they were not given any support by these services. When they disclosed their experiences of abuse to their local visual impairment group, their response was that ‘they hope I’m okay and I can get things sorted out’, but they did not offer them any additional support. In addition, this participant applied to their local Blind Association for support to get a personal assistant, explaining to them about their abuse and how the personal assistant would help them to be less isolated. However, this request was ‘turned down immediately’ because of the amount of money their partner (the perpetrator) was earning, despite the fact that they had explained that they did not have access to that money.

*“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.”* Interview participant.

Few participants talked about the interactions that professional services had had with the perpetrators of their abuse, but one participant said that their perpetrator has ‘never, ever suffered any consequences’ from their abusive behaviour even though they have been violent towards several people.

## **Blind and Partially Sighted People’s Suggestions for Improvements**

Participants in the interviews and focus groups suggested many ways that professional services, the government, and society more broadly could help to support vision impaired domestic abuse victims and survivors to give them more opportunities to disclose abuse and to provide them with more appropriate assistance once they have done so.

### **Suggested improvements for professionals**

Interview participants had several suggestions as to how professional organisations could improve their support for visually impaired victims/survivors of domestic abuse. One key theme was ensuring that information is available and accessible to visually impaired people. This included ensuring that information is produced in accessible formats such as in Braille, and that these are made available particularly in healthcare settings including opticians, GP surgeries and hospitals. It was also suggested that information on domestic abuse be included in visual impairment publications such as the local

Talking News or the RNIB newsletter, and that adverts also feature on radio stations such as Connect Radio to reach those without access to the internet. One participant also suggested that there should be a section on domestic abuse in the Living with Sight Loss courses. This information would need to include explanations of what domestic abuse is or include example scenarios so that victims/survivors who were not experiencing physical abuse would still be able to recognise that they were experiencing abuse.

One participant also highlighted the importance of ensuring that all visually impaired people have the right equipment to enable them to read print documentation, and that services ensure they are sending information to these individuals in an accessible format such as email. Some participants also pointed out the important role that social media can play in providing a platform for professionals to be more visible and also to create forums for visually impaired victims/survivors to be able to speak to those in a similar situation.

Many participants talked about how both visual impairment and domestic abuse services could better support visually impaired victims and survivors. Some suggested that it would be beneficial to have domestic abuse services that specifically support visually impaired people, or to have specialist domestic abuse support within visual impairment organisations. For others, it was more important for professionals in these two sectors to ensure that they communicate with each other effectively, using each other's knowledge and experience to fill in the knowledge gaps in their own services. One participant said that this was particularly important for refuges, who need to know where to go for support if they have a disabled client. Another participant suggested that domestic abuse services work directly with visually impaired people to co-produce appropriate services.

The female focus group talked about how sight loss organisations could be more involved in supporting visually impaired domestic abuse victims and are in a good position to do this as they are already trusted within the visually impaired community. They also suggested that domestic abuse organisations should include stories and campaigns centring disabled people.

*"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."* Interview participant.

Another key theme that emerged was how important it was for all frontline workers who meet visually impaired people to talk with them and give them opportunities to disclose abuse. This would include anybody from social services who support visually impaired people with home visits or mobility training to healthcare staff. The attitude of professionals when talking to visually impaired people was also highlighted as being very important, with several interview participants and members of the female focus group saying that they need to be patient, listen more, not discriminate and ensure a high level of professional curiosity. One member from the first male focus group said they believed that professionals should guarantee anonymity of people disclosing abuse and also guarantee that they would not confront the perpetrator unless 'somebody is dangerous.' There was agreement among several members of the second male focus group that professionals 'should have a social life with victims and always try to be accommodating to them'.

It was specifically mentioned that organisations need to be more understanding of reports of aural evidence and not dismiss disclosures where the victim/survivor could not see what was taking place. In addition, it was highlighted that professionals must ensure that they speak to visually impaired people on their own, and not always in the presence of a carer.

*"Please listen. Please help. We need support."* Interview participant.

The importance of training was mentioned by several participants, with some pointing to the need of visual impairment awareness training for all professionals outside the sight loss sector, including the police, paramedics, and teachers. This training would need to include the different kinds of barriers that visually impaired people face when leaving an abusive relationship. Other participants suggested that visual impairment organisations need to have more awareness and training on domestic abuse.

The importance of multi-agency working was also highlighted by some participants, with different organisations such as social security, the DWP and the NHS communicating with each other when they are concerned for the safety of an individual and ensuring that they exhibit professional curiosity whenever they see an individual who has been flagged. One participant said that this is particularly important for disabled people because of the extra barriers they face in leaving an abusive relationship.

## Suggested improvements for government

Many interview participants suggested that there needs to be greater legal protections for visually impaired victims and survivors of domestic abuse to act as a deterrent to perpetrators, and one participant said that providing information in an accessible format should be a legal requirement.

Several interview participants and members of both male focus groups suggested that the government should lead awareness raising campaigns which also involve visually impaired people themselves. Both male focus groups also agreed that the government should create specific places where disabled people could come to report abuse, they had experienced to make disclosure easier. One member of the second male focus group said they believed that government punishment of perpetrators would work to scare perpetrators from abusing disabled people.

## Suggested improvements for wider society and community

Many participants talked about how important it is to ensure that more visually impaired people understand what domestic abuse is, particularly that it is not limited to physical abuse and can be very subtle, and how they can receive support if they need to. This included through media campaigns such as advertisements or news broadcasting, or through contacting people in areas like places of worship. Some participants suggested that these initiatives could also extend to teaching the public in general, and particularly students in schools, what signs to look out for to identify if someone they know is experiencing abuse.

Some participants also talked about the need to grow more of a community of visually impaired victims and survivors, and for more visually impaired victims and survivors to speak out about their experiences. It was also suggested that building local communities of vision impaired people who can meet regularly to check up on how each other is doing would be beneficial.

Several interview participants talked about the need for greater visual impairment awareness in general and for the public to be more understanding and supportive of visually impaired people. One participant said that more integration between visually impaired and fully sighted people would help change attitudes so fully sighted people started seeing visually impaired people as equals who can meet people, date and have fulfilling relationships.

*“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.”* Interview participant.

## Advice for visually impaired victims/survivors

Many participants from the interviews and focus groups wanted to encourage other visually impaired people in similar situations to remain positive, and to try to seek support, whether from a friend or family member, the police or a domestic abuse service to help identify their risks and needs. The overwhelming messages from the female focus group and the second male focus group were to encourage positive thinking, advising victims and survivors to love themselves and telling them that they may be stronger than they think. Lots of participants wanted to share the message that visually impaired people do not deserve to be treated like this, that the abuse is not their fault, that they can leave, and that they can build a better life for themselves after the abuse.

*“There always is a way out. You’re never trapped.”* Interview participant.

*“Someone once said to me, ‘Keep walking and don’t look back’ ... and she was right.”* Interview participant.

*“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.”* Interview participant.

*“I guess the biggest thing is to know that this is not normal. And you don’t have to put up with it.”* Interview participant.

*“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.”* Interview participant.

*“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.”* Interview participant.

## Discussion

### Experiences & Impact of abuse

#### Experiences of abuse and isolation impacted by visual impairment

Previous research has made it clear that those with disabilities faced increased risks in relation to domestic abuse especially regarding their dependency on care and their perpetrator (Hague et al, 2011a and Shah et al, 2016). Previous literature such as Hague et al, (2011a) and Shah et al, (2016) have explored such experiences in a wide number of disabilities and found opportunities for abuse such as medicinal tactics. Experiences reflected by interview participants in this study included the ways in which a person’s visual impairment can impact on their experience of abuse. These reflections primarily come from personal experiences of abuse while those in the focus group shared some personal experiences and reflected on the abuse portrayed in the vignettes.

Interview participants in this study explained how their visual impairment was often used by perpetrators as a means of gaslighting them or invalidating their experiences. Participants feared that they did not truly know what was going on and could be certain about the abuse they were experiencing, for example being unsure whether they were being hit on purpose or by accident. Other victim and survivors explained how perpetrators used their sight loss as a means of suggesting they deserved the abuse as they were unable to meet their partners demands.

The experiences of participants in this study are reflected in the literature including by Hague et al, in their analysis of disabled victim and survivors experience of domestic abuse. They summarised six key factors which trapped survivors in relationships these included experiences discussed above such as; not being able to escape, not being able to get out of the way before an attack, being unable to see an abuser coming and the perpetrator using the impairment to make the abuse worse (2011a).

Isolation caused by abuse was another topic that seemed closely related to visual impairments for participants in the interviews. Victim/survivors spoke about how they did not feel that they could leave or go anywhere as they would not know if they were being watched, feared that the perpetrator would be just around the corner, or they could not see to run away if needed. Others explained how their perpetrators would frame their controlling behaviours as being for the protection and support of the victim or survivor, making it more difficult for some people to recognise that they were being abused. Radford et al explored the stigma faced when experiencing domestic abuse as a person with a disability and found that in cases such as those described by victim/survivors in this study, their freedom is often as a *‘treat’* or something to be earned (2006). This speaks to historical narrative relating to those with

disabilities being denied of human rights leading to victims feeling powerless (Nosek, Howland and Young 1997).

### **Impact of abuse**

Impact of abuse was not investigated prior to interviews in the literature review; however, it was strongly represented in the transcripts and therefore was coded as a main theme with sub themes of emotional/psychological impact, practical/physical impact and behavioural response.

Many interview participants used emotive words to describe how they or other victims/survivors they knew felt. 'Scared', 'petrified', 'used' or 'neglected' and one participant *confided* 'I have absolutely zero self-confidence' because of the abuse experienced. A few participants talked about how they would end up believing what the perpetrator was telling them and this led to other relationships being affected as people viewed them as the same as the perpetrator. As discussed earlier those with visual impairments were often made by perpetrators to believe that it was something they did that caused the abuse this led to some participants describing how they felt thankful to the perpetrator whenever they did things for them and another suggested that they might be grateful to be in a relationship and blame themselves for the abuse rather than the perpetrator. McGarry and Simpson (2011), found similar experiences when investigating domestic abuse in older women. Victim/survivors reported several psychological and emotional issues both at the time of the abuse and so later in life for example, panic attacks, acute anxiety, and depression. They also, like participants in this study, discussed feelings of worthlessness and feeling like you could not get anything right- suggesting that these women too shouldered some burden of responsibility of the perpetrators abuse (McGarry and Simpson 2011).

The physical impact of abuse explored by the participants in this study ranged from injuries that resulted from physical abuse to results of withdrawal of physical support. One participant talked about a friend who was the victim of abuse who got so bad that they stopped talking or eating. Other physical impacts of abuse resulted when victim survivors were specifically reliant on perpetrators for specific start tasks. For example, one participant considered cancelling some of their medical appointments because of difficulties surrounding practicalities such as childcare and transport to and from the hospital without the support of their partner who was perpetrating the abuse. Research by Hague et al found that disabled women appeared to experience great hurt and damage at the hands of their abusers compared with non-disabled women which was likely to increase even more if they were frail, ill, old or immobilised (2011a).

In response to the abuse experienced, some interview participants learned to avoid the perpetrator or keep quiet when they are around to minimise the abuse. Others tried to make things better such as continuing to try and work things out on the recommendation of a friend. Other participants talked about how they tried to challenge their perpetrator, one participant tried to put up a resistance and have some sort of control, participants also tried to gain control by leaving the home when they were living with the perpetrator however subsequently returned often due to the isolation they felt moving to a new area or the lack of support for their requirements. In investigating intimate partner violence strategies index, Reener and Hartley (2022) sought to understand how these strategies are used and their helpfulness in



preventing stopping or coping with intimate partner violence. They found that women used on average 21 different strategies, primarily placating and resistance. However, there were distinct differences reported between the two strategies of placating and resisting. Placating was seen as most helpful when actively avoiding the partner, when the victim/survivor could leave the house for a short period of time or extricate themselves from the relationship. This was seen as more helpful than resistance strategies that exacerbated or escalated the perpetrators behaviour and where they could not control the outcome (Reener and Hartley, 2002). Placating strategies may be harder for those with visual impairments to utilise as they may be limited in their freedoms outside of the home and may not even be able to avoid the perpetrator within the home due to limitations on site. The perceived helpfulness of resistance or placating strategies was also discussed to depend on the cost and benefits of using such strategies for safety or self-esteem and whether the victim survivor perceived they could control the outcome of the strategy (Goodman et al., 2005; Liang et al., 2005; Reener and Hartley, 2002). This is likely to be particularly key for those with visual impairments as they have to negotiate the cost versus benefit of a perpetrator-carer, and a home/location that they are familiar with.

## Tradition and Roles

### Relational Roles

Relation roles in this study were primarily discussed in terms of whether a person with visual impairments was fulfilling the societally expected role in the relationship. A lack of fulfilling expected roles was used on occasion to excuse the actions of a perpetrator. Additionally relational roles including those of a caring capacity for those with visual impairments impacted the experience within the relationship and contributed to domestic abuse in some cases.

Participants who experienced abuse from a partner or relation who also provided care talked about how perpetrators use their caring role to manipulate others, enhancing the belief that they were 'good people' or to elicit sympathy from others. This manipulation often started with the victim/survivor themselves with one participant saying "*...I felt like somebody was protecting me and was trying to take care of me and look after me.*" This resulted in interviewees feeling like they 'owed' their perpetrator-carer something and that they were undeserving of being in the relationship as they were unable to reciprocate the caring actions. This was also seen in research by Hague et al, (2011) where participants felt they should be grateful to the perpetrator, with perpetrators asking, '*who else will look after you.*'

For some perpetrators, the awareness of the visually impaired persons dependence upon them facilitated the abuse and led to a belief that they would '*get away with it*'. One victim/survivor described how their abusive partner wanted to utilise this dependence as a form of virtue signalling '*so I can tell everybody how great I am and how ungrateful you are.*' This manipulation has been seen in previous work where victim and survivor focus groups, both males and females with MS praised their carers even when disclosing instances of domestic abuse (Shapiro, Wiglesworth and Morrison 2013).

Previous literature has brought into question the role of paid care/personal assistance and whether abuse in such relationships can be classed as domestic abuse (Nixon, 2009). In this research no participants disclosed experience of abuse from a professional carer, however, there were many

instances explored where the perpetrator was providing a caring responsibility in some way to the visually impaired person (In these situations, the relationship began with the perpetrator as their partner, and they later took on caring responsibilities).

Another impact of the perpetrator-carer relationship dynamic is that people, both onlookers and those as part of the relationships, made excuses for the perpetrator and their actions. In this study there was a lot of discussion in the second male focus group about the relationship between the victim/survivor and the perpetrator in the vignette. The focus group participants saw the perpetrator as being *'tired'* *'irritated'* and *'angry'* with the victim because the relationship did not match their expectations. The perpetrators actions were seen as an understandable reaction to an unexpectedly difficult circumstances of the relationship, and therefore the perpetrators actions were not perceived as being deliberately abusive. Focus group members rather saw the victim or survivor's sight loss and perpetrators lack of foresight as the cause of the problems in the relationship. Shapiro, Wigglesworth and Morrison (2013) found two main themes emerge when they investigated carer abuse of those with multiple sclerosis. Firstly, small disclosures of abuse by carers were seen as a cry of help, whilst others or the carer justified the abuse by suggesting that the victim provoked it (Shapiro, Wigglesworth and Morrison 2013). Both experiences were seen within this study, and participants expressed the feeling of being a scapegoat for the bitterness and resentment of the perpetrator.

The female focus group briefly touched on the idea that professional services have a preconceived idea that VIPs depend on others, and this may prevent them from recognising abusive behaviours.

*"Having this preconceived idea that visually impaired people, you know, we need taking care of, we can't do things." Member of female focus group.*

Some interview participants talked about their experiences of their perpetrators, who were their partners, also being their carer. They believed that their carer role facilitated the abuse because it gave them more power and they would tell people that they were a carer and try to elicit sympathy from them because of it. In addition, it meant that they had a lot of influence over the support given to the victim/survivor as professionals would listen to their opinions, sometimes more than they did the opinions of the visually impaired person themselves.

*"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." Interview participant.*

This was also seen in the literature review and discussed as leading to the reduction of accidental discoveries of abuse by professionals. Research also identified a lack of belief about abuse among professionals. This was often presented as differing definitions or understanding of what constitutes abuse, for example, agencies using terms such as describing emotional abuse and controlling care as *'neglect'* rather than *'abuse'* (Radford et al 2006). Another paper reported a disclosure of a perpetrator smashing plates around a VIP, which the social worker involved excused at the perpetrator feeling *'stressed'* about their caring responsibilities- despite the victim or survivor being full time employed and

greatly independent (Balderston et al, 2019). Some participants also said that a visually impaired person might be concerned that if a perpetrator found out they had disclosed abuse, they may withhold support that the visually impaired person needs. The issue of being without necessary support might also dissuade some people from leaving the accommodation they share with the perpetrator. Others may be financially reliant on the perpetrator and unaware of the benefits they would be entitled to receive if they were to move away from them.

Disability Wales and Welsh Women's Aid (2019) also reported on how disabled victims and survivors are unlikely to be seen one-on-one by statutory services when there is a carer involved, even in health care settings. This is often explained to 'help' those with disabilities either with recall of events or physical mobility, however, it again removes the opportunity for disclosures of domestic abuse (Disability Wales and Welsh Women's Aid 2019). This was a theme that was identified by participants, that society often views visually impaired people as being especially dependent, seeing them through the medical rather than the social model of disability. Some participants also pointed out that this mindset can often lead to members of the public speaking to a visually impaired person's carer, who may be a perpetrator of abuse, rather than to the visually impaired person themselves, something that can increase the level of control within an abusive relationship.

*"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."*  
*Interview participant.*

## **Gender Roles**

Gender was discussed extensively by the interview and focus group participants as an intersect with those who are visually impaired. Much of this was linked to views of traditional gender roles as it was seen that males with visual impairments may be more likely to be abused and or taken advantage of, as they are not fulfilling their perceived societal role as *'provider'*. One male interviewee who was visually impaired stated *"I don't know if anybody will believe me or take, take it seriously because I'm a man"* and reported his female perpetrator saying, *"nobody will believe you and take it seriously because you're blind"*. Throughout much of the domestic abuse literature surrounding men's experiences, the influence of harmful societal stereotypes and expectations surrounding masculinity is substantial (Hines 2007, Hines 2022). For example, in interviews with male victims, the ideas and expectations of men to be strong, stoic, dominant, in control of their emotions, and able to cope on their own (Connell, 2005) had a significant impact on how men perceived themselves as victims, or whether they even recognised their victimization at all (Bates, 2019).

Some participants talked about women experiencing abuse more often than men, and how women are *'never respected'* because of their gender. Combined with how society perceives and treats those with disabilities, as if they can *'boss them around'*, being a woman with a visual impairment was seen as a

risk. One participant talked explicitly about how traditional gender roles compounded expectations of her as a woman and a disabled person saying:

*“When I was growing up, I was always told that because I’m blind and a woman that I couldn’t have high aspirations of being dependent.” Interview participant.*

Traditional expectations of gender also factored into how people responded to disclosure of abuse when the victim or survivor was female and visually impaired. In one instance, friends and family made excuses for the perpetrator, telling the victim/survivor *‘that’s how men are, and God created that men are different’*. Another participant stated how she had been told *‘Well, you know, men would have left you by now. He’s a very good man for sticking by you.’* Research across several health incidences has found that female gender is a strong predictor of partner abandonment in patients with serious medical illness, in fact, risk of divorce or separation increased 6-fold post diagnosis if the affected spouse was the woman (Glantz et al., 2009). Although this perception of a male being ‘good’ for staying with a female with Visual impairment or other health needs is steeped in patriarchal traditions where men are not expected to provide care, it has been noted that when divorce or separation occurs in such relationships, quality of care and is adversely affected (Glantz et al., 2009). This reinforces the difficult decision those with visual impairments have to make in the face of domestic abuse, as one participant put it; *“You know it is a case of, ‘Am I going to cope without that person in my life?’ so they put up with it.”*

### **Cultural Tradition**

Culture - their beliefs and values that include spirituality, religion, region, language, and livelihoods. Most of the experience relating to culture came from non-white participants; however, it should be acknowledged that this may be due to white privilege meaning whiteness and the culture it produces are rarely acknowledged or considered (Smithsonian, 2014), rather than non-white cultures having more impact on experienced abuse. Culture was discussed by participants in three main ways, i) as a reason for the abuse, ii) as an excuse for the abuse and iii) as a barrier to support. The traditional gender roles pervading religion and cultural beliefs was described as a reason for the abuse, with the husband being seen as the leader of the family, and his law being treated as law. Further, others looking in often excused abuse as *‘just part of the culture’* and would therefore not recognise it for abuse, often for fear of causing offence. The underreporting of abuse in Arab women has been previously associated with cultural norms and customs that privilege men over women (Rabaan and Young, 2021).

Non-western cultures existing in the UK were discussed by participants as being ‘tight-knit’. It was discussed as being a barrier to support as seeking support from within the community meant professionals would know the parents and partners of the victim/survivor personally, and they may prioritise ‘family and sticking together’. Participants also discussed the concept of honour, both as a reason to stay in abusive relationships, but also so not to seek help as they were worried it would give their culture a bad name. In trying to understand other cultures as an intersectionality, we must be careful that we do not centre western lenses and learn cross-culturally. For example, Rabaan and

Young (2021) utilise an Islamic feminist lens to understand Saudi women who experience abuse and saw how they resort to patience and resiliency to address abuse or working within as opposed to against patriarchal constructs to expand their autonomy.

### Experiences of Seeking Support

#### Informal/Community Support

Many interview participants said that they had talked about the abuse they were experiencing to a friend or family member. For some, they were only interested in this informal support and did not want any professional involvement, while for others disclosing to an informal contact was a means of discussing whether they wanted to seek more formal support. This process of help-seeking has been reflected in other research, suggesting victim/survivors begin with private attempts to resolve violence (e.g., resistance and placating strategies) before reaching out to informal supports, such as family and friends; and as the violence worsens, they use more formal options (Brown, 1997; Goodman et al., 2003, Renner and Hartley 2022).

Informal support from friends, family and the community were expressed to be highly impacted by the views people might hold on the abilities and of people with visual impairments. Participants talked about how in their experience fully sighted people did not believe that visually impaired people should even be in relationships as they were perceived as not being able to protect themselves. Therefore, it was often perceived that abuse was almost expected, with quotes saying, 'it is the way things are' and 'she is just going to have to put up with a bit of that'. McGary et al, (2011) say a similar occurrence when looking at cases of domestic abuse in older women, with them being told '*you made your bed so lay in it*', and therefore receiving no support. This led participants to accept the abuse as an expected part of their relationship and reduced attempts to leave (McGarry et al., 2011).

However, another aspect of how society in general views those with visual impairments was viewing disabled people with sorrow or pity. Although this could be seen as more likely to elicit help for those with a visual impairment who are experiencing abuse it suggested to result in people being shocked or appalled to learn that such abuse could occur. This led to the feeling that disclosures of abuse would be dismissed as people were less likely to believe that *anybody* would abuse a person with visual impairment.

The input from these external sources was important in victim and survivor's decisions how and when to seek further support even potentially the support required. A few participants in this study disclosed that it was someone close to them who had first identified that they were experiencing abuse- while others sought validation of their experiences as abuse and did not receive this. Liang et al, (2005) described how perceptions of the problem were likely to influence decisions of support including whether informal disclosures were negative or positive help-seeking experiences. They found that women who defined the abuse experienced as a psychological problem may be more likely to seek counselling, in contrast those who defined it as a crime when more likely to seek legal intervention (Liang et al, 2005).

This highlights the importance of informal support in the journey of help-seeking. Several interview participants talked about how helpful confiding in friends and family had been for them, saying that they had been '*utterly supportive*' and that they had believed and validated the victim/survivor's experiences, with some friends doing their own research so they could determine how best to support the victim/survivor. Evans and Feder (2015) also reported positive experiences of informal support and found that friends offered emotional support while family more often provided instrumental support for example a place to stay, childcare or financial help. This was reflected in participants in this study who relied on parents for practical support, childcare and care regarding their visual impairment either when their partner withheld such support, or in leaving the relationship.

### **Formal/Professional Support**

As noted by Sasseville et al (2022), statutory and support agencies are often developed from a clientelist perspective, which leads to a focus on one aspect of an individual, leading to missed opportunities for identifying potentially abusive situations. This was identified by participants in this study too with one participant pointing to the disconnect between domestic abuse and visual impairment services, with those working in one of these sectors having little awareness of the issues raised in the other. Other participants pointed out that while visually impaired people are more likely to have professionals involved in their lives because of their disability, this did not mean that these professionals understood domestic abuse, or even mental health and wellbeing.

The range of formal support sought by those within this study were wide ranging including those who had spoken to the police., domestic abuse agencies/ organisations, health professionals housing services, therapists, or teachers. Only one participant said that they had spoken to a disability or sight loss organisation about their abuse while the relationship was ongoing. A couple of participants mentioned that they had seen a counsellor or therapist once the abusive relationship was over. It was clear from the focus groups that both males and females that gaining support from a counsellor is key in such abuse either to respond to the victims needs or to help them 'not harbour negative thoughts.' Understanding this through the lens of Liang et al, (2005) this is likely as participants viewed the experience discussed in the vignettes as more of a psychological issue than a criminal one.

Positive experiences were noted by participants within this study with many of them receiving very good response when reaching out to formal domestic abuse services where they felt understood and well supported however interview participants who did not have first or second hand experience of domestic abuse tended to have an overall more positive picture of some formal support than others did. They gave very few negative comments about the services and believed on the whole that professionals had adequate training to support visually impaired domestic abuse victims survivors and that they would be taken seriously. Although there were positive experiences from places such as the police and education institutes there were also many negative from those who had first-hand experience of seeking support.

Negative experiences of formal support ranged from dismissal of disclosures or not following up formal reports to not understanding or taking into account visual impairment and the impact this had on both the abuse itself the support required and the ongoing burden of the victim survivor. Participants



recorded how formal service often did not understand the psychological impact of the visual impairment such as the experience of not knowing if the perpetrator was following a victim. This has been seen in previous research with support workers appearing to make assumptions not only about the vulnerability of disabled people, but also their capabilities and disclosures (Balderston et al, 2019). Participants in the study by Hague et al, (2011a) felt that their “condition had been used against them” by professional agencies. This was also seen in this study with one participant recalling how police officers interrogated her regarding her disclosure of abuse, asking where / other people were in the room/house, which she could not answer due to her visual impairment.

Another issue participants talked about extensively with this concern of potential lack of confidentiality from professional services it was suggested that a fully sighted person who asked for confidentiality would be granted this; however, as a person with a visual impairment disclosures were often shared with other professionals such as health or social workers as well as fully sighted carers. McGarry and Ali (2020) highlight the extensive professional network that are involved with domestic abuse including healthcare, housing, social care as well as employers. They suggest these service providers and agencies are affected and often deal with the same issue in divergent ways, with different interventions and different outcomes (McGarry and Ali 2020). However, issues are raised when such specialist organisations do not have the knowledge or training to work with visually impaired peoples.

### **Barriers to Reporting Domestic Abuse in VIP**

Research question 2 aims to understand the prevalence of domestic violence and abuse among the partially sighted and blind community. Previous research indicates that reporting of domestic abuse appears to be low for those with a sensory disability, for those who are blind or partially sighted (Nosek et al 2001). Data from interviews and focus groups supported this notion with exploration of barriers to support directly relating to their visual impairment. These included the fact that it would be more difficult for visually impaired people to find information on what services are available as not all websites will be accessible and print information such as leaflets, and posters in public places such as GP surgeries are inaccessible for most visually impaired people. 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.

In addition, the perpetrator may have isolated them through the abuse, or may be acting as the voice of the victim/survivor in public further limiting the victim/survivor’s opportunities to disclose abuse.

When interview and focus group participants were asked what other parts of a person’s identity may impact on their experience of abuse, many suggested race- primarily being Black. Being visually impaired and Black was discussed as being ‘*socially disregarded*’ or experiencing ‘*extra racism*’. This was also mentioned as a barrier to seeking support as one participant said ‘*not given the opportunity to seek help and support from appropriate authorities.*’

These support barriers are likely to impact upon understanding the prevalence of abuse in visually impaired communities as much abuse is likely to go under identified by victims and survivors, un-noticed by professionals and under reported by both.

## Work Programme 3 – Professional survey

### Survey overview

The survey was developed for to answer research questions R3, R4 and R5:

- **R3** – Are there any additional issues for this community and how do the issues of intersectionality affect partially sighted and blind people?
- **R4** – What are the barriers to accessing support?
- Secondary objectives include the following research questions; however, these are also picked up in other work packages:
- **R5** – What specific and non-specific DVA support is available for partially sighted and blind people?

The survey was aimed at practitioners that may work with people that have experienced domestic abuse and / or visual impairment.

### Survey design

The survey was designed based on evidence from the literature review, emerging findings from Work Programme 2, consultation with the expert advisory panel, with additional more detailed discussions and shared development and design taking place with two members of the expert advisory panel with lived experience of domestic abuse and / or visual impairment. This helped to inform the questions and topics being covered and the development of two versions of the survey.

Two versions of the survey were developed using the same questions, both being electronic surveys using SNAP Survey software. This approach was developed to ensure a fully accessible version of the survey for those with visual impairment, following feedback that the plain text version of the standard survey had some limitations for accessibility. The standard survey incorporated routing and multiple-choice grids; whilst the version designed to be more accessible for those with a visual impairment had text boxes and avoided radio buttons. The surveys incorporated questions about the service demographics, training, information accessibility, physical accessibility, visual impairment and domestic abuse and respondent information. The surveys were estimated to take 15 minutes to complete and were a mixture of quantitative and open text responses.

### Dissemination

The surveys remained open for five weeks between 14<sup>th</sup> March 2022 until 20<sup>th</sup> April 2022. The surveys were distributed through SafeLives, Vision Foundation and the expert advisory panel members and their networks. The methods included:

- Use of social media
- Emailing professionals on SafeLives Marac distribution list
- Advertising in the Visionary's monthly newsletter

After 3 weeks the responses were viewed to identify any gaps or sectors that could be specifically targeted. This identified that the ethnic diversity of the professionals and the number of respondents from VI organisations were low. At this point the Vision Foundation and SafeLives shared the survey links through their communication channels and networks. The survey remained open for an additional two week to capture any additional responses. This resulted in eight additional responses.

### Analysis methodology

The two surveys were combined into one dataset for the purpose of analysis. As the fully accessible version did not have tick boxes, this included checking the responses to ensure consistency across the dataset.

- Most of the questions were multiple-choice, and these were analysed through quantitative methods using descriptive analysis. Future research could focus on reaching a broader range of services and could apply regression analysis to the dataset.
- The qualitative questions used an inductive analysis technique to code the responses. This approach reviewed the responses given and coded based on the answers provided. Although the framework of the survey was designed based on the literature it was felt that the open-ended questions should be used to gather a broader understanding of opinions and the analysis of these should be more open and not based on theory.

## Summary of findings

### Survey response rate

- There were 72 responses in total to the survey which included 6 responses in the accessible survey format.
- Spread across the nations but most responses from England (80.5%). There is a broad geographical spread across England with the highest responses being from professionals in North West, South East and Yorkshire and The Humber (all having 10 responses, representing 13.9% of total responses). There were 6 responses from professionals in London.
- Majority of these were supporting domestic abuse victims and survivors (69.4%) and 20.8% supporting blind and partially sighted people. This number of professionals responding to the survey who support blind and partially sighted people increased following the survey deadline extension and additional push.
- Not everyone answered the respondent information; however, of the ones that did there is limited ethnic diversity in those responding with nearly all of those responding to the question being white. Just under a fifth (19.1%) of responses were from those with a disability.

### Summary of key findings

- Training received on safeguarding and domestic abuse is high.
- There are low levels of training to support blind and partially sighted people.
- The levels of knowledge reflect the levels of training identified by the respondents. The lowest levels of knowledge were for 'how to support blind and partially sighted people' and 'domestic abuse and visual impairment'.
- Respondents identified a lack of awareness around several areas including:
  - Policies in place to support blind and partially sighted people
  - Accessibility options available to blind and partially sighted people
  - Whether physical premises have been risk assessed to ensure they are safe and accessible for blind and partially sighted people
  - Accessibility of the refuge accommodation.
- Most organisations did not have dedicated people employed to support visually impaired people. Of those that did, just over half of those dedicated people had received training on how to support blind and partially sighted service users.
- Despite the lack of knowledge, training and awareness identified most respondents felt they would be able to adequately support a blind or partially sighted victim / survivor of domestic abuse. Many stated that they would do this by being led by the individual and through risk assessment or by seeking support from others.
- Only some of the professionals identified that some of the refuge rooms were accessible for those with a visual impairment. Further research would be needed to understand if the rooms cater for differing needs such as being a parent, having a carer and being blind and partially sighted.

## Survey analysis

### Respondent information

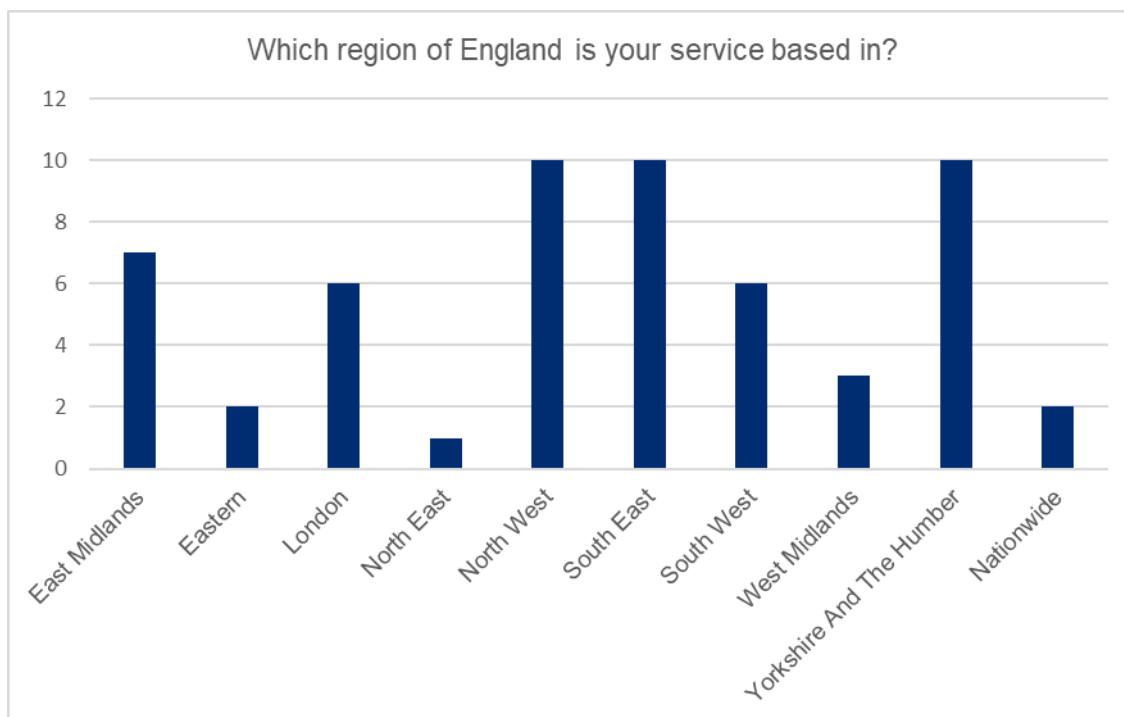
There were 72 responses received in total which were spread across different organisations, with 66 being in the standard version and 6 in the fully accessible version. There was limited diversity in the professionals reached and any future research should review the dissemination methods to address this gap. Not everyone responded to the demographic information; however, it identifies that most respondents were white, aged between 36 and 65, female without a trans history and heterosexual. The percentage of respondents with a disability was 19.1% which is in line to the UK population.

Most responses were from services based in England (58, 80.1%). Table 2 shows that there is a split across the regions of England, with three of the regions having 10 responses (North West, South West and Yorkshire and The Humber).

**Table 1: Where is our service based**

Country service based in	Number of responses
England	58
Wales	7
Northern Ireland	1
Scotland	6
The Channel Islands	0
Throughout the UK	1

**Chart 1: Chart showing which region of England the services are based in**



### Type of service

Most of the respondents were from domestic abuse services (31, 43.7%). There were 11 responses from health services (8 primary health services and 3 captured through 'other'). The remaining responses were mostly spread across social services (7), police (5) and visual impairment services (5) with lower responses from housing (2) and children and young people services (4 including 2 described as other).

The response rate from organisations specifically designed to support people with a visual impairment was lower than expected. At the launch of the survey details of the survey were included in the Visionary<sup>8</sup> newsletter and promoted through the expert advisory group and the Vision Foundation at the launch of the survey. The low response rate from visual impairment organisations was identified after 2 weeks and as a result was shared again by the Vision Foundation through their communication channels. This resulted in a slight increase in the numbers.

Future research would need to identify different communication methods to gather views from a broader range of services and to target any gaps in the audience recruited for this project. There was a question about who the service was designed to support. This identified that over 2/3rds of respondents were from services designed to support domestic abuse victims / survivors (69.4%), with a fifth (20.8%) of services for blind and partially sighted people and the rest being for other disabilities or a combination of domestic abuse services and disabilities.

### Supporting clients

<sup>88</sup> Visionary is the national membership organisation for sight loss charities

The respondents that identified they were not from a domestic abuse service were asked if they had supported clients around domestic abuse in the last two years. Most (84.6%, 22 of 26) responded that they had supported clients around domestic abuse in the past two years.

The respondents who were not from visual impairment organisations were asked whether they had supported clients who have been blind or partially sighted in the last two years. Nearly two thirds (65%, 39 of 60) identified that they had worked with blind and partially sighted people in the last two years. Those that identified they have supported blind and partially sighted clients were given the option of specifying the frequency of enquiries of blind and partially sighted clients in an open text question. The majority identified that they had done this infrequently or rarely with many specifying one client a year.

The respondents' views on whether Covid had impacted on the number or frequency of blind and partially sighted clients making enquiries or accessing services was mixed, more (19, 45%<sup>1</sup>) thought that it had whilst some didn't think it had (13) or thought it might have or were unsure (7 and 3 respectively). Further research would be required to understand the specific impacts that covid has had on referrals and abuse experiences.

Some of the respondents' services had people employed to specifically support disabled service users (25, 34.7%) but most didn't (47, 65.3%). Where there were dedicated people, just over half (56%) had training / knowledge in supporting blind or partially sighted service users specifically (meaning that only 19.4% of all services had a dedicated staff member who had been trained in this).

### Knowledge and training

Chart 2 identifies the training received by respondents in their current place of work. This shows that training for safeguarding and domestic abuse are very high, with most having received training in the last year (safeguarding is 63 respondents and domestic abuse is 58). Some had also received training to support disabled people (33 respondents) and domestic abuse and disability (32 respondents); however, some was longer than a year ago. There were lower levels of training on how to support blind and partially sighted people (19, 27.1%) had received training but most had not (67.1%) and less than one fifth had received training on domestic abuse and visual impairment (13, 19.1%). This research did not explore the quality or the specifics of the training received and further research would be required to understand this fully.



**Chart 2: Chart showing the training received in current place of work**

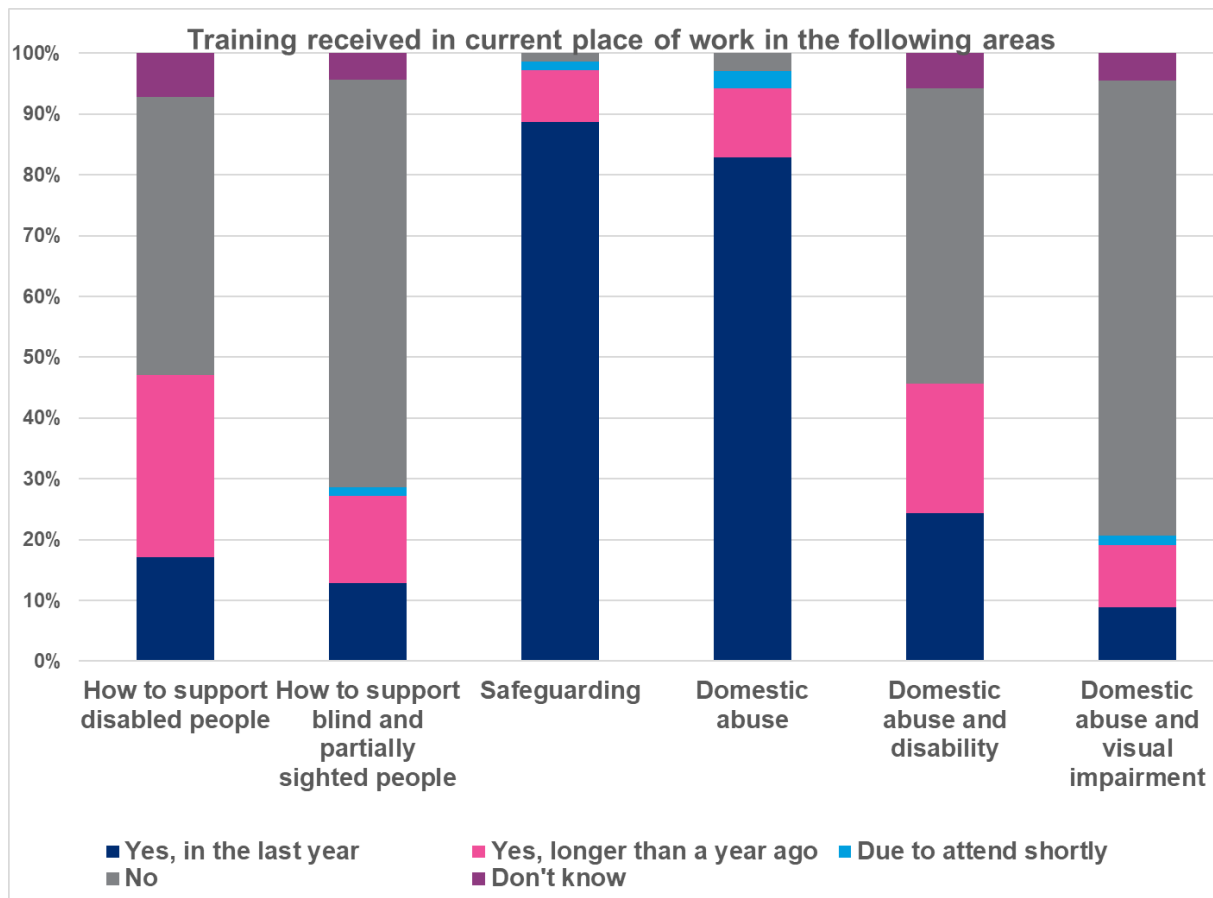
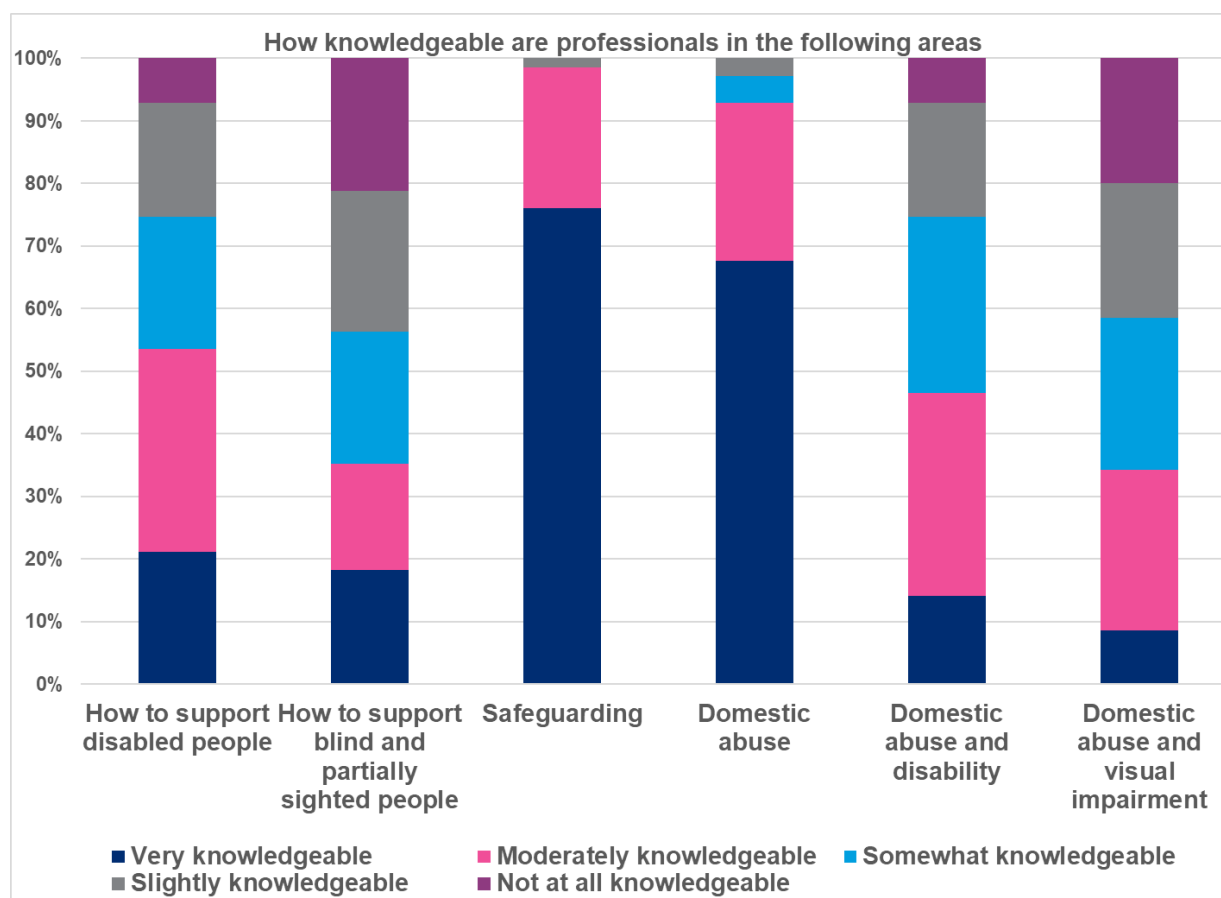


Chart 3 identifies the level of knowledge of the respondents. The level of knowledge broadly reflects the level of training identified with higher levels of knowledge in safeguarding and domestic abuse, lower levels in supporting disabled people and domestic abuse and disability and the lowest levels in supporting blind and partially sighted people and domestic abuse and visual impairment.

There are low levels of awareness of policies the services have in place to support blind and partially sighted people. Just over a quarter (28.1%) were aware of the policies, with the rest responding 'no' (38%) or 'don't know' (33.8%).

**Chart 3: Chart showing the level of knowledge identified by respondents**



### Information accessibility

The respondents 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 the website (50 of the 72) and the social media account (53 of the 72). Nearly a third of respondents (23) answered 'don't know' in response to the formats blind and partially sighted people are able to receive information in.

Where the accessibility functions were identified these were quite broad, the highest options selected for the website were 'The option to increase the text size' (18), 'The option to change the colour contrast' (11) and 'Keyboard accessibility' (11). Where accessibility functions were identified for social media, the highest response was for 'Text descriptions of all images and photographs' (8).

There was a spread of document formats that blind and partially sighted people were able to receive documents in. The highest responses were received for digitally (37) and physical large print (33). Table 2 identifies how accessible formats would be requested, the highest responses were 'request by call' and 'request by website and / or email'.

Respondents were able to provide comments on what they are doing or could do to be more accessible. A few responded that they could provide audio recordings of resources, information on their website and training materials. Some showed a desire to improve and welcomed guidance and support *'We are continuing to try and improve accessibility but would welcome additional support and guidance on this'* (Professional survey respondent).

**Table 2: How accessible information would be requested**

	Request in person	Request by call	Request by website and/ or email	Request by post	Not applicable
Digitally, e.g., text sent via email	6	23	14	1	6
Physical copy in large print	3	25	11	0	6
Audio sent digitally, e.g. audio files sent via email	1	14	7	0	12
Audio physical copy, e.g. audio files recorded onto a CD or USB	0	11	5	0	13
Braille	1	13	5	1	14
Other	1	3	1	0	6

### Physical accessibility

Most (39, 54.2%) respondents answered 'don't know' to whether the physical premises had been risk assessed to ensure they are safe and accessible for blind and partially sighted people and only 22 respondents answered 'yes'.

12 of the respondents specified what measures had been put in place for accessibility and these included contrasting colours, wide corridors and facilities for wheelchairs, floor coverings not being deep pile or being loose, large print posters, guide dogs being welcome, bobbled paths, verbal announcements and voice activated technology.

18 of the respondents to the survey provided refuge accommodation. There were several respondents who didn't know how accessible the refuge accommodation was, for those with a visual impairment, those with carers and those with support dogs.

The highest levels of accessibility of refuge space were for those with children with high numbers of all rooms being accessible (6 respondents) and most rooms (8 respondents).

The lowest levels of accessibility of refuge space were for those with carers, with a third responding no rooms are accessible (6) and around a fifth responding that some rooms are accessible (4). There was a greater awareness of the accessibility of the refuge space for those with a physical disability, and the majority identified that some rooms were accessible for those with a physical disability (12). A third (6) responded that some rooms were accessible for those with a visual impairment.

### Visual impairment and domestic abuse

Despite the answers above around knowledge level, training, and gaps in knowledge for information accessibility and physical accessibility, the majority of respondents (65.3%) felt that their organisation would be able to adequately support a blind or partially sighted victim / survivor of domestic abuse. Two thirds (46) identified that they would know where to find information to help support a victim or survivor who is blind or partially sighted.

When asked to describe how they would be able to support a blind or partially sighted victim or survivor of domestic abuse 14 stated that they would be led by the individual or do risk assessment and 9 stated that they would seek support from others including other organisations although some were a little unsure about what this might be *'I feel there are likely systems in place that I am not aware of'* (Professional survey respondent). Some said that they would refer on to other organisations (5) or that they had staff that were trained that could support (5).

The response on whether the professional knew where to signpost a victim or survivor with visual impairment to was mixed with 39 saying they knew where to signpost them and 30 responding that they didn't. Eleven of the 39 responded that they would find the information to support people via visual impairment organisation, 8 stated that they would look at the intranet or website, 7 would contact

domestic abuse organisations and the remaining respondents would contact colleagues or a specialist team (6) or contact another organisation / make an onward referral (6) and one person stated that they would like to know more information on where to refer.

Several additional barriers for blind and partially sighted victims of domestic abuse were raised by the professionals completing the survey including access to information and it not being in accessible formats, the perpetrator being the carer, availability of support, physical barriers, isolation, lack of facilities for guide dogs, lack of professional awareness and training

## Survey limitations and further areas of research

The survey was time limited, and this meant that although the survey was able to be extended for additional submissions there was limited scope to extend this further. The time constraints meant that the method of dissemination was limited to online. With additional time other dissemination methods could have been utilised such as postal surveys. This is something that would be able to be addressed in future research.

With additional time and resources, the research could have carried out additional targeted communication to gather the voices from different professionals not reached through the dissemination method used. Any future research could be used to target any gaps in the breadth of voices captured.

Resources were limited on the project which meant that the voices of professionals were limited to being gathered through surveys. Any future research should seek to gather qualitative information from professionals to explore in greater depth the findings from the survey.

Several the respondents provided details of their organisations' websites. Future research would be useful to carryout website reviews and explore this review against the answers provided about accessibility.

## Conclusions

---

Radford et al (2006) identifies that one of the barriers to seeking support can be the difficulty faced in accessing information. The professionals responding to the survey were unsure of the accessibility options available on the website and the social media account and in part for the different document formats.

Hague et al (2011) analysis of a survey identified that many professionals saw disability and accessibility purely in terms of wheelchair use which is interesting as some of the responses on the accessibility measures that have been put in place were around wheelchair accessibility.

Shah et al (2016) states that those with children may face additional barriers '*there was only a provision for either me as a disabled person or for the kids; there wasn't provision for a disabled woman that had kids.*' Our findings identify that there is a high level of provision of refuge space for those with children, but only some of the rooms were accessible for those with a visual impairment. From the responses we are unable to tell if the rooms that are accessible for visual impairment are also for those with children. Further research would be required to explore the responses given.

The literature review identified that there is the potential for missed opportunities of identifying abusive situations where professionals might focus on one aspect of an individual. The literature also identified that support workers might make assumptions about disabled people's vulnerability, capabilities and disclosures. The survey responses provided here identify a lack of training and awareness in visual impairment which could result in missed opportunities to identify domestic abuse or to be able to respond to victims / survivors with a visual impairment in the most appropriate way.

The respondents to the survey felt that their organisation would be able to adequately support those victims / survivors with a visual impairment and that they would be led by the individual. This is interesting when being reviewed against the literature which suggests that the lack of awareness around disability can feel like survivors are having to continually educate others:

*'I just want to be able to get help without having to explain my disability or my violence. If they just asked everyone, 'What do you need?' like Braille or words and pictures, ... It gets exhausting having to teach everyone about everything I need. It should be their job to be able to help.'*  
(Service User, Balderston et al, 2019, Page 64).

The survey identifies that even if measures are in place to make the services more accessible, professionals working with clients might not be aware of them. It is important to share this information across staff to ensure consistency and increase the opportunities to support victims and survivors and help them to become safer sooner.

ONS data identifies that disabled people are almost three times as likely to experience domestic abuse as those without a disability; however, the survey respondents identified that although 65% of the organisations had worked with blind or partially sighted people in the past two years, most identified that this was done infrequently or rarely.

Hague et al found that only 59% of their survey respondents had been provided with disability equality training, our sample identified that less than half had training on 'how to support disabled people' and less than 30% had received training on 'how to support blind and partially sighted people. These numbers were even lower when focusing on domestic abuse and disability and domestic abuse and visual impairment. Hague et al, when referring to their survey, felt that this showed that the impact of disability was not taken as seriously as it should be (2011a).

## References

- Balderston, S., Morgan, H., Day, A. & Fish, R. (2019) *Tackling Violence Against Disabled Women and Girls*. London: Disability Rights UK. Available at: <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf>
- Bates, E. A. (2019). "No one would ever believe me": An exploration of the impact of partner intimate partner violence victimization on men. *Psychology of Men and Masculinities*. Advance online publication. <https://doi.org/10.1037/men0000206>
- Brown, J. (1997). Working forward freedom from violence: The process of change in battered women. *Violence against Women*, 3, 5–26.
- Care Act 2014, Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Chynoweth, S. K., Buscher, D., Martin, S., & Zwi, A. B. (2020). A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study. *Conflict and health*, 14(1), 1-13.
- Clements B and Douglas G, (2009). *Network 1000 Survey 1: Comparing the General and Registered Visually Impaired Populations*. University of Birmingham as cited in RNIB (2014) *Sight loss: A public health priority*. Available at: [https://www.rnib.org.uk/sites/default/files/Sight\\_loss\\_a%20public\\_health\\_priority\\_1401.pdf](https://www.rnib.org.uk/sites/default/files/Sight_loss_a%20public_health_priority_1401.pdf)
- Connell, R. W. (2005). *Masculinities*. University of California Press.
- Deloitte Access Economics (2017) "Incidence and risk of sight loss and blindness in the UK" *Royal National Institute of Blind People*. Available at: <https://www.rnib.org.uk/sites/default/files/Incidence%20and%20risk%20of%20sight%20loss%20and%20Oblindness%20in%20the%20UK.PDF>
- Department of Work and Pensions, (2020) *Family Resources Survey 2018/19* Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874507/family-resources-survey-2018-19.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874507/family-resources-survey-2018-19.pdf)
- Disability Wales and Welsh Wo'en's Aid. (2019) *Supporting disabled people experiencing violence against women, domestic abuse and sexual violence in Wales*. Available at: <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/04/WWA-and-Disability-Wales-2019-report-Final-ENG.pdf>
- Divin, C., Volker, D. L., & Harrison, T. (2013). Intimate partner violence in Mexican American women with disabilities: A secondary data analysis of cross-language research. *Advances in NursingScience*,36(3), 243–257.
- Domestic Abuse Act 2021, Available at: <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>
- Dunkle K, van der Heijden I, Stern E, Chirwa E. Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme. 2018. <https://www.whatworks.co.za/documents/publications/195-disability-brief-whatworks-23072018-web/file>
- Equality Act 2010, Available at: <https://www.legislation.gov.uk/ukpga/2010/15/section/6>
- Evans, M.A. and Feder, G.S., 2016. Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations*, 19(1), pp.62-73.

Goodman, L., Dutton, M. A., Weinfurt, K., & Cook, S. (2003). The Intimate Partner Violence Strategies Index. *Violence against Women*, 9(2), 163–186.

Glantz MJ, Chamberlain MC, Liu Q, Hsieh CC, Edwards KR, Van Horn A, Recht L. Gender disparity in the rate of partner abandonment in patients with serious medical illness. *Cancer*. 2009 Nov 15;115(22):5237-42. doi: 10.1002/cncr.24577. PMID: 19645027.

Hague, G, Thiara, R & Mullender, A. (2011a) “Disabled Women and Domestic Violence: Making the Links, a National UK Study.” *Psychiatry, Psychology and Law*, 18:1, 117-136

Hague, G, Thiara, R & Mullender, A. (2011b) “Disabled Women, Domestic Violence and Social Care: The Risk of Isolation, Vulnerability and Neglect.” *The British Journal of Social Work* 41:1, 148-165

Hine B, Bates EA, Wallace S. “I Have Guys Call Me and Say ‘I Can’t Be the Victim of Domestic Abuse’”: Exploring the Experiences of Telephone Support Providers for Male Victims of Domestic Violence and Abuse. *Journal of Interpersonal Violence*. 2022;37(7-8):NP5594-NP5625. doi:10.1177/0886260520944551

Home Office. (2015) *Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

Hughes, R. B., Lund, E. M., Gabrielli, J., Powers, L. E., & Curry, M. A. (2011). Prevalence of interpersonal violence against community-living adults with disabilities: a literature review. *Rehabilitation Psychology*, 56(4), 302.

Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., ... & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 379(9826), 1621-1629.

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology*, 36(1–2), 71–84.

McGarry, J. and Ali, P., 2020. Domestic violence and abuse and working with other agencies. In *Domestic Violence in Health Contexts: A Guide for Healthcare Professions* (pp. 123-135). Springer, Cham.

McGarry, J., Simpson, C. and Hinchliff-Smith, K., 2011. The impact of domestic abuse for older women: a review of the literature. *Health & social care in the community*, 19(1), pp.3-14.

McLaughlin, H. (2009). What's in a name: 'client', 'patient', 'customer', 'consumer', 'expert by experience', 'service user'—what's next?. *The British Journal of Social Work*, 39(6), 1101-1117.

Nixon, J. (2009) “Defining the Issue: The Intersection of Domestic Abuse and Disability” *Social Policy & Society* 8:4, 475–485

Nosek MA, Howland CA, Hughes RB. The investigation of abuse and women with disabilities: Going beyond assumptions. *Violence against women*. 2001 Apr;7(4):477-99.

Office of National Statistics. (2021) *Disability and Crime*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/disabilityandcrime>

Rabaan, H., Young, A.L. and Dombrowski, L., 2021. Daughters of men: Saudi women's sociotechnical agency practices in addressing domestic abuse. *Proceedings of the ACM on Human-Computer Interaction*, 4(CSCW3), pp.1-31.



Radford, J, Harne L & Trotter, J. (2006) "Disabled women and domestic violence as violent crime", *Practice*, 18:4, 233-246

Renner, L.M. and Hartley, C.C., 2022. Women's Perceptions of the Helpfulness of Strategies for Coping with Intimate Partner Violence. *Journal of Family Violence*, 37(4), pp.585-599.

Royal National Institute of Blind People. (2021a) *The criteria for certification*. Available at: <https://www.rnib.org.uk/eye-health/registering-your-sight-loss/criteria-certification>

Royal National Institute of Blind People. (2021b) *Sight Loss Data Tool*. Available at: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

Royal National Institute of Blind People. (2018) *Eye health and sight loss stats and facts*. Available at: <https://www.rnib.org.uk/sites/default/files/Eye%20health%20and%20sight%20loss%20stats%20and%20facts.pdf>

SafeLives. (2017a) *Disabled Survivors Too: Disabled people and domestic abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

SafeLives. (2017b) *Free to Be Safe: LGBT+ People Experiencing Domestic Abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

SafeLives. (2020a) *Insights Idva dataset 2019-20 Adult Independent domestic violence advisor (Idva) services*. Available at: [https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920\\_1.pdf](https://safelives.org.uk/sites/default/files/resources/Idva%20Insights%20Dataset%20201920_1.pdf)

SafeLives. (2020b) *Insights outreach dataset 2019-20 Adult outreach services*. Available at: <https://safelives.org.uk/sites/default/files/resources/Outreach%20Insights%20Dataset%20201920.pdf>

SafeLives. (2021) *Marac data – Key findings April 20–0 - March 2021* Available at: <https://safelives.org.uk/sites/default/files/resources/Marac%20Data%20Key%20Findings%20External%20April%2020%20to%20March%202021.pdf>

Sasseville, N., Maurice, P., Montminy, L., Hassan, G., & St-Pierre, É. (2022). Cumulative contexts of vulnerability to intimate partner violence among women with disabilities, elderly women, and immigrant women: Prevalence, risk factors, explanatory theories, and prevention. *Trauma, Violence, & Abuse*, 23(1), 88-100.

Shah, S, Tsitsou, L and Woodin, S (2016) "Hidden Voices: Disabled Women's Experiences of Violence and Support Over the Life Course." *Violence Against Women*, 22 (10). pp.1189-1210.

Shapiro, J., Wigglesworth, A., & Morrison, E. H. (2013). Views on disclosing mistreatment: a focus group study of differences between people with MS and their caregivers. *Multiple sclerosis and related disorders*, 2(2), 96-102.

RNIB (2015) - Slade, J, Edwards, R. My Voice 2015: The views and experiences of blind and partially sighted people in the UK

Yeo, R. (2017). The deprivation experienced by disabled asylum seekers in the United Kingdom: Symptoms, causes, and possible solutions. *Disability & Society*, 32(5), 657-677.

Yoshida, K. K., Odette, F., Hardie, S., Willis, H., & Bunch, M. (2009). Women living with disabilities and their experiences and issues related to the context and complexities of leaving abusive situations. *Disability and Rehabilitation*, 31(22), 1843-1852.

# Appendix 1: Interview Schedule

## Introduction

Disabled women are twice as likely to experience abuse as non-disabled women, and yet there is very little research on the experiences of victims/survivors of domestic abuse who are blind or partially sighted. SafeLives has been commissioned by Vision Foundation, an organisation working with blind and partially sighted people, to address this research gap. This project aims to answer five key research questions:

- R1 – What current research and information is available on blind and partially sighted people experiencing DVA
- R2 – What is the prevalence of DVA with the partially sighted and blind people?
- R3 – Are there any additional issues for this community and how do the issues of intersectionality affect partially sighted and blind people?
- R4 – What are the barriers to accessing support?
- R5 – What specific and non-specific DVA support is available for partially sighted and blind people?

These questions will be answered through a literature review, interviews, focus groups and a survey.

## Aims of the interview

The interviews are linked to R2, R3 and R4. A literature review has been completed that has identified key issues and gaps in the research surrounding domestic abuse experienced by blind and partially sighted people, and one meeting with our expert advisory panel has taken place in which these issues were discussed. Meetings have also taken place with members of the panel with lived experience of sight loss and/or domestic abuse to discuss what questions should be included as part of the interview. The interview schedule has been produced based on these findings and discussions with the aim of gathering information that can be used to answer research questions 2, 3 and 4.

In order to recruit participants, a short text describing the research project with a link to a survey to gather contact details and safeguarding and accessibility needs of potential participants was produced. This was disseminated among key contacts including Vision Foundation itself, the expert advisory panel and contacts in other organisations working with blind and partially sighted people. It was also disseminated by the SafeLives Communications team. Interviewees will be chosen from the pool of survey respondents who provide contact details. We aim to interview approximately 15 people from a range of ages, locations and backgrounds.

## Ethical and safety considerations

There are a number of considerations that need to be taken in order for this work to be carried out in a safe and ethical manner.

### Safety of the interviewer

Only ever give out work contact details (phone, email address) rather than personal details  
If interviewing in person, give a named colleague details of the interview prior to it taking place. Check in with the same colleague just before the interview and check out after.  
If interviewing in person, ensure the interview takes place in a neutral location.

### Data protection

Ensure that all personal details of interviewees are stored securely on the server.  
All names of third parties will be redacted from transcripts, particularly those of victims, survivors, perpetrators, children etc. Data will be stored on a password protected storage system and will only be accessed by authorised personnel. Data will be held for no longer than necessary, in line with SafeLives Data Protection Policies.

All information is confidential, except where someone is at risk of harm. Instigate safeguarding procedure where necessary.

## Ethical considerations

Informed consent must be given before the interview can begin. An information sheet should be given in an accessible format before the interview outlining details of the project, the theme of the questions, why we are asking them and what we will do with the information given.

The interviewee should be given the right to withdraw at any time before, during and up to 2 weeks after the interview.

The language used by the interviewer should be considered. Sector terminology should be avoided. Language should be neutral and non-judgemental. The interviewer should be descriptive and human (not too formal). The interviewer should avoid dumbing down.

The interviewer should be aware of the signs of trauma and be reactive to it.

A de-brief sheet will be prepared in an accessible format with contact details of relevant support agencies, how to contact the project team and how to raise a concern or make a complaint.

The possibility of vicarious trauma should be considered. The interviewer will have opportunity to talk through any issues arising and directed to staff support services

## The interview

The interview style will be semi-structured, with question themes given in the interview schedule section below. Interviews will be conducted on a one-to-one basis, either face to face, by telephone or digitally depending on the needs and preferences of the interviewee and any national restrictions on public meetings. The interviews will be audio recorded where consent has been given.

Potential interviewees will be provided with the information sheet in advance of the interview and asked to provide potential dates/times if they still wish to take part. Interviewees will again be contacted 24 hours before the interview to confirm time and location.

At interview, before the interview begins the interviewer will confirm with the interviewee if the information sheet has been read and understood. They will also go through consent options and ensure these are signed off before continuing.

## Interview schedule

### Introductory questions:

How much awareness do you think there is about the domestic abuse that is experienced by blind and partially sighted people?

#### **Probes**

- **Why, how, who**

#### **Prompts**

- **Discussions among family and friends?**
- **Awareness of support workers / other disability specialists?**
- **Services such as police and social workers**
- **Awareness among the wider public / in the media?**

How do you think blind and partially sighted victims/survivors are viewed by society?

#### **Probes**

- Why

### Experience of abuse:

Thinking about your own experiences of domestic abuse or the experiences of people you know (friends, family colleagues etc)

If you feel comfortable, would you be able to tell me whether you think that sight impairment impacted on the experience of abuse in any way?

**Prompt** – method of control, dependence on carer / perpetrator

Would you mind telling me whether your perpetrator had any caring responsibilities towards you?

Do you believe that there were other aspects of your / their identity that impacted on what was experienced?

**Prompt** - such as your gender, age, race/ethnicity, sexuality, socioeconomic status, mental health or other disabilities, family honour, language barrier

### Experience of seeking support:

Did you / they talk about what was happening to anyone at the time?

**Prompt**

Friend or family member or a formal service?

**Probe**

- Why / why not?
- What type of formal service? E.g. disability- or abuse-specific service, or statutory service? why did they choose this particular one?
- How long did you / they experience abuse before seeking help? Why was that? Anything that stopped you seeking support earlier?
- Were you living with the abuser when seeking support?
- Did you know where to find support?

How accessible was information and services?

**Prompt**

- Before seeking support – was info accessible to find out about services?
- Aware of online reporting options – are these accessible?
- When support was found – was info accessible
- Were accessible services available such as refuge spaces

[If they did seek support] What was your / their experience of telling them about the abuse?

**Prompt**

- What was their response? Did they take you seriously?
- How did this make you / them feel?
- Did the person understand your / their needs?
- Did the person they told do anything following the disclosure?
- Did you do anything differently as a result?

Do you believe that any other aspects of your identity affected how people reacted to your telling them about the abuse?

[If they did not seek support] Is there anything you can think of that would have encouraged you at the time to talk to somebody?

- Were there any specific coping strategies used?

Would you mind telling me whether or not the perpetrator was also blind or partially sighted or had another disability?

[If they were] Do you think this had any impact on the decision about whether or not to speak to anybody about the abuse. Do you think this had any impact on how people reacted when you told them about the abuse?

[If they were not] Do you think this would have impacted your decisions about whether or not to speak to anybody about the abuse, or on how people would have reacted to that?

[If they have disclosed experiences of abuse] Are you currently receiving the support that you need to?

### Closing

From your experience, what do you feel could improve the safety and wellbeing of other blind and partially sighted people at risk of domestic abuse?

**Prompt**

- Specific services
- Knowledge / understanding
- In the community
- What could have been done differently / what response could have been different to make it a better experience?
- What would make more people report domestic abuse / seek support?

Is there anything you would like to say to blind and partially sighted victims/survivors who are currently experiencing abuse or seeking support around abuse they've experienced?

Is there anything you'd like to say to professionals who might come into contact with blind and partially sighted victims/survivors?

Is there anything you would like to add that I haven't asked about

## De-brief

---

Check-in and space for any questions for the interviewer

Share any support services and relevant information

Update on what happens now

Transcription and analysis

- Evaluation report and recommendations

- Continued pioneer input

Safeguarding follow-up if necessary

## Appendix 2: Focus Group Schedule

### Introduction

Disabled people are almost three times as likely to experience abuse as non-disabled people, and yet there is very little research on the experiences of victims/survivors of domestic abuse who are blind or partially sighted. SafeLives has been funded by Vision Foundation, an organisation working with blind and partially sighted people, to address this research gap. This project aims to answer five key research questions:

- R1 – What current research and information is available on blind and partially sighted people experiencing domestic violence and abuse (DVA)?
- R2 – What is the prevalence of DVA with the partially sighted and blind people?
- R3 – Are there any additional issues for this community and how do the issues of intersectionality affect partially sighted and blind people?
- R4 – What are the barriers to accessing support?
- R5 – What specific and non-specific DVA support is available for partially sighted and blind people?

These questions will be answered through a literature reviews, interviews, focus groups and a survey.

### Aims of the focus groups

The focus groups are linked to the second, third and fourth research questions. A literature review has been completed that has identified key issues and gaps in the research surrounding domestic abuse experienced by blind and partially sighted people. In addition, one meeting with our expert advisory panel has taken place in which these issues were discussed. Meetings have also taken place with members of the panel with lived experience of sight loss and/or domestic abuse to discuss what questions should be included as part of the focus group. The focus group schedule has been produced based on these findings and discussions with the aim of gathering information that can be used to answer research questions 2, 3 and 4.

In order to recruit participants, we produced a short text describing the research project with a link to a survey to gather contact details, safeguarding needs and accessibility needs of potential participants. This was disseminated among key contacts including Vision Foundation, the expert advisory panel and contacts in other organisations working with blind and partially sighted people. It was also disseminated by the SafeLives Communications team. Focus group participants will be chosen from the pool of survey respondents who provide contact details. We aim to conduct two focus groups with around 6-8 people per group from a range of ages, locations and backgrounds.

### Ethical and safety considerations

There are a number of considerations that need to be taken in order for this work to be carried out in a safe and ethical manner.

#### Safety of the moderator

Only ever give out work contact details (phone, email address) rather than personal details

If only one moderator is present and the focus group is taking place in person, give a named colleague details of the focus group prior to it taking place. Check in with the same colleague just before the focus group and check out after.

If the focus group is carried out in person, ensure it takes place in a neutral location.

#### Data protection

Ensure that all personal details of participants are stored securely on the server.

All names of third parties will be redacted from transcripts, particularly those of victims, survivors, perpetrators, children etc. Data will be stored on a password protected storage system and will only be accessed by authorised personnel. Data will be held for no longer than necessary, in line with SafeLives Data Protection Policies.

All information is confidential, except where someone is at risk of harm. Instigate safeguarding procedure where necessary.

## Ethical considerations

Informed consent must be given before the focus group can begin. An information sheet should be given in an accessible format before the focus group outlining details of the project, the theme of the questions, why we are asking them and what we will do with the information given.

The participants should be given the right to withdraw at any time before or during the focus group and be allowed to withdraw their consent for their quotes to be used in subsequent reports up to 2 weeks after the focus group.

The language used by the moderator should be considered. Sector terminology should be avoided. Language should be neutral and non-judgemental. The moderator should be descriptive and human (not too formal). The moderator should address each participant in a way that is appropriate to their needs. In addition, the moderator should ensure that they maintain high levels of cultural sensitivity and that the language they use is culturally appropriate.

The moderator should be aware of the signs of trauma and be reactive to it.

A de-brief sheet will be prepared in an accessible format with contact details of relevant support agencies, how to contact the project team and how to raise a concern or make a complaint.

The possibility of vicarious trauma should be considered. The moderator will have the opportunity to talk through any issues arising and direct to support services.

## Resources required

Consent form (sent to all participants as a Word document and a survey link)

Information on focus group for participants (sent to all participants as a Word document)

## The focus group

The interview style will be semi-structured, with question themes given in the schedule section below. Focus groups will be conducted in groups of around 6-8, either face to face or digitally depending on the needs and preferences of the participants and any national restrictions on public meetings. The focus groups will be audio recorded where consent has been given.

Potential participants will be provided with the information sheet in advance of the focus group and asked to provide potential dates/times if they still wish to take part. Participants will again be contacted 24 hours before the focus group to confirm time and location.

## Focus group schedule

### Introduction

Welcome

Thanks for agreeing to be part of the focus group. We appreciate your willingness to participate.

Introductions

Introduce moderator/s

Purpose of focus groups

We are conducting the focus groups as part of the research undertaken for a project we're carrying out with the Vision Foundation on the prevalence of domestic abuse for blind and partially sighted people and the experiences that blind and partially sighted victims/survivors have when seeking support. Your views on what blind and partially sighted people experience and what support for them looks like now and should look like in the future will help us understand better ways of supporting victims/survivors and ensuring that they are made safe at the earliest opportunity.

Topics for discussion

- How a person's visual impairment affects their experiences of abuse, and their perception of that abuse
- How society views blind and partially sighted victims/survivors



- How a person's visual impairment affects the support they seek and the support they receive
- What can be done to improve the support that blind and partially sighted victims/survivors receive

#### Anonymity and ground rules

1. We will be recording the discussion for accuracy. You will remain anonymous. We won't identify anyone by name in our report. The recording itself will not be made available to other people and will be destroyed once we have a fully typed up version of the conversations.
2. You are free to leave the focus group at any time. If you need support with this then raise your hand and someone will be able to lead you out of the room.
3. We want you to do the talking. We would like everyone to participate but so we pick everything up on the recorder can we try to speak one at a time.
4. There are no right or wrong answers – every person's experiences and opinions are important. Speak up if you agree or disagree – we want to hear a wide range of opinions.
5. Any information shared in the focus group may be used (with identifying details removed) in research reports. However, we request that participants do not share personal or identifying information that is disclosed today outside of the focus groups.

#### Consent Forms

Ensure all participants have received the consent forms in an accessible format and that these have been emailed or handed to the moderators.

#### Introduction and icebreaker

Ask participants to introduce themselves and answer:

- Tell us about something that has made you smile in the past week or so

#### Vignette 1 and questions

*Sam had been living with glaucoma for several years when they met Ash, and although it had taken them a while to fully understand and accept how this would affect their lives, Sam had got used to the adjustments they'd needed to make. They were now living independently, doing a job they enjoyed and seeing their friends regularly. They met Ash on a dating app, and were upfront from the beginning about their sight impairment and how this might impact any future relationship they may have. Ash was very understanding from the start and would go out of their way to support Sam whenever they could. Ash was very romantic and Sam was the happiest they'd been in years. The relationship moved quickly, and after a few months they decided to move in together, as Ash said they were keen to be able to support Sam as much as they could.*

*Shortly after this, the relationship began to change. Ash started laughing at Sam, calling them names when Sam bumped into things or couldn't find what they were looking for. Around this time, Sam's sight began to deteriorate, and they found that they couldn't get around as easily as they could before. Ash told Sam that they were worried about them going out and seeing their friends on their own because they could get lost or hurt. They insisted that Sam stay inside as much as possible for their own safety. If they did want to see their friends, Ash would have to go too, which they said was to make sure Sam was okay. Whenever they did go out, Ash would insist on telling Sam what to wear. Ash said that now Sam couldn't see as well, they couldn't tell how bad they looked when they dressed themselves.*

*Despite Sam's deteriorating sight, Ash expected Sam to take on more and more of the cleaning and cooking in the house. When Sam told Ash that they were worried about getting burned on the hob or accidentally cutting themselves, Ash took Sam by the shoulders and shook them while shouting in their face that Sam was ungrateful for everything that Ash had done for them in the relationship and that doing the housework was the least they could do in return. This upset Sam a lot, and the next day Ash bought them a box of chocolates to apologise and said they'd never do it again. They didn't talk about the housework, and Sam decided to keep trying to do it to keep Ash happy.*

- How would you describe the relationship between Sam and Ash?

#### Probes:

- What is happening that is abusive?
- Would Sam recognise this as abuse?
- Does Sam's visual impairment affect what's going on in the relationship?
- What other types of abuse might Sam experience that would be affected by them having a visual impairment?

## Brainstorm 1

How much awareness do you think there is about the domestic abuse that is experienced by blind and partially sighted people?

### **Prompts**

- **Discussions among family and friends?**
- **Awareness of support workers / other disability specialists?**
- **Awareness among the wider public / in the media?**

How do you think blind and partially sighted victims/survivors are viewed by society?

How do you think blind and partially sighted people are impacted by other types of abuse aside from the intimate partner violence described in the vignette, such as family abuse and 'honour'-based violence?

Do you believe that there are other aspects of a visually impaired victim/survivor's identity that impact on how they are perceived by society?

**Prompt** - such as gender, age, race/ethnicity, sexuality, socioeconomic status, family honour or other disabilities

## Vignette 2 and questions

*A few weeks after Ash had shouted at Sam about doing the housework, Ash told Sam that they thought they should quit their job as it was clearly becoming too stressful for them to manage a full-time job while dealing with their deteriorating sight. Ash said that they earned enough money for both of them to live off, anyway. Sam didn't want another argument, so they agreed.*

*Sometimes Sam couldn't find their phone and was sure that it wasn't where they'd left it, but whenever they mentioned it to Ash, Ash said that they were just being paranoid. Once Ash picked up Sam's phone and threw it at them, shouting that they were a terrible person because they didn't trust their partner. Now that Sam didn't have a job, their savings started to run low and they soon had to rely on the money Ash gave them. Ash would ask Sam to provide receipts for everything to prove that the money had been spent in a way they approved of. Sometimes Ash refused to give Sam money for things like the bus fare because they didn't think Sam needed to go out.*

*Sam was becoming more and more unhappy. They believed that Ash still loved them and just wanted to help, but things just didn't feel right. They started to think about talking to somebody about what was happening in their relationship, but they were concerned as they weren't sure how they would be treated or what information would be accessible for them.*

Who do you think Sam would choose to speak to at this time? Why?

### **Prompts:**

- Would they speak to friends/family?
- Would they speak to formal services? Disability-specific service? DA-specific service?
- Would they know how to access information around what support services might be out there?

## Brainstorm 2

Do you think that blind and partially sighted victims/survivors of abuse are likely to seek support?

### **Probe**

- Why / why not?
- Informal or formal support? If formal support, disability- or abuse-specific service, or statutory service?

If a blind or partially sighted victim/survivor did want to seek support, how would they go about finding this? How accessible is this information likely to be?

How do you think someone with a sight impairment would be treated if they did seek support?

Is any information that a service provides to a blind or partially sighted victim/survivor likely to be accessible? Are physical services such as refuge spaces likely to be accessible?

Are there any other aspects of a victim/survivor's identity that would affect how people react to being told about their abuse?

Would the process of seeking support be any different if the perpetrator of abuse were also visually impaired?

What could be done to make blind and partially sighted victims/survivors feel more comfortable about seeking support in these situations?

**Close of session**

Is there anything you would like to say to blind and partially sighted victims/survivors who are currently experiencing abuse or seeking support around abuse they've experienced?

Is there anything you'd like to say to professionals who might come into contact with blind and partially sighted victims/survivors?

Is there anything else you would like to say that we haven't talked about today?



## Ending domestic abuse

### Appendix 3: Codebook for interview and focus group analysis

Code Description	Definitions	Example	Exclude	Code
Dependence				
<ul style="list-style-type: none"> <li>Societal/ familial dependence</li> </ul>	This refers to a VIP or disabled persons dependence on their wider society, community and family	<i>you have to rely on people in my experience</i>		Dep-soc
<ul style="list-style-type: none"> <li>Dependence on perpetrator and/or those in relationships with VIP</li> </ul>	This refers to a VIP or disabled persons dependence on their significant other who may or may not be a perpetrator	<i>And you become dependent on them because you do believe them that, I used to think well who would want to marry me, I've got two kids and a false eye and I've got all this baggage and a business to try and run.</i>		Dep-perp
<ul style="list-style-type: none"> <li>Perceived dependence</li> </ul>	This refers to others perceptions of VIP/disabled peoples dependence on others rather than VIP/disabled people actual dependence			Dep-perc
<ul style="list-style-type: none"> <li>Independence</li> </ul>	This refers to a VIP or disabled persons independence or desire for.			Dep-Ind
Knowledge and awareness of DA in VIP				
<ul style="list-style-type: none"> <li>VIPs awareness of DA</li> </ul>	Those with visual impairments awareness of domestic abuse within their own communities and generally. And visually impaired people own awareness of DA in their own experiences.	<i>Not enough. I mean until I experienced it myself and things then I personally had never particularly thought about it really, you</i>		Kno-VIPDA

		<i>know, no one talks about it, it's that you never hear about it.</i>		
<ul style="list-style-type: none"> <li>VIP awareness of DA support</li> </ul>	Those with visual impairments awareness of domestic abuse support in general and specifically for those with visual impairments/disabilities	<i>just knowing what services are out there. You know, not many people do until they're told about them when they're in that situation, which often times is too late.</i>		Kno-sup
<ul style="list-style-type: none"> <li>Barriers VIPs face to knowledge and awareness</li> </ul>	Any barriers/things that prevent those with visual impairments or disabilities to access/receive knowledge and awareness of DA	<i>But I would say people with, fully visual, like no vision at all, they've got absolutely no chance of accessing services like that, because they wouldn't see posters, they wouldn't see leaflets in GP surgeries.</i>	Barriers to support services go in that code	Kno-bar
<ul style="list-style-type: none"> <li>Societal awareness of DA in VIPs</li> </ul>	General public/society awareness of domestic abuse within VIP and disabled people	<i>I think if it's anything like the domestic abuse experienced by older people, or those with generic disabilities very low.</i>		Kno-soc
<ul style="list-style-type: none"> <li>Professional/Organisational awareness of DA in VIPs</li> </ul>	Professional services and organisations (e.g. police, social workers) awareness of domestic abuse within VIP and disabled people	<i>the fact that they are blind or visually impaired, and stupid as it sounds, it's like a lot of the times the kind of more the domestic abuse thing is takes 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.</i>		Kno-pro
Societal views and interactions				
<ul style="list-style-type: none"> <li>Perceptions of disability/VIP</li> </ul>	This refers to how society/general public sees disabled people and VIPs	<i>no one needs a, a blind friend. No one needs someone who could, who, who isn't useful.</i>		Soc-perc

<ul style="list-style-type: none"> <li>Views on perpetrators and/or those in relationships with VIP</li> </ul>	This refers to how society/general public sees those who are in relationships with VIP/disabled people. Both perpetrators and not	<i>He likes people to know that he's a carer; look at me, you know, feel sorry for me, what I have to do, looking after my wife</i>		Soc-perp
<ul style="list-style-type: none"> <li>Perceptions of VIP victims and survivors</li> </ul>	This refers to how society/general public sees disabled people and VIPs who are also DA victims and survivors. Explicitly stated both VIP and victim and survivor not inferred.	<i>'I don't know if they'd have pity, I don't know if they would say I deserved it'</i>		Soc-vics
Experience of Abuse				
<ul style="list-style-type: none"> <li>Descriptions of abuse impacted by VI</li> </ul>	Explicit link between the VIP and abuse by the interviewee.	<i>he was monitoring me all the time. There was even a camera in the bedroom, it, it was all the time, everywhere. I couldn't go anywhere without him knowing what I was doing.</i>	The link should not be assumed. If unsure code as Exp-oth	Exp-VI
<ul style="list-style-type: none"> <li>Descriptions of abuse other</li> </ul>	Andy descriptions of abuse individual to disabled/VI people and in general			Exp-oth
<ul style="list-style-type: none"> <li>Roles/relationships between perpetrator and victim or survivor</li> </ul>	Descriptions of interactions between perpetrator and victim in regards to the relationship such as carer, management of finances or medications. Dynamics too.	<i>And when I wasn't working in this arena then, so I was a self-employed chef with a business, he worked for me</i>	General dependence	Exp-role
<ul style="list-style-type: none"> <li>Perpetrator manipulation of others</li> </ul>	Descriptions of the perpetrator using/manipulating others than the victim or survivor or attempting to	<i>he's saying, 'look at me, what a kind caring man I am, please feel sorry for me, you know, the burden I've got, having to be responsible for my wife', so 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.</i>		Exp-perp
Impact of DA				
<ul style="list-style-type: none"> <li>Emotional/Psychological impact and response</li> </ul>	This relates to the impact of abuse on emotions and or psychology. E.g. Feeling scared, being withdrawn	<i>I have absolutely zero self-confidence now. I don't like myself; I hate myself</i>		Imp-emo
<ul style="list-style-type: none"> <li>Isolation as a result of abuse</li> </ul>	This relates to feelings of or experienced isolation as a result of abuse/perpetrator actions	<i>I've never been allowed to have friends, I'm not allowed to have anyone</i>	Isolation due to disability or location	Imp-iso

		<i>back at the house; I am totally isolated, alone, and it is really, really difficult.</i>		
<ul style="list-style-type: none"> <li>Practical/physical impact of abuse</li> </ul>	This relates to the impact of abuse on physical/practical elements of life such as ability to go places, get out of bed, bruising, pain etc	<i>He has taken over the kitchen, so when he wants to eat, he puts the oven on and does his food, which sometimes is at my detriment (I'm diabetic so I have to eat regularly), but he could well put his food in the oven for two, three hours (cremate it, kind of) just to stop me from using it.</i>	Practical implications of disability	Imp-prac
<ul style="list-style-type: none"> <li>Behavioural response to abuse</li> </ul>	This relates to how a victim or survivor acts in response to abuse, such as trying to gain control of what they can	<i>I've never, throughout the whole of our marriage, been allowed to have friends to the house, unless he was at work and didn't know about it [laughs]</i>	Behavioural response to disability	Imp-beh
Intersectionality				
<ul style="list-style-type: none"> <li>Cumulative victimisation</li> </ul>	This relates to the mention/description of the impact of multiple intersections e.g blind and male. Female and black etc. as factors in abuse, intersections with disability /impairment as well as responses and from other	<i>Okay, I told you I'm a black and my husband's a white. And again I'm impaired so it was like a mix problem for him</i>	This relates to the mention/description of the impact of multiple intersections outside of disability /impairment and/or abuse	Int-cumu
<ul style="list-style-type: none"> <li>Race</li> </ul>	This relates to mentions of race as a factor in abuse, intersections with disability /impairment as well as responses and from other	<i>Yeah, more, more the racist area. I could say, yeah, that's a major imbalance in the aspect of the race</i>	Discussion or mentions of race outside of disability/impairment and/or abuse	Int-race
<ul style="list-style-type: none"> <li>Culture</li> </ul>	This relates to mentions and descriptions of culture as a factor in abuse, intersections with disability/impairment as well as impact of specific cultures on views, responses and experiences		Discussion or mentions of culture outside of disability/impairment and/or abuse	Int-cult
<ul style="list-style-type: none"> <li>Gender</li> </ul>	This relates to mentions of gender as a factor in abuse, intersections with disability /impairment as well as responses and from other	<i>I think the people are somehow bad situation with them, because women</i>	Discussion or mentions of gender outside of disability/impairment and/or abuse	Int-gend



		<i>tend to get less, less value than the men</i>		
<ul style="list-style-type: none"> <li>Other</li> </ul>	Age, first language, immigration, sexuality as a factors in abuse, intersections with disability/impairment as well as responses and from other	<i>I feel like it may have got more severe when I came out as trans.</i>	Discussion or mentions of factors outside of disability/impairment and/or abuse	Int-oth
Accessed Support- Informal	Family, friends etc			
<ul style="list-style-type: none"> <li>Informal generic description/responses</li> </ul>	This relates to descriptions of informal support that are not perceived as positive or negative but are just responses/descriptions reported.	<i>Look, you need to talk to someone or tell me what's wrong so I did</i>		Inf-gen
<ul style="list-style-type: none"> <li>Positive responses</li> </ul>	This relates to responses from support/when seeking support that are reported positively			Inf-pos
<ul style="list-style-type: none"> <li>Negative responses</li> </ul>	This relates to responses from support/when seeking support that are reported negatively	<i>My mum, as she left, told me I had to work harder at it, and I had to sort it [Interviewer coughs], she believes in the sanctity of marriage and felt it was just, it, it just needed more, you know, persuading to go to counselling with me or whatever</i>		Inf-neg
Accessed Support- Formal	Police, social care etc			
<ul style="list-style-type: none"> <li>Formal generic description/responses</li> </ul>	This relates to descriptions of formal support that are not perceived as positive or negative but are just responses/descriptions reported.			For-gen
<ul style="list-style-type: none"> <li>Positive responses</li> </ul>	This relates to responses from support/when seeking support that are reported positively. Both in terms of positive help (i.e. they got me out), and positive emotions 'I felt happy they were listening to me'	<i>They got like police involved in that. And they like supported me to get to any, any appointments with like counselling and things like that. And they helped me get involved with [name] and other services like that.</i>		For-pos
<ul style="list-style-type: none"> <li>Negative responses</li> </ul>	This relates to responses from support/when seeking support that are reported negatively. Both in terms of lack of help (i.e. they couldn't get me out), and positive emotions 'I felt un-happy they weren't listening to me'	<i>'I was assigned a Support Worker and told that she'd call me back, but she never ever did' 'They weren't offering any additional support to what</i>		For-neg

		<i>they would generally offer for my sight loss.'</i>		
Support General				
<ul style="list-style-type: none"> <li>Support barriers</li> </ul>	Any barriers/things that prevented those with visual impairments or disabilities to access/receive formal support and emotions. Real and imagined	<i>I think it was more of a lack of knowledge than ignorance Fearful</i>	Isolation caused by the abuse	Sup-bar
<ul style="list-style-type: none"> <li>Support enables</li> </ul>	Any enablers/things that helped those with visual impairments or disabilities to access/receive informal support and emotions. Real and imagined	<i>he's just actually getting to know me Hopeful</i>		Sup-enab
<ul style="list-style-type: none"> <li>Outcomes for perpetrators</li> </ul>	In/Formal repercussions for perpetrators		Imagined/desired repercussions	Sup-perp
Desires/improvements				
<ul style="list-style-type: none"> <li>Desired responses to abuse in VIP/disabled people/improvements by society, community</li> </ul>	This refers to hypothetical improvements/changes that are desired in how society/general public sees and responds to disabled people and VIPs who experience DA	<i>someone who, who could think it's serious would think of the, think of solutions, things to do, the next step to take</i>		Des-soc
<ul style="list-style-type: none"> <li>Desired response to abuse in VIP/disabled people/improvements of government</li> </ul>	This refers to hypothetical improvements/changes that are desired in how government sees and responds to disabled people and VIPs who experience DA	<i>if the government could assign a committee to get in  touch with most blind and partially impaired people, I think that would go a long way.</i>		Des-gov
<ul style="list-style-type: none"> <li>Desired response to abuse in VIP/disabled people/improvements of professionals/organisations/support services</li> </ul>	This refers to hypothetical improvements/changes that are desired in how professionals/organisations/support services and responds to disabled people and VIPs who experience DA	<i>get services involved that are knowledgeable in visual impairment as well. So like, you get support from like services that specialise in domestic abuse and things and then also have the services that are specialist in like visual impairment and just kind of have the to communicate with each other and both of them communicating with the individual as well.</i>		Des-pro

Other				
<ul style="list-style-type: none"> <li>Impact of disability</li> </ul>	e.g. psychological and practical	<i>most times blind and impaired people go through a lot of psychological trauma</i>	Impact of DA or intersections with other factors	Oth-imp
<ul style="list-style-type: none"> <li>Other</li> </ul>	Any other information that looks relevant but that isn't captured in one of the above codes			Oth-oth



## Ending domestic abuse

### Appendix 4: Work Programme 3 Professionals Survey and responses

#### Researching blind and partially sighted people's experiences of domestic abuse - survey for professionals

SafeLives has been commissioned by the Vision Foundation to research the experiences of blind and partially sighted people who have experienced domestic abuse.

Disabled people are almost three times as likely to experience domestic abuse as non-disabled people, and yet there is very little research looking into the experiences of visually impaired women and men. We aim to identify any barriers to getting help and review the availability of specialist services.

No service will be named in any subsequent research reports and all quotes used will be anonymous. The survey will take approximately 15 minutes to complete.

#### Service Demographics

##### Name of Service

46

##### Where is your service based?

- 58 England
- 7 Wales
- 1 Northern Ireland
- 6 Scotland
- 1 The Channel Islands
- 1 Throughout the UK
- 0 Prefer not to say

##### Which region in England is your service based?

- 7 East Midlands
- 2 Eastern
- 6 London
- 1 North East
- 10 North West
- 10 South East
- 6 South West
- 3 West Midlands
- 10 Yorkshire And The Humber
- 2 Nationwide
- 0 Prefer not to say

##### Which region in Wales is your service based?

- 1 Mid and West Wales

- 0 North Wales
- 3 South Wales Central
- 2 South Wales East
- 0 South Wales West
- 1 Nationwide
- 0 Prefer not to say

**Which region in Northern Ireland is your service based?**

- 0 Antrim
- 0 Armagh
- 0 Down
- 0 Fermanagh
- 0 Londonderry
- 0 Tyrone
- 1 Nationwide
- 0 Prefer not to say

**Which region in Scotland is your service based?**

- 0 The Borders
- 2 Central Belt
- 1 West Coast
- 0 East Coast
- 1 Highlands and Islands
- 0 East
- 2 North East
- 0 Nationwide
- 0 Prefer not to say

**Type of service (please select one)**

- 5 Police
- 7 Social Services
- 8 Health (primary) service
- 0 Mental health service
- 2 Housing support
- 5 Visual impairment service
- 31 Domestic abuse service
- 2 Children and young people services
- 11 Other (please specify)

**11**

**Is your service specifically designed to support (select all that apply)**

- 15 Blind and partially sighted people
- 50 Domestic abuse victims/survivors
- 11 People with disabilities (non-visual impairment specific)
- 11 Both blind and partially sighted people and domestic abuse victims/survivors
- 16 Both people with disabilities (non-visual impairment specific) and domestic abuse victims/survivors
- 13 Not listed (please specify)

**10**

**Has your service supported any clients around domestic abuse in the past two years?**

- 22 Yes
- 4 No

**Has your service supported any clients who have been blind or partially sighted in the past two years?**

39 Yes  
21 No

**Please estimate the frequency of enquiries or service access of blind and partially sighted clients.**  
32

**Do you believe COVID has impacted the number/frequency of blind and partially sighted clients making enquiries or accessing services?**  
42

### Service Demographics

**Do you have anyone in your team/organisation who is specifically employed to support disabled service users? (please select one)**

25 Yes  
47 No

**Do they have any training/knowledge in supporting blind or partially sighted service users specifically? (please select one)**

14 Yes  
7 No  
4 Don't know

**Have you ever had to speak to them about blind or partially sighted service users? (please select one)**

13 Yes  
9 No

**What were/weren't they able to support you with?**  
10

### Training

**In your current place of work, have you received training on the following:**

	Yes, in the last year	Yes, longer than a year ago	Due to attend shortly	No	Don't know
How to support disabled people	12	21	0	32	5
How to support blind and partially sighted people	9	10	1	47	3
Safeguarding	63	6	1	1	0
Domestic abuse	58	8	2	2	0
Domestic abuse and disability	17	15	0	34	4
Domestic abuse and visual impairment	6	7	1	51	3

<b>How knowledgeable are you in the following:</b>	Very knowledgeable	Moderately knowledgeable	Somewhat knowledgeable	Slightly knowledgeable	Not at all knowledgeable
How to support disabled people	15	23	15	13	5
How to support blind and partially sighted people	13	12	15	16	12
Safeguarding	54	16	0	1	0
How to support victims and survivors of domestic abuse	48	18	3	2	0
Domestic abuse and disability	10	23	20	13	5
Domestic abuse and visual impairment	6	18	17	15	14

## Training

**Are you aware of any policies your organisation has in place to support blind and partially sighted people? (please select one)**

- 20 Yes
- 27 No
- 24 Don't know

Please provide any relevant details

**13**

## Information Accessibility

**Please provide details of your organisation's website.**

**50**

**Do you know if the website incorporates (please select all that apply)**

- 11 The option to change the colour contrast
- 18 The option to increase text size
- 10 Text descriptions of images and photographs
- 7 Video descriptions for videos
- 11 Keyboard accessibility
- 3 Other (please specify)
- 50 Don't know

**3**

**Does your organisation have a social media account? (please select one)**

- 64 Yes
- 6 No

**Do you know if the social media pages incorporate (please select all that apply)**

- 8 Text descriptions of all images and photographs
- 4 Video descriptions for all videos
- 1 Other (please specify)
- 53 Don't know

**1**

## Information Accessibility

**Are blind and partially sighted people able to receive information in any of the following formats (please select all that apply)**

- 37 Digitally, e.g. text sent via email
- 33 Physical copy in large print



- 14 Audio sent digitally, e.g. audio files sent via email
- 9 Audio physical copy, e.g. audio files recorded onto a CD or USB
- 12 Braille
- 1 Other (please specify)
- 6 None of the above
- 23 Don't know

1

**Please provide any comments on what your organisations has done or could do to make information accessible to blind and partially sighted people?**

28

### Physical accessibility

**Have all physical premises used by your organisation been risk assessed to ensure that they are safe and accessible for blind and partially sighted people specifically? (please select one)**

- 21 Yes
- 11 No
- 39 Don't know

**Were any specific measures put in place to ensure safety and/or accessibility as a result of the risk assessment?**

10

**Do you provide refuge accommodation as part of your service? (please select one)**

- 18 Yes
- 51 No

**What measures are in place in any physical premises to ensure safety and accessibility for blind and partially sighted victim/survivors? This may include, for example, measures around guide dogs, items designed with bright or contrasting colours, or verbal announcements being made alongside visual alerts.**

32

**Is there anything else you think your organisation could do to ensure better accessibility the premises for blind and partially sighted victim/survivors?**

25

### Visual impairment and domestic abuse

**Do you feel that your organisation would be able to adequately support a blind or partially sighted victim/survivor of domestic abuse? (please select one)**

- 47 Yes
- 21 No

**How?**

32

**What further measures do you think would need to be put in place in order for this to happen?**

16

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, what steps would you take to support them?**

51

**Would these steps differ at all were they to present with a carer?**

47

### **Visual impairment and domestic abuse**

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, would you know where to find information to help you support them? (please select one)**

46 Yes

23 No

**Where would you find this information?**

34

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, would you know which organisations you could signpost them to? (please select one)**

39 Yes

30 No

**Which organisations would this be?**

27

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, what would be your main concerns about your ability to support them?**

49

**What additional barriers do you think blind and partially sighted victims/survivors experience when accessing support about experiencing abuse?**

45

**What is your understanding of how different aspects of a person's identity, such as their gender identity, race/ethnicity, age or sexuality might impact their experience of abuse?**

41

**What is your understanding of how visual impairment relates to 'honour'-based abuse, forced marriage and female genital mutilation?**

40

### **Respondent information**

This information will help us to ensure that the views we capture represent a range of identities and experiences, however it is not compulsory for you to fill in these questions.

#### **Age**

0 16-20

1 21-25

12 26-35

20 36-45

15 46-55

12 56-65

1 66+

#### **What is your gender?**

52 Female

8 Male

0 Non binary

- 0 Prefer to self describe
- 2 Prefer not to say

**0**

**Do you have a trans history?**

- 0 Yes
- 60 No
- 2 Prefer not to say

**What is your ethnicity?**

- 60 White
- 1 Mixed/Multiple ethnic groups
- 0 Asian/Asian British
- 1 Black/ African/Caribbean/Black British
- 0 Other ethnic groups

**Which one best describes your White ethnic group or background?**

- 60 English/Welsh/Scottish/Northern Irish/British
- 0 Irish
- 0 Gypsy or Irish Traveller
- 0 White background not listed (please specify)

**0**

**Which one best describes your Mixed/Multiple ethnic group or background?**

- 0 White and Black Caribbean
- 0 White and Black African
- 0 White and Asian
- 1 Mixed/Multiple ethnic background not listed (please specify)

**0**

**Which one best describes your Asian/Asian British ethnic group or background?**

- 0 Indian
- 0 Pakistani
- 0 Bangladeshi
- 0 Chinese
- 0 Asian background not listed (please specify)

**0**

**Which one best describes your Black/ African/Caribbean/Black British ethnic group or background?**

- 1 African
- 0 Caribbean
- 0 Black/African/Caribbean background not listed (please specify)

**0**

**Which one best describes your other ethnic group or background?**

- 0 Arab
- 0 Ethnic group not listed (please specify)

**0**

**What is your Sexuality?**

- 57 Heterosexual / 'straight'
- 0 Gay man
- 1 Lesbian / gay woman
- 1 Bisexual or pansexual
- 0 Prefer to self describe

3 Prefer not to say

**0**

**Do you have a disability?**

12 Yes  
50 No  
0 Don't know  
1 Prefer not to say

**Do you have a Visual impairment?**

0 Certified as severely sight impaired  
0 Certified as sight impaired (partially sighted)  
0 Sight impaired (non-certified)  
2 Not listed (please specify)  
9 None of the above

**1**

Please specify your role within the organisation

47

**Next Steps**

Do you give SafeLives permission to use your words on our website and social media channels, to support our work and campaign for change? All quotes will be anonymous.

52 Yes  
17 No

Would you be happy to be contacted about your answers to the survey?

29 Yes  
35 No

Please provide a contact phone number or e-mail address.

30

## Appendix 5: Work Programme 3 Accessible Survey Version

# Researching blind and partially sighted people's experiences of domestic abuse - survey for professionals

SafeLives has been commissioned by the Vision Foundation to research the experiences of blind and partially sighted people who have experienced domestic abuse.

Disabled people are almost three times as likely to experience domestic abuse as non-disabled people, and yet there is very little research looking into the experiences of visually impaired women and men. We aim to identify any barriers to getting help and review the availability of specialist services.

No service will be named in any subsequent research reports and all quotes used will be anonymous. The survey will take approximately 15 minutes to complete.

### Service Demographics

Name of Service:

---

---

Where is your service based:

- A. England
- B. Wales
- C. Northern Ireland
- D. Scotland
- E. The Channel Islands
- F. Throughout the UK
- G. Prefer not to say

Please type A, B, C, D, E, F and/or G here (you can choose more than one option):

---

---

If you selected option A (England) in Q2, which region in England is your service based:

- A. East Midlands
- B. Eastern

- C. London**
- D. North East**
- E. North West**
- F. South East**
- G. South West**
- H. West Midlands**
- I. Yorkshire and the Humber**
- J. Nationwide**

**K. Prefer not to say**

**Please type A, B, C, D, E, F, G, H, I, J and/or K here (you can choose more than one option):**

---

---

**If you selected option B (Wales) in Q2, which region in Wales is your service based:**

- A. Mid and West Wales**
- B. North Wales**
- C. South Wales Central**
- D. South Wales East**
- E. South Wales West**
- F. Nationwide**

**G. Prefer not to say**

**Please type A, B, C, D, E, F and/or G here (you can choose more than one option):**

---

---

**If you selected option C (Northern Ireland) in Q2, which region in Northern Ireland is your service based:**

- A. Antrim**
- B. Armagh**
- C. Down**
- D. Fermanagh**
- E. Londonderry**
- F. Tyrone**
- G. Nationwide**

**H. Prefer not to say**

**Please type A, B, C, D, E, F, G and/or H here (you can choose more than one option):**

---

---

**If you selected option D (Scotland) in Q2, which region in Scotland is your service based:**

- A. The Borders**
- B. Central Belt**
- C. West Coast**

- D. East Coast**
- E. Highlands and Islands**
- F. East**
- G. North East**
- H. Nationwide**
- I. Prefer not to say**

**Please type A, B, C, D, E, F, G, H and/or I here (you can choose more than one option):**

---

---

**Type of service**

- A. Police**
- B. Social Services**
- C. Health (primary) service**
- D. Mental health service**
- E. Housing support**
- F. Visual impairment service**
- G. Domestic abuse service**
- H. Children and young people services**
- I. Other (please specify)**

**Please type A, B, C, D, E, F, G, H or I here (please select one):**

---

---

**Is your service specifically designed to support**

- A. Blind and partially sighted people**
- B. Domestic abuse victims/survivors**
- C. Disabled people (non-vision impairment specific)**
- D. Both A & B (blind and partially sighted people and domestic abuse victims/survivors)**
- E. Both B & C (domestic abuse victims/survivors and disabled people (non-vision impairment specific))**
- F. Not listed (please specify)**

**Please type A, B, C, D, E or F here (please select one):**

---

---

**If you selected option A (Blind and partially sighted people), C (Disabled people (non-vision impairment specific)) or F (Not listed) in Q8 has your service supported any clients around domestic abuse in the past two years?**

---

---

**If you selected option B (Domestic abuse victims/survivors), C (Disabled people (non-vision impairment specific)), E (Both B & C) or F (Not listed) in Q8 has your service supported any clients who have been blind or partially sighted in the past two years?**



---

---

**If your service is not specifically designed to support blind and partially sighted people, but has done so, please estimate the frequency of enquiries or service access of blind and partially sighted victims.**

---

---

**Do you have anyone in your team/organisation who is specifically employed to support disabled service users?**

**A. Yes**

**B. No**

**Please type A or B here (please select one):**

---

---

**If you selected option A (Yes) in Q12, do they have any training/knowledge in supporting blind or partially sighted service users specifically?**

**A. Yes**

**B. No**

**C. Don't know**

**Please type A, B or C here (please select one):**

---

---

**If you selected option A (Yes) in Q12, have you ever had to speak to them about blind or partially sighted service users?**

**A: Yes**

**B. No**

**Please type A or B here (please select one):**

---

---

**If you selected option A (Yes) in Q14, what were/weren't they able to support you with?**

---

---

**If your service has supported blind and partially sighted people at all (whether specifically designed to or not), do you believe COVID has impacted the number/frequency of blind and partially sighted victims making enquiries or accessing services?**

---

---

**In your current place of work, have you received training on how to support disabled people?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**In your current place of work, have you received training on how to support blind and partially sighted people?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**In your current place of work, have you received training on safeguarding?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**In your current place of work, have you received training on domestic abuse?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**In your current place of work, have you received training on domestic abuse and disability?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**In your current place of work, have you received training on domestic abuse and visual impairment?**

- A. Yes, in the last year**
- B. Yes, longer than a year ago**
- C. Due to attend shortly**
- D. No**
- E. Dont know**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in how to support disabled people?**

- A. Very knowledgeable**
- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in how to support blind and partially sighted people?**

- A. Very knowledgeable**
- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in safeguarding?**

- A. Very knowledgeable**
- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in how to support victims and survivors of domestic abuse?**

- A. Very knowledgeable**

- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in domestic abuse and disability?**

- A. Very knowledgeable**
- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**How knowledgeable are you in domestic abuse and visual impairment?**

- A. Very knowledgeable**
- B. Moderately knowledgeable**
- C. Somewhat knowledgeable**
- D. Slightly knowledgeable**
- E. Not at all knowledgeable**

**Please type A, B, C, D or E here (please select one):**

---

---

**Are you aware of any policies your organisation has in place to support blind and partially sighted people?**

- A. Yes**
- B. No**
- C. Don't know**

**Please type A, B or C here (please select one):**

---

---

**Please provide any relevant details:**

---

---

## **Information Accessibility**

**Please provide details of your organisation's website.**

---

---

**Do you know if the website incorporates**

- A. The option to change the colour contrast**
- B. The option to increase text size**
- C. Text descriptions of images and photographs**
- D. Video descriptions for videos**
- E. Keyboard accessibility**
- F. Other (please specify)**
- G. Don't know**

**Please type A, B, C, D, E, F and/or G here (you can choose more than one option):**

---

---

**Does your organisation have a social media account?**

- A. Yes**
- B. No**

**Please type A or B here (please select one):**

---

---

**If you selected option A (Yes) in Q32, do you know if the social media pages incorporate**

- A. Text descriptions of all images and photographs**
- B. Video descriptions for all videos**
- C. Other (please specify)**
- D. Don't know**

**Please type A, B, C and/or D here (you can choose more than one option):**

---

---

**Are blind and partially sighted people able to receive information in any of the following formats?**

- A. Digitally, e.g. text sent via email**
- B. Physical copy in large print**
- C. Audio sent digitally, e.g. audio files sent via email**
- D. Audio physical copy, e.g. audio files recorded onto a CD or USB**
- E. Braille**
- F. Other (please specify)**
- G. None of the above**
- H. Don't know**

**Please type A, B, C, D, E, F, G and/or H here (you can choose more than one option):**

---

---

**If other formats are available, how would a blind or partially sighted person gain access to this information?**

- A. Request in person**
- B. Request by call**

**C. Request by website and/or email**

**D. Request by post**

**E. Not applicable**

**Please type A, B, C, D and/or E here (please specify if this is different for the different information types):**

---

---

**Please provide any comments on what your organisations has done or could do to make information accessible to blind and partially sighted people?**

---

---

## **Physical accessibility**

**Have all physical premises used by your organisation been risk assessed to ensure that they are safe and accessible for blind and partially sighted people specifically?**

**A. Yes**

**B. No**

**C. Don't know**

**Please type A, B or C here (please select one):**

---

---

**If you selected option A (Yes) in Q37, were any specific measures put in place to ensure safety and/or accessibility as a result of the risk assessment?**

---

---

**Do you provide refuge accommodation as part of your service?**

**A. Yes**

**B. No**

**Please type A or B here (please select one):**

---

---

**If you selected option A (Yes) in Q39, what proportion of rooms are available for those with physical disabilities?**

**A. All rooms**

**B. Most rooms**

**C. Some rooms**

**D. No rooms**

**E. Don't know**

**Please type A, B, C, D or E here (please select one):**

---

---

**If you selected option A (Yes) in Q39, what proportion of rooms are available for those with visual impairments?**

- A. All rooms**
- B. Most rooms**
- C. Some rooms**
- D. No rooms**
- E. Don't know**

**Please type A, B, C, D or E here (please select one):**

---

---

**If you selected option A (Yes) in Q39, what proportion of rooms are available for those with carers?**

- A. All rooms**
- B. Most rooms**
- C. Some rooms**
- D. No rooms**
- E. Don't know**

**Please type A, B, C, D or E here (please select one):**

---

---

**If you selected option A (Yes) in Q39, what proportion of rooms are available for those with support dogs?**

- A. All rooms**
- B. Most rooms**
- C. Some rooms**
- D. No rooms**
- E. Don't know**

**Please type A, B, C, D or E here (please select one):**

---

---

**If you selected option A (Yes) in Q39, what proportion of rooms are available for those with children?**

- A. All rooms**
- B. Most rooms**
- C. Some rooms**
- D. No rooms**
- E. Don't know**

**Please type A, B, C, D or E here (please select one):**

---

---

**What measures are in place in any physical premises to ensure safety and accessibility for blind and partially sighted victim/survivors? This may include, for example, measures around guide dogs, items designed**



with bright or contrasting colours, or verbal announcements being made alongside visual alerts.

---

---

Is there anything else you think your organisation could do to ensure better accessibility the premises for blind and partially sighted victim/survivors?

---

---

## Visual impairment and domestic abuse

Do you feel that your organisation would be able to adequately support a blind or partially sighted victim/survivor of domestic abuse?

A. Yes

B. No

Please type A or B here (please select one):

---

---

If you selected option A (Yes) in Q48, how?

---

---

If you selected option B (No) in Q48, what further measures do you think would need to be put in place in order for this to happen?

---

---

If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, what steps would you take to support them?

---

---

Would these steps differ at all were they to present with a carer?

---

---

If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, would you know where to find information to help you support them?

A. Yes

B. No

Please type A or B here (please select one):

---

---

**If you selected option A (Yes) in Q53, where would you find this information?**

---

---

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, would you know which organisations you could signpost them to?**

**A. Yes**

**B. No**

**Please type A or B here (please select one):**

---

---

**If you selected option A (Yes) in Q55, which organisations would you signpost them to?**

---

---

**If a blind or partially sighted victim/survivor of domestic abuse got in touch with your organisation, what would be your main concerns about your ability to support them?**

---

---

**What additional barriers do you think blind and partially sighted victims/survivors experience when accessing support about experiencing abuse?**

---

---

**What is your understanding of how different aspects of a person's identity, such as their gender identity, race/ethnicity, age or sexuality might impact their experience of abuse?**

---

---

**What is your understanding of how visual impairment relates to 'honour'-based abuse, forced marriage and female genital mutilation?**

---

---

## **Respondent information**

This information will help us to ensure that the views we capture represent a range of identities and experiences, however it is not compulsory for you to fill in these questions.

**Age**

- A. 16-20**
- B. 21-25**
- C. 26-35**
- D. 36-45**
- E. 46-55**
- F. 56-65**
- G. 66+**

**Please type A, B, C, D, E, F or G here:**

---

---

**What is your gender?**

- A. Female**
- B. Male**
- C. Non binary**
- D. Prefer to self describe**
- E. Prefer not to say**

**Please type A, B, C, D or E here:**

---

---

**Do you have a trans history?**

- A. Yes**
- B. No**
- C. Prefer not to say**

**Please type A, B or C here:**

---

---

**What is your ethnicity?**

- A. White**
- B. Mixed/Multiple ethnic groups**
- C. Asian/Asian British**
- D. Black/ African/Caribbean/Black British**
- E. Other ethnic group**

**Please type A, B, C, D or E here:**

---

---

**If you selected option A (White) in Q65, which best describes your White ethnic group or background?**

- A. English/Welsh/Scottish/Northern Irish/British**
- B. Irish**
- C. Gypsy or Irish Traveller**
- D. White background not listed (please specify)**

**Please type A, B, C or D here:**

---

---

If you selected option B (Mixed/Multiple ethnic groups) in Q65, which best describes your Mixed/Multiple ethnic group or background?

- A. White and Black Caribbean
- B. White and Black African
- C. White and Asian
- D. Mixed/Multiple ethnic background not listed (please specify)

Please type A, B, C or D here:

---

---

If you selected option C (Asian/Asian British) in Q65, which best describes your Asian/Asian British ethnic group or background?

- A. Indian
- B. Pakistani
- C. Bangladeshi
- D. Chinese
- E. Asian background not listed (please specify)

Please type A, B, C, D or E here:

---

---

If you selected option D (Black/ African/Caribbean/Black British) in Q65, which best describes your Black/ African/Caribbean/Black British ethnic group or background?

- A. African
- B. Caribbean
- C. Black/ African/Caribbean background not listed (please specify)

Please type A, B or C here:

---

---

If you selected option E (Other ethnic groups) in Q65, which best describes your other ethnic group or background?

- A. Arab
- B. Ethnic group not listed (please specify)

Please type A or B here:

---

---

**What is your Sexuality**

- A. Heterosexual / 'straight'
- B. Gay man
- C. Lesbian or gay woman
- D. Bisexual or pansexual
- E. Prefer to self describe (please specify)
- F. Prefer not to say

**Please type A, B, C, D, E or F here:**

---

---

**Do you have a disability**

**A. Yes**

**B. No**

**C. Don't know**

**Please type A, B or C here:**

---

---

**If you selected option A (Yes) in Q72, do you have a visual impairment?**

**A. Certified as severely sight impaired**

**B. Certified as sight impaired (partially sighted)**

**C. Sight impaired (non-certified)**

**D. Not listed (please specify)**

**E. None of the above**

**Please type A, B, C, D or E here:**

---

---

**Please specify your role within the organisation**

---

---

**Do you give SafeLives permission to use your words on our website and social media channels, to support our work and campaign for change? All quotes will be anonymous.**

**A. Yes**

**B. No**

**Please type A or B here:**

---

---

**Please provide your email address and/or phone number if you are happy for SafeLives to contact you further about this research:**

---

---

Thank you for taking the time to complete this survey. Please click on the 'submit' button below to send us your answers.

## Appendix 6: Duluth Power and Control Wheel

The Power and Control Wheel was created by staff at the Domestic Abuse Intervention Project as a way to describe the different types of abuses experienced by victim/survivors. It was developed through documenting the most common abusive behaviours or tactics that were described by female victims/survivors through focus group discussions, with the segments of the wheel representing the behaviours that were most universally experienced across the victims/survivors who formed part of the research.

It has been used across the domestic abuse sector to provide a comprehensive description of the types of abuse that victims/survivors experience, as well as to explain why a victim/survivor might choose to return to an abusive partner or be reluctant to cooperate in criminal investigations against them. More information can be found here: <https://www.theduluthmodel.org/wheels/>

The Duluth Power and Control Wheel

