

# Violence Against Women

## Hidden voices: Disabled Women's Experiences of Violence and Support over the lifecourse

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Review

## **Hidden voices: Disabled Women's Experiences of Violence and Support over the Lifecourse**

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### **Abstract**

Violence against women is a worldwide social and human rights problem that cuts across cultural, geographical, religious, social and economic boundaries. It affects women in countries around the world, regardless of class, religion, disability, age or sexual identity. International evidence shows that approximately every 3 to 5 women experienced physical and/or sexual violence by an intimate partner. However, across the globe, women and girls with impairments or life-limiting illnesses are more susceptible to different forms of violence across a range of environments and by different perpetrators including professionals and family members as well as partners. However they are likely to be seriously disadvantaged in gaining information and support to escape the abusive relationships. This paper stems from the UK part of an ongoing four country comparative study (2013-15) funded by the European Commission. It presents preliminary findings, generated from life history interviews, about disabled women's experiences of violence and access to support (both formal and informal) over their lifecourse, and their aspirations for the prevention of violence in the future. The paper includes examples of impairment-specific violence not experienced by non-disabled women. By bringing the voices of disabled women into the public domain, the paper will facilitate a historically marginalised group to contribute to the debate about disability, violence and support.

### **Introduction**

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3 Internationally and nationally, violence against women has been recognized as one of the  
4 most serious forms of gender-based violations of human rights. Estimations from the Council  
5 of Europe suggests that between one fifth to one quarter of women across countries in Europe  
6 experience domestic violence at some point during their lifetime. Historically, violence  
7 against women has been conceived as a manifestation of the unequal power relations between  
8 men and women which has led to the discrimination and oppression of women, and their  
9 subordination in relation to men. Women and girls are exposed to different forms of violence  
10 over their lifecourse. This includes domestic violence, rape, sexual harassment, forced  
11 marriage, 'honor' killings and genital mutilation. Such violations of females have been  
12 recognized as a worldwide social and human rights problem that cuts across cultural,  
13 geographical, religious, social and economic boundaries affecting women in countries around  
14 the world, regardless of class, religion, disability, age or sexual identity. According to the  
15 United Nations, violence against women and girls is defined as:

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26 “any act of gender based violence that results in, or is likely to result in, physical,  
27 sexual or mental harm or suffering to women, including threats of such acts,  
28 coercion or arbitrary deprivation of liberty, whether occurring in public or in  
29 private life.”  
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35 In the U.K. the concept of domestic violence is informed by Women's Aid, a national charity  
36 working to end violence against women in the U.K. With a network of 350 domestic and  
37 sexual violence services across the U.K., Women's Aid defines domestic violence as:

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39 “physical, psychological, sexual and financial violence that takes place within an  
40 intimate or family-type relationship and forms a pattern of coercive and controlling  
41 behavior. This could include forced marriage and so-called 'honor' crimes. Domestic  
42 violence often includes a range of abusive behaviors, not all of which are inherently  
43 violent.”  
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48 (Women's Aid, 2007)  
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51 However, many authors have noted that dominant definitions of violence focus on the  
52 experiences of violence by non-disabled women, but fail to represent those of disabled  
53 women even though there is a plethora of evidence to suggest that disabled women and girls  
54 are more susceptible to systemic and individual violence across their lifecourse compared to  
55 their able-bodied counterparts (Schröttle and Glammeier, 2013; Thiara et al, 2011). Studies  
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3 conducted in Europe, North America and Australia have shown that over half of all disabled  
4 women have experienced physical abuse, compared with one third of non-disabled women  
5 (UN, 2006). Nearly 80% of disabled women have been victims of psychological and physical  
6 violence, and are at a greater risk of sexual abuse than non-disabled women (European  
7 Parliament, 2006). Balderston (2014) suggests that in the United Kingdom, disabled women  
8 are two to five times more likely than men and non-disabled women to experience sexual  
9 violence<sup>1</sup>. Further, several studies report that disabled children are approximately three times  
10 as likely to be sexually abused than non-disabled children (Sullivan and Knutson, 2000).  
11 Accounting for gender, Sobsey et al (1997) found that significantly more disabled girls than  
12 disabled boys were likely to experience sexual abuse. This supports the work of Kelly et al in  
13 1991 which suggested that one in four disabled boys and one in two disabled girls experience  
14 some form of sexual abuse before their eighteenth birthday.  
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24 This high proportion of disabled women exposed to and experiencing violence over their  
25 lives could be associated with a number of factors, including the fact they are perceived as  
26 dependent asexual beings who cannot achieve the goals of womanhood – of engaging in  
27 healthy sexual or romantic relationships and of fulfilling traditional gender roles of wife and  
28 mother (Bagum, 1992). Thiara et al (2012) suggest that the perception that disabled females  
29 are not ‘proper’ sexual beings women could lead to them being at greater risk of sexual  
30 abuse. Further, Cockram (2003) suggests that the fact disabled women and girls have to  
31 depend on others for basic personal and social needs places them at greater risk of abuse  
32 compared to non-disabled women. This is evidenced by Barron (2010) who cites the  
33 experience of a young disabled woman being offered assistance to the toilet by a male. She  
34 contends that while this could be interpreted as the woman being viewed as asexual, it could  
35 equally be seen as a way for a potential perpetrator to exploit the dependent nature of the  
36 relationship and be intimate with the disabled women who they, in fact, do view as a sexual  
37 being.  
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49 The objectification of disabled women’s bodies across their life course has also been  
50 suggested as creating opportunities for the abuse of disabled women. Work by Bagum  
51 (1992) suggests that there is a tendency for society to reduce disabled women’s bodies to  
52 asexual objects which can be controlled and manipulated by others. This is concurred by  
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3 Belsky (1980) who suggest contributing factors include the cultural devaluation of women  
4 and disabled people. Womendez and Schneiderman (1991) point out another significant  
5 factor as the lack of opportunities disabled women are given to learn the differences between  
6 appropriate and inappropriate sexual behaviour. Other authors point out how disabled girls  
7 have had limited exposure to sexual knowledge and opportunities while growing up due to  
8 being excluded from the cultural spaces where these exchanges take place, or being  
9 constrained by high levels of surveillance (Nosek et al, 2001; Shakespeare et al, 1996;  
10 Shakespeare, 2014). This opens up ample opportunities for the abuse of disabled females  
11 within institutional practices as well as from different individuals who they interact with over  
12 their lives. These include professionals, paid carers, family members and intimate partners.  
13 For instance, Campling (1981:10) pointed out how her body was manipulated by health  
14 professionals when she was young:  
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24 'as the doctors poked and studied me endlessly I learnt more quickly than some non-disabled women  
25 that I'm seen as an object...'  
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29 This is similarly evidenced by Thomas' (1999) who presents the narratives of disabled  
30 women with different experiences of gender and disability. One of the women's recollection  
31 of being routinely exposed to sexual abuse by a male doctor who knew she had no feeling in  
32 her lower body, in the name of 'routine check-up', exemplifies the simultaneous oppression  
33 resulting from the interplay of disablism and sexism.  
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39 Professional, social and institutional practices, as discussed above, have often been taken for  
40 granted as a normal part of disabled people's everyday lives, and not considered to be  
41 'abusive practices' in the same way that they would if experienced by a non-disabled  
42 child/adult. Work by Westcott and Cross (1996), and Shah and Priestley (2011) draw  
43 attention to practices of public stripping, disabled children parading naked in front of medical  
44 professional and students who are strangers to them, and medical photography of disabled  
45 children and young people, experiences which would not be suffered by non-disabled  
46 children. These differing notions of acceptable and abusive behaviour for disabled and non-  
47 disabled individuals is reflected in a quote by a Social Services Team Leader in a study by  
48 the British Association for the Study and Prevention of Child Abuse and Neglect (1992)  
49 (cited in Morris, 1996:117)  
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3 We accept that physical means of control are more acceptable for children with learning disabilities  
4 than for other children. Children are locked in their bedrooms at night. I know a child who is tied to a  
5 chair to keep him safe. We accept the differences but should we?  
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7 Such attitudes by practitioners create barriers to knowledge, disclosure and reporting in  
8 relation to the abuse of disabled children. Kennedy (1996) argues that there is a notion,  
9 among professionals, that abuse experienced by disabled children is of less significance than  
10 that experienced by non-disabled children. This in itself becomes a barrier to accessing  
11 support and protection. For instance, although disabled and non-disabled children are equally  
12 manipulated by the perpetrator to blame themselves, the former are less likely to be believed  
13 when disclosing the act (Higgins and Swain, 2010). Even when signs of abuse, including  
14 sexual abuse, is recognised practitioners seem to associate it with the child's impairment  
15 (Kennedy, 1996).  
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24 Although disabled women and girls experience the same types of abuse as their non-disabled  
25 contemporaries, they are likely to be subjected to additional types of abuse specific to being  
26 disabled. The impairment-specific acts of abuse include those which simultaneously increase  
27 the powerfulness of the perpetrators and the powerlessness of the disabled women. Curry et  
28 al (2001) highlight experiences such as the misuse of medication, isolating individuals from  
29 family and friends, removing the battery from the woman's power wheelchair as forms of  
30 abuse that non-disabled women/ girls do not experience. However, as previously mentioned,  
31 these practices/ actions may not be seen as abuse, either by professionals or by disabled  
32 people themselves. Even when disabled people do feel they are victimized, very few are in a  
33 position to report it to the authorities or a women's service such as Women's Aid. Several  
34 authors suggest a number of reasons for this, connected to the fact that disabled women and  
35 girls are likely to experience additional abuse by people on whom they are reliant, be they  
36 family members and paid carers, as well as intimate partners. Sobsey and Doe (1991) report  
37 how disabled women are likely to experience additional abuse at the hands of people who are  
38 supposed to "care" for them, such as personal assistants, parents, health care workers and  
39 staff of residential settings (i.e. schools or care homes). The dependent status of the disabled  
40 woman in such situations reinforces the notion that they are incompetent and powerless to  
41 resist or report perpetrators' advances, making them more likely to be victimized than non-  
42 disabled women (Nosek, et al 2001). This is supported by Saxton et al (2001) who found that  
43 disabled women are less likely get support or prevented from accessing other sources of  
44 support when they are reliant on their abuser. At the same time, in cases where the perpetrator  
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3 is also the disabled girl's/ woman's assistant they may be particularly reluctant to make a  
4 charge for fear they would be left with no-one to provide the personal care they require to  
5 live independently (Martin et al, 2006; Kennedy, 1996).  
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10 Apart from the barriers caused by perpetrators, much evidence suggests disabled women face  
11 several obstacles when seeking professional support which is open to non-disabled women  
12 (Thiara et al, 2012). Such includes the lack of physical access to services, the inaccessibility  
13 of publicity materials, lack of accessible alternative accommodation such as refuges, and as  
14 suggested above, social stereotypes that assume disabled women to be asexual, tragic or  
15 burdens to society. Further, professional's poor understanding of disability and impairment-  
16 specific abuse shape responses to disabled women and frequently leave them without  
17 protection from more general sources of support, such as the criminal justice system or other  
18 legal structures. For instance, disabled women may experience disbelief when approaching  
19 service providers about experiences of abuse in relation to their impairment, or even may  
20 avoid accessing formal support for fear they would not be believed over the non-disabled  
21 perpetrator. Further where children are involved, disabled mothers experiencing violence may  
22 not seek professional help for fear they could be perceived as incompetent parents and  
23 experience interventions by legal and medical professionals in their reproductive lives (Booth  
24 and Booth, 1994; Priestley, 2003). Bashall and Ellis (2013) note how policy makers and  
25 society in general do not conceive the impairment-specific acts of abuse as domestic violence  
26 or hate crime, but more as "some innate vulnerability caused by their impairment" (p.116).  
27 This in itself is a major barrier to prevention and to accessing services and support.  
28 Therefore, despite the recognised large numbers of disabled women encountering violence,  
29 the obstacles they face, including the legal and protection frameworks that exist to protect  
30 women from violence, prevent them from getting the support they deserve to end the abuse in  
31 the lives.  
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47 So it is clear that continuation of violence of disabled women often stems from the  
48 inequalities associated with being disabled and female in a patriarchal society constructed  
49 around the non-disabled majority. The intersectionality of disablism and sexism helps to  
50 materially locate disabled women on the axis of power and disadvantage, and therefore  
51 provides a tool for understanding to complexity of disabled women's experiences of abuse  
52 and disadvantage. As Jennings (2003) pointed out:  
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3 Women and girls with disabilities live at the intersection of gender and disability bias.  
4 As a consequence, they experience higher rates of violence and lower rates of service  
5 provision than their non-disabled peers.  
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10 However, the historic marginalisation of disabled women, by disablism and patriarchy, means  
11 that regardless of the high rates of victimization experienced by disabled women (as  
12 suggested by the research reviewed above), their experiences and voices remain absent from  
13 policy and research agendas, both in areas of domestic violence and disability. This  
14 'invisibility' from these two camps has, in turn, contributed negatively to the high  
15 victimization of disabled women (Cockram, 2003; Thiara et al, 2012). Through the  
16 presentation of some preliminary qualitative evidence generated from the U.K. part of an EU  
17 funded four country comparative study, the aim of this paper is to examine disabled women's  
18 experiences of violence and access to support (both formal and informal) over their  
19 lifecourse. In this work, disabled women are identified according to the definition outlined by  
20 the United Nations Convention on the Rights of Persons with Disabilities (2006):  
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29 Women with disabilities include those who have long-term physical, mental, intellectual or  
30 sensory impairments which in interaction with various barriers may hinder their full and  
31 effective participation in society on an equal basis with others  
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35 Through the first-hand accounts of disabled women, this paper will present examples of how  
36 women experienced different types of violence including impairment-specific violence. It  
37 will highlight the main barriers and enablers to accessing specialist and more general victim  
38 support services at different points in the life course. It will also bring forth disabled women's  
39 aspirations for the protection of survivors of violence and the prevention of violence against  
40 disabled women in the future. In so doing, it will provide the voices of a simultaneously  
41 oppressed group with the opportunity to enter the public domain and inform macro-level  
42 decisions that impact their lives. Before presenting this data, the paper will briefly discuss the  
43 legal instruments, both international and U.K. based, which currently exist in relation to  
44 violence against women in general and disabled women in particular.  
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## 52 53 **Law and Policy** 54 55 56 57 58 59 60



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3 Acts of violence, once seen as a more private matter, have prompted the development of  
4 various international and national legal human rights instruments to protect women and girls  
5 from harm and abuse. With over three million women affected by a different acts of violence  
6 and abuse the UK government has signed up to main international treaties related to violence  
7 against women and on the rights of disabled people. National legal instruments have also  
8 been developed in the relation to violence against women and disabled people in the U.K.  
9 However, a policy review conducted as part of the first phase of the EU research study  
10 mentioned above revealed noticable gaps in existing legislation in relation to disabled  
11 women. This section will briefly discuss some of the international and national legal  
12 instruments relevant to violence for women in general and for disabled women in particular.  
13 It is by no means an exhaustive list.  
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23 In 1989 the Convention on the Rights of a Child was the first international treaty proposed to  
24 protect the rights of children under age 18. With 54 articles it sought to cover a range of  
25 human rights including the protection from violence (Article 19). The UN also developed  
26 other instruments in relation to protection and prevention of violence against women. UK  
27 government signed the **Convention on the Elimination of All Forms of Discrimination**  
28 **against Women** (CEDAW) on 22 July 1981 and ratified it on the 7 April 1986. Further to  
29 this the UK acceded the CEDAW Optional Protocol (OP) on the 17 December 2004 and it  
30 entered into force on 17 March 2005. The Ministry of Justice<sup>2</sup> has responsibility for its  
31 implementation in the UK. The Treaty has had symbolic importance in influencing the  
32 development of other laws and policies in the UK as well as allowing the government to be  
33 held to account through the relevant provisions of General Recommendations 19, 14 and 24.  
34 A number of reservations remain in place, for Articles 9, 11, 15 and 16.  
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43 In 2002 The Adoption and Children Act amended the 1989 Children Act, amending the  
44 definition of ‘significant harm’ to reflect the impact of domestic abuse on children. In  
45 December 2003 the **Protocol to Prevent, Suppress and Punish Trafficking in Persons,**  
46 **especially Women and Children** entered into force. It supplemented United Nations  
47 Convention Against Transnational Organised Crime. The protocol states to prevent and  
48 combat trafficking in persons, and protects victims of trafficking. The prevention and  
49 protection of trafficked persons includes women and children who are trafficked for  
50 commercial sexual exploitation. The protocol was acceded by Council of Europe that opened  
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58 <sup>2</sup> Ministry of Justice <http://www.justice.gov.uk/> [26.3.13]  
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3 a Council of Europe Convention on Human Trafficking signed by U.K. in 2005. Although  
4 complementary protection is ensured through the Lanzarote Convention on the Protection of  
5 Children against Sexual Exploitation and Sexual Abuse (2007), the thirty signatories does not  
6 include the U.K. as yet.  
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11 As well as law and policy with respect to women in general, there is also law and policy in  
12 relation to disabled people which seeks to protect the rights of disabled people, with articles  
13 specific to disabled women. The UN Convention on the Rights of People with Disabilities  
14 (UNCRPD)<sup>3</sup>, is the first international treaty to promote the civil rights of disabled people in  
15 all aspects of social life. Articles 6, 15, 16 and 17 are particularly relevant to this topic. In  
16 Article 6, the UNCRPD recognises that disabled girls and women encounter multiple  
17 discrimination and propose to take measures to ensure they can enjoy their human rights.  
18 Article 15 proposes to take legislative and other measures to prevent disabled people from  
19 being subjected to torture or cruel degrading treatment. Article 16 is specific to ensuring  
20 disabled people are free from violence, exploitation and abuse. Article 17 offers mechanisms  
21 to ensure disabled women can retain their mental and physical dignity.  
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31 Legal remedies are available in the UK through both civil law, which aims at protection for  
32 women experiencing violence, and criminal law, which aims at punishment of the offender.  
33 These include the Family Law Act 1996, Homelessness Act 2002 and Housing Act 1996. In  
34 2004, Domestic Violence, Crime and Victims Act came into force to amend Part 4 of the  
35 Family Law Act 1996, the Protection from Harassment Act 1997 and the Protection from  
36 Harassment (Northern Ireland) Order 1997. It makes many acts of violence arrestable  
37 offences including public order offences, assault and battery, threats to kill, harassment,  
38 sexual offences, kidnap and child cruelty. Under criminal law, the Protection from  
39 Harassment Act 1997 allows a woman who has experienced violence to take out a restraining  
40 order that bars the perpetrator from making contact with the survivor. This law aimed at  
41 dealing with the problem of stalking, although Women's Aid reports that follow up research  
42 revealed 40% of the worst offences involved harassment by ex-partners.<sup>4</sup> In 2012 this Act  
43 was updated by the Protection of Freedoms Act 2012, which made two new offences of  
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55 <sup>3</sup> First international treaty to afford disabled people full human rights:

56 <http://www.un.org/disabilities/convention/conventionfull.shtml>

57 <sup>4</sup> Women's Aid *Protection under Criminal Law* (2008) <http://www.womensaid.org.uk/domestic-violence-articles.asp?itemid=1401&itemTitle=Protection+under+criminal+law&section=00010001002200070001&sectionTitle=Articles%3A+criminal+law#harrass> [4.4.13]  
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3 stalking and stalking involving fear of violence or serious alarm and distress, also allowing  
4 for the police to search premises in relation to these crimes. The Forced Marriage (Civil  
5 Protection) Act 2007 protects individuals from being forced into marriage without their free  
6 or full consent. It came into force in England and Wales on the 25 November 2008, also  
7 covering Northern Ireland, and the Forced Marriage (Protection and Jurisdiction) (Scotland)  
8 Act 2011, was passed by the Scottish Parliament on 22 March 2011. Under the provisions of  
9 the legislation, a Forced Marriage Protection Order may be issued, prohibiting that a person  
10 be taken overseas or ensuring that they are returned to this country. So, although the act of  
11 forced marriage itself is a civil offence, it has consequences that are considered which are  
12 deemed criminal under other legislation, including the Sexual Offences Act 2003 or  
13 Domestic Violence, Crime and Victims Act 2004.  
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23 In terms of legislation specific to disabled women, the Equality Act 2010 amalgamated  
24 various laws, including those relevant to disabled people and women. The **Disability**  
25 **Discrimination Act 1995** (DDA) set out the first foundations of civil rights legislation for  
26 disabled people. According to the Act it is unlawful for any person to subject a disabled  
27 person to harassment which has the purpose/effect of violating the disabled person's dignity,  
28 or creating a hostile, offensive, humiliating or degrading environment. This is detailed, in  
29 Part I of the Act, in accordance to public authorities, including employers, advocates and  
30 barristers. DDA 2005 amends DDA 1995. It applies to access to goods and services,  
31 including legal services. Individuals with cancer, HIV and mental health difficulties are also  
32 covered by the DDA. Further it applies to private clubs as well as public services.  
33 Enforcement of accessibility legislation and standards are clearly particularly important in  
34 relation to access to specialised services. It may be noted however that charities are exempt  
35 from some of the requirements for building accessibility under sections 193 and 194<sup>5</sup>. This  
36 may include some charities that operate to support women who have experienced violence.  
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48 Although the laws and policies, highlighted above, were not explicitly mentioned in the  
49 women's survival stories, in some instances they did, albeit indirectly, contribute to their  
50 escape and subsequent protection.  
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## 53 54 55 **Methods**

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58 <sup>5</sup> Equality Act 2010 Section 193 <http://www.legislation.gov.uk/ukpga/2010/15/section/193> [17.4.13]  
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4 The aforementioned EU funded research project on which this paper is based adopted a  
5 mixed method approach to cover four phases of empirical fieldwork. These phases included  
6 an online survey of specialist violence support services across the U.K., semi-structured  
7 interviews with key 'experts' (representatives from 15 of the services included in the survey),  
8 four focus group discussions with a range of disabled women in different parts of the U.K.,  
9 and life story interviews with 15 disabled women.  
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11 This paper will report on preliminary data from the final phase of empirical fieldwork. It  
12 adopted a life story approach to generate data about the social world of a sample of disabled  
13 women across the U.K. who are survivors of violence and have experience of specialist  
14 support services. According to Atkinson (1998: 8), a life story  
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23 is the story a person chooses to tell about the life he or she has lived, told as completely or as honestly  
24 as possible. What is remembered of it, and what the teller wants to know of it, usually as a result of a  
25 guided interview by another.  
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28 The method of life history interviews to learn about experiences of disabled people, and  
29 especially disabled women, is still a relatively new approach (French and Swain, 2006; Shah  
30 and Priestley, 2011). It is not only a personal narrative, but offers a unique understanding of  
31 development across time (both biographical and historical) and space. As argued by Bertaux  
32 (1981) when a life story is told, we not only hear the personal narrative, but also become  
33 aware of the interplay between the individual and the broader social structures that gives  
34 substance to the narrative and contextualizes it within time and space. Further, life stories  
35 offer a mechanism to learn about the experiences of perhaps oppressed or ignored groups  
36 (such as disabled girls and women who have survived violence) not ordinarily included in  
37 official documentation. In so doing it provides new understandings to existing knowledge on  
38 disability and on violence against women/girls, which can challenge assumptions and help to  
39 re-examine official documentation about the subject (French and Swain 2006). It also allows  
40 a historically marginalised group (disabled women) to become agents of their knowing or  
41 knowledge creators.  
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51 The life story approach also favours a social model lens and allows a space for non-  
52 medicalised narratives to be voiced by disabled women, providing a space where participants  
53 can control when and how they communicate. It allows for the focus to move beyond the 'life  
54 experiences of disabled people' and towards the 'experiences of disability in people's lives',  
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responding to Finkelstein's reminder that 'disabled people are not the subject matter of social interpretation of disability' (Finkelstein, 2001: 1). Thus, the primary purpose is to reveal and challenge the network of social relations, institutions and barriers that inhibit the full participation and equality of disabled women when trying to access support for abuse.

### *Sample and Recruitment*

The target sample included disabled women within age range 18-65, stipulated in the original proposal for reasons relating to ethics and funding. All participants identified themselves as being survivors of violence, and had experiences of accessing support at different points in their lives. The sampled used for illustration in this paper are drawn from six case studies, a sub-set from the larger study. The names have been altered using pseudonyms chosen by the participants. The characteristics of the sub-sample such as their age, ethnic origin, marital status and impairment type are summarized in the table 1 below:

<b>PSEUDO-NAME</b>	<b>AGE</b>	<b>IMPAIRMENT</b>	<b>REGION, COUNTRY</b>	<b>MARITAL STATUS</b>	<b>CHILDREN</b>
Barb	47	Visual Impairment	Scotland	Divorced	yes
Lois Eldritch	22	Mobility/Degenerative	England	In relationship	no
Alison	47	Mobility	Scotland	Divorced and in relationship	yes
Adel	34	Mobility	England	Single	no
Samantha	48	Mobility	England	Married	yes
Shirley	48	Mobility ,Hearing	Scotland	Divorced	no

All women became involved in the project through a process of self-selection. Disch (2001) asserts the importance of research participants being able to freely volunteer themselves for involvement in the research. Although this method would not produce a representative cross section of the disabled female population, Booth and Booth (1997) maintain how such bias is permissible as it reduces the difficulties that could emerge from third party explanations of the research. Further it confirms that the disabled women were in the right place in terms of their personal healing and confident about speaking out and sharing their realities.

Short recruitment notifications were published on the project website, on Facebook, and in newsletters of disabled people's organisations (such as Inclusion Scotland) across the U.K. A number of women responded to these. Other women leaned about the work through their association with some of the expert service providers involved in the second and third empirical phases of the project. For example, five of the women attended monthly support

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3 groups for disabled women which were led by one of experts interviewed for the second  
4 empirical phase. One disabled woman was on the board of trustees of another of the specialist  
5 services involved in the research. Another woman had just won a court case against her  
6 perpetrator with the specialist support of one of the experts (who is also a member of the  
7 project advisory board). The final sample was made up of women based in different parts of  
8 England and Scotland.  
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14 Once the women had expressed an interest in participating in the research, they were sent a  
15 *Participant Information Sheet* and *Consent Form*. Completion of the former provided some  
16 important information about the participant to ensure she meets the sample criteria before  
17 interviews are arranged. It also provided space for participants contact details (according to  
18 their preference) so the researcher could keep them informed about the project as it  
19 developed. The women were also requested to provide alternative names for themselves, so  
20 their identities could be protected if they gave consent for their stories/ experiences to be  
21 disseminated in publications and reports. The *Consent Form* allowed them to give written  
22 consent. However, written consent was normally acquired after the interview had taken place  
23 and the researcher had verbally explained the aims and objectives of the research, and how  
24 the women's stories would be used. Higgins and Swain (2010) propose that the process of  
25 explanation is important as it influences the acquisition of informed consent. The researcher  
26 tried to be as open and honest as possible in her explanation of the research, and allowed the  
27 women to hold the reins to the interview research process. Although the researcher guided the  
28 women through the interview with a very open topic guide, ultimately the women had control  
29 over how and if they responded to these questions. Further they determined if they wanted a  
30 break and when to resume the conversation. This was especially important given the  
31 sensitive nature of the topic.  
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#### 44 ***Use of Empathy***

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47 Most of the interviews were conducted by the first author of this paper, who is herself a  
48 disabled woman. It can be argued that her ontological position, as a disabled female  
49 researcher, was key to the development of this research. Leicester (1999) and Oakley (1981)  
50 suggest that interviewing individuals with similar experiences encourages the generation of  
51 richer material. Stanley and Wise (1993: 227) describe this experience of knowing as an  
52 "epistemological privilege," with researchers having access to a priori knowledge of their  
53 informants' subjective realities by virtue of their shared experiences.  
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3 The researcher and the researched shared the identity of being disabled women and the  
4 experiences of simultaneous oppression it engenders. This was helpful in terms of recruiting  
5 participants, and building rapport with them, encouraging them to be more open. Nosek et al  
6 (2001) concurs with this, suggesting that a non-disabled interviewer may create psychological  
7 divide when interviewing a disabled woman. However they also point out that although a  
8 disabled interviewer may establish rapport with disabled participant more rapidly, their  
9 shared experiences could cause them to digress away from the interview agenda. During her  
10 PhD training, the disabled researcher had been made aware of the dangers of ‘overrapport’,  
11 and, taking Moser’s (1958:187-188) advice, adopted a ‘pleasantness and a business-like  
12 nature’. Further, the researcher did not have any experience of abuse herself, and thus was  
13 able to retain a fair level of objectivity when interviewing the women. Bondi (2003) contends  
14 that some level of objectivity is important as it enables the interviewer to be emotionally  
15 present and reactive to the interviewees’ responses while simultaneously staying in touch  
16 with, and reflecting on their own feelings. In this way there is not a danger of the interviewer  
17 becoming unconsciously overwhelmed by the respondents’ stories, reacting to rather than  
18 reflecting on what is going on, and blurring the interviewer/ interviewee boundary (see Shah,  
19 2006).

### 31 *The Interview*

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34 Once the women had responded to the recruitment request and completed the *Participant*  
35 *Information Sheet* mentioned above, arrangements were made, between themselves and the  
36 researcher, for the interview. The women were presented with options as to what format of  
37 interview would be most accessible for them – face-to-face, via e-mail, via skype, telephone.  
38 All women expressed a preference for face-to-face interviews.  
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44 The location of the interviews was chosen by the disabled women. Most of them expressed a  
45 preference to hold interviews in their own home which was considered safe and accessible for  
46 them. In cases where women felt this was not appropriate, they were interviewed in a  
47 women’s support service which was local and familiar to them. Arrangements for this were  
48 made through negotiations between the researcher and thee relevant expert service providers.  
49 Service providers also offered to provide support to the women, if they required it, as a  
50 consequence of being re-traumatised by the interview. Only one of the interviews was  
51 conducted in a public place (bar/restaurant) as it was convenient for the participant. The  
52 possible problems of discussing such a private and sensitive topic in such a public place were  
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3 noted but the participant was not concerned. In the event, no problems were encountered. The  
4 only problem related to the transcription of the interview which was occasionally difficult  
5 due to background noise.  
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9 All interviews were between 60-120 minutes in duration. However breaks were incorporated  
10 into the interview time for different reasons including because the participant requested some  
11 time to regain her emotional composure after recollecting traumatic experiences, they need a  
12 comfort break or because they were needed to provide assistance to someone else. For  
13 instance, one of the women described herself as a full-time carer to her eighty year old  
14 mother who had Alzheimer's and thus needed to interrupt the interview when her mother  
15 needed personal assistance.  
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## 20 21 **Research Findings**

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23 Drawing on the data from the six selected case studies, this section of the paper will present  
24 the disabled women's reflections in relation to the different types of violence they  
25 encountered at different points in their lives including impairment specific violence, their  
26 experiences of the formal and informal support mechanisms they drew upon at these times,  
27 and their own aspirations for the protection of disabled women/ girls who have survived  
28 violence and the prevention of such violence in the future. In this regard, three key themes  
29 will be discussed here: 'Experiences of violence over life', 'Access to support' and 'Future  
30 Aspirations' to exemplify the reality for disabled women who are survivors of violence.  
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### 38 ***Theme 1: Experiences of violence over life***

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40 According to the disabled women in the sample the situation of violence encompassed  
41 several things including *Physical and sexual violence, emotional abuse or economic*  
42 *coercion*. Physical violence was seen in terms of being hit and beaten, psychological or  
43 emotional violence involved being verbally attacked, physically isolated from others, being  
44 conditioned to feel worthless by the perpetrator saying and doing things to purposely lower  
45 the woman's self esteem and confidence.  
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51 Women gave examples of the types of violence they encountered at different points in their  
52 life course, from childhood to adulthood. For example Barb recalls being violated at different  
53 stages of her life, from the age of about eight:  
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3 I think at different stages through my life there's been things that have happened. Sort of as a child I  
4 remember being, I suppose you could call sexual assaults, when I was about eight years old. Then in  
5 my marriage, I was married at 17, my husband was physically violent to me maybe about 4 times. And  
6 then the longer relationship that I had later on was everything: physical violence, sexual violence,  
7 emotionally and I tend to see a sort of mental torture that's quite different, it's a sort of extreme of the  
8 emotional abuse. It was really really bad, to the point where it was absolute mental torture. (Barbara)  
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11  
12 Samantha reflects on the violence she was subjected to over her life by different male  
13 perpetrators, starting in childhood by her brothers, who beat her. At the age of  
14 nineteen/twenty she was forced, by her brothers, to marry a much older man who also abused  
15 her:  
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19 in those days we couldn't say nothing to our parents. My mum died when I was two and my dad died  
20 when I was sixteen. My brothers used to beat us up a lot; maybe because they wanted to be - yes, in  
21 other words that's right - they wanted to be in control. They were controlling us, they were controlling  
22 all the sisters. All my three brothers... They arranged or forced my marriage because my dad had  
23 passed away when I was sixteen. I was twenty at the time and he was about forty; or he could have  
24 been sixty. You know he never told me his age! And for the sake of me starting to talk to my sisters  
25 and my brothers I got married but I stayed in India for ages; eight months. They wouldn't let me - my  
26 husband wouldn't let me come back to England. I tried to commit suicide a couple of times and they  
27 [the husband's family] just got fed up and sent me back to England.  
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34 Lois also recalls experiencing abuse by a male member of her family. Her experience was  
35 longitudinal, starting during childhood and ending in early adulthood. Like Sam she tried to  
36 eliminate the memories of the violence, and the psychological scars it caused. However she  
37 did this through alcohol as opposed to attempted suicide:  
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41 when I was about six-seven and thirteen I experience abuse from an extended family member... when I  
42 was about 14 or 15, I was raped, but maybe one or two friends knew about that but no one really knew  
43 it didn't come out in full until I was 18 or 19... I used to have to drink a pint glass of wine before I go  
44 to sleep and that was usually in combination with a lot of my medication as well, so that would be how  
45 I would get to sleep without worrying. I used to not being able to handle being in any sort of silence  
46 and cope with it because of my mind would take over and get trapped and think really negative.  
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50 Some of the women experienced impairment-specific abuse, a type of violence not  
51 experienced by non-disabled women. This type of abuse took place out of sight. It was  
52 related to isolation, control and manipulation. For example, Adele recollects how she  
53 experienced abuse for a good part of a decade, starting when she was a young teenager. The  
54 perpetrator, who was in their 20s at the time, was Adele's carer and sexual partner. Adele  
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3 believes that the perpetrator definitely took advantage of the fact she had an impairment to  
4 abuse her. However, at the time she did not recognize it as abuse:  
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7 He would tell friends that I was poorly when he'd zonked me out. If you've had very strong painkillers,  
8 you're very dozey; so he would purposefully give me the strongest painkillers when my friends were  
9 coming, and they couldn't come then obviously because I was asleep. He would cancel care shifts, he  
10 would then say that I'd cancelled them, because again when you've had them tablets you're not good at  
11 remembering anything - even what your name is... he'd give you so much that you didn't know what  
12 you'd done...I just woke up and I thought I might have smacked myself in the eye. Now luckily I'm  
13 not with him anymore. But, like now, my mates know if I've smacked myself in the eye. Before now,  
14 I didn't really know what he did to me which is probably the worst thing actually.  
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19 Alison, another participant, was victim of physical, psychological and financial abuse. She  
20 identified some of the violence she experienced by her three husbands as related to her being  
21 disabled. She believes all of them saw her as an easy target and easy to control:  
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24 My first husband saw me as a meal ticket because of my impairment...My husband, at the time,  
25 isolated me from my peers so I felt so alone...It was about control; if you're abusive it doesn't matter  
26 where the abuse leads it's always about control. They've got a manual, they've got the same book; you  
27 can laugh but they have  
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### 31 ***Theme 2: Access to support***

32 The women mentioned different kinds of support they tried to access at different times. This  
33 was both formal and informal, resulting in positive and negative outcomes. There were  
34 several examples of women experiencing barriers to accessing support over their lives. These  
35 barriers were caused by different individuals and structures. For instance, both Barb and Lois  
36 remembered how their own families avoided formally reporting the abuse they experienced  
37 for fear of the scandal it may create:  
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44 I think the thing that hurts me the most was probably my parent's reaction – my mum particularly, I  
45 think they must have been thinking do they phone the police, if they do, you know, it'd be a big  
46 scandal; it would be in the paper - all this kind of thing. A sort of shameful situation and I remember  
47 hearing my mum saying that "she's young, she'll just forget about it if we don't mention it". And it  
48 was just swept under the carpet. (Barb)  
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52 Lois was sexually abused by her cousin from when she was age seven to thirteen. Although it  
53 was made known to her immediate and extended family, her family was frightened of the  
54 scandal it may cause within their community and thus preferred not to formally report it to  
55 the police at the time. When Lois was 18 and went to the police herself, she felt she was not  
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3 fully believed because her parents “were in denial” and thus “skipped over what was  
4 important” in the reports they gave.  
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7 Alison tried various avenues of formal support for the domestic abuse she was subjected to  
8 by her husbands. However she faced disabling attitudinal barriers by support services which  
9 resulted in her children being removed from her for a while:  
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12 I did try but they just didn't grasp it [...] and when I did turn to anyone for help it went all wrong so in  
13 the end I nearly lost the kids, I did lose the kids for at least a while... Me: I was branded as the worst  
14 mum in the world  
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18 Despite the fact Alison was experiencing on-going violence from partners, she could not  
19 access formal or informal support. She requested to be relocated for her and her children's  
20 safety, but there were no services that offered support for her as both a disabled woman and  
21 mother :  
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25 all I needed was a helping hand to say: “here you are; here's a place, here's some money, and  
26 with your kids - we're going to give you some support. We'll find you a job, or a job  
27 interview even, we'll start you on your way and then it's up to you. That's all I needed  
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31 Barb also had to put up with years of severe abuse from her second husband. This started in  
32 1988:  
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35 I'm don't know how I got into this situation but it turned out to be sixteen years long and it ws just very  
36 very bad; violence, sexually violence; rape, hundreds of times literally. Just completely broke me  
37 down and I just think that people understand that there's abuse and there's just absolute torture in it's  
38 extreme form and that's where the relationship went.  
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41 Barb's husband had isolated her from her family and friends for years, since the late 1980s.  
42 She knows that neighbours and the police were aware of the high level of domestic abuse she  
43 was being subjected to, but they were waiting until she cried for help. They did not seem to  
44 understand that years of abuse and intrinsic fear for herself and her children meant she lacked  
45 the confidence to make a formal complaint. This unfortunately meant the police were not  
46 prepared to charge the perpetrator and he was free to continue to victimise Barb again and  
47 again:  
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53 ... I don't think I told anyone but lots of people knew because there was a lot of police involvement and  
54 things. I was quite seriously injured a number of times and hospitalised a number of times... I think in  
55 some ways that the attitude of the police could also be a huge problem because in some ways I felt that  
56 they looked on me as being just as bad because I wouldn't do something about it; you know sort of  
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3 "how do you expect us to help you if you wont help yourself?" Yes, that's fine but I couldn't help  
4 myself. I don't think they were able to sort of understand this prisoner of war camp that I had going  
5 on. You know I remember at the very end when I was finally leaving the police put it too me that "you  
6 know we've tried to help you so many times." At this point I was actually going, I'd left the house and I  
7 was asking them to help me and the inspector was like "Why should I put my officers at risk so you can  
8 go home and play happy families tomorrow?" ...  
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12 Lois also wanted assistance from the police but felt her drinking and sexually promiscuous  
13 behaviour, adopted as mechanisms over the years to cope with the scars of abuse, would be  
14 used as negative evidence and reduce the likelihood they would help her:  
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18 I felt I couldn't go to the police because I felt I'd be scrutinized and I felt that everything that I'd done  
19 ever since would be used as evidence against me and because I felt all is based on your character and  
20 instead of being believed and because of the way I behaved in the time since what has happened to me,  
21 I felt like people would say it's my fault or I brought it on myself or that I have to go to court and  
22 explain things... I thought it would be very easy for anyone to say well of course with how  
23 much you have drunk at the time  
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28 In Barb's case, however, eventually the police did take positive action and persuaded her to  
29 leave the abuse situation:  
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32 by 2004 the police weren't just going to go away ,they were coming in. And you know the police then  
33 did press charges against him, regardless of what I said, based on what they could see. So I think  
34 whether there'd been changes in legislation during that time or the approach that the police would take;  
35 the sort of guidelines that they worked within  
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39 This could have been prompted by several things, including the approach taken by successive  
40 U.K. governments to tackle domestic violence by policy development (such as the Sexual  
41 Offences Act, 2003, and Domestic Violence, Crime and Victims Act 2004), and Barb's own  
42 agency and self-confidence to negotiate her own escape routes. She believes that becoming  
43 employed in a support service for people with her impairment provided her with opportunities  
44 to learn about similar cases and support mechanisms. She also befriended someone from  
45 work with whom she confided:  
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50 In January my friend and her husband drove me to my kids school and picked them up and we ran. My  
51 three youngest children we got from school and we went into refuge with Women's Aid. And that was  
52 the last time we ever went back there  
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56 In another case, Shirley reveals how she was continuously physically abused, by her father  
57 when she was growing up in New York City in the 1970s. She believes that part of the  
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3 problem was children did not have many rights, as they do today. This was prior to the  
4 Children's Act and when child abuse was a private affair not a public matter:  
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7 When I was 14, I called something called Child Protection Services, in New York City in America and  
8 I was told I would be entitled to Family Counselling. I said that I thought my father was a danger to me  
9 and that he was excessively violent, and that I was in fear of something horrible happening to me like  
10 him putting me in hospital. And I was still pretty much fobbed off, and it was the family counsellor  
11 who said that until he did something quite nasty that would put me in hospital they could not do  
12 anything.  
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16 Even where her scars were obvious, professionals failed to believe Shirley was being abused,  
17 and thought she was the cause:  
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20 they (hospital staff) thought I was a heroin addict 'cause I was so thin and I had needle scratches  
21 because I was having medication and I was also having convulsions and with the convulsions they  
22 made assumptions and thought that I was a heroin addict and they treated me like a piece of dirt .... I  
23 collapsed on the floor and I was there for an hour and I then crawled back to my room and then I lost  
24 consciousness and was in a comma and they had to give me an adrenalin shot and I still have the scar.  
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28 On a more positive note, both Adele and Samantha discovered a support service in their home  
29 city that specialised in providing support to disabled women. It was run by a disabled  
30 woman, herself a survivor of domestic violence. The two women believed that, joining the  
31 service and meeting other disabled women who had experienced what they had caused a  
32 turning point for both of them. It provided them with a means to regain their confidence  
33 enough to be able to stop what was happening to them. For instance, after being in an  
34 abusive relationship for 10 years, Adele decided it was time to get out. She speaks of how  
35 meeting the manager of the disabled women's support service prompted her to do so:  
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42 I was 23 when I started trying to get out of it but it takes a lot of time. I think to get to the point where  
43 you can't stand it anymore. You try to change it but then it doesn't change and you have to get out...  
44 she (the manager) was talking about smear tests and stuff like that. Then afterwards she started talking  
45 about this: domestic violence towards women, and it just sort of clicked into place that I've got to go,  
46 he's got to go. Even if I had to go back to my parents he's got to go.  
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### 50 ***Theme 3: Future Aspirations***

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52 At the end of each life history interview the women were asked '*If you had a magic wand*  
53 *what would you wish for to protect disabled women and girls from violence*'. Several of the  
54 women emphasized the importance of education and training to promote an awareness of the  
55 consequences of violence for both the abused and the abuser. Also there was a perception that  
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3 through disability awareness members of society could learn acceptable and unacceptable  
4 treatment for disabled people, and how it should not be different to what is acceptable and  
5 unacceptable for non-disabled people/children.  
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9 Alison suggests that disabled girls should be given sex education in schools, be these  
10 segregated or mainstream. This should include knowledge about the difference between right  
11 and wrong sexual behaviour, information about their entitlement to resist anything they do  
12 not like no matter who the perpetrator is, and advise about how to report any wrong  
13 behaviour.  
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18 The last word is from Barb, again in relation to education and ensuring women can access the  
19 right information:  
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22 I know that nowadays the health visitor will talk to new mums about postnatal depression. Well maybe  
23 the subject of violence in a relationship could be covered at that stage; just really getting the  
24 information to women. If it hadn't been for my work I wouldn't have known that there were people out  
25 there that could help and when it came to it for me the obvious people like the police didn't give me  
26 that help initially; I had to do it for myself. Yes, educating people and getting the information to  
27 people would help  
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### 31 **Conclusion**

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33 This paper brings the voices of disabled women to the forefront of debates on violence  
34 against women and on disability, two areas of research and policy which have marginalised  
35 the experiences of disabled women. It discusses the reality that disabled women are  
36 significantly more likely to experience violence compared to their non-disabled  
37 contemporaries, at the hands of different perpetrators, including paid and unpaid carers, and  
38 in various ways including those specific to their impairment. Drawing on preliminary  
39 evidence from life history interviews with disabled women based in the U.K., the paper  
40 suggests how disabled women and girls experience particular types of violence specific to  
41 their impairment which is often not recognised as violence (by professionals or even the  
42 women themselves) but rather part of the everyday life of a disabled person. Further the paper  
43 highlights how disabled women are at the intersection of gender and disability bias and, as a  
44 result, likely to encounter a range of barriers to support. Such barriers are influenced by a  
45 number of factors including: historical perceptions of disabled women as asexual and  
46 incompetent as sexual partners or mothers, being dependent on perpetrators for personal care,  
47 physical inaccessibility of specialist support systems and the disbelief women face when  
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3 reporting their experiences to professionals. However, regardless of these barriers, the  
4 disabled women, introduced in this paper, are all survivors because they drew on other  
5 support mechanisms, including their own agency, and support from, and identification with,  
6 other disabled women.  
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10 The article explored concepts of empathy and identification, highlighting how personal  
11 ontological research resources have not only become recognized as valid sources of scholarly  
12 knowledge and also as a means to enable respondents to share experiences with an empathic  
13 other (Shah, 2006; Riessman, 1994). As Karl (1995) observes, a sense of empowerment  
14 comes from being respected and recognized as equal citizens with a contribution to make.  
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17  
18 Facilitating disabled women to speak out for themselves about their experiences of violence  
19 and support over the lifecourse can contribute to the development of future policies and  
20 practices in educational institutions and specialist support services. Learning from insider  
21 perspectives are crucial to develop tailored mechanisms to reduce the prevalence of violence  
22 against disabled women and girls in the future.  
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32  
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34 this paper is based.  
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36

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38  
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For Peer Review

## Abstract

Violence against women is a worldwide social and human rights problem that cuts across cultural, geographical, religious, social and economic boundaries. It affects women in countries around the world, regardless of class, religion, disability, age or sexual identity. International evidence shows that approximately every 3 to 5 women experienced physical and/or sexual violence by an intimate partner. However, across the globe, women and girls with impairments or life-limiting illnesses are more susceptible to different forms of violence across a range of environments and by different perpetrators including professionals and family members as well as partners. However they are likely to be seriously disadvantaged in gaining information and support to escape the abusive relationships. This paper stems from the UK part of an ongoing four country comparative study (2013-15) funded by the European Commission. It presents preliminary findings, generated from life history interviews, about disabled women's experiences of violence and access to support (both formal and informal) over their lifecourse, and their aspirations for the prevention of violence in the future. The paper includes examples of impairment-specific violence not experienced by non-disabled women. By bringing the voices of disabled women into the public domain, the paper will facilitate a historically marginalised group to contribute to the debate about disability, violence and support.

## Introduction

Internationally and nationally, violence against women has been recognized as one of the most serious forms of gender-based violations of human rights. Estimations from the Council of Europe suggests that between one fifth to one quarter of women across countries in Europe experience domestic violence at some point during their lifetime. Historically, violence against women has been conceived as a manifestation of the unequal power relations between men and women which has led to the discrimination and oppression of women, and their subordination in relation to men. Women and girls are exposed to different forms of violence over their lifecourse. This includes domestic violence, rape, sexual harassment, forced marriage, 'honor' killings and genital mutilation. Such violations of females have been recognized as a worldwide social and human rights problem that cuts across cultural, geographical, religious, social and economic boundaries affecting women in countries around

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3 the world, regardless of class, religion, disability, age or sexual identity. According to the  
4 United Nations, violence against women and girls is defined as:  
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8 “any act of gender based violence that results in, or is likely to result in, physical,  
9 sexual or mental harm or suffering to women, including threats of such acts,  
10 coercion or arbitrary deprivation of liberty, whether occurring in public or in  
11 private life.”  
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16 In the U.K. the concept of domestic violence is informed by Women’s Aid, a national charity  
17 working to end violence against women in the U.K. With a network of 350 domestic and  
18 sexual violence services across the U.K., Women’s Aid defines domestic violence as:  
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21 “physical, psychological, sexual and financial violence that takes place within an  
22 intimate or family-type relationship and forms a pattern of coercive and controlling  
23 behavior. This could include forced marriage and so-called ‘honor’ crimes. Domestic  
24 violence often includes a range of abusive behaviors, not all of which are inherently  
25 violent.”  
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29 (Women’s Aid, 2007)  
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33 However, many authors have noted that dominant definitions of violence focus on the  
34 experiences of violence by non-disabled women, but fail to represent those of disabled  
35 women even though there is a plethora of evidence to suggest that disabled women and girls  
36 are more susceptible to systemic and individual violence across their lifecourse compared to  
37 their able-bodied counterparts (Schrötle and Glammeier, 2013; Thiara et al, 2011). Studies  
38 conducted in Europe, North America and Australia have shown that over half of all disabled  
39 women have experienced physical abuse, compared with one third of non-disabled women  
40 (UN, 2006). Nearly 80% of disabled women have been victims of psychological and physical  
41 violence, and are at a greater risk of sexual abuse than non-disabled women (European  
42 Parliament, 2006). Balderston (2014) suggests that in the United Kingdom, disabled women  
43 are two to five times more likely than men and non-disabled women to experience sexual  
44 violence<sup>1</sup>. Further, several studies report that disabled children are approximately three times  
45 as likely to be sexually abused than non-disabled children (Sullivan and Knutson, 2000).  
46 Accounting for gender, Sobsey et al (1997) found that significantly more disabled girls than  
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3 disabled boys were likely to experience sexual abuse. This supports the work of Kelly et al in  
4 1991 which suggested that one in four disabled boys and one in two disabled girls experience  
5 some form of sexual abuse before their eighteenth birthday.  
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10 This high proportion of disabled women exposed to and experiencing violence over their  
11 lives could be associated with a number of factors, including the fact they are perceived as  
12 dependent asexual beings who cannot achieve the goals of womanhood – of engaging in  
13 healthy sexual or romantic relationships and of fulfilling traditional gender roles of wife and  
14 mother (Bagum, 1992). Thiara et al (2012) suggest that the perception that disabled females  
15 are not ‘proper’ sexual beings women could lead to them being at greater risk of sexual  
16 abuse. Further, Cockram (2003) suggests that the fact disabled women and girls have to  
17 depend on others for basic personal and social needs places them at greater risk of abuse  
18 compared to non-disabled women. This is evidenced by Barron (2010) who cites the  
19 experience of a young disabled woman being offered assistance to the toilet by a male. She  
20 contends that while this could be interpreted as the woman being viewed as asexual, it could  
21 equally be seen as a way for a potential perpetrator to exploit the dependent nature of the  
22 relationship and be intimate with the disabled women who they, in fact, do view as a sexual  
23 being.  
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35 The objectification of disabled women’s bodies across their life course has also been  
36 suggested as creating opportunities for the abuse of disabled women. Work by Bagum  
37 (1992) suggests that there is a tendency for society to reduce disabled women’s bodies to  
38 asexual objects which can be controlled and manipulated by others. This is concurred by  
39 Belsky (1980) who suggest contributing factors include the cultural devaluation of women  
40 and disabled people. Womendez and Schneiderman (1991) point out another significant  
41 factor as the lack of opportunities disabled women are given to learn the differences between  
42 appropriate and inappropriate sexual behaviour. Other authors point out how disabled girls  
43 have had limited exposure to sexual knowledge and opportunities while growing up due to  
44 being excluded from the cultural spaces where these exchanges take place, or being  
45 constrained by high levels of surveillance (Nosek et al, 2001; Shakespeare et al, 1996;  
46 Shakespeare, 2014). This opens up ample opportunities for the abuse of disabled females  
47 within institutional practices as well as from different individuals who they interact with over  
48 their lives. These include professionals, paid carers, family members and intimate partners.  
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3 For instance, Campling (1981:10) pointed out how her body was manipulated by health  
4 professionals when she was young:  
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8       ‘as the doctors poked and studied me endlessly I learnt more quickly than some non-disabled women  
9 that I’m seen as an object...’  
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12 This is similarly evidenced by Thomas’ (1999) who presents the narratives of disabled  
13 women with different experiences of gender and disability. One of the women’s recollection  
14 of being routinely exposed to sexual abuse by a male doctor who knew she had no feeling in  
15 her lower body, in the name of ‘routine check-up’, exemplifies the simultaneous oppression  
16 resulting from the interplay of disablism and sexism.  
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22 Professional, social and institutional practices, as discussed above, have often been taken for  
23 granted as a normal part of disabled people’s everyday lives, and not considered to be  
24 ‘abusive practices’ in the same way that they would if experienced by a non-disabled  
25 child/adult. Work by Westcott and Cross (1996), and Shah and Priestley (2011) draw  
26 attention to practices of public stripping, disabled children parading naked in front of medical  
27 professional and students who are strangers to them, and medical photography of disabled  
28 children and young people, experiences which would not be suffered by non-disabled  
29 children. These differing notions of acceptable and abusive behaviour for disabled and non-  
30 disabled individuals is reflected in a quote by a Social Services Team Leader in a study by  
31 the British Association for the Study and Prevention of Child Abuse and Neglect (1992)  
32 (cited in Morris, 1996:117)  
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40       We accept that physical means of control are more acceptable for children with learning disabilities  
41 than for other children. Children are locked in their bedrooms at night. I know a child who is tied to a  
42 chair to keep him safe. We accept the differences but should we?  
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45 Such attitudes by practitioners create barriers to knowledge, disclosure and reporting in  
46 relation to the abuse of disabled children. Kennedy (1996) argues that there is a notion,  
47 among professionals, that abuse experienced by disabled children is of less significance than  
48 that experienced by non-disabled children. This in itself becomes a barrier to accessing  
49 support and protection. For instance, although disabled and non-disabled children are equally  
50 manipulated by the perpetrator to blame themselves, the former are less likely to be believed  
51 when disclosing the act (Higgins and Swain, 2010). Even when signs of abuse, including  
52 sexual abuse, is recognised practitioners seem to associate it with the child’s impairment  
53 (Kennedy, 1996).  
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5 Although disabled women and girls experience the same types of abuse as their non-disabled  
6 contemporaries, they are likely to be subjected to additional types of abuse specific to being  
7 disabled. The impairment-specific acts of abuse include those which simultaneously increase  
8 the powerfulness of the perpetrators and the powerlessness of the disabled women. Curry et  
9 al (2001) highlight experiences such as the misuse of medication, isolating individuals from  
10 family and friends, removing the battery from the woman's power wheelchair as forms of  
11 abuse that non-disabled women/ girls do not experience. However, as previously mentioned,  
12 these practices/ actions may not be seen as abuse, either by professionals or by disabled  
13 people themselves. Even when disabled people do feel they are victimized, very few are in a  
14 position to report it to the authorities or a women's service such as Women's Aid. Several  
15 authors suggest a number of reasons for this, connected to the fact that disabled women and  
16 girls are likely to experience additional abuse by people on whom they are reliant, be they  
17 family members and paid carers, as well as intimate partners. Sobsey and Doe (1991) report  
18 how disabled women are likely to experience additional abuse at the hands of people who are  
19 supposed to "care" for them, such as personal assistants, parents, health care workers and  
20 staff of residential settings (i.e. schools or care homes). The dependent status of the disabled  
21 woman in such situations reinforces the notion that they are incompetent and powerless to  
22 resist or report perpetrators' advances, making them more likely to be victimized than non-  
23 disabled women (Nosek, et al 2001). This is supported by Saxton et al (2001) who found that  
24 disabled women are less likely get support or prevented from accessing other sources of  
25 support when they are reliant on their abuser. At the same time, in cases where the perpetrator  
26 is also the disabled girl's/ woman's assistant they may be particularly reluctant to make a  
27 charge for fear they would be left with no-one to provide the personal care they require to  
28 live independently (Martin et al, 2006; Kennedy, 1996).  
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46 Apart from the barriers caused by perpetrators, much evidence suggests disabled women face  
47 several obstacles when seeking professional support which is open to non-disabled women  
48 (Thiara et al, 2012). Such includes the lack of physical access to services, the inaccessibility  
49 of publicity materials, lack of accessible alternative accommodation such as refuges, and as  
50 suggested above, social stereotypes that assume disabled women to be asexual, tragic or  
51 burdens to society. Further, professional's poor understanding of disability and impairment-  
52 specific abuse shape responses to disabled women and frequently leave them without  
53 protection from more general sources of support, such as the criminal justice system or other  
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3 legal structures. For instance, disabled women may experience disbelief when approaching  
4 service providers about experiences of abuse in relation to their impairment, or even may  
5 avoid accessing formal support for fear they would not be believed over the non-disabled  
6 perpetrator. Further where children are involved, disabled mothers experiencing violence may  
7 not seek professional help for fear they could be perceived as incompetent parents and  
8 experience interventions by legal and medical professionals in their reproductive lives (Booth  
9 and Booth, 1994; Priestley, 2003). Bashall and Ellis (2013) note how policy makers and  
10 society in general do not conceive the impairment-specific acts of abuse as domestic violence  
11 or hate crime, but more as “some innate vulnerability caused by their impairment” (p.116).  
12 This in itself is a major barrier to prevention and to accessing services and support.  
13 Therefore, despite the recognised large numbers of disabled women encountering violence,  
14 the obstacles they face, including the legal and protection frameworks that exist to protect  
15 women from violence, prevent them from getting the support they deserve to end the abuse in  
16 the lives.  
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27 So it is clear that continuation of violence of disabled women often stems from the  
28 inequalities associated with being disabled and female in a patriarchal society constructed  
29 around the non-disabled majority. The intersectionality of disablism and sexism helps to  
30 materially locate disabled women on the axis of power and disadvantage, and therefore  
31 provides a tool for understanding to complexity of disabled women’s experiences of abuse  
32 and disadvantage. As Jennings (2003) pointed out:  
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Women and girls with disabilities live at the intersection of gender and disability bias.  
As a consequence, they experience higher rates of violence and lower rates of service  
provision than their non-disabled peers.

46 However, the historic marginalisation of disabled women, by disablism and patriarchy, means  
47 that regardless of the high rates of victimization experienced by disabled women (as  
48 suggested by the research reviewed above), their experiences and voices remain absent from  
49 policy and research agendas, both in areas of domestic violence and disability. This  
50 ‘invisibility’ from these two camps has, in turn, contributed negatively to the high  
51 victimization of disabled women (Cockram, 2003; Thiara et al, 2012). Through the  
52 presentation of some preliminary qualitative evidence generated from the U.K. part of an EU  
53 funded four country comparative study, the aim of this paper is to examine disabled women’s  
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3 experiences of violence and access to support (both formal and informal) over their  
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5 lifecourse. In this work, disabled women are identified according to the definition outlined by  
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7 the United Nations Convention on the Rights of Persons with Disabilities (2006):

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9 Women with disabilities include those who have long-term physical, mental, intellectual or  
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11 sensory impairments which in interaction with various barriers may hinder their full and  
12  
13 effective participation in society on an equal basis with others

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15 Through the first-hand accounts of disabled women, this paper will present examples of how  
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17 women experienced different types of violence including impairment-specific violence. It  
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19 will highlight the main barriers and enablers to accessing specialist and more general victim  
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21 support services at different points in the life course. It will also bring forth disabled women's  
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23 aspirations for the protection of survivors of violence and the prevention of violence against  
24  
25 disabled women in the future. In so doing, it will provide the voices of a simultaneously  
26  
27 oppressed group with the opportunity to enter the public domain and inform macro-level  
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29 decisions that impact their lives. Before presenting this data, the paper will briefly discuss the  
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31 legal instruments, both international and U.K. based, which currently exist in relation to  
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33 violence against women in general and disabled women in particular.

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#### **Law and Policy**

Acts of violence, once seen as a more private matter, have prompted the development of  
various international and national legal human rights instruments to protect women and girls  
from harm and abuse. With over three million women affected by a different acts of violence  
and abuse the UK government has signed up to main international treaties related to violence  
against women and on the rights of disabled people. National legal instruments have also  
been developed in the relation to violence against women and disabled people in the U.K.  
However, a policy review conducted as part of the first phase of the EU research study  
mentioned above revealed noticable gaps in existing legislation in relation to disabled  
women. This section will briefly discuss some of the international and national legal  
instruments relevant to violence for women in general and for disabled women in particular.  
It is by no means an exhaustive list.

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3 In 1989 the Convention on the Rights of a Child was the first international treaty proposed to  
4 protect the rights of children under age 18. With 54 articles it sought to cover a range of  
5 human rights including the protection from violence (Article 19). The UN also developed  
6 other instruments in relation to protection and prevention of violence against women. UK  
7 government signed the **Convention on the Elimination of All Forms of Discrimination**  
8 **against Women** (CEDAW) on 22 July 1981 and ratified it on the 7 April 1986. Further to  
9 this the UK acceded the CEDAW Optional Protocol (OP) on the 17 December 2004 and it  
10 entered into force on 17 March 2005. The Ministry of Justice<sup>2</sup> has responsibility for its  
11 implementation in the UK. The Treaty has had symbolic importance in influencing the  
12 development of other laws and policies in the UK as well as allowing the government to be  
13 held to account through the relevant provisions of General Recommendations 19, 14 and 24.  
14 A number of reservations remain in place, for Articles 9, 11, 15 and 16.

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16 In 2002 The Adoption and Children Act amended the 1989 Children Act, amending the  
17 definition of ‘significant harm’ to reflect the impact of domestic abuse on children. In  
18 December 2003 the **Protocol to Prevent, Suppress and Punish Trafficking in Persons,**  
19 **especially Women and Children** entered into force. It supplemented United Nations  
20 Convention Against Transnational Organised Crime. The protocol states to prevent and  
21 combat trafficking in persons, and protects victims of trafficking. The prevention and  
22 protection of trafficked persons includes women and children who are trafficked for  
23 commercial sexual exploitation. The protocol was acceded by Council of Europe that opened  
24 a Council of Europe Convention on Human Trafficking signed by U.K. in 2005. Although  
25 complementary protection is ensured through the Lanzarote Convention on the Protection of  
26 Children against Sexual Exploitation and Sexual Abuse (2007), the thirty signatories does not  
27 include the U.K. as yet.

28  
29 As well as law and policy with respect to women in general, there is also law and policy in  
30 relation to disabled people which seeks to protect the rights of disabled people, with articles  
31 specific to disabled women. The UN Convention on the Rights of People with Disabilities  
32 (UNCRPD)<sup>3</sup>, is the first international treaty to promote the civil rights of disabled people in  
33 all aspects of social life. Articles 6, 15 , 16 and 17 are particularly relevant to this topic. In  
34 Article 6, the UNCRPD recognises that disabled girls and women encounter multiple

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<sup>2</sup> Ministry of Justice <http://www.justice.gov.uk/> [26.3.13]

<sup>3</sup> First international treaty to afford disabled people full human rights:  
<http://www.un.org/disabilities/convention/conventionfull.shtml>

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3 discrimination and propose to take measures to ensure they can enjoy their human rights.  
4 Article 15 proposes to take legislative and other measures to prevent disabled people from  
5 being subjected to torture or cruel degrading treatment. Article 16 is specific to ensuring  
6 disabled people are free from violence, exploitation and abuse. Article 17 offers mechanisms  
7 to ensure disabled women can retain their mental and physical dignity.  
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13 Legal remedies are available in the UK through both civil law, which aims at protection for  
14 women experiencing violence, and criminal law, which aims at punishment of the offender.  
15 These include the Family Law Act 1996, Homelessness Act 2002 and Housing Act 1996. In  
16 2004, Domestic Violence, Crime and Victims Act came into force to amend Part 4 of the  
17 Family Law Act 1996, the Protection from Harassment Act 1997 and the Protection from  
18 Harassment (Northern Ireland) Order 1997. It makes many acts of violence arrestable  
19 offences including public order offences, assault and battery, threats to kill, harassment,  
20 sexual offences, kidnap and child cruelty. Under criminal law, the Protection from  
21 Harassment Act 1997 allows a woman who has experienced violence to take out a restraining  
22 order that bars the perpetrator from making contact with the survivor. This law aimed at  
23 dealing with the problem of stalking, although Women's Aid reports that follow up research  
24 revealed 40% of the worst offences involved harassment by ex-partners.<sup>4</sup> In 2012 this Act  
25 was updated by the Protection of Freedoms Act 2012, which made two new offences of  
26 stalking and stalking involving fear of violence or serious alarm and distress, also allowing  
27 for the police to search premises in relation to these crimes. The Forced Marriage (Civil  
28 Protection) Act 2007 protects individuals from being forced into marriage without their free  
29 or full consent. It came into force in England and Wales on the 25 November 2008, also  
30 covering Northern Ireland, and the Forced Marriage (Protection and Jurisdiction) (Scotland)  
31 Act 2011, was passed by the Scottish Parliament on 22 March 2011. Under the provisions of  
32 the legislation, a Forced Marriage Protection Order may be issued, prohibiting that a person  
33 be taken overseas or ensuring that they are returned to this country. So, although the act of  
34 forced marriage itself is a civil offence, it has consequences that are considered which are  
35 deemed criminal under other legislation, including the Sexual Offences Act 2003 or  
36 Domestic Violence, Crime and Victims Act 2004.  
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57 <sup>4</sup> Women's Aid *Protection under Criminal Law* (2008) <http://www.womensaid.org.uk/domestic-violence-articles.asp?itemid=1401&itemTitle=Protection+under+criminal+law&section=00010001002200070001&sectionTitle=Articles%3A+criminal+law#harrass> [4.4.13]  
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3 In terms of legislation specific to disabled women, the Equality Act 2010 amalgamated  
4 various laws, including those relevant to disabled people and women. The **Disability**  
5 **Discrimination Act 1995** (DDA) set out the first foundations of civil rights legislation for  
6 disabled people. According to the Act it is unlawful for any person to subject a disabled  
7 person to harassment which has the purpose/effect of violating the disabled person's dignity,  
8 or creating a hostile, offensive, humiliating or degrading environment. This is detailed, in  
9 Part I of the Act, in accordance to public authorities, including employers, advocates and  
10 barristers. DDA 2005 amends DDA 1995. It applies to access to goods and services,  
11 including legal services. Individuals with cancer, HIV and mental health difficulties are also  
12 covered by the DDA. Further it applies to private clubs as well as public services.  
13 Enforcement of accessibility legislation and standards are clearly particularly important in  
14 relation to access to specialised services. It may be noted however that charities are exempt  
15 from some of the requirements for building accessibility under sections 193 and 194<sup>5</sup>. This  
16 may include some charities that operate to support women who have experienced violence.  
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28 Although the laws and policies, highlighted above, were not explicitly mentioned in the  
29 women's survival stories, in some instances they did, albeit indirectly, contribute to their  
30 escape and subsequent protection.  
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### 34 **Methods**

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37 The aforementioned EU funded research project on which this paper is based adopted a  
38 mixed method approach to cover four phases of empirical fieldwork. These phases included  
39 an online survey of specialist violence support services across the U.K., semi-structured  
40 interviews with key 'experts' (representatives from 15 of the services included in the survey),  
41 four focus group discussions with a range of disabled women in different parts of the U.K.,  
42 and life story interviews with 15 disabled women.  
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48 This paper will report on preliminary data from the final phase of empirical fieldwork. It  
49 adopted a life story approach to generate data about the social world of a sample of disabled  
50 women across the U.K. who are survivors of violence and have experience of specialist  
51 support services. According to Atkinson (1998: 8), a life story  
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58 <sup>5</sup> Equality Act 2010 Section 193 <http://www.legislation.gov.uk/ukpga/2010/15/section/193> [17.4.13]  
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3 is the story a person chooses to tell about the life he or she has lived, told as completely or as honesty  
4 as possible. What is remembered of it, and what the teller wants to know of it, usually as a result of a  
5 guided interview by another.  
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8 The method of life history interviews to learn about experiences of disabled people, and  
9 especially disabled women, is still a relatively new approach (French and Swain, 2006; Shah  
10 and Priestley, 2011). It is not only a personal narrative, but offers a unique understanding of  
11 development across time (both biographical and historical) and space. As argued by Bertaux  
12 (1981) when a life story is told, we not only hear the personal narrative, but also become  
13 aware of the interplay between the individual and the broader social structures that gives  
14 substance to the narrative and contextualizes it within time and space. Further, life stories  
15 offer a mechanism to learn about the experiences of perhaps oppressed or ignored groups  
16 (such as disabled girls and women who have survived violence) not ordinarily included in  
17 official documentation. In so doing it provides new understandings to existing knowledge on  
18 disability and on violence against women/girls, which can challenge assumptions and help to  
19 re-examine official documentation about the subject (French and Swain 2006). It also allows  
20 a historically marginalised group (disabled women) to become agents of their knowing or  
21 knowledge creators.  
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32 The life story approach also favours a social model lens and allows a space for non-  
33 medicalised narratives to be voiced by disabled women, providing a space where participants  
34 can control when and how they communicate. It allows for the focus to move beyond the 'life  
35 experiences of disabled people' and towards the 'experiences of disability in people's lives',  
36 responding to Finkelstein's reminder that 'disabled people are not the subject matter of social  
37 interpretation of disability' (Finkelstein, 2001: 1). Thus, the primary purpose is to reveal and  
38 challenge the network of social relations, institutions and barriers that inhibit the full  
39 participation and equality of disabled women when trying to access support for abuse.  
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### 46 *Sample and Recruitment*

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48 The target sample included disabled women within age range 18-65, stipulated in the original  
49 proposal for reasons relating to ethics and funding. All participants identified themselves as  
50 being survivors of violence, and had experiences of accessing support at different points in  
51 their lives. The sampled used for illustration in this paper are drawn from six case studies, a  
52 sub-set from the larger study. The names have been altered using pseudonyms chosen by the  
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participants. The characteristics of the sub-sample such as their age, ethnic origin, marital status and impairment type are summarized in the table 1 below:

PSEUDO -NAME	AGE	IMPAIRMENT	REGION, COUNTRY	MARITAL STATUS	CHILDREN
Barb	47	Visual Impairment	Scotland	Divorced	yes
Lois Eldritch	22	Mobility/Degenerative	England	In relationship	no
Alison	47	Mobility	Scotland	Divorced and in relationship	yes
Adel	34	Mobility	England	Single	no
Samantha	48	Mobility	England	Married	yes
Shirley	48	Mobility ,Hearing	Scotland	Divorced	no

All women became involved in the project through a process of self-selection. Disch (2001) asserts the importance of research participants being able to freely volunteer themselves for involvement in the research. Although this method would not produce a representative cross section of the disabled female population, Booth and Booth (1997) maintain how such bias is permissible as it reduces the difficulties that could emerge from third party explanations of the research. Further it confirms that the disabled women were in the right place in terms of their personal healing and confident about speaking out and sharing their realities.

Short recruitment notifications were published on the project website, on Facebook, and in newsletters of disabled people's organisations (such as Inclusion Scotland) across the U.K. A number of women responded to these. Other women learned about the work through their association with some of the expert service providers involved in the second and third empirical phases of the project. For example, five of the women attended monthly support groups for disabled women which were led by one of experts interviewed for the second empirical phase. One disabled woman was on the board of trustees of another of the specialist services involved in the research. Another woman had just won a court case against her perpetrator with the specialist support of one of the experts (who is also a member of the project advisory board). The final sample was made up of women based in different parts of England and Scotland.

Once the women had expressed an interest in participating in the research, they were sent a *Participant Information Sheet* and *Consent Form*. Completion of the former provided some important information about the participant to ensure she meets the sample criteria before interviews are arranged. It also provided space for participants contact details (according to their preference) so the researcher could keep them informed about the project as it



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3 developed. The women were also requested to provide alternative names for themselves, so  
4 their identities could be protected if they gave consent for their stories/ experiences to be  
5 disseminated in publications and reports. The *Consent Form* allowed them to give written  
6 consent. However, written consent was normally acquired after the interview had taken place  
7 and the researcher had verbally explained the aims and objectives of the research, and how  
8 the women's stories would be used. Higgins and Swain (2010) propose that the process of  
9 explanation is important as it influences the acquisition of informed consent. The researcher  
10 tried to be as open and honest as possible in her explanation of the research, and allowed the  
11 women to hold the reins to the interview research process. Although the researcher guided the  
12 women through the interview with a very open topic guide, ultimately the women had control  
13 over how and if they responded to these questions. Further they determined if they wanted a  
14 break and when to resume the conversation. This was especially important given the  
15 sensitive nature of the topic.

### 24 25 *Use of Empathy*

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28 Most of the interviews were conducted by the first author of this paper, who is herself a  
29 disabled woman. It can be argued that her ontological position, as a disabled female  
30 researcher, was key to the development of this research. Leicester (1999) and Oakley (1981)  
31 suggest that interviewing individuals with similar experiences encourages the generation of  
32 richer material. Stanley and Wise (1993: 227) describe this experience of knowing as an  
33 "epistemological privilege," with researchers having access to a priori knowledge of their  
34 informants' subjective realities by virtue of their shared experiences.

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41 The researcher and the researched shared the identity of being disabled women and the  
42 experiences of simultaneous oppression it engenders. This was helpful in terms of recruiting  
43 participants, and building rapport with them, encouraging them to be more open. Nosek et al  
44 (2001) concurs with this, suggesting that a non-disabled interviewer may create psychological  
45 divide when interviewing a disabled woman. However they also point out that although a  
46 disabled interviewer may establish rapport with disabled participant more rapidly, their  
47 shared experiences could cause them to digress away from the interview agenda. During her  
48 PhD training, the disabled researcher had been made aware of the dangers of 'overrapport',  
49 and, taking Moser's (1958:187-188) advice, adopted a 'pleasantness and a business-like  
50 nature'. Further, the researcher did not have any experience of abuse herself, and thus was  
51 able to retain a fair level of objectivity when interviewing the women. Bondi (2003) contends  
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3 that some level of objectivity is important as it enables the interviewer to be emotionally  
4 present and reactive to the interviewees' responses while simultaneously staying in touch  
5 with, and reflecting on their own feelings. In this way there is not a danger of the interviewer  
6 becoming unconsciously overwhelmed by the respondents' stories, reacting to rather than  
7 reflecting on what is going on, and blurring the interviewer/ interviewee boundary (see Shah,  
8 2006).

### 13 ***The Interview***

16 Once the women had responded to the recruitment request and completed the *Participant*  
17 *Information Sheet* mentioned above, arrangements were made, between themselves and the  
18 researcher, for the interview. The women were presented with options as to what format of  
19 interview would be most accessible for them – face-to-face, via e-mail, via skype, telephone.  
20 All women expressed a preference for face-to-face interviews.

25 The location of the interviews was chosen by the disabled women. Most of them expressed a  
26 preference to hold interviews in their own home which was considered safe and accessible for  
27 them. In cases where women felt this was not appropriate, they were interviewed in a  
28 women's support service which was local and familiar to them. Arrangements for this were  
29 made through negotiations between the researcher and the relevant expert service providers.  
30 Service providers also offered to provide support to the women, if they required it, as a  
31 consequence of being re-traumatised by the interview. Only one of the interviews was  
32 conducted in a public place (bar/restaurant) as it was convenient for the participant. The  
33 possible problems of discussing such a private and sensitive topic in such a public place were  
34 noted but the participant was not concerned. In the event, no problems were encountered. The  
35 only problem related to the transcription of the interview which was occasionally difficult  
36 due to background noise.

46 All interviews were between 60-120 minutes in duration. However breaks were incorporated  
47 into the interview time for different reasons including because the participant requested some  
48 time to regain her emotional composure after recollecting traumatic experiences, they need a  
49 comfort break or because they were needed to provide assistance to someone else. For  
50 instance, one of the women described herself as a full-time carer to her eighty year old  
51 mother who had Alzheimer's and thus needed to interrupt the interview when her mother  
52 needed personal assistance.

## Research Findings

Drawing on the data from the six selected case studies, this section of the paper will present the disabled women's reflections in relation to the different types of violence they encountered at different points in their lives including impairment specific violence, their experiences of the formal and informal support mechanisms they drew upon at these times, and their own aspirations for the protection of disabled women/ girls who have survived violence and the prevention of such violence in the future. In this regard, three key themes will be discussed here: 'Experiences of violence over life', 'Access to support' and 'Future Aspirations' to exemplify the reality for disabled women who are survivors of violence.

### *Theme 1: Experiences of violence over life*

According to the disabled women in the sample the situation of violence encompassed several things including *Physical and sexual violence, emotional abuse or economic coercion*. Physical violence was seen in terms of being hit and beaten, psychological or emotional violence involved being verbally attacked, physically isolated from others, being conditioned to feel worthless by the perpetrator saying and doing things to purposely lower the woman's self esteem and confidence.

Women gave examples of the types of violence they encountered at different points in their life course, from childhood to adulthood. For example Barb recalls being violated at different stages of her life, from the age of about eight:

I think at different stages through my life there's been things that have happened. Sort of as a child I remember being, I suppose you could call sexual assaults, when I was about eight years old. Then in my marriage, I was married at 17, my husband was physically violent to me maybe about 4 times. And then the longer relationship that I had later on was everything: physical violence, sexual violence, emotionally and I tend to see a sort of mental torture that's quite different, it's a sort of extreme of the emotional abuse. It was really really bad, to the point where it was absolute mental torture. (Barbara)

Samantha reflects on the violence she was subjected to over her life by different male perpetrators, starting in childhood by her brothers, who beat her. At the age of nineteen/twenty she was forced, by her brothers, to marry a much older man who also abused her:

in those days we couldn't say nothing to our parents. My mum died when I was two and my dad died when I was sixteen. My brothers used to beat us up a lot; maybe because they wanted to be - yes, in other words that's right - they wanted to be in control. They were controlling us, they were controlling

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3 all the sisters. All my three brothers... They arranged or forced my marriage because my dad had  
4 passed away when I was sixteen. I was twenty at the time and he was about forty; or he could have  
5 been sixty. You know he never told me his age! And for the sake of me starting to talk to my sisters  
6 and my brothers I got married but I stayed in India for ages; eight months. They wouldn't let me - my  
7 husband wouldn't let me come back to England. I tried to commit suicide a couple of times and they  
8 [the husband's family] just got fed up and sent me back to England.  
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12 Lois also recalls experiencing abuse by a male member of her family. Her experience was  
13 longitudinal, starting during childhood and ending in early adulthood. Like Sam she tried to  
14 eliminate the memories of the violence, and the psychological scars it caused. However she  
15 did this through alcohol as opposed to attempted suicide:  
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19 when I was about six-seven and thirteen I experience abuse from an extended family member... when I  
20 was about 14 or 15, I was raped, but maybe one or two friends knew about that but no one really knew  
21 it didn't come out in full until I was 18 or 19... I used to have to drink a pint glass of wine before I go  
22 to sleep and that was usually in combination with a lot of my medication as well, so that would be how  
23 I would get to sleep without worrying. I used to not being able to handle being in any sort of silence  
24 and cope with it because of my mind would take over and get trapped and think really negative.  
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29 Some of the women experienced impairment-specific abuse, a type of violence not  
30 experienced by non-disabled women. This type of abuse took place out of sight. It was  
31 related to isolation, control and manipulation. For example, Adele recollects how she  
32 experienced abuse for a good part of a decade, starting when she was a young teenager. The  
33 perpetrator, who was in their 20s at the time, was Adele's carer and sexual partner. Adele  
34 believes that the perpetrator definitely took advantage of the fact she had an impairment to  
35 abuse her. However, at the time she did not recognize it as abuse:  
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41 He would tell friends that I was poorly when he'd zonked me out. If you've had very strong painkillers,  
42 you're very dozey; so he would purposefully give me the strongest painkillers when my friends were  
43 coming, and they couldn't come then obviously because I was asleep. He would cancel care shifts, he  
44 would then say that I'd cancelled them, because again when you've had them tablets you're not good at  
45 remembering anything - even what your name is... he'd give you so much that you didn't know what  
46 you'd done...I just woke up and I thought I might have smacked myself in the eye. Now luckily I'm  
47 not with him anymore. But, like now, my mates know if I've smacked myself in the eye. Before now,  
48 I didn't really know what he did to me which is probably the worst thing actually.  
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53 Alison, another participant, was victim of physical, psychological and financial abuse. She  
54 identified some of the violence she experienced by her three husbands as related to her being  
55 disabled. She believes all of them saw her as an easy target and easy to control:  
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3 My first husband saw me as a meal ticket because of my impairment...My husband, at the time,  
4 isolated me from my peers so I felt so alone...It was about control; if you're abusive it doesn't matter  
5 where the abuse leads it's always about control. They've got a manual, they've got the same book; you  
6 can laugh but they have  
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### 9 *Theme 2: Access to support*

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11 The women mentioned different kinds of support they tried to access at different times. This  
12 was both formal and informal, resulting in positive and negative outcomes. There were  
13 several examples of women experiencing barriers to accessing support over their lives. These  
14 barriers were caused by different individuals and structures. For instance, both Barb and Lois  
15 remembered how their own families avoided formally reporting the abuse they experienced  
16 for fear of the scandal it may create:  
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22 I think the thing that hurts me the most was probably my parent's reaction – my mum particularly, I  
23 think they must have been thinking do they phone the police, if they do, you know, it'd be a big  
24 scandal; it would be in the paper - all this kind of thing. A sort of shameful situation and I remember  
25 hearing my mum saying that "she's young, she'll just forget about it if we don't mention it". And it  
26 was just swept under the carpet. (Barb)  
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30 Lois was sexually abused by her cousin from when she was age seven to thirteen. Although it  
31 was made known to her immediate and extended family, her family was frightened of the  
32 scandal it may cause within their community and thus preferred not to formally report it to  
33 the police at the time. When Lois was 18 and went to the police herself, she felt she was not  
34 fully believed because her parents "were in denial" and thus "skipped over what was  
35 important" in the reports they gave.  
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40 Alison tried various avenues of formal support for the domestic abuse she was subjected to  
41 by her husbands. However she faced disabling attitudinal barriers by support services which  
42 resulted in her children being removed from her for a while:  
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46 I did try but they just didn't grasp it [...] and when I did turn to anyone for help it went all wrong so in  
47 the end I nearly lost the kids, I did lose the kids for at least a while... Me: I was branded as the worst  
48 mum in the world  
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51 Despite the fact Alison was experiencing on-going violence from partners, she could not  
52 access formal or informal support. She requested to be relocated for her and her children's  
53 safety, but there were no services that offered support for her as both a disabled woman and  
54 mother :  
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3 all I needed was a helping hand to say: "here you are; here's a place, here's some money, and  
4 with your kids - we're going to give you some support. We'll find you a job, or a job  
5 interview even, we'll start you on your way and then it's up to you. That's all I needed  
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8 Barb also had to put up with years of severe abuse from her second husband. This started in  
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10 1988:

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12 I'm don't know how I got into this situation but it turned out to be sixteen years long and it ws just very  
13 very bad; violence, sexually violence; rape, hundreds of times literally. Just completely broke me  
14 down and I just think that people understand that there's abuse and there's just absolute torture in it's  
15 extreme form and that's where the relationship went.  
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19 Barb's husband had isolated her from her family and friends for years, since the late 1980s.  
20 She knows that neighbours and the police were aware of the high level of domestic abuse she  
21 was being subjected to, but they were waiting until she cried for help. They did not seem to  
22 understand that years of abuse and intrinsic fear for herself and her children meant she lacked  
23 the confidence to make a formal complaint. This unfortunately meant the police were not  
24 prepared to charge the perpetrator and he was free to continue to victimise Barb again and  
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29 again:

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31 ... I don't think I told anyone but lots of people knew because there was a lot of police involvement and  
32 things. I was quite seriously injured a number of times and hospitalised a number of times... I think in  
33 some ways that the attitude of the police could also be a huge problem because in some ways I felt that  
34 they looked on me as being just as bad because I wouldn't do something about it; you know sort of  
35 "how do you expect us to help you if you wont help yourself?" Yes, that's fine but I couldn't help  
36 myself. I don't think they were able to sort of understand this prisoner of war camp that I had going  
37 on. You know I remember at the very end when I was finally leaving the police put it too me that "you  
38 know we've tried to help you so many times." At this point I was actually going, I'd left the house and I  
39 was asking them to help me and the inspector was like "Why should I put my officers at risk so you can  
40 go home and play happy families tomorrow?" ...  
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46 Lois also wanted assistance from the police but felt her drinking and sexually promiscuous  
47 behaviour, adopted as mechanisms over the years to cope with the scars of abuse, would be  
48 used as negative evidence and reduce the likelihood they would help her:  
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52 I felt I couldn't go to the police because I felt I'd be scrutinized and I felt that everything that I'd done  
53 ever since would be used as evidence against me and because I felt all is based on your character and  
54 instead of being believed and because of the way I behaved in the time since what has happened to me,  
55 I felt like people would say it's my fault or I brought it on myself or that I have to go to court and  
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3 explain things... I thought it would be very easy for anyone to say well of course with how  
4 much you have drunk at the time  
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7 In Barb's case, however, eventually the police did take positive action and persuaded her to  
8 leave the abuse situation:  
9

10 by 2004 the police weren't just going to go away ,they were coming in. And you know the police then  
11 did press charges against him, regardless of what I said, based on what they could see. So I think  
12 whether there'd been changes in legislation during that time or the approach that the police would take;  
13 the sort of guidelines that they worked within  
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17 This could have been prompted by several things, including the approach taken by successive  
18 U.K. governments to tackle domestic violence by policy development (such as the Sexual  
19 Offences Act, 2003, and Domestic Violence, Crime and Victims Act 2004), and Barb's own  
20 agency and self-confidence to negotiate her own escape routes. She believes that becoming  
21 employed in a support service for people with her impairment provided her with opportunities  
22 to learn about similar cases and support mechanisms. She also befriended someone from  
23 work with whom she confided:  
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29 In January my friend and her husband drove me to my kids school and picked them up and we ran. My  
30 three youngest children we got from school and we went into refuge with Women's Aid. And that was  
31 the last time we ever went back there  
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35 In another case, Shirley reveals how she was continuously physically abused, by her father  
36 when she was growing up in New York City in the 1970s. She believes that part of the  
37 problem was children did not have many rights, as they do today. This was prior to the  
38 Children's Act and when child abuse was a private affair not a public matter:  
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42 When I was 14, I called something called Child Protection Services, in New York City in America and  
43 I was told I would be entitled to Family Counselling. I said that I thought my father was a danger to me  
44 and that he was excessively violent, and that I was in fear of something horrible happening to me like  
45 him putting me in hospital. And I was still pretty much fobbed off, and it was the family counsellor  
46 who said that until he did something quite nasty that would put me in hospital they could not do  
47 anything.  
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51 Even where her scars were obvious, professionals failed to believe Shirley was being abused,  
52 and thought she was the cause:  
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55 they (hospital staff) thought I was a heroin addict 'cause I was so thin and I had needle scratches  
56 because I was having medication and I was also having convulsions and with the convulsions they  
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3 made assumptions and thought that I was a heroin addict and they treated me like a piece of dirt .... I  
4 collapsed on the floor and I was there for an hour and I then crawled back to my room and then I lost  
5 consciousness and was in a comma and they had to give me an adrenalin shot and I still have the scar.  
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8 On a more positive note, both Adele and Samantha discovered a support service in their home  
9 city that specialised in providing support to disabled women. It was run by a disabled  
10 woman, herself a survivor of domestic violence. The two women believed that, joining the  
11 service and meeting other disabled women who had experienced what they had caused a  
12 turning point for both of them. It provided them with a means to regain their confidence  
13 enough to be able to stop what was happening to them. For instance, after being in an  
14 abusive relationship for 10 years, Adele decided it was time to get out. She speaks of how  
15 meeting the manager of the disabled women's support service prompted her to do so:  
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22 I was 23 when I started trying to get out of it but it takes a lot of time. I think to get to the point where  
23 you can't stand it anymore. You try to change it but then it doesn't change and you have to get out...  
24 she (the manager) was talking about smear tests and stuff like that. Then afterwards she started talking  
25 about this: domestic violence towards women, and it just sort of clicked into place that I've got to go,  
26 he's got to go. Even if I had to go back to my parents he's got to go.  
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### 30 ***Theme 3: Future Aspirations***

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32 At the end of each life history interview the women were asked '*If you had a magic wand*  
33 *what would you wish for to protect disabled women and girls from violence*'. Several of the  
34 women emphasized the importance of education and training to promote an awareness of the  
35 consequences of violence for both the abused and the abuser. Also there was a perception that  
36 through disability awareness members of society could learn acceptable and unacceptable  
37 treatment for disabled people, and how it should not be different to what is acceptable and  
38 unacceptable for non-disabled people/children.  
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44 Alison suggests that disabled girls should be given sex education in schools, be these  
45 segregated or mainstream. This should include knowledge about the difference between right  
46 and wrong sexual behaviour, information about their entitlement to resist anything they do  
47 not like no matter who the perpetrator is, and advise about how to report any wrong  
48 behaviour.  
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54 The last word is from Barb, again in relation to education and ensuring women can access the  
55 right information:  
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3 I know that nowadays the health visitor will talk to new mums about postnatal depression. Well maybe  
4 the subject of violence in a relationship could be covered at that stage; just really getting the  
5 information to women. If it hadn't been for my work I wouldn't have known that there were people out  
6 there that could help and when it came to it for me the obvious people like the police didn't give me  
7 that help initially; I had to do it for myself. Yes, educating people and getting the information to  
8 people would help  
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## 11 **Conclusion**

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14 This paper brings the voices of disabled women to the forefront of debates on violence  
15 against women and on disability, two areas of research and policy which have marginalised  
16 the experiences of disabled women. It discusses the reality that disabled women are  
17 significantly more likely to experience violence compared to their non-disabled  
18 contemporaries, at the hands of different perpetrators, including paid and unpaid carers, and  
19 in various ways including those specific to their impairment. Drawing on preliminary  
20 evidence from life history interviews with disabled women based in the U.K., the paper  
21 suggests how disabled women and girls experience particular types of violence specific to  
22 their impairment which is often not recognised as violence (by professionals or even the  
23 women themselves) but rather part of the everyday life of a disabled person. Further the paper  
24 highlights how disabled women are at the intersection of gender and disability bias and, as a  
25 result, likely to encounter a range of barriers to support. Such barriers are influenced by a  
26 number of factors including: historical perceptions of disabled women as asexual and  
27 incompetent as sexual partners or mothers, being dependent on perpetrators for personal care,  
28 physical inaccessibility of specialist support systems and the disbelief women face when  
29 reporting their experiences to professionals. However, regardless of these barriers, the  
30 disabled women, introduced in this paper, are all survivors because they drew on other  
31 support mechanisms, including their own agency, and support from, and identification with,  
32 other disabled women.  
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47 The article explored concepts of empathy and identification, highlighting how personal  
48 ontological research resources have not only become recognized as valid sources of scholarly  
49 knowledge and also as a means to enable respondents to share experiences with an empathic  
50 other (Shah, 2006; Riessman, 1994). As Karl (1995) observes, a sense of empowerment  
51 comes from being respected and recognized as equal citizens with a contribution to make.  
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56 Facilitating disabled women to speak out for themselves about their experiences of violence  
57 and support over the lifecourse can contribute to the development of future policies and  
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3 practices in educational institutions and specialist support services. Learning from insider  
4 perspectives are crucial to develop tailored mechanisms to reduce the prevalence of violence  
5 against disabled women and girls in the future.  
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