

# Undermined, ignored and shamed: the invisible victims of domestic abuse and the role of the family justice system

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The statistics surrounding the numbers of disabled victims of domestic abuse or intimate partner violence ('DA/IPV') are equally as heart-breaking as they are shocking.

According to the Office of National Statistics ('ONS'), disabled victims are twice as likely to become victims than their able-bodied counterparts; with one in seven reporting abuse in contrast to 1 in 20 non-disabled people. 16% of women with a long-term illness or disability had reported experiencing domestic abuse compared to 6.8% of non-disabled women and 8% of men with a long-term illness or disability compared to 3.2% of non-disabled men. Additionally, disabled victims are likely to experience DA or IPV for a longer period before accessing support (3.3 years contrary to 2.3 years for non-disabled people).

The mental and psychological toll on disabled victims of DA/IPV is also greater than for non-disabled people, with disabled victims twice as likely to have planned or attempted suicide. Disabled people often go unheard and when they do raise a concern are undermined. As shocking as the figures are, it is difficult to truly quantify how many members of the disabled community are living with DA or IPV as they may be socially isolated or dependant on their abuser.

For an issue with such concerning statistics the response and awareness is disproportionately low.

## Targeted abuse

Inevitably, there are increased risks for members of the disabled community to become victims of DA or IPV. Those

dependant on multiple members of a household for care and assistance may find themselves victims of abuse at the hands of more than one person. This being particularly prevalent in older disabled people or those who are dependent on care with bathing and feeding. One in five disabled people have reported abuse from multiple perpetrators in a single household in contrast to one in twenty non-disabled victims.

The abuse may occur in various forms; physical neglect (including under or over feeding or neglect of hygiene routines), sexual abuse (for those unable to consent to sexual contact, this especially being the case for those with intellectual disabilities, learning difficulties or mobility challenges) and emotional or psychological harm or threats (such as the devaluing of a disabled person's abilities or worth). Whilst for those claiming benefits due to their disability or have a family member/partner receiving carer's allowance may be subject to financial abuse or the misuse of their benefit payments.

DA/IPV for members of the disabled community is often linked to the victim's particular challenge or impairment. Examples of this being the manipulation of crucial medication for those with long-term health conditions or chronic pain, the withholding/damaging/breaking of assistive devices, eg, wheelchairs, canes, panic buttons or causing deliberate harm to service animals such as guide dogs. Cruelty, humiliation and degrading treatment, often related to the nature of the disability, eg, blindfolding someone who is deaf, gaslighting of those with cognitive challenges or removing aides or assistive devices to ensure the victim remains immobile or with limited mobility.

Some disabled people may be dependent on their abusive carer to obtain medical treatment which enables the perpetrator to have access to the victim's personal medical information and so be able to exploit or undermine any complaint made against them. Further, disabled victims may be subject to gaslighting to invalidate their capabilities including the deliberate causes of accidental injuries to the victim. It may be especially difficult for those with disabilities who are dependent on a carer for physical care to understand when lines of consent are crossed into that of sexual abuse and what is appropriate or inappropriate in the context of day-to-day care.

In contrasting statistics by disabled support groups, attitudes toward disabled perpetrators of DA/IPV is further hindering a victim's ability to access support. Due to the common misconceptions of members of the disabled community when caring for or living with another disabled person, that they cannot also be capable of perpetrating abuse or are simply incapable or unable to understand the need to change their behaviour.

### Focusing awareness

The high rates of abuse co-exist alongside low reporting rates and minimal resources. Despite the high numbers of victims of DA/IPV from the disabled community, the access to being able to make a complaint or gain assistance is alarmingly low. It can be as simple as the victim physically being unable to express their concerns by way of a lack of means to do so. Deaf or those who are hard of hearing may not have access to facilities which enable them to communicate their complaint to police whilst those with mobility challenges may be unable to physically reach facilities to enable them to do so.

When disclosure by victims does occur, adequate responses are often lacking, or the victim may not be believed or may be undermined by the perpetrator or their family. In addition, stereotypes surrounding the partner-carer of a disabled victim as being the "martyr" or "hero" may cast

doubt on the complaints being made against them by the victim resulting in them not being believed or the complaint overlooked. Moreover, the victim's own view that they are not worthy of a healthy relationship or that the abuse is justified may deter them from making a complaint or grasping that they are being subjected to DA or IPV.

The volume of resources certainly does not reflect the severity of the issue with only one in five refuges being able to provide accommodation for a disabled victim with a carer. Refuges are often not positioned to provide shelter for those who are unable to self-care.

### Increased hate crime

But violence against disabled people generally is on the rise and like DA/IPV, is often focused on the particular challenge placed by the victim's disability or impairment; be it cognitive, sensory or mobility, is often likely to increase in severity and frequency and may involve multiple perpetrators.

Having released its statistics on hate crime of the disabled community, the Home Office reported that 14,242 disability hate crimes had been recorded in the year ending March 2022 – an increase of 43% on the previous year. Despite Covid having had an undeniable impact on the numbers, that figure has doubled since 2017/2018 with stalking and harassment offences having been the most commonly recorded disability hate crime in that period. Research by Mencap (*Living in Fear*) found that nearly nine out of ten people with learning disabilities had been harassed or attacked within the last year, with 32% saying they experienced harassment or attacks on a daily or weekly basis. Further research by Mind (*Another Assault*) found that 71% of people with mental health needs had been victimised in the last 2 years, 22% physically assaulted and 26% had their homes targeted (eg, vandalism).

Data published by the ONS in March 2021 indicated that sexual violence against disabled women has more than doubled in

the last 6 years. Despite the CPS updating its guidance as to the flagging of and management of the prosecution of such cases and the number of complaints reaching a record high, only 1% of complaints resulted in criminal charges.

According to Disability Rights UK, disability hate crimes are often different from other hate offences in that these might be perpetrated by friends, family members or carers. This also means that disability hate crimes are less likely to be reported. Disability Rights UK also provides examples of hostility against a disabled person, which may include: 'abuse; name calling; blocking aisles and priority seating; removing equipment or even violence'. Hostility against disabled people is happening in public, in the privacy of people's homes and in care settings.

This indicates that the family justice system also has a pivotal role to play when tackling the issue under both the Family Law Act when considering protective measures through injunctive relief or in the context of Children Act proceedings where safeguarding and welfare issues are raised.

### Disability in the family courts

As with the ability for victims to make complaints through the criminal justice system, disabled people may seek to pursue action through the family courts. This raises the question whether legal professionals including members of the judiciary, Cafcass and children's services should be required to undertake training specifically dealing with the issue of DA/IPV in the context of disabled parties. Food for thought when considering the Department for Work and Pensions' Family Resources Survey, which indicated that 16m people in the UK had a disability in the 2021/22 financial year: representing 24% of the total population.

But it seems that consideration would need to be given to the greater issues surrounding disability as well as how DA/IPV transpires for disabled victims. Issues surrounding non-visible and invisible disabilities, multi-generational abuse of disabled victims

(such as adult children towards a disabled parent) or circumstances where the perpetrator themselves is in fact, disabled, would all need to be addressed.

### Tackling the issue

The figures are clear that frontline service providers are not equipped with the funding they need to provide the appropriate support. As considered by Stop Hate UK, while reporting disability hate crime and/or DA/IPV is significantly underreported to the police, according to the CPS, disabled people prefer to report incidents to third party services such as helplines and charities rather than to the police. But with support services reporting a lack of capacity or lack of knowledge to assist disabled people making complaints, the way to truly manage the issue is through the increase of funding for survivor support groups and 'by-for' user-led services. Alongside charities, local authorities and medical service providers, there must be earlier identification of DA/IPV in disabled victims which in turn, means ensuring that service providers are aware of the depth of the issue and the way domestic abuse arises for disabled victims. Equally, communicating with the disabled community as to the access available to them as well as what DA/IPV constitutes is crucial if victims are to be encouraged to seek the assistance they need to leave abusive relationships or households.

Services which are placed to provide support to victims of DA/IPV must be able to respond to all victims – including those with disabilities. The same as information being provided in various languages for non-native English speakers, every police station should have immediate access to BSL signers and information available in braille. As proposed by Women with Disabilities in Victoria, Australia, every police station should have a table with laminated cards with simple phrases or pictographs which would enable victims with learning or intellectual challenges to describe their experience in the first instance.

The same can be said for the consideration of DA/IPV and disabled parties in the family

courts; early signposting, increased awareness and greater understanding are needed from complaint to court room. But with family court buildings still struggling with the logistics of a disabled person navigating the building itself, such as in instances of broken-down lifts, faulty hearing loops or inaccessible courtrooms or toilets, the mere inability to navigate a court building may be sufficient to deter disabled victims accessing the family justice system.

The topic remains an ongoing issue and vulnerabilities due to learning disabilities was raised by the President of the Family

Division, Sir Andrew McFarlane's keynote address on 7 February 2023, which considered parents with intellectual impairments in public law proceedings and the need to remain alert as to their vulnerabilities. Sir McFarlane considered the '2019 toolkit, aimed specifically at Family Court cases, advises that a parent with a learning disability may need an intermediary, adult services worker or advocate to assist them. Vulnerable parties may alternatively wish to have the support of a lay advocate' which had built on 'the 2017 toolkit on identifying vulnerability in witnesses and parties and making adjustments'.