It's all about control

Men's violence against disabled women

Zero Tolerance

Contents

Content warning

This report includes content that some may find distressing. This includes references to ableism, sexism, transphobia, and men's violence against women.

If you need support:

Rape Crisis Scotland Helpline:

08088 01 03 02 plus email, text and webchat (details on the website)

Scotland's Domestic Abuse and Forced Marriage Helpline:

0800 027 1234 plus email, text and webchat (details on the website)

Summary

There is an alarmingly high risk of men perpetrating violence against disabled women.

Yet, disabled women's experiences are often overlooked in prevention efforts. Entrenched ableism and gender inequality not only condone but actively enable harm against disabled women, creating a complex web of oppression. To effectively end men's violence against women and girls, prevention work must centre the voices and experiences of disabled women.

> 'So, I had no bus pass, no purse, no way to access money at all…I didn't know what was going on most of the time, and that left me totally at his mercy.'

This research breaks new ground by investigating the literature and directly engaging two groups of disabled survivors through a participatory approach, shedding light on how disabled women's experiences of men's violence are inseparably intertwined with ableism.

The small sample means that personal views and experiences do not necessarily reflect those of the general population of disabled women and non-binary people.

However, there were considerable overlaps between participants' experiences and findings from literature. This suggests how Zero Tolerance and others might develop their approach to preventing violence against disabled women and girls.

Disabled survivors experience violence against women and girls (VAWG) in ways that are specific to their impairment, to society's general attitudes to and response to disabled people, and to other forms of inequality, including gender inequality (the root cause of VAWG). Further, being disabled intersects with gender inequality, affecting vulnerability to and protection from VAWG, and how to prevent it.

Entrenched ableism and gender inequality both condone and enable harm to disabled women. This harm can be both deliberate and without thought. It can be at individual, practitioner, and structural levels.

Disabled survivors may find it difficult to get help; to get away from VAWG; or to have any personal agency because of shame, financial abuse, isolation, exclusion, reliance on perpetrators for their care, and lack of a cohesive institutional response. This is similar to any survivor. However, ableism adds to these barriers and to the complexity of the experience.

These factors create an environment that makes disabled women vulnerable to abuse, empowers perpetrators, and compromises prevention at any level.

Preventing VAWG aims to stop VAWG before it starts. It addresses the underlying cause: gender inequality. It means challenging harmful beliefs, attitudes, values, practices, and power imbalances that cause VAWG.

Prevention activities must involve disabled women if they are to be effective.

The root cause of VAWG is gender inequality. For disabled women, experiences of VAWG are inherently linked to gender and ableism. This means that solving gender inequality alone will not resolve their experiences of violence. So, preventing violence against disabled women and girls requires an intersectional approach. Removing the root causes of violence against disabled women – gender inequality and ableism – will prevent violence against disabled women and girls.

Background

Acknowledgements

We extend our sincere gratitude to the women and non-binary individuals who generously shared their experiences and insights. Their contributions were invaluable to this project.

We also appreciate the dedication and expertise of the researchers at Three Sister's Consultancy, as well as the support and collaboration of our partners at Inclusion Scotland.

Finally, we acknowledge the Corra Foundation for their financial support, which made this project possible.

Authors

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Jenny Wartnaby (she/her) is a White British woman with personal experiences of long-term health conditions, being disabled, and neurodivergence. However, the report has sought to centre the experiences of the disabled women who participated in this research, not those of the authors.

The participants reviewed this report to ensure it represents their contribution.

Note on language

This report uses the term 'disabled women and non-binary people'. This reflects that, while individuals may have an impairment or health condition, society disables them because of how it is organised.

The report uses 'impairments' rather than 'disabilities' to describe conditions, illnesses, and injuries which affect disabled people; and 'women with learning disabilities' as the term preferred by research participants.

Ethics

This research complied with the Scottish Research Association research ethics guidance. To mitigate any harm to participants:

- we sought informed consent as an ongoing process – participants had the flexibility to attend or avoid sessions as preferred
- we ensured confidentiality and anonymity and have followed data protection and other relevant legislation
- we developed a sensitive safeguarding procedure
- we offered each member of the online group, who joined from their own homes or hospital, support through:
  - the opportunity to speak with a trained rape crisis support worker following each session
  - funding for six sessions of accredited counselling
- the lead researcher and the group lead for the women with learning disabilities also provided in-person support
- women with learning disabilities attended an eight-week course with a specialist charity to give them context for discussing men's violence against women which also supported their wellbeing before participating in the research
- online participants received a one-off payment for participating
- women with learning disabilities received a onetime payment as a group – the charity we worked with used this payment to provide them with an outing chosen by the women

Definitions

Primary prevention: the primary prevention of men's violence against women and girls (VAWG) is a social change strategy that aims to stop VAWG before it starts. It addresses the underlying cause of VAWG. The underlying cause is gender inequality. Zero Tolerance aims to prevent VAWG by challenging the attitudes, values, and structures that sustain, justify, and promote inequality and violence.

Ableism: discrimination in favour of non-disabled people.

Intersectionality: the different ways that social identities (such as gender, race, class, religion, immigration status, sexuality, gender identity) are linked and can overlap to create and reinforce complex experiences of multiple forms of discrimination.

Intersex: A term used to describe a person who was born with or developed biological attributes and characteristics relating to both male and female sexes, or whose biological attributes/characteristics do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as men, women, or non-binary.

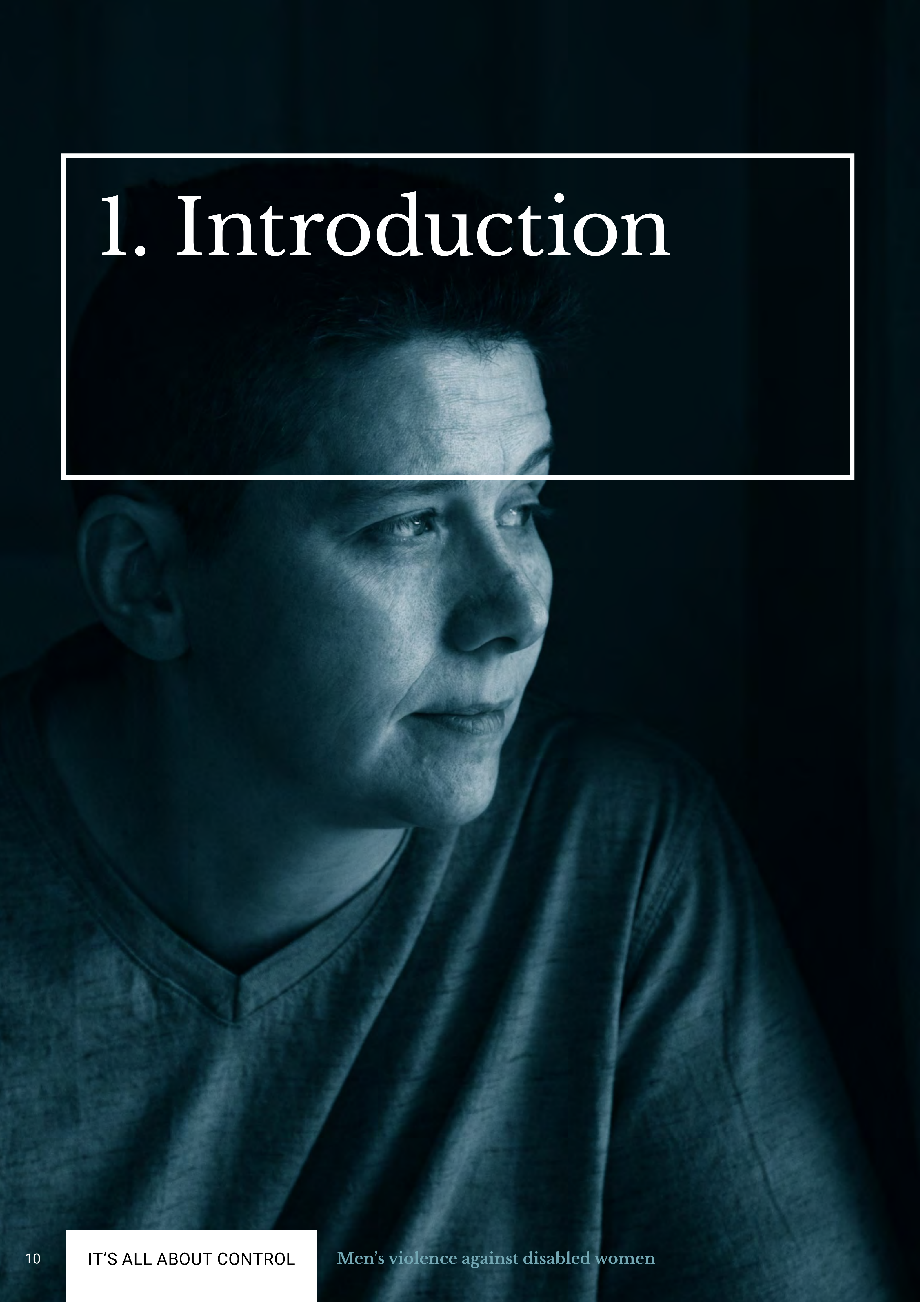
Non-binary: umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Social model of disability: Barriers, such as inaccessible spaces and communications, or negative attitudes, exclude people. If we remove the barrier, people can fully participate in society. They will still have impairments, long-term health conditions, or be neurodiverse, but will no longer be disabled.

Violence against women and girls (VAWG): Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls (refresh), December 2023 states that VAWG includes the actual and threat of:

- physical, sexual, psychological, emotional, and financial abuse occurring in the family, within the general community, and in institutions in both physical and digital spaces and places
- domestic abuse/coercive controlling behaviours, stalking, rape, incest, sexual harassment, bullying, and intimidation
- commercial sexual exploitation (CSE), including prostitution, lap dancing, stripping, pornography
- human trafficking, including for the purposes of domestic servitude, sexual exploitation and child criminal exploitation, which may include gangs and organised criminal networks
- child abuse occurring within family settings, including domestic abuse, and sexual abuse by male family members including siblings
- child sexual abuse and exploitation including the production and sharing of indecent images of children
- honour-based abuse, including forced marriages, female genital mutilation (FGM), dowry abuse and 'honour-based' coercive control and killings

Woman: anyone who identifies as such, including those whose gender identity as a woman is the same as the sex they were assigned at birth (CIS women) and those whose gender identity is different to their sex assigned at birth (trans women).



1. Introduction

This report presents the findings of research commissioned by Zero Tolerance with 17 disabled survivors of VAWG.

It is based on a literature review and a participatory research project.

Given the small sample size, findings are indicative. The personal experiences discussed by participants do not necessarily reflect the population of disabled survivors and the multiplicity of interconnecting features that characterise VAWG. However, they do raise issues which can be acted on, as well as those which would merit further research.

Primary prevention of VAWG

The project aimed to gather evidence to support Zero Tolerance's work in preventing violence against women (VAWG).

Preventing VAWG aims to stop VAWG before it starts. It addresses the underlying cause: gender inequality. It means challenging harmful beliefs, attitudes, values, practices, and power imbalances that cause VAWG.

According to Meyer et al. (2020), the more we know about how disabled women and non-binary people experience VAWG, the better equipped we are to prevent such abuse.

Aims of the project

The project aimed to support survivors of VAWG to explore their experiences of abuse, and the challenges they have encountered. This would provide Zero Tolerance with evidence needed to develop a more inclusive and effective approach to preventing VAWG.

Purpose of the research

The purpose of this research was:

- to deepen understanding of the dynamics and effects of men's violence against disabled women and assigned female at birth (AFAB) non-binary people
- to offer solutions and make recommendations for prevention

Method

This research is based on a literature review and in-depth work with two groups of participants:

- Disabled survivors of violence against women and girls
- A group of women with learning disabilities that included both survivors and women interested in ending VAWG

The group of survivors was recruited through information shared by partners including Inclusion Scotland and other organisations that work closely with disabled women and non-binary people. The second group was recruited through outreach to specific organisations that work with women with learning disabilities. These participants were part of an established women's group. The report reflects the experiences of the women and non-binary participants, supplemented by relevant existing literature to provide context and support their accounts.

It used a participatory approach in which participants decided how best to meet the research objectives. Participatory research and creative methods offer the potential to challenge inequalities and power relations within knowledge creation (Cornwall and Jewkes, 1995). Valuing the knowledge of those with personal experience allows participants to maintain ownership of their knowledge. Christensen (2019: 488) highlights the potential for participatory methods to enable survivors to reclaim their experiences.

We invested in co-production, co-design and participatory methodologies. Tokenistic co-production and symbolic inclusion are a significant risk both to the robustness of the work and to the ongoing relationship with disabled women and non-binary people (Williams et al., 2020).

The research participants were an:

- online group of around eight disabled survivors of VAWG (two participants identified as trans or non-binary and intersex)
- in-person group of around nine survivors with learning disabilities

Their experiences were central to the design and execution of this project as outlined in Mulla and Hlavka (2011).

To challenge the inequalities intrinsic in research, Zero Tolerance organised for everyone involved in the project to attend training on participatory methods and supported them to take part in every stage of the project. Participants controlled how they shared their experiences and could have support from a rape crisis support worker after each session. Each participant was offered six sessions of counselling by a British Association for Counselling and Psychotherapy (BACP) counsellor.

The online group discussed their experiences and ideas, facilitated by the researcher.

Women with learning disabilities are routinely excluded by those researching sensitive topics (Coons and Watson, 2013). The in-person group of women with learning disabilities took a different approach using methods that met their needs. For example, the researchers created personas and scenarios based on the experiences of women with learning disabilities, and supported these participants to respond to scenarios, using art and roleplay.

If participants could not attend meetings (often directly related to impairments), they were offered one-to-one participation by email, phone, or Zoom.

The research would have benefited from a longer lead-in time for participants, especially women with learning disabilities, in order to build trust.

Further research is needed to better understand the intersections of ethnicity, gender identity, ableism, and VAWG. The project's scope and limitations are acknowledged, and the call for continued research in this area is not a criticism of the project itself, but rather a recognition of the complexities involved in studying intersectional identities and experiences. Ongoing efforts are needed to expand our understanding and develop more inclusive and effective approaches to address these intersecting issues.

Analysis and reporting

We analysed the literature and the findings from both groups, including transcripts, notes, video recordings, and artwork. Participants shaped the analysis, amending language and contributing to interpretation.

Participants identified the following themes:

- violence as a consequence of gender inequality, gender stereotypes, and ableism
- men using disabled women's impairments and need for care to control, coerce, and harm them
- structural violence causes harm and makes disabled women vulnerable to men's violence

The different methodologies used for the two groups mean it is difficult to compare or aggregate the respective findings. However, the report attempts to highlight common issues.

The researcher followed the lead of research participants in topics discussed and explored. This means that there is considerable material which, while important and of interest, is not directly relevant to this report. For clarity and consistency with the aims of the project, we have not included all that was said or expressed. However, we have kept all evidence gathered as it may be useful for other aspects of our work. Participants expressed a strong desire not only to develop research skills but also to be actively involved in shaping and implementing actions to address the issues identified through the study (Knifton, 2012).

There is a report in Easy Read which captures the insights of women with learning disabilities.

2. VAWG and disabled women

There is limited research on men's violence against disabled women, but what there is suggests that impairments increase vulnerability to VAWG.

Research has found that disabled women are **twice as likely** to experience domestic abuse as non-disabled women (Balderston, 2013; SafeLives, 2017)

Women with learning disabilities are **more likely** to experience violence than their disabled peers (McCarthy, 2014; Wiseman and Watson, 2021)

Globally, **90% of women** with learning disabilities have been subject to sexual abuse, with **68% experiencing sexual abuse** before they are 18 (OHCHR, 2017)

Women and AFAB people with autism experience significant risk, with **9 in 10** autistic women experiencing sexual violence (Cazalis et al., 2022)

A meta-analysis found that disabled women are **more likely** to experience sexual violence (Amborski et al., 2021)

Research in Scotland:

73% of a total of 62 disabled women had experienced abuse and **43%** sexual abuse (Wise Women, 2014)

Disabled women were **'more likely** to accept a partner who might mistreat them' due to the ableist stigma they faced (Engender, 2018)

This research aimed to explore issues raised by these findings with survivors with personal experience of being disabled.

3. Findings

3.1 Gender inequality and ableism

Sexist and ableist attitudes in society devalue and ‘other’ disabled women and AFAB non-binary people and make them invisible (Chenoweth, 1997; Thiara et al. 2011; Breckenridge, 2018). These attitudes lead to discrimination and limit their ability to participate in society (Breckenridge, 2018; Engender, 2018).

For participants in our research, gender inequality and ableism were inextricable. They experienced both sexism and ableism. These contributed to fear, inadequate safeguarding, and the infringement of their rights both in their interpersonal relationships and more generally.

Gender stereotypes

> ‘I felt like I just was the shittest parent ever, that I was crap at my job, that I couldn’t possibly be doing a good job because I couldn’t kick a ball…I couldn’t stand and wash the dishes. I would take the sink and sit on the floor and wash the dishes on the floor because I couldn’t stand at the sink for long enough.’

Disabled women and AFAB non-binary people face assumptions that they will not adequately fulfil stereotypical gender roles as caregivers, wives, or mothers (Shah et al., 2016). Our research participants assumed this, as shown by the above quote. They also said that their abusers demonstrated such assumptions as a feature of the abuse.

For example, one survivor with a chronic pain and fatigue condition was forced by their partner to do all the housework and childcare despite the serious repercussions on her health. Her partner would find additional housework for her to do despite her being unable to move because of pain and exhaustion. He would belittle her and say, ‘It’s only pain, it’s all in your head, just get on with it’. This made her doubt herself and feel confused and hopeless. By keeping her busy to the extent that she needed all her spare time to recover, the perpetrator maintained control and isolated her from family and friends.

> ‘I was at a stage where I couldn’t even make up own mind. I didn’t have any friends; I didn’t have anyone.’

Impairment-specific abuse such as this increases the power of the perpetrator and increases the powerlessness of the disabled survivor (Shah et al., 2016). Often, policy makers and society do not perceive impairment-specific abuse as domestic abuse or hate crime but more as 'some innate vulnerability caused by their impairment' (Bashall and Ellis, 2012: 116). This is a significant barrier to preventing VAWG and to accessing services and support (Shah et al., 2016). The continuation of VAWG arises from the inequalities associated with being disabled and a woman/AFAB in a patriarchal society constructed by and for non-disabled people (Shah et al., 2016). Participants whose impairments required the support of their partners for household tasks/childcare were often made to, as they put it, 'feel less than' and 'useless'. For one survivor with children, the perpetrator claimed that social work would remove her children if she left him as she would not cope on her own. By utilising ableist narratives that devalue and delegitimise disabled women, perpetrators perpetuate harmful societal beliefs that disempower women and justify abuse, underscoring the need for broader cultural change alongside policy reforms to challenge these dangerous attitudes.

Generally, participants thought that going to social work because of abuse or because of needing support with children after leaving an abusive partner was risky and could lead to children being taken into care.

One participant said that this threat had not materialised and that she had received support from social work when she had no one else to turn to.

> 'My mobility was so low, and I asked for help time and time again. Eventually, I sucked it up and phoned social services and I'd been told by everybody, do not do this, you may lose your kids.'

But another said:

> 'I'd had a friend who did exactly the same thing, who had similar conditions to me, and she did, her kids were taken off of her because she was deemed an unfit mother because she had a dirty house.'

The fear of children being removed related to participants' feelings of shame about how their impairment affected family life. This often resulted in participants trying to fulfil harmful and stereotypical gender roles by doing all the housework/childcare without accounting for their impairment or condition.

For one, this significantly affected their wellbeing.

> 'Just get on with it. It's a woman's job to just get on with it. I made myself an awful lot sicker because a lot of the time I did try really hard to just get on with it and to suck it up.'

The internalisation and enforcement of restrictive gender roles and stereotypes compound the complex barriers faced by disabled people experiencing VAWG, requiring holistic supports that account for the intersections of gender, ableism, and abuse.

Violence against disabled trans women and AFAB non-binary people

Trans and non-binary people experience gender-based abuse in ways that are specific to their trans identities (SafeLives, 2021; STA, 2010). Our disabled trans woman and AFAB non-binary person experienced gender-based abuse both similarly to and differently from disabled women more generally. The trans woman in our sample said that she was punished because of her gender identity. Her abuser framed the abuse as a 'rite of passage' for girls:

> 'My foster uncle ended up abusing me from [when I was] ten years old because I wanted to be a woman. So, he wanted me to experience what a woman has to go through, which also meant physical, psychological, emotional, and sexual abuse.'

The intersection between trans and ableist hate crime and abuse is damaging. The non-binary participant hid their gender identity to avoid abuse. They found this excruciating and exhausting. The trans woman had experienced a combination of gendered and ableist abuse on public transport.

> 'He started shouting out, "Oh, it's a hate crime now because I've had to give up my space to a fucking cripple tranny". … He threatened to knock my block off. He threatened violence against my carer… You know, that's hard – to put up with little things like that.'

The phrase 'little things like that' indicates the extent to which constant abuse can be internalised, 'normalised' and minimised.

Both these participants experienced abuse directly related to their gender identity and additional vulnerability because of impairment. This amplified the abuse they experienced. Daily microaggressions and public abuse meant they were fearful both in private and in public.

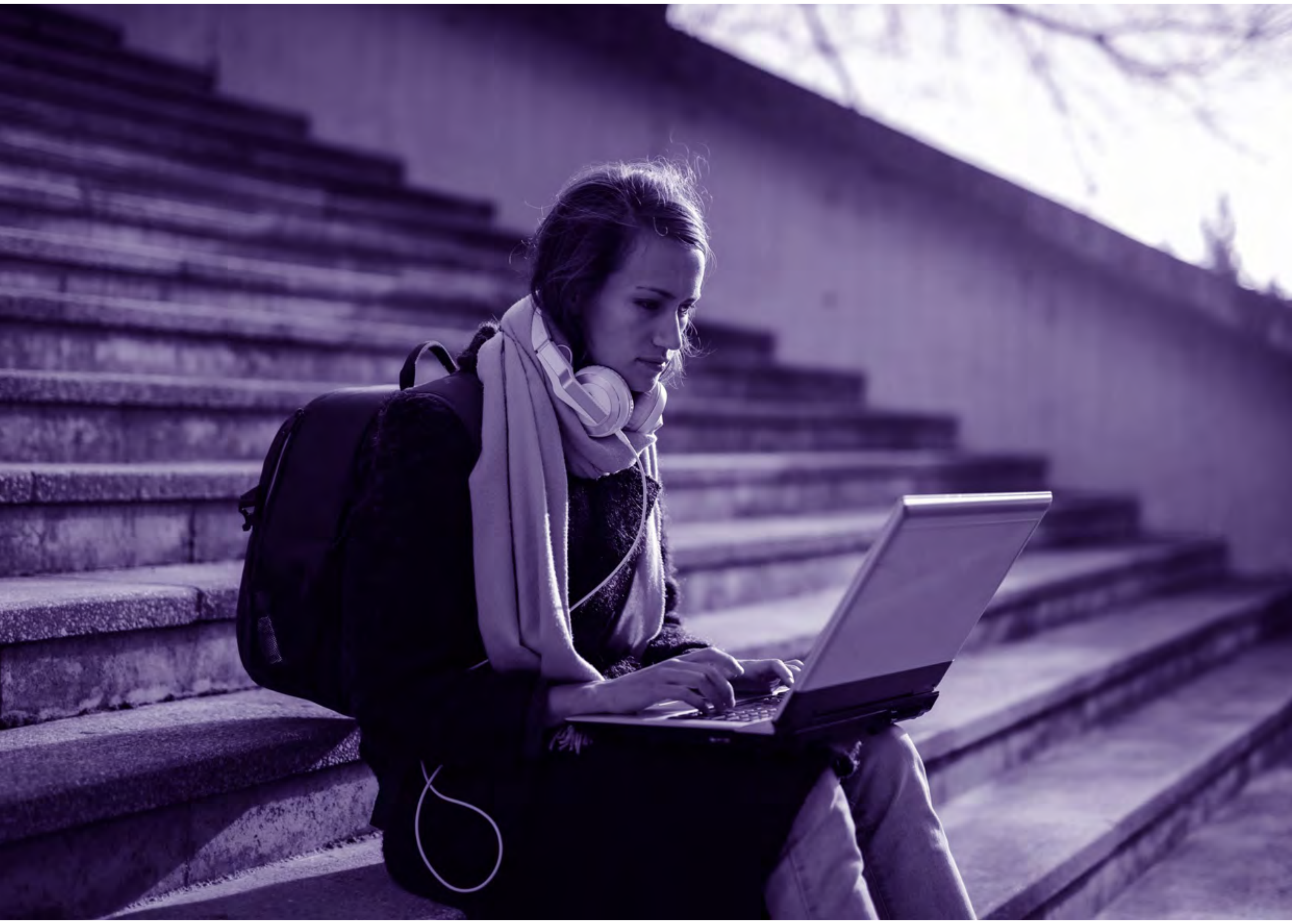
Sexual and reproductive rights

Disabled women and AFAB non-binary people can face multiple barriers to sexual and reproductive rights. For example, relationships, sexual health and parenthood (RSHP) education is 'gender-blind'. Women with learning disabilities may lack sexual education (Wiseman and Ferrie, 2021). This makes it difficult for disabled women and non-binary people to make informed decisions about their rights. It also contributes to vulnerabilities around having their bodily autonomy, right to give or withhold consent, and right to be treated with respect violated.

Disabled women are often viewed as 'asexual'. As a result, disabled women do not receive the same access to sex education as their non-disabled peers (Hague et al., 2011; Shakespeare, 2014). Disabled teenagers face barriers to accessing social and cultural spaces where other teenagers develop an understanding of appropriate and inappropriate sexual activity (Thiara et al., 2011).

Disabled women and AFAB non-binary people experience reproductive control and coercion. This is particularly the case for women with learning disabilities. They may be given contraception without their knowledge, experience forced abortion or forced sterilisation and/or be lied to about their ability to have children (Engender, 2018; SCLD, 2018; European Disability Forum, 2021). This limits reproductive freedom.

Some participants in our research described being prescribed hormonal contraception at a young age to make them compliant and easier to deal with. Adults framed the need for the medication as necessary 'to try and keep my emotions under control' because of being 'too sensitive' and 'your emotions are too much for everybody around you'. One participant, diagnosed as autistic in adulthood, described how medication was used to make them appear neurotypical.



> 'I was put on the pill to make me quieter, and then when I was quiet, I was put on the antidepressants because I was too insular, and I was depressed.'

This links to findings below about the normalisation of compliance and how this may be exploited by perpetrators.

In discussing reproductive rights, some participants said that those around them assumed they should not or would not become parents. One woman with learning disabilities described active efforts by her parent to withhold information.

> 'My mum hid a book at home that explained how babies are made and when I asked, she said, "I thought I hid that!"'

One participant said that doctors failed to discuss fertility options with them before they underwent cancer treatment. This is usually discussed as standard when treatment leads to the early onset of menopause. The participant thought that professionals assumed that they wouldn't want to have children because of being disabled.

One woman with learning disabilities described her friend's experience of being told by doctors that her children would also have learning disabilities, despite no evidence that this would be the case.

Another described her confusion about how her seizure medication might affect a pregnancy. She speculated that this could be used to dissuade other disabled women from getting pregnant.

> 'Doctors don't help you change your medication when you are pregnant.'

The denial of sexual health education and reproductive rights compounds the vulnerability of disabled women and those assigned female at birth to abuse, highlighting the urgent need for policies and practices that recognise their autonomy and centre their voices in decisions about their own bodies.

Medication and control

Some participants in our sample thought that they had been medicated to keep them quiet and compliant, and to modify their behaviour.

Some participants were medicated as children, which made them feel tired, disconnected, and unwell.

> ‘It basically sedated me…it meant that if I was on this, I wasn’t as much bother to her. You know, I was dopey. I mean, most of my early schooling, I don’t remember any of it.’

This contributed to some participants feeling controlled, silenced, and required to minimise their needs and wants.

> ‘It’s all this control, and the phrase that comes to my mind is that women should be seen and not heard. It is just all made to minimise and make things smaller and more palatable.’

Participants described how such early life experiences normalised abuse.

> ‘I was a very emotional child, I was a very empathetic child, and also, my trauma had made me, like, I was in fawn mode constantly. I was people-pleasing 24/7. I would do anything for anybody, which made me really susceptible.’

For some participants, the expectation to be compliant was seen as exacerbating vulnerability to abuse. The literature indicates that disabled women and AFAB non-binary people are taught that their bodies are less ‘private’ than their peers (Breckenridge, 2018). Therefore, what non-disabled people find ‘uncomfortable or inappropriate’, disabled people may consider ‘normal’ (Ballan and Freyer, 2012; Shah et al., 2016).

In the literature, women with learning disabilities describe the pain of being ignored and silenced (Wiseman and Ferrie, 2020), especially by people they think should be ‘on their side’, like support staff and family members.

The use of medication described by participants to enforce compliance and silence from a young age deprives disabled women and non-binary people of agency over their bodies and minds, normalising abuse and control tactics that leave them profoundly vulnerable.

Experience of (de)sexualisation and being fetishised

Disabled survivors may experience both sexualisation or fetishisation by perpetrators while at the same time being viewed as asexual by professionals (Hague et al., 2011; Shakespeare, 2014; Shakespeare and Richardson, 2018).

From our sample, one participant who requires a hospital bed at home said she was treated as if she were asexual:

> ‘For me, social services were like, “Well, do you have to sleep together?” We’re newlyweds … he’s my husband.’

One participant said that they had begun dating and were speaking to a man. They checked with him to make sure he was aware that they were a wheelchair user.

> ‘He said, ‘if anything, it’s more appealing to me… it means you can’t run away’ … I’m not here to be fetishised for my disability. I was genuinely taken aback that someone actually vocalised that. That someone thought it in the first place, and then to put it out there is just…’

This experience is supported by research that finds that perpetrators’ ableist attitudes include believing that it will be easy to exert power and control over disabled women. So, they target them (Brownridge, 2006; Martin et al., 2006; McCarthy et al., 2018).

Ableist stereotypes

Research indicates that disabled women feel watched and judged by non-disabled peers who might assume they are benefit ‘cheats’ and are undeserving of comfort in daily life (Garthwaite, 2011; 2014).

Participants in our research were similarly worried about being judged.

> ‘They say, “Oh you’ve got a nice house” and what they’re really saying is, “They’ve got a nice house but they’re on benefits”.’

One participant described using their limited physical energy to do a DIY project which would have been good for their mental health, but feared being judged.

> ‘I am always conscious because I always walk with a crutch outside, but the neighbours will say, “Oh but she’s out painting away”.’

Two other participants described their experiences of being anonymously reported for benefit fraud, investigation, and the resulting fear that people were watching them.

Research indicates that fear of losing their children is common for disabled parents, especially those facing additional scrutiny because of abuse and their ability to cope due to their condition or impairment (Bradbury-Jones et al., 2015). This is reflected in ableist stereotypes about disabled people’s reproductive rights and their abilities as parents.

Pervasive ableist stereotypes and judgments create an oppressive climate of surveillance and undeserved scrutiny for disabled women and non-binary people, exacerbating isolation and restricting freedom in ways that further entrap victim-survivors.

3.2 Men's violence against disabled women

Disabled women, non-binary people, and girls experience:

- all forms of VAWG as experienced by non-disabled women, girls, and non-binary people
- all forms of violence that disabled people in general experience, such as physical violence, restraint, and neglect by carers and in service settings
- specific forms of violence faced by disabled women, girls, and AFAB non-binary people, for example, abuse by carers such as neglect of their basic needs and personal care, or denial of access to reproductive healthcare

Not only do disabled women and AFAB non-binary people experience violence in many forms, but they also experience violence with greater frequency, over longer periods of time, and in a wider range of settings than their non-disabled peers (Brownridge et al., 2008; SafeLives 2017: 9; Breckenridge, 2018).

Men's violence against women, girls, and non-binary people is predicated on gender or perceived gender. For example, a perpetrator may assume a non-binary person is a woman.

Men have systemic and structural power over women in the social, political, and economic spheres. This system of power is known as 'patriarchy'. Patriarchy causes and continues men's violence against women.

Patriarchy is a structure and individuals within it (including women) may act in accordance with or against it. For example, women can be involved directly in forms of VAWG such as trafficking and forced marriage. They can contribute to harmful systems of power by enforcing gender stereotypes, victim blaming, or denying the existence of gender inequality altogether.

In the same way, VAWG can be carried out by groups and by institutions. For example, the health institutions have historically perpetuated violence against women through practices denying reproductive rights or dismissing women's health concerns.

Abusers exploit various power dynamics to control victims, whether through male dominance, able-bodied privilege over disabled partners, or institutional inaction. Ultimately, ending gender violence requires reforms that dismantle oppressive systems and centre the voices of marginalised women, girls, and non-binary people.

Forced proximity to perpetrators

Like non-disabled women, disabled women and non-binary people are likely to experience violence or abuse from someone they know or a current or former partner (Brooks-Hay et al., 2018). For disabled women, this may be someone they rely on for care.

Even though home is supposed to be a place of safety it is often the most dangerous place for women where many live in fear of violence (Fitz-Gibbon and Walklate 2023). There is an added irony for disabled survivors of domestic abuse who rely on their perpetrators for care at home.

Disabled people may rely on partners, family, paid carers, society, and institutions for resources and basic care. This gives those providing this care significant power and control, and places disabled people at risk of multiple forms of violence (Hague et al., 2008; SafeLives, 2017).

When a carer abuses a disabled person, they are exploiting impairments which 'simultaneously increase the powerfulness of the perpetrators and the powerlessness of the disabled women' (Shah et al., 2016: 4).

Participants in this research commented on the links between being disabled and feeling disempowered and at risk of abuse.

> 'Then since becoming more disabled and being a wheelchair user now, it does leave me a lot more scared. Just feeling even more defenceless and helpless… I have a personal alarm always in my side bag. I'm always like, where's my phone? Where are my keys? These things that we're taught, that become second nature growing up AFAB.'

One woman who is paralysed from the waist down (has no feeling in her legs) was asked how she kept getting bruises on her legs. She later found out that one of her carers had been causing the bruising.

> 'The carer was actually pinching my skin to make me bruise because they didn't care.'

It is hard for victim-survivors of abuse to speak out against carers. Evidence shows that when they do raise concerns, they are often disbelieved, and nothing is done (Hague et al., 2011).

Disabled people's partners, friends, and family are often considered 'altruistic, kind or saintly' for caring for them (Ballan and Freyer, 2012; Harpur and Douglas, 2014). This can cloud judgement about these relationships, lead to disbelief of disclosure, or questions such as 'who will look after you?' (Hague et al., 2011; Breckenridge, 2018).

This was reflected in this research, with some participants saying that care organisations would not believe carers had abused them unless they had sufficient evidence, such as hidden camera footage.

Participants were also concerned about staffing shortages and insufficient care commissioning as this compromises the ability to live independently, and it also makes it more difficult to leave a domestic abuse perpetrator.

The complex reliance disabled women experience by relying on their partners for their basic needs traps them in dangerous proximity to potential abusers, underscoring the need for trauma-informed care policies that believe survivors, ensure accountability, and expand options to live safely and independently. Achieving this requires primary prevention efforts that challenge the root causes of violence against disabled women, including dismantling patriarchal norms, ableist assumptions, and associated power imbalances. Comprehensive primary prevention entails education, advocacy, and structural reforms that empower disabled women, shift cultural attitudes, and build a society of true equality where abuse is unacceptable.

Using disabled women's impairments to control, coerce, and harm

Participants said that abusers used the fact of their impairments to control, belittle, and harm them. This is a recognised phenomenon specific to disabled survivors (Thiara et al., 2011; Dutta, 2015; Beckwith and Drake, 2015). It creates daily terror and vulnerability.

Liddiard (2014) found that degradation of disabled survivors was closely linked to feelings of shame.

Participants described the impact of abuse rooted in their impairment as being dehumanising and humiliating. At times it led to suicidal ideation and suicide attempts.

One participant said that her visual impairment was used by her father to cultivate fear, which had continued into adulthood.

‘My dad used to chuck things... He would chuck something, and everyone would see that it wasn't going to hit me, but I didn't know that. I thought it would hit me... If someone shouts now, I get these flashbacks.’

Participants had essential equipment denied and tampered with; some were locked in or kept housebound by abusers.

One participant described returning from a hospital stay to find that her husband had stolen her money, destroyed her house, and moved other people in during her absence. Another said their partner used medical emergencies to foster dependency and control their movements. For example, when they were taken to hospital by ambulance, their partner would take their purse and bus pass out of their handbag.

‘So, I had no bus pass, no purse, no way to access money at all...I didn't know what was going on most of the time, and that left me totally at his mercy.’

Disabled women are at heightened risk of financial abuse (Nixon and Humphreys, 2010). This can be due to having to depend on others to help manage their money even when they could, with support, develop their financial literacy.

In our study, women with learning disabilities emphasised the importance of hands-on support with money to maximise understanding and control over their own finances. They said that sharing finances with partners makes them vulnerable to financial control.

‘If there is a shared bank account he might ask – what are you spending that on? And he might take her money.’

See also MacIntyre and Stewart, 2022.

Financial abuse from partners aimed to belittle and control, forcing women to justify every penny spent.

‘He had rules, he always had rules that I had to keep a receipt for everything, and I mean everything.’

‘They want the power, they do. It is power.’

Participants shared strategies about how to separate finances from those of partners to feel safe and secure in relationships.

‘I went through financial abuse when I was married, and it made me very wary. It made me actually set aside an amount of money in a bank that no one knew about, and I'd advise everybody to do the same. Be financially independent. That's all I can say on it.’

However, they acknowledged that, in the current economic climate, it is difficult to save. It means that disabled women may have fewer choices because of their financial insecurity; a barrier to leaving abuse. Speaking out against perpetrators, who may be viewed as saintly for caring for them, can be difficult. This is especially the case, when disabled women rely on them for essential care and/or are concerned that they may lose their children.

The use of disabled women's impairments as weapons against them reflects deeply engrained ableism, harmful gender roles and oppressive power structures. Stopping this abuse requires comprehensive primary prevention efforts. Only through profound cultural change and promotion of inherent human dignity can we end the dehumanisation that enables abuse of disabled women. Primary prevention requires transforming unjust social norms and building a world where no impairment ever invites VAWG.

Childhood abuse

Some participants experienced abuse as children.

Disabled children are at least three times more likely to be neglected and physically, emotionally, and sexually abused than their non-disabled peers (Sullivan and Knutson, 2000; Taylor et al., 2014). However, research focusing on disabled children often misses girls' experiences (World Bank, 2019).

Research shows that many disabled women experience sexual abuse during childhood, and that this is exacerbated for women with learning disabilities (Hague et al., 2008; UN, 2017; MacIntyre and Stewart, 2022).

Participants in our research said that childhood experiences were central to their formulation of self-worth and influenced their later experiences in adulthood. One participant said:

> 'I definitely spent 40 years of my life in fear because I grew up in a violent household … when violence is normalised you find yourself in violence time and time again.'

Research finds that witnessing or experiencing abuse in childhood can increase the likelihood of experiencing abuse later in life, and this can affect self-esteem, physical and emotional wellbeing (ONS 2017; Rogers et al., 2021).

A high occurrence of childhood sexual abuse has been found for trans and non-binary people (Scottish Trans Alliance, 2010; SafeLives, 2021), but how this links to experiences of impairment is more complex.

In our research, some participants described becoming 'people pleasers' due to abuse in childhood, sometimes from their mothers and other women. They said this distorted their perception of acceptable behaviour in their adult relationships because they wanted people to love and care about them, and would accept behaviour that had been normalised in childhood.

> 'I would try and please people and it didn't sort of matter what anybody did to me, I wouldn't get angry.'

This links to what participants said about difficulties of leaving abusive partners (see page 32-33).

Some said early experiences of trauma in childhood caused or aggravated their conditions or impairments later in life.

> 'I think that my body was so traumatised as a child that I now have lifelong conditions because of it, because of the violence and the trauma.'

This is supported by research that suggests that trauma makes individuals more vulnerable to developing physical health problems, including long-term or chronic illnesses (Mock and Arai, 2011; Nelson, 2016).

Abuse in childhood meant that some participants believed that they should 'be better' and were undeserving of respect. Some were told that they were responsible for the abuse they experienced in childhood and carried this blame, and associated shame, into adulthood.

One participant described the lasting effects of the mistreatment she experienced at the hands of staff and her experiences of sexual abuse as a child.

> 'So I'm actually living probably with, you know, a lot of stuff that happened when I was a child, and still feel that I'm not really, sort of, worth anything and don't really deserve to be happy and all that sort of stuff because that's, kind of, how I was made to feel, that I don't deserve any nice things to happen or, you know, that kind of thing.'

Internalising negative stereotypes can damage disabled people's self-worth, making it hard to recognise abuse and to leave an abusive partner (Copel, 2006: 124).

Men's abuse of disabled women and AFAB non-binary people can use impairments as a weapon of abuse and can lead to survivors feeling lasting shame. Similarly, childhood abuse can result in internalised ableism that can make disabled women more vulnerable to men's abuse. The heightened risk of childhood abuse faced by disabled girls reflects and reinforces their societal devaluation. Preventing these traumatic experiences requires transformative change in how society views and treats disabled children. Most crucially, we must act early to dismantle ableism and promote a culture of inclusion that nurtures every child equally.

3.3 Structural violence against disabled women

All aspects of society including institutions and organisations reflect the norms, values, attitudes, and culture of a society. These are played out in the provision of services for disabled women (Connell, 1990: 519). The structures that make up society can reinforce gender inequality through its actions and can perpetrate VAWG (for example rape in marriage was not recognised as a crime in law in Scotland until 1989). Stigma and negative attitudes to disabled people are common in our society and present a significant barrier to disabled women being able to live a fulfilling life (Scope, 2018). For example, negative perceptions of disabled women as mothers and partners can lead to services that further harm them and empower perpetrators. Perpetrators utilise different forms of power to abuse, such as gendered power as men, and able-bodied power over disabled partners. Ending violence against women and achieving gender equality requires an intersectional approach.

Structural violence ignores and silences disabled women and non-binary people, making them vulnerable, and feeling invisible, devalued, and 'othered' (Chenoweth, 1997; Breckenridge, 2018).

All participants in this research thought that the state did not care about them or for them, and viewed them as second-class citizens. Their evidence for this was that they had experienced repeated incidents of being ignored, discriminated against, and judged by institutions. This included most services they needed, including housing, criminal justice, social work, and the NHS. They discussed financial inequality; experience of the criminal justice system; and used their experience of life during the pandemic as a recent example of how a crisis can aggravate existing inequalities.

They mentioned:

- inaccessible housing and difficulty in getting adaptations at home
- a bureaucratic, humiliating benefits system on which many other essential services depend
- difficulty in getting healthcare, and low satisfaction with the care they receive
- inflexibility in equipment and physical accommodations: being forced to 'make do' rather than have solutions that work for them
- difficulty getting information (letters, bills, complaints procedures) in accessible formats

In discussing the general experience of disabled people, they also highlighted:

- the historic impact of the mass institutionalisation of people with learning disabilities
- limited representation of disabled people in decision making at senior levels
- limited consideration of disabled people in developing or applying policies relating to impairments

The role of systemic structures in perpetuating ableism and ignoring the needs of disabled women compounds their vulnerability. Effective primary prevention requires policymakers and institutions to prioritise justice for disabled women through comprehensive gender-sensitive policies, ensuring their voices are represented, and driving cultural change.

This includes accessible housing, dignified benefits, inclusive healthcare, reasonable accommodations, accessible information, and combatting stigma. Most crucially, disabled women must be centred in decision-making processes to transform unjust systemic structures. When policymakers and institutions take comprehensive actions to value disabled lives equally, it dismantles the ableist foundation that enables violence. Effective prevention starts with affirming through concrete actions, not just words, that abuse of disabled women is never acceptable across all sectors of society.

Covid-19 as an example

Participants discussed the pandemic as a recent and concrete example of how institutions compounded pre-existing inequalities for disabled people, confirming participants' belief that the state saw them as less deserving than non-disabled people.

> 'I think it made a lot of people who were vulnerable even more vulnerable...'

Research indicates that the pandemic had a disproportionate impact on disabled women, who were more likely to report significant negative effects on their mental health and wellbeing (Engender and Close the Gap, 2021; Kirk-Wade, 2023). Covid-19 was a particular risk for older people and those with underlying health conditions. Women are a larger proportion of older people and those living with long-term health conditions (Scottish Government, 2020; European Commission, 2020). Disabled women experienced greater barriers than others to full and equal participation in society, including access to healthcare, public health information, and vital food and medicines (EHRC, 2020). The NHS denied some disabled people treatment for Covid-19, and reports suggest that medical staff enacted 'do not resuscitate' notices on care plans without consultation, particularly for adults with learning disabilities and autistic people (UKIM, 2023; EHRC, 2020).

As support services were withdrawn, participants in this research had to rely on relatives, neighbours, or 'simply no one' to have their intimate care needs met. This echoes research by Inclusion Scotland (2020a) which found that disabled people had social care support reduced or stopped, sometimes with no warning, forcing them to rely on family members or leaving them unable to get out of bed. Disabled women were more likely to be confined to their home than disabled men and were twice as likely to report that they were struggling to feed their children (Women's Budget Group et al., 2020).

Participants said that Covid-19 clarified how different their lives were from non-disabled people.

> 'Everyone went through 2020 together, but I feel like I was on a different path to everyone else.'

Inclusion Scotland research (2020b) found that disabled people who relied on supermarket deliveries struggled to get slots and shielding packages failed to account for dietary needs. For one participant this underlined the view that disabled people's lives are expendable.

> 'Disabled people were written off… "We don't expect these people to live" gave an excuse to treat people like shit.'

For some participants, the long-term impact of institutional discrimination was exhaustion, disappointment, and sometimes, complete disengagement from services leading to further isolation and exclusion.

Financial inequality

While this can affect disabled people generally, the evidence from participants and the literature suggest that gender inequality amplifies vulnerability to financial insecurity, financial exclusion, poverty and financial abuse.

Participants spoke about the hidden costs of being disabled and the violence they experience through a hostile welfare system. They framed their financial inequality as due to gender and impairments and saw this as making them vulnerable to abuse.

They discussed the 'disability price tag' (Scope, 2023) and the significant costs of being disabled, for example buying equipment and care, and loss of income.

Scope estimates that, despite benefits for disabled people meant to address additional costs, a household with one disabled person (adult or child) requires an additional £1,122 a month to have the same standard of living as non-disabled households. This is the 'disability price tag' (Scope, 2023).

While welfare benefits are intended to subsidise costs, extended waiting lists and difficult application processes forced participants to spend their own money (Inclusion Scotland, 2023). The alternative was to wait, often years, in pain, with less independence, and insufficient medical supplies.

Not all participants could work but those who could discussed the difficulties of securing stable employment.

The literature indicates that welfare reform, austerity, the pandemic, and the cost-of-living crisis have all affected access to resources, security, safety, and ultimately equality (Hall et al., 2017; Engender, 2022a; 2022b).

The reduction in health and social care spending, lower benefit rates, high inflation, the cost-of-living crisis, and the increased conditions on receiving benefits have added additional pressure for disabled people, who already face the higher costs associated with their conditions or impairments. Disabled people are spending an ever-increasing amount of their income on essentials (Weston, 2022).

An Inclusion Scotland briefing discusses restrictive criteria for accessing benefits and the energy burden for running independent living and health equipment from home (Inclusion Scotland, 2023).

Financial inequality and economic crisis have a greater adverse effect on women than men, and on disabled than non-disabled people. Disabled women are disproportionately affected because they make up a majority (55%) of disabled people claiming benefits and the impact has been amplified by the Cost of Living Crisis (Women's Budget Group, 2018; Women's Budget Group, 2022).

Disabled women are more likely to be in 'severely insecure work' than both non-disabled women and disabled men (Work Foundation, 2022). In 2021, 48% of young disabled women workers experienced severely insecure work for example temporary work, variable pay, underemployment, low pay, having two jobs, less than two years with current employer, or solo self-employed (Work Foundation, 2022).

Structural violence impacts disabled women through systemic barriers in accessing adequate benefits, healthcare, and employment support. Addressing this inequality and preventing violence against disabled women requires comprehensive policy and practice changes to dismantle these barriers. This involves ensuring benefits cover the full cost of impairments, providing barrier-free healthcare, and promoting accessible flexible employment opportunities. Crucially, disabled women must have a voice in shaping fiscal policies to direct resources where they are most needed. Guaranteeing financial security and inclusion for disabled women affirms their equal value and inherent rights. Governments and policymakers have an opportunity to contribute to primary prevention by prioritising financial security measures, thereby reducing vulnerability to violence.

Criminal justice inequality

A justice system that ignores the experiences of disabled survivors has the effect of condoning abuse. If disabled survivors do not receive justice and protection or they encounter barriers to their rights, it emboldens perpetrators. It reinforces discriminatory attitudes and makes it unlikely that there will be effective consequences for abusers or protection for victims.

Participants in this research believed that how the justice system responds tends to condone men's VAWG. They discussed their experiences of the justice system, including police responses; third-party reporting mechanisms; the legal profession; and support organisations. While experiences varied, many said that these institutions do not take their experiences of abuse seriously nor see disabled people and those with learning disabilities as credible witnesses. They mentioned barriers to finding information, for example, legal advice; discriminatory attitudes perpetuated by agency staff, including lawyers and police officers; and invisible impairments being minimised. This makes it difficult for disabled survivors to access their rights to protection and justice, a significant issue for those experiencing VAWG.

According to the literature, these sorts of experiences allow VAWG to continue (Chakraborti and Hardy, 2017; Wiseman and Watson, 2021).

Some participants in this research who had reported crime to the police described negative interactions with the police and criminal investigators, including physical violence, threats of violence, and being persuaded not to pursue legal action.

One participant reported that being a trans woman meant that the police ignored her:

> 'Then it was like, the police didn't care. As far as they saw it, it was male rape, because I was trans. They didn't see it as trans, they saw it as gay, and as a result, I deserved it. I never got justice.'

Another spoke about her experiences of stalking. After reporting the stalker to police and repeatedly updating them on the continual and disturbing behaviour, the police said that no crime was committed unless her stalker injured her. The police advised the participant to move house. Not only was this an insufficient and incorrect response. It was not even possible as she had a specially adapted home.

> 'I thought one day I'd die. I'd said to one of the policemen, "If you do find my body, here's the name and the address. This is where it's come from. This is what's happened," and they laughed at me. They were like, "You're being overdramatic".'

Non-disabled women and non-binary people also report poor police response to sexual violence as being harmful (Rape Crisis Scotland, 2021). The justice system perpetuates violence against disabled women when it dismisses and re-traumatizes victims. Primary prevention requires pursuing justice for disabled people to guarantee access, protection, and accountability. This means trauma-informed training, community partnerships, independent oversight, and centring survivor voices. Most crucially, disabled women must be enabled to shape reforms to redirect the system toward healing not harm.

4. Conclusions and recommendations

4.1 Conclusions

This research project reviewed the literature and, using participatory methods, enabled a small group of disabled survivors to reflect on their experiences of abuse as disabled women. This aimed to refine Zero Tolerance's work in preventing VAWG. Some common themes expressed by these participants were:

- being held to gender stereotypes to the detriment of health
- being threatened by abusive partners that children would be removed because of their disability, and believing such threats
- their perpetrators using the fact of disability to excuse or amplify abuse
- feelings of shame resulting from multiple experiences of abuse
- enforced proximity to perpetrators of abuse and having to rely on them for essential care
- internalised experiences of childhood sexual and physical abuse and trauma affecting their adult relationships and their expectations of how others may treat them
- vulnerability to financial abuse by perpetrators
- a lack of agency to leave abuse or to have rights met because of deficiencies in the criminal justice response
- experiences of private and public abuse, as individuals and as disabled people

The project found, both from the literature and from participants, that disabled survivors experience VAWG in ways that are specific to their impairment and that emanate from society's general attitudes to and response to disabled women and non-binary people.

Disabled women face violence arising from both gender inequality and ableism in society. Their experiences are distinct from but overlap with non-disabled women.

Participants in this research faced diverse forms of violence in public and private spheres from individuals, institutions, and structures. This highlights the need for comprehensive solutions.

Like disabled people generally, they experienced discrimination from ableism.

This made it difficult for them to receive their rights and services, and to participate fully in society. It undermined their self-esteem and made them feel that if they did ask for help, they might not get it. They believed that this discrimination increased their vulnerability to VAWG and limited their options for dealing with it.

Ableism in policies, services, and culture increased vulnerability to violence and created barriers to support. Tackling this discrimination is vital.

They also experienced abuse because of their gender, and which was unique to them being women/AFAB non-binary.

The root causes of men's violence against disabled women and girls are gender inequality and ableism. Solving only one will not eliminate violence against disabled women and girls. An intersectional approach is crucial.

Participants demonstrated resilience and resourcefulness in coping with abuse. These strengths should inform prevention efforts.

Implications for prevention

The root cause of VAWG is gender inequality. For disabled women, experiences of VAWG are inherently linked to gender and being disabled. This means that solving gender inequality alone will not resolve their experiences of VAWG.

Prevention policies, strategies and activities that are not intersectional and that do not fully realise the rights of disabled people will fail to prevent men's violence against disabled women and non-binary people.

Participants demonstrated considerable strength, self-reliance, and resourcefulness in coping with and confronting abuse and harm. Some relied predominantly on themselves; others on their community, collective action, and peer support.

We can draw on these attributes in considering how to improve prevention of VAWG and its associated activities. Principles and values that might make such prevention more effective include:

- disabled women and non-binary people actively participating in any prevention work within agencies and institutions at grassroots, practitioner and at policy making levels
- disabled women and non-binary people participating equally wherever people live, work, make decisions, learn, and socialise
- designing efforts based on how disability intersects with gender and with VAWG – eradicating the attitudes and practices of ableism is integral to preventing and eliminating VAWG
- integrating disabled women's experiences into solutions, policy objectives and associated budgets

4.2 Recommendations

Based on the findings of this research, we propose the following:

- Zero Tolerance should develop an intersectional action plan that addresses both gender and ableist violence, involving disabled survivors in its development
- utilise the template established by the Equally Safe national strategy, ensuring relevant Scottish institutions work within this framework
- address any gaps in the Equally Safe strategy concerning issues affecting disabled survivors of VAWG, raising concerns with the Scottish Government and COSLA as needed
- create a SMART plan (specific, measurable, achievable, relevant, and time-bound) that clearly defines experiences affecting all disabled survivors and those intersecting with different forms of disability and other protected characteristics
- further research is needed in Scotland to understand the specific experiences and needs of disabled survivors of VAWG
- the Scottish Government and relevant bodies should investigate knowledge gaps and determine what information is required to effectively promote gender equality and disabled rights
- resource expert organisations with additional funding to ensure the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Convention on the Rights of Persons with Disabilities (CRPD) are accessible to disabled women
- focus on concrete prevention strategies across different settings and spheres of influence, avoiding vague generalisations
- centre the perspectives and proposed solutions of disabled women themselves at all levels, from grassroots to policy-making
- prioritise eradicating ableism and gender inequality as integral to ending violence against women and girls
- specify changes needed at individual, community, institutional, and legislative levels
- explore and clarify the concept of “structural violence” in relation to disabled women’s experiences
- acknowledge that significant work remains to ensure disabled women are free from men’s violence, and addressing knowledge gaps is crucial for informing effective prevention efforts

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