

**Stay Safe East Response to the  
Home Office Call for Evidence  
on the Violence against Women and Girls strategy 2021-  
2024  
March 2021**

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## **1. About Stay Safe East**

Stay Safe East is the only user-led 'by and for' organisation in the UK<sup>1</sup> providing long-term advocacy and support to disabled victims/survivors of multiple forms of abuse: domestic and sexual abuse and other forms of Violence against Women and Girls (VAWG), hate crime, harassment, cuckooing, abuse by care workers or personal assistants (which we consider to be domestic abuse), and abuse in residential and other institutions. We work with clients in London.

Stay Safe East seeks to use the expertise and evidence from our casework to inform our policy work at London-wide and national level<sup>2</sup>. We aim to help remove the barriers to justice and equal responses to disabled survivors and to ensure that the voices of disabled survivors are heard by policy makers and other providers. We also provide casework advice, training, consultancy and capacity building services to statutory and voluntary organisations in the field.

Stay Safe East works within an intersectional and feminist approach to the social model of disability, which recognises that the issue is not our impairment or difference, but the barriers, discrimination and exclusion that society puts in the way of disabled people, which intersect with discrimination relating to other forms of oppression. This means that disabled women of South Asian heritage may for example face different barriers from older White disabled women, or Black disabled Lesbians or Transwomen to being heard/believed, to accessing services or obtaining justice. A social model approach also means that disabled women's lives have equal value and that we aim for women after abuse to grow into a positive self-image and pride in their identity as disabled women. This approach permeates all our work.

## **2. Our evidence and recommendations<sup>3</sup>**

The evidence we provide in this response is grounded in eleven years of casework with diverse disabled women within some of the UK's most marginalised and excluded

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<sup>1</sup> Sign Health domestic abuse services support Deaf survivors of domestic abuse; some Deaf and Disabled People's Organisations provide advocacy support to disabled victims of hate crime. Stay Safe East is the only specialist service for *disabled* survivors of domestic and sexual violence, and the only organisation to work across all areas of abuse.

<sup>2</sup> <http://staysafe-east.org.uk/index.php/policy/>

<sup>3</sup> The text in boxes is taken from recent training or presentations by our Policy team on violence against disabled women and girls, to illustrate key points in our evidence

communities who face multiple barriers to safety, independence and control over their lives. All our work starts from an intersectional perspective. Though the majority of our clients approach us when domestic violence is the main issue, most have suffered multiple forms of VAWG throughout their lives. Further evidence can be found in our two most recent annual reports<sup>4</sup>

Due to the pressures of working within the pandemic, and the access barriers this creates for disabled survivors, we have been unable to hold a focus group of our clients. However their views and concerns are reflected throughout this response. We have also had input from disabled women and their organisations and VWAG organisations from across England who are members of our Advisory Group on Violence against Deaf and Disabled Women and Girls.

Whilst we have primarily addressed the gender and other intersectional inequalities faced by disabled women, we recognise that disabled men face specific forms of abuse and are more likely than non-disabled men to experience domestic and sexual abuse, so have at times referred to their experiences, or used the term 'disabled people'. As we explain in the data section of this response, specific data about the different experiences of disabled women and men is incomplete or difficult to come by – disabled people are seen as not having a gender and being homogenous, regardless of sex, ethnicity, social class, sexuality, migration status, age or gender identity. Our response therefore focuses primarily on disabled *women*, who deserve a strategy which addresses our marginalisation.

Our response mainly addresses the issues for *disabled* women. The Deaf community has a specific cultural and linguistic identity. Whilst Stay Safe East has worked with a small number of Deaf women, we defer to the expertise of our sister organisation SignHealth and specifically the domestic abuse services at SignHealth for expertise on Deaf survivors. Specific references here to Deaf survivors have come from SignHealth contributions to our Advisory Group or from our small caseload of Deaf clients.

Ours is a long and detailed response because disabled women face multiple forms of abuse in all aspects of their lives. we have put a strong emphasis on data and on understanding abuse against disabled women, because it is currently still poorly researched and understood. we have sought to address some of the barriers faced by the women we have supported over the years. Nevertheless, there are some aspects we have not addressed, mainly because we do not currently have enough casework evidence to give a useful pattern or feel we do not have the necessary expertise. These are all areas that require more precise data and further work in partnership with disabled women:

- Trafficking- we know that disabled women are amongst those trafficked and forced into prostitution;
- Sexual violence against young women in 'gangs'

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<sup>4</sup> <http://staysafe-east.org.uk/wp-content/uploads/2021/03/Stay-Safe-East-Trustees-Annual-Report-2019-20-Final-.pdf>

- We have referred to sexual grooming of young girls; this is part of a large pattern of targeting of disabled young women who are often not recognised as such
- Criminalisation of disabled women survivors; work is being progressed in this area by one of our Advisory Group members and will be reported on when the project has been evaluated

### 3. Principles of the VAWG strategy: disabled women's perspective

What does an inclusive VAWG strategy look like for disabled survivors?



Stay Safe East supports and is party to the 'Joint Principles for the VAWG strategy' document produced by VAWG organisations. If disabled survivors are to get the support they need, and if disabled women's safety is to be enhanced, Stay Safe East argues that the VAWG strategy must have an approach which is:

- a) Comprehensive, holistic and inclusive, including of disabled survivors
- b) Based on the social model of disability and cultural model of deafness
- c) Grounded in the concept of "Nothing About Us With Us" – engagement with Deaf and disabled women survivors as the experts
- d) Using a human rights approach in line with the Istanbul Convention, not a primary crime focus, which will help ensure that the rights of survivors are upheld and their needs met.
- e) Gender-based not gender-neutral, and addresses the specific gender based manifestations of abuse, in order to address the gaping disparities in the situation of women who are victims of any forms of VAWG. The VAWG strategy must conform with the principles of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which makes specific reference to the

rights of disabled women<sup>5</sup> and the UN Convention on the Rights of Persons with Disabilities, and specifically Articles 6 and 16.

## A human right for all? UN convention on the Rights of Persons with Disabilities

### ***A gendered issue... (Article 6)***

‘Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation... Women and girls with disabilities are subject to multiple discrimination... and have the right to enjoy human rights and fundamental freedoms.’ (

### ***A disability issue... (Article 16: Freedom from exploitation, violence and abuse)***

“States... shall take all appropriate measures to protect persons with disabilities both within and outside the home from all forms of exploitation, violence and abuse including their gender based aspects.”

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- a) Recognizes intersectionality in all its forms, the different forms of abuse that impact on different women, and that not all women share the same experiences or meet with the same response when they report abuse, and therefore that different survivors need different forms of support not a one size-fits all approach – and the implications this carries for funding and commissioning of services
- f) Aims to address not only the discrimination which VAWG represents in itself but also the discrimination in access to prevention, support, justice and recovery for survivors from marginalized/minoritised groups, including Deaf and disabled women of diverse backgrounds.
- b) Recognizes and addresses the unequal impact of the COVID-19 pandemic on different communities and seeks to address the resultant inequalities and barriers for diverse survivors of VAWG, including that of Deaf and disabled women, which will persist for many years after the pandemic has abated
- c) Recognises that ‘by and for’ services for Deaf and disabled survivors, Black, Asian and Minority Ethnic (BAME) survivors and Migrant women, and Lesbian Gay, Bisexual and Transgender (LGBT) survivors are a key part of not only supporting survivors, but have an advocacy role in ensuring that the needs of marginalized communities are addressed at strategic and operational level.

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<sup>5</sup><https://www.globaldisabilityrightsnow.org/tools/human-rights-instruments-women-disabilities>

#### 4. The context: disabled women - discrimination and exclusion

*An important way to understand the impact of violence against disabled women is to examine the intersection of different forms of oppression-discrimination, such as disablism, racism and sexism/misogyny, ageism and homophobia which interact simultaneously and contribute to structural inequality and systemic injustice.*

*Dr Ravi Thiara, University of Warwick*

**Violence against disabled women and girls does not happen a vacuum, but in the context of wider power structure which marginalises disabled women and at times denies our very existence.**

- There are 14.1 million disabled people in the UK<sup>6</sup>; there are around 1 million BAME disabled people. the numbers of disabled LGBT people is not known. Data on impairment is available but fails to take account of the fact that most disabled people have more than one impairment.
- There are more disabled women than men in all communities.
- Disabled women more likely to be living in poverty than non-disabled women and disabled men. Women born-disabled face greater inequality due to poorer life opportunities. Disabled women have lower levels of education, are least likely to be in paid work (in particular women with learning disabilities) than disabled men or non-disabled women. becoming disabled in adult life reduces income, opportunity and choice.
- Disabled women are expected to conform to more traditional gender roles than non-disabled women. Disabled girls and women, in particular women with learning disabilities, are taught to please others and that they will be “lucky if a man chooses to marry them” - other sexualities are out of bounds. Infantilisation by families, care workers and others is common.

A client with learning disabilities who has been (against her wishes) living in residential care for two years said to her advocate:” I’ve been a good girl today”; she is in her 50s and the mother of four adult children.

There is an expectation of ‘feminine’ compliance by professionals, support workers and families. Disabled women who challenge the system are identified as ‘troublemakers’ and may be denied support, criminalised, labelled with psychiatric or other labels and sometimes institutionalised.

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<sup>6</sup>Department for Work & 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)

- Disabled women are less likely to be living independently as adults, and if they do less likely to access care or other support than disabled men so they have to rely on family or partners for support. More disabled women of all ages live in the parental home.
- Disabled women of all ages are more likely to be living in care settings, more likely to be detained under the Mental Health Act; Black African and Caribbean women are more likely to be detained than white women or men. A disproportionate number of people with learning disabilities, mental health issues or neuro diverse conditions are in prison (and specifically women with learning disabilities and young Black men with impairments such as dyslexia, dyspraxia etc.). Institutions place disabled people at greater risk of abuse.
- COVID-19 has exacerbated inequalities and increased isolation of disabled survivors; disabled people, and specifically disabled women are no longer out and about, and so become invisible. Lack of oversight during lockdown on nursing and care homes is likely to mean that disabled women will be disclosing abuse in years to come.
- Disabled people have been portrayed in a negative light by media and politicians, hounded as 'shirkers' and fraudsters. Hate crime against disabled people, including misogynist hate crime has been rising.
- The stigma of disability is more pronounced for disabled women e.g. focus on appearance, 'normality', 'being good', only one way of 'being a good mother'.

## **5. Data on intersectionality and violence against disabled women and girls**

It is important to note that data on violence against Deaf and disabled women and girls is sparse and much of it is likely to be an underestimate, due to inaccessible data collection methods, under-reporting and other factors. It is also difficult to obtain disaggregated data to ascertain the extent of violence against disabled people, harder still to obtain data on violence against disabled women and girls.

Disabled survivors are not generally recognized as multifaceted beings, with cultural identities, ethnicities, sexualities etc. Instead, we are seen simply as 'the disabled', one-dimensional. Seeing disabled people as gender-neutral is especially problematic when trying to discuss violence against Deaf and disabled women and girls, where a reluctance to take a gendered approach risks obscuring the intrinsic link between disability and gender.

This data must be collected and made available if we are to understand and address the prevalence of violence against disabled women and girls and the intersection with other forms of discrimination.

Methods of data collection are inaccessible to Deaf and disabled people, exemplified when surveys are phone based, use inaccessible language or are not available in British Sign

Language or spoken community languages. The Crime Survey, often relied upon for regular data on this subject, does not include women living in residential care, women sectioned under the Mental Health Act at the time of the survey or women in prison. It is also less likely to capture the experiences of disabled people, but in particular disabled *women* within a household.

However, we do know that:

- Disabled people are significantly more likely to be victims of crime, and in particular of violent crime than non-disabled people. Amongst 16-34 year-olds where 39% of disabled people reported having been a victim of crime compared to 28% of non-disabled people.
- Disabled people are less likely than their non-disabled peers to think the Criminal Justice System (CJS) is fair. This gap is largest amongst 16-34 year-olds, where 54% of disabled people think that the CJS is fair compared to 66% of non-disabled people<sup>7</sup>. The data for disabled women's confidence in the CJS is not available.
- Disabled children are on average more than 3.5 times as likely to experience violence or abuse than non-disabled children, 3.5 times more likely to experience physical violence, and 2.88 times more likely to experience sexual violence as nondisabled children<sup>8</sup>.
- Rising numbers of younger disabled people live in institutional settings (numbers declined until the 2000s and then started to rise again from 2010). 4 million people aged 65+ are disabled people; of these, 418,000 people, the overwhelming majority of whom are women, live in care homes<sup>9</sup>, where the risk of physical, sexual, financial and emotional abuse is high, in large part due to the lack of power of disabled residents, and the segregation of institutions from the rest of society.
- A 2014 European study<sup>10</sup> showed a consistent picture across all forms of VAWG, with disabled women being more from 1.5 to 2 times more likely to experience domestic abuse, stalking, sexual harassment or sexual violence as girls or adult women.
- Disabled men and women in psychiatric services are 2-8 times more likely to experience sexual and domestic abuse than the general population<sup>11</sup>. Part of this may be that survivors of abuse are more likely to have long-term trauma which brings them into contact with the mental health system, but this may also be due to targeting of women with mental health issues by abusers.

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<sup>7</sup> <https://www.gov.uk/government/statistics/disability-facts-and-figures/disability-facts-and-figures>

<sup>8</sup> Jones L, Bellis MA, Wood S, Hughes K, McCoy E, Eckley L, Bates G, Mikton C, Shakespeare T, Officer A. (2016) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*. 2012 Sep 8;380(9845):899-907.

<sup>9</sup> Laing and Buisson (2016); "Care of Older People: UK market report,"

<sup>10</sup> [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2014-vaw-survey-main-results-apr14\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf) p 187

<sup>11</sup> Khalifeh, H., Moran, P., Borschmann, R., Dean, K., Hart, C., Hogg, J., Osborn, D., Johnson, S., & Howard, L. M. (2015). Domestic and sexual violence against patients with severe mental illness. *Psychological medicine*, 45(4), 875–886.

- Disabled women are more likely to be experiencing abuse from a current partner and three times more likely to experience abuse as non-disabled women<sup>12</sup> (The Department of Health argue that disabled women are twice as likely- however this data leaves out significant number of disabled women)
- Disabled women are twice as likely to be assaulted or raped as non-disabled women<sup>13</sup>. A quarter of the calls to Rape Crisis England come from disabled women.
- Among women who have experienced violence and abuse throughout their lives, 54% have a common mental health condition and one in three have attempted suicide<sup>14</sup>; disabled survivors are twice as likely to have either previously planned or attempted suicide compared to non-disabled women<sup>15</sup>
- Abuse happens throughout the life course – more than 70% of Stay Safe East’s female clients have experienced more than one form of abuse during their lives.
- Complex trauma is often linked to poverty, being in the care system and multiple abuse.

### **Disabled women are invisible in the data**

Much data on abuse is either gender-neutral when it comes to disability, or does not give a full picture.

- The number of disabled survivors calling national VAWG helplines remain low compared to the proportion of the population and the high rates of abuse – our estimate is that a truer reflection would be at least 30% of callers. We have not been able to collate data from all our VAWG partners. Currently, Refuge ask callers what their impairment is, but as most disabled women have more than one impairment, this means there is no record of the number of disabled individuals who call the national DV helpline. However, we have obtained the following helpful data from Refuge about the makeup of their callers who self-identify as disabled:

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<sup>12</sup> SafeLives. (2017). Disabled Survivors Too: Disabled people and domestic abuse. Available at: <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

<sup>13</sup> SafeLives. (2017). *Spotlight #2: Disabled people and domestic abuse*. Available: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>.

<sup>14</sup> Scott, S. and McManus, S. (2016). Hidden Hurt: Violence, abuse and disadvantage in the lives of women. Available at: <https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

<sup>15</sup> SafeLives. (2017). Disabled Survivors Too: Disabled people and domestic abuse. Available at: <https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf>

Type talk used	2019-20		2020-21 (end of Feb)	
		%		%
Yes	59	0.5%	64	0.6%

Disability	2019-20		2020-21 (end of Feb)	
		%		%
Yes - Learning	207	1.2%	195	1.4%
Yes - Mobility	507	2.9%	356	2.5%
Yes - Physical	470	2.7%	458	3.3%
Yes - Sensory	115	0.7%	104	0.7%
Yes - Other	304	1.8%	275	2.0%
long term mental health	2044	11.9%	1813	12.9%

- The categories used by different organisations means it is difficult to compare data: for example, mental health is often listed separately from disability, and impairments such as neuro-diversity are not identified, meaning that difference in rates of VAWG against specific groups of disabled women are not highlighted
- There is inconsistent reporting to MARACs of victims with protected characteristics; disabled victims are often not recognized as such (particularly those with ‘hidden impairments’). The latest UK MARAC data (September 2019 – September 2020) shows that just 7% of victims were identified as being disabled (SafeLives). This is double the 3.9% of total referral for 2015-16 but significantly lower than Safe Lives’ recommendation of 16% or higher<sup>16</sup>. Some areas have much higher rates. However, there is no disaggregated data that shows the percentage of disabled *women* referred to MARACs. For Waltham Forest MARAC which Stay Safe East has attended for many years, the consistent figure has been around 20% to 25% of referrals, 95% of whom are disabled women. This has been the result both of better identification of disabled victims and an increase in referrals.
- Forms of abuse against Deaf and disabled women often go unrecognized so are not identified as abuse e.g. manipulating someone’s medication, rough handling when assisting the person, controlling communication etc.
- Much gender based abuse against disabled women is hidden in safeguarding data<sup>17</sup>, but the specific categories are not disaggregated by sex; in 2019-20, 74,790 disabled women were the subject of a (concluded) Section 42 Adult Safeguarding enquiry, against 53,745 disabled men. The ‘source of risk’ is broken down into:

<sup>16</sup> SafeLives. (2017). *Spotlight #2: Disabled people and domestic abuse*. Available: <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>.

<sup>17</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20>

- Service provider
- Other known to victim
- unknown to victim

The published data does state that 10,825 of these cases were domestic abuse and 1,260 were sexual exploitation, but we have been unable to ascertain from published data how many of these were disabled *women*, and indeed what their ethnicity or sexuality was. Because the census specifically excluded care settings, safeguarding data is the only source of data on abuse in this context and is inadequate in identifying the extent of gender based abuse against disabled women.

**We recommend consistent data collection on disability across all services.**

- **All services should also record the number of individuals who identify as disabled, and break this down by sex, ethnicity and other protected characteristics**
- **The Stay Safe East [Disability and Domestic Abuse Risk Assessment](#) includes seven tick boxes: physical disability; sensory impairment; Deaf (sign language user); learning difficulty; mental health issues, Autism, Asperger's or other neuro-diverse condition; other long-term health condition.**
- **Adult and children's safeguarding data must disaggregate all abuse by sex of the victim linked to type of abuse, sex of the perpetrator and relationship to victim (family member, paid or unpaid carer etc.), cutting across other areas of identity such as ethnicity, sexuality and age**

## **6. Forms of violence against disabled women and girls**

Because of the different circumstances of our lives, disabled women, experience forms of abuse that are not experienced by other women, or which take a different form or happen in settings which only disabled people experience. In addition to domestic abuse by partners or family members, sexual violence and harassment, disabled women specifically face the following:

- **Abuse in their own home (or in the community) by paid care workers or personal assistants, neighbours and other unpaid carers** who provide some level of care or support, but who are not family members. Many of these abusers may be closely connected to the victim because they provide personal care or other forms of support on a regular basis. As Stay Safe East had argued in its amendments to the Domestic Abuse Bill<sup>18</sup>, disabled women (and in some cases men) experience this abuse as domestic abuse. The Care Act does not protect disabled people in this situation of domestic abuse, because many disabled people are outside of the care system, as self-funders or users of direct payments. Nor does the Care Act provide

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<sup>18</sup> <http://staysafe-east.org.uk/wp-content/uploads/2021/01/Stay-Safe-East-Domestic-Abuse-Bill-Amendments-Updated-for-House-of-Lords-January-2021-converted.pdf>

adequate protection for people using agency workers. Because this form of abuse is not included in the definition, survivors of non-family carer abuse have no access to IDVAs, domestic abuse counselling services, the Domestic Violence Easement for benefits or, once the Domestic Abuse Bill becomes law, priority for housing. This amounts to discrimination. Addressing this will help address the lack of confidence of disabled women in the law and will help prevent abuse.

- **Abuse in institutional settings:** day centres, supported housing, care and nursing homes, homes, private NHS funded care settings for people with learning disabilities such as Whorlton Hall and Winterbourne Court, mental health wards. In 2019-20, adult safeguarding Section 42 enquiries in England and Wales dealt with the following<sup>19</sup>
  - 4,665 cases of abuse in a community setting
  - 17,660 cases of abuse in care homes
  - 40,820 in nursing homes
  - 5,675 in acute hospitals
  - 3,695 in a mental health hospital

How many of these cases involved violence are disabled *women*?

This abuse includes physical, sexual, emotional and financial abuse, forms of physical restraint, humiliation and in some cases torture. It also includes neglect, which whether individual or institutional is a form of abuse. Not only are women more likely to be abused in such settings, a significant proportion of this abuse is gendered: rape of women on mental health wards, and the specific abuse of a women with autism and learning disabilities by 4 male members of staff at Whorlton Hall <https://www.bbc.co.uk/news/health-48367071> who entered the terrified woman's room when she had specifically been identified as being frightened of men, it can only be assumed because of previous experiences. Most but not all of this abuse is perpetrated by males on women. The victims have no escape. This pattern of abuse has been documented in research by disabled women<sup>20</sup> which found that:

The local arrangements in place for commissioning, licensing of 'care' homes and safeguarding often mean that institutional abuse across whole provider chains remain invisible and unaddressed between areas, despite the rise of the safeguarding 'industry' and a myriad of inspection bodies<sup>21</sup>.

Such abuse is never identified as part of a pattern of violence against disabled women but as a 'care issue'. It is also invisible in VAWG data.

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<sup>19</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20> records of completed Section 42 Adult Safeguarding enquiries.

<sup>20</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf> pages 27-29

<sup>21</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf> page

Stay Safe East has been raising concerns that abuse in care settings will have been more likely to happen during the Covid pandemic, when the already failing regime of oversight ceased to operate. **The consequences of this failure will be felt by disabled women and men decades to come and must be included in the VAWG Strategy for 2021-25 and beyond.**

This is a national issue which needs a new approach, grounded not in 'minimising risk' but in the rights of disabled people to safety, dignity and independence. We suggest that three initial measures would help address the matter

- **Strengthen the role of disabled experts by experience by making this a mandatory part of inspection of care homes**
- **Give every resident of private or state care access to a named advocate who is trained in recognizing and reporting abuse**
- **Work with and resource disabled people's organisations across England and Wales to support disabled people in residential care**
- **Cuckooing** by groups of people (primarily men, but in some cases women are involved): whilst this happens to disabled men and to non-disabled women, mainly those with substance misuse issues (who in many cases could be argued to be disabled due to physical and cognitive health issues), Stay Safe East has identified a pattern of targeting of disabled women for cuckooing. In some cases, cuckooing involves sexual violence or exploitation. We have found differences in responses to disabled people who have been cuckooed: women are blamed for the abuse and seen as non-cooperative, whilst men get help. In late Spring 2021, Stay Safe East will be publishing a review of a pilot project we have been running since 2018. This will be shared with the Home Office and with our partners in the sector.
- **Different forms of abuse which arise from disabled women (and in some cases men) from our different situations or from needing personal care or other assistance from others for daily living.** These are some of the many examples from our caseload:
  - Force feeding, denial of food; Denial of medication or over-medication
  - Rough handling and unwanted sexual touching, in some cases assault when assisting someone (bruising is often blamed on the woman's impairment)
  - Refusing to wash, dress or assist a disabled person or other deliberate neglect or neglect by omission by partners, family, paid and unpaid carers, or by institutions
  - Deliberately making her physical or mental health impairment worse, by e.g. inducing sensory overload or mental distress, making her stand when she is in pain
  - Trying to 'normalize' her by making her behave 'like everyone else' (i.e. in a neuro-typical way) is a rarely recognised form of abuse, and is much more

likely to happen to neuro-diverse women than to men with autism/Aspergers, whose difference is seen as more acceptable

- Misusing information about Covid to control her
- Misusing Power of Attorney or Appointeeship to gain control of the victim's money
- Making women believe that they are mad' or 'stupid'; telling her she will not be believed because she is' mental'
- Threats of sectioning or her children being removed (whilst this happens to non-disabled victims/survivors, these threats are very real for disabled women)
- Forced marriage justified because the woman cannot 'look after herself' and it is in her best interest
- Denial of independence: infantilizing women (in our experience, this happens more rarely to disabled men) by doing everything for them, taking over control of her life and presenting this as acting in her best interest; Alleging she has no capacity to make her own decisions
- Financial abuse relating to disabled people's benefits
- Intersectional misogynist + disablist, racist, transphobic or homophobic abuse when out and about
- Unwanted touching, sexual and misogynist comments against disabled women when being assisted by staff on door-to-door transport, cab and taxi drivers - for example Blind women report regular sexual touching on public transport, and obtrusive sexual questions by strangers. How often does this happen to blind men?
- Denying her the choice of having a relationship because she is alleged not to have capacity – this is especially likely to happen to Lesbian or bisexual disabled women or disabled Gay men
- Threatening to tell her community she has an impairment which carries a stigma (mental health, HIV status, epilepsy, neuro-diversity)

## 7. Abuse of disabled girls and young women

- *Disabled children are on average more than 3.5 times as likely to experience violence or abuse than non-disabled children (WHO, 2012); disabled girls are most likely to experience abuse.*

Abuse of disabled children is widespread and rarely identified. **Abuse against disabled girls is hidden and rarely recognized as gendered.**

- For example, a significant number of the children abused by Jimmy Saville were girls who were in-patients at Stoke Mandeville Hospital of which Mr. Saville was a

patron<sup>22</sup>. ‘Doing good’ charitable activities towards disabled children and adults can provide a useful cover for abuse and still go unchallenged.

- Young women who are the victims of grooming may be found later to have learning difficulties or disabilities and to have been targeted for abuse because no one would notice them or hear them.
- Disabled children and young people who need physical assistance (personal care, being guided, support with understanding) rarely have a say in who assists them- it may be parents, paid or unpaid carers attending the family home, or it may be paid staff in residential care or in special schools. All these adults have access to a child’s body, often with limited oversight. This situation creates increased opportunities for abuse of disabled children, and in particular of disabled girls.

Stay Safe East VAWG services works with young women over the age of 16 and with adults, but many of our clients who were born disabled or acquired their impairment prior to adulthood report multiple abuse from paid care givers, siblings or other family members and in some cases from parents:

It is a form of abuse to be told from a very young age that you are a burden on the family and your disabled existence has ‘tainted’ that family, as one disabled woman disclosed to Stay Safe East. 50 years later, the client’s elderly mother was still referring to her daughter as a burden and telling Stay Safe east how embarrassed she was at her daughter’s physical difference. As a child, our client had suffered physical abuse from her father and rape by a male relative. Speaking out had led to our client being blamed and punished. Our client carried her story for over 60 years, and had never spoken to anyone about the abuse until she felt safe enough to disclose it to her advocate, over a year after we started working with her. Her experience is not unusual, not only amongst older disabled women but among younger women in their late teens or twenties who come to Stay Safe East and have been abused as children. They told us there was no one to tell.

Another client told us that, under the guise of promoting her daughter’s independence through direct payments, her mother controlled her care, dismissing personal assistants who got too close to our client when she was a teenager. this enabled the mother to keep complete control over her daughter. It has taken the client many years to regain her sense of control over her independence.

Research shows that “resilience and recovery are possible for victims and survivors – if a positive and sensitive response is received from family, friends and professionals following disclosure, and if effective support services are available.”<sup>23</sup>

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<sup>22</sup> <https://www.theguardian.com/media/2015/feb/26/jimmy-savile-abuse-stoke-mandeville-hospital-inquiry>

<sup>23</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf>

However, few of our clients who were abused as children at home, at school, in institutions and have disclosed to social workers, teachers, family members etc. have received that support. Younger women with learning disabilities or who are neuro-diverse have been dismissed by professionals as disruptive and 'non-compliant'. Their behaviour was ascribed to their impairment, not to the consequences of abuse. Several were placed in care after disclosure, and in two cases suffered further abuse while in foster care. None of the women we have worked were able to access trauma services until adulthood. Telling their advocate their story and being believed is part of recovery.

Sexual and misogynist harassment of young women in special schools happens but is rarely challenged.

- Visually impaired clients, staff and volunteers who attended schools for blind students tell us this continues to be widespread. Yet there is no accessible information for young visually impaired women who are being abused.
- Stay Safe East is currently working with two young disabled women who have been the victims of misogynist and racist/homophobic bullying, one in a special school, the other in a mainstream school. In both cases the school has failed to adequately address the bullying. These intersectional hate crimes are widespread, focus on a young woman's difference (the way she walks, talks, does not conform to gender norms) and are clearly gendered but rarely identified as part of VAWG or indeed as disability related bullying or hate crime.

## **8. Adult safeguarding**

The adult safeguarding system's aim is to protect the right to live in safety, free from abuse and neglect of any adult who:

- has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' (Care Act 2014, section 42)

Stay Safe East has been arguing for many years that the adult safeguarding system is failing disabled people and in particular disabled women survivors of domestic, sexual and other forms of gender based abuse. In 2019-20, there were 10,825 Section 42 enquiries into domestic violence and 1,260 enquiries into sexual abuse. This is an increase on previous years - however this data does not match against the very small referrals to MARACs by adult social care, or indeed against the 70,330 Section 42 enquiries relating to abuse "in the home". Nor is it possible to ascertain what the outcome was for these disabled survivors – were they referred to MARAC, did they get the benefit of support from an IDVA or a specialist BAME, LGBT or disabled women's service? Did they get priority support to move

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away from the abuser or for legal action to be taken? Or was the focus on ‘removing the risk’ by removing the woman to residential care for example? Did they get long-term support towards recovery, help to understand healthy relationships? We also do not know how many disabled women died as a result of VAWG in that year as they are not always identified as such.

*Many Safeguarding Adult Reviews remain unpublished, so that lessons cannot be learned from them (Flynn & Citerella, 2013), a problem that this project has sought to begin to address. A lack of training about working with violence victims and survivors in disability services, social care and lack of disability equality in victim services also maintains inequalities. Anecdotal evidence suggests that safeguarding reviews and Multi-Disciplinary Case Conferences into violence against disabled people often results in a lack of prosecution of the perpetrators.<sup>24</sup>*

Feedback from IDVAs across English regions whom we have trained on domestic abuse and disability, and from advocates in Deaf and Disabled People’s Organisations mirror that from our own Independent Disability and Domestic Violence Advocates:

- Raising a safeguarding alert can sometimes lead to a victim obtaining a care package to mitigate the risk. However:
- Social care professionals do not know how to approach domestic abuse against Deaf and disabled women. As one member of our Advisory group put it “It could be as simple as asking if we are safe”.
- Safeguarding is process driven, inaccessible and not informed by the experience of victims
- Disabled victims/survivors are rarely given the opportunity to be heard, and even more rarely offered the support of an advocate (except where they lack capacity)
- Social care professionals are ill-informed about domestic abuse and other forms of gender based abuse and in particular about basic safety protocols for keeping the victim as safe as possible from the abuser
- It is rare for adult safeguarding to make MARAC referrals, as indicated by the small number of referrals by adult social care (0.8% of referrals across England) and mental health services (1.2%) in 2019-20 (source: SafeLives).
- It is rare for adult safeguarding to refer victims to specialist domestic or sexual abuse services, including to of and for organisations, with the rare exception of specialist services such as Respond.
- As a result, most disabled victims whose case is referred to adult safeguarding are denied access to advice, advocacy, re-housing, confidential access to therapeutic

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<sup>24</sup> <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf>.  
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services and contact with organisations which understand their culture faith, sexuality and support their identity as disabled women.

- Adult safeguarding rarely focuses on justice and recovery for the victim/survivor.
- It is not clear if the introduction of joint local authority and police MASH teams has been the reason for the rise in the number of identified domestic and sexual abuse cases by adult safeguarding over the past few years.

Stay Safe East advocates have attended meeting after safeguarding meeting in different London boroughs over the past ten years where we have arrived only to find that the abuser was present. Our advocates have asked to end the meeting and challenged this, pointing out that this puts the victim at higher risk and she may experience further abuse on returning home. One recent example:

In late 2020, one of our advocates was invited to an online safeguarding meeting regarding a client with learning disabilities who had left her husband 18 months previously after years of physical abuse, which has been clearly evidenced. Our client is frightened of the abuser but makes contact with him at times, partly because her dog is still with him. The meeting was held to consider her request to move from a residential home to more independent supported housing in the community. Our advocate joined the meeting and was introduced to the abuser. When she challenged his participation, our advocate was told that “he is her carer and has the right to have a say” because the client has some issues around capacity. Our advocate pointed out that not only is the ex-partner an abuser but they had not been a couple for nearly 18 months, and he had been continuing to exercise emotional control over her. The meeting was eventually stopped. The abuser then had further contact with our client, and has since threatened staff at her new address.

**Stay Safe East recommends that a duty be placed on adult safeguarding to follow basic safety protocols for victims of abuse by people known to them and to make referrals to specialist VAWG services. A root and branch review of outcomes for disabled people who go through the safeguarding process is long overdue.**

## 9. Prevention and education

Addressing violence against disabled women and girls this must start with education in schools. Special schools rarely speak about safe relationships. Mainstream schools rarely include disabled children. The mandatory RSE curriculum<sup>25</sup> has only recently become mandatory for special schools; it does include minimal reference to disabled children and young people; it recognizes that disabled children experiencing abuse may require different materials but does not specify what this means in practice. This is about more than

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908013/Relationships\\_Education\\_Relationships\\_and\\_Sex\\_Education\\_RSE\\_and\\_Health\\_Education.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908013/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf)

accessible materials, it concerns representation of disabled bodies and differences, so that disabled girls and boys can identify with stories being told and the images being shown – materials from schools we have seen feature ‘symmetrical’ bodies for example, and the lack of accessible means that materials have to be mediated through an adult support worker, denying the child or young person autonomy. Our clients tell us that as disabled girls they disengaged from information about healthy relationships or about basic physiology or women’s health, because they believed it did not apply to them. As a consequence, disabled women may be abused, and may find themselves pregnant very young, and then see their children taken into care. It is essential that disabled children see themselves in these materials and campaigns.

Disabled children and young people are told that their ‘carers’ have their best interest at heart. The underlying narrative is often that parents of disabled children carry a ‘burden’. A mother who murders her disabled child is offered sympathy, whereas a mother who murders her non-disabled child is castigated and condemned. It is no wonder that disabled children and young people are reluctant to disclose abuse. The narrative is back to front - the issue is that families with disabled children should be seen as no different from those with non-disabled children. Their impairment is not what makes the child different, it is the failure of society to meet the child’s needs, and the way it excludes the child: for example, mainstream schools may not be geared to the ways that neuro-typical children learn and interact, so a neurodiverse child has to fit into an environment that is not designed for them. This may lead to them being labelled as having challenging behaviour, and that behaviour becomes the excuse given for abuse of disabled children.

Deaf children experience specific barriers to accessing these educational resources as they are in English, rather than their first language which is BSL, and subsequently they are unaware of the signs and available support. Resources are often not translated into BSL or captioned, so Deaf survivors are unable to access them. It is crucial that Deaf and disabled children in mainstream schools are provided with additional support to thrive in these environments.

## **10. Disclosure and accessing services**

Disabled survivors may not always recognize abuse, because abusive relationships where power is misused may be part and parcel of their everyday life and are “just what happens”. Women may believe that nothing will change. Or their previous experiences with the mental health system (fear of being sectioned, racism, homophobia), social services (in particular fear of having their children taken away) or the police (not being believed, racism, transphobia, fear of deportation, being let down by the courts) means they may not trust professionals or anyone they see as having some power over them. Our advocates have to explain our role is different and we are on their side. It takes time (and sometime up to 20 attempts at contacting them) for clients to trust us.

Nevertheless women know that abuse hurts, and that it is wrong. Most of our clients have tried to disclose to others over time but have not been heard, and the disclosure has not been acted on.

If you don't know what the words domestic abuse mean, you won't be able to look for a phone number for a service. It can feel quite daunting to say "What is happening to me is domestic abuse", because perpetrators minimise what is happening, they blame the woman "I wouldn't have got angry if you hadn't done this, if you didn't always get things wrong." *Stay Safe East IDDVA*

**The VAWG strategy must address practical, institutional and ideological barriers to Deaf and disabled survivors accessing support:**

**a. Lack of basic practical access to be able to contact support services, the police or other sources of support**

- Most disabled women would know to call 999, but most services rely on the ability to sit and wait to speak to someone on a voice phone and explain coherently what is happening. Deaf women, women without speech who use communication devices (which the abuser may have removed), women unable to speak because of trauma are rarely aware they can text SMS 999. Women who are non-verbal may rely on the abuser for communication with others. The proposed Ofcom Video Relay service<sup>26</sup> would help address the barriers for Deaf sign language users. Other options such as SMS 999 and the 55 Silent Call option must be better publicized, including to disabled people and their organisations.
- Some survivors prefer to report in person- but even in urban areas often live a very long way from a police station, and when they get there find the access is poor, particularly for wheelchair users and people with hearing impairments.
- Deaf survivors face specific barriers to disclosure, one of which is a lack of interpreters (at the GP for example) which is paired with the lack of knowledge around what abuse is. Lack of consistent interpreters further inhibits disclosure as Deaf people are then having to disclose to different people repeatedly. The government needs to recognize BSL as an official language for England and Wales, providing more rights to access services, more funding and support. Scotland has the BSL act, this is crucial to provision and ensure that professionals take responsibility
- Disbelief: disabled women who come to Stay Safe East thanks us for believing them- they may have started to disclose to other professionals, to family or friends and been disbelieved or silenced. We are often the first people to believe them and to hear their story. Yet they may have been in contact with multiple professionals throughout their lives.

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<sup>26</sup> [https://www.ofcom.org.uk/data/assets/pdf\\_file/0033/184839/transcript-bsl-video-relay-emergencies.pdf](https://www.ofcom.org.uk/data/assets/pdf_file/0033/184839/transcript-bsl-video-relay-emergencies.pdf)

- Assumptions may be made about disabled women: that bruising and other physical marks, falls etc. are a result not of abuse but of the person's impairment; that women with fluctuating capacity due to cognitive impairments, mental health issues, learning disabilities or autism do not know their own minds and are 'imagining' abuse
- Women may use the 'wrong' words to express their emotions ("I was a bit upset" meaning "I was terrified and didn't know what to do") or use different words to describe abuse (for example without naming body parts, or using childish language for sexual acts because they have been taught to use such language). failure to understand these communication barriers may mean that the severity of abuse is not noticed

### **b. Facilitating disclosure**

Disabled people come into regular contact with a wide range of professionals – social workers, occupational therapists, mental health workers, GPs, specialist nurses etc. One simple measure that could enabled disabled victims/survivors to ask these questions:

**Do you feel safe? Are you scared of anyone? Is anyone hurting you?**

If these questions are asked consistently by all trained professionals, this would provide a window for disabled victims/survivors to disclose. A yes to any of these questions would then *as a matter of course* (with the victim's agreement) generate a referral to a domestic abuse, hate crime or other support service before a referral is made to adult safeguarding.

### **c. Seeking help and justice in the family courts and the criminal justice system**

The Covid pandemic has shown that it is possible for courts to operate remotely- something we have been asking for disabled survivors for many years and which has only twice been granted to our clients in 10 years.

The main Courts used by Stay Safe East and our clients to obtain non-molestation and Occupation Orders are the East London Family Court in Canary Wharf and Stratford Magistrates Court. ELFC is remote form where most people in East London live. Neither court provides parking or drop off outside the entrance, both are some distance from bus stops. We have never once attended court and found that the induction loops were working. the accessible toilet at East London Family Court is too small for some wheelchair users. The building is dark with no natural light, leading to panic attacks for some clients who become claustrophobic. There is very little private space for discussions between clients, their legal representative and their advocate, and corridors are noisy as people try to hold meeting there; this make the process inaccessible to anyone who has a hearing impairment or is subject to sensory overload. Attending one of these courts become an ordeal for disabled clients who are already anxious about encountering the abuser but then have to face multiple access barriers.

**Stay Safe East recommends that victims be able to attend hearings for injunctions and other orders remotely by video, either from their own home if they choose and it is safe, or from a safe and confidential venue such as that of their IDVA service.**

#### **d. Prosecutions**

The reasons for low level of trust by disabled people, - and disabled women specifically- in the criminal justice system are too complex to address here; the Home Office and Ministry of Justice should be talking to disabled victims/survivors about why this is the case, but also considering the institutional prejudices which mean that disabled women are still seen as 'unreliable witnesses' and cases involving disabled victims are most likely to be discontinued. A report<sup>27</sup> in 2014 by an MPS senior adviser stated that rape against women with learning disabilities and mental health issues had been 'virtually decriminalised'. This has now become the norm for most other women, as confirmed by the London Rape Review<sup>28</sup> which found that only 6% of allegations of rape proceeded to trial and only 3% in conviction. If this is the reality for all survivors, how much worse is the experience of disabled survivors.

From our casework, our observations are that protective factors in obtaining successful prosecution of abuse against perpetrators of disabled women and men include:

- Support for the victim from the moment she discloses – by a trained advocate or other professional
- Accessible information about their rights/entitlements as a victim and witness
- A consistent Officer in the Case (OIC) to see cases of abuse involving high risk victims through from statement to prosecution
- Trained officers conducting ABE and Advanced ABE interviews, with the advocate present
- Pre-trial court visits where the victim/witness can be helped to understand the court process
- A willingness to 'think outside the box' and consider options to make the process accessible: more use of pre-recorded video interviews, the witness being able to give evidence from home or a safe place that is not in the court
- use of an intermediary to enable the victim to give evidence more 'accessibly', and for the court to understand how she communicates, and her access needs

**In the light of the government's stated intention to introduce a new Victim's Law, we would recommend:**

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<sup>27</sup> <https://www.thebureauinvestigates.com/stories/2014-02-28/rape-has-been-decriminalised-for-the-most-vulnerable-says-senior-met-adviser>

<sup>28</sup> <https://www.parliamentlive.tv/Event/Index/7b1796cf-12eb-4d39-b5cd-7f0c55cd7f3b>

**a) A right enshrined in law to support throughout the criminal justice process**

To be offered access to an IDVA, IVA, ISVA or hate crime advocate, or other suitable advocate, who is trained to understand how to support disabled victims

To be accompanied by that advocate or a friend or supporter (who is not a witness) when making a statement to the police and in all other formal or informal encounters with the criminal justice agencies

**b) A right to be interviewed by suitably trained officers and legal representatives.**

**This means:**

- i. an increase in the number of trained ABE and Enhanced ABE officers
- ii. Basic training on dealing with disabled victims for all officers

**c) A trained Single Point of Contact officer or civilian member of staff who keeps the victim update on the case**

**d) More frequent contact for some victims who need additional reassurance, or for example have memory issues or severe anxiety**

**e) The right to make a Victim Personal Statement in a way that is appropriate, timely and accessible (by video not in writing for example) including**

- Initial statement
- Updated if necessary several times
- The right to prepare the statement with the help of the victim's IDVA, IVA etc.

**f) The right to reasonable adjustments in relation to disability needs throughout the process**

**g) The same rights to special measures for victims of domestic abuse and hate crime as for victims of sexual violence**

## **11. Peer support**

The user-led European research on Specialist Services for Women with Disabilities who have experienced violence<sup>29</sup> found that disabled survivors found the following most helpful:

- supportive relationships with individuals, **and in particular peer support where it existed**
- assistance from services or the criminal justice system
- things that helped them with personal resources and strength

In all instances and throughout their lives, supportive contact with other people was the factor that disabled women experiencing violence found most helpful<sup>30</sup>.

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<sup>29</sup> [https://www.gla.ac.uk/media/Media\\_394354\\_smx.pdf](https://www.gla.ac.uk/media/Media_394354_smx.pdf)

<sup>30</sup>Above, quoted from <https://avaproject.org.uk/wp/wp-content/uploads/2019/03/FINAL-Drill-Final-Project-Toolkit-VADWG-2019-1proofed.pdf>

The Stay Safe East Women's Group has been in existence since 2014. Along with other groups of disabled survivors (Disabled Survivors Unite, groups at Sign Health) and organisations of and for disabled women such as Sisters of Frida, it has provided a safe space for disabled women to talk, share experiences if they choose, and make social connections and friendships with other women- something which had been denied to them by abusers.

**Stay Safe East recommend that funding streams support the development of peer support groups of disabled survivors, run by disabled women.**

## **12.Disabled mothers**

The threat of losing their children is made by abusers to many mothers experiencing domestic abuse from partners or family. This prevents mothers from disclosing or leaving, often until their children are adults. For disabled women, that threat can become reality, and is actively reinforced by the state. Children's Services and the courts see disabled women as 'unfit mothers' who can never provide good enough parenting, whether or not they need some support. Our analysis is that this is one of the significant reasons why disabled women stay longer in abusive relationships. Addressing institutional discrimination against disabled mothers will help address violence against disabled women.

Stay Safe East has been supporting disabled mothers who have experienced domestic abuse through care proceedings for many years now. The women have diverse heritages – South Asian, Black British or White British, Eastern/Southern European. Stay Safe East have observed a trend particularly around mothers with learning disabilities, cognitive issues or long-term mental health issues. Of the 96 clients whom the Domestic Abuse team worked with in 2019-20, 46 were mothers. 15 of these mothers (33%) were not living with their children. The majority of these children had been removed by children's social care and live in a range of placements such as family or friends, with foster carers or have been placed for adoption. Some had lost their children to the abusive father. Over ten years, we have rarely seen disabled mothers who have actively abused their children whereas in the majority of cases the father had been abusive to his children as well as to the mother.

We believe there is a pattern of discrimination against disabled mothers: a mother is criticised for "staying" with a perpetrator of domestic abuse but when she separates, she is often informed that she does not have the capability to parent on her own due to her disability needs. She may have been successfully parenting until she separated, even in the midst of abuse and being constantly undermined by the father/family. Her strategies for parenting may be different from those of non-disabled mothers but are seen as deviating from a strict norm of what is 'good enough parenting'; her culture is also rarely recognised. Paradoxically, we have recently found that some local authorities' processes give the

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mother very little choice but to stay with an abusive partner if she wants to keep her children. As long as he attends domestic violence perpetrator programmes, he is seen as a 'protective factor' for the children, whereas the disabled mother is seen as more problematic than a man who has been abusive.

Our IDDVAs challenge this injustice and advocate for more support to be provided to disabled mothers so that, given time and some support if necessary, she will become a 'good enough parent' as required by law. We advocate for proceedings to be fair and just. Our advocates provide intensive support to each client, attending the numerous required meetings with her (at a time when she is trying to cope with the trauma of abuse), explaining what 'good enough parenting' is expected of her, helping her liaise with her solicitor if the care goes to court, helping her understand the processes, and most of all being there for her and her children at the most difficult time in their lives. We have found an unwillingness to consider reasonable adjustments for clients, for example proceedings should be completed within 6 months- for a mother with learning disabilities who has not had the opportunity to access appropriate support, this is not long enough, especially when she has to attend multiple meetings about her child almost every week, and deal with up to 10 different professionals. Our advocates are the constant in the mother's life during this time. We never judge, we never talk about women being 'bad mothers' – we support her and advise her, but also recognise that not every woman wants to be a parent, especially if she has been poorly parented herself and did not choose to become a mother. We are there for women if their children are taken into care, and help her get access rights, and in the long run, help her move on, whilst understanding that she may grieve for her children for the rest of her life. We have had some successes but the child protection system is stacked against disabled women.

Even when a mother has left the perpetrator, and is managing her children well, she can be blamed for factors which relate not to her impairment but to disability in the sense of discrimination which excludes her. For example, a woman's children were subject to safeguarding because the mother was a wheelchair user placed in inaccessible temporary accommodation and she could not supervise the children due to the poor access.

### **13. Housing and disabled VAWG survivors**

Rather than developing this issue here, we attach with this response a presentation which our CEO gave at a conference in 2019. Stay Safe East would like to see the issues for disabled survivors in relation to housing addressed in the VAWG strategy.

### **14. Design of services and the role of specialist 'by and for' services**

When disabled women do access support services, they find that these services are not always geared to their needs. This is especially the case for domestic abuse services. Most commissioned IDVA services work mainly by phone, and are expected to work with high

numbers of survivors for a short period of time – in some cases as low as six weeks, and provide advice and information rather than advocacy.

While this may work for some survivors, it rarely does for disabled, Deaf or Black and minoritised women who face complex barriers to safety. Disabled participants in the European research quoted above stated that ‘time’ and access were the two most important factors in how they felt that services responded to them. Stay Safe East works on average with clients for two years but in some cases we keep cases open over four or five years because a woman needs that time, trust and support to start making changes in her life. We also do not ‘separate out’ her experiences of sexual and domestic abuse, loss of human rights, misogyny, racism, homophobia or everyday disablism, but support her how she chooses. Like most specialised ‘by and for’ services, we provide holistic support tailored to client needs. This requires resources and commitment and a change to the ‘one size fits all’ approach.

The strategy should address the role of local Commissioners. Stay Safe East has benefitted from being included by Victim Support and Solace in bids for contracts to MOPAC for London domestic abuse and VAWG services, as a result of which disabled women and men across London now have access to specialist support. MOPAC have also prioritized ‘by and for’ organisations (BAME, LGBT and disability) with a specialist VAWG fund. To our knowledge, this model of commissioning has not been had not been used elsewhere.

Stay Safe East only operates in London. At present there are no other specialist services for disabled survivors in the rest of England and Wales. capacity building is going to be essential – Disabled People’s Organisations working with women’s organisations and disabled survivors to create new services for disabled survivors. Such partnerships must be led by disabled women. This is a long term project which requires seed funding.

There is growing awareness amongst VAWG organisations of the need for tailored responses to disabled survivors, and the number of their disabled clients is growing year on year. The involvement of Sign Health and Stay safe East as specialist services led by Deaf and disabled women alongside organisations of disabled women such as Sisters of Frida or of survivor groups such as Disabled Survivors Unite and Me too/ARC has been critical in bringing about this change.

This trend needs to be supported by Government with additional resources for access, communication support, more time to work with survivors, training and engagement with disabled survivors.

## **15.Disabled perpetrators**

Disabled men are as likely to be perpetrators of male violence as non-disabled men. Yet they often ‘get away’ with abusing disabled women, using their impairment and attitudes towards disability to abnegate responsibility. Statutory services and the criminal justice system may collude with this

Stay Safe East has worked with women who grew up in segregated special schools where they were groomed by a disabled young man who became their boyfriend and then their partner when both left school. These relationships were controlling and abusive from the start, but the young women had no reference point for healthy relationships as they had been institutionalized from an early age. On leaving institutional care, the women continued to live in isolation with their partner, who would be working (disabled men are more likely to be in paid work) and had children. It was only when their children attended school that these women were able to escape a very closed, segregated world, but often friendships with other mothers were impeded by them being seen as 'other'. The male abusers also never learnt about equal relationships, but were in greater contact with the mainstream world, but were never challenged about their abuse. Not unusually amongst disabled men, these men were invested in a concept of 'hyper masculinity' which they saw as 'compensating' for their impairment. they used their impairment and the common experience they had with the victim to control her.

Deaf and disabled men will also use the discrimination they may face in the criminal justice system to their advantage. Deaf perpetrators often claim the interpreter misinterpreted for them in court and the case is closed as the court does not know how to deal with this situation. There is little quality assurance in place re interpreters in court – any interpreter can be booked by the court, who may have no experience of abuse cases.

A blind abuser argued that he could not have hit his partner and one of his children "because I can't see, I couldn't know where her face is"- an absurd claim which was believed by the police. The case was NFA'd.

A Deaf man who abused two different Deaf women was eventually charged with a series of offences, thanks to the persistence and courage of our client, with the support of her advocate. The case went to court, when it came to sentencing, the defence lawyer asked the Judge to take account of the fact that the defendant would 'suffer in prison due his deafness'. The Judge agreed and reduced the each of the two sentences imposed on the defendant by 6 months. Our client told us she felt this as further abuse, as she would be serving a life sentence because of the abuse. it should also be noted that the abuser then contacted our client in breach of a restraining order as soon as he was out of prison.

These decisions happen in a context where the criminal justice system is poorly informed about disability. their impact is to discriminate against disabled survivors.

The Probation Service and Perpetrator Programmes also struggle with disabled perpetrators who have access or learning needs. A common response is to work one-to-one

with disabled perpetrators. Whilst this may meet their access needs (though it often does not), it removes the key element in perpetrator programmes of working in groups with other perpetrators, hearing their stories and being individually/collectively, which are a key part of approaches to behaviour change in such programmes. Stay Safe East would like to see some specific work done with the Probation Service to address these issues. We have had dialogue with organisations such as Rise who run perpetrator programmes but unfortunately do not have the resources to advise further on this.

## **16.Engagement and consultation**

As the Home Office will be aware, Stay Safe East, SignHealth and other organisations of disabled women have found the engagement methods from the Home Office to be particularly inaccessible. This has meant extra work and time spent, and a great deal of stress for the individuals and organisations involved in responding to the Home Office over the Domestic Abuse Bill and the VAWG strategy and other initiatives. Whilst some progress has been made, the BSL version of the Call for Evidence document was only produced on March 2<sup>nd</sup>, after the consultation closed, and Deaf survivors and their organisations have been given 10 days to respond, against the two months for other respondents. Other formats were only available on request. We were also asked only to attend a specialist focus group on disability and were not invited to session on Black and Minoritised survivors, health, perpetrators or other topics.

There appears to be no strategic approach to engagement with Deaf and disabled survivors themselves. **We have recommended that the Home Office obtain professional advice from expert Deaf and Disabled People’s Organisations on how to engage and consult with Deaf and disabled survivors.**

**Future engagement must be inclusive, and grounded in the concept of “Nothing About Us with Us” – engagement with Deaf and disabled women as the experts, not with non-disabled ‘experts on disability’ who claim to speak for us.**

## **17.Post-COVID recovery**

There is ample evidence, including our own<sup>31</sup> and that of Imkaan<sup>32</sup> and other VAWG organisations, of the impact of the Covid 19 on Deaf, disabled and Black and minoritised women who have experienced a wave of discrimination, been disproportionately traumatised by the pandemic and seen rising rates of abuse, much of which is yet to appear in the national data, and may not do so for some time. The number of people with long

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<sup>31</sup> <http://staysafe-east.org.uk/wp-content/uploads/2020/05/Stay-Safe-East-Response-to-Consultation-Equality-Impact-of-Covid-19-final.pdf>

<sup>32</sup> <https://www.imkaan.org.uk/covid19-position-paper>

term health issues has also increased as a result of Long Covid and of a rising mental health crisis.

The VAWG strategy must address the needs of all survivors as the pandemic abates and seek to redress the inequalities it has exposed and enhanced. specific engagement should take place on post Covid recovery with survivors and with VAWG organisations.

## **18. In summary – our recommendations: Actions to address gender based violence against disabled women**

- 1. Consistent data collection on disability and on disabled women across all services**
  - a) All statutory and voluntary services should record the number of individuals who identify as disabled, and break this down by sex, ethnicity and other protected characteristics in order to help provide give a true picture of the differential rates of abuse on disabled women from diverse backgrounds
  - b) The Stay Safe East [Disability and Domestic Abuse Risk Assessment](#) includes seven tick boxes: physical disability; sensory impairment; Deaf (sign language user); learning difficulty; mental health issues, Autism, Asperger’s or other neuro-diverse condition; other long-term health condition. This is a useful basis for monitoring of impairment related abuse.
  - c) Adult and children’s safeguarding data must disaggregate all abuse by sex of the victim linked to type of abuse, sex of the perpetrator and relationship to victim (family member, paid or unpaid carer etc.), cutting across other area of identity such as ethnicity and age
- 2. RSE education must be made inclusive of the experiences, bodies and differences of disabled children and young people** and developed in partnership with disabled young people and with Deaf and Disabled People’s Organisations (DDPOs)
3. Victims of abuse seeking injunctions and other orders should have an automatic right to attend remotely by video, either from their own home if they choose and it is safe, or from a safe and confidential venue such as that of their IDVA service.
4. **Domestic abuse law:** the VAWG strategy must address the underlying injustices raised in the amendments put forward by Stay Safe East in relation to the Domestic Abuse Bill
  - Repealing the clause in the previous domestic legislation which allows carers to claim a ‘carer’s defence’ of acting in the best interests of disabled people; this clause has a disproportionate impact on disabled survivors and should be monitored
  - Reviewing the remit of domestic abuse law to include carers to whom the victim is personally connected but are not family members
  - Unequal access for disabled claimants to the Domestic Violence Easement

- Ensuring that the hate crime element of domestic abuse is recognized in sentencing guidelines

**5. Address institutional discrimination against disabled mothers in the child protection system and family courts**

**6. Institutional abuse**

- **Strengthen the role of disabled experts by experience by making this a mandatory part of inspection of care homes**
- **Give every resident of private or state care access to a named advocate who is trained in recognizing and reporting abuse**
- **Work with and resource disabled people's organisations across England and Wales to support disabled people in residential care**

**7. The law should place a clear duty on adult safeguarding to:**

- Prioritise the safety of the victim, not the process itself
- speak to the victim without the abuser present
- refer victims to MARAC, domestic abuse and sexual abuse service
- and give victims an automatic right to be supported by an advocate within the safeguarding process, whatever the disabled person's level of capacity

**8. A review of outcomes for disabled survivors of abuse who go through the safeguarding process is long overdue**

**9. Clear guidance should be issued to social work professionals, health staff and others in health and social care to:**

- **Always see patients or clients alone more than once** (including those who are accompanied to visits by a carer, paid or unpaid)
- Ask them 'is anyone hurting you, do you feel safe' –

**10. Reinforce the duty on local authorities in the Domestic Abuse Bill to provide accessible temporary accommodation, non-institutional alternatives to refuges e.g. Shared Lives**

**11. Update guidance and challenge the presumption in the courts that disabled survivors are unreliable witnesses**

**12. Ensure that all disabled survivors are offered access to an advocate (IDVA, ISVA, specialist Disability and Domestic Violence Advocate, or other) to support them at police interviews and in court, and that this is a right not a decision by the police**

**13. More police officers trained as ABE and advanced ABE interviewers in order to reduced waiting times for disabled survivors; more Deaf and disabled people trained as intermediaries**

- 14. Strategies to address cuckooing must recognize the gendered and disability experience of survivors and address their needs**
- 15. Longer term funding for specialist by and for services, for peer support led by disabled women, and for capacity building to develop new by and for services**
- 16. Commissioning must reflect hidden need and allow service providers to design flexible services,** with longer time frames to work with survivors who face complex barriers
- 17. A duty on commissioners to work with disabled survivors on ensuring that local needs are met**
- 18. The Home Office should obtain professional advice from expert Deaf and Disabled People's Organisations on how to engage and consult with Deaf and disabled survivors.**
- 19. Future engagement must be inclusive, and grounded in the concept of "Nothing About Us With Us" – engagement with Deaf and disabled women as the experts**

#### **Addendum**

Stay Safe East endorses the recommendations for national governments made in the user-led European research on Specialist Services for Women with Disabilities who have experienced violence, carried out in 4 countries in 2014.

*It should be noted that the term 'specialist services' here describes VAWG services not 'by and for' services for minority groups.*

[https://www.gla.ac.uk/media/Media\\_394354\\_smx.pdf](https://www.gla.ac.uk/media/Media_394354_smx.pdf)

#### **Make a commitment to improve access to support for disabled women**

Politicians can improve access to support for disabled women. As article 16 of the CRPD outlines, States should take all appropriate measures to promote the recovery of disabled people who have become victims of violence.

States should make law reforms or put in place legislation and policies to ensure adequate, accessible support and information for disabled women who have experienced violence.

#### **Increase funds to specialist services to promote access and support for disabled women**

Many victim support or women's services fail to provide accessible support to disabled women. Many participants in the project reported inadequate funding and financial difficulties as the main reasons for limited access. Funds to these services should be increased, and special attention and resources focussed on projects that address support with disabled women. Specific funds should be provided to organisations facilitating access, support and information for disabled or Deaf women after violence.

### **Increase funds to user led support**

The findings of the empirical reports show that many disabled women value self-help groups and peer support, led and controlled by disabled women and survivors themselves. It is important to promote the establishment of such support options, actively support those organisations and provide them with on-going funding.

### **Promote support in rural areas**

Disabled women who live in rural areas generally have less access to resources and support. States should emphasise access to support and information for disabled women in rural areas.

### **Improve access to information**

Information about violence and support should be made accessible. States should ensure access to information for disabled women about how to recognise violence and about accessible support options. Such information should be provided in accessible formats (e.g. easy words and pictures, Braille, sign language videos and audio format). It should and be made available in public spaces and through different mediums to reach a larger population of disabled women (e.g. through radio, television and in print media).

They should organise and fund projects where disabled women who have survived violence play a key role in planning, designing and broadcasting information through various media outlets. It is important that all measures to promote information should be developed in collaboration with disabled or Deaf women to enhance the relevance, efficiency and expertise of the projects.

### **Promote sex education**

States should ensure the quality of sex education for disabled girls and women in schools and in institutions where disabled women live, study and work. It is important that information about sexual and reproductive rights of disabled women is integrated into school and other curricula. Such education should also promote self-empowerment and help women distinguish inappropriate, neglectful, violent or abusive behaviour.

### **Promote awareness-raising about violence against disabled women**

It is important that the issue of violence is openly discussed and embedded in a broader discourse stressing the necessity of inclusion and equality of disabled people. In accordance with article 8 of the CRPD, States should undertake measures to raise awareness about societal perceptions of disabled people and violence against them. Such awareness-raising should aim to reduce the prejudice and discrimination experienced by disabled or Deaf women who speak up about the violence they experience.

### **Promote knowledge among professionals**

It is important that professionals who work with disabled women or in support services receive training about violence against disabled women, access and support requirements.

Disability equality training should also be integrated into vocational training of professionals within the health care and rehabilitation sectors, education, disability services, specialised victim services and criminal justice systems. This training should aim to address discrimination and provide a deeper understanding about the barriers faced by disabled or Deaf women. Those training activities should be carried out by or in collaboration with disabled women who have experienced violence.

### **Promote the participation of disabled or Deaf women**

Participants in the study stressed the importance of measures to promote the social and political status of disabled women. States/ governments/municipalities should take measures to combat common stereotypes by promoting projects and initiatives where disabled or Deaf women are in the forefront and represented in civil society and media. Disability equality training and standards for media representatives should be organised and supported, preferably by or in collaboration with disabled or Deaf women.

### **Endorse independent living and guarantee safety in institutions**

Disabled women who are dependent upon support services are more at risk of violence and abuse. Services provided for disabled women must promote their empowerment and support them to exercise their self-determination. States/ governments/municipalities should promote, fund and execute projects that promote and deliver independent living, supporting the individual self-determination of disabled or Deaf women.

Where women do not have capacity to make decisions, advocates should be appointed to act in their best interests. For women living still in institutions, a safe and violence free life must be guaranteed through comprehensive mechanisms and measures to fully protect and support women who experience violence.

### **Improve access to justice**

Many participants, both disabled women and support service providers, stressed the importance of improving access to legal assistance. States need to develop and disseminate accessible information about the rights of disabled women and facilitate their access to legal aid.

States should review or amend legislation to facilitate the safe participation of disabled women in legal proceedings. They should furthermore establish laws that make the exclusion of perpetrators from the home possible, rather than requiring the woman to leave; this can be particularly important in cases when refuges are inaccessible for disabled or Deaf women. States should ensure that the justice sector is supportive of disabled women and provide disability equality training and education about violence against disabled women and their rights to lawyers, judges, victim support services and police officers. In addition, anti-discrimination laws and support measures should be more accessible and provided routinely for disabled or Deaf women.