Public Health England

Protecting and improving the nation's health

# Disability and domestic abuse

## Risk, impacts and response

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Published: November 2015
PHE publications gateway number: 2015498

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# Executive summary

Disabled people make up a significant minority within England: one in five of the population are disabled.[1] Disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. They may also experience domestic abuse in wider contexts and by greater numbers of significant others, including intimate partners, family members, personal care assistants and health care professionals. Disabled people also encounter differing dynamics of domestic abuse, which may include more severe coercion, control or abuse from carers.

Anybody who experiences domestic abuse may face broader risk factors, but disabled people face specific risks. They are often in particularly vulnerable circumstances that may reduce their ability to defend themselves, or to recognise, report and escape abuse. Impairment can create social isolation, which, along with the need for assistance with health and care and the potentional increased situational vulnerabilities, raises the risk of domestic abuse for disabled people. Physical and environment inaccessibility, stigma and discrimination can also exclude and isolate them. Their reliance on care increases the situational vulnerability to other people's controlling behaviour and can exacerbate difficulties in leaving an abusive situation.

Not only do disabled people experience higher rates of domestic abuse, they also experience more barriers to accessing support, such as health and social care services and domestic abuse services. However, services can address this by closing knowledge gaps, by improving accessibility and identification and by providing more opportunities for disclosure and support. They can do this by training health and social care professionals and staff in domestic abuse services, by improving integration of services and by engaging directly with disabled people.

# Introduction

This topic overview focuses on disabled people's experiences of domestic abuse. Public Health England (PHE) aims to protect and improve the population's health and reduce health inequalities. As part of a broader work programme on preventing domestic abuse, PHE highlights the experiences of people enduring or affected by domestic abuse who are often ignored: this includes lesbian, gay, bisexual and trans (LGBT) people; men; black and minority ethnic (BME) people; and disabled people. This topic overview improves understanding of the complexities of disabled people's experiences of domestic abuse and promotes consideration of these complexities within the public health system. This topic overview also supports local and national action, and provides guidance to improve response across local authorities, health and social care services, clinical commissioners, domestic abuse services, disability services, police and crime commissioners, and the wider public health system.

# Methodology

This document highlights and outlines some of the key themes in the literature on domestic abuse and disability to enable a reflection of and response to this issue. This topic overview discusses the prevalence, risk factors and impact of domestic abuse among disabled adults in England. A systematic review of the literature was not carried out, as a search strategy with strict inclusion and exclusion criteria and critical appraisal methods was not used. The following databases were searched: Embase, Medline, British Nursing Index, CINAHL and Google Scholar. Grey literature was also searched, including the Office for National Statistics (ONS), Home Office, Women's Aid, and World Health Organization (WHO). Reference lists of key studies were also used.

A combination of the following search terms was used: disability, disabled, impairment, impaired, domestic violence, domestic abuse, intimate partner violence, sexual assault, sexual violence and rape. A broad definition of disability was used, including limitation of daily activity, chronic disease, long-term illness, congenital conditions, mental illness, dementia and cognitive, intellectual, communication, learning, sensory or physical impairments. As this topic overview focuses on the experiences of domestic abuse among disabled adults, children were excluded,

UK literature was searched, along with international literature from other high-income countries. Systematic reviews and national surveys were prioritised for data on prevalence, odds ratios, risk factors and health impacts. Qualitative research was used to gain further understanding of risk factors, prevention, barriers and facilitators to accessing domestic abuse care and health care. Quotations were drawn out of the qualitative research to highlight the lived experiences of some disabled people

# Definitions

## Impairment and disability

The meaning of the term ‘disability’ has been contested and many differing interpretations exist. Definitions also differ according to self-definition, legal, administrative or funding purposes. Under the Equality Act ‘disability’ is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to do normal daily activities. ‘Substantial’ refers to adverse effects that are more than minor or trivial. ‘Long-term’ refers to adverse effects for longer than 12 months or that are fluctuating, recurring or progressive.[2] The UN defines disability as “a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.[3] WHO defines it as “an umbrella term for impairments, activity limitations, and participation restrictions, the negative aspects of the interaction between individuals with a health condition and personal and environmental factors”.[4]

Two models of defining disability are often discussed: the medical model and the social model. The medical model views a disability as a condition that impairs an individual from living a normal and full life – a condition that needs an intervention or treatment. The social model views impairment and disability separately. According to this model, an impairment is an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function, whereas disability is a social construct.[5] A disability is the interaction of the impairment with the environment, the social and physical restrictions. The way that society is organised, not the impairment itself, excludes disabled people from full participation in society.[6,7,8] Disabled people are excluded from society by various barriers: social and cultural discrimination; negative attitudes; limited social support; inaccessible transportation, public buildings, information formats, products and built environments; inflexible organisational policies, procedures and practices; lack of services; and problems with service delivery and a lack of involvement.[4,5]

This topic overview ascribes to the social model and uses the terms ‘impairment’ and ‘disabled’ accordingly. It uses the term ‘disabled people’, as opposed to ‘people with disability’, to reflect that people may have impairments but are disabled by social factors. However, at times definitions consistent with an original source will be used and defined.

Impairment is not always inherited or congenital at birth, but can be acquired throughout the life course. The proportion of adults with an impairment increases with age. Around 6% of children have an impairment, compared to 16% of working age adults and 45% of adults over state pension age.[9] The point at which people acquire an impairment, at

birth or during the life course, influences how that impairment and its disabling factors impact their lives – both the change itself and the experience of exclusion and stigma.[10]

The disability sector and movement has shaped and framed the discourse on disability. It has advocated independent living, equal access to buildings, education and employment, and it has resisted disabled people being pitied, defined, overmedicalised or by controlled health and social care professionals. It has also promoted embracing disability as a normal and acceptable way of being.[10] Building on this movement, disabled people and those who advocate for disabled people's rights should continue to engaged with the issue.

### Domestic abuse

The Home Office defines domestic violence and abuse as "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional".[11] Domestic abuse can include an individual incident or prolonged periods of control and coercion. 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, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim.

## Limitations

This topic overview has limitations. More broadly, domestic abuse is widely underreported to police, health and social care services, and researchers.[12,13] It is likely that overall rates of domestic abuse are much higher than reported and that the rates of domestic abuse experienced by disabled people are also much higher than reported.

Some disabled people may be excluded from the literature. People who have severe sensory, cognitive or communication impairments or mental health issues may be missing because of actual or perceived issues regarding their ability to understand and respond to interviews or issues related to informed consent and ethical approval.[7,14,15,16,17,18] Those who live in institutions are often excluded from research, except during investigations into institutional abuse.[7,14,15,16,17,18] This topic overview does not acknowledge the intersection of disability and other protected characteristics, including ethnicity, religion, sexual orientation, gender reassignment. However, these multiple identities may compound risk and vulnerability. People from a BME or faith background experience domestic abuse at a similar rate as the general population.[19] But when people from a BME or faith background do experience domestic abuse, they

face significant barriers accessing support or leaving an abusive situation and are more likely to stay in those situations for longer before seeking help.[20]

The rigour and strength of the quantitative evidence on domestic abuse and disability is limited because most evidence does not control for confounding, lack of control group, small sample sizes, short follow-up periods, and lack of reporting on statistical significance.[18,21,22] However, qualitative studies can shed light on the lived experience of disabled women experiencing abuse.[7,23]

A clear association exists between domestic abuse and disability, but the direction of that association is not always clear in quantitative research and the timeline has not been established. Current evidence does not establish whether having an impairment increases the risk of experiencing domestic abuse or experiencing domestic abuse causes the impairment. It may also be more complex, with an impairment and disabling factors being a risk for domestic abuse, and domestic abuse worsening an existing impairment. Some studies have explored domestic abuse starting after an impairment,[24,25] but the temporal relationship between domestic abuse and impairment has not yet been clearly established.

# Gender differences

Significant difference exist between genders in experiences of domestic abuse. While men are at risk of, and do experience, domestic abuse, women experience more repeated physical violence, more severe violence, much more sexual violence, more coercive control, more injuries and more fear of their partner.[26] The differences between genders in experiences of domestic abuse is similar among disabled people. Disabled women are significantly more likely to experience domestic abuse than disabled men and experience more frequent and more severe domestic abuse than disabled men.[27] However, as being disabled carries further risk of domestic abuse, disabled men also experience higher rates of abuse than non-disabled men. Disabled men experience a similar rate of domestic abuse as non-disabled women.[28] Therefore, how both gender and disability are structured within society affect the risk of experiencing domestic abuse and will be discussed throughout this topic overview.

# Prevalence

Two global systematic reviews[29,30] have highlighted the higher risk of violence more broadly for disabled people:

- more than one in three people with mental illness have experiencing domestic abuse in the past year, one in 20 people with mental illness have experienced sexual violence in the past year
- people with mental illness were almost four times more likely to experience violence in the past year
- people with an intellectual disability were 1.6 times more likely to experience violence in the past year
- men with post-traumatic stress disorder are over seven times more likely to experience domestic abuse
- women with anxiety disorder are over four times more likely to experience domestic abuse
- women with depressive disorder are over two times more likely than women without a mental illness to experience domestic abuse[30]

Disabled people are significantly more likely to:

- be threatened with violence
- be physically abused
- be sexually assaulted by intimate partners or strangers
- experience physical, sexual, emotional and financial domestic abuse than people without disabilities[17,27,31,32]

## England

There were 1,985 episodes of disability hate crimes reported to the police in England and Wales in 2013-14.[33] In England, disabled people experience twice the rate of sexual assault, domestic abuse and stalking than non-disabled people.[6,34,35,36] Over one in ten disabled women and just under one in ten disabled men experienced domestic abuse in 2012-13.[36] The following table outlines the increased risk of disabled people of experiencing all forms of abuse:

Table 1. Experiences of domestic abuse by disabled and non-disabled people in England and Wales

| | Disabled women | Non-disabled women | Disabled men | Non-disabled men |
|---|---|---|---|---|
| **Experienced any domestic abuse in the last year** | 15.7% | 7.1% | 8.4% | 4% |
| **Experienced non-sexual partner abuse in the last year** | 11.3% | 4.9% | 4.5% | 2.5% |
| **Experienced non-sexual family abuse in the last year** | 4.6% | 1.7% | 4.3% | 1.4% |
| **Experienced sexual assault in the last year** | 2.6% | 2.2% | 0.9% | 0.7% |
| **Experienced stalking in the last year** | 7.6% | 3.8% | 5.3% | 2.1% |

Source: Office of National Statistics. (2014). Focus on Violent Crime and Sexual Offences. Chapter 4 - Intimate Personal Violence and Partner Abuse[36]

The findings above capture individual incidents reported to the police, so this does not provide information on the extent and patterns of abuse in peoples lives.
According to the 2009-10 British Crime Survey, and similar to the findings of the global systematic reviews,[29,30] people with mental illness were at the highest risk of experiencing violence in the past year. People with mental illness were 2.6 times more likely than the general population to experience violence, people with a long-term physical illness were 2.6 times more likely, and people with mobility problems were 1.9 times more likely.[37]

# Types of domestic abuse

Not only are disabled people more likely to experience domestic abuse, they also experience domestic abuse that is more severe, more frequent and lasts for longer periods.[27,38,39] Disabled people experience domestic abuse in wider contexts and by greater numbers of significant others, including intimate partners, family members, personal care assistants and health care professionals.[7]

# Severity of disability and domestic abuse

The severity of a impairment increases the risk of abuse. Various international studies have shown that impairments that have a more severe effect on daily living require more support, and as a condition progressively worsens or the support needs increase,

the risk of sexual assault, physical assault and domestic abuse also increases.[7,16,24] Data for England and Wales also suggests that the severity of impairment increases the risk of violence: people with limiting disabilities[a] have significantly higher rates of domestic abuse, stalking and violence compared to people with non-limiting disabilities[b] and no disabilities.[28,35,40] People with a:

- non-limiting disability are 1.6 times more likely to experience violence than people with no disability
- limiting disability are 2.3 times more likely to experience violence than people with no disability
- non-limiting disability are 1.77 times more likely to experience domestic abuse in the past year than people with no disability
- limiting disability are two times more likely to experience domestic abuse in the past year than people with no disability
- non-limiting disability are 1.54 times more likely to experience stalking in the past year than people with no disability
- limiting disability are 2.1 times more likely to experience stalking in the past year than people with no disability[28,35]

# Risk factors and vulnerable circumstances

## Broader risk factors

Generally, studies have highlighted that the risk factors for experiencing domestic abuse are lower education, unemployment and poverty.[41] In England and Wales, women in households with an income of less than £10,000 were 3.5 times more likely to report to the police that they had experienced domestic abuse than those living in households with an income of over £20,000, while men were 1.5 times more likely.[19] However, this research may be limited as people with higher incomes may access informal support networks and may be less well recognised by health and social care, police and criminal justice services.

Disabled people experience higher levels of the risk factors of lower education and employment than the general population, perhaps further increasing their risk of domestic abuse. Studies in England, Canada, the US and globally highlight how disabled people are disproportionately excluded from education and employment.[4,13,14,27,29,31,39] Disabled people are less likely to have a degree or diploma

[a] Defined as a long-standing physical or mental health conditions or disabilities that have lasted or are expected to last 12 months or more including (blindness, deafness, communication impairment, mobility impairment, learning difficulty or disability, mental health condition, long-term illness) that limits day to day activities

[b] Defined as a long-standing physical or mental health conditions or disabilities that have lasted or are expected to last 12 months or more including (blindness, deafness, communication impairment, mobility impairment, learning difficulty or disability, mental health condition, long-term illness) that does not limit day to day activities

or be employed and more likely to live in poverty than non-disabled people.'[37] Disabled women experience dual discrimination, with less participation in the labour market than disabled men.[14] A study of disabled women highlights how labour market exclusion increases the risk of domestic abuse, with disabled women experiencing domestic abuse having lower incomes than disabled women not experiencing domestic abuse.[31]

Generally, a history of witnessing or experiencing violence in childhood significantly increases the risk of experiencing or perpetrating domestic abuse as an adult.[41,42] A study shows a significantly higher rate of psychological and sexual abuse in childhood and youth for disabled people, further increasing their risk of experiencing domestic abuse as an adult.[16]

## Social and cultural views of gender and disability

The social and cultural views of disabled people may increase the risk for domestic abuse. Ableism presumes that able-bodied individuals are idealised and the norm.[43] Disabled people may be viewed by some as asexual, passive, undesirable, dependent, invisible and unvalued; many disabled people have less education about sexuality, sexual and reproductive health, are overprotected from exposure to issues around sexuality by family, schools or services and are denied the opportunity to experience their own sexuality.[31,44,45,46] Because of this, when domestic abuse does happen disabled people may be less likely to understand boundaries, recognise abuse, know their rights and how to report it.[13,23,31]

## Isolation and dependence

An impairment raises the risk of domestic abuse for disabled people because it creates social isolation and the need for assistance with health and care needs, and potential increases situational vulnerabilities.

An impairment can create social isolation in two ways: via exclusion due to physical and environmental inaccessibility and via stigma and discriminiation in social situations. Disabled people are much more likely to be socially isolated and have smaller support networks.[46,47] Social isolation can be a risk factor for experiencing domestic abuse and a barrier to reporting. It has been suggested that perpetrators of abuse also target people who are socially isolated because they feel they can get away wih it.[48] Disabled people may not have anybody who might recognise the abuse, who they could confide in or who they could go to for support.[46,47,49]

Frequent interactions with institutional and medical settings and personal care assistants coming into their homes may increase disabled people's risk of experiencing domestic abuse.[8] While disabled women are most likely to be abused by an intimate partner,[39] they are also significantly more likely to experience abuse by personal care assistants, strangers, health care providers and family members than non-disabled women.[29,38,50] Reliance on care increases the situational vulnerability to other people's

controlling behaviour and can exacerbate difficulties in leaving an abusive situation. This reliance and dependence can create or exacerbate unequal power within a relationship. It has been suggested that perpetrators of abuse are more likely to target the most vulnerable to whom they have access.[48] However, it is important to acknowledge that it is the vulnerable situation, and not the impairment itself, that makes a person vulnerable.

Possibly due to this need for personal assistance, disabled people tend to experience domestic abuse differently. Disabled people may experience more extreme exercise of power, coercion and control, and more pervasive and wide-ranging abuse, than non-disabled people.[7] Disabled people report abuse through the form of intrusion and a lack of privacy.[7] Abuse can also happen when someone withholds, destroys or manipulates medical equipment, access to communication, medication, personal care, meals and transportation[50,51,52] Disabled people also report humiliation, belittling or ridicule related to a specific impairment.[7] Reliance for care from an abuser can be manipulated, with an abuser deliberately emphasising the woman's dependence as a way of asserting and maintaining control.

Particular vulnerable circumstances may decrease the ability of disabled people to defend themselves, or to recognise, report and escape abuse. Certain impairments, particularly physical ones, may increase the risk of abuse by a controlling partner or carer, or impact on a person's ability to physically defend themselves or escape an abuser. Other impairments, such as tramautic brain injuries, intellectual, learning or cognitive impairments, may limit a disabled person's ability to understand and recognize potential signs of danger and abuse. Also, people with sensory impairments may miss visual or auditory warning signs of abuse.[6,31,45]

"And for some disabled women there's a feeling that to put up with you, your partner must be a saint for putting up with them you know, so you kind of deserve it."

"People pity him because he is taking care of you and so noble. So people are reluctant to criticise this saint or to think he could be doing these terrible things."

"And it's not obvious abuse, it's not violence particularly, it's kind of sometimes quite manipulative and that...because you have to receive care you're quite passive and people can abuse that very easily. It's a very easy thing to abuse."

Source: Hague, G., Thiara, R. and McGowan, P. Making the Links: Disabled Women and Domestic Violence. London. Women's Aid, 2007.[7]

### Leaving

Many barriers prevent disabled people leaving the perpetrators of abuse. A disabled person may feel that he or she cannot leave a perpetrator because of the reliance on them for personal and medical care, housing or financial security.

# Impact of abuse

### General

There are many short and long term health effects of domestic abuse. These impacts can be direct (related to the abuse) or indirect (related to the effects of coercion, control and stress in an individual's life).

Health effects of domestic abuse can include:

- injury to the head, face, neck, thorax, breasts, and abdomen
- chronic pain including headaches, back pain
- neurological symptoms, including fainting and seizures
- gastrointestinal symptoms including appetite loss, eating disorders chronic irritable bowel syndrome
- sexual and reproductive health issues including sexually transmitted infections, urinary tract infections, chronic pelvic pain, unwanted pregnancies, termination, miscarriage, stillbirth
- mental health issues including depression, post-traumatic stress disorder

Source: Health consequences of intimate partner violence. Campbell, J. 9314, 2002, The Lancet, Vol. 359, pp. 1331-1336.[53]

### Disability-specific

The health impact of domestic abuse is likely to be much worse for disabled people. This may be due to underlying co-morbities, significantly higher rates of domestic abuse and the severity and length of domestic abuse experienced by disabled people. Disabled women who have experienced domestic abuse are approximately 35% less likely to report good to excellent health than disabled women who have not experienced domestic abuse.[31] Those with disability are more likely to report that domestic abuse led to anxiety, depression or panic attacks than those who without a disability.[37] Domestic abuse can negatively impact a women's ability to manage her primary physical disabilities and lead to the onset of debilitating secondary conditions.[49] Domestic abuse is significantly associated with delayed entry into antenatal care for disabled women.[54]

The cost of the societal effects of threatened or actual violence against people with disability to England and Wales in 2009-10 was £1.51bn.[37] This highlights the need for increased efforts to prevent the domestic abuse experienced by disabled people, and for a comprehensive response from government, health and social care, domestic abuse organisations and other third sector organisations.

# Responding to the challenge

Disabled people experience significantly higher rates of domestic abuse and barriers to accessing support. A response across society is needed to prevent disabled people from experiencing abuse and to support them if they do.

## Preventing domestic abuse

Preventing domestic abuse often focuses on changing the attitudes and norms that encourage abuse, on empowering those who may experience domestic abuse and on promoting non-abusive behaviour. Domestic abuse prevention often uses awareness campaigns, education, skills building, community mobilisation and participatory group education efforts.[22] Evidence supports the value of these various strategies for preventing more broad domestic abuse and shows significant reductions in both disclosures and violent crime incidents.[22,55] The next section discusses the potential transferability of these prevention strategies for disabled people. While this transferability has not been evaluated, these strategies have been shown to be broadly effective and to address specific risk factors for disabled people, so they are likely to have a positive impact.

## School-based education

School-based education should focus on changing attitudes and norms that support domestic abuse and that teach children and young people about healthy relationships and consent. School-based education has led to significant reductions in perpetrating and experiencing domestic abuse.[56,57,58,59,60,61,62] While there has not been any evaluations of prevention strategies using school-based sex education for disabled people, it is widely suggested in the literature the it's use would be a success.[23,44,51,63] The lack of knowledge on sex, sexual and reproductive health, consent and healthy relationships among disabled people has been discussed as a risk factor for domestic abuse. School-based education has the potential to increase disabled people's knowledge about healthy relationships, boundaries and consent, and to decrease domestic abuse.

## Economic empowerment

Economic empowerment interventions are  valuable tools that may be transferrable to prevent domestic abuse experienced by disabled people. Disabled people are often excluded from education and employment. As discussed previously, there are clear links between poverty and disabled people's experiences of domestic abuse[31] and clear links between domestic abuse and poverty more widely.[22] Therefore, it has been suggested that increasing economic opportunity is key to reducing abuse.[22] Increasing economic opportunity for disabled people may include policies and programmes to increase inclusion in education and employment, workplace adjustment polices to

ensure part-time or accommodated work is an option, and addressing poverty related to welfare and benefits. However, as domestic abuse is experienced across society, this targeted prevention strategy only addresses one known risk factor and is not addressing other risk factors for domestic abuse experienced by those with higher incomes.

### Group-based empowerment training

A lack of rigourous evidence exists on effectively preventing the specific domestic abuse that disabled people experience.[18] Therefore, there are limitations in recommending specific prevention strategies for this abuse. The lack of research on effective strategies does not negate the need for action on prevention. Hence, the following is a suggestion for potentially promising practice.

Group-based empowerment training aims to address underlying expectations about inequitable gender roles and behaviour, and to support the development of communication and conflict-resolution skills via a process of critical reflection, discussion and role-play.[22] Group-based empowerment training has been used to try to prevent domestic abuse among women with intellectual impairments in the US and Australia.[64,65,66,67,68] Both training schemes focus on empowering disabled women by giving them the knowledge to protect themselves and to prevent domestic abuse. Disabled women are shown how to recognise unsafe situations, how to respond by saying no, resisting or leaving, and how to report domestic abuse. Personal coping and problem-solving skills are also taught and reinforced with role-play and interactive activities. However, group-based empowerment training is limited as it does not focus on changing the wider context in which domestic abuse occurs or on changing perpetrators' attitudes or behaviours.

## Response by domestic abuse services

Beyond preventing domestic abuse, a comprehensive response is needed for disabled people who do experience domestic abuse. Overall, domestic abuse service provision, including support services, crisis centres, refuges and supported housing, is scarce and patchy across England.[69,70] This is further amplified by a lack of abuse services for disabled deople. A national survey in 2008 found significant gaps in services for disabled people experiencing domestic abuse: these services for disabled people can be inadequate or neglected entirely.[7] Numerous barriers prevent disabled people from accessing domestic abuse services and health care services. These barriers are often related to disabled people's knowledge of domestic abuse services, to the needs and experiences of disabled people, and to the accessibility of domestic abuse services.

### Address knowledge gaps

Previous research has found that domestic abuse services across England have a lack of knowledge and awareness of the experiences and needs of disabled people, and

have made few attempts to reach disabled women.[7] However, 59% of domestic violence services surveyed in 2008 provided disability equality training, usually as part of core training.[7] Domestic abuse services' staff training on disability and networking with disability services can lead to improvements in accessibility and overall services for disabled people experiencing domestic abuse.[46,71] Research has recommended that domestic abuse service providers should be trained to recognise and respond to needs related to impairment and to develop a deeper understanding of the impact of abuse on disabled people's lives.[7,23,46]

### Improve accessibility

Disabled people who experience domestic abuse have differing or specialised care needs. Some people with physical impairments have more complex needs for accessible accommodation and transport, assistance with personal care or sign language interpreters.[6] People with communication, intellectual or learning impairments might have different needs for specialised emotional support.[7] Research also shows that domestic violence services for disabled women are patchy and sometimes minimal. Many areas of England have no accessible domestic violence services at all.[6] Where domestic violence services are available they are often inaccessible. But of domestic abuse services surveyed, accessibility and specialised services were limited: 49% have full wheelchair access, 38% offer some form of specialist service to disabled women, 17% have services for visually impaired, and only 13% of refuges can provide (or have access to) temporary personal care assistants.[7] The lack of domestic violence services for disabled women is particularly concerning, considering they have a greater need of such services.

Effective domestic abuse services for disabled people should be accessible and barrier-free. This includes providing:

- accessible transportation
- personal care assistants
- lifts, ramps, bathroom and kitchen adaptations, smooth floor surfaces, continuous handrails, colour-contrasted environments
- communication assistance, sign language interpretation, email and text phones for helplines, flashing light alarms, vibrating pillow alarms
- information available in various formats including video, audio and British sign language clips and easy-to-read large print information[7,46,71]

Providing personal care assistants is particularly vital, as the fear of loss of independence and institutionalisation often stops disabled people from seeking help. Disabled women leaving their geographic area for a refuge may lose the local care funding and therefore their personal care assistants. The community care system and care planning need to be flexible enough so that disabled people's care packages can be portable between home, refuge and supportive housing.[6]

## Response by health and social care services

Overall, disabled people experience many barriers to accessing health care.[4,39,72,73] Given that disability and domestic abuse impacts health and wellbeing, and increases the need for health care, the barriers to health care for disabled people experiencing domestic abuse is especially challenging. These barriers are often related to accessibility or perceptions of poor treatment. Disabled people report inaccessible or costly transport as a barrier, and actual physical barriers in health care settings. They also often report being treated poorly, being denied care in the past and fearing judgement from health care providers.[4,31,54] Because of all of these barriers, disabled women often endure abuse and the health impact of abuse for longer before seeking help. To reduce these barriers, NICE guidance recommends that services should identify the barriers disabled people may face when accessing health and social care, and then introduce a strategy to overcome these barriers.[26] This section supports the public health system in identifying and overcoming the barriers to disabled people face when accessing health and social care.

### Improve identification and disclosure of abuse

Better identification and disclosure of domestic abuse requires a supportive environment.[26,74] The low level of reporting by those experiencing domestic abuse and insufficient screening by health and social care professionals mean that the identification of people experiencing domestic abuse is currently lacking.

Many barriers prevent people from reporting domestic abuse. They often feel shame, judgement or blame for the abuse, are afraid of not being believed, and may even fear that the abuse will worsen if the abuser finds out. If children are present in a household where domestic violence is an issue, people often fear the involvement of child protection and removal of children.[26] These fears are often amplified for disabled people. Beyond this, disabled people experience further barriers in reporting abuse – they may not even recognise abuse or know how to report it, and may be ignored when they do report.[6,7,29,31,44]

Alongside these barriers to reporting, health and social care professionals rarely ask disabled people about their experiences of domestic abuse.[6,75] NICE guidance recommends that all people in mental health services are screened for domestic abuse, but there are no current recommendations on universal screening for disabled people. Given the prevalence of domestic abuse that disabled people experience, targeted screening has been suggested for them, as they experience particular vulnerabilities.[76]

Two screening tools are available to help health and social care professionals screen disabled people for domestic abuse:

1. A four-item abuse assessment screen-disability (AAS-D) assesses physical and sexual abuse and has specific questions about disability.[76]

2. A computer-based abuse and safety tool screens disabled women for domestic abuse by intimate partners and personal care assistants. The tool is accessible and includes audio-video vignettes of four diverse domestic abuse survivors who provide information on abuse, warning signs and ways to promote safety.[77]

### Improve support

If a disabled person does report domestic abuse, health and social care professionals should offer an empathetic and supportive response. They should carry out a risk assessment and safety plan, and assess the disabled person for further support. Health and social care providers should be able to provide specialist advice, advocacy and support as part of a comprehensive referral pathway.[26] This does not necessarily mean providing specialist support themselves but instead referring disabled people to specialist support services. Advocacy and support can reduce future risk of domestic abuse and improve physical and psychological health and wellbeing.[22] Advocacy and support are often offered through counselling, educational, cognitive-behavioural therapy and motivational interviewing approaches. These approaches can improve post-traumatic stress disorder symptoms, depression, anxiety, self-esteem, stress management, independence, support, motivational level and readiness to change.[55]

NICE guidance on domestic abuse recommends that support is tailored to meet disabled people's needs.[26] Two studies provide examples of specialised advocacy and support for disabled people who have experienced domestic abuse:

1. A survivors group for women with significant intellectual disabilities who have also experienced sexual abuse provided them with education, designed for their level of ability, about sexual abuse. It also helped them to reprocess the trauma of their sexual abuse, and to build trust and rapport. As a result, the women improved their sexual knowledge, and their understanding of trauma and depression.[78]

2. A therapy group for women with intellectual disabilities who have experienced sexual abuse and/or assault offered general personal sharing, mutual support, group activities, role-playing, group painting, and sculpture. The result was higher levels of perceived engagement during the more interactive nonverbal activities. The women also improved their psychological wellbeing, self-esteem and assertiveness.[79]

### Train health and social care providers

To identify domestic abuse and provide a supportive response, health and social care professionals should receive relevant training. Training for health and social care

professionals has been shown to improve the screening and identification of domestic abuse.[80] NICE guidance on domestic abuse recommends that all health and social care professionals receive pre-qualifying and continuing training on domestic abuse. This training should include information about:

- dynamics of domestic abuse
- how to ask about domestic abuse in a way that makes it easier for people to disclose it
- understanding of the epidemiology of domestic abuse and how it affects people's lives
- how to respond with empathy and understanding, to assess someone's immediate safety and offer referral to specialist services[26]

In addition, NICE recommends that certain health and social care professionals, including child safeguarding social workers, safeguarding nurses, midwives, health visitors, GPs and practice nurses should receive further training.[26]

To add to these general recommendations, there are further recommendations for training on domestic abuse and disability.[7,23] This training should:

- promote understanding of the concept of coercive control and what this means for professionals
- promote awareness of how, proportionally, many more disabled people are abused than non-disabled people
- discuss abuse perpetrated by personal care assistants, health care providers, other carers, and other family members
- develop understandings of a gendered approach to domestic violence and the social model approach to disability
- challenge negative stereotypes and prevailing social attitudes about disabled people
- challenge perceptions about the dynamics of domestic abuse
- focus on the complexity of social barriers and individual impairments experienced by disabled people
- cover diversity issues and link insights about types of oppression experienced by disabled people with those experienced by women, BME people, LGBT people, older people and others[7]

Evidence suggests that health and social care provider training on disability and domestic abuse can be effective. A sexual abuse prevention programme that trained service providers found it improved practitioners knowledge and attitudes about sexual abuse and the sexuality of people with developmental disabilities.[81]

## Facilitators to effective service provision

Beyond prevention and response by domestic abuse services and health and social care services, system-level factors can help ensure that services give disabled people experiencing domestic abuse the support that they need. These system-level factors include integrating all services and engaging with disabled people.

### Integration

Criminal justice, health and social care, domestic abuse, mental health and disability services need to be integrated for effective service provision for disabled people experiencing domestic abuse.[7,23,82] The NICE guidance calls for an integrated commissioning strategy and integrated care pathways for domestic abuse services.[26] Given the further complexities of service provision for disabled people, this integration is even more vital for these services.

Domestic violence forums provide an example of best practice. These forums were developed in England during the 1990s as part of the government's response to domestic violence and its call for multi-agency working. The forums provided the opportunity for disability activists to become involved in local responses to domestic violence, bringing domestic violence and disability activists to the same table.[8]

### Engagement

Engaging with disabled people at every level is key to service provision that is responsive to the needs of disabled people. Disabled people have often been excluded from the process of developing services. In the national survey of domestic abuse services, 27% had made attempts to reach disabled people or partner with disability organisations.[78] However, NICE, WHO and activists, advocates and professionals engaged in addressing the needs of disabled women experiencing violence and abuse recommend that direct involvement of disabled people with services is an effective way to improve services.[4,8,26] This can happen in a variety of ways. Empowerment via disability rights organisations, community-based rehabilitation organisations, self-advocacy groups, or other collective networks can enable disabled people to identify their needs and lobby for service improvement.[4] Multi-agency professional learning and practice integration – including disabled people and disability organisations – can lead to greater communication and knowledge-sharing between agencies and enhanced awareness of available resources.[83] Disabled people should be encouraged into dedicted voluntary or paid posts and management roles in the domestic abuse services or, at minimum, disabled people with knowledge about the domestic abuse should be consulted in policy development.[7,23] Whatever the specific form of engagement, health and social care and domestic abuse services should be engaging with disabled people on the development of services.

# Summary

This topic overview highlights how disabled people are significantly more likely to experience domestic abuse. That experience is likely to be more severe, long-lasting and include particular forms of abuse, such as ridiculing an impairment or withholding personal care. Disabled people may have increased risk factors for domestic abuse related to their impairment, reliance and isolation, or wider risk factors, including exclusion from education, employment and income.

Disabled people experiencing domestic abuse may also encounter significant barriers to accessing services. We know that what works in preventing general domestic abuse – school-based education and economic empowerment – is also likely to work for disability-specific domestic abuse prevention. Furthermore, group empowerment education has shown promising results in increasing knowledge and protective factors for domestic abuse among disabled people.

To improve access to health and social care and domestic abuse services, barriers should be addressed and professionals should receive further training. Alongside this, integration between health and social care services and disability and domestic abuse services will improve knowledge and referral pathways. Finally, engaging directly with disabled people in the planning and provision of services can help ensure that services are responsive to their needs.

This topic overview aims to create a conversation about the experiences and needs of disabled people experiencing domestic abuse and to provide guidance for the public health system to respond.

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