Disabled Women's Experiences of Intimate Partner Abuse in Ireland:

Research Project Report

A partnership between Women's Aid, Trinity College Dublin and The Disabled Gender Based Violence Taskforce.

Women's Aid

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

The Disabled Gender Based Violence Taskforce

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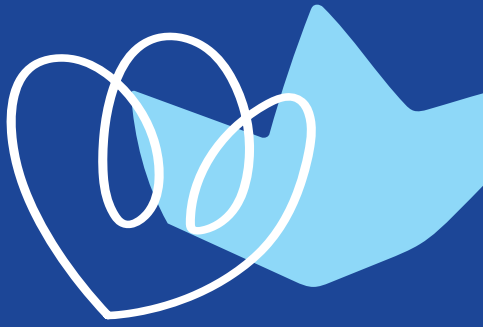

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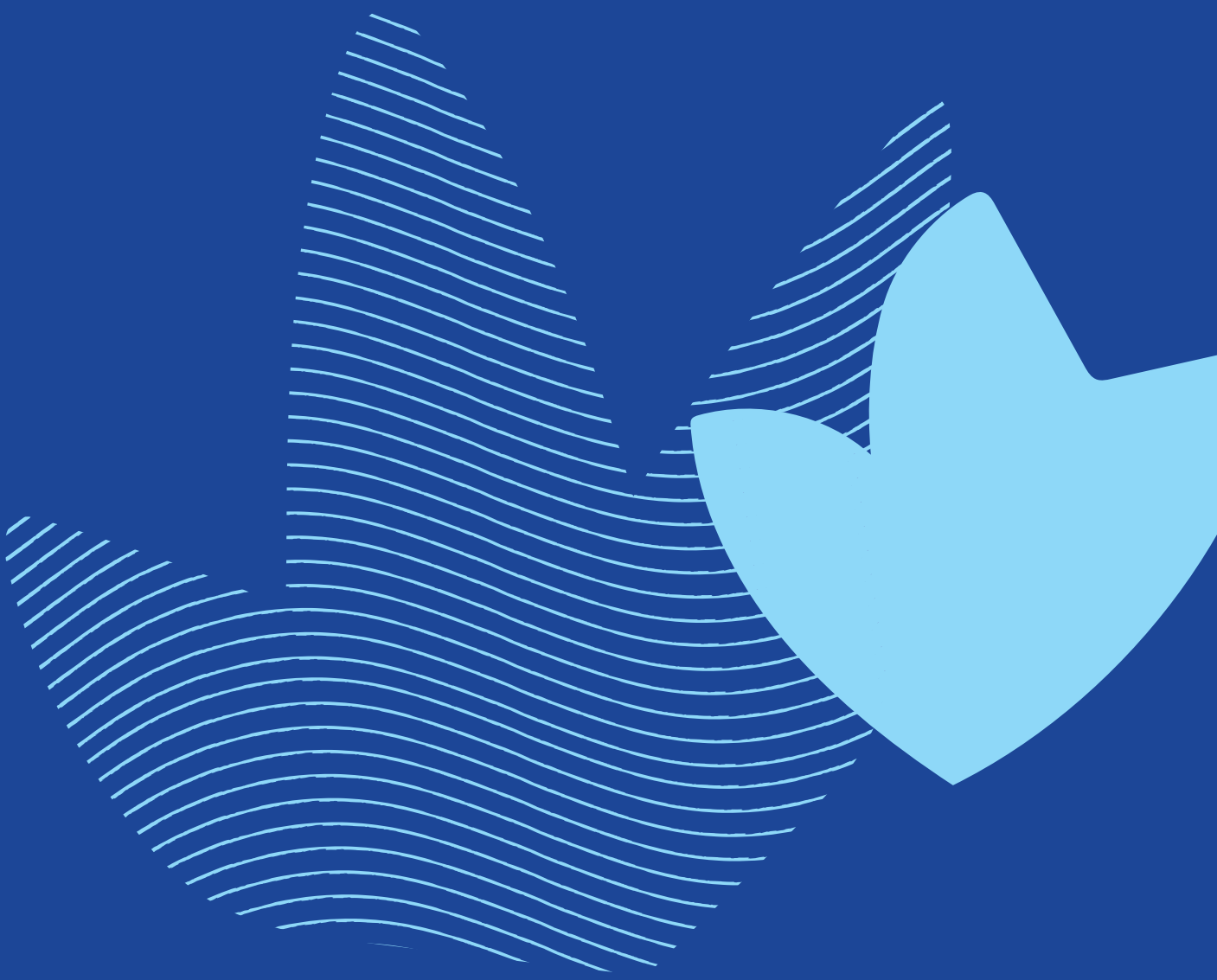

Introduction

The overall aim of this study was to achieve a deeper understanding of intimate partner abuse against disabled women in Ireland, to better provide them with support and for the improvement of the domestic violence services that may serve them. The project explores disabled women's experiences of intimate partner abuse in the Republic of Ireland, including accessibility and involvement with specialist domestic violence services. In this context, our study specifically focuses on persons identifying as women. Gender minorities and gender non-conforming people who identify as women were included in the scope of this research project. Additionally, our approach recognises that human rights are universal, and that disability may be interpreted differently. As such, we include those who self-identify as having a disability. The present study explores the gravity of intimate partner abuse against disabled women in Ireland with a clear focus maintained on disabled women and their experiences of intimate partner abuse. Other experiences* of violence fall outside the scope of this particular project. Our definition† of intimate partner abuse for this research is in line with the World Health Organisation, which defines abuse by intimate partners as "behavior by a current or ex intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours".[1] Specifically, this study sought to speak to women who had left abusive relationships.

Note on the language used within the Report:‡

1. Where the term vulnerability is used, it is not to be understood as an inherent characteristic of disabled people but as referring to the social, economic, and other factors which increase their vulnerability.

2. In keeping with the social model of disability, which understands disability as an interaction between an individual's impairments or differences and societal and structural barriers, we will mostly use identity-first-language (e.g., disabled women) throughout this Report. However, we alternate between this and person-first-language (e.g., women with disabilities) in recognition of the multiple ways in which disabled women may choose to identify. We also separate 'impairment' which often refers to the actual congenital condition, injury or illness that a person identifies as having, from 'disability'. The social

* Other experiences include any form of abuse, violence or harassment caused by family members (who are not intimate partners) or any other persons or strangers. These experiences fall outside the scope of this research.

† Important note: References used in this research are included within Endnotes at the back of this report.

‡ Guidance on language taken from *Disabled Women Ireland, Submission to the Group of Experts on Action against Violence against Women and Domestic Violence on Ireland's Compliance with the Istanbul Convention, 2023.*

model separates impairment from disability – disability is the society-made systematic barriers that disabled people experience and these barriers exclude them from participating in mainstream society.

3. We acknowledge that language around intimate partner abuse also is important to consider and has complex implications. We acknowledge in our use of the term 'intimate partner abuse' that abuse can take many complex forms, which may include physical violence, sexual violence, psychological violence, economic violence and coercive control. We acknowledge that other language, such as 'domestic violence' is widely used, and we are sensitive to the fact that all prevalent language on this subject matter has limitations and existing criticisms.

4. Some of the findings of this study are graphic and potentially distressing. Representation of the lived experiences and views of disabled women is done in women's own words, or where we report those experiences and views, we aim to closely replicate women's original words and intended meaning. This leads to the sharing of some potentially distressing information.

Background to the research

The project is the result of a funded collaboration between Women's Aid (funders), a national feminist organisation working to prevent and address the impact of domestic violence and abuse, including coercive control, in Ireland since 1974; the Disabled Gender Based Violence Taskforce, a coalition of long-term disability rights activists who have come together to focus on Gender Based Violence; and Trinity College Dublin, School of Social Work and Social Policy, an established centre of learning, scholarship, excellence and innovation. Project partners are passionate about preventing and combatting all forms of violence and abuse against disabled women and are committed to the use of robust information and data to drive social change. An advisory committee of experts from key not-for-profit and governmental organisations in the Republic of Ireland was also formed to advise on matters of importance in conducting the research.

Acknowledgements

The project partners would like to acknowledge and thank the research team and the research advisory members for their support and work on this project.

We are especially grateful for the input into this research from survivors of intimate partner abuse and to the staff from local and national specialist domestic violence support services who generously shared their experiences, insights and expertise in the hope of bringing about real change for disabled women subjected to intimate partner abuse in Ireland.

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Executive Summary

This research sought to understand intimate partner abuse (IPA), including violence, against disabled women in the Republic of Ireland. This included an investigation into how accessible and appropriate domestic violence services are for disabled women experiencing this form of abuse. We conducted the research through surveying and interviewing disabled women who had experienced IPA, surveying service providers and finally, by mapping accessibility through publicly available information on services.

Findings from the survey with disabled women

97 survey questionnaires were completed, to a significant or full degree, by disabled women and then analysed. In this section, where statistics are presented, these refer to the percentage of participants who responded to the question at hand. Participants told us they had experienced many specific and overlapping forms of abuse. The most common forms were 'emotional (psychological) abuse' (89% of participants), then 'coercive/controlling behaviours' (76% of participants), then 'physical violence/abuse' (70% of participants) and then 'abusive tactics specifically related to disability' (60% of participants). Some participants also had experienced, in order of highest to lowest prevalence: economic abuse, sexual violence/abuse, damaging personal property, stalking behaviours, online/digital abuse and harming a pet or animal. Notably disabled women experiencing IPA seem to suffer higher rates of physical, economic and sexual violence than abused non disabled women.[63]

Of further concern was the finding that participants had low awareness of what constitutes IPA, with respect to the aforementioned forms of abuse. Only a little over half of the participants (56%, n=47) knew that these were all considered to be forms of IPA. Moreover, 70% of participants had heard of the term 'coercive control' but only 53% of participants understood its meaning prior to being given a definition in the survey.

96% of participants believed that their disability made it harder to cope with IPA. Disability specific abuse that was experienced by participants took various forms. This included name calling about disability (70%, n=68), a lack of acceptance of disability (66%, n=64), and lack of support to do everyday activities (49% n=48). There were also many reported barriers to help-seeking. 71% of participants said they felt ashamed of what was happening; 65% said they were hesitant to tell others about what was happening; 56% hoped that their partner would change their behaviour; 51% were afraid of being abused/attacked again; and 35% didn't have an alternative means of economic support.

A third of participants reported that they experienced coercive control (36%) and psychological or emotional abuse (36%) everyday, making these the most common forms of IPA perpetrated on a daily basis. 51% of participants continued to experience abuse even after separation. Only 61% of women told someone about the abuse and 39% told nobody. By way of comparison, an online survey carried out by Women's Aid in 2019, that was not specific to disabled women, found that 46% of respondents experiencing domestic abuse sought help and information and 33% did not.[60]

Moreover, toward seeking help, 77% of participants who disclosed the abuse reached out to a friend, making this the most common source of support sought. 79% reported, however, the belief that professionals and services were less able to help them because of their disability. 68% perceived professionals (in general) to be less likely to believe experiences of IPA disclosed by them as disabled women.

Participants were also not confident, in general, about the protective value of court. 84% of the women did not seek protection through the courts. The most common reasons for not seeking protection were fear of retaliation, lack of knowledge about the procedures, belief that court may not be helpful and a lack of belief in their own capacity to seek protection. Lastly, among key survey findings, a little over half of the participants indicated that they could not leave when they felt threatened or hurt (60%, n=58) due to their disability. In 14% of cases, IPA was a direct cause of disability for participants. Worryingly most participants were also not aware of Domestic Violence and Abuse (DVA) specialist support services, with more than half not being able to name any service.

Qualitative findings

To delve further into disabled women's experiences, this research also involved completing six in-depth interviews with disabled women who had experienced IPA. Therein, participants told us they felt as though their freedom was restricted as their abuser imposed upon them conditions of coercive control. Here, the participants' impairments were often used against them, such as an abuser preventing access to medication. In addition to coercive control, the perpetration of physical violence by abusers towards women often had serious implications related to disability. This included causing disability through acquired brain or spinal cord injury or worsening existing conditions leading to hospitalisation. It was clear from participants' stories, that by virtue of being disabled, they already faced significant challenges toward financial independence and financial equality in society. These barriers to prosperity were often compounded by economic abuse that was perpetrated against them. A strongly emerging theme was the barriers present for disabled women to leave an abusive relationship. These barriers spanned from depending on an abuser for mobility support, to having no support to access domestic violence services. Participants also reported the fear or threat of losing children due to lack of disability services to support parenting.

Findings from survey with DVA services

To further shed light on disability and IPA, a survey was also conducted with domestic violence organisations to determine their suitability and accessibility for disabled women. The data from this survey show that notwithstanding some limited features of accessibility being present in most services, there is still much to be done to ensure all services are accessible to women with different types of disabilities.

67% of services were aware of actions that qualify as specific abuse against disabled women including isolation and withholding assistive technology. 46% of the organisations actively included disabled women in their decision making. Only one service specifically reached out to disabled women in terms of accessing their services, 43% of services who responded gathered some data on disabled women, while 94% of services believed funding was a barrier to making their organisation fully inclusive. All the organisation representatives believed that training from a specialist disabled-led organisation for staff members would be useful to improve accessibility.

Findings from mapping exercise

Finally, this research carried out an accessibility mapping exercise of specialist domestic violence services. 96% of the organisations had some form of remote access including websites, Facebook pages, and email addresses. 69% of the organisations provided support through helplines or telephone services. 60% of the organisations provided court accompaniment services. Only 2% of services appeared to have a support service through 'Text' and only 2% mentioned accessibility on their landing page. A majority of organisations were available on Google Maps (87%), with 51% of these organisations mentioning wheelchair accessibility through Google Maps.

Conclusions

Overall, this research has strong capacity to inform the way IPA against disabled women in Ireland is understood and addressed. Findings demonstrate clearly that disability has major impacts on help seeking and coping. The impacts of IPA on disabled women were high in our study. Impacts often were heavily intertwined with disability such as women being practically unable to leave an abuser, or an unsafe environment, due to lack of mobility support. Disabled women experience unique forms of abuse related to disability that can compound general IPA. Here, awareness within domestic violence services of particular issues related to disability is critical.

To assist domestic violence services, provision of funding and training for awareness-raising, accessibility improvements and capacity building is needed. The lack of use of courts and poor impressions about the helpfulness of professionals among our participants are very concerning. This research shows significant and real differences between the experiences and prevalence of experiences between disabled and non-disabled women. This supports the case that urgent additional, targeted and specialised resources, policies and actions are needed to benefit disabled women subjected to abuse. Filling the gap in such resources must be considered of utmost urgency.

Low awareness among disabled women of what constitutes IPA and coercive control and of available specialist services also need to be addressed urgently.

Recommendations

Recommendations are presented in this section, and whilst they are grouped with respect to the stakeholders which they refer most to, stakeholders should consider all recommendations as having potential relevance to their work. In looking to the future, this report makes the following recommendations:

Governmental recommendations

"I was selling a house with him and had to live with him while separating and selling, I didn't have anywhere else to go or any finances to leave until it sold... I didn't think there would be any financial support for a homeowner." -Saoirse

1. This report should be provided to government and specifically inform the Department of Housing universal design and accessibility plans for the refuges targeted for completion by 2024 and beyond.

2. Disabled women and their representative organisations should be included as partners in the current and future National DSGBV strategies, implementation plans and monitoring mechanisms.

3. Accessible housing options for disabled women fleeing domestic violence must be part of the implementation of Ireland's national homeless and housing strategy.

4. Duties related specifically to independent living under the National Housing Strategy for Disabled People 2022 – 2027 should be fulfilled to the fullest extent possible, and therein, the Government should consider the needs of disabled women fleeing, and trying to remain safe from, intimate partner abuse.

5. All identified actions and commitments to improve accessibility and inclusion within the Courts Service Modernisation programme need to be implemented to the fullest extent possible within the most immediate timeframe possible.

Courts service recommendations

"I was told to get a court safety order, I got a court safety order and my abuser threatened me that he would kill me 32 times. I reported every single one of these threats and breaches to my court order and the Gardaí did nothing to help my son and I." -Kate

6. The Courts Service should consult actively and/or conduct research with disabled women as a specific stakeholder group to gauge their concerns about the accessibility and usefulness of protective measures and court services.

7. Findings of this consultation should inform the roll out of training for court staff, legal professionals and relevant others to address issues like unconscious bias and discrimination towards disabled women.

Information, training and awareness-raising

"Proper support from State agencies [would have helped]. An actual understanding of coercive control and of disability. Making a complaint against the abuser made everything so much worse and the situation so much more dangerous and there was no follow-on support. I felt like I'd been thrown to the wolves by the agencies." -Maeve

8. It is recommended that specific government funding is provided for the development and delivery of cross-training on domestic violence against disabled women, for those working in violence support services and those working in disability services and disabled persons' organisations. Such training should be developed in partnership with disabled persons' organisations and given ring-fenced multi-annual funding to ensure continuity of delivery.

9. Mental health services should be trained in both DVA and trauma awareness to address the urgent need to make responses to victims/survivors trauma-informed. This should seek to prevent women's responses to violence and abuse inflicted upon them, from being pathologised and medicalised. Such training should be developed in collaboration with specialist services.

10. It is recommended that dissemination of these research findings involves targeted training and awareness-raising campaigns that highlight the specific issue of intimate partner abuse against disabled women. Our findings particularly highlight areas that should be targeted for awareness-raising which include:

    10a: Awareness in training court staff, about the impact of disabled women's concerns regarding their children in decision-making about addressing their experiences of intimate partner abuse, including the risk of losing custody.

    10b: Understanding of legislative provisions to combat coercive control, as well as understanding about the court system, and how to pursue protection options through the courts, among disabled women. This should include including realistic information on the risks of seeking court protection.

    10c: Disabled people-led disability equality training on the issue of IPA for judiciary, court personnel and law enforcement should be provided which includes a specific focus on addressing misconceptions about disabilities.

    10d: Disabled people-led training provided to local housing authorities and social housing providers focusing on the intersection of disability and domestic abuse and needs arising thereof.

    10e: The need for awareness raising targeted at the family and friends of disabled women victimised by intimate partners, as the most likely social support for them.

    10f: Addressing of stereotypes surrounding the sexuality of disabled women and ensuring awareness about the high incidence/risk of sexual violence experienced by disabled women.

    10g: Increasing awareness and understanding of not just dynamics of domestic abuse/coercive control but also disability specific abuse among public policy makers, researchers, specialist domestic violence services, disabled persons' organisations and disability services.

11. Disability services and domestic violence services should deliver targeted education programmes and/or initiatives to improve disabled women's understanding of what is domestic abuse and coercive control, including signposting to support services and including understanding that coercive control and stalking are crimes.

12. The issue of intimate partner abuse towards disabled women should be made more visible through inclusive imagery in domestic violence materials and in information resources used within the criminal justice system and within health, housing and specialist support services.

13. Increase knowledge and response capacity within community mental health services on the mental health impacts of intimate partner abuse on disabled women.

Collaboration

"I called Citizens Advice and they only gave me [name of domestic violence service] and they were not in a position to help me because of my disability… house of refuge was not accessible. There was no other alternative except for staying being abused." -Aoibheann

14. It is recommended that collaborative initiatives between disability services and domestic violence services are fostered to address the promotion of joined up thinking and coordinated action around accessibility and specialised support so that disability services are located more centrally in the discourse around abuse prevention.

15. Domestic violence services and disability services should coordinate supports that are targeted at preventing disabled women losing their autonomy and independence when seeking to safely leave abusive situations and relationships.

Funding and resourcing

"I was completely dependent on my partner financially as we were over the threshold for welfare support… He controlled where I went and who I saw and if I was to leave I physically had no access to transport apart from a 1 mile to the local bus, no money to pay for tickets and nowhere to go that could provide me immediate support… I was totally trapped." -Ciara

16. Urgently secure additional resources to meet accessibility requirements of domestic violence services, including strategies to make accessibility and disability supports visible.

17. Increased collaboration between mental health services and domestic violence services is needed to support disabled women with mental health impacts of intimate partner abuse, based on models of informed consent and empowerment.

Disability and domestic violence service providers

"Knowing my rights better, having a clearer picture of how I deserved support with my disability as well as a peaceful life [would have helped]." -Maura

18. It is recommended that specialist domestic violence services improve their data collection around the nature of disability prevalence among their service user populations. This must include a standard question of all service users about whether they have a disability. Where possible, data should be collected that allows organisations to compile a breakdown of the nature of impairments that disabled service users have, in order to inform service provision and developments.

19. Specialist domestic violence services should create opportunities for disability experts to share knowledge and suggestions on how domestic violence services can be made more accessible.

20. Motivated organisations with established training capabilities with expertise on disability rights and domestic violence should seek resources to collaborate in creation of a specialist training on responding to disabled women suffering intimate partner violence in the Irish context.

Accessibility

"I didn't have the energy to repeat my circumstances all over again, especially if they couldn't offer me any support. I was afraid there was no support for me." -Cara

21. Funding should be provided to ensure that existing national helplines can provide secure text-based alternatives such as a free SMS texting service and webchat, on a 24-hour, 7-day a week basis.

22. Easy-to-Read information, including information on how to find support, should be publicly available including in disability day services and healthcare settings.

23. To address low reporting of violence by victims with disabilities, Garda stations need to be accessible for those with physical disabilities, complaint mechanisms need to be fully accessible, and Gardaí need to be trained to understand the specific violence patterns against disabled women.

24. A review of the implications of legislative and practice change in Ireland linked to the Assisted Decision-Making (Capacity) Act 2015 and adult safeguarding legislation is needed to ascertain how disabled women's help-seeking might be accordingly helped or hindered.

Cuan, the Domestic, Sexual and Gender Based Violence Agency

"I couldn't work and couldn't get out of the house then and I was always trapped with him. I wasn't believed and my disabilities were used against me." -Clodagh

25. The Domestic, Sexual and Gender Based Violence Agency, Cuan must use an intersectional approach, and develop targeted interventions to protect women with disabilities.

26. Cuan should have a mandate to ensure that DSGBV service providers are accessible to people with disabilities as well as ensuring the provision of ISL interpretation services and accessible information regarding services for victims or persons at risk of DSGBV. Adequate funding must be provided to make these requirements a reality.

27. Cuan to commission more research on disabled women experiencing intimate partner violence in order to build on this study.

Judiciary

"Access to his children was used as a tool by him and the Courts to allow abuse to continue. How he continues to impact us by his actions is ignored by the Judge." -Una

28. Take a disability rights approach, balanced with a children's rights approach, when making decisions on child visitation or custody to address existing bias against disabled parents.

Context

Review of recent research and contemporary academic literature

Literature review method

Two questions formed the basis of search strategy development for the literature review: (1) *'What is the nature of intimate partner violence against disabled women in Ireland, including how it should be addressed?*', and (2) '*What is the standard of accessibility and suitability of specialist domestic violence services in Ireland for disabled women?*'. With the assistance of a subject librarian, search strings with Boolean operators and electronic databases, as well as grey literature searches, formed the basis of a comprehensive search strategy (full details such as search terms, databases dates, and results retrieved are contained in Appendix 1). In addition to core searches, the team regularly updated sources to ensure cutting edge or new publications were included. Pre-determined exclusion criteria included sources in a language other than English and sources of low relevance to the aforementioned literature review research questions.

Disabled women and abuse

While gender-based violence links to the dynamics of power and control, abuse against disabled women introduces an additional layer of complexity. Research shows that disabled women are more likely to experience intimate partner abuse when compared to non-disabled women.[2] A recent study on disability and crime from the United Kingdom's Office for National Statistics explored outcomes for disabled people including experiences of domestic abuse for adults aged 16 to 59 years in England and Wales during two time periods; year ending March 2014 and year ending March 2019. Disabled women were more than twice as likely to experience domestic abuse than non-disabled women, and almost twice as likely as disabled men. In the year ending March 2019, women were more likely to have experienced domestic abuse than men regardless of disability status. Approximately 1 in 6 (17.3%) disabled women experienced domestic abuse, compared with 1 in 15 (7.0%) non-disabled women.[3] Chang and colleagues argue that disabled women are more likely to experience abuse for longer durations and are also more likely to normalise and accept abuse due to difficulties in accessing support.[4]

Types of intimate partner abuse

Intimate partner abuse includes physical violence, verbal abuse, emotional or psychological abuse, sexual violence or coercion, economic or financial abuse, stalking, coercive or controlling behaviour, digital abuse, and damaging personal property.[5] An additional category of abuse that disabled women may experience is disability specific abuse. This may include withdrawing disability support or damaging disability equipment, withholding or overdosage of medication, or withholding treatment.[6] Abuse specific to disability is under researched within the topic of intimate partner abuse.[7]

Patterns of abuse

Smith, Van der Heijden and colleagues explain that perpetrators exploit the stigmatisation of disabled women as asexual and physically undesirable.[8] This is also due to 'overprotection' by family members leading to disabled women's lack of exposure to issues related to sexuality. Abuse often begins with verbal abuse about disability leading to poor self-esteem and contributes to the belief that the disabled women "deserve" to be in an abusive relationship.[9] Psychological abuse was often found to be extremely severe and harder to prove.[10] Meyer and colleagues found that there is a positive correlation between the severity of a disability and the likelihood of physical and/or sexual intimate partner abuse.[11] Additionally, there is strong evidence to suggest that those with intellectual disabilities are more at risk of abuse and they may not be able to recognise it.[12] Disability specific abuse can arise in combination to financial abuse in situations where disability grants that women receive may be taken away from them making disabled women financially dependent and support more inaccessible.[13] Separation from an abuser may be problematic to achieve due to co-parenting and financial situations.[14]

Impact of abuse

The impact of intimate partner abuse against women is undoubtedly profound. From the literature, the domains of victims' lives that were impacted were physical and mental health, quality of life, financial and parenting responsibilities.[15] Bonomi and colleagues found that experiences of intimate partner abuse could contribute to adverse mental health problems like self-harm.[16] In some instances, intimate partner abuse impacts the disabled woman's reproductive health as it manifests as reproductive coercion.[17] Children exposed to intimate partner abuse are more likely to become victims of abuse in their adult relationships.[18] Various studies exploring the impact of exposure to intimate partner abuse on children have found that trauma related to such experiences can impact development and can have negative social, emotional, behavioral and academic outcomes.[19] The impacts of intimate partner abuse may often be worse for disabled women due to prolonging of abuse. This prolonging is based in disability-related impediments to identifying abuse, exiting the relationship, help-seeking and self-defence.[21] Conditions and

impairments that disabled women have, may also be directly caused or worsened by intimate partner abuse such as through physical violence.[2]

Factors increasing risk of intimate partner abuse

The risk for disabled women of being subjected to abuse is amplified for several reasons. From a review of literature in this area, it was found that disabled women are targeted as those who cannot 'fight back'.[20] Due to their disability, some women may be isolated from the external world, increasing the risk of abuse.[21] In the case of certain disabilities, women may be considered unable to recognise abuse.[22] Austin and colleagues identify low employment rates, high dependence on partners and low self-esteem as factors that contribute towards increased risk of abuse.[23] These factors can be present for women who do not have a disability, but for some disabled women these factors are more prevalent and severe due to disability. Cumulative abuse and learned compliance through the lifespan of the individual could also increase the risk of intimate partner abuse.[24] Families play a crucial role in minimising and preventing abuse. The family is also viewed as a social force that shapes the experience of the impairment and disability which could contribute to different levels of self-esteem. Low self-esteem may lead to women putting themselves in riskier situations due to valuing themselves poorly.[25] Lack of support to develop skills to predict dangerous circumstances and lack of support developing skills to avoid abusive situations increase the risk of abuse.[26] Compounding this, the prevailing problem that disabled women are not believed or trusted unless they have proof increases their risk, allowing abusers to take advantage of them.[27]

Reasons for non-disclosure or delays in exiting abusive relationships/support seeking

Due to a number of personal and social factors, disabled women are at increased risk of being subjected to intimate partner abuse. However, there are a number of personal, social and systemic reasons to explain why women do not disclose their experience and may not be able to end the relationship, and/or seek support. The decision to leave the abusive relationship is shaped by socio-economic, cultural and familial and emotional considerations.[28]

Personal factors

Studies identify that individuals who experience abuse do not disclose it to friends, family and other people, as they are afraid that they will not be believed or listened to.[29] Therefore, women who experience psychological or emotional abuse from their partners feel the need to have visible proof to be believed.[30] Abuse can also bring a lot of embarrassment and shame for the individual.[31] Due to victim blaming by authorities, women subjected to abuse can blame themselves for its occurrence.[32] Additionally, Anyango and colleagues have identified that hope for the partner (abuser) to change is one of the factors that stop women from disclosing their experience and exiting

the relationship. According to Women's Aid (2021, p.5) among young women in Ireland, approximately a third tell nobody about the abuse.[33] Research findings specifically on disabled women's propensity to disclose abuse is limited, however. What is known from research, such as Anyango and colleagues (2023), is that when disabled women try to tell others what is happening, they may not be believed or taken seriously due to their disability. Disabled women also have restricted social networks, and therefore reduced opportunities to disclose, according to Smith (2008).

Socio-economic or socio-cultural factors

With respect to factors relating to the external world, disabled women avoid disclosing abuse to friends, family and care providers because they have been silenced at multiple levels.[34] Due to their dependence (physical, emotional and financial) on their partners or family members, women might resort to staying in the abusive relationship rather than face isolation.[35] A real problem is the potential for disabled women to simply accept abuse as part of their 'lot in life'.

Systemic factors

It is more challenging for disabled women to access support than for non-disabled women.[36] Disabled women may be met with systemic barriers to disclosing abuse and exiting relationships. Disclosure to medical professionals has consequences such as the instigation of safeguarding processes.[37] A lack of collaboration between service providers for disability and intimate partner abuse further discourages disabled women from seeking support and trying to end the relationship.[38] Finally, disabled women have little support to navigate an exit and face long wait times to access support from disability and mental health services.[39] There is an importance of the collective lived experience of disabled women and a sense of belonging to a collective movement that can be mobilised toward elimination of systemic factors.

Coping mechanisms

Jordan found that in contrast to stereotypical ideas of disabled women as 'dependent' or 'compliant', disabled women who felt they could cope viewed themselves as independent, agentic and resilient.[40] They used passive strategies like placating, minimising and withdrawing from the perpetrator to avoid aggravating or causing dangerous situations. Further, reaching out for support to friends where they experienced trustworthiness and non-judgemental responses were useful resources to navigate through abusive relationships. Ludici and colleagues discuss the importance of developing skills to cope with risky situations as preventive and everyday management strategies.[41] This includes, where possible, recognising patterns of violence cycles, protecting themselves, planning an escape and creating supportive networks. It should be acknowledged here,

that whilst these risk management strategies may be beneficial, disabled women may experience additional barriers to putting these in place. It should also not be considered disabled women's responsibility to undertake these risk management strategies.

Factors facilitating disclosure

Studies that explore women's experience with navigating abusive relationships have illuminated factors and resources that facilitate disclosure and exit. The disabled woman's agency to exit the relationship is determined by social and structural support.[42] Access to financial resources and support from children encourage disabled women to exit abusive relationships.[43] One of the primary reasons for non-disclosure of abuse has been a lack of trust in practitioners and service providers. McConnell and Phelan state that better relationships with service providers or medical practitioners, friends and family members will increase the likelihood of disclosure and exit.[44] Trueland also argues for the importance of screening for abuse among disabled women.[45] Tenaw and colleagues have emphasised the value of targeted interventions in sexuality education to help more disabled women recognise and report abuse.[46]

Role of service providers

Learning from the factors that facilitate disclosure and exit from abusive relationships, the role of service providers emerges as a powerful one. However, research in the area has acknowledged the challenges that domestic violence services face while servicing disabled women. These challenges arise primarily due to structural limitations and a lack of funding.[47] With regards to service provision, previous research has established that unaltered application of interventions and services that are originally designed for non-disabled women is not as helpful for disabled women.[48] Service providers need to undertake training in services specific to disabilities, such as learning sign language, and improving accessibility.[49] Further, it is essential for domestic violence service providers and health care providers alike to understand abuse specific to disabled women such as damage or withdrawal of disability equipment.[50] A crossover of disability services and domestic violence services is crucial in improving support for disabled women experiencing intimate partner abuse.[51] Ensuring comfort during safety planning is important as uncomfortable or ill-equipped refuges/emergency accommodation may force disabled women to leave and re-enter abusive relationships.[52] Another role that service providers can play is providing information and support through online services.[53] Together, healthcare providers, domestic violence services and other organisations need to advocate for change in services addressing intimate partner abuse against disabled women.[54]

Legal and policy framework

This section will address some key policy and legislation in an exploratory but not exhaustive way. There is, for instance, legislation of relevance to the statutory duties of public bodies in particular toward people with disabilities that are not listed here such as the Irish Sign Language Act 2017, the Equal Status Acts 2000-2018, and public sector duty in the Irish Human Rights and Equality Act 2014. The existing legislation in the Republic of Ireland includes the Criminal Justice (Victims of Crime) Act 2017; the Criminal Law (Sexual Offences) Act 2017; Domestic Violence Act 2018; and the Criminal Justice (Withholding of information on offences against children and vulnerable people) Act 2012, and other legal provisions listed below.

- The Criminal Justice (Victims of Crime) Act 2017
    - S7(a) provides that the law enforcement authority shall offer to victims information on support services, including specialist services and services providing alternative accommodation.
    - S15(1)(c) provides for Gardaí carrying out an individual assessment of a victim to ascertain if they would benefit from special measures due to particular vulnerability to repeat victimisation, intimidation or retaliation.
    - S15(2) (d) mentions that the Garda carrying out an assessment should have regard to various personal characteristics including disability.
    - S 22 (1) provides for information to be given in simple and accessible language, taking into account the personal characteristics of the victim including any disability, which may affect the ability of the victim to understand them or be understood.
    - S22 (2) and (3) of the Act includes the right to be given a clear translation and interpretation of the ongoing investigation and court proceedings.
- The Criminal Law (Sexual Offences) 2017
    - The law may consider the victim's disability as an aggravating factor in criminal proceedings.
    - The law defines "Offence" as engaging in a sexual act with a protected person or a person who may lack capacity to understand and provide full consent to the sexual act due to their disability.

- Domestic Violence Act 2018
  - The act provides for legal options for women experiencing intimate partner abuse.
  - This act added coercive control as an offence.
  - It improves the protection and support provided to victims.
  - Disabled women can provide evidence through video link and be accompanied in court.
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

  The act includes withholding information on the commitment of a crime or any harm towards a person under 18 or termed as a vulnerable adult as a criminal offence.
- Criminal Justice (Miscellaneous Provisions) Act 2023

  This act includes a new offence of stalking, with a maximum sentence of up to 10 years as well as new offences of non-fatal strangulation and suffocation.
- The Harassment, Harmful Communications and Related Offences Act 2020

  This act is of high relevance to disabled women experiencing intimate partner violence where harassment type behaviours such as threatening written communications are present. It also criminalised intimate image abuse, i.e. the taking or sharing of intimate images without consent.
- Assisted Decision Making (Capacity) Act 2015

  The act has implications for women with deteriorating conditions and disability that may link to questioning of their capacity and their abuser having control over their decision making.
- Criminal Evidence Act 1992 as amended

  Within this act, as amended, are special measures around '"persons with a "mental handicap"' (Part III, 19) and having regard for the "mental condition of the witness" (14-b).

Additionally, we are bound by international legislation which has been ratified in this country including the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities), the CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) and the Istanbul Convention (The Council of Europe Convention on preventing and combating violence against women and domestic violence). Ireland is, and will continue to be, monitored on progress and performance with respect to these conventions.

- The UNCRPD (United Nations Convention on the Rights of Persons with Disabilities), 2006
    - Article 6 of the UNCRPD on disabled women recognises that disabled women are subject to multiple forms of discrimination and that the state has a responsibility to ensure equal enjoyment of human rights.
    - Article 16 of the UNCRPD on freedom from exploitation, violence and abuse, outlines that states must take responsibility for protecting people with disabilities from all forms of exploitation, violence and abuse including provision of information about avoiding, recognising and reporting instances of exploitation, violence and abuse. The facilities and programs designed to serve disabled people must be monitored to prevent the occurrence of exploitation, violence and abuse. State parties must design effective legislation focused on women and children where instances of exploitation, violence and abuse are investigated and prosecuted appropriately.
- CEDAW (Convention on the Elimination of All Forms of Discrimination against Women) 1979
    - This condemns discrimination against women in all its forms (Article 2) and requires state parties to undertake a series of measures in order to do so: (a) embody the principle of equality of men and women in national constitutions and relevant laws and ensure its practical realisation; (b) prohibit all discrimination against women, including by applying sanctions where appropriate; (c) establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions, the effective protection of women against any act of discrimination; (d) refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation; (e) take all appropriate measures to eliminate discrimination against women by any person, organisation or enterprise; (f) take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women; (g) repeal all national penal provisions which constitute discrimination against women.
- The Istanbul Convention (The Council of Europe Convention on preventing and combating violence against women and domestic violence) 2011

    Specifies that the state is obligated to address abuse in all forms and prosecute perpetrators. The rights of victims should be protected without discrimination based on disability (and other grounds). Article 4 of the convention requires all the provisions of the convention will be applied to protect the rights of victims without discrimination on the grounds of gender, sex, disability, race, and more.

An introductory but not exhaustive overview of the policy framework in the Republic of Ireland, relating to intimate partner abuse and disabled women, includes the following key documents:

- Third National Strategy on Domestic, Sexual and Gender-Based Violence (DSGBV), and Implementation Plans

  Some reference is made to the vulnerabilities of disabled people in the Strategy. It has an intersectional definition of DSGBV that recognises the additional barriers, after gender inequality, which are factors for victims/survivors of abuse. The total sum of disabled women's life experiences ought to be considered and intersectional thinking helps with this. An intersectional definition of DSGBV should be invoked in terms of the State's obligations to do more to ensure better supports in all systems (criminal justice, family law, access to specialist services etc.). These supports are needed for disabled women across a journey from abuse to safety and to thriving. The first Implementation Plan (phase one, first 18 months of the Strategy delivery to end 2023) includes some actions which are particularly relevant around disability such as Action 2.1.3 which refers to provision of interpretation, including ISL, for victims in criminal justice processes (Government of Ireland, 2022, p.21) and 4.1.3 establishing a specialist group for socially excluded groups, including people with disabilities, to advise on all interventions in terms of inclusivity and intersectionality (ibidem, page 42).[55] While the first Plan only referred to implementation for 2022 and 2023, both these actions were to be led by "The New Agency", i.e. Cuan, which was only established in January 2024 and should therefore be carried over. The second Implementation Plan focusing on 2024, includes actions to ensure that information is provided to "hard to reach groups", including people with disabilities in Action 2.1.3 and 2.17 (Department of Justice, 2024, p.15) and a commitment to ensure that issues of policy intersectionality are highlighted and prioritised in the implementation plan and will be a key focus of Cuan going forward. This specifically mentions ensuring inclusivity of domestic violence services (Ibidem, p.41). As part of this, Action 4.3.1 envisages Engaging with the DSGBV research community to understand the intersectional needs and barriers faced by minority groups.[56]

- The National Disability Strategy

  Public consultations on the next National Disability Strategy were conducted up to 2024. Prior to this, the National Disability Inclusion Strategy 2017-2022 was linked to some progressive changes of relevance, such as the Criminal Justice (Incitement to Violence or Hatred and Hate Offences) Bill 2022, according to National Disability Authority (2023, p.52).[57]

- Courts Service Strategies

  Whilst development of a Courts Service Modernisation Programme and a Courts Service Strategic Plan 2024-2027 are underway, the prior Court Service (2020, p.2) Strategic Plan 2021-2023 has made changes toward the vision of a "significantly more accessible Courts system".[58] This is of relevance in terms of the huge inadequacy of actual Court buildings for disabled women, the need to ensure (literal) access to justice, safety and to have their rights upheld in family law. The Court strategies are also geared toward accessibility in terms of remote access. Given the urgent need for accelerating initiatives such as the means to make remote applications for protection to support disabled women, the focus on technology and accessibility is welcome.

- Irish Human Rights and Equality Commission (IHREC) Strategy Statement 2022-2024

  There is a human rights policy infrastructure in Ireland with aspects of relevance to disabled women experiencing intimate partner violence. The IHREC Strategy includes circulating materials in easy read format on human rights.

Methodology

Within this section we explain the research methodology and what methods we employed to carry out the research and our rationale for doing so.

Research instruments

Throughout this project, two different research instruments were used – surveys and qualitative interviews. In the initial stage of the study, one survey was designed and administered with representatives of specialist domestic violence services in Ireland. Another survey was conducted among disabled women to understand their experiences of intimate partner abuse and their experience of accessing support services. To gain a deeper understanding of disabled women's experiences of intimate partner abuse, qualitative semi-structured in-depth interviews were also conducted with six women which were analysed thematically.

Inclusion and exclusion criteria

In the interest of minimising discomfort, danger and harm, a protocol for participant recruitment was designed at the outset of this project. The inclusion and exclusion criteria for all sets of participants are outlined in the table below.

Study element	Inclusion and exclusion criteria
Survey for representatives of specialist domestic violence services on the accessibility of services	The organisation must specialise in providing domestic violence services: • The organisations must be willing to take part and provide consent. • The organisation must have a knowledgeable representative to complete the survey on behalf of the organisation who consents fully to this role. • The representative must be English-speaking and based in the Republic of Ireland.

Study element	Inclusion and exclusion criteria
Survey of disabled women's experiences of intimate partner abuse	Inclusion criteria: • Must be a person who identifies as a woman. Gender minorities and gender non-conforming people who identify as women are included in this project as they are recognised to be women. • Must be a person who identifies as disabled/a person with a disability. • Has sufficient English language competency and can provide informed consent. • Has experienced intimate partner violence/abuse (including experience of physical or verbal abuse; being subjected to any form of emotional, physical or financial control) by an intimate partner. • Has a willingness to participate in the study. • Is no longer in a relationship with the intimate partner that abused them at the time of their participation in the study.
Qualitative semi-structured interviews of disabled women	Exclusion criteria: • Does not have the necessary English language competency or capacity to provide informed consent. • Does not have a willingness to participate. • Is currently in an abusive relationship or living with a partner who is violent/abusive where this is deemed to pose a significant risk to the participant if they take part in the study. • Is (a) currently part of any criminal/family law proceedings due to their experiences or exposure to domestic abuse; or (b) have been part of any judicial proceedings for the last 12 months before the commencement of participation in the study.

Participant recruitment

Participant recruitment entailed several comprehensive strategies with measures taken to protect participant welfare also. Please see appendix 2 for full details.

Analysis

Survey results

The surveys were conducted using Qualtrics, a survey administration and analysis software. A report produced by Qualtrics was used to interpret the results of the surveys. Further, Microsoft Excel was used to conduct statistical analysis of the survey results. The findings chapter will discuss the results of both surveys.

Qualitative interview results

This research utilised qualitative thematic analysis to analyse and interpret the interview data aiming to offer a comprehensive, intricate depiction of the information. The analysis adhered to the guidelines outlined by Braun and Clarke (2006). Online qualitative interviews were carried out through Microsoft Teams and sister software Microsoft Stream, employing an automatic speech-to-transcript tool. The resulting transcript was meticulously reviewed and cross-checked with the audio recording to ensure precision. The verbal data underwent coding, leading to the identification of distinct themes. Each theme underwent thorough review to confirm the internal consistency of the data within them and to highlight clear distinctions between the themes.

Ethical considerations

This study was conducted with the intention to minimise any kind of harm, disrespect or discomfort that can possibly arise due to the process of researching human beings. In agreement with Saldana (2011), the primary principle that guided every interaction with participants was “do no harm”. Ethical approval and data protection impact assessments were obtained for the surveys and the qualitative interviews independently. The information sheets provided clear details on the voluntariness of participants, confidentiality (and its limitations), data collection and storage policy, anonymisation of data and participants’ rights to withdraw participation.

The survey design required participants to grant full consent on the landing page before proceeding. The surveys were gathered anonymously, and participants received information sheets before the interview to facilitate an informed decision. Participants across the survey and interview stages were given information on relevant support services. Adequate time was allotted for participants to make their choice. Post-interview, participants were given a two-week window to withdraw from the study if desired. Any identifiable information shared during the interviews was subsequently removed, and generic participant labels were assigned before conducting data analysis.

Findings

Survey 1 findings: Disabled women's experiences of intimate partner abuse

Description of the survey

A survey was administered to understand the nature of intimate partner abuse experienced by disabled women. The survey instrument was designed so that the eligibility criteria had to be met before participants could provide consent. The first question of the survey asks, 'Do you identify as a person with a disability?' and those who responded yes to this question were asked, 'Did you have a disability or disabilities whilst you were experiencing intimate partner violence/abuse?'. Only participants who responded 'Yes' to this question were taken to the stage where they could provide consent. A total of 117 participants provided consent and 20 of them opted for the 'easy read' version of the survey. No easy-read surveys were returned to the research team however. As such, responses are based fully on the online completions. Therefore, the total N for this survey is 97. There was an option for some question responses to be left blank where participants were not comfortable with answering those questions. In these instances, some participants chose not to comment.

General sample descriptives

Types of disability

Participants were asked, where comfortable to do so, to tell us what kinds of impairments they had. Responses show a wide variety were included in the sample including physical disability, chronic illness, mental health disability, psychosocial disability, sensory and neurological disability, neurodiversity where this is deemed by the person to be an impairment and learning disability. Many participants had multiple impairments.

Age group

The women who participated in the survey were asked, where comfortable to do so, to indicate the age group (n=82, missing=15) they belonged to. Table 1 presents a distribution of participants by their age group. A third of the women were between 30 and 39 years of age (n=24, 29%). A quarter of the women were between 40 and 49 years of age (n=21, 26%). And a little less than a quarter (n=18, 22%) of the women were between 19 and 29 years of age.

Table 1. Distribution of participants by age group		
Age group	**Valid percent**	**Count**
19 – 29	22%	18
30 – 39	29%	24
40 – 49	26%	21
50 – 59	13%	11
60 – 69	10%	8
70 and above	0%	0
Prefer not to say	0%	0
Total	100%	82

Ethnic group

The women who participated in the survey were also asked to indicate the racial or ethnic group (n=82, Missing=15) they belonged to. 87% of participants were from the 'White: Irish' group. In order to protect the identities of participants, other racial and ethnic group statistics are not reported.

Table 2. Distribution of participants by ethnic/racial groups		
Ethnic/Racial group	**Valid percent**	**Count**
Black or Black Irish: Any other Black background	Not reported	Not reported
Asian or Asian Irish: Any other Asian background	Not reported	Not reported
Black or Black Irish: African	Not reported	Not reported
Asian or Asian Irish: Chinese	Not reported	Not reported
Others including mixed background (please specify)	Not reported	Not reported
White: Irish Traveller	Not reported	Not reported
White: Any other White background	Not reported	Not reported
White: Irish	87%	71
Total	100%	82

County

Table 3 presents the distribution of participants across the different counties of Ireland (n=82, Missing=15). The counties from which disabled women participated and the respective proportion of participants are presented below but in order to protect the identity of participants, counties with less than 5 participants resident are not reported. More than half (56%, n=46) of the women were from Dublin. Further, county Clare (7%, n = 6), Galway (6%, n = 5) and Cork (6%, n = 5) contributed to less than 10% of the participants each.

Table 3. Distribution of participants by County		
County	**Valid percent**	**Count**
Antrim	Not reported	Not reported
Kilkenny	Not reported	Not reported
Longford	Not reported	Not reported
Offaly	Not reported	Not reported
Waterford	Not reported	Not reported
Westmeath	Not reported	Not reported
Wicklow	Not reported	Not reported
Laois	Not reported	Not reported
Mayo	Not reported	Not reported
Carlow	Not reported	Not reported
Cavan	Not reported	Not reported
Kildare	Not reported	Not reported
Cork	6%	5
Galway	6%	5
Clare	7%	6
Dublin	56%	46
Total	100%	82

Children, pregnancy, and abuse

The disabled women who participated in the survey were asked a) if they had a child or children at the time of experiencing abuse (n=82, Missing= 15); b) if they had a child or children with an abusive partner (n=82, Missing=15); and c) if they have ever experienced abuse while they were pregnant (n=81, Missing= 16).

The figures below illustrate that a little over half of the women who responded to this question did not have a child or children while experiencing abuse (57%, n=47) and did not have a child or children with an abuser (63%, n=52). A majority of the women (69%, n=56) did not experience abuse while being pregnant. However, it is still important to note that a third of disabled women (31%, n=25) have experienced abuse while they were pregnant.

Figure 1. Classification of participants based on whether they had children at the time of experiencing abuse

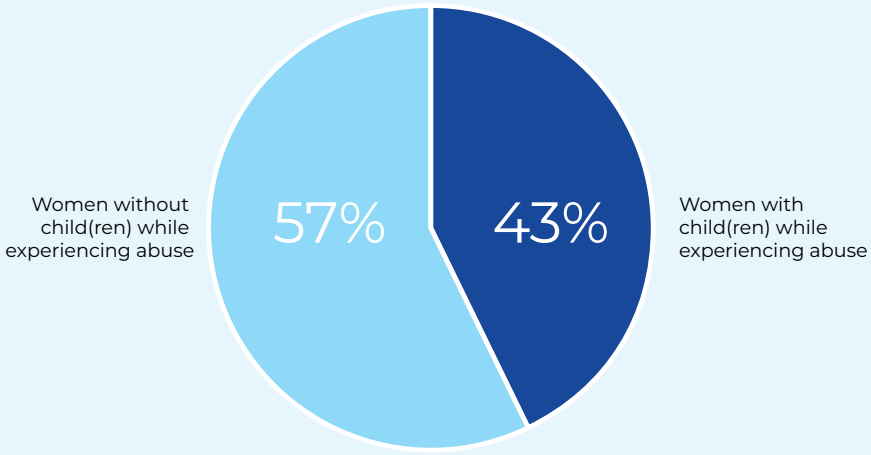


Figure 2. Classification of participants based on whether they have a child or children with an abuser or abusers

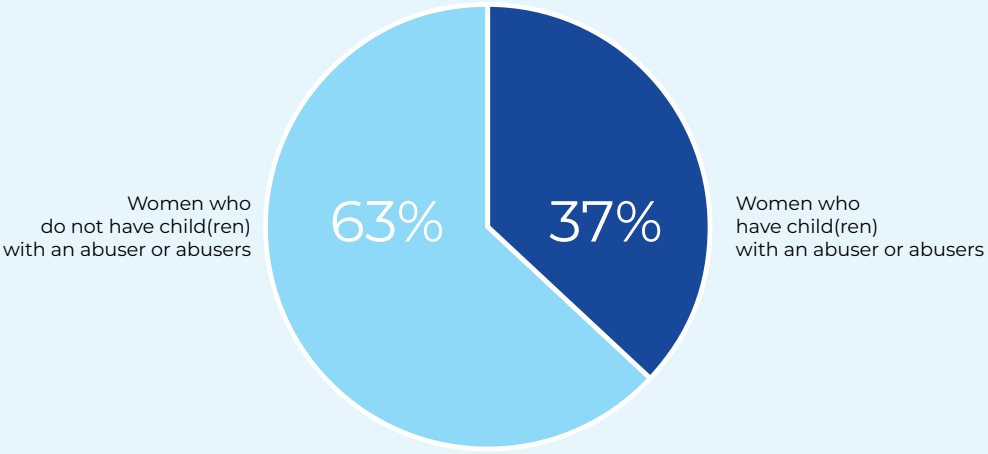
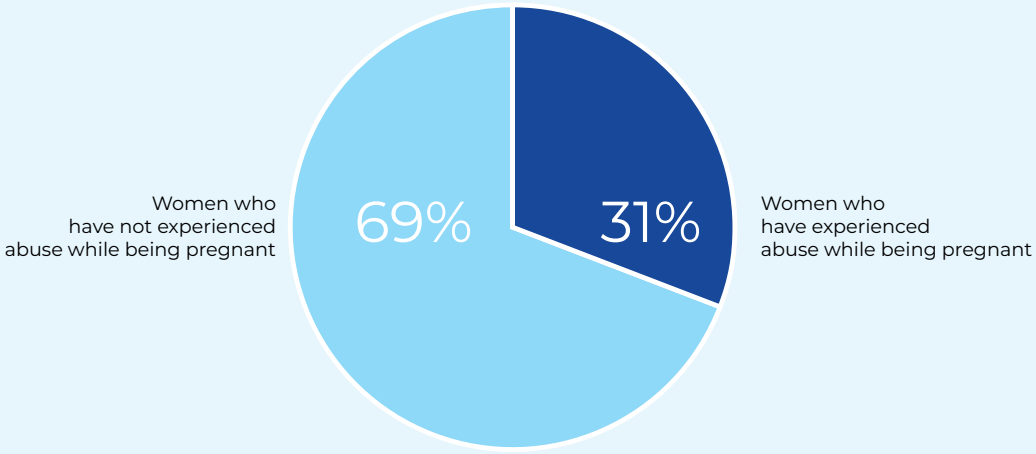


Figure 3. Classification of participants based on whether they have experienced abuse while being pregnant



Number of abusive relationships

Finally, women were asked to indicate the number of abusive partners they have been with (n=86, Missing=11). The majority of women (60%, n=52) have been with 1 abusive partner. About a quarter of the women (27%, n=23) have been with 2 abusive partners and 13% had 3 or more.

Table 4. Distribution of participants based on the number of abuse partners

Number of abusive partners women have been with	Valid percent	Count
1	60%	52
2	27%	23
3 or more	13%	11
Total	100%	86

Experiences of abuse

Description of abuse

Women were asked to tell us, in their own words, what they thought abuse in a relationship with an intimate partner is. 91 women gave responses to this question. Women gave us a variety of responses. The most common themes that emerged across these responses are as follows (not in order of prevalence):

1. Psychological and emotional abuse: Women said *"Abuse in a relationship is the constant wearing down, controlling, and oppressing of one partner over the other. It does not stop, it is designed to break you down to make you as compliant as possible. Until you are a shell of the person you used to be. Everything they claimed to like about you becomes the target of attack."* Some also experienced *"Gaslighting, coercive control, manipulation."*

2. Verbal abuse: Women have described verbal abuse as *"name calling, shouting at your partner, intimidation, love bombing, etc."*

3. Physical abuse: *"Acts of physical aggression."*

4. Isolation: *"Isolating me from friends and family, minimising or ignoring my disability. Limiting my access to money."*

Coercive control

Considering the nature of coercive control, women were asked to tell us whether they had heard of the term 'coercive control' before this survey (n=88, Missing=9). Further they were also asked if they understood the meaning of coercive control (n=90, Missing=7) and were aware that it was illegal in Ireland (n=90, Missing=7).

A majority of the participants (70%, n=62) had heard of the term 'coercive control' before this survey. However, only half of the women (54%, n=48) understood the meaning of coercive control. Further, only 42% (n=38) women knew that coercive control is illegal in Ireland. The tables and figures below illustrate a visual comparison of this finding.

Table 5. Participants awareness of coercive control

Awareness about coercive control	Valid percent	Count
Heard of term 'coercive control' before this survey	70%	62
Never head of term 'coercive control' before this survey	30%	26
Total	100%	88

Figure 4. Participants' awareness of the term 'coercive control'

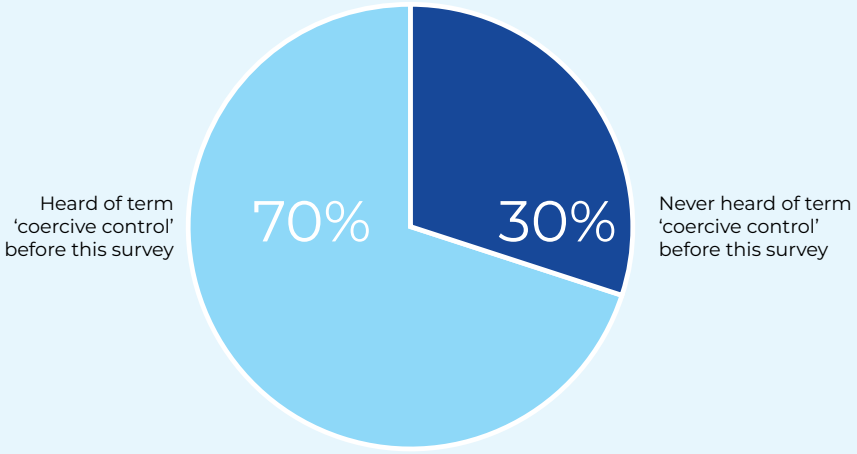


Table 6. Participants understanding of coercive control

Understanding of the term 'coercive control'	Valid percent	Count
Understand the meaning of coercive control	54%	48
Don't understand the meaning of coercive control	43%	39
Don't know	3%	3
Total	100%	90

Figure 5. Participants' understanding of the term 'coercive control'

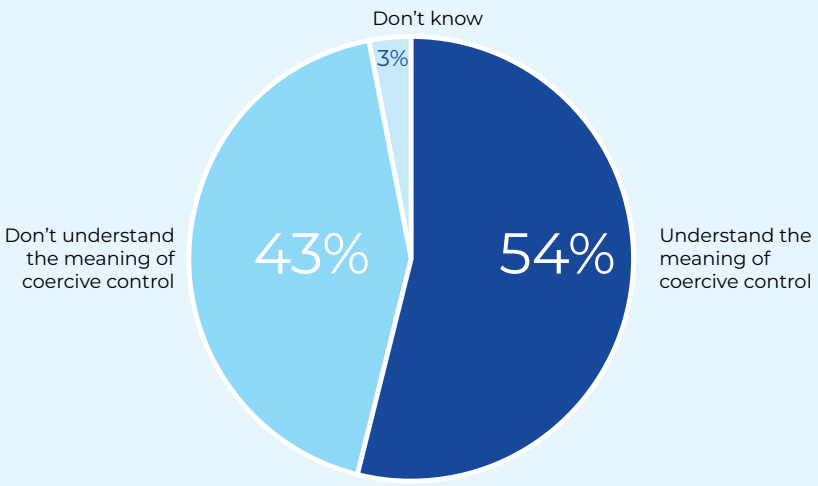
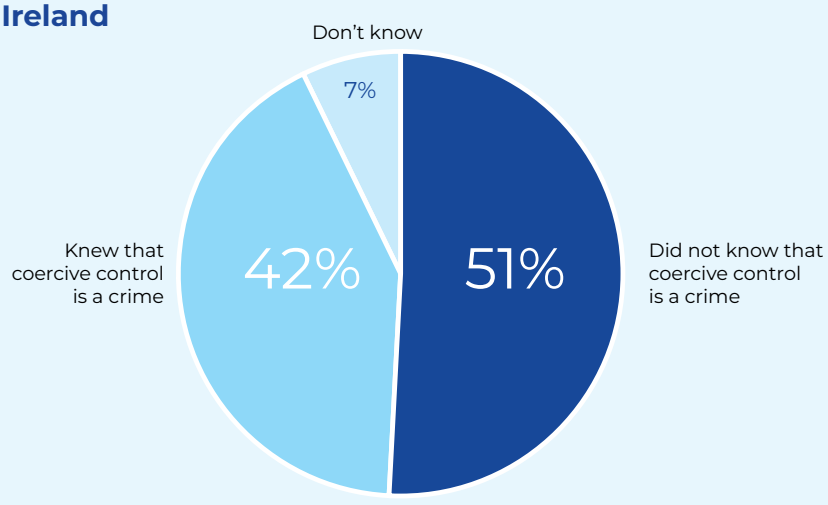


Table 7. Participants awareness about coercive control being a criminal offense		
Awareness that coercive control is a crime/illegal	**Valid percent**	**Count**
Knew that coercive control is a crime	42%	38
Did not know that coercive control is a crime	51%	46
Don't know	7%	6
Total	100%	90

Figure 6. Participants' awareness about coercive control being a criminal offense in Ireland



Nature of abusive experience

Types of abuse

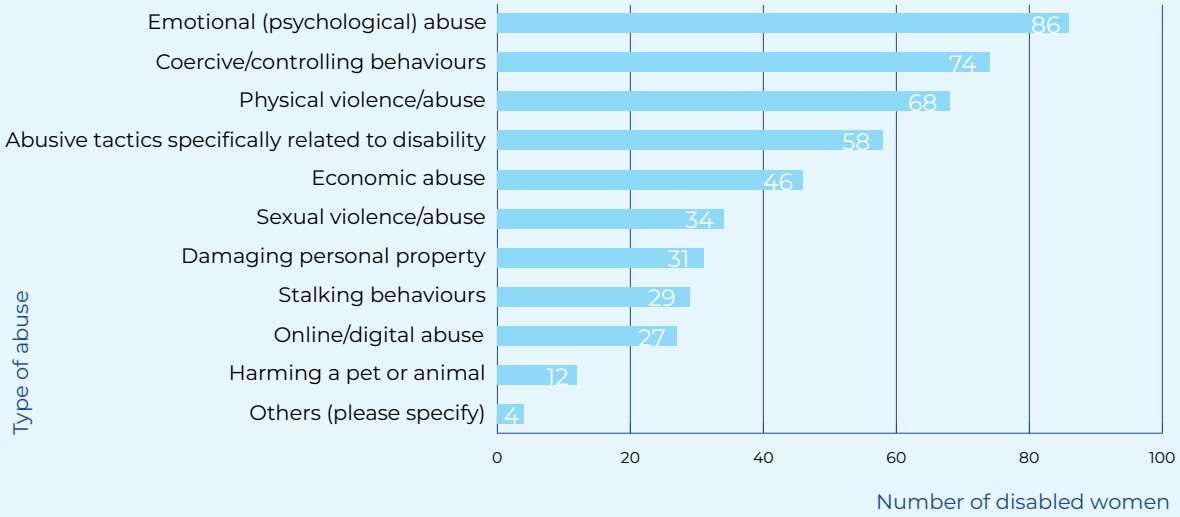
Women were asked to indicate all the kinds of intimate partner violence or abuse they had experienced (Total n=97, Missing=none). From the table and the bar chart below, it is evident that the most common forms of intimate partner violence or abuse that disabled women in this sample experienced are emotional (psychological) abuse (89%, n=86), coercive/controlling behaviours (84%, n=82), and physical violence/abuse (75%, n=73). The least common forms of abuse were found to be abuse through harming a pet or animal (21%, n=20), digital abuse (37%, n=36), and stalking behaviours (39%, n=38). Figure 7 below shows the frequencies of each type of abuse that women have experienced.

Table 8. Distribution of different kinds of intimate partner abuse that women have experienced

Type of abuse	Percent of total (n=97)	Count
Emotional (psychological) abuse	89%	86
Coercive/controlling behaviours	84%	82
Physical violence/abuse	75%	73
Abusive tactics specifically related to disability	68%	66
Economic abuse	61%	59
Sexual violence/abuse	44%	43
Damaging personal property	39%	38
Stalking behaviours	39%	38
Online/digital abuse	37%	36
Harming a pet or animal	21%	20
Others (please specify)	19%	19

Statistics presented in Table 8 may vary from those presented elsewhere in the body of the report. This is because participants were asked initially to tell us what forms of abuse they had experienced by ticking boxes towards the start of the survey. This gave us the statistics presented here. However, when later asked to rate the prevalence of kinds of abuse, a small number of participants indicated at that stage that they did not experience kinds of abuse previously alluded to. We therefore chose to report elsewhere the most conservative estimates of the prevalence of abuse forms from the study overall.

Figure 7. Distribution of various types of intimate partner abuse by participant count



Apart from the options presented above, women could also share experiences of abuse that did not fit into the categories provided. Abuse specific to disability also emerged through these responses. Women have been left without any support or help to move or support to meet basic requirements. During the pandemic, women who have high vulnerability to flu and covid were abused by increasing the risk of infection. Further, using psychological tactics against women who have ADHD was also mentioned. Finally, women have also experienced abuse through state institutions.

Frequency of abuse

Table 9 presents the frequency at which women have experienced each type of abuse (n=86, Missing=11). The key findings from this indicates that the most frequently occurring forms of abuse were 'Coercive/controlling behaviours' and 'Emotional/psychological abuse', followed by 'Economic abuse'.

Table 9. Cross tabulation of the different kinds of abuse							
Kind of intimate partner abuse by frequency	**Daily**	**A few times a week**	**Fort-nightly**	**Monthly**	**Less often (rarely)**	**Never**	**Total**
Emotional (psychological) abuse	31	32	8	9	6	0	86
Coercive/ controlling behaviours	31	23	7	10	11	4	86
Economic abuse	26	9	5	7	12	27	86
Abusive tactics specifically related to disability	15	15	9	18	9	20	86
Stalking behaviours	6	7	4	8	13	48	86
Others (as mentioned in the previous question)	5	1	2	1	10	67	86
Online/digital abuse	3	3	5	7	18	50	86
Sexual violence/ abuse	2	5	2	7	27	43	86
Harming a pet or animal	2	0	1	1	16	66	86
Damaging your personal property	2	0	2	8	26	48	86
Physical violence/abuse	1	5	8	18	41	13	86

Figure 8. Number of disabled women by the type of abuse they experience everyday

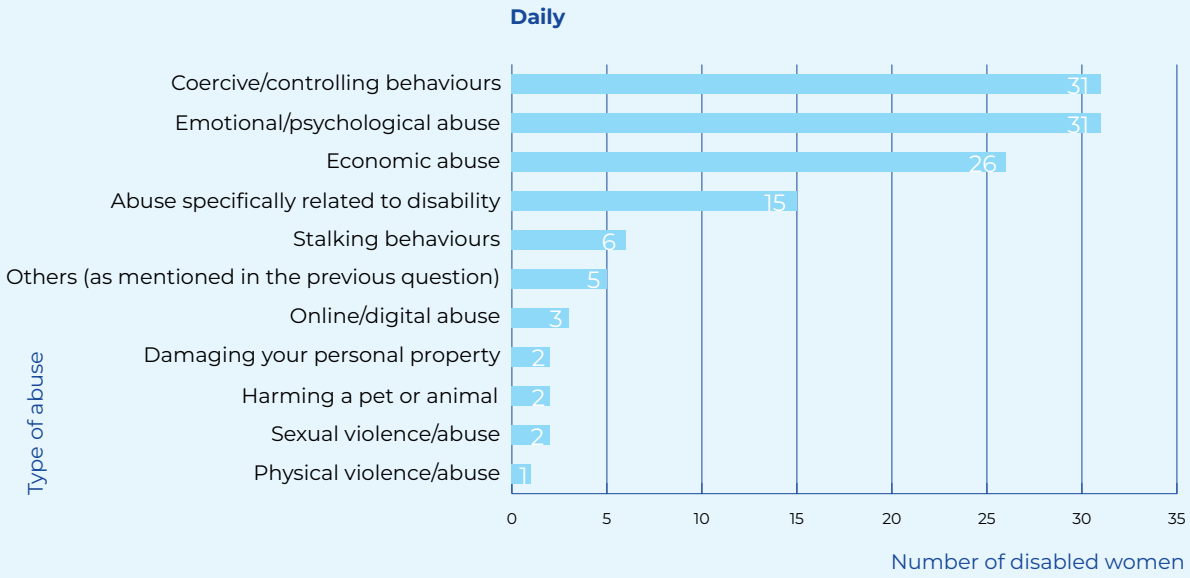


Figure 9. Number of disabled women by the type of abuse they experience a few times a week

Figure 10. Number of disabled women by the type of abuse they experience every fortnight

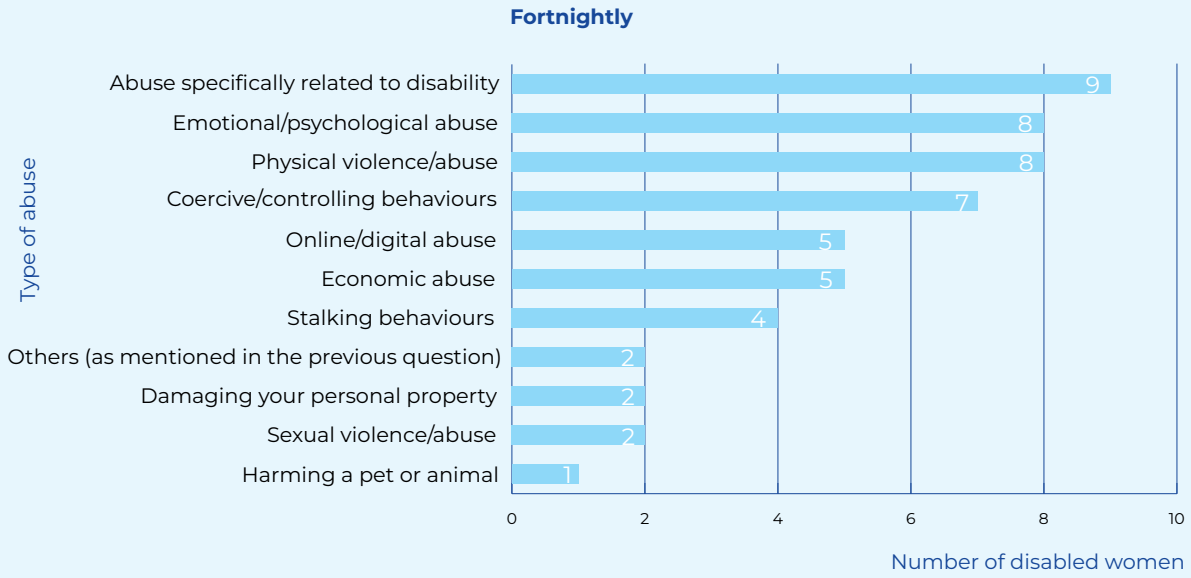


Figure 11. Number of disabled women by the type of abuse they experience once a month

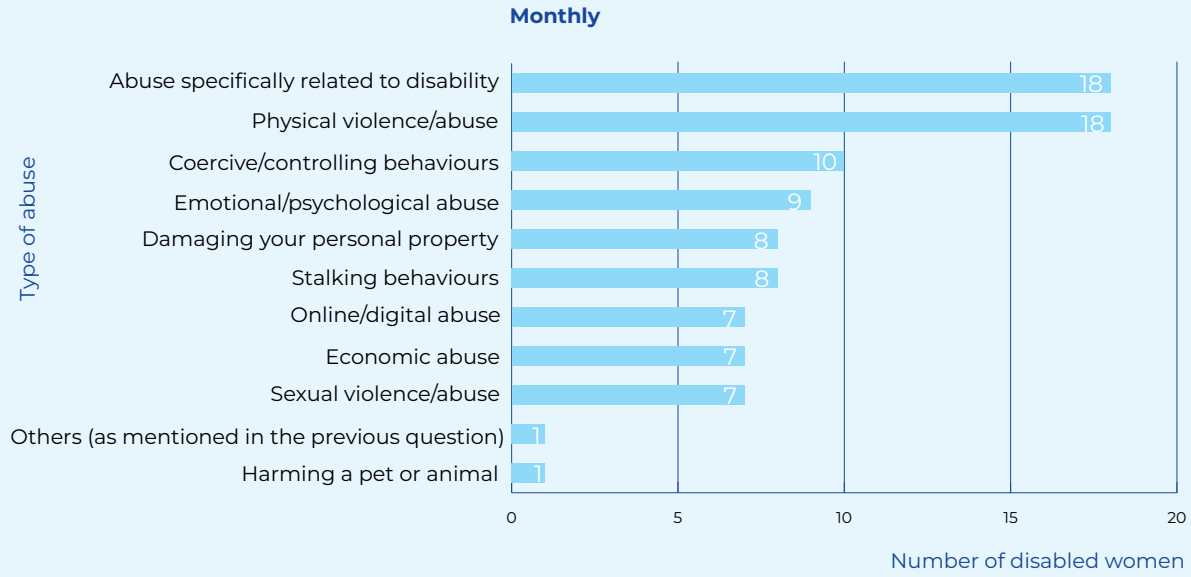


Figure 12. Number of disabled women by the type of abuse they rarely experience

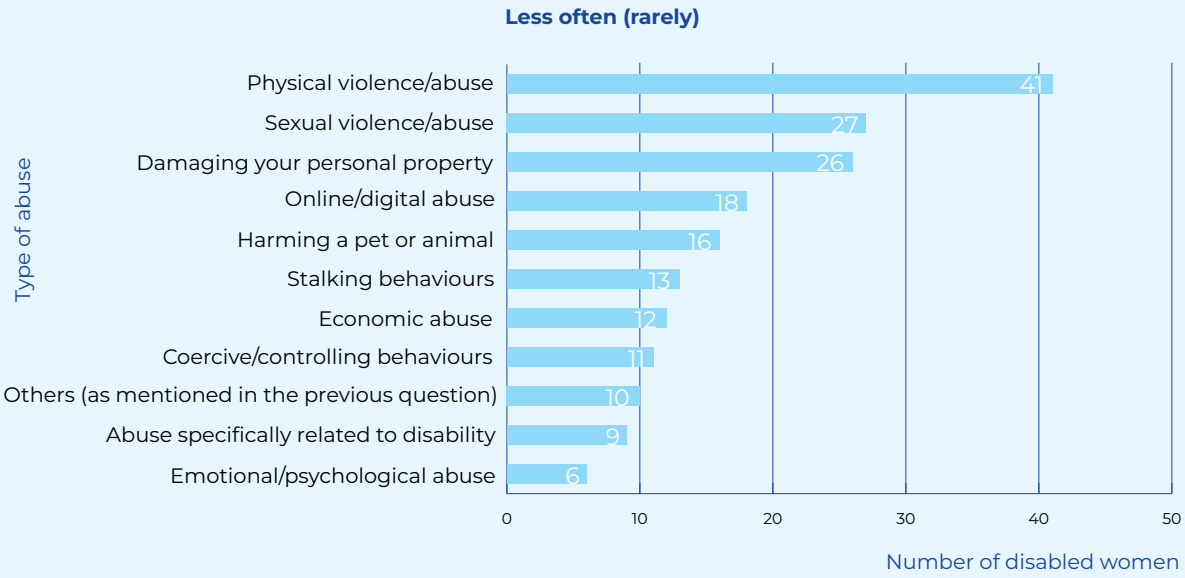
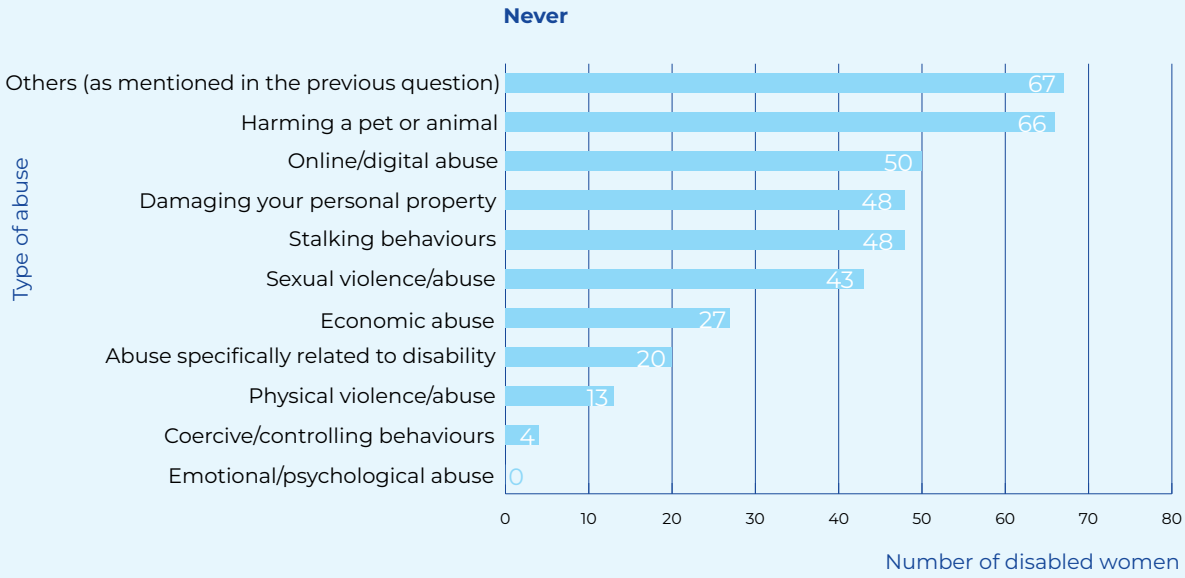


Figure 13. Number of disabled women by the type of abuse they have never experienced

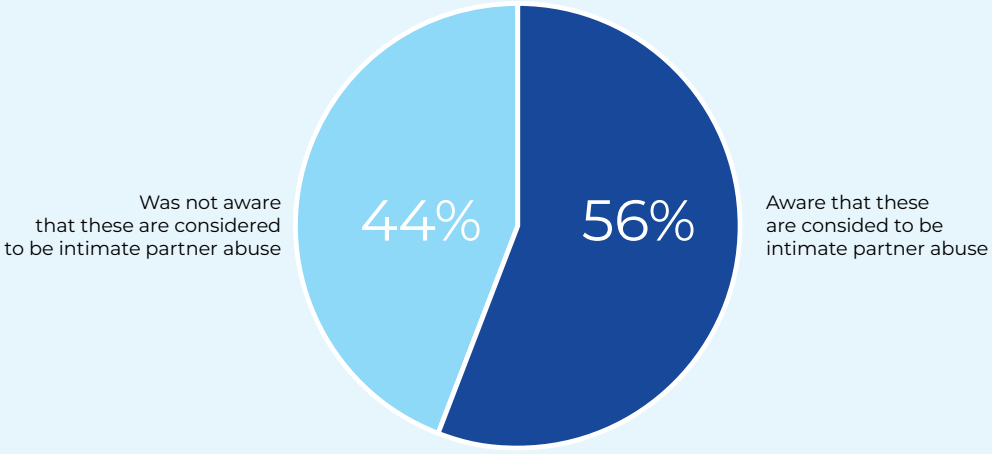


Awareness about various types of abuse

After disclosing the frequencies at which they experienced abuse, women were asked to reflect on whether they were aware that all of the aforementioned types of abuse were all considered to be intimate partner abuse/violence (n=84, Missing=13). Only a little over half of the women (56%, n=47) knew that all of these forms of abuse were considered to be intimate partner abuse (whilst they might have recognised physical violence was a form of intimate partner abuse, they may not have known stalking from a partner was intimate partner abuse and so these participants would have answered 'no'). Participants were not asked to specify the types of intimate partner abuse they did not think constituted abuse. Table 10 and Figure 14 presents the results of this survey question.

Table 10. Participant awareness of actions considered as intimate partner abuse		
Participant response	**Valid percent**	**Count**
Aware that all the named forms of abuse are considered to be intimate partner abuse	56%	47
Was not aware that all the named forms of abuse are considered to be intimate partner abuse	44%	37
Total	100%	84

Figure 14. Participants' awareness about what constituted intimate partner abuse

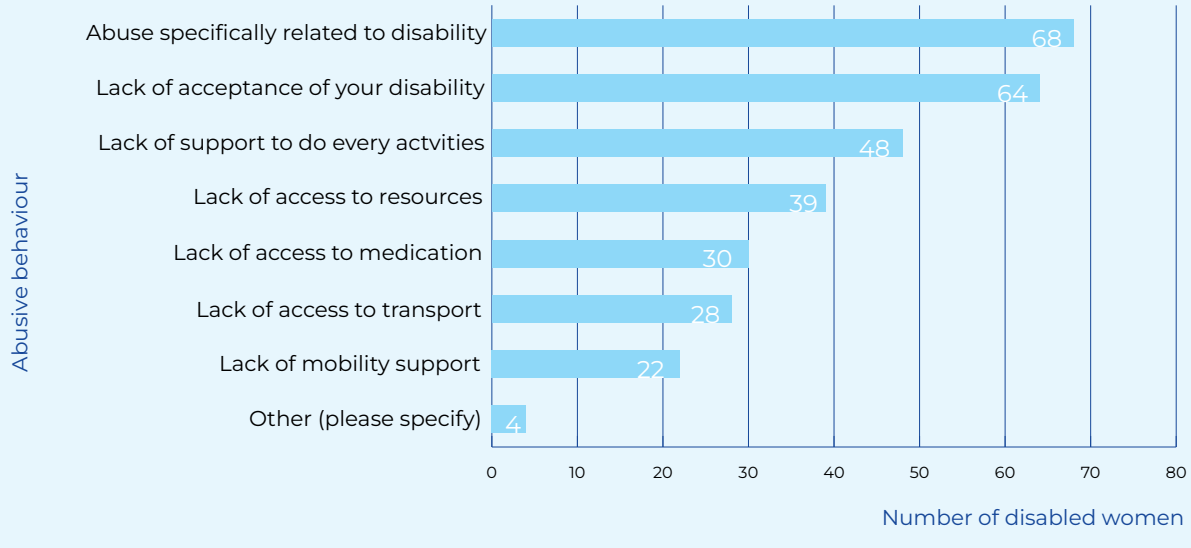


Disability specific abuse

Further, women were asked to elaborate on the nature of disability specific abuse they had been subjected to (Total n=97, Missing=none). Table 11 and Figure 15 show that the most common form of abuse within this category was abuse specifically related to disability such as name calling about the disability (70%, n=68). This was followed by a lack of acceptance of the disability (66%, n=64), lack of support to do everyday activities (49%, n=48) and denying access to resources (40%, n=39).

Table 11. Distribution of participants experiences of disability specific abuse		
Abusive behaviour	**Percent of total (n=97)**	**Count**
Abuse specifically related to disability, such as your abusive intimate partner calling you derogatory names about your disability or disabilities	70%	68
Lack of acceptance of your disability by abusive intimate partner	66%	64
Lack of support to do everyday activities caused by your abusive intimate partner	49%	48
Lack of access to resources (money, technology, etc.) caused by intimate partner abuse	40%	39
Lack of access to medication caused by intimate partner abuse	31%	30
Lack of access to transport caused by intimate partner abuse	29%	28
Lack of mobility support caused by intimate partner abuse	23%	22
Other	4%	4

Figure 15. Forms of abuse specific to disability



Those who said 'Other' explained their response in further detail. We provide some examples here of the experiences shared with us. Women were told that they were *"lucky to have him as not everyone would put up with my disability"*. Further, the abusive partners have triggered and worsened medication conditions by withholding care. Abusers could portray women as unfit mothers and blame them for their child's disability. This has impacted their custody and access proceedings. One participant said they *"have both been stigmatised in terms of disability and my child's thoughts on access have been overruled"*. Finally, women were also told explicitly that they wouldn't be believed because of their disability.

Duration of abusive relationship

Women were also asked about the duration of their abusive relationship (n=83, Missing=14). The results of this indicated that there was a fair spread among the different durations for which abusive relationships lasted. A little over a quarter of the women (27%, n=22) were in relationships that lasted 2 – 3 years. A smaller proportion of women were either in abusive relationships for 6 months – 1 year (18%, n=15) or for 4 – 5 years (17%, n=14).

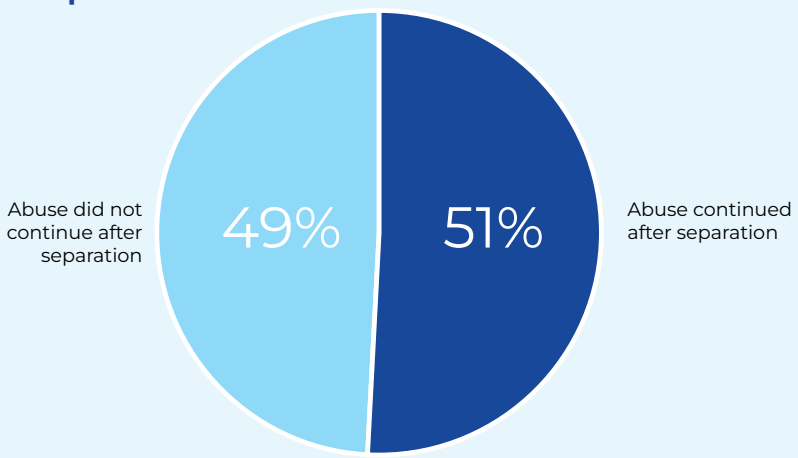
Table 12. Participants' distribution based on the duration of their abusive relationship

Duration	Valid Percent	Count
Less than 6 months	14%	12
6 month – 1 year	18%	15
2-3 years	27%	22
4-5 years	17%	14
6-10 years	10%	8
More than 10 years	14%	12
Total	100%	83

Continuation of abuse after separation

Continuation of abuse post separation has been discussed in literature about intimate partner abuse and violence. Women were asked to indicate whether they had experienced abuse after ending the relationship (n=76, Missing=21). A caveat in reading these results is that there was a comparatively higher number of responses missing to this question. As seen in Figure 16, there was nearly an equal split in women's experiences of post separation abuse. 51% (n=39) experienced abuse after separation while the remaining did not.

Figure 16. Distribution of participants based on continuation of abuse post-separation

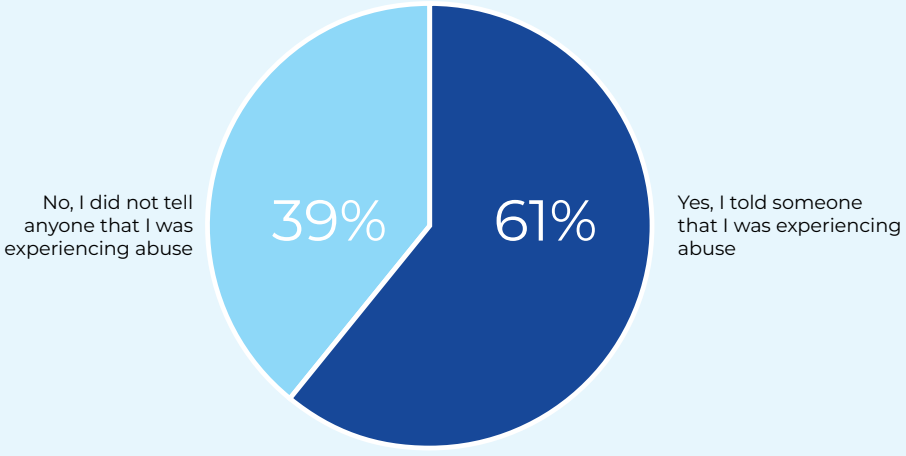


Coping and accessing social support to manage intimate partner abuse

Disclosing experiences of abuse

Women were asked to indicate whether they had shared or disclosed to anyone regarding their experience of abuse (n=85, Missing=12). As seen in Figure 17, it was found that most women (61%, n=52) have told someone that they were experiencing abuse. However, a worryingly high number – almost two in five women (39%) – did not tell someone.

Figure 17. Participants based on their decision to disclose abuse to someone



Those who responded that they disclosed it to someone (n=52, Missing=none), were asked to explain in further detail about the person(s) they sought support from. Support of friends (77%, n=40), a family member or a loved one (58%, n=30), and a counsellor or a therapist (46%, n=24) were the most common people that women reached out to for help. The percentage distributions of the other sources of support are presented in Table 13.

Table 13. Distribution of the other sources of support

Person	Percent of total (n=52)	Count
A friend	77%	40
A family member or a loved one	58%	30
A counsellor/therapist/similar professional	46%	24
A staff from a domestic violence service	35%	18
A social worker	17%	9
A doctor/nurse/medical professional	17%	9
A teacher/lecturer/professor	15%	8
A legal professional	15%	8
A colleague/employer	12%	6
A staff from a disability service/support worker	8%	4
Other (please specify)	8%	4

Women who said 'Other' (n=4) explained their response further to share that they sought the help of a chaplain and family support services.

Sources of support to cope with or leave an abusive relationship.

Women were given 10 options to choose from to indicate whose support helped them disclose and/or exit the relationship (n=97, Missing=none). Similar to the findings of the previous question, a significant proportion of women indicated that the support of friends (61%, n=59) and family (52%, n=50) enabled them to exit their abusive relationship. The support of domestic violence services was chosen by a fifth of the women (21%, n=20). Whilst women may not have told anyone that abuse was happening, they still could have received support to exit the relationship. This is because support may have been indirectly helpful, may have been provided on the basis of a report from someone else or due to direct observation, or provided on the basis of an assumption that abuse was present. Other supports that helped women in exiting the relationship can be observed in Table 14.

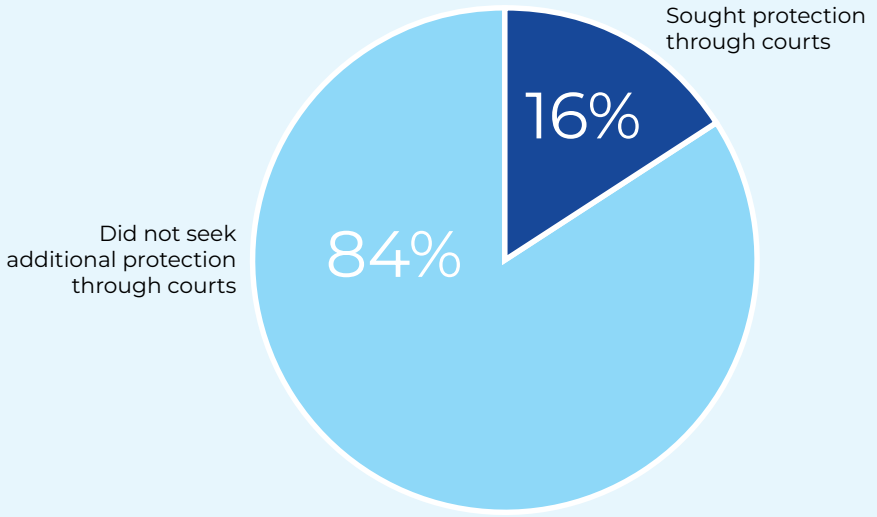
Table 14. Distribution of the people/institutions that supported the disabled women to cope or exit the relationship		
Support persons/institutions	**Percent of total (n=97)**	**Count**
The support of friends	61%	59
The support of family	52%	50
Domestic violence service	21%	20
Health professionals	15%	15
Education Professional	11%	11
Others (please specify)	7%	7
Colleague/employer	6%	6
Financial resources	5%	5
An Garda Síochána	4%	4
Disability services	2%	2

Women who said 'Others' (n=7) said that they sought help from a psychotherapist, a social worker (and Tusla family support) and their general practitioner. One of the women said that their employer recognised the abuse she was experiencing and directed them to therapy and counselling. By way of comparison, an online survey carried out by Women's Aid in 2019 found that 46% of respondents experiencing domestic abuse sought help and information and 33% did not. Of those who sought help, 60% did so from An Garda Síochána, 53% from domestic violence support services (including refuges), 36% from general practitioners, 35% from family members and 31% from friends.[60]

Protection through the courts

Women were asked to indicate if they had ever sought protection through the courts (n=86, Missing=11). It was found that a majority of the women (84%, n=72) did not seek protection through the courts while only 16% of the participants explored this route. Figure 18 visually represents this split.

Figure 18. Distribution of participants based on whether they sought protection through the courts



Those who responded that they did not seek protection through courts were asked to provide information on why they did not. (n=72, Missing=none). A little over half of the women shared that they were afraid they would not be believed (54%, n=39) and that they were afraid that they would become unsafe if they did (51%, n=37). Furthermore, a little less than half of the women also thought that they did not know how to seek court protection (49%, n=35) and/or that they didn't think it would help (49%, n=35). A little less than half of the women shared that they didn't think they were capable of seeking protection through the courts (46%, n=33), and/or that they did not have enough support to do so (40%, n=29). Finally, whilst women were not asked directly about the physical accessibility of courts, qualitative responses provided by women to various questions in this survey indicate that this would be a significant issue for some people.

Table 15. Distribution of participant's reason for not seeking help		
Reasons for not seeking help	**Percent of total (n=72)**	**Count**
I was afraid that I wouldn't be believed	54%	39
I was afraid that I would become unsafe or more unsafe if I did so	51%	37
I did not know how to do this	49%	35
I did not think it would help	49%	35
I did not consider myself capable of doing so	46%	33
I did not have enough support to do so	40%	29
I did not know that I could seek protection through the courts	36%	26
I was afraid that I would lose some or all of my freedom	33%	24
I was afraid that I would be forced to leave my home	26%	19
Other (please specify)	11%	8
I was afraid that I would enter care	3	2
I don't know why	1	1

Awareness of specialist organisations that provide support

Women were asked whether they can name any of the organisations that provided services to address domestic violence (n=85, Missing=12). About half the women (47%, n=40) could name some organisations, but more interesting is over half could not name any. Table 16 below shows this distribution.

Table 16. Distribution of participants based on whether they can name domestic violence organisations		
Participant response	**Valid Percent**	**Count**
Yes (can name the DV organisations)	47%	40
No (cannot name the DV organisations)	53%	45
Total	100%	85

This group that responded 'Yes' to the previous question were asked to list down organisations that they knew of. Disabled women indicated limited knowledge of a range of services with the most well-known services being Women's Aid and Safe Ireland. Sonas and the Rape Crisis Centre were also commonly mentioned, but to a lesser extent. By way of a rough comparison and mindful of its limitations due to the difference in the survey design, in the FRA Report, only 4% of women in Ireland were not aware of any of 3 suggested organisations providing support.[59] Further, participants were asked to select all the sources through which they learned about these organisations (n=40, missing=none). Table 17 presents the different sources of information.

Nearly a third of the participants learned about the organisations from newspapers, TV advertisements and the internet. A fifth of the participants learned about the organisations through someone they trust (19%, n=10) and through social media (19%, n=10). A smaller proportion of participants learned about organisations through a healthcare professional (17%, n=9) and through the workplace (7%, n=4).

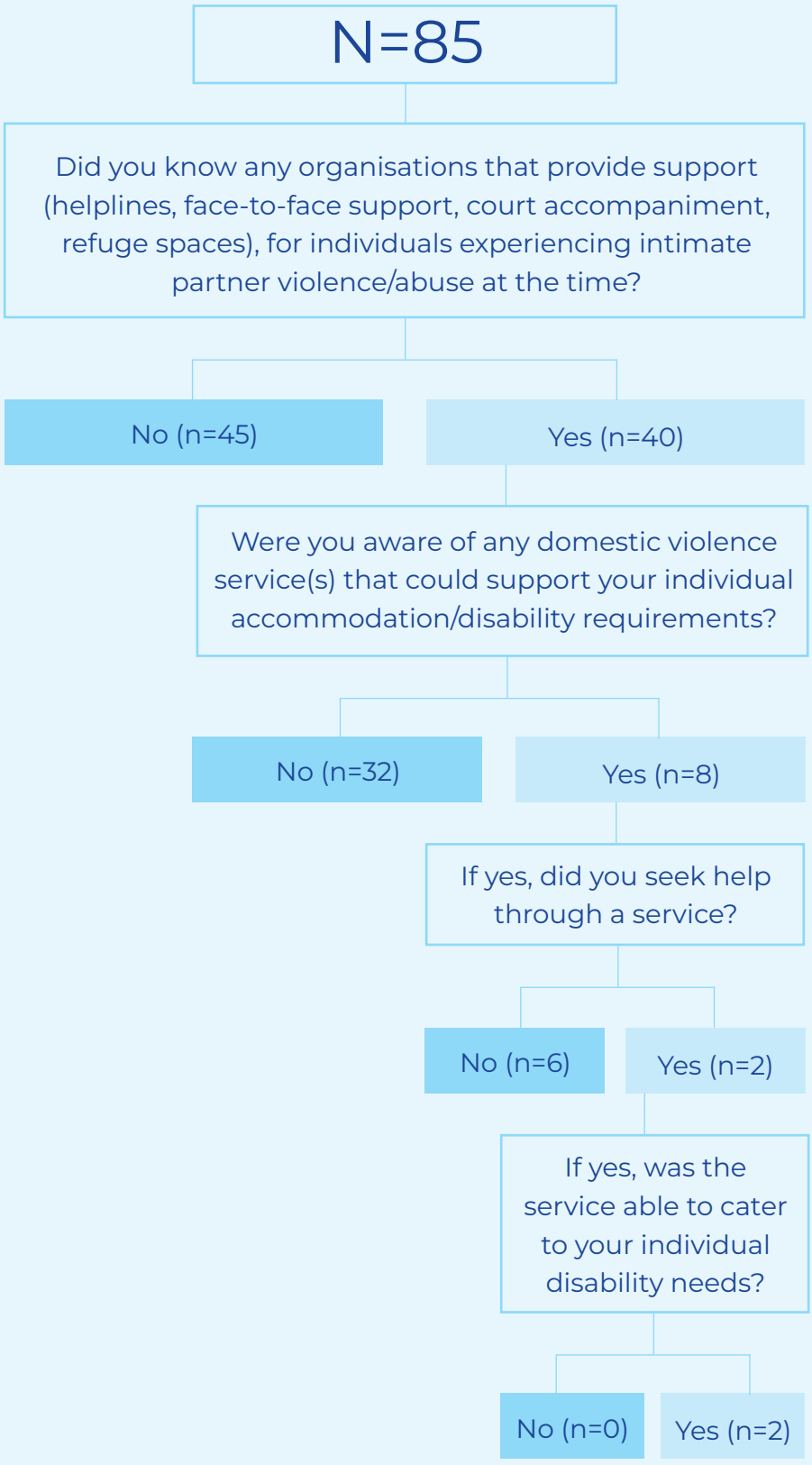
Table 17. Participants mode of learning about specialist domestic violence organisations

Mode of information	Percent of total (n=40)	Count
Newspapers/TV advertisements/internet	31%	17
Through someone you trust (such as friends, family members or co-workers)	19%	10
Social media	19%	10
A healthcare professional	17%	9
Workplace	7%	4
Other (please specify)	7%	4

The capacity of specialist Domestic Abuse services to cater to the needs of disabled women experiencing intimate partner abuse and violence

Women completing the survey were asked to indicate whether they were aware of domestic violence support services (see above). Further, for women who did seek support, their experiences of accommodation of their disability needs were explored. The results of this are presented through the flow chart below.

Figure 19. Flow chart describing the participants' experience of accessibility



Finally, women who responded, 'Yes' to 'If yes, was the service able to cater to your individual disability needs?', were also asked to elaborate a little further. However, only one of them shared that the service's accessible building and supportive staff were the reasons they were able to access help.

Facilitators and barriers to help seeking

Barriers to seeking help

Women were asked to share the reasons they did not seek support or help while coping with the abusive relationship (n=97, Missing=none). The three most chosen reasons were 'I felt ashamed of what was happening' (71%, n=69), 'I was hesitant to tell others about what was happening' (65%, n=63) and 'I hoped my partner would change' (56%, n=54). However, it is important to note that all options provided were chosen by a minimum of 16% of the participants. The proportion of women who indicated other reasons for non-disclosure and delaying exit can be observed in Table 18.

Table 18. Distribution of participants by the barriers they faced to seek support or exit

Reasons	Percent of total (n=97)	Count
I felt ashamed of what was happening	71%	69
I was hesitant to tell others about what was happening	65%	63
I hoped that my partner would change their behaviour	56%	54
I was afraid of being abused/attacked again	51%	49
I didn't have an alternative means of economic support	35%	34
I didn't have an alternative appropriate accommodation	34%	33
I was concerned for my child or children	31%	30
I wasn't accepted by others due to my disability	30%	29
I didn't have anyone else to care for me with my disability needs	25%	24
I didn't have support from my family and friends	20%	19
I was physically dependent on my partner for care	19%	18
I was afraid of losing custody of my children through divorce	16%	16
Other (please specify)	5%	5

Most of the women (n=3) who chose 'Other' (n=5) said that they were not aware that what they were experiencing was abuse. They also thought that this was 'normal'. Secondly, two of them said that they thought they deserved it. Further, one of the women was concerned that if she told someone about the abuse and "then decided to stay with him then no-one would accept him, and I didn't want him arrested I just wanted him to stop". Finally, fear of losing custody or the relationship with their children was a barrier to seeking help.

By way of a rough comparison a Women's Aid 2019 survey of women experiencing IPA found that the primary reasons for not seeking help were:

Fear of people knowing what happened (54%); fear of perpetrator (48%); fear of being isolated (40%); fear of not being believed (40%); stigma/shame/self shame (40%); not wanting to be seen as a victim (40%).[60]

Factors that may have facilitated help seeking

Disabled women indicated many things that would have increased their likelihood of getting help (n=84, Missing=13). Themes that were most prominent in women's responses were:

1. Having more social support: *"If I had people I trusted to help and listen- if anyone cared."*

2. Having assurance that help-seeking wouldn't lead to women losing their child or children: *"to know my kids would not be used against me."*

3. Having a better understanding of what was happening in the relationship: *"Had I known how bad things would get and how bad he really was."*

4. Having practical help: *"Help with paperwork, practical help e.g., moving home."*

5. Having education and knowledge about intimate partner abuse: *"Greater knowledge at the time of what emotional abuse was."*

6. Having greater confidence in professionals (such as An Garda Síochána): *"Greater confidence that I would get the correct support needed from the courts and the guards."* Some of the qualitative interviews touch on garda responses that proved to be a barrier: *"The Gardaí did nothing to help my son and I ….Garda then threatened to arrest me, the victim, and put me into a psyche ward." "The Gardaí were not good". "If I trusted Gardaí". "I reported this over a week ago to the Gardaí and my local Garda DPSU unit and no one has responded or contacted me"*, and in another case, *"the Gardaí did nothing."*

Perspectives about disability and its role in intimate partner abuse

Negative impact of intimate partner abuse

Women were then asked to reflect and share their perspectives on the negative impacts of intimate partner abuse (n=97, Missing=none). It was found that the greatest negative impact was on the mental health of the women (81%, n=79). Isolation (71%, n=69) and impact on physical health (60%, n=58) were also found to be very common impacts. The least common impact that only 4% (n=4) of the participants chose was the loss of custody of a child.

Table 19. Distribution of participants based on the impact of intimate partner abuse

Impact of intimate partner abuse	Percent of total (n=97)	Count
Mental health	81%	79
Isolation	71%	69
Physical health	60%	58
Financial loss	53%	51
Career loss	35%	34
Education loss	20%	19
Causing you to have disability	14%	14
Sexual health (including fertility)	10%	10
Other (please specify)	6%	6
Loss of custody of children	4%	4

The six women who chose 'Other' elaborated on their experience of the negative impact of intimate partner abuse. As an impact of intimate partner abuse, women have lost their jobs (including not being allowed to take up work), friends and housing. Even though they didn't lose custody, women felt the experience impacted the relationship they shared with their children. Finally, the experience of abuse was also found to be worsening their health and disability.

Biggest concerns regarding violence and abuse

Women who participated in the survey gave many diverse responses to this question which gave valuable insight into what they considered to be key concerns. 85 responses were thematically analysed and from this, the following key themes emerged:

1. Vulnerability: *"You are very, very vulnerable and can be dependent on them for help - he took my medication a few times and said he didn't, and I couldn't prove it - he used to tell me I was mad."*

2. Possibility of death: *"That you could be injured or killed, or your family attacked."*

3. Being dependant on your abuser: *"We can't get away. If they are your carer and partner, you are completely at their mercy."*

4. Being unaware that you are actually being abused: *"It is hard to even realise what is happening."*

5. Lack of support from authorities: "*Lack of social and institutional support, Ireland is a patriarch country and garda courts and doctors don't care no one cares here."*

It should be noted that the final theme, which is a reported lack of support from authorities, featured frequently elsewhere across qualitative responses given by participants. In particular, lack of confidence in medical professionals, An Garda Síochána and the courts was reported. Both the medical and the justice systems should be key players in supporting women experiencing partner abuse, the lack of confidence in these systems is therefore very concerning and needs to be addressed. The relevance of this should be emphasised with reference to disabled women's possible journey, engaging with key agencies and systems, that ought to be aware of domestic violence and responsive to disabled women's needs.

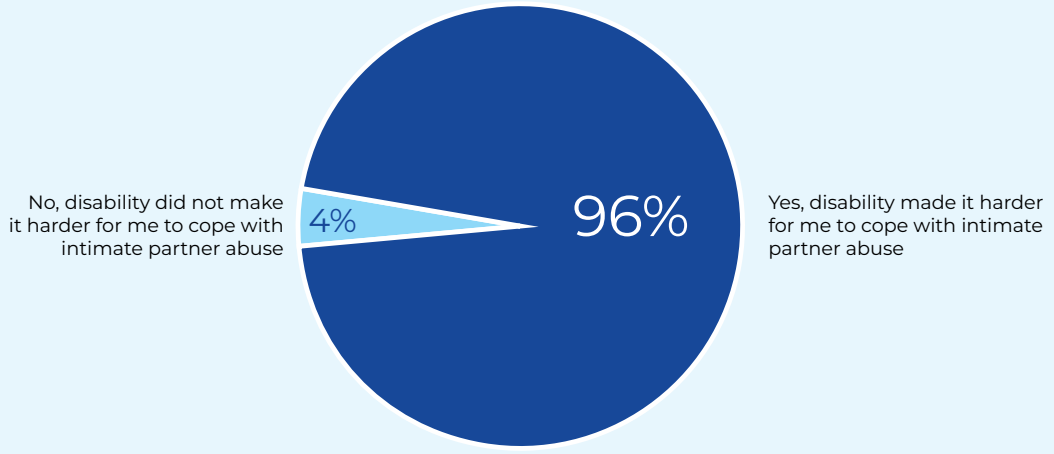
Perspective about disability and coping

Women were asked to share about their perspectives on whether their disability made it harder for them to cope with intimate partner abuse (n=79, Missing=18). Almost all participants responded 'Yes' to this question.

Table 20. Participants' opinion on disability and coping with intimate partner abuse

Opinion	Valid Percent	Count
Yes, disability made it harder for me to cope with intimate partner abuse	96%	76
No, disability did not make it harder for me to cope with intimate partner abuse	4%	3
Total	100%	79

Figure 20. Disability and coping with intimate partner abuse



Overwhelmingly, disabled women told us that they thought having a disability made coping with intimate partner violence and abuse harder. We asked them why, and they gave us a variety of responses. 84 women responded in total. Among those responses, the most common themes were:

1. Vulnerability related to being disabled: *"Him telling me the guards wouldn't believe a blind [person]."*
2. Reliance on abusive partner related to disability: *"I felt reliant on my partner at times for support."*
3. Being preyed on and victimised due to disability: *"They treat you bad because of your disability."*
4. Being unable to secure and access suitable alternative accommodation: *"I was unable to leave."*
5. Feeling too weak to seek help: *"I haven't the energy after a day to then advocate for myself."*

Further, participants were asked to indicate whether their disability impacted their experience of intimate partner abuse (n=97, Missing=none). A little over half of the participants indicated that they could not leave when they felt threatened or hurt (60%, n=58) due to their disability. Secondly, more than half of the women said that their partner abused them in ways that were specifically related to their disability (58%, n=56).

Table 21. Participants' views on disability's impact on their ability to cope with intimate partner abuse		
Views	**Percent of total (n=97)**	**Count**
Not being able to leave when you felt threatened or hurt	60%	58
Your partner abused you in ways that specifically related to your disability	58%	56
Disability gave your abusive partner more power and control as they provided you with support with your disability needs	51%	49
Other (please specify)	6%	6

Women who chose the 'Other' option (n=6) explained further to say that their disability was not accepted and that they could not get any support through services. They were subjected to further abuse because they tried to leave. One participant shared that they had developed self-esteem issues towards relationships and disability. Women have also been convinced that they are dependent on the partner and that they're incapable of caring for their children on their own. This often occurred with threats of abandonment and cutting off financial support. Finally, one woman also said that she became more physically weak and mentally slow. Therefore, it can be said that disability impacted women's experience of intimate partner abuse.

Disability and capacity to seek help

Women who participated in the survey were asked to tell us whether they thought that having a disability impacted their capacity to seek help (n=83, Missing=14). A majority of the women (92%, n=76) shared that disability did impact their capacity to seek help while a small proportion didn't think so.

Table 22. Participants' views on disability and their capacity to seek help		
Disability and capacity to seek help	**Valid Percent**	**Count**
Yes (Having a disability impacts my capacity to seek help)	92%	76
No (Having a disability does not impact my capacity to seek help)	8%	7
Total	100%	83

The vast majority of disabled women that participated told us that they thought having disability made help-seeking harder. We asked them why, and 78 women responded. The most common themes reported were:

1. Financial barriers: *"I didn't have the financial independence."*
2. Relying on your abuser: *"I relied on partner to help me for my independence."*
3. Being ignored: *"People have the capacity to zone out disabled people … it's like you don't exist."*
4. Barriers to recognising abuse was happening to them: "*I also have spent years wondering was it all in my head."*
5. Believing that they ought not to leave the relationship: *"I felt I deserved it as I was a burden."*

Disability and capacity of professionals and services to support

Women were asked if they believed that their disability made it harder for professionals and services to help them (n=52, Missing=45). It should be noted here that there were a particularly high number of missing responses. A majority of the participants (79%, n=41) said 'Yes' while less than a quarter of the participants said 'No' (21%, n=11).

Table 23. Participants' views on disability and the capacity of professionals and services to provide support

Answer	Valid Percent	Count
Yes (Because I have a disability, professionals and services are less able to help me)	79%	41
No (Professionals and services are able to help me despite my disability)	21%	11
Total	100%	52

Women were asked, 'why did you choose this response?' They told us in their own words, a diversity of thoughts and reasons. The following are the most common themes that featured in what women told us:

1. Wheelchair access: *"A lot of services have stairs and no elevator."*
2. Attitudes towards disabled people: *"They treat you as a mad person and talk to you as though you are making all of this up because you are suffering from the psychological and emotional trauma…. I still am looked at as though I'm crazy or mad."*

3. Misinterpreting and misunderstanding disability: *"Mental health disabilities might not be understood."*

4. Lack of resources: "*There are no resources for disabled people. I was in a refuge a few years ago for a different abusive relationship and my room was on the second floor. I was on a waiting list for housing for over a year because I needed a ground floor property. I gave up."*

Disability and being believed

Women were asked if they thought that professionals didn't believe them because of their disability (n=53, Missing=44). To this, 68% of the women (n=36) participants responded 'Yes' indicating that a majority of the disabled women feel that they are not believed when they share their experiences of abuse with professionals.

Table 24. Participants' views about being a disabled woman and being believed

Answer	Valid Percent	Count
Yes (Professionals are less likely to believe me about my experiences of intimate partner abuse)	68%	36
No (Professionals are not less likely to believe me about my experiences of intimate partner abuse)	32%	17
Total	100%	53

Final responses

Some participants took the opportunity to share further information that they felt was important in response to a final open-ended question for any additional comments. Most prominent here were the following themes:

1. Involvement of children: *"Having a child makes you less safe as he will use the child as excuse to get to see you and he won't help with the child and having a child makes it harder." "What to do when he is abusive, but you know he would win in court because he can use your disabilities to call you an unfit mother."*

2. Fighting back: "*I fought back verbally so does that make me abusive too? His abuse was very intelligent. He did nothing, refused to help me with the newborn. It was coercive control and impacted me terribly."*

3. Not being taken seriously: *"Doctors are more likely to discriminate against you if you have a disability, are a woman and confide. I have direct experience of not being believed by my local GP and it was one of the most traumatising experiences of my life."*

4. Non-physical forms of abuse need to be taken more seriously: "*Men need to be held accountable for non-physical abuse more e.g., economic abuse*"

Participants also shared other information that fell outside of these themes, including factors that would make them less likely to seek professional help, like the perception that Gardaí are corrupt: *"Corrupt country not at EU standards courts solicitors garda doctors all corrupt"*.

Conclusion

Survey of disabled women's experiences

In concluding this overall presentation of findings, from the survey of disabled women's experiences, a few key insights should be summarised. While women with disabilities experience the same forms of violence as what is reported in general surveys of intimate partner abuse, they seem to experience particularly high rates of physical abuse, sexual abuse and economic abuse. In this survey physical abuse was experienced by 70% of women, sexual abuse by 35% and economic abuse by 47%.

This seems high compared to non-disability specific data, where physical abuse and sexual abuse are generally lower than psychological abuse or coercive control. For example, the Crime Survey for England and Wales (CSEW) 2023 finds that of women IPV victims, 62.1% experienced non-physical abuse (emotional, economic), 18.9% reported force, 35% threats, 15.6% stalking, 8.2% indecent exposure or unwanted sexual touching and 6.3% sexual assault by rape or penetration (including attempts).[61] Similarly in England and Wales a Women's Aid UK analysis of the experiences of its service users found that for the sub-sample of service users for whom an abuse profile was available: 85.5% had experienced emotional abuse, 64.4% had experienced jealous or controlling behaviour, 53.5% physical abuse, 30.5% economic abuse, 38.2% stalking, and 16.9% experienced sexual abuse.[62] As this report looks at service users, who often access services only when abuse has become severe, it is even more striking that physical and sexual abuse are higher in our survey.

In addition, disabled women suffer from specific forms of violence related to their disability or vulnerability. The impact of abuse on women's mental and physical health is huge and includes 14% of cases where abuse was reported to be the cause of the woman's disability. The abuse also impacts on women's financial and work opportunities and in some cases the loss of custody of their children. When looking at participants who had children at the time of the abuse, the percentage of those who listed concern for their children and fear of losing custody is high. For nearly all women surveyed their disability made it harder to cope with IPV due to additional vulnerability, being unable to leave when threatened or hurt, their reliance on the perpetrator and lack of alternatives in terms of care provision or accommodation.

The majority of women with disability reported that the disability also impacted on their capacity to seek help. In this respect, it is worth noting that 39% of disabled women did not disclose the abuse to anyone. In fact, disabled abused women seem to disclose DVA / seek help at a lower rate than abused women generally. In particular they appear much less likely to reach out to Gardaì or a medical professional, notwithstanding the high rate of physical abuse reported. They are also less likely to access specialist support. In fact, only two out of 85 women who responded, accessed a specialist DVA support service, with most of these not making contact in the first place, having either not known about services available or perceiving it as not an option for themselves.

The women surveyed also report they believe that their disability impacts on professionals' ability to help them and likelihood of being believed. This adds to the barriers women face when seeking support, which include fear, shame and stigma, but also significant disability specific barriers, such as dependence on the perpetrator and lack of alternative care, financial support or accommodation. Notwithstanding the high level of abuse, only 16% of women reported seeking protection through the courts. Some of the reasons they did not do so such as fear of not being believed, stigma and fear of the perpetrator's reprisal are also common for non-disabled women and to disclosing in general.

However other reasons mentioned may point to particular difficulties for disabled women including lack of support for the court process (not considering themselves able to do it, not having enough support to do it), lack of information and awareness (not knowing how to do it, not being aware you could) and specific fears that may relate to the difficulties of independent living in the absence of alternative care (to lose my freedom, to be forced to leave home/enter care).

This points to the importance of providing joined-up support that considers care and protection needs together when women seek help to leave the abuser or apply for orders under the DV act, as well as support for the application process itself. Finally, the need for awareness raising measures is arguably clear from findings which show low levels of understanding among participants about various aspects of IPA, including:

- poor understanding of the term coercive control (43% do not understand the meaning of the term) and that it is a criminal offence (51% do not know it is), notwithstanding 76% of respondents having experienced coercive control in their abusive relationships.
- low awareness of the forms of behavior considered intimate partner abuse, with 44% of respondents not aware that all behaviours mentioned in the survey are forms of abuse.
- low awareness of specialist DVA support organisations, with more than half of respondents unable to name any, and of the possibility of seeking protection through the courts, with 36% unaware of this option and 49% not knowing how to go about this.

Qualitative interview findings

In this section, the findings of six in-depth interviews with disabled women who previously experienced intimate partner abuse are presented. Demographics of the sample included women with a diversity of ages from early adulthood to elderly, all were Caucasian, and all had multiple impairments. These impairments included acquired injuries, chronic illness, pain conditions, hearing and visual impairments, mental health conditions, and physical and congenital impairments. No significant intellectual disability was present. Beyond this, to protect the safety of participants, any details that could be identifying, such as more specific or unique experiences, are not presented. Names used in the report are not the real names of the participants. Lengthy verbatim quotes are also omitted to ensure women are not identifiable. Six themes follow. These are: Disability and Coercive Control; Disability and Physical Violence; Disability and Financial Abuse; Disability and Sexual Abuse; Disability and Supports for Leaving the Relationship; and, Disability and Stalking.

Disability and Coercive Control

The theme of control was threaded through all the women's stories. Women felt as though their freedom was inhibited as their abusers imposed upon them conditions of coercive control. Here, the women's impairments were often used against them. Caitlin recalls that *"it took the physical threat to realise that there was a lot of control"* and that some of this control was disability-related such as *"control of my medical care"*. Caitlin suffered with a serious condition that required significant medical care through in-patient and out-patient hospital appointments in addition to a range of treatments. In this context, her abuser would control whether she could get access to vital treatments or if she could take her medications.

In Mary's case, the abuse she suffered actually caused her disabilities, and then she was subjected to severe coercive control. Mary was not disabled prior to the relationship with her abuser. Mary suffered severe physical injuries due to violence from her partner, such as being thrown down the stairs and assaulted multiple times with blunt force. This led to her impairments including permanent spinal cord and brain injury. As a result of these acquired impairments, Mary needed assistance to bathe which her abusive abuser often refused to give. Mary says, *"with him I would go 6/7 weeks without a bath"*. Mary says her abuser also chipped away at her mentally in different ways, including criticising her inability to maintain her image due to her acquired disability: "*I started to look like a scarecrow."* Her partner had also isolated her, so she had *"no family, no friends"* to call upon for support her with these basic care needs. Regrettably, such a strategy of isolating disabled woman was commonplace in our sample and provided a means to make women more dependent upon their abuser for their disability care needs. Niamh says, *"he cut me off, he didn't want me seeing my family or anyone"*. Similarly, for Mary, her home had become a prison, both mentally and physically, where she says, *"he started locking me in."*

Caoimhe explains that part of the control she was subjected to, was a sense of defeat against the unrelenting control tactics she says she was subjected to: "*You kinda got so broken"* that "*you give up, you're not able to keep fighting, everything was a fight"*. Some women knew of the term 'coercive control', and when looking back on their past relationships having now learned about this dangerous form of abuse, they could see it more clearly with hindsight. Here, Meadhbh says in retrospect, *"absolutely there was coercive control"*. This control could also form part of a campaign of emotional and mental abuse. Niamh was taunted, for example, for having impairments, *"he would tell me I was useless, and nobody would want me"* which Niamh says was ultimately a way to *"chip away at your confidence."*

Disability and Physical Violence

In addition to coercive control, the perpetration of physical violence by abusers towards women often had serious implications related to disability. Caitlin suffered with a condition that meant that physical trauma to her body would cause dangerous flair ups of her condition, sometimes leaving her critically ill. Caitlin says, the *"first fist to the face was my realisation of control"*. After sustaining this assault, Caitlin says, *"I ended up in hospital because he was triggering the medical condition"*. This gave her abuser a powerful mechanism to cause physical harm to Caitlin both directly and indirectly. Caitlin says, *"my disability was weaponised and exploited…he tried to withhold medical care, stopped me calling doctors"*.

Similarly, Mary explained how her disability was used against her in multiple ways. After their separation, her abuser threatened to portray her as incapable of caring for their child due to the impairments that his abuse had caused: "*I got to the top of the stairs, and he pushed me…he let me go to bed, the following day I could not walk"*. From a litany of assaults, as noted above, Mary sustained multiple serious injuries *"it was my pelvis and it turned out, it broke. I already had a neck injury from him"*.

Caoimhe describes her abuser as *"a chronic alcoholic",* and after sustaining on-going assaults, and feeling increasingly as though she had no way to leave, she says she *"drank too to numb the pain"* but eventually *"copped on for the kids"*. Caoimhe says that sustaining physical assaults from her partner added to the challenge of trying to live with disability, "*I've had more broken bones from him than you would in a lifetime."* This abuse *"was all hidden"* with lasting devastating and enduring implications, such as her disclosure that *"physical abuse stopped my first pregnancy."*

For Niamh, "*he tried to kill me a few times, I ended up in hospital",* where the abuse was not properly addressed. Saoirse was already contending with the challenge of living with impairments that reduced her capacity to defend herself, when *"my fingers were broke and that … one of my ribs broke."*

Meadhbh reflects that a pattern of intergenerational abuse was visible to her where *"I learned a lot from my mother too, violence from my father who would have given her abuse and an abusive partner, later"*. This exposure to physical violence was meaningful to Meadhbh who believes her disability made it much harder to protect herself and find safety.

Disability and Economic Abuse

It was clear from women's stories, that by virtue of being disabled, they already faced significant challenges toward financial independence and economic equality in society. These barriers to prosperity were often compounded by economic abuse perpetrated against them by their abusers. Niamh recalls that *"with money I was totally controlled...I never had any money."* Saoirse says she was financially exploited and forced to work with painful impairments, *"it was my apartment, I was paying for all the food...I was paying all the rent."* Caoimhe recalls that *"there was money, but I never had it"* and that purchases beyond basic sustenance were usually out of the question, *"it was kinda you got food, you could not buy anything for yourself, personally."*

In Mary's case, having sustained her impairments from her abuser including a brain injury, she was devastated that *"he was getting carers allowance for me"* and *"he was giving me only €20 to keep the house and family and food for a week, and babies eating."*

Moreover, Caitlin was controlled through economic abuse, recalling that she *"had no access to money"* and *"had to ask him for everything, including medical expenses."* Aoife adds that she *"could not buy anything without his permission"* and that the *"financial control continued after I left him."*

Only in one instance, for Meadhbh, was it concluded that *"I never experienced financial abuse"*, although having a disability disempowered Meadhbh financially to the extent that fleeing abuse was rendered much more difficult.

Disability and Sexual Abuse

All women we interviewed were subjected to sexual abuse and rape. This staggering finding reflects the urgent need for awareness that this kind of abuse may feature in disabled women's lives. Issues of consent and sex positivity also are brought up in this context. Caoimhe recalls that she endured *"an awful lot of sexual abuse and because whatever he wanted, he got"*. She says that her impairment made it difficult to defend herself against him getting *"whatever he wanted to get"*. Caitlin's impairments combined with abuse targeted at her disability made her physically weak and unable to protect herself. She says "*I would lock myself in the bathroom, he came back and I woke up, and he was, I woke up in pain and he was [indicates that he was sexually abusing her]"*. Caitlin adds that, *"sometimes, I would have seizures and I was scared what he would do to me."* In Mary's case, she was coerced into marriage within a community that she describes

as abusive to women, where she was told that she needed to sexually gratify her partner, *"your boyfriend is gonna need to know if "its" compatible."* Niamh also reports that she developed a mental disorder as a result of the abuse she was enduring which she emphasised *"was very bad, when he tries to kill you and there's rape."*

All of the women we spoke to disclosed being raped by their abusers. For many it was important to give voice to their experiences but nonetheless at times these experiences were emotionally raw to recollect. Saoirse shared that: "*there was a range of things that was part of which are still painful and degrading, there was no escape."* Here Saoirse was referring to sexual abuse that included degrading acts and emotionally and physically painful experiences of rape. Meadhbh and Saoirse both told us that in the past they had not voiced their experiences due to fear, shame and stigma, but now they refuse to silence themselves. Saoirse specifically says her discovery of disability rights was empowering. Meadhbh says, in a matter-of-fact and assertive fashion, *"I will tell anyone and everyone who listens."*

Disability and Supports for Leaving the Relationship

A strongly emerging theme was the barriers disabled women experience when wishing to leave an abusive relationship. These barriers ranged from depending on an abusive partner for mobility support, withholding of medication by their abuser to having no support to access domestic violence services.

Also discussed was the looming threat of losing children due to lack of disability services to support parenting. Aoife says her abuser made inaccurate and misleading claims about her disability in court to portray her as incapable of caring for their son. Aoife believes this misleading portrayal of her disabilities also served to depict her as intellectually weak and thus less believable. Aoife says, *"Tulsa [referring here to Irish Statutory child protection services] were awful they made our situation worse..."* There *"needs to be a greater awareness of how disability can be weaponised, Tulsa needs training in coercive control and disability."* Mary also said fear of losing her children was a barrier as she was told, with disability, she would be less capable of parenting, *"I could leave anytime, but not the baby...afraid I would lose my kids."* Saoirse did not realise domestic violence services could help with her disability needs, but when she did get help through a key worker calling emergency services, she believed the refuge *"saved my life."* Her impairments prevented her getting *"to a refuge on my own"* and she says, "i*f I could have got to a refuge sooner, but I didn't know about them...I was so isolated."*

Meadhbh, who participated in her interview with the support of a personal assistant, says there are *"no extra supports for women with disabilities"* and *"no access."* Meadhbh stated in her interview that she requires assistance and a hoist to leave her bed and uses a motorised wheelchair. Unless a domestic violence refuge has a hoist, a wheelchair accessible vehicle, an adapted bed and other necessary facilities, it would be impossible for Meadhbh to make the demanding and

complex journey there. Here, it was clear that some disabled women face immense practical challenges in leaving an abusive household, which is unjust given that they are not perpetrating the abuse, and yet oftentimes, it is much easier for the abusive partner to leave.

Disability and Stalking

The final key theme emergent from women's accounts is stalking. A severe, menacing and pervasive level of stalking behaviour was inflicted on most of the women we spoke to. Saoirse recalls how, after she exited the relationship, *"he would sit in the car outside the house"* leaving her *"afraid to come out."* Saoirse found that *"the law wasn't strong to support us",* even when *"he tried to kill me with his car."* Caitlin was stalked long after the relationship ended such as her abuser accessing her devices and bank accounts. Caitlin says he *"hacked my Cloud", "I was scared."* She further adds that he *"used my disability to stalk me"* out of alleged *"concern for the child"*. Caitlin explained that he also used the access arrangement with the child to try to infect Caitlin with covid-19 knowing her conditions caused weakened immune responses and she ran a much higher risk of dying. Caitlin recalls authorities being manipulated by her abuser in a bid for him to access her, and on one occasion, he broke into her home and sent her videos where he "*made videos of himself in my bedroom."* The stress of this looming threat impaired Caitlin's already fragile health.

Mary had found it hard to flee her abusive relationship due to many things including disability. Mary says, thereafter, *"he found out where I was living and tried to set fire to the house"* and on another occasion, *"tried to abduct our son."* Mary said these threatening behaviours occurred "*every six weeks he would do something."* Niamh implies that it is naive to think you can hide as *"they can find you."* This capacity to determine where women were was devasting for Caoimhe who was subjected to abuse after the relationship ended, such as when "*he put glue in the locks"* to trap her in her home. To date, she says she is *"still terrified"* after experiencing *"texting excessively, hundreds of emails"* and threats to her physical safety. This has worn Caoimhe down, who has endured years of pain related to a chronic impairment combined with the alienating effects of living in a society that does not fully understand or accommodate people with sensory and neurological impairments. In this context, stalking added another layer to an abusive relationship, dangerously combined with disability related barriers to achieving safety.

Finally, whilst not a core theme arising from analysis, participants did share some valuable insights about how they managed to exit their relationships, including what helped, and what did not. In particular, participants commonly reported that their abuser had carried out a terrible act, toward them or someone else, that was sufficiently shocking to the participant, that it compelled them to take additional actions to secure safety. An example is where a participant saw the abuse that was perpetrated against her, having an impact upon her child, and her abuser did not

appear to care. This is a line she thought her abuser would never cross, and as such, she says it compelled her to take more profound actions. Provision of practical and emotional support by friends and family was also noted as key.

Conclusion: Qualitative interview findings

Overall, in conclusion of the themes taken from interviews with disabled women, there are several key insights that are helpful to summarise. The abuse reported by women was undoubtably severe and carried on for significant periods of time. These interviews support the findings of the quantitative survey, detailing severe physical violence and ongoing economic abuse. They confirm staggering levels of sexual abuse, with all of the 6 women interviewed subjected to sexual abuse and rape. Stalking is a crime in Ireland since November 2023 under recent legislation. This is relevant to the severity of stalking behaviours reported by participants.

Moreover, coercive control is also a crime in the Republic of Ireland since 2018, with this legislation commenced from January 2019. This is notable given the severe level of coercive control behaviours outlined, which weaponised women's disability and their dependence on the perpetrator for basic everyday care and the lack of evident repercussions for abusers. As such, more concerted efforts are arguably needed to raise awareness among disabled women of these crimes.

Despite serious physical injuries and mental health impacts, these participating women detail an absence of reported assistance and intervention for intimate partner abuse by An Garda Síochána and medical professionals as well as other professionals. No positive experiences of court protection measures were noted either. On the contrary, loss of custody, abuse during access and more general concerns about protecting their children in a context where women's disabilities make it harder to be believed and recognised as a competent parent are huge barriers to help-seeking that need to be addressed with urgency. Stakeholders in the criminal and family justice systems, in the child protection system as well as health and specialist support services need to be vigilant to the needs of disabled women and their children to support their access to justice and safety as a human right. Finally, the lack of accessible emergency accommodation including support in getting there was noted as a major barrier to seeking to flee abuse.

Survey 2 findings: Accessibility of domestic violence organisations for disabled women

In this section, results of the second survey completed by representatives of specialist domestic violence services will be presented. There was a total of 34 recorded responses with 24 fully completed responses out of a total population of approximately 40 services. The actual number of responses for each question will be reported along with the narrative.

Information on disabled women accessing services

Organisations were asked about the data they gathered on disabled women accessing their services. Just six organisations, of the 14 who responded to this question, collected data on disabled women while the remaining did not. Further, out of services that record data on disabled women, just two of the organisations asked all service users about disability while the remaining organisations collected data regarding the presence of a disability only when the woman discloses it. In this context, it should be noted that organisations can face complex impediments to gathering data and thus this shouldn't be viewed as straightforward.

Table 25. Organisations' practice of gathering data on disabled women

Practice	Count
Yes, my organisation gathers data on disabled women accessing our services	6
No, my organisation does not gather data on disabled women accessing our services	8
Total	14

Table 26. How organisations asked services users about their disability

Practice	Count
The service asks all service users about disability	2
The service only records the presence of disability when a woman discloses it	4
Don't know	0
Total	6

Nature of data collected about disabled women using services

The organisations were also asked to elaborate on the types of disabilities they collected data on. Table 39 presents the results of this question. Most data were collected on physical impairments (n=6), neurodivergence (n=5) and people with sensory impairments (n=5).

Table 27. Nature of data collected about types of disabilities	
Groups	**Count**
People with physical impairments, such as mobility-impaired people, wheelchair users, and people with muscular issues or amputations	6
Neurodivergence, such as autism spectrum disorder and attention deficit hyperactivity disorder (ADHD)	5
People with sensory impairments such as visually impaired (or blind) and hearing impaired (or deaf) people	5
People with intellectual disabilities	4
People with learning disabilities	4
People with mental health issues like depression or eating disorders	3
People with chronic health issues like cancer	2

One participant shared the following comments with regard to data collection:

"Need to improve data collection to try and get more clarity on diverse women's needs. At present we only collect data if women disclose a disability themselves rather than asking every woman in our service, and then if disclosed all forms of disability are classified under a single umbrella in our system as 'disabled' so we can't see the different kinds of disability women have. We need to change our practice to a universal question and look at refining our data collection system if we can."

This highlights the practice that some organisations collect information only when women actively disclose it to the service provider. As noted above, many do not gather any data. Improving data collection by means such as developing a practice of mandatory/standard questions for all service users can potentially provide more insight into the specific accessibility requirements that women have.

Disabled women using domestic violence services

Representatives of domestic violence services were asked to provide percentage estimates of disabled women who use their services in the past year (n=19). The table below presents their responses. 37% (n=7) of the services (that responded) have less than 10% of their service users who are known to be disabled women. A quarter of the organisations (n=5) approximate the participation of disabled women to be between 11-20% of their total user count while another quarter (n=5) could not provide an estimate. Finally, two of the organisations believed that about 31-40% of their services users were disabled women.

Table 28. Proportion of disabled women known to have used domestic violence services in the last year		
Proportion of disabled women	**Valid Percent**	**Count**
Less than 10%	37%	7
About 11-20%	26%	5
About 21-30%	0%	0
About 31%-40%	10%	2
About 41%-50%	0%	0
About 51%-60%	0%	0
About 61%-70%	0%	0
About 71%-80%	0%	0
About 81%-90%	0%	0
About 91%-100%	0%	0
Don't know	26%	5
Total	100%	19

Accessibility of the domestic violence service

This study intended to understand how accessible domestic violence service organisations were for disabled women. To understand this, representatives of domestic violence service organisations were presented with 12 statements that characterise accessibility. The table below presents a detailed account of the responses (n=16). The three most common features of accessibility found in domestic violence organisations are presented below.

A majority of the organisations that took part have information relating to services available in easy-read versions or in plain English format (69%, n=11), followed by public transport accessibility (63%, n=10), and the presence of wide entrances with a level access or a ramp to be accessed by wheelchair users (56%, n=9).

Table 29. Accessibility of domestic violence service organisations		
Features of accessibility	**Percent of total (n=16)**	**Count**
Information and materials are available in easy-to-read and plain English	69%	11
The service is accessible by public transport	63%	10
The organisation's entrance is wide, with a level access or a ramp to be accessed by wheelchair users	56%	9
The doors and pathways of the organisation are wide enough to be accessed by a wheelchair user	44%	7
The buildings and rooms in your organisation are comfortable, quiet, and with dim lighting, making it suitable for people with sensory or neurological conditions	38%	6
There are accessible restroom facilities available on all floors/blocks for disabled women	31%	5
Online information about your services (i.e. website) is entirely screen reader accessible	25%	4
At least some staff can communicate in Irish sign language, or there is access to Irish Sign Language interpreters	19%	3
There are designated parking spaces available for disabled people	19%	3
There are appropriate waiting spaces for support persons of disabled women	19%	3
Services are promoted or advertised using Irish Sign Language videos	6%	1
The organisation has adequate assistive technology or devices available for all who need it, including individuals with sensory, communication or visual impairment	6%	1
The lifts in all buildings are accessible by wheelchair users	6%	1
Information and materials are available in Braille	0%	0

Training for staff to support and work with disabled women

13 participants responding on behalf of their services, indicated that most of their organisations (n=12) did not receive training to support disabled women.

Table 30. Distribution of organisations based on the presence of trained staff to support disabled women

Presence of trained staff	Count
Trained staff present	1
No trained staff present	12
Total	13

Groups/areas of training provided for staff members

The one organisation that received training to support disabled women experiencing abuse, received training pertaining to people with mental health issues like depression and eating disorders.

Training to understand the social and medical models of disability

With respect to understanding the various models and perspectives around disability, representatives were asked whether the organisation provided training to understand the social and the medical models of disability. About a quarter of the organisations who answered this question (23%, n=3) received training regarding this topic while most organisations (77%, n=10) did not receive training.

Table 31. Distribution of organisations based on the provision of staff training to understand the social and medical models of disability

Provision of training	Valid Percent	Count
Training has been provided	23%	3
No training has been provided	77%	10
Total	100%	13

Nature of the above-mentioned training:

Two participants mentioned the training provided by *'Safe Ireland'* on the intersection between *'domestic violence and abuse and disability'*.

Organisation's collaboration with disability services – Crossover of service provision

Representatives were also asked about collaboration between their organisation and disabled women service organisations. A majority of the organisations who answered this question (62%, n=8) responded 'No' to this question while about 38% (n=5) of the organisations said that they had collaborated with disabled women's service organisations.

Table 32. Distribution of organisations based on their collaboration with disabled women's service organisations

Collaboration	Valid Percent	Count
Yes, the organisation has collaborated with disabled women's service organisations	38%	5
No, the organisation has not collaborated with disabled women's service organisations	62%	8
Total	100%	13

Nature of crossover

Those who responded 'Yes' to the previous question were asked to elaborate further to provide insight on the types of disabilities that this collaboration applied to. The most common type was found to be people with mental health issues like depression or eating disorders (60%, n=3). The other categories (neurodivergent people, people with physical disabilities, people with sensory impairments) were equally common at 40% (n=2).

Table 33. Types of crossover issues

Groups	Count
People with mental health issues like depression or eating disorders	3
Neurodivergent people, such as autistic people and people with attention deficit hyperactivity disorder (ADHD)	2
People with physical impairments, such as mobility-impaired people, wheelchair users, and people with muscular issues or amputations	2
People with sensory impairments such as visually impaired (or blind) and deaf people	2
People with chronic health issues like cancer	0
People with intellectual and learning difficulties	0

Awareness about abuse specific to disability

Representatives were asked about their awareness of abuse that may be specific to disabled women. It was found that a majority of the organisations who answered this question (67%, n=10) made staff aware about this kind of abuse.

Table 34. Staff awareness of abuse specific to disability		
Awareness of staff	**Valid Percent**	**Count**
Yes, staff in my organisation have been made aware of actions that qualify as violence/abuse for a disabled woman	67%	10
No, staff in my organisation have not been made aware of actions that qualify as violence/abuse for a disabled woman	33%	5
Total	100%	15

Accessibility of information

Use of plain English for materials and information was found to be the most common attempt towards making information accessible for a person with a learning or an intellectual disability, with 75% of the organisations doing this. The next most common action that has been taken to make materials accessible is the use of visuals with about half of the organisations doing this.

Table 35. Accessible materials for people with a learning or intellectual disability		
Types of accessible materials	**Valid Percent**	**Count**
Plain English	75%	12
Use of visuals	50%	8
Easy Read documents	38%	6
Use of audio-visuals	6%	1
Other (please specify)	6%	1

Accessibility of information for deaf or hearing impaired people

All organisations that responded to the question on accessibility for deaf or hearing impaired people (n=11) provided text messaging services. Captioned videos were provided by a quarter of the organisations who answered this question (27%, n=3). ISL videos and captioned videos were used only by 9% of the organisations (n=1) respectively.

Table 36. Accessibility measures materials for deaf/hearing impaired people		
Types of accessibility measures	**Valid Percent**	**Count**
Text messaging number	100%	11
Visuals	27%	3
Irish Sign Language videos	9%	1
Captioned videos	9%	1
Hearing loop	0%	0

Extension of services to disabled women

It was found that only 1 organisation (7%) reaches out specifically to disabled women.

Table 37. Organisations' practice to reach out to disabled women		
Practice	**Valid Percent**	**Count**
No, my organisation does not reach out to disabled women specifically	93%	13
Yes, my organisation reaches out to disabled women specifically	7%	1
Total	100%	14

The organisation that responded 'Yes' to this question was asked to elaborate on the ways in which they reached out to disabled women specifically. To this a representative said: *"Through contact and collaboration with Disabled, and Deaf women's organisations."*

Inclusion of disabled women in decision making

When asked about inclusion of disabled women in decision making, there was nearly an equal split in the responses. A little over half of the organisations (54%, n=7) did not include disabled women in their decision making. Less than half of the organisations (46%, n=6) included disabled women in their decision making.

Table 38. Inclusion of disabled women in decision making about the organisation		
Practice	**Valid Percent**	**Count**
No, my organisation does not include disabled women in decision making about the organisation	54%	7
Yes, my organisation includes disabled women in decision making about the organisation	46%	6
Total	100%	13

Respondents who said 'Yes' were then asked, 'Could you please elaborate on how disabled women are involved in decision-making about the organisation?' Responses given included:

"At Board level, and in consultation with disabled advocates/activists on issues of particular relevance to disabled women's experience"

"Service User Consultation form is in visual format, Service User Evaluation and Consultation facilitated through a visual facilitator to ensure that all service users are enabled to participate in the feedback, Feedback and Evaluation form is in a visual format."

"We would include disabled women in our strategic 5 year plan."

"A few of our staff are neurodivergent and participate in the decision making about the sensory aspects of our services."

"Women with long term mental disabilities are part of the core volunteer leadership."

"Involved disability service in stakeholder consultation process for new build development."

Barriers to inclusion/improving accessibility

15 participants, overall, responded to this question on barriers to inclusion and improving accessibility. The greatest barrier identified by the representatives of organisations was funding (n=15). After this, the lack of availability of specialist training on disability and domestic abuse and shortage of resources such as staffing and technology were identified as barriers by 13 of the organisations. Finally, 11 of the organisations identified 'Reasons due to which buildings cannot be modified' as a barrier to improve accessibility.

Table 39. Barriers to inclusion

Barriers	Count
Funding	15
Other resource shortages (staffing, technology, etc.)	13
Availability of specialist training on disability and domestic abuse for our team	13
Reasons due to which buildings cannot be modified (e.g. contract/ lease agreements)	11
Other (please specify)	1

Presence of disabled women as staff members

About 67% of the organisational representatives (n=8) responded that they did not have disabled women within their staff while 33% (n=4) of the organisations who answered this question had disabled women among their employees. It is not known however, if these employees are actively employed to support disabled services users.

Table 40. Presence of disabled women as staff members

Presence of disabled women as staff	Valid Percent	Count
No, there are no disabled women as staff members within the organisation	67%	8
Yes, there are disabled women as staff members within the organisation	33%	4
Total	100%	12

Support needed to improve accessibility

All organisations who responded (n=16) have shared that they would benefit from specialist training provided by a disability organisation. Training or information on creating sensory friendly spaces and partnerships with disability organisations were supports identified by 94% of the organisations (n=15). The table below presents a detailed account of the supports that organisations would need to improve accessibility for disabled women.

Table 41. Organisations' views on support that can improve accessibility

Supports	Percent of total (n=16)	Count
Training from a specialist disabled-led organisation for our staff	100%	16
Training/information on how to create sensory-friendly spaces	94%	15
Partnerships/joint case working with other agencies to support women with intellectual disabilities	94%	15
More available research evidence to inform our work practices	81%	13
Funding to improve physical accessibility of our premises	75%	12
Other (please specify)	13%	2

One of the participants who chose 'Other' discussed the issue in more detail and said we need *"support with housing, education, employment access, medical care, home assistance and so many other supports to be able to [help disabled women] escape an abuser."*

Conclusion: Survey of domestic violence organisations

In conclusion of the presentation of findings, from the survey of domestic violence organisations, some key insights are valuable to summarise.

Few services collect data on disabled women accessing their services, and even fewer do so systematically, asking all women about disabilities. Services estimates on how many disabled women access them varies, with the majority of services estimating between less than 10% and 20%. By way of comparison, specialist DV services in England and Wales report that 28.7% of survivors accessing services had at least one disability that they disclosed.[63] Services should improve their collection of data allowing them to offer more targeted and useful supports to disabled women.

Most (but not all) services provide easy to read material and are accessible by public transport, and about half have entrances accessible by wheelchair users. However, all other features of accessibility are present in less than half of services who answered this question, with some of these features present in only 6% of services and Braille in none. It is therefore clear that accessibility improvements need to be made by services, albeit acknowledging that funding is an impediment to improvement here.

In order for services to improve the way that they serve disabled women, more knowledge from training and research, as well as consulting disabled women themselves and collaboration with disability organisation in the design and implementation of services, are warranted by findings.

More funding will evidently be needed to drive change. In considering the findings of this survey, it should be emphasised that whilst the percentage of overall specialist domestic violence services in Ireland that participated was high, meaning our findings give a good window into the nature of such services overall, the actual number of participants is low. In this sense, a limitation is that survey findings are based on a low number of actual responses.

Mapping Exercise

A mapping exercise of the existing specialist domestic violence services was completed, to provide an overview of the services offered and the level of accessibility of services across the Republic of Ireland.

The organisations included in this were all organisations with a primary objective to address domestic violence and abuse. A full list of organisations, which could be subject to updates following completion of this mapping exercise, was obtained

from the Safe Ireland website at: https://www.safeireland.ie/about/transparency/membership-of-safe-ireland/. Some services such as children or family services which had a dedicated support worker or resources relevant to domestic violence were included in this analysis but not all such services were included. The number of organisations within each category are presented in the table below. A total of 45 organisations were included for analysis.

Table 42. Organisations included in the exercise		
Particulars	**Percent of total (n=45)**	**Count**
Number of organisations who are Safe Ireland members at the time of analysis	91%	41
Other organisations	9%	4
Total organisations included	100%	45

General Findings

The specialist DVA services included in the mapping provide a range of supports to women experiencing IPA: The most common form of support was found to be 'Helpline or Telephone' provided by 69% (n=31) percent of the organisations. Further, 'General support and advice' or non-counselling emotional support services and 'Court accompaniments' were both provided by 60% (n=27) of the organisations. Table 44 lists some key services provided.

Table 43. List of services and the proportion of organisations who provided said services		
Services	**Percent of total (n=45)**	**Count**
Helpline/telephone support	69%	31
In-person non-counselling support/general support and advice	60%	27
Court and other accompaniment	60%	27
Refuges	49%	22
Advocacy/awareness training	40%	18
Email	31%	14
Crisis counselling/emotional support/counselling	29%	13
Outreach	29%	13
Information	27%	12
Referrals	7%	3
Support groups	4%	2
Text support	2%	1

Implication for disabled women experiencing intimate partner abuse:

Text support, email support, telephone support, court accompaniments and refuge are all essential services for disabled women experiencing intimate partner abuse. For women who have barriers to travel and access domestic violence support services in person, remote access through accessible telephone, emails and text becomes crucial for them to access support. Considering that one of the strongest reasons for non-disclosure of intimate partner abuse is due to excessive dependence on the partner, accessible refuges and support services have a significant role to play in encouraging disclosure and exit.

It should be emphasised, however, that it is not just refuges (which offer a vital but temporary and short-term solution) that need to be accessible. Rather, safe home and transitional housing services are vital and need to be developed to be more accessible for the medium and long term needs of disabled women fleeing abuse. A national housing strategy that addresses homelessness with clear reference to disabled people would be vital for disabled women who face homelessness due to domestic violence.

Accessibility

The assessment of accessibility was done with publicly available information and thus replicated what a disabled woman, looking into a service at the time when the research was conducted, might be able to discern. The accessibility features assessed are presented in the table below.

Table 44. Proportion of organisations meeting each feature of accessibility

Features of accessibility assessed	Percent of total (n=45)	Count
The organisation has some form of remote access including Facebook page, Website, text, chat options or email address	96%	43
The organisation's location is available on Google maps (note: some refuges are not noted to ensure their location is kept safe from perpetrators)	87%	39
The website has a "Hide page" function	64%	29
The organisation is shown as wheelchair accessible on Google maps	51%	23
The landing page of the website mentions accessibility	2%	1
The landing page of the website have inclusive imagery	2%	1

It was found that most organisations (96%, n=43) had either websites or social media pages. This is important for disabled women in abusive relationships. The landing page of the 43 organisations were scanned for discussion regarding accessibility and inclusive imagery. It was found that only one organisation mentioned disability support and another organisation used inclusive imagery. A good majority of the organisations were available on Google maps (87%, n=39). Within the organisations that had a valid location on Google maps, 23 organisations (51% of total) mentioned that the centres were accessible by wheelchair. It should be noted, however, that some services like refuges would not be locatable on Google maps for safety reasons. Finally, more than half of the organisations (64%, n=29) have a 'Hide/Exit page' feature that can be used by women to safely exit the page without being caught by the perpetrator. This minimises the risk of retaliation to some extent.

Easy read assessment

The accessibility was also assessed using some principles of easy-read drawn from Foundation for People with Disabilities. These are:

1. Content: Usage of short sentence, no paragraphs or word chunks
2. Image: Usage of images and graphics for each or most sentences
3. Language: Simple language with little to no abbreviations
4. Font size: Large font
5. Alignment: Text and images are uniformly aligned on either side.
6. Font style: Usage of one font style. No usage of fancy font, multiple styles or italics
7. Design elements: Usage of minimal design elements, with few, subtle colors.

The websites and Facebook pages of organisations were scanned for all the aforementioned options. The organisations were scored on a 7-point scale depending on whether they meet the criteria. The results of all organisations have been presented in the table below.

Table 45. Classification of organisations by easy-read assessment score

Easy read assessment (score max 7)	Valid percent	Count
Easy read score 6 or 7	24%	11
Easy read score 3-5	67%	30
Easy read score 2 or less	4%	2
Not eligible for assessment (no remote access)	4%	2
Total number of organisations	100%	45

From the analysis, it was found that a quarter of the organisations (n= 11) scored 6 or 7 (on a 7-point scale). Most of the organisations (67%, n=30) scored between 3 and 5. While this needs to be acknowledged and appreciated, it was found that only one out of all 45 organisations had screen-reader/read aloud features throughout every element of the website. Very few organisations (4%, n=2) had very low easy read score. A small proportion of the organisations (4%, n=2) could not be included in this assessment as they had no online presence in the form of websites or social media pages. As mentioned in the previous sections, remote access to support services is essential for disabled women. It is an additional barrier if remote access is not fully accessible to disabled women who may have different kinds of impairments.

Conclusion: Mapping exercise

In conclusion, this mapping exercise offers insights into the landscape of domestic violence services in Ireland, for disabled women, through publicly available information. Due to issues like mobility impairment and dependence on an abuser for mobility assistance, some disabled women may be more inclined to determine the accessibility of services remotely, for instance, through looking at Google Maps or reviewing a website, rather than calling to a service in-person. It is regrettable therefore that only 24% of websites and Facebook pages for services viewed had a high 'Easy read score 6 or 7' and 4% of services investigated seemed to have no substantial remote access through the internet. Only 2% of the landing pages of the websites of services investigated, had inclusive imagery. Whilst not the focus of this analysis, services may need additional funding to improve upon and address these shortcomings.

Discussion

Forms and impact of abuse

It is clear from our findings, which echo international research, that disabled women face additional, complex and significant challenges linked to disability, whilst enduring intimate partner abuse.[64] Disabled women appeared to suffer the same devastating effects of intimate partner abuse as non-disabled female peers, with disability then adding an additional layer of disadvantage and a means for abusers to further target and inflict harm upon women.[65] As for the majority of women experiencing IPV, emotional abuse and coercive control are the two most common forms of abuse.

Our survey findings also show that 70% of participants reported physical violence/abuse, 47% economic abuse and 35% sexual abuse, which are considerably higher than for comparable research findings for women in general, as discussed in the survey subsection (see Women's Aid, 2019).[60] The qualitative interviews confirm this and detail the severity and the horrific impacts of these forms of abuse. In

addition, women with disabilities experience disability specific abuse. Our findings demonstrate how a woman's impairments may be weaponised against her by an abusive intimate partner, with 60% of survey respondents reporting that their partner abused them in ways that specifically related to disability. Specific experiences of abuse reported in our findings included women who were disabled by perpetrators as a direct result of physical violence, women who could not flee abuse due to lack of support and accessible services for disability, and the potential for perpetrators to cause serious harm or death to victims/survivors by purposefully infecting immunocompromised women.

Women agreed that the combined impacts of disability and being subjected to abuse are very serious. 60% of participants told us 'not being able to leave when you felt threatened or hurt' was an impact of disability, whilst 51% said 'disability gave your abusive partner more power and control' due to reliance on the abuser for disability needs. Almost every survey respondent (96%), when asked, told us that their disability made coping with intimate partner abuse harder. The picture painted by findings is perhaps unsurprising, therefore, in demonstrating distinct and heightened disadvantage for disabled women who experience intimate partner abuse.[66] It needs to be highlighted here that this data shows material differences between the experience, and prevalence of experiences, of intimate partner abuse between disabled and non-disabled women.[63] This means urgent, additional, targeted and bespoke resources, policies and actions are needed in order to benefit disabled women subjected to abuse. This is missing and represents a gap in current provision. When findings of this study, for instance, are compared with findings of a general survey of intimate partner abuse of women, conducted by Women's Aid in 2019, it is evident that disabled women appear much less likely to reach out to a medical professional and are also less likely to access specialist support. 53% of women in general who sought help with abuse, for instance, did so from a domestic violence service as opposed to 35% of disabled women.[63]

Awareness

Adding to the complexity, was our finding that a little under half of our survey respondents who had experiences of abuse, knew that all forms of abuse that we listed, were in fact considered to be abusive. In this sense, they may have understood that some of the forms of abuse listed were in fact intimate partner abuse, such as sexual assault by a partner, but may not have known all forms counted, such as coercive control. Whilst research findings in Ireland are limited, comparison shows that this lack of awareness is problematic for both disabled women and non-disabled peers, with only 42% of participants in our study being aware coercive control is a crime. Therefore, from the outset, there were clear barriers to identifying abuse in the first instance, and from here, addressing that abuse constitutes a formidable challenge.

What is further troubling in this context is the low awareness of services with 53% not being able to name any specialist DVA support service. As discussed, this seems much lower than in the general population, where the FRA report found, only 4% of women in Ireland were not aware of any of three suggested specialist organisations providing support.[67] Many disabled women were not aware that what they were experiencing constituted abuse, that they could seek protection from the courts and were not aware of specialist support services – highlighting the need for targeted education programmes and/or initiatives for disabled women to recognise violence and abuse should they encounter it and seek protection and support.

Therefore, a key message arising from this study relates to the vital nature of awareness-raising. This includes fostering awareness among disabled women of what constitutes abuse, including disability specific forms of abuse, as well as what services and supports are available.

Help seeking

A striking finding of our survey is that 39% of women disabled women did not disclose the abuse to anyone. Those who disclose and seek help are most likely to seek assistance from friends and family. Barriers to help seeking include fear, shame and stigma, but also significant disability specific barriers, such as dependence on the perpetrator, fear that disability impacts on their credibility with professionals and accessibility of services.

Results of our mapping exercise also demonstrate that whilst the provision of accessible supports is important, so too is the visibility of these supports as women may assume that services cannot accommodate their needs unless it is clearly evident that they can through publicly available information. Our findings show poor confidence in the court system from disabled women, with 84% of survey participants not seeking protection through the courts, for reasons such as fearing they would not be believed. Women also reported concern that key professionals such as medical professionals and An Garda Síochána would in some cases not help or would not believe disabled women, or be equipped to help.

Given that survey and interview findings convey a strong need for awareness raising and knowledge of the unique needs and issues faced by disabled women, funding to provide training to professionals across multiple services would seem urgent. Training must be well-informed in order to be effective however, and the same pertains to service provision. Therefore, more research would seem required to build on findings of this study. Additionally, findings of this study and other research are of little value if not disseminated effectively to have impacts that can drive positive change.

Accessibility

79% of survey participants also reported the belief that professionals and services were less able to help them because of their disability. Indeed, our investigation into the accessibility of services did provide evidence that there is a long way to go before domestic violence services in Ireland are fully equipped to support disabled women. Our study findings highlight the diversity of experiences under the disability label. Our participants indicated having a wide variety of conditions, oftentimes overlapping, that included acquired, chronic and hidden conditions, including in some cases impairments that were a direct result of abuse.

In this context, a key concern was to establish the accessibility of specialist domestic violence services, for women with disabilities, given that these women experience a higher likelihood of being survivors of intimate partner abuse than non-disabled women.[68] Many services reported low compliance with best practice in disability accessibility, with reference for example to designated parking, wheelchair accessible buildings, promotion and advertisement of services through ISL and accessible restroom facilities.

Our study demonstrated various barriers that organisations face in becoming more inclusive and accessible, and to the fore here, were factors such as limited and insufficient funding. Participating organisations indicated many ways they could improve their services such as through training, more accessible premises and more visibility of disabled women as potential recipients of their services. Service staff reported low comprehension of the number of disabled women using their services. It should be noted here that often organisations do not automatically enquire about disability so existing records and impressions could underrepresent service uptake by disabled women, especially for some more hidden disabilities. Our findings also demonstrated the high level of accessibility needs and supports related to getting some women to services in a situation of intimate partner abuse. This could include a need for specialist medical equipment and medical expertise among service staff as well as mobility supports like hoists and wheelchair lifts.

Our findings provide a window into the pressing issue of intimate partner abuse of disabled women and yet are limited in some extents to what they can tell us. Of 85 disabled women who responded to the question, 'did you know any organisations that provide support (helplines, face-to-face support, court accompaniment, refuge spaces) for individuals experiencing intimate partner violence/abuse at the time [of abuse]?' – only two accessed a support service. The reasons behind this are not totally clear. It is unclear, for instance, whether women did not know of services available, or ruled this out as an option for themselves. We also do not know whether those who did access support were able to have their disability needs met. For these reasons, further research with service providers as well as further research will help to paint a clearer picture of the dynamics at play.

Wider Context

These findings must also be placed in the appropriate context which includes a wider policy, legislative and service infrastructure. The national Housing for All strategy[69] will be less effective if it does not make clear reference to the needs of disabled people (although this may be due to the presence of a dedicated disability housing policy), and also if it does not make reference to homelessness as a result of domestic violence. These two issues intersect for disabled women experiencing intimate partner abuse and therefore it is important that those responsible work together for disabled women experiencing IPA through aligning and coordinating work from various strategy plans.

Another example of the context to our findings is the need for local authorities to be explicit and proactive in offering support to disabled women seeking accommodation where they are forced to move due to intimate partner abuse. The accessibility of courts is also critical, such as physical inaccessibility of court buildings and disability related barriers such as the need to join court sessions remotely in some cases. The statutory responsibility for public services to help must be at the heart of responses also, as this has the power to make structural and systemic change.

Finally, combating intimate partner abuse of disabled women, in the context of their increased risk of being subject to intimate partner abuse, is a matter of equal importance to domestic violence services and disability services. Yet our findings demonstrate a relative lack of reference to the role and responsibilities of Irish disability services meaning that disability services need to be more involved in combating this issue.

Women with hidden disabilities, such as neurological and mental health conditions also need special consideration and would benefit from targeted and specialised supports and conveyed awareness of a risk of having their disabilities being overlooked, downplayed and even outright denied. In our study, specialist domestic violence services showed a willingness and eagerness to learn about their inclusivity levels and to strive to make their services more accessible, despite the barriers they faced in doing so, most notably funding and resourcing.

It was also clear from findings of this study that many disabled women have to navigate, or indeed chose not to engage with, or felt unable to engage with multiple systems on a journey toward safety. These include the healthcare systems, the courts, housing services, and social protection services (such as for grants to live independently). In this context, the social model of disability emphasises how it is barriers in society, such as lack of accessible housing for disabled women fleeing abuse, that causes disability. As our findings show that these systems and services are not adequate for disabled women, this leads to further disadvantage for disabled women experiencing abuse. Our findings suggest that the government needs to do much more to ensure disabled women have accessible

and appropriate services across their journey toward safety. This means improving policy, legislation and practices so that the unique needs of disabled women are met.

This is vital because most disabled women will not actually use specialist domestic violence support services, for many of the reasons shown in our findings, like the belief that these services cannot help them. Therefore, other systems like general housing services and the healthcare system that women come in contact with, need to be equipped to support them. This involves professionals within these systems understanding the tactics and dynamics of domestic violence and coercive control, to avoid them missing possible opportunities to elicit safe disclosure and then refer for specialist support. The Irish community as a whole needs to be listening to and better supporting disabled women rather than this being viewed as an issue specifically and exclusively for domestic violence and disability services.

Our findings ultimately depict the phenomena of intimate partner abuse as multilayered, complex, variable and extremely difficult to address.[70] Disabled women are vulnerable to being portrayed as unfit parents, may have no financial independence and be entirely dependent on their abuser for meeting their basic needs such as nutrition, mobility and personal care.[71] This gives immense power to their abusers in terms of potentially controlling every facet of their lives and preventing them from leaving or making contact with social supports outside the home. Improving the capacity for disabled women to be able to live more independently becomes vital in this context. This includes adequate governmental provision of social protection measures (such as considering how household income that is means tested may create financial dependency on a partner), accessible and independent living housing options and the Department of Housing universal design and accessibility plans for the refuges targeted for completion by 2026.

Stigma and shame had been a feature not only of abuse victimisation, but also disability, for many women who participated in our study. As our findings reveal the depth of complexity and challenges in dealing with the intimate partner abuse of disabled women, it becomes clear that understanding the dynamics and tactics of control employed in abuse victimisation is a vital step in developing targeted, effective and evidence-based responses.[72] A blanket approach to domestic violence services will not suffice for disabled women as this does not reflect the role of disability in inhibiting some survivors of abuse in becoming safe nor does it address how disability can be weaponised against women. Moreover, it is critical to note that domestic violence services are just a small part of the broader system of services that need to support disabled women around intimate partner abuse and that multiple service responses are needed to this urgent and under-examined issue. Within this, strategies to meet the needs of disabled women should be informed by the voices and experiences of disabled women who hold expertise through their own lived experience.

In concluding the analysis of our rich quantitative and qualitative study findings, we are tasked with translating findings into tangible, evidence-based, and effective recommendations around policy and practice. The intention is to provide recommendations that arise directly from the raw data collected and analysed and that can lead to meaningful change within the existing and imperfect socio-political, legislative and policy context of disabled women's lives. It is toward this imperative that we now turn our attention.

Conclusion and recommendations

Recommendations provided in this section are with respect to public policy and where possible, legislative and budgetary commitments linked directly to existing governmental commitments to meaningfully improve outcomes for disabled women subjected to or at risk of IPA. Recommendations align with many existing responsibilities such as those set out in the United Nations Convention on the Rights of People with Disabilities, the Convention on the Elimination of All Forms of Discrimination against Women, the Istanbul Convention and the Grevio baseline report (2023). Well-defined recommendations arising directly from the evidence gathered, must not just relate to domestic violence services but clearly link to the existing public policy, legal and budgetary framework surrounding those services at a governmental level. Recommendations cannot, however, overstate the implications of findings either, as these findings are limited and indicative of the under researched and modestly understood area of IPA of disabled women. 28 recommendations are furnished in the following, starting with linkage of evidence to existing governmental commitments:

Governmental recommendations:

1. This report should be provided to government and specifically inform the Department of Housing universal design and accessibility plans for the refuges targeted for completion by 2024 and beyond.

2. Disabled women and their representative organisations should be included as partners in the current and future National DSGBV strategies, implementation plans and monitoring mechanisms.

3. Accessible housing options for disabled women fleeing domestic violence must be part of the implementation of Ireland's national homeless and housing strategy.

4. Duties related specifically to independent living under the National Housing Strategy for Disabled People 2022 – 2027 should be fulfilled to the fullest extent possible, and therein, the Government should consider the needs of disabled women fleeing, and trying to remain safe from, intimate partner abuse.

5. All identified actions and commitments to improve accessibility and inclusion within the Courts Service Modernisation programme need to be implemented to the fullest extent possible within the most immediate timeframe possible.

Courts service recommendations:

6. The Courts Service should consult actively and/or conduct research with disabled women as a specific stakeholder group to gauge their concerns about the accessibility and usefulness of protective measures and court services.

7. Findings of this consultation should inform the roll out of training for court staff, legal professionals and relevant others to address issues like unconscious bias and discrimination towards disabled women.

Information, training and awareness raising:

8. It is recommended that specific government funding is provided for the development and delivery of cross-training on domestic violence against disabled women, for those working in violence support services and those working in disability services and disabled persons' organisations. Such training should be developed in partnership with disabled persons' organisations and given ring-fenced multi-annual funding to ensure continuity of delivery.

9. Mental health services should be trained in both DVA and trauma awareness to address the urgent need to make responses to victims/survivors trauma-informed. This should seek to prevent women's responses to violence and abuse inflicted upon them from being pathologised and medicalised. Such training should be developed in collaboration with specialist services.

10. It is recommended that dissemination of these research findings involves targeted training and awareness-raising campaigns that highlight the specific issue of intimate partner abuse against disabled women. Our findings particularly highlight areas that should be targeted for awareness-raising which include:

    10a: Awareness in training court staff, about the impact of disabled women's concerns regarding their children in decision-making about addressing their experiences of intimate partner abuse, including the risk of losing custody.

    10b: Understanding of legislative provisions to combat coercive control, as well as understanding about the court system, and how to pursue protection options through the courts, among disabled women. This should include including realistic information on the risks of seeking court protection.

    10c: Disabled people-led disability equality training on the issue of IPA for judiciary, court personnel and law enforcement should be provided which includes a specific focus on addressing misconceptions about disabilities.

    10d: Disabled people-led training provided to local housing authorities and social housing providers focusing on the intersection of disability and domestic abuse and needs arising thereof.

10e: The need for awareness raising targeted at the family and friends of disabled women victimised by intimate partners, as the most likely social support for them.

10f: Addressing of stereotypes surrounding the sexuality of disabled women and ensuring awareness about the high incidence/risk of sexual violence experienced by disabled women.

10g: Increasing awareness and understanding of not just dynamics of domestic abuse/coercive control but also disability specific abuse among public policy makers, researchers, specialist domestic violence services, disabled persons' organisations and disability services.

11. Disability services and domestic violence services should deliver targeted education programmes and/or initiatives to improve disabled women's understanding of what is domestic abuse and coercive control, including signposting to support services and including understanding that coercive control and stalking are crimes.

12. The issue of intimate partner abuse towards disabled women should be made more visible through inclusive imagery in domestic violence materials and in information resources used within the criminal justice system and within health, housing and specialist support services.

13. Increase knowledge and response capacity within community mental health services on the mental health impacts of intimate partner abuse on disabled women including mental health impacts related to issues like child custody.

Collaboration:

14. It is recommended that collaborative initiatives between disability services and domestic violence services are fostered to address the promotion of joined up thinking and coordinated action around accessibility and specialised support so that disability services are located more centrally in the discourse around abuse prevention.

15. Domestic violence services and disability services should coordinate supports that are targeted at preventing disabled women losing their autonomy and independence when seeking to safely leave abusive situations and relationships.

Funding and resourcing:

16. Urgently secure additional resources to meet accessibility requirements of domestic violence services, including strategies to make accessibility and disability supports visible.

17. Increased collaboration between mental health services and domestic violence services is needed to support disabled women with mental health impacts of intimate partner abuse, based on models of informed consent and empowerment.

Disability and domestic violence service providers:

18. It is recommended that specialist domestic violences services improve their data collection around the nature of disability prevalence among their service user populations. This must include a standard question of all service users about whether they have disability. Where possible, data should be collected that allows organisations to compile a breakdown of the nature of impairments that disabled service users have, in order to inform service provision and developments.

19. Specialist domestic violence services should create opportunities for disability experts to share knowledge and suggestions on how domestic violence services can be made more accessible.

20. Motivated organisations with established training capabilities with expertise on disability rights and domestic violence should seek resources to collaborate in creation of a specialist training on responding to disabled women suffering intimate partner violence in the Irish context.

Accessibility:

21. Funding should be provided to ensure that existing national helplines can provide secure text-based alternatives such as a free SMS texting service and webchat, on a 24-hour, 7-day a week basis.

22. Easy-to-Read information, including information on how to find support, should be publicly available including in disability day services and healthcare settings.

23. To address low reporting of violence by victims with disabilities, Garda stations need to be accessible for those with physical disabilities, complaint mechanisms need to be fully accessible, and Gardaí need to be trained to understand the specific violence patterns against disabled women.

24. A review of the implications of legislative and practice change in Ireland linked to the Assisted Decision-Making (Capacity) Act 2015 and adult safeguarding legislation is needed to ascertain how disabled women's help-seeking might be accordingly helped or hindered.

Cuan, the Domestic, Sexual and Gender Based Violence Agency

25. The Domestic, Sexual and Gender Based Violence Agency, Cuan must use an intersectional approach, and develop targeted interventions to protect women with disabilities.

26. Cuan should have a mandate to ensure that DSGBV service providers are accessible to people with disabilities as well as ensuring the provision of ISL interpretation services and accessible information regarding services for victims or persons at risk of DSGBV. Adequate funding must be provided to make these requirements a reality.

27. Cuan to commission more research on disabled women experiencing intimate partner violence in order to build on this study.

Judiciary:

28. Take a disability rights approach, balanced with a children's rights approach, when making decisions on child visitation or custody to address existing bias against disabled parents.

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Appendix 1

Literature Review Search Strategy Information

Search strings and Boolean operators:

Ireland	"Republic of Ireland" OR "Ireland" OR "Eire"
Intimate partner violence	"Intimate partner violence" OR "domestic violence" OR "domestic abuse" OR "abusive relationship" OR "toxic relationship" OR "violent relationships"
Disabled	"Disability*" OR "disabled" OR "with disability" OR "person with disability" OR "people with disability" OR "pwd" OR "impairment" OR "learning disability" OR "physical disability" OR "sensory disability"
Women	"Women" OR "woman" OR "female" OR "females"
Domestic violence services	"Domestic violence services" OR "domestic abuse services" OR "intimate partner violence and abuse services"
Databases:	1. Academic Search Complete 2. Violence & Abuse Abstracts 3. ProQuest Social Science Databases 4. EBSCOhost 5. WHO Global Database 6. https://libguides.mcny.edu/domesticviolence 7. Google Search – Grey literature – Any law, report, policies, webpages from key organisations are all okay to include

Date: 03-09-2023
Database: Academic Search Complete

Search 1: intimate partner violence* AND women* AND disability* = 16, 191; extracted 1.
Limiters: full text = 16,174

2. Limiters: English = 14, 287
3. Sort by: Relevance
4. Extracted sources = 9

Search 2: intimate partner violence* AND disability* AND women* = 10,877

1. Limiters: English = 10,823
2. AND Ireland*
3. Sort by: Relevance
4. Extracted sources = 2

Date: 03-09-2023
Database: Violence and Abuse abstracts (Discovery Science for Trinity College Dublin) - EBSCOhost

Search 1: intimate partner violence* AND disability* AND women* = 4,565

1. Limiters: Full text = 4,151
2. Limiters: English = 3,941
3. Sort by: Relevance
4. Extracted sources = 29

Note: No search field was added to disability* and women*
With TX = 80,222

Search 2: TX intimate partner violence* AND TX disability* AND TX women* AND ireland* = 11,318

1. Limiters: English = 11,113

2. Limiter: Geography – Ireland = 136

3. Extracted sources = 0

Search 3: TX intimate partner violence* AND TX disability* AND TX women* = 80, 222

1. Limiters: English = 78, 691
2. Limiters: Geography – Ireland = 94
3. Extracted sources = 0

Date: 04-09-2023
Database: ProQuest Social Science Premium

Search 1: intimate partner violence* AND disability* AND women* (Limiters: Full text) = 15,440

1. Limiters: English = 15, 387
2. Sort by: Relevance
3. Extracted sources = 5

Search 2: intimate partner violence* AND disability* AND women* AND Ireland (Location)* (Limiters: Full text) = 36

4. Limiters: English = 36
5. Limiters: Location – Ireland = 20
6. Sort by: Relevance
7. Extracted sources = 0

Note: Did not come across sources which are specific to Ireland.

Date: 04-09-2023
Academic Search Complete, APA PsycArticles, APA PsycInfo, UK & Ireland Reference Centre

Search 1: intimate partner violence* AND disability* AND women* = 20,676
Extracted sources = 2
Note: The search produced irrelevant results

Date: 04-09-2023
Database: WHO Global Database on Violence against Women

https://www.who.int/news-room/fact-sheets/detail/violence-against-women
Extracted sources = 1

Appendix 2

Considering the fact that the study aimed to recruit disabled women who have exited abusive relationships who also met the aforementioned conditions for inclusion, rigorous efforts were dedicated for the recruitment drive to ensure maximum reach. This was necessary as there are many barriers to disabled women with a diversity of impairments engaging with research, particularly about sensitive topics such as their experiences of intimate partner abuse. From the outset, therefore, the team developed a multi-strategy comprehensive recruitment plan for the research which was actioned across several months.

Numerous communication materials were circulated on an on-going basis through multiple channels to draw the interest of potential participants across the Republic of Ireland. Site visits to key organisations were conducted and meetings were held with various agencies and organisations. Materials developed included digital and printed posters and a captioned Irish Sign Language (ISL) video explaining the study and detailing the conditions for participation. The printed advertisements for the survey of women's experiences as well as interview advertisements were circulated. All Irish civil society organisations working in the areas of women's rights and/or disability were contacted via email or telephone. Further, organisations were also encouraged to circulate the materials through their social media pages including X, Facebook, Instagram, LinkedIn and their own websites. Bilateral one to one meetings were conducted between the principal investigator and key contacts across the research advisory to develop strategies for maximising recruitment. The advisory also gave key input on the recruitment strategy during the general scheduled advisory meetings.

Throughout the recruitment campaign, several steps were taken to improve accessibility of information. Advertisements for the survey of women's experiences and interview advertisements that were posted on social media platforms included 'Alt text' making the contents of the advertisement accessible for those who use screen-readers. In addition, a list of best practice inclusivity measures provided to the team by a leading disability organisation, were actioned in the design of the survey of disabled women's experiences. This included language used, font type and structure. Advertisement materials were developed with a variety of language preferences around disability featured (for example, where there was a preference for person-first-language), as well as inclusive imagery and variants of materials to suit different digital platforms. The survey instrument for disabled women was proof-read by members of the advisory who all provided detailed feedback on its contents, in addition to feedback from the ethics committee. A key focus here was the need to employ language that clearly conveyed the intended meaning, but that didn't employ potentially stereotyped or in some cases offensive language such as terms aligned closely with a traditional medical model.

The captioned ISL video aimed to reach a wider audience who had access to social media. Due to an acute shortage of ISL interpreters in Ireland, every effort was made for inclusivity reasons to try to utilise the service of an interpreter from within the deaf community. A similar approach to maximising inclusivity was taken to recruit the six women for the interview. A strong campaign on social media by all research and advisory team members resulted in women contacting the researchers to express their interest. When disabled women did participate in interview, multiple inclusivity measures were implemented to ensure no woman was turned away. This included identifying technology and a venue with sufficient acoustics to adapt around hearing impairment, as well as incorporating a personal assistance/disability support person, in two interviews. An important inclusivity measure here was allowing disabled women to have interviews happen wherever suited them, once the location was safe and confidential for the participant, any support person present and the interviewer. In the final sample, four women chose to have their interviews occur remotely online, one requested the interview occur on the university campus in a secure private room, and one requested to be visited at their home.

Finally, surveys were pilot tested with disabled women (with a diversity of impairment types including learning difficulties) and we ensured that the material was accessible through screen reader tools. Further, participants also had the option to download and print an 'easy-read' version of the survey which included easy-read language, pictures and illustrations. Women's Aid fully managed the successful distribution and completion of the survey that was completed by organisational representatives. This involved a coordinated effort, utilising existing networks and supporting organisational representatives to complete the survey in a timely and effective way.

The safety and welfare of women who participated

Many steps were taken to ensure the safety and welfare of disabled women who participated in this study. This was balanced with a need to respect the agency and autonomy of adult women who can make informed decisions about their lives, such as with regard to sharing their experiences with researchers. Where women had time to consider participation and still wanted to share their views and experiences, it was an ethical imperative to support this. No women were turned away from participation. For the interviews, steps taken to maximise the safety and welfare of participants included ensuring women had a period of time after interviews to make a decision to with draw should they wish to, the inclusion of disability accessibility supports such as personal assistance support and venue adaptions, the development of a distress protocol, and the provision of information verbally and in writing about a range of counselling and support services available to them.

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