UNIVERSITY OF ICELAND

Access to specialised victim services

National Report
Iceland

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Content

1. Executive summary

1.1 Disabled women

Three focus groups were carried out with sixteen disabled women and individual in-depth interviews were conducted with eleven disabled women. Below is a summary of findings from this data.

All the disabled women who participated in the study agreed that violence against disabled women in Iceland was a common problem in Iceland. However, in their experience, this violence was hidden and not acknowledged or talked about and not likely to be discovered or noticed. Violence against disabled women has not gained the same attention as violence against some other groups in Iceland.

The disabled women who took part in the research believed disabled women were more likely to be subject to violence than other women and that women with physical impairments, women with intellectual disabilities, women who had difficulties in expressing themselves verbally and women with significant impairments were in particular danger of being violated.

A reoccurring theme in the qualitative interviews and in the focus groups was an emphasis on the relationship between the social situation and status of disabled women and the violence they are subject to. In order to fully understand the violence against disabled women it is necessary to take into consideration the discrimination, marginalization and exclusion of disabled women, their powerlessness and oppression.

Disabled women who are dependent on others for support in their everyday lives were believed to be vulnerable to violence due to the imbalance of power in their relationship with their helpers. In such situations it is difficult for the women to seek help and exit the violent situation, this is particularly true if the violence is committed by their husbands, partners or family members.

Participants pointed out that service-related violence was widespread but usually not noticed or acknowledged. The organization of disability services and routine practices usually meant that the women did not have much control over they everyday lives, including not being able to decide where and with whom they live, and in general, their powerlessness within the services could lead to coercion or violence.

Participants among disabled women discussed the various manifestations of violence disabled women are subject to such as sexual, emotional and physical violence, intimate partner violence, financial violence and service-related violence. Participants deliberated over different definitions of violence and the nuances regarding when a particular action or behavior can rightfully be identified as violent.

Disabled participants agreed that emotional violence is one of the most common manifestations of violence in the lives of disable women, they also believed that sexual violence and harassment was common. Many participants also described excessive interference and forceful control of their lives by people in their close environment, family members and staff within the disability services.

The women looked back on their lives and described various experiences of violence over the life course. Most common violence during childhood was bullying, sexual violence and service-related violence. As young women they had most commonly been subject to intimate partner violence and other sexual violence. It was also frequently mentioned that various segregated settings within the services were spaces where violence took place.

The disabled women called for the right to a life without violence and the rights to decent services. They stated the importance of disabled women knowing their rights. However, this was not believed to be sufficient to end violence as the root of violence and discrimination lies in the prejudice, marginalization and powerlessness of disabled women. Thus, wider societal changes need to be made to end violence against disabled women.

Most of the participants knew of and could name specialized support organizations for victims of violence. However, participants thought it was unlikely that disabled women in general knew about these organizations and believed this was especially true of women who had significant impairments or lived in specialized disability residences of various kinds.

Participants believed disabled women were less likely than others to receive specialized victim support than other women. The main barriers to seek such support mentioned included the lack of awareness of violence against disabled women, lack of support from their immediate environment to seek specialized victim support, limited information about these services and the women’s rights and, in particular, the subordinate status of disabled women.

Most of the participants who had experienced violence had received limited support from family, friends or from staff within the disability and other services. Some had been met with limited understanding, disbelief and disinterest when they reported the violence.

All participants agreed that disabled women are less likely to be believed when they disclosed of the violence and their experiences were often disregarded or even covered up by people in their closest environment. A few of the disabled women in the study said they had not spoken up about violence because they feared the negative reaction such as being scolded or blamed for the incident, or that the consequence would be overprotection by family members or service staff.

Disabled women who participated in individual interviews and the focus groups could not provide many examples of good practices in providing support. A few of them described individuals who had been particularly supportive and helpful after they had experienced violence.

Participants mentioned three aspects that had facilitated receiving good support: Supportive individuals, helpful advice from the police, and an increased consciousness about violence and empowerment of the women themselves.

Participants had many suggestions for improving access to and provision of specialized victim support services. These included better access to buildings and facilities, better access to information and publicizing the availability of these services. Participants also believed it was essential that counselors providing series to disabled women have knowledge about and insights into their social situation as marginalized and oppressed.

1.2 Organizations, victim support services

On-line questionnaire was administered to ten women who worked in specialized victim support services and women who provided individualized support to disabled women who had experienced violence. In addition nine qualitative interviews were conducted with people from specialized victim support services and individuals who provided support to disabled women. Summary of findings from this part of the study is below.

Results of the survey and findings from the qualitative interviews show that women with mental health problems and women with intellectual disabilities are the largest groups of disabled women receiving support from specialized victim support services.

All the interviewees who worked for specialized victim support services said that only a small proportion of those seeking help from their service were disabled women. It was especially rare for them to receive women with sensory impairments and women with physical impairments.

When asked about the main barriers to support for disabled women most interviewees mentioned access to man-made environment and facilities. Also mentioned was lack of access to information and access to effective support, including access to alternative forms of communication such as sign language interpretation.

Survey respondents and interviewees considered access to be lacking for women with physical impairment, particularly for women who use a wheelchair. The majority of survey respondents believed their service to be inaccessible for deaf and blind women.

Interviewees described various changes that needed to be made to facilitate access to the specialized victim support services. Most said that financial restraints were the main barrier to such improvements.

All of the survey respondents believed that the support offered to disabled women who were victims of violence was inadequate. To improve this they pointed out the importance of raising public awareness about violence against disabled women and the need to increase education aimed at disabled women about their rights and about different forms of violence.

Respondents believed that on a macro level three main issues affected access to support: (1) Aspects that have to do with the immediate environment of the women such as social isolation and also family, friends and staff who have a major influence on the women's ability to seek support. (2) Aspects within generic and disability services which are likely to hinder women in seeking support. (3) Attitudinal barriers including victim blaming and prejudice towards women who have experienced violence.

Survey respondents believed the main barrier to victim support services was the lack of knowledge about violence against disabled women, the routine use of coercion, force and power in their everyday lives and prejudice toward disabled people in general. Also mentioned was the lack of funding within specialized support services and low priority and funds available for victim support services in general.

Interviewees pointed out that access to justice was limited due to attitudinal barriers and systemic hindrances. Only a very small minority of cases reaches the courts and when they do, there are few convictions. Women in general receive little support in accessing justice and disabled women hardly any. As a consequence women are reluctant to speak up and press charges.

Interviewees explained that specialized victim support services did very limited advertising or publicizing of the support they offered. They stated that it was important to have accessible information on their home page. At the same time, most of their home pages were rather inaccessible to women with various impairments and in many cases information on the web was old or outdated.

The vast majority of survey respondents and interviewees said their organization co-operated with disability interest groups or disabled people's organizations. Most interviewees who worked within the specialized support services were aware that increased co-operation with interest groups and organizations of disabled people would facilitate access to support for disabled victims.

Very few good-practice examples were identified during the course of the data collection with individuals who provide various supports to disabled women who have been subject to violence.

Most of the interviewees from the specialized victim support services said they wanted to employ a counselor who with experience in working with disabled people and who could organize and provide support for disabled women.

Participants who worked for specialized victim support services said that few disabled women had approached them in search for support. They were conscious of how widespread violence against disabled women is and expressed their concern that so few woman had sought support from them.

2. Introduction

This report is a part of the Daphne III project *Access to Specialized Victim Support Services for Women with Disabilities who have Experienced Violence*. The report is based on empirical research carried out in Iceland. Data collection started in September 2013 and ended in February 2014. The aim of this empirical research was to collect information about support and counselling services, shelters, help lines, and other services, and in particular, to explore whether disabled women who have experienced violence are making use of the specialized victim support services. The aim was furthermore to investigate to what extent disabled women who are victims of violence access the range of mainstream services and provisions made available, and to obtain information regarding what disabled women who have experienced violence expect from these support services.

This part of the project is based on data collection with two different groups of participants: Disabled women and participants from specialized victim support service and other services for disabled women who have been victim of violence. Data collection with disabled women consisted of three focus groups which were carried out with sixteen disabled women. Additionally eleven individual in-depth interviews were carried out with disabled women. Data collection with support services was twofold. The first part was an on-line questionnaire which was administered to ten women who worked in specialized victim support services and women who provided individualized support to disabled women who had experienced violence. The second part consisted of nine qualitative interviews conducted with people from specialized victim support services and individuals who provided support to disabled women. This report presents the findings from this empirical research.

3. Methods and data overview

3.1 Disabled women

3.1.1 Focus groups

Four focus groups were conducted during the period 12th September 2013 to 15th October 2013. Altogether 16 disabled women took part in the groups. They were selected through personal contacts as a convenience sample. A snowballing method was also used as participants were asked to identify other possible participants. It was emphasised that groups were diverse with respect to age and disability. Six women had physical impairments and five had intellectual disabilities. Two women had mental health impairments, one was autistic, one was deaf-blind, one blind and one had a speech impairment. Several women had more than one impairment. All participants received an information letter introducing the project where the purpose of the focus groups and how it was carried out was described in detail. The information letter was both in easy-to-read and regular Icelandic.

The focus groups took place in a lecture room at the University of Iceland. Two discussion leaders guided the discussion in each focus group. To cultivate an atmosphere of safe space in the focus groups, the discussion leaders were both disabled women. At the beginning of each focus group the discussion leaders explained the purpose and benefits of the research and participants were given the opportunity to ask questions. The women were promised anonymity and confidentiality in that their names would not appear in written reports and that information the provided could not be traced back to them. Finally, the participants were asked to sign a statement of informed consent. The focus groups took two to two and a half hours and were recorded with the permission of the women in the focus groups. The discussion leaders used a topic guide, developed by the Daphne research group, to facilitate the intended discussion. It was also emphasised that the participants were free to talk about what mattered to them in relation to the subject. The goal was to gain an understanding of the views of participants on issues regarding violence against disabled women and how they judged access to specialised support services. Since the topic is sensitive and could trigger difficult feelings among the participants, special arrangements were made to provide access to support after the group work. An adviser from one of the specialised victim support services was on stand-by in a nearby room, to provide support and advice if needed. Participants were also offered a free interview with a psychologist if the discussions stirred up difficult feelings or memories.

3.1.2 Individual interviews

Eleven disabled women who had experienced violence were interviewed during the period 20th October 2013 to 4th February 2014. To reach the interviewees, researchers approached people working in the disability services who were likely to know of disabled women who had experienced violence, and asked them to contact women who might like to share their experiences. Women who had participated in the focus groups, and had experienced violence, were also invited to partake in the open-ended individual interviews. Women who showed interest were contacted by the researchers and were informed of the purpose of the research. Participants were also given a letter with information about the research and its purpose where the research process was explained in detail. The letters were both in easy-to-read and regular Icelandic. An effort was made to make sure the group of participants was diverse with respect to age and disability. Seven of the women had intellectual disabilities, three had physical impairments, two had mental health impairments and two were deaf. Several participants had more than one impairment. Six women were married or lived with a partner and six had children. Four women lived in a group home or in other residential institutions. Two participants were university students, four were working or in assisted employment and five did not work. One of the women was interviewed two times, with a two month interval.

The interviewees chose the time and place for the interview. Each interview lasted about one hour and was recorded with the permission of the interviewee and then, afterwards, transcribed word for word. At the beginning of the interview the researcher explained the purpose of the research and gave the interviewee a chance to ask questions. It was made clear that participants did not have to answer every question and that they were free to withdraw from the research at any point. All interviewees signed an informed consent. The researcher made use of an interview guide that had been developed by the Daphne research group. An attempt was made to create a relaxed atmosphere and give the respondents an opportunity to talk about what they themselves felt to be important, in relation to the subject. At the end of the interviews the women were asked whether they would like to add anything that mattered to them and was not necessarily related to the researcher‘s questions. Since the discussion topic was sensitive the interviewees were offered a consultation with a psychologist, free of charge, if the discussion had stirred up difficult feelings or memories.

As an attempt to provide anonymity to the participants, the women in the research were not given pseudonyms. An exception to this is chapter that covers the case study, chapter 4.8.

3.2 Service providers

3.2.1 Online survey

The questionnaire for workers in support services was developed by the research partners in Germany in cooperation with other project partners. To select participants, researchers contacted specialised victim support services and located individuals who were interested in participating in the study. Also two people within disability services were contacted and invited to participate. Data was collected from 24th May to 3rd June 2013. The number of participant was ten. Seven of them worked specialised victim support services, i.e. organisations which provide support to victims of violence. Four of those organisations provide emotional counselling to victims of violence, such as individual counselling or self-help group. The other three organisations that participated was a shelter for battered women, a women´s advocacy centre where women can get legal advice and a 24 hour helpline. In addition to these seven organisations, other participants included a staff member of a hospital emergency ward which specialises in medical examinations and support of victims of sexual violence, and two specialists, who work in disability services and, in their line of work, provide support and guidance for disabled people who have been subject to violence. One of the specialist works for the municipal social services and the other is a rights protection officer, who´s work it is to protect the rights of disabled people.

The survey was conducted through a phone interview.

3.2.2 Individual interviews

Nine qualitative interviews were carried out with service providers, seven of which worked in specialised victim support services. These services were organisations which provided support, such as counselling or shelter, to victims of violence and abuse and in one hospital emergency ward which specialised in receiving victims and carrying out medical examinations. Two interviewees worked within disability services and, who in their line of work provide support for disabled women who have been subject to violence.

The interviewees chose the place and time for the interview. The interviews took about one hour and were recorded with the permission of the interviewees and then later transcribed verbatim. At the beginning of the interview the researcher explained the purpose of the research and gave the interviewee a chance to ask questions. Each interviewee signed an informed consent form. An interview guide was used that had been developed by the research partners in Germany in cooperation with other partners in the Daphne project.

3.2.3 Description of participants and activities

Participants identified as “service providers” in this research can be divided into two groups: those who work in the specialised victim support services and those who work in disability services and have, in their work, provided support to disabled women who have been subjected to violence.

At the time of the research, all specialised victim support services in Iceland were contacted and all agreed to participate. Thus, every support service in the country is represented in this study. Most of these services have specialised in supporting people who have been subject to sexual violence, but also those who have experienced other forms of violence, such as violence in close relationships or bullying. In most cases the support is provided by peers and the organisations were run by victims who support other victims of violence. Most of the counsellors in these organisations worked on a voluntary basis. Two of the organisations provided professional services, such as legal advice offered by lawyers and an organisation which employed people trained in psychology or social work. In addition, the hospital emergency ward for victims of rape and other violence provides access to healthcare staff, such as doctors, nurses and psychologists. Support is usually provided free of charge but two of the organisations require payment for their services. Interviewees from these organisations emphasised however that services were also provided to those who were unable to pay.

The specialised victim services are primarily financed by grants from municipalities, the national government and the private sector. Four of the organisations operated in the urban south-west, one in the north-east and one in the west-fjords. The hospital emergency ward is located in Reykjavik. There is considerable co-operation between most of the organisations and many have also collaborated with staff in municipal social services, local hospitals and other professionals. Most of the organisations engage actively in public debate about violence and are invited to give lectures and provide education on issues of violence in different settings. Experience of support to disabled women within these organisations and institutions varied. In the questionnaire participants were asked what proportion of their clients were disabled women. There was a range of responses from 2% up to 60% (the average was 33%). The difference in responses can in part be explained by differences in the services provided.

Two interviewees worked within disability services. One was a professional in municipal social services and the other worked as a rights protection officer for the Ministry of Welfare. In addition to providing information about the support provided to disabled women in their work the interviewees also provided insights into the diverse forms of violence faced by disabled women and the degree of cooperation between the disability services and the specialised victim services.

Since the phone survey and the individual interviews covered the same organisations and institutions it was decided that, when possible, the participants in the survey and the respondents in the qualitative interviews were not the same people.

4. Women with disabilities.

4.1 situations regarding violence and disability on a regional/national level

Discussions in the focus groups and the open ended interviews were wide-ranging. Participants considered and discussed different definitions of violence and deliberated about the limitations of traditional definitions, which make little room for the various manifestations of violence in the lives of disabled women. A recurrent theme for the participants was the marginalization of disabled women and its influence on and relationship to violence against them. Some participants believed that in order to fully understand violence against disabled women, one had to take into consideration their oppressed situation and powerlessness. All the participants were in agreement that violence against disabled women was a common problem in Iceland. They noted that the violence was hidden, that it was a taboo to talk about violence against disabled people. Accordingly, there was less likelihood of it being noticed and discovered and of it getting the same attention as violence against other groups. Disabled women are often not believed when they speak up about violence and the general public not aware of the seriousness and prevalence of the violence. Participants also believed knowledge among professionals and disability service providers, about violence that is particular to disabled people, to be little.

> It is not always as visible as it is with non-disabled people. It is not talked about as much.
>
> [Participant in a focus group]

Participants believed disabled women were in more danger of being subjected to violence than other women. They felt that women with physical impairments, women with speech impairments and women with learning disability were in particular danger of being subject to violence. Furthermore, that women with more serious impairments, who depend on the support of others in daily life, are more likely to be in situations of a power imbalance which could provoke violence. Participants discussed situations where violence was carried out by a person the disabled woman trusted or someone whom they relied on for support. In those cases it becomes very difficult for women to speak up about the violence and seek help and support. In that regard, participants pointed out how violence can be related to unsatisfactory support and services to disabled women. If support is insufficient and women have to rely on their husbands, partners or other family members for support in daily life, this can increase a power imbalance in their relationships or family life. Such situations make it difficult for women to seek help and exit violent situations:

> Participant 1: And probably, if something comes up, then she finds it perhaps difficult to get out of the situation.

> Research: Do you mean, because she is dependent?
> Participant 2: Dependent on her spouse for support.
> Participant 1: Yes.
> Participant 2: And that power matters.
> [Participants in a focus group]

Participants discussed how the organization of disability services could, in this regard, foster violent situations. Some expressed worries about violence in residential institutions and group homes in particular. They believed the common operations of such organizations cultivated a power imbalance between disabled service users and non-disabled staff and service providers. They believed the supervision of the activities in these institutions to be limited and that when violence was discovered, there was a tendency to overlook it or handle it administratively. It was pointed out that disabled people often had little power over their own situation, limited choice of where they live and with whom, and little or nothing to say about who assists them. Furthermore, women in segregated service arrangements are often isolated and have little contact with people outside the service system. Some participants thought it could prove difficult for some women to trust staff and administrators of institutions as it was not certain that they regarded the interests of disabled people as a priority. One participant had experienced discrimination by an advisor in disability services and pointed out the impossible situation it left her in. She did not report the incident as she feared that it might affect the services on which she depended.

> It was clear that I was unfairly treated on the grounds of being disabled. But as some say: What am I to do? Should I make an issue of it? You know, if a public official treats me badly, what should I say? He has the power. It is often very difficult.
>
> [Participant in a focus group]

4.2 Perceptions and understanding of violence

Participants in the focus groups discussed different types of violence that disabled women are subjected to such as sexual, emotional and physical violence, and intimate partner violence. Discussions on the use of power and control in the lives of disabled women were prominent in the groups. Participants thought this, as well as emotional violence, to be the most common forms of abuse to which disabled women were subjected. The discussions were often lively and women readily took examples from their own lives and experience to support their points of view. They discussed different definitions of violence and the nuances concerning when behavior could rightfully be defined as violence. Sometimes it was apparent that the discussions lead the women consider their own experiences and, in some cases, view them in a different light. One interviewee, who also took part in a focus group, described this as follows:

> I started, you know, thinking after the focus group, I started wondering; ‘Yes wait have I been harassed and stuff, yes, yes of course.’ See, I just had not reached to the place where I could understand that it was, indeed, sexual harassment.
>
> [Participant in an individual interview]

4.2.1 Emotional violence

Participants in the focus groups agreed that emotional violence is one of the most common manifestations of violence in the lives of disabled women. They remarked on how the concept of emotional violence is rather vague and believed there to be little general awareness about its manifestations and prevalence. As a consequence this kind of violence was often quite hidden and invisible. They furthermore described emotional violence as complex and deeply associated with the imbalance of power and the subordinate situation of disabled women. Participants believed emotional violence to be profoundly related to prejudices against disabled people and intertwined with stereotypes and preconception regarding disabled women. This was demonstrated in public discourse that tolerates fun to be made at the expense of disabled women and how matters regarding them are often portrayed in a demeaning manner in the media. Participants pointed out that prejudices against disabled women were clearly evident, especially in the media, but seemingly went without rebuke.

> But anyway, as I define it then it is pretty common. It is alright to make fun of disabled women in a demeaning way. And it is done. It is even done in the media.
>
> [Participant in a focus group]

Many of the participants had experienced this themselves to some extent; people making fun of them, teasing them and staring at them. Some had also witnessed other disabled people being humiliated in public.

Participants discussed representations of emotional violence that are particular to disabled people. They believed a common manifestation of such violence to be the authoritative manner with which disabled women are often treated, undue protection and oppressive interference from people in their environment. They also believed emotional violence to be common in close relationships, and some recounted their own experience of relationships that consisted of unequal power balance and emotional abuse. They described how emotional violence can increase social isolation, exclusion and ostracism, thus increasing the marginalization of the disabled woman. One interviewee explained how she had stopped participating in the activities of a sport‘s association as she had encountered prejudice and bullying among other members of the association.

> I was a member of a sports club and some people did not want to talk to me, just because of who I am. Just something, yes: „This is a strange person, I can´t be bothered to talk to her.' They called me stupid because I didn't know as much as they do. You know, they maybe knew something more than I did and I was supposed to be stupid because I didn´t know as much.
>
> [Participant in an individual interview]

Many participants had experienced being stared at and pointed at in public places. In some cases the staring and objectification was related to another form of violence, physical violence and sexual harassment, as will be described later.

4.2.2 Sexual violence and harassment

Participants agreed that sexual violence against disabled women is common. Some interviewees, and participants in focus groups, spoke about sexual violence which they had experienced. A few participants in the focus groups had not experienced sexual violence or harassment themselves but had witnessed it happening to other women or knew women who had experienced such violence. The scope of the violence had been from sexual remarks, staring and fondling to sexual assaults and rape. The perpetrators were strangers, professionals, friends and family members. In some cases women had experienced sexual violence at the hands of staff of disability services. Participants discussed how the imbalance of power, between non-disabled staff and service providers on one hand, and service users on the other, made the violence even more serious. In some cases the disabled women had had to rely on services or support the perpetrators provided; as a consequence it had been difficult for them to speak up.

> But this was wrong of him. He shouldn´t, as a transport provider, he should not have any contact with me or in fact call me. I don´t remember exactly how it developed. It was a little bit like that. After this I found it uncomfortable when he fetched me in the car.
>
> [Participant in an individual interview]

Some participants had experienced harassment on the streets. One interviewee, in particular, explained that it was quite common for people to gawk at her. Oftentimes strangers would even come up to her, touch her, stroke her body and sometimes ask if they could kiss her. The woman has a physical impairment and uses a wheelchair with which she needs assistance to move. Consequently, in these circumstances she can't turn away or move away from the situation. She cannot fight off the touching or harassment easily and experiences herself as powerless and insecure when this happens. She has adopted a presence and a manner to try to avoid such humiliation and staring.

> I do all kinds of things to avoid being subjected to some kind of violence or humiliation. Out in public for example, I never make eye contact with people when I go out, because I am afraid that they will come and say that I am so hard-working or pat me or say how horrible it all is or something. Or even come and touch me, that is very common that people, strangers, especially men, and like that, you know, caress my hair or touch my face. And some go even further and maybe caress my hand or even just touch, you know, my breasts or the stomach or the thighs or something.
>
> [Participant in an individual interview]

4.2.3 Intimate partner violence

Participants in the focus groups did not speak extensively on the subject of intimate partner violence. There seemed, however, to be a consensus in how they defined such violence, i.e. that it can manifest as sexual, emotional and physical violence. Three interviewees had experienced intimate partner violence. In all cases the relationships had been characterized by an imbalance of power and control by the partner. The partners had been older than the women and some had been disabled, others not. The violence had been physical and emotional and in two relationships it also manifested as sexual violence. The women were forced to do things to which they objected and which they did not want to do, including sexual acts. In one instance the violence was such that the husband pressured his wife to have sex with his friends. In two cases the violence became worse when the women became pregnant and after they had had their children.

4.2.4 Violence and misuse of power related to services

Participants in the focus group discussed violence related to the disability services. They believed there to be many different representations of such violence, from disabled peoples´ rights to self- determination being disregarded to physical and sexual violence perpetrated by staff. Some participants described bad experiences of the disability services. Some had not received appropriate services and others had received little and inadequate support or experienced negative attitudes from staff. Some women described the feeling of being powerless in their dealings with the service system on which they had to rely in their daily life. They believed there to be a fundamental difference between the interests of the service providers and the service users, and that the main concern of the staff was how to minimize the costs of the services:

> So, I think that. If we define violence in a wider context, then the system is absolutely subjecting people to violence
>
> [Participant in a focus group]

Participants discussed residential housing and group homes for disabled people and expressed concerns for disabled women living in such places. They explained how practices, rules and daily life in such institutional settings reflect economic- and efficiency perspectives but not ideology of independent life or the rights of disabled people. Some recounted stories they had heard where rules in group homes undermined the independence of residents and excluded them from decision making. They discussed how the use of power and control was an integral part of the core constructs of some service settings. Systemic and institutional factors, such as administrative decisions and routine work procedures could, in fact, reflect or result in violence. Participants said that it was clear that some people were content living in group homes or other residential institutions. They, however, expressed concerns and believed that living for a long time in such conditions could adversely affect people. They regarded such institutional control to be more prevalent in segregated service arrangements or facilities, such as schools for disabled children, summer camps, and employment programs for disabled people and the transport services. One participant had worked in a group home and expressed her concern for women who live in such arrangements. She believed that many had been subjected to violence:

> I state it here and now, that the women in this group home, they suffered from violence. Not physical but emotional violence, tyranny and were often degraded. And I just, and I know these group homes, and I know that this is still happening. There is a system, or a form, into which everybody living in the group home is forced into. Women just as much as men. And if they don´t follow the rules of home then appeal is made to their conscience and they are told that they are causing discomfort to other residents. It is often presented like that.
>
> [Participant in a focus group]

Some interviewees lived in group homes or other residential service settings or institutions. They described the ways in which the rules of these institutions limited their control over their own lives. One interviewee was not allowed to have a mobile phone. Her access to phones was limited to one hour a day and she was under observation when making calls. Some rules that the interviewees described were formal while others were informal and more in the form of oppressive and undue protection:

> Researcher: Do you decide what you eat?
>
> Respondents: No, well yes at weekends.
>
> Researcher: At weekends?
>
> Respondent: Yes, then I have cheese and such and coke and such with my boyfriend. But you know [name of group home

> director] does not like this, she gets irritated that I always have cheese here. She says that it will be the death of me.
>
> [Participant in a focus group]

Participants discussed violence and abuse within the health- and disability services that was facilitated, normalized and legitimized by the dominant ideology at the core of the services and the various treatments or training programs provided to disabled people. One interviewee described how her physiotherapy as a child had been intensive and harsh. During the training she had felt a lot of pain and a few times bones in her body were broken during these sessions. She described the extreme anxiety she had felt as a small child in connection to this treatment. During the training she cried a lot and complained to her parents about the sessions. Nevertheless the physiotherapist continued, giving no consideration to the complaints of her and her parents. She continued to go to the physiotherapist several times a week, for many years. Two interviewees were deaf, and they had both been taken away from their parents at the ages of three and four, and been placed in a segregated boarding school for deaf children. The children had no contact with their families during the school months. The school was, at the time, run according to a strict language policy often referred to as "oralism" and consisted of educating deaf students through oral language by using lip reading. The children were forbidden to communicate in sign language in educational settings within the school. The strict rules of the residential school were enforced with much use of force:

> Some people did not like the food, but they were forced to eat, they were spoon fed. They were held down and I remember one student who threw up onto his plate. And he was restrained and the food shoveled into his mouth. He was made to eat although he had already thrown up onto his plate. If one was naughty, this was done.
>
> [Participant in an individual interview]

The topic of service related violence will be discussed further in the part addressing violence in childhood.

4.2.5 Use of force and control from people in the environment

Many participants described excessive interference in their lives by people in their close environment. They furthermore explained how the daily lives of disabled women are often organized and structured by rules and controlling behaviors of others. Non-disabled people, be it family members or staff in disability services, frequently underestimate the capabilities of disabled women, do not listen to them or respect their autonomy and independence. Participants told, for example, how important decisions in their lives had been taken by their family members, sometimes against their will:

> I think for example that violence is often such that disabled women are forced to do things that they don´t really want to do. Because there is always somebody who thinks that they know what is best for them. That is, there are non-disabled people who think they know better than they themselves do what is best for them.
>
> [Participant in an individual interview]

Participants recounted incidences where they had experienced controlling behavior from people in their close surroundings. Some had been forced to do things they didn´t want to do. Three interviewees lived in a group home or residential institutions in rural areas of the country. The decision about their residence had been made by their parents or individuals in the disability services. None of the women had participated in this decision making and two of them had their legal capacity removed. Two of these women still live in the group homes and both expressed a wish to leave. One participant in the focus groups told of a forced abortion she had been made to undergo. She had become pregnant in her twenties and when her older sister heard the news she insisted she have an abortion and be sterilized. The sister was a controlling influence in her life. With verbal abuse and ridicule she convinced her sister that being intellectually impaired she could not look after the child. The imbalance of power between the sisters was considerable and the participant explained that she felt she could do very little to resist the pressure. She did however manage to prevent the sterilization.

> I couldn‘t say anything. She just barged over me. And she took me down to the hospital and tried to have me sterilized as well. But I was able to prevent that.
>
> [Participant in a focus group]

Another participant, in her thirties, had been forced to endure sterilization in her teenage years. Just before, her parents had her legal capacity removed. Other stories were told about controlling behaviors and interference towards mothers with impairments and pregnant disabled women. Some participants described how family members and others in their environment had undermined them and made decisions on their behalf when they had become pregnant or became mothers. They believed barriers facing disabled pregnant women to be considerable and that disabled mothers were oftentimes left frightened and humiliated as a consequence. They were viewed as incompetent and did not receive the support they needed or the opportunity to show they could handle motherhood. Participants also discussed limited opportunities for disabled people to adopt children and recounted stories where disabled women had been sterilized without their knowledge:

> This is nothing but violence. This would never be done to healthy women, or to force women into an abortion. It would

> never be done to a healthy woman or women who are not disabled or are a divergence from the norm.
>
> [Participant in a focus group]

4.3 Experiences of violence and support over the life course

The participants had experienced various types of violence which differed according to age. The most common representations of violence in childhood were bullying, sexual violence and service-related violence. As young women the participants had been subjected to intimate partner violence and other sexual violence. In some cases they had received support although in most cases the support had been insufficient.

4.3.1 Violence during childhood

The most common form of violence in childhood was bullying, sexual violence and service-related violence. Five interviewees had experienced bullying in primary school. Some participants in the focus groups had also been subjected to bullying or witnessed bullying towards other disabled girls. In most the bullying consisted of degrading comments and teasing, but also included physical violence as some participants had been pushed, beaten and held under water.

> When I was in upper secondary school there were always some teenage boys looking at me and saying: “There comes the disabled girl” and you know, calling me names: “There comes the strange disabled girl, let’s go somewhere else”. You know, I always ended up in something like this.
>
> [Participant in an individual interview]

In some cases the bullying was spread across the school so that the perpetrators were not just classmates but also pupils from other classes. One interviewee described the affect the bullying and the teasing had on her. She didn´t have any friends and was very lonely and isolated. When at her worst she thought of committing suicide.

> I often thought about it; Aye, why bother to live, why not just go the other way. I mean I didn´t do it. I got through school and just tried to wipe these thoughts out.
>
> [Participant in an individual interview]

For some of the participants the bullying lasted throughout the entire school years. In other cases it lasted only a short period. In a few cases, parents or school staff intervened in some way to stop the bullying. Most participants, however, experienced little support from teachers and staff and none had received professional support from psychologists, psychiatrists or support services in order to work through the emotional consequences.

Some interviewees described childhood as being a difficult time. In most cases it was related to instability within the family and lack of support in their homes due to alcohol consumption or their parents being ill. A few interviewees had experienced violence in their childhood homes. In some cesas the child protection services had intervened and three of the interviewees had been placed with foster parents. Two interviewees had been subjected to sexual abuse by members of their family. In both cases the violence was revealed but neither of the women felt they had received sufficient support by their closest environment. One interviewee was ten years old when her stepfather started abusing her emotionally, physically and sexually. Child protection services got wind about negligence in the home and placed her and her brother in a foster home where they lived for two years. However, the extent and seriousness of the violence was not uncovered until much later, when she went to the police. When living with their foster parents, the siblings often went home during weekends. During these visits the violence continued. When she pressed charges, many years later, her mother provided her with little support and did not believe her daughter. The story of this woman will be discussed further in the case study.

Another interviewee was subjected to sexual violence at the hands of her uncle, when she was a teenager. The violence was discovered and a charge of rape was put forward by her parents. The case concluded with her uncle being found guilty of rape. Despite this, the members of her family blamed her for the violence. She described how her family had "*fallen apart and broken into pieces*" and that her relationship with her parents has been difficult ever since. She believes that her uncle went to prison and that her parents received compensation. She, however, did not receive any support and was not kept informed of the developments of the case. To this day she still has questions about the handling of the case and wants more information about her rights. In later years she has sought support within the specialised victim support services. She, however, felt the support was insufficient as she still has questions about her legal status.

More respondents had experienced sexual violence and harassment in their childhood. One interviewee had been sexually violated by a driver of the specialised transportation services for disabled people. She was on her way home in the service vehicle when the driver attacked her and tried to force her to have intercourse. She managed to get out of the car and ran home and told her parents what had happened. The attack was reported to the police and she and her family was informed of emotional support options and of specialised victim support organizations. She had several sessions with counsellors from a specialised victim support service organization and was pleased with the support she received. She explained that she knows very little about what happened after the police took over the case, but believes that the driver lost his job. This was one a few cases where the violence was reported to the police and the woman offered emotional support.

In the cases where the violence was reported, the interviewees often knew little about the legal proceedings and court findings. One interviewee had been taken advantage of by a man whom she knew through family members. He got her drunk and took pictures of her naked. The pictures were discovered when the police investigated the perpetrators computer and phone. It was discovered that this man had taken pictures of several children. The man was charged but the interviewee did not know the outcome of the case. Often, however, the interviewees had not told anyone about the violence they had experienced. One interviewee had, for example, been sexually harassed by an older man in the neighborhood. He invited her into his home under the pretense of giving her a drink of juice but when she got there he harassed her. She had never told anyone about this experience.

Three of the interviewees described service related violence to which they were exposed in childhood. As mentioned above one interviewee experienced use of excessive force during her physiotherapy appointments. From infancy she had countless contacts with members of the medical profession and experienced much scrutiny of her body. She said that oftentimes professionals had been rough and hurt her in their examinations. In particular, the physiotherapist had been very harsh and the exercises and treatments painful. At the age of three she had developed serious anxiety related to her therapy:

> My fear of this physiotherapist was so great that I usually started crying in the parking lot. And all my memories from this time are in black and white. I don´t know why and it is a bit odd, they are in fact the only memories I have in, black and white. […] I had terrible nightmares the night before I went to physiotherapy, you know. I threw up as a result of fear, when I was still very small, you know, before I went to the session.
>
> [Participant in an individual interview]

This same physiotherapist was responsible for her physiotherapy for several years. This interviewee has significant physical impairment and needs considerable support. She has to depend on assistance from others with most activities of daily living. After this experience she became afraid of strangers and different people that came into her life, such as doctors, people who helped with assistive devices and home nursing:

> You know, it affected me in the way that, for a while I was very afraid of all strangers and physical contact with all strangers and I didn´t trust anyone to help me get dressed or anything, because I was just, you know scared that they would hurt me.
>
> [Participant in an individual interview]

A segregated boarding school for deaf children was operated in Iceland till fairly recently. Two interviewees in their late fifties described their life at the boarding school. They had both been taken from their parents and sent the school at the ages of three and four. At the time the school had a very strong policy of oralism, and educational methods for deaf children emphasizing verbal speaking and lip reading. Children were not allowed to learn or use sign language. Instead, they had to use their voice and lip-read. Parents were encouraged to strictly follow this same language policy at home, and ban their children from using sign language or communicating in other ways than verbal speaking. The interviewees both described not having understood what was happening and why. They were in the school during the winter and at home in the summer until they were sixteen years old. This being a residential school meant that they were separated from parents and family which was very difficult for them:

> I remember well arriving for the first time at the deaf school. I remember that it was such a big house. I am standing there with my mother in the corridor, or in the hall, and all the children gathered around us and were talking with their hands and I just looked around me and found it all a bit peculiar. And I held my mother tightly and am looking at her […] After that she disappears, my mother is gone, she doesn‘t say goodbye to me, and I look for her everywhere, ran and tried to call out to her as much as I could. And I cried for many days. I looked out of the window constantly, and waited for my mother to come back. It is terribly difficult to recall this.
>
> [Participant in an individual interview]

The two deaf interviewees described the loss of an important connection with their parents and siblings because of the separation. They furthermore experienced social isolation and estrangement from the local community. The teachers and staff in the deaf school were few and so the pupils had to do a lot of work to maintain the school, such as washing the dishes, cleaning the floors and tidy up. The teaching itself was very limited and the interviewees did not learn to read or write in the school. To enforce strict rules the staff used punitive measures and corporal punishment:

> The teachers were often horrible to the children. They were slapped, smacked, or grabbed by the neck. They had them stand in the corner if they were naughty. And if somebody was naughty, the children were even put in the trunk of a car. They just went for a road trip with them in the boot of the car.
>
> [Participant in an individual interview]

Despite strict rules there seemed to be very limited supervision of the children, so bullying, physical and sexual violence was common among the students. In 2009 a committee, appointed by the prime minister, published a report on the deaf school and other residential homes and residential or boarding facilities. Some former students of the school got compensations from the state. One interviewee pointed out that the amounts of the compensations had been very small and that access to emotional support had not been paid for. First and foremost the former pupils of the deaf school want justice:

> I just want, I want justice. I feel as if I have not had the same rights as others. I feel, I feel that in fact our lives must be improved. This group, because there are so many that have had to struggle.
>
> [Participant in an individual interview]

4.3.2 Early adult years

Several participants in the research had experienced violence in their early adult years. A common manifestation of abuse was emotional violence and prejudice. In this regard the women talked of staring, humiliation and prejudice as a common form such violence. Another common form of violence in the early adult years was sexual violence and intimate partner violence. Six interviewees had experienced such violence. Only a few of the cases had been reported and two of them are still being investigated by the police.

One interviewee was raped by a stranger one night when she had gone out partying. He dragged her into an alley and forced himself upon her. She immediately went to the police and showed them the place where the attack had occurred. The police did however not investigate the case further:

> And then I went in a police car and showed them the place. And, there yes I remember that they also took a picture of my trousers, because the button was missing. But still the case was not pursued. And they didn´t talk to me again.
>
> [Participant in an individual interview]

She described being disappointed by the lack of support she got from the police. She was nineteen years old at the time of the attack and still lived with her parents. Her relationship with her parents was strained and so she did not tell them what had happened as she was afraid of being scolded. She has not received any emotional support to work through the consequences of the attack.

A few interviewees had been subjected to intimate partner violence by their husbands or boyfriends. The violence was, in most cases, emotional, sexual and physical. None of them had reported it to the police or spoken up about the violence, oftentimes the reason being dependency on the perpetrator or fear recrimination. Consequently, none of them had sought for, or received emotional support to work through the experience. The nature of the relationships was oftentimes complicated and the women sometimes found it difficult to recognize the abuse. One interviewee described the nature of the complicated relationship she had with her former husband. He had used his position of power against her and forced her to do things she did not want to do. The violence was mostly emotional and sexual. At one point he pressured her to have sex with his friends, who were very harsh and, indeed, raped her. At regular intervals, though, he compensated for his behavior by being nice and giving her things which made her happy.

> He was extremely demanding. And he was, I cannot say that he was bad to me. Naturally he gave me things, was good to me most of the time. But he did things that made me feel uncomfortable.
>
> [Participant in an individual interview]

Two of the interviewees explained how the violence had increased during their pregnancy and after their children were born. One interviewee described how her boyfriend had pressured her to have a child when she did not want to. When the child was born he pressured her to have sexual intercourse and used emotional and physical violence. His attitude was dictatorial and oppressive and the physical violence escalated, until finally she decided to leave him. Another interviewee described how her husband had physically attacked their four month old daughter who, as a consequence, had to go to hospital.

Some of the interviewees had been subjected to violence by staff of the disability services. The manifestations of violence varied from sexual violence or harassment to physical violence, coercion and use of force. Only a few cases were reported to the police and a minority of the women had received emotional support. Two interviewees had been subjected to sexual violence or harassment by a driver of the disability transportation services. One of the women had told the staff of the group home where she lived about the attack. With the support of her mother, she went to the police and pressed charges. The case is still under investigation by the police. About a year later she was again subject to sexual abuse by a staff member working in a summer camp for disabled people. The attack was reported to the police and is also being investigated. The interviewee and her mother reported being pleased with the reception they received from the police when they pressed charges for the second time. The police investigator had informed them of where she could access emotional support. She also received support from a rights protection officer for disabled people and which she found helpful.

One interviewee had been raped by a member of staff in an institution where she lives. At the time of the attack she had just recently moved to the institution which is located in a rural area. The violence was discovered by another staff member in the institution. She was, however, not offered any form of support. Instead she felt the staff to be suspicious towards her and that they expected her to keep quiet about the matter. She was not offered the legal support to which she was entitled and it seems that the violence was handled administratively within the institution and not reported to the police. The perpetrator was fired and she never saw him again. She explains that because her relationship with her parents had been strained for a long time she has not discussed the incident with them. After the attack she made a request to move from the institution since she did not feel safe there anymore. However, when she was a young woman her legal capacity was removed and, as a consequence, she is not allowed to decide for herself where she lives. To this date she still lives in the institution, and has received little support to move.

Participants discussed service-related violence which demonstrated control and domination by staff members of disability services, as discussed in section 4.2.4. One interviewee lived in a residential institution in rural Iceland. She described there being an imbalance of power between staff members and residents, the staff often being over-protective and oppressive. The staff oversaw the dosage of her medicine and one day she did not want to take her morning dose. She felt that the staff member was being rude to her so she refused to take the medication and threw it on the ground. The staff member reacted by using physical force to overpower her and slam her to the ground. She was then locked up in a small room where she was supposed to calm down. The staff member said that if she didn't, they would be forced phone a doctor who would "*give an injection to calm you down*". Eventually she calmed down and obeyed their orders and took her medicine. She feels that the staff does not respect her self-determination and autonomy and views this as a form of violence and oppression.

Some participants had experienced oppression and undue interference by their families, which prevented them from having control of their own lives. Many recounted incidences where they were hindered from making decisions, even with respect to simple aspects of everyday life. As mentioned earlier, two interviewees had their legal capacity removed early in their adult years. They were thus excluded from making decisions about their own life. One of them had been forced into a sterilization procedure shortly after her legal capacity was removed:

> Yes they did it without my consent; I had no say in it. My mother said it was the best for me [...] they just said that I had to have an operation. It was just said that I had to go in for an operation; nothing was said about what was to be done.
>
> [Participant in an individual interview]

Since losing their legal capacity the women have not been allowed to decide where they live. Shortly after their legal capacity was removed, both of them were made to move into a residential institution in a remote rural area, far away from their families. One of the women described the circumstances that led to her legal capacity being taken from her. She believes that her family took advantage of the fact that she was not familiar with the law and her rights. It seems that she was made to believe, that being declared incompetent, she could not make choices that were against her parent´s wishes and take decisions about mundane everyday things, like smoking cigarettes:

> I was not happy with this and I said to them ‘why are you removing my rights’ I mean I had not acquainted myself with the law and if I had then I could have refused anything. So, because I didn´t know the rules nothing could be done. I could not go out to smoke because they said: “If you go out to smoke your rights would be completely removed”. You have to read the text. I couldn’t respond. I could do nothing. They were all there against me. They just said: “It is for your own good”.
>
> [Participant in an individual interview*]*

Both of the women have recently tried to restore their legal capacity but have not succeeded. They explained how their current situation differed very much from the time in their life before their rights had been removed. Neither of them saw any reason for them still being stripped of legal capacity and excluded from making decisions. They wanted more control over their daily lives but had received limited support from the environment and have encountered many hindrances in the system.

4.3.3 Later adult years

Participants in the focus groups discussed the relationship between old age and violence. Some believed that with older age, the effect of impairments or illnesses often increases. Older women are therefore more likely to need increased assistance and run a higher risk of being subjected to violence. They pointed out that older women were more likely to live in residential institutions, and were therefore in more of a risk for institutional violence. Participants did, however, not disclose any incidences of violence towards older women. Adult interviewees and participants in the focus groups mainly described, and talked about violence that had happened in their childhood and early adult years. The violence they described had, almost without exception, happened before the women turned thirty years old.

One interviewee was in her late sixties. Her legal capacity had been removed early in her adult years and she had made attempts to regain it. Until recently she had not received any support to do so, from friends or staff of disability services. Today, however, she is receiving support from a rights protection officer for disabled people who is helping her regarding the matter. As has been noted before, she lives in a group home and has not been allowed to make decisions about her living arrangements and financial matters. Furthermore she describes her life to be very organized by rules and interference of the service system. She is, for example, not allowed to have a cellphone. She explains that she wants to be able to make decisions regarding her own life:

> I want to be able to look after myself, to be the main director of me.
>
> [Participant in an individual interview]

4.4 Women´s knowledge about their rights

Participants in the qualitative interviews and the focus groups discussed the rights of disabled women to a life without violence and their rights to sufficient services. A minority of the participants had heard about the United Nations Convention of the Rights of Persons with Disabilities, in which the rights of disabled people to live a life free of violence and abuses is stated. Only a few participants were familiar with the Convention. Most of the women familiar with the convention had studied at a university or worked within organizations of disabled people. Participants found it unlikely that disabled women in general knew about the Convention, and felt education on the matter to be very limited and to only reach a small group. Furthermore, they thought the Convention rarely to be a topic of general discussions amongst disabled people. The participants believed that women who need little assistance in daily life were more likely to be familiar with the Convention than women who need much assistance in daily life. Furthermore, participants considered access to information for disabled women to be hindered in general, especially information about their rights to services. They felt there to be no initiative within the service system, to give disabled people information. People who needed services, either from the state or the municipalities, usually had to find out for themselves what kind of services they could apply for and gather such information from sources, such as from other disabled people. Participants believed increased education of disabled people to be of great importance with regard to access to information about their rights. In this regard support to education for disabled people was seen as urgent as well as facilitating access to schools.

Participants repeatedly pointed out that the root of violence and discrimination lies in prejudices towards disabled people and their marginalization in society. Therefore it is not enough that disabled women know their rights. Steps need to be taken to raise awareness in general on the subject. It is, therefore, paramount that the public be made aware of the rights of disabled people and that the issue of the marginalization and exclusion of disabled people is raised and discussed openly in society:

> I think it would not matter if [disabled] people knew about this, what needs to happen is some kind of change in attitudes.
>
> [Participant in a focus group]

General awareness-raising about the rights of disabled people, participants believed, is the only possible way to enhance those rights. The women described that having knowledge of their rights, surely supported their security and independence. However, in spite of that, their legal rights and access to justice was poor for several reasons. Obstacles in the system and attitudinal barriers eroded the security of disabled people. One interviewee had gone to the police immediately after having been sexually assaulted. The police had questioned the perpetrator but did, however, not investigate the case further. The woman described the disappointment she had felt, and how the tepid reaction she had gotten from the police had, in fact, discouraged her from seeking emotional support from specialised victim services:

> It´s naturally also because of how the police dealt with me. Just, yes: "we talked to the guy [the perpetrator] and he said that of course he didn´t do it, that he in fact, didn´t do it". Even though I had said that he had done it. Even though I had pointed out to them the spot. Even though I showed them my trousers, where he had ripped the button off.
>
> [Participant in an individual interview]

After experiencing such lack of support and disbelief from the police she did not trust that other people would be of any help to her. Participants in the focus groups told of other instances where women had not received the support to which they were entitled and believed this to be a common phenomenon. As a consequence, disabled women often had little faith in the system. One participant in the focus group pointed out that it is not enough for disabled women to know her rights; they also had to experience them and believe in them.

> Disabled people need to feel that they have the right to services. They can't have the feeling that they have less rights than others and for example that non-disabled people are prioritized in society.
>
> [Participant in a focus group]

Most participants who knew of the United Nations Convention said that it was, surely, important. Some, however, felt that the Convention had little value since it had not been ratified and introduced into Icelandic law. It is difficult to demand reforms on the basis of the Convention, and it seems that in reality, it still has little influence on policy and political decision-making:

> I have seen this Convention from the United Nations and have gone over it. And, for example, the rights to interpretation,

> interpretation to sign language are stated there, and we have pointed this out, but it makes no difference.
>
> [Respondent in an individual interview]

4.5 Knowledge about and use of services over the life course

Most of the participants in the study knew about, and could name, social organizations which provide specialised support to victims of violence. Participants who had worked with organizations for disabled people were more likely to know about specialised victim support services and about other services offered by local authorities or interest groups. Some participants had worked within the disability service system and had, in their work, been acquainted with different types of service options and resources available to victims of violence. Nonetheless, participants found it unlikely that disabled women in general knew about different support options, especially women who needed much assistance in daily life and women who lived in group homes and residential institutions. When discussing these issues, participants often placed themselves in the position of women with more significant impairments than they themselves had. They believed it was more difficult for women who needed extensive support in their daily lives, and were more dependent upon help from others, to gain information and be educated about support for victims of violence.

> Participant 1: Any way, those women who have more impairments, they don´t know about it, I think…
>
> Participant 2: Those who are more impaired, they need more education.
>
> [Participants in a focus group]

Participants pointed out that public discussions and media coverage about violence and specialised support services are typically inaccessible for many disabled women. They furthermore felt that disabled children were not aware of support options and that education for children about violence was very limited. Many women in the focus groups thought back to their own childhood and their school days and described the sex education they had received. Some participants had received sex education and education about contraceptives in school but almost none of them remembered any discussion or education about violence. One interviewee described it like this:

> No. Just sex education, nothing about violence. I learnt about that on my own.
>
> [Participant in an individual interview]

Most participants who had experienced violence knew about specialised victim support options and were in agreement about the importance of receiving emotional support to work through the consequences of violence. Despite that, very few had indeed sought out or received support. Two women had been supported by specialised victim support services or psychologists after police officers, who were working on their cases, told them about different support options. Very few had looked for support on their own initiative or with encouragement from individuals in their own environment. One interviewee decided to seek support several decades after she had experienced violence. Her sister had also been exposed to violence and together they decided to "*speak out and talk*". When asked why she had decided to do so, all these years later, she explained that at this particular time there had been extensive media coverage about sexual violence and support services. This had encouraged her to seek assistance.

Most of the women who had received support from specialised support services or private psychologists were satisfied with the help they were given. Some had found the interviews to be demanding and explained that speaking about the violence had been difficult.

> It was difficult at first. You know, it was very difficult to talk about it. And then I remember, well I don´t remember that much, it was so long ago. But I remember at least that it was extremely difficult at first to walk in there and to have to talk. It was the most difficult thing I have done […] but everybody needs to. To get it off one's chest and to feel better.
>
> [Participant in an individual interview]

Some interviewees also indicated a certain degree of disappointment with the support they received. They had not known beforehand what was entailed in the support, and some women implied that they had expected not only emotional support, but also support with regards to their legal standing and rights. In fact, a few participants expressed that they would have liked more information and support in relation to their legal rights and whether they were in a position to press charges. What they wanted was justice and support to see that justice was done.

> I would have just wanted to see the man behind bars. He has never received a sentence.
>
> [Participant in an individual interview]

When asked about specialised support services for victims, most participants mentioned one particular social organization. This organization has been prominent in public discussions and debates on sexual violence and is generally well known. The participants in the focus groups pointed out that presently, specialised victim support services in Iceland focus mainly on sexual violence. They felt it important for support services to adopt a broader focus on violence to include forms of abuse, such as service-related violence, financial violence and prejudice and discrimination in every-day life. Today it is not clear where women who are exposed to such violence can seek support. Some participants believed it likely that in such cases women seek assistance from advisers at the local social services office, staff at the local authorities or disabled people's organizations. However, since these parties are most often responsible for the services provided, it could prove difficult for women to trust them. One participant who experienced service-related violence had explained that she had found it difficult to rely on help from an interest group.

> It is a bit difficult if an interest group both provides services and is in a struggle on behalf of the interests of the group. They need to separate that.
>
> [Participant in a focus group]

4.6 Barriers

Participants discussed the reasons why disabled women are less likely to receive specialised victim support than other women. Many participants believed the reasons to be disbelief and little support in the closest environment of disabled women. Some women pointed out that discussion about the subject of violence against disabled people was minimal and so the general public was not aware of the prevalence and severity of the violence. Other reasons mentioned were limited access to information about rights and support, limited access to effective support and, last but not least, the subordinate status of disabled women.

4.6.1 Reaction in the environment of disabled women

Most of the participants who had been subject to violence had received limited support from family, friends, people within the social services and others. Some had been met with limited understanding and disbelief when they related their experiences to those in their closest environment. A few women had not spoken up about the violence as they feared the reaction they would get, such as scolding, suspicion and disinterest.

Participants in the research agreed that disabled women were less likely to be believed when they talked about their experience of violence, as a consequence the cases were often disregarded or covered up by the women's closest environment or disability service providers. This, participants thought, was particularly common in cases which involved women with intellectual disabilities who are often regarded as children.

Some participants had experienced disbelief and lack of understanding when speaking up about violence, especially in cases involving emotional violence, discrimination and disability related violence. A common response from people in their environment was to dismiss the violence, belittle the women´s experience, and indeed, take the side of the perpetrators:

> People maybe have the tendency to be like: “what, she doesn´t mean it like that”, or, “he doesn´t know any better”, and, “people don´t mean anything by it when they pat you”. This is always being said, you know. And one just thinks: OK, just, is it then just ok, or, how does that work?
>
> [Participant in an individual interview]

Participants pointed out that sometimes the people closest to disabled women have become immune to such manifestations of abuse do not always recognize it as violence. Interviewees who had been subjected to service-related violence explained that they generally receive little understanding when speaking up about their experiences. One interviewee who had been sent to the school for the deaf at the age of three said that people usually did not believe her when she spoke of the school, and in some cases, accused her of lying about it:

> Many hearing people just do not understand how it was and do not believe it, do not believe that I was sent to residential school at the age of three. They just say that I am lying and that I must have been six when I was sent to the school. People do not want to believe it, (…). They just say: “No, people start in school when they are six, this is just some mistake. You are just talking nonsense, it was not like this” and I just say “then that is ok, you just believe what you want”.
>
> [Participant in an individual interview]

Participants said that non-disabled people often show disabled women little understanding and do not have much tolerance or patience towards them, especially towards women with speech impairments and intellectual disabilities. They pointed out that when disabled women meet such attitudes in their daily lives they will be less likely to trust their environment and speak up. One interviewee described her experiences of such lack of patience and understanding from people in her environment and non-disabled people in general. She explained that she has her own style of talking and describes things in a different way than most people. Rather than taking the shortest route to the "*core of the matter*" she carefully describes the sequence of events relating to the point she is trying to get across. Some people feel she speaks too much about matters of little relevance and become impatient when talking with her and often interrupt her. For her, this is the natural way to illustrate a point, as she feels these details to be of importance and to put things in the right context. She explained this using a metaphor of different ways to remove the core of an apple:

> Here you have an apple. Normal people cut the apple and get straight to the core and remove it […] but with me the core is perhaps two or three things. Therefore I must first eat the whole apple, to get to the core.
>
> [Participant in an individual interview]

Because of the impatience and lack of understanding she has met from the people closest to her, she has not yet told anyone about the violence she has experienced. She has furthermore not sought support from specialised victim services, as she fears that she will be met with impatience and lack of understanding.

Participants discussed the attitudinal barriers that face women who have difficulties expressing themselves verbally and how important it is that people closest to them take their time and listen and make an effort to understand them. In some cases women have to rely on people to read into their expressions and behavior and interpret how they feel. Participants pointed out that women with significant speech impairments are very dependent on their close environment for support and access to assistance. In these cases, good relationships between disabled people who live in group homes and staff are paramount. However, the work procedures in most residential institutions did not facilitate such relationships. Oftentimes high staff turnover and considerable power balance between staff and residents hinders relationships of trust and close interaction.

Many of the interviewees had received limited support from their families. In some cases family life and conditions in their childhood homes had been tainted by alcohol abuse or poor health of the parents. Other women explained that their relationship with their parents was estranged and that mutual trust was limited. As has been described before, many interviewees felt that their parents interfered too much in their daily life and were not encouraged to make independent decisions. Sometimes the relationship between the women and their parents was, as a consequence, difficult and characterized by conflict. For this reason many of the women had not told their parents about their experiences of violence, afraid to be met with skepticism, lack of understanding and scrutiny:

> The reason I do not want to receive support from my family anymore is that they do not stop protecting me. Sometimes it gets to be too much. Therefore I do not want their support anymore (….) Yes, yes I still stay in touch with them, just you know, this is a bit of a strange relationship we have now, you see our relationship is a bit difficult now.
>
> [Participant in an individual interview]

In some cases parents were not able to assist their daughters as they themselves did not receive enough support as parents. This was often the case in relation to service-related violence. As the roots of the violence traced back to the ideology on which the service was based, the parents had little possibility to resist it. The power of the service was legitimized and accepted by the service ideology and reinforced by specialists who placed pressure on the parents. Even though parents felt the rights of their daughters were being violated, they were powerless. Parents of the children who were sent to the residential school for deaf children, for instance, were ordered to maintain the rules of the oralism policy in their homes and were criticized if they did not. This meant that they had to forbid their children to use the form of communication most natural to them; sign language. An interviewee who was subjected to violence in physiotherapy as a child described how her parents were criticized and put under pressure when they questioned the practices.

> I remember one time when something broke relating to my back. And I remember how angry my father was and he said something to my mother, you know, that I would not be going there anymore. But you know, they were just scolded. They were irresponsible parents and had to bring me in. And when one examines the reports from this time, then they were actually being analyzed just as much as I was. They were said to be in denial if they did not bring me in and stuff like that.
>
> [Participant in an individual interview]

Participants believed that disabled women face all sorts of obstacles within the disability service system. They believed that when violence was discovered within the services or residential housing it was usually not reported to the police but rather handled administratively and internally. Some participants told of instances where superiors within the disability services decided not to bring in the police. In those cases the women who had experienced the violence received no support. One interviewee who had experienced sexual violence from a member of staff described how she felt like she was being told to remain silent:

> It was just dropped. It was not to get out (…) I would have liked to press charges. I of course do not know what they did, you see. I just know he was sent away, it is the only thing I know.
>
> [Participant in an individual interview]

4.6.2 Obstacles related to the general discourse on violence

Participants noted obstacles related to public discussions and discourses about violence. They pointed out that the discourse on violence was often of a negative nature and reflected prejudices against victims who were often judged as being in some way responsible. Women who had been subjected to violence frequently experienced great shame and discussion of this kind could increase their shame and self-doubt. Participants believed such harsh and negative discussion to be particularly difficult for disabled women and could result in disabled women being more reluctant to speak up about violence they had experienced:

> Like my friend, she was subjected to sexual violence when she was twelve years old. She told her friends about it, but she does not want to go anywhere and tell anyone else about it like [name of an organization] or some other organizations. She did not dare, she feels ashamed.

[Participant in a focus group]

Participants believed that disabled women gained their knowledge about issues regarding violence mainly from public discussion and the media. They felt that awareness about violence against disabled people was limited and that the general discourse reflected poorly the violence that is most common in the lives of disabled women. There is, for example, little discussion about prejudice and social isolation of disabled people and their subordination and marginalization. Likewise, participants pointed out that, because of their subordinate status and social isolation, the access disabled women have to public discussion, is limited. Disabled women have fewer opportunities to take part in public debates and non-disabled people are often insecure and hesitant in interactions with disabled people. Furthermore, media coverage is usually not made accessible for people with different communication needs. At the same time, these sources of information are very important since education about matters regarding violence for disabled children and women is very limited. As a result access to information about violence, support services and rights is lacking, in particular for individuals who are dependent upon support in daily life and people who live in group homes or residential institutions.

4.6.3 Access to information

Participants believed access to information about rights and support was generally inadequate. This applies to access to information about rights to disability services, specialised victim support services and information and support with regards to the justice system. They explained that it was oftentimes difficult to find information regarding the rights of disabled people to services from local authorities or the government and its institutions. People had to seek information on their own, and when applying for services they were often met with suspicion, having doubts cast on their need for services. Participants felt that specialised support services did not advertise enough nor publicize information about what was available. Furthermore, when specialised support services were advertised, it was not clear whether the support was also meant for disabled women. Support organizations did not publicize support for disabled people especially and so disabled women were unsure whether the organizations were capable or willing to provide them with support.

Interviewees who had experienced violence sad they had difficulties in accessing information about their legal rights and on the progress of their cases. Those who had pressed charges often had difficult time obtaining information on the outcome of the cases within the justice system. In some instances women had reported the violence to the police, however information on the development of the case was not accessible to them and the procedure and progress was unclear to the women, and they did not receive support to press formal charges. Two interviewees had pressed charges to the police but the case had for some reason been dismissed. Neither of them had received explanation of this and did not know how to go about searching for this information. They did not know whether there were grounds for charges and whether or where they could seek legal support. They called out for increased access to information on their legal status and support to pursue such legal matters.

4.6.4 Inadequate access to effective support

Participants talked of obstacles for disabled women in obtaining effective support. Many participants talked of transport services to disabled people in this regard. They also discussed the importance of good quality of support be available to disabled women and expressed some doubts as to whether specialised victim support services are presently capable and, indeed, willing to improve their services in order to facilitate access to effective support for disabled women. Finally the women talked of limited access to justice and information about routine procedures and case progress.

Participants in the focus groups discussed at some length ways in which women could approach specialised victim support services. Most women agreed that the disability transport services were a considerable obstacle in that regard. When using such services the women had to disclose where they were going and when they were coming back. Furthermore, there are usually many service users traveling together in the same vehicle. As a result other service users, along with the driver, can see exactly where other passengers are going. The purpose of a woman’s trip to a victim support organization is therefore clear to all those who travel with her at the time.

> When using the transport you usually have to say where you
> are going and when you are coming back and so forth
>
> [Participant in a focus group]

The participants said this arrangement was likely to hinder disabled women who use disability transport services from seeking support from specialised victim support services.

Participants believed that the support of the specialised victim support services was not sufficiently accessible to disabled women. Some had acquainted themselves with facilities of social organizations that support victims of violence. They described their facilities to be inaccessible so that large groups of disabled people could not go there for support.

> Participant 1: There is nothing there but stairs.
> Participant 2: No, exactly, so we could not get in there.
> Participant 3: No so we could not get in there.
>
> [Participants in a focus group]

Participants discussed the nature of the support provided by the victim support organizations. They debated whether the support was first and foremost tailored to the needs of non-disabled women and whether they could actually adequately meet the needs of disabled women. They pointed out that most victim support services focus their attention on sexual violence and intimate partner violence and doubted that they were in a position to provide advice and support with regards to violence particular to disabled people, such as institutional and service-related violence, emotional violence and financial violence. Indeed, participants pointed out that disabled women who had been exposed to such violence received little support. The participants felt it important that advisers and counsellors providing support to disabled women were knowledgeable about the issues and social conditions of disabled people to avoid that the attitudes of the advisers reflected the ignorance or even prejudice towards disabled women.

> It would be a bit difficult to get help if the one providing assistance knows nothing about the disabled.
>
> [Participant in a focus group]

Participants thought that when it came to support for women with intellectual disabilities, knowledge about issues regarding disabled women was particularly important. A counsellor who does not understand the situation of women with intellectual disabilities, and does not know the prejudice they face in everyday life, might relate their difficulties to the impairment and not obstacles in the environment, discrimination, prejudice and violence. It could prove hurtful and even damaging to the self-image of the disabled women to meet prejudice and ignorance from a counsellor. They pointed out that staff of support services needs to have insights into different support needs and social conditions of women and be able to meet their needs. For example, it is essential that counsellors have knowledge about different ways of communication and know how to deal with different forms of communication and interaction.

Most of the participants had been around many professionals in their lives and discussed the imbalance of power which often characterizes interactions with specialists. Some participants felt the idea of trusting an unfamiliar non-disabled person with their experience to be difficult and noted that „*the help can also cause disappointment*“. They felt it important that arrangements for support did not encourage this kind of imbalance:

> There are many who perhaps say they want to get some assistance to work through this and maybe get rid of the anger which follows, which is maybe the worst thing. But they will not look for help because they are so scared that they will be exposed to more prejudice and be labelled yet again.
>
> [Participant in an individual interview]

Finally the participants discussed the poor legal status of victims of violence, which they felt hindered disabled women in reporting violence to the police. It is a general knowledge that charges are seldom made in such cases and that in only very few cases is there a guilty verdict. As a consequence women have a limited trust in the justice system and feel the position of victims to be generally weak. Participants pointed out that the legal status of disabled victims is worse than for other victims. They believe disabled women meet prejudice and disbelief by the police when they report violence. Some of them knew of cases where violence against disabled women had not been fully investigated.

As has been noted, some interviewees who had experienced violence were uncertain of their legal status and were rather pessimistic that they could achieve justice. They felt information to be inaccessible and had received little support to understand the progress of the case. In two cases, where the perpetrators had been found guilty the women still did not know the nature of the sentence, whether they had received or had the right to damages. In one case where charge of violence had been laid the case had been dropped without the victim knowing the reason why.

> Yes, I charged him. And then just, the case was all of the sudden dropped. And this was so, I felt like I had been shunned, when it was dropped. I felt just you know, there was nobody that understood me or like that.
>
> [Participant in an individual interview]

4.6.5 Obstacles relating to the marginalized status of disabled women

In the focus group there was a lively discussion about the imbalance of power in the daily lives of disabled women and their subordinate position in society. The participants saw this as closely related to the violence against disabled women as well as the access of disabled women to support.

Participants discussed how prejudice and social isolation hindered access to support following violence. They felt the marginalized position of disabled women was demonstrated in the fact that violence against disabled women is generally not perceived in the same way as violence against non-disabled women. They believed the present policy of funneling disabled people into segregated service arrangements was a barrier to support and felt that women in such segregated arrangements often lacked sufficient support and opportunities and were in danger of becoming isolated. Segregation and isolation reduced the opportunities for disabled women to cultivate relationships and friendships and create a supportive network around them. In this regard, two deaf interviewees discussed in particular the weak social status of deaf people and the social exclusion they face in everyday life:

> I think that people with normal hearing can’t be bothered to communicate with deaf people, because it is just too much of a bother. And deaf people sometimes don´t understand and misunderstand and it takes such a long time to communicate (…) so I think that people with normal hearing can´t be bothered to interact with deaf people, be friendly or communicate.
>
> [Participant in an individual interview]

Participants pointed out that disabled women often have little power over their own lives and are subject to much interference by people in their environment, the service system and professionals. They discussed how the arrangements of disability services often counter the service user’s decision-making autonomy. A few participants lived in group homes or residential institutions and described how their lives are organized by rules and a controlling environment that oftentimes reflected the needs and preferences of service providers and staff and not service users’ needs. The participants discussed how many disabled women had become used to meeting obstacles and insufficient access in their everyday lives, living in a world developed and organized only to meet the needs of able-bodied people. They believed that when disabled women live for a long time in conditions where there is such imbalance of power, it can influence of their self-image and their perspective on violence. When women have low self-esteem, they are less likely to object to and show resistance when treated badly. Experiencing discrimination and subordination for a long time might make disabled women unaware to the violence which they experience. Some may indeed feel that that they deserve maltreatment, given their impairments and service needs. Participants agreed that disabled women often accept violence as a given, even blaming themselves for it.

> I am very much afraid that many disabled women have, somehow they have been taught and brought up to be grateful for what is handed to them. And I just think that many of them have a very poor self-image. Which of course means that as their self-image gets worse the less they will fight against violence they are subjected to because they do not see for themselves, or have self-confidence enough to say: “I do not deserve this”.
>
> [Participant in a focus group]

4.7 Facilitating factors and support

The interviewees mentioned three factors that had facilitated support. One was supportive individuals in the women’s immediate environment who had listened to them and supported them, helped them find support and encouraged them to seek it. Other factors mentioned were advice from the police and an increased consciousness and empowerment of the interviewees themselves.

Women who had received support after experiencing violence had all confided in supportive individuals in their close environment; family members or friends. These people showed the women understanding and motivated them to press charges or seek emotional support. One interviewee had been subject to sexual violence by a driver in the disability transport services. She confided in a member of staff at the group home where she lived and in her mother. The woman has an intellectual impairment and has difficulty in remembering past events. For this reason her mother assisted her in the interview and helped her remember details of what happened. They were in agreement that the women had at first found it difficult to speak up about the violence since she had not understood completely what had happened and how she was to react. She has difficulty verbalizing her feelings and demonstrates anger and sadness in a particular way. After the attack she exhibited much anger, irritation and confusion which triggered the staff to the fact that something had happened to her:

> She comes home [to the group home] in a very bad mood and says: “I don´t understand it, I just don´t understand it, I don´t understand him”. She burst in here and closed the door. She was very unlike herself, with lots of fuss. And one of the staff members got it out of her that she didn´t understand why she had to be in comfortable clothes because they were going out into the field later or something like that. And so the group home began to wonder.
>
> [A mother of an interviewee]

The staff of the group home was bewildered by her change in behavior and a female staff member, who had known her for a long time and formed a good relationship with her, sat with her and spoke to her. The woman described the violence to the staff member, who then notified her mother. With the support of her mother, the woman pressed charges. Her mother, who took part in the research interview, emphasized the importance of a supportive environment to women who find it difficult to remember and/or have difficulties speaking or expressing them-selves verbally. She pointed out that it is essential that people try their utmost to understand, listen and to take the time needed.

In two cases when the interviewees had reported the violence to the police, members of police who investigated the cases informed them where they could seek emotional support. In both cases the police was investigating the cases but formal charges had not been submitted by the chief of police. In one of the cases there was a guilty verdict but the other the case is still being investigated by the police.

As noted earlier, participants discussed at length the imbalance of power that disabled women experience in communicating with individuals in their environment and the effect that could have on the women´s self-esteem. Related to this, some participants talked about the importance of empowering communication or interaction characterized by respect and dignity. Experiencing such positive communication could empower women and strengthen them. This could, in fact, help women draw boundaries and identify abuse. Some participants had experienced such empowerment from working in grass-root organisations of disabled people or self-advocacy groups.

> We had discussion-groups and after I started going into those, I started to open up much more. I was so extremely closed off when I was younger. Then, when I started going to the groups, then I started to open up so much more and such, and started to be able to answer for myself, much more than I had been able to. You know, I had just said yes to everything. You could have told me to go to the store, or you could have told me to run out into the street and be hit by a car. You know, I could have just said yes to that […] but then, after I started in the discussion-groups, then I started realizing this, that I wasn´t supposed to do like that.
>
> [Participant in a focus group]

One interviewee described how she came to be empowered by having an increased say over her body and the services she uses. From an early age she had been accustomed to her body being scrutinized and studied by professionals, such as doctors and physiotherapists. She had adapted to the idea that the professionals were authorities when it came to her body, making decisions regarding it and its treatment. When she was a teenager she got a new physiotherapist who had a dramatically different view of his role than those who had treated her earlier. He told her that she was the one in control.

> I started to ask, 'what I should do'? And then he would ask in return, 'what do you want to do? This is your body, you control it'. No-one had said that to me before, you know. It didn´t occur to me that it was my body and that I controlled it, it would never have occurred to me. So it was, you know, a bit of a shock for me. Of course, I understood as soon as he said it, and of course it was so. But even so it was somehow, it was new information to me.
>
> [Participant in an individual interview]

The woman described how the communication with the new physiotherapist had an important effect on her self-image. A few years later, the nature of her services changed from traditional disability service arrangements to personal assistance. She explained how the traditional service arrangements had suited her life poorly and that she had had little influence on the arrangements of her assistance. The changes had, therefore, made a significant difference in her life as she now decides how her services are organized and who assist her. She described how this has empowered her and has led to a change in her attitude towards violence and prejudice. Today she is more conscious of her rights and understands that the root of the problem is to be found in the environment and is not in her:

> My tolerance [towards violence] is now less, which is good, I think. You know, it is good that this irritates me because before it was just like the norm. And I think maybe this reflects a little that I thought it was normal that people were just you know, that strangers would just touch me on my thighs or breasts or something.
>
> [Participant in an individual interview]

4.8 Case studies.

Rósa is in her late twenties. At the age of ten her stepfather started abusing her emotionally, physically and sexually. In spite of efforts by the child protection services, the violence continued for some years. At the age of 18, Rósa went to the police and pressed charges against her stepfather. A little while later she got a phone call, informing her that the charges had been dropped. Rósa explained that she never fully understood the reasons for this, and thought perhaps this had been some fault of her own. She explained that, while in the process of pressing charges, she had neither been offered emotional nor legal support. She wants legal assistance to help her understand her legal status and possible grounds for charges:

> Rósa: I still went through all this, for all this time.
>
> Researcher: has anyone tried to help you since then?
>
> Rósa: no
>
> Researcher: have you told anyone about his?
>
> Rosa: yes but no-one has gone with me and to tried to find something, anything at all.
>
> Researcher: would you like that?
>
> Rósa: in fact I would.

As a child Rósa had also been subject to sexual violence by a driver from the disability transport services. Charges had been pressed and the driver was found guilty. Subsequently, Rósa had received emotional support from a specialized victim support organization. Asked about the support, she said it had been somewhat helpful but implied also that it had not helped her sufficiently. The support had not been exactly what she had wanted. Emotional support was, in fact, not the support she wanted most.

> It was alright but it didn´t help a whole lot how I felt. I just feel that nothing has been done about it [the violence of her step father].

> [Participant in an individual interview]

Questions about her legal rights weighed on her heavily. She had little information in general about her rights to services and in the interview it became clear that Rósa was not receiving any disability related services or any other kind of support. At Rósa's request and following the interview, the researcher facilitated a contact between the rights protection officer and Rósa. In the weeks that followed Rósa received assistance from a rights protection officer who helped her access information about her legal status and her rights. Sometime later Rósa was interviewed again. She described that considerable change had occurred since the researcher had last spoken to her. She had received helpful support and had received information about her legal status and how the case had been handled. The rights protection officer had talked to her and gone through the case with her. She had informed Rósa that because many years had passed since the violence had taken place, she could not press charges. Despite being sad about this news, Rósa was pleased that she had received information and support. It was also important to her to have confirmation that she had, indeed, not received sufficient support at the time:

> Anna, the rights protection officer, spoke to me. She thinks that it is much too late. But she feels, like me, that I had needed more support, a long time ago, which is being provided now. Because, naturally, if I had just gotten that support a long time ago, then maybe it [the case] would have gone through.
>
> [Participant in an individual interview]

What is of special interest is that Rósa´s attitude towards the emotional support she had received a long time ago had changed. When she talked about the emotional support she had received she expressed gratitude and considered such emotional support to be important:

> Rósa: Everyone needs [to talk about violence] in order to get it off their chests and feel better […] you don´t know what you´re thinking, and you don't know what you´re doing if you can't open up. This is very important.
>
> [Participant in an individual interview]

4.9 Suggestions for improvement and good practice

Participants in this research had many ideas and suggestions about how to promote access to specialized victim services. The main themes discussed referred to ways to increase access to specialized victim services organizations, accessibility of information about support and awareness-raising about violence against disabled women.

4.9.1 Suggestions for improved support from social organizations

Participants believed psychological support to be important to victims of violence and that it was urgent to facilitate access to such support for disabled women. In their opinion it is fundamental to improve access to the buildings and facilities of specialized victim services. The also pointed out that when disabled women could not get there on their own means of transport should be offered, not the disability transport, but other kinds of transport services or counselling could take place in the woman's homes. The majority of participants agreed that the most important feature of good support is listening and that disabled women are met with understanding, and that the women be given opportunities to talk about their experience of violence and get support to work through the emotional consequences. Participants agreed that counsellors providing services to disabled women need to be knowledgeable about the social situation of disable people, i.e. that the marginalization and exclusion of disabled women is closely related to the violence they experience in everyday life.

> There needs to be knowledge about it, you know, it can be different to be a non-disabled or disabled woman. Even though I know that it is of a similar nature, but there is so much experience which has had quite a different effect or makes you behave differently or define it in another way.
>
> [Participant in a focus group]

Participants believed that support from counsellors who have insights into disabled women's situation would be more effective and could at the same time empower and strengthen the self-image of disabled woman. Some felt that if counsellors lacked that insight, the support could even be damaging to disabled women since the attitude of the counsellors might reflect prejudice. Participants thought it favorable if disabled women worked for specialized victim services, since they have insights into what it is like to live with impairments and they know the obstacles which disabled women encountered in daily life.

> I think it would just be, that disabled women would give better support than non-disabled women because I think that they often have insights into obstacles. Just because it is a fact that most, if not all disabled people, meet obstacles somewhere in society.
>
> [Participant in a focus group]

Participants believed that flexibility was important when providing support to disabled women since they often had different needs. The counsellors must be able to adapt their support to the needs of each and every-one, and take their time and be thorough. Furthermore, it is necessary to take care that the support is always on the terms of the disabled women and not organized based the views of the nondisabled counsellors or professionals.

4.9.2 Increased accessibility to information about rights and options

Participants discussed the importance of increased access to information about rights for victims of violence. The disabled women who had been exposed to violence called out for more legal support and assistance. The processing of cases by the police and the progress within the justice system is complicated and it is important that disabled women get support following up on information regarding their cases.

Participants believed that access to specialized victim support services could be increase by advertising support that was directed at and meant for disabled women especially. They pointed out that it is important that it be made clear on the home pages of the victim support services that the organizations are equipped and willing to support disabled women and that information be accessible, also in easy-to-read language. When communicating such important information it is important to consider women with different impairments. Therefore, information about support options needs to be accessible in general and through different media, such as on paper, through the internet and through the phone if possible.

> Respondent 1: They should have the pamphlets be very accessible.
>
> Respondent 2: It matters.
>
> Respondent 1: Not a lot of text on the pages and such.
>
> Respondent 2: Yes. That's important. Also on the internet, on the web-site.
>
> [Participants in a focus group]

4.9.3 Awareness-raising about violence against disabled women.

Participants felt there was an urgent need to promote awareness about violence against disabled people. Some participants said they would like to see interest groups and organizations of disabled people more engaged in the debate on violence. Some also pointed out that discussion on violence within the service system was limited and that it is important to increase awareness of the fact that some of the violence that exists is, at times, reinforced by the service system and its routine rules and practices. The participants worried, however, that it could prove hard to promote discussion about such matters since it was very sensitive and the reactions of professionals were likely to be defensive.

> Have we faced the violence? Is the service system, is it ready to face that disabled people in the segregated service arrangements are more vulnerable to violence? And how should it be tackled?
>
> [Participant in a focus group]

Participants pointed out that public discussions about violence are rather one-sited and do not reflect the experiences of disabled women, it does not consider the disparity and imbalance of power that disabled women experience in their everyday lives. They felt it important to broaden the discussions of violence to include different manifestations such as financial violence, prejudices and emotional violence. Finally the participants believed that there was a need for increased research on violence against disabled women, especially relating to service-related violence and violence within institutions. Results from such research should be used to improve the safety of disabled women.

4.9.4 Peer support or forum for discussion about violence in the daily life of disabled women.

Most of the participants thought it important to facilitate the access of disabled women to the present support organizations, in order for them to have access to the same support options as other women.

Due to the fact that some manifestations of violence are quite particular to disabled women, many participants thought it was advisable that support be arranged exclusively for disabled women. They called for special support groups or discussion forums specifically organized for disabled women where they could discuss their common experience and the obstacles they face in everyday life and could support one another – a peer-support group. Such groups could promote the empowerment of disabled women who had been subjected to violence:

> Just like AA meetings but totally different. Where disabled women can perhaps meet once a week in some place and just tell their stories. Because when you do that then you also gain self-confidence, then you build your self-confidence. In that way you know you are not alone, this just did not happen to you. This also happened to others, you understand.
>
> [Participants in a focus group]

In such an environment, or forum, they could support one-another and discuss experiences of discrimination and barriers they experience in daily life. In this context debates and discussions about violence and the rights of disabled women could be encouraged and they empowered. This could also promote the discussion about violence from the standpoint of disabled women, in a space free from the power imbalance that support from non-disabled counsellors would involve:

> My opinion now is that there is a need for some sort of forum that is just a bit like, open, free and where we can be in peace as well.

[Participants in a focus group]

4.10 Examples of good practice provided by disabled women

The participants did not have many examples of good precedents. Only a few described assistance which had been particularly supportive and successful for them. One of these is described below.

One interviewee described, with the help of her mother, interaction with a police investigator who had been particularly supportive. The investigator had recently attended a course about ways to adapt investigations in cases of violence against disabled people and specially acquainted him-self with the matter. He was particularly helpful and made an effort to adapt the procedures to the woman´s needs. To make her more comfortable he questioned her in her own home and not in the police station. He was patient and took his time and kept the woman and her mother well informed about the progress of the case. He showed concern about the woman's wellbeing and recommended that she get the support from a psychologist. The interviewee and her mother both said that the support had been pivotal during a court case which was otherwise quite difficult.

This woman also received support from a rights protection officer. Her mother felt this support had been very helpful because the rights protection officer was able to communicate to the woman, in accessible language, and inform her of her legal status. Also, the mother perceived the rights protection officer to be loyal and have allegiance with them:

> What I think the rights protection officer does, you see, she understands more about the impairment. She is definitely on the side of the disabled person. She does not wander off that track, you see.
>
> [Mother of an interviewee]

4.10 Further issues.

Two interviewees were deaf women. They expressed their concern about the social situation of deaf people and believed that violence towards deaf people to be particularly common. They described the violence deaf children experienced in the residential school and the effect it has had on their life to this day. The children learned neither sign language nor to read or write properly. This had, in their opinion, limited their opportunities of participation and establishing social relationships. They pointed out that deaf people are socially excluded and subject to much prejudices in their daily life. They wanted the marginalization of the deaf people to be recognized and acknowledged and called out for justice.

> I just want, I want justice. I think I have not enjoyed the same rights as others. I think that there is really a need to improve

our lives. This group, because there are so many deaf people that have been struggling and are in a much more difficult situation than I. People, who are perhaps older than I am, people who are not used to have sign language interpreters. They often misunderstand. I know that they, these people have suppressed a lot of things. And they need more help.

[Participant in an individual interview]

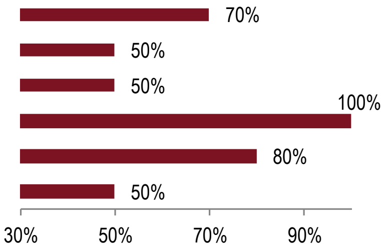
5. Organisations, victim support services

5.1 Accessibility to institutions and organisations

The questionnaire and the qualitative interviews aimed at the specialised victim support services contained questions concerning how accessible these were to disabled women. At the same time, we looked to gain insight into what groups of disabled women were most likely to receive support from the services. The respondents to the questionnaire were asked whether the services had been used by women with different impairments. The results are presented in table 1.

Table 1. Is your service used by women with different types of impairments? Please mark each that applies.

	Answers	Ratio of participants
Women with physical impairments	7	70%
Women with speech impairments	5	50%
Women with sensory impairments; deaf or blind	5	50%
Women with mental health impairments	10	100%
Women with intellectual impairments	8	80%
Women with chronic illness	5	50%
	40*	



* Participants could choose more than one answer, therefore the answers exceed the number of participants

All the service organizations which participated in the survey had provided support to women with mental health impairments. Eight out of ten said that women with intellectual impairments had received support from their organisations/institutions. Half of the respondents had provided support to women with speech impairments, women with sensory impairments such as blind women or deaf women and women with chronic illness. This concurs with information from the qualitative interviews, that women with mental health impairments and women with intellectual disabilities are the largest groups of disabled women receiving support from the specialised victim services. All interviewees who worked for such services explained that only a small proportion of those seeking help were disabled women. It was especially rare for them to receive women with sensory impairments, such as deaf women, women with impaired sight or blind women and women with physical impairments. Interviewees working in the disability services explained that in their line of work they had encountered many cases where disabled women had been subjected to violence. In their work they provide support to disabled people with different impairments and they believed the proportion of women with different impairments to be similar.

5.1.1. Definition of access

In the qualitative interviews attempt was made to elicit how respondents defined access. When asked about factors that impede access to support most interviewees mentioned issues relating to physical access to man-made environment and support service facilities. They believed access to buildings and facilities to be prerequisite for disabled women to access the services. Other main themes that emerged were access to information about support and access to effective support. Interviewees considered access to information to be a key factor. They pointed out that if women do not know about support services and how they can get in touch with victim support providers; their access to support is certainly limited. Finally, interviewees pointed out the importance of access to effective support. According to them, access to communication, dialogue and mutual understanding is imperative for effective support:

> So that she can express herself, whether there is need for a sign-language interpreter or something else. There needs to be an access to communication.
>
> [Staffmember in a specialised victim support organisation]

In this regard most interviewees mentioned the importance of having access to a sign language interpretation for deaf women. Some participants also discussed the issue of access to effective support in a wider context, as a support that is tailored to the needs and wishes of each woman. One interviewee maintained that sometimes support might be most successful coming from those who know the woman and from people she trusts the most. In these cases the advisors could assist the people in the woman´s environment, which in turn, would help her with her emotional work in her everyday life. Access to effective support required counsellors to be able to think outside the box, if needed, to adjust the support to disabled women:

> They should not have to adjust themselves to us, we have to adjust us to them and we have to be fully aware of them. That is what society often fails to do - and we as well.
>
> [Staffmember in a specialised victim support organisation]

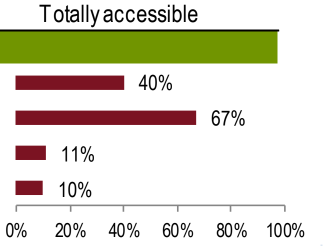
5.1.2 Access for different groups of disabled women

5.1.2.1 Results of the questionnaire

Respondents were asked whether the services of the organisations/institutions were accessible to women with different types of impairments; women who used wheelchairs, women with other motor impairments, blind and visually impaired women and deaf or hearing impaired women. Tables 2 and 3 show the distribution of responses. Since different aspects usually impede access of women with mobility impairments who do not use a wheelchair and women who are wheelchair users, the accessibility with regard to those two groups was addressed in separate questions.

Table 2. Is your service accessible for wheelchair users, women with other mobility restrictions, blind women or visually impaired, deaf women or hearing impaired?

	Totally accessible	Partially accessible	Not accessible	Number of
For wheelchair users	40%	50%	10%	10
For women with other mobility restrictions	67%	33%	0%	9
For blind women or visually impaired	11%	78%	22%	9
For deaf women or hearing impaired	10%	80%	10%	10



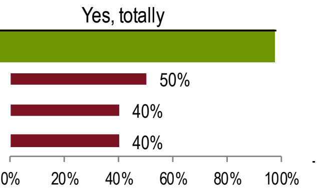
Respondents considered the services to be more accessible for women with mobility impairments and women who use wheelchairs than blind women and deaf women. Four of ten respondents said that the services were fully accessible to women who use wheelchairs. Almost 70% of the respondents said that the services were totally accessible to women with other mobility impairments. Interestingly, only one respondent considered the service to be totally accessible for blind and visually impaired women and one said that the service was totally accessible to deaf women. A few respondents said that the services were inaccessible to disabled women with other impairments. One respondent said that the service was not accessible to women in wheelchairs; two said the services were not accessible to blind or visually impaired women and one that the services were not accessible to deaf or hearing impaired women.

The respondents were asked to describe whether the organisation/institution offered any specific facilities or services to meet the needs of women with different impairments. Most of the respondents offered some facilities and described the ways with which they tried to meet the needs of disabled women. Four said that in cases where their facilities were inaccessible, they either tried to find a place with better access or the women were offered consultation in their own homes. Two respondents answered that, when accessibility was a problem, they frequently used an accessible room in the same building or nearby. Two respondents said that their services offered web-based counselling or interviews over the phone or internet. Six respondents said that sign-language interpreters were provided for when deaf women came for support. One participant informed that the website of the organisation/institute had sound recordings to meet the needs of individuals who had impaired vision or had problems reading.

Participants in the survey were asked whether the organisation or institution was prepared to offer appropriate support to women with mental health problems, women with intellectual impairments and women who live in residential institutions, group homes or apartment clusters (see Table 3).

Table 3. Is your service prepared to offer appropriate support for disabled women with mental health problems, women with intellectual impairments and women who live in residential institutions, group homes or apartment clusters?

	Yes, totally	Parially	No	Number of answers
Women with mental-health problems	50%	50%	0%	10
Women with intellectual impariments	40%	60%	0%	10
Women who live in residential institutions, group homes etc.	40%	50%	10%	10



Half of the respondents considered the organisations/institutions prepared to offer appropriate support to women with mental health problems. Only four respondents thought the organisation/institution was fully prepared to provide appropriate services for women with intellectual disabilities or women who live in residential institutions or other accommodation for disabled people. Subsequently respondents were asked whether the services offered any specific facilities or arrangements to meet the specific needs of women with mental health problems or intellectual disabilities. Two respondents listed in that regard web-based counselling and interviews through phone or internet. Eight respondents said that the service worked in cooperation with municipal social services, public health services and the hospitals and had access to professionals if additional support was needed. Five respondents said that special arrangements were made to meet the needs of women with intellectual disabilities, for example by maintaining a close contact with the health and social services. Nine respondents said that the organisation/institution could provide services in easy and accessible language.

5.1.2.2 Results from qualitative interviews

The findings from the qualitative interviews were very consistent with the results of the questionnaire. Most interviewees said that the largest group of disabled women who used their services were women with mental health problems, and that, women with intellectual disabilities, was the second largest group. Interviewees furthermore believed the number of women with intellectual disabilities and mental health problems to be underestimated since advisors did not have access to clinical records of women using their services and did not ask about impairments. They pointed out that it was often difficult to determine whether women had impairments. Interviewees thought it particularly likely that the number of women with mental health problems was underestimated considering that anxiety and depression are the very common consequences of violence. It was also reported that women who lived in residential homes or group homes rarely used their services.

Most interviewees believed access to be lacking for women with physical impairments, especially for those who use a wheelchair. They described aspects that hindered access such as stairs, narrow doorways and steps at the front door of their buildings. None knew of disabled women who had not sought services because of poor access to their facilities but they did not exclude the possibility that it might have happened without their knowledge. One interviewee believed that obvious visible barriers to the organisation she worked for discouraged disabled women to seek their services:

> Women in wheelchairs or women with mobility impairments who are confined to a wheelchair do, for obvious reasons, not seek our services a lot. You only need to see the house to see that they don´t just pop in here, just like that.
>
> [Staffmember in a specialised victim support organisation]

Access inside the facilities of most of the social organisations and at the hospital emergency room was to some extent unsatisfactory. By way of example some interviewees mentioned there being steep stairs, long and narrow passages, narrow doors and facilities that were in other ways inaccessible. Most interviewees were convinced poor access to services was a deterrent, however, nobody could recall an incident where a disabled woman had to leave without getting support, because of poor access. One interviewee described an incident where a woman with a physical impairment used the services for a much shorter time than she would otherwise have done, because of poor access. Interviewees who worked in disability services said the services they provided was in most part accessible since it usually took place in the home of the disabled person or in other places they frequent. Offices from which the services are organised and managed were, on the other hand, rather inaccessible to people with a physical impairments and to people who use a wheelchair.

Interviewees said that when *“problems arose”* because of limited access, the staff tried to work out solutions on an individual basis. In some places the facilities are partially accessible and, when needed, accessible rooms are used that are otherwise used for other purposes. One interviewee said that the social organisation for which she works had obtained the use of an accessible office at another location, in order to provide support for a woman in a wheelchair, since the facilities of the organisation were not accessible. Some organisations offer disabled women consultations and support in their own homes. Interviewees pointed out that offering such services can meet the needs of many but is not convenient in cases where there is domestic violence. One interviewee also explained how the nature of the support can differ in cases when counsellors go to people’s homes. Instead of women getting support in a neutral place, maybe anonymously, they were receiving support in their own personal space. When counsellors enter the homes of the women as professionals and the women are in the role of a host, it can lead to a shift in the balance of power. There are certain responsibilities to be fulfilled towards the guest and this can complicate the flow of interaction and be a barrier to effective support. In her opinion support in the homes of women can become less effective due to this.

> When you invite guests to visit you just do not start weeping in front of them, you see, you try to show some hospitality.
> [Staffmember in a specialised victim support organisation]

Interviewees also discussed access to information and most considered the general public to be well informed about victim support services available. They believed that people who needed such support could access necessary information without much problem. Most specialised victim services who took part in the research did, however, not advertise their support on a regular basis. Many pointed out that women who came to them had usually been referred by others, such as priests, doctors and staff in various public institutions and services. Because of this, information and pamphlets are sent regularly to different institutions and professionals in public services. This was, in some cases, thought to be more effective than advertising to the general public. Some believed the main source of information for many people, about the specialised victim support services, to be through general discussions and coverage on violence and support options in the media. All the organisations and institutions which took part in the research had home pages with information about the services offered as well as Facebook pages.

It was noted that the homepages of the organisations and institutions were rather inaccessible and many had not been updated for a long time. Most interviewees who worked in the specialised victim support services had limited knowledge as to how to make information accessible to women with different impairments. The homepages of disability service providers which took part in the research were also inaccessible and often in such a way that information to victims of violence was not differentiated from other support which the institutions/services provided. Information on the homepages was not in easy language and very few homepages allowed for the font size and layout to be changed in order to be more accessible.

All interviewees said that sign language interpreters were brought in when they were needed, although some explained that there had still not been a need for interpreting since no deaf women had sought support from them. Many interviewees were unsure of practical issues regarding sign-language interpreting and raised questions about who should pay the cost. They felt that funds for interpreting should be provided by the government or municipalities and not covered by the support organisations themselves. They were, however, not sure if this was the case. Some interviewees said they had good experiences of providing support with the assistance of a sign language interpreter. Some, who had no experience of counselling with the help of a sign language interpreter, feared that the presence of another individual would render the support not as effective. They expressed worries regarding having to trust strangers with such delicate issues as violence:

> Because, naturally, these are such sensitive issues. It isn´t that easy to bring interpreters into these matters […] there is a great interpreter-system in the [municipality] but we don´t trust the interpreters, or you know. And they [the women] might not either. I don´t know who these people are and so I can´t just bring anyone in, you understand.
>
> [Staffmember in a specialised victim support organisation]

The interviews revealed that within the specialised victim support services there is generally limited knowledge about, and experience of, working with disabled women. The interviewees believed this to influence the accessibility of effective support for disabled women. They agreed that many counsellors were insecure when it came to providing support for disabled women, in particular women with intellectual disabilities and women with mental health impairments. They feared misunderstanding and difficulties in communication and some were not used to providing support in easy language. Many interviewees expressed concerns about providing support to women with serious mental impairments and women in danger of taking their own lives:

> Sometimes it happens that we do not have the capacity to receive people, for instance in the case of schizophrenic individuals, or seriously schizophrenic and perhaps paranoid and with delusions and such. And I for instance, I do not know how to handle such a person.
>
> [Staffmember in a specialised victim support organisation]

Some interviewees from the specialised victim support services felt it to be beneficial if staff from the social services or close friends or family members of the women were present during counselling or examination. People who knew the women well could help the counsellor understand them and meet their needs for support. In addition they could make sure the disabled woman understood what was going on and could carry the support on her in her daily life.

One interviewee who worked in an organisation who provides specialised victim support had extensive experience of working with disabled people. She emphasized adapting the support to the needs of the women on an individual basis and had developed ways to promote effective support. In some cases she used easy language and pictures during interviews. Length and structure of counselling also varied according to the needs and wishes of the women.

5.1.3. What is needed to improve access to specialised victim support services

Interviewees described various changed that needed to be made to facilitate access to the services. Most mentioned financial restraints and insufficient funding to be a barrier to any such changes. Insufficient funding seemed to be a common problem for the organisations and affected the degree of support they could give:

> You see, we are working towards trying to get more money in to be able to hire new counsellors. There are over 50 people on our waiting list to get counselling.
>
> [Staffmember in a specialised victim support organisation]

One interviewee said that the organisation she was working for was planning to move into new facilities. The main reason for this was to make the support service more physically accessible to disabled women and men.

Interviewees who worked in the specialised victim support services believed counsellors and other staff to have a rather limited knowledge about matters regarding disabled people. In their opinion there is a need to increase knowledge about different impairments and the particular social situation of disabled people in order to improve support and make it more accessible and effective. To be able to market the services effectively for disabled people, the counsellors would need to be familiar with and recognise the diverse needs of people with different impairments. Interviewees were particularly unsure as to how to market their support among blind women and deaf women.

> Let´s say that a person who is deaf and without speech, how is she going to contact us?
>
> [Staffmember in a specialised victim support organisation]

The interviewees working in the disability services and interviewees with experiences working with disabled people pressed that knowledge of issues concerning disabled people is prerequisite for effective support. Especially since violence, abuse and misuse of power were often hidden in the daily life of disabled people. They believed it important that counsellors had a holistic view and inquired about the general conditions of the women and their daily lives. They also believed it to be paramount that counsellors knew ways to make the support accessible and were aware of how to meet the different needs of disabled women.

Interviewees who worked in the specialised support services emphasized the importance of providing better access to their support. They did, however, not agree on the best ways to do this. Some believed the best solution to be employing a special counsellor for disabled women who had experienced violence. This counsellor would have knowledge in issues relating to violence against disabled people and of ways to ensure effective communication. Other interviewees were against the idea of providing separate services to disabled women. They believed it important that support be given on the same basis, irrespective of disability status. Many interviewees believed increased co-operation and networking between social organisations for disabled people and the special victim support services to be important. Some mentioned a need for more collaboration between the victim support services and the rights protection officers of disabled people who work for the Ministry of the Welfare.

5.2. Accessibility on Macro-level (regional/national level)

In the survey respondents were asked if they thought disabled women who had experienced violence received adequate support. All of them thought the support was inadequate. They were then given the opportunity to describe what improvements they felt were needed. Most mentioned the importance of raised awareness among the public of matters regarding violence against disabled women. They also believed that there is a need for increased education aimed at disabled women about their rights and about different forms of violence. Some answers referred to the general disability service which some interviewees thought to be lacking. They believed it important that the services be more coherent and automatic, so that women did not have to seek out the support in the manner currently necessary. It was also pointed out that services by private psychologists, who worked outside the special victim services and the public service, were generally expensive. This meant that disabled women who needed psychological support were not left with much choice. Findings from the qualitative interviews supported this general observation but gave an added insight into factors which affect the access to support.

5.2.1 Factors which affect access to support

When discussing macro-level issues, which affect the accessibility of support to disabled women, three themes emerged: factors in the immediate surroundings of disabled women, issues related to both generic and disability services, and attitudinal barriers.

5.2.1.1 Factors in the immediate surroundings of disabled women

Interviewees believed that the environment around women, their families and friends, to have a major influence on the women’s ability to access support. In this context both families and service providers of disabled women were mentioned. How these people view violence against disabled women, and their knowledge about support available, was considered paramount and to have much effect on the women´s access to support.

> The women who have come here, usually come through an intermediary. It means that these intermediaries are someone

> they have trusted, someone that has listened to them,
> someone that has given them the time and has believed them.
>
> [Staffmember in a specialised victim support organisation]

Interviewees explained that it was usually family members, service providers and others in the closest environment of the disabled women who assisted them in seeking help and informed them about the support available. These are also the individuals who are sensitive to the particular needs of the women and can help them to deal with the consequences of violence in their daily lives. The social situation and support net of disabled women is thus considered very important. It is difficult to reach out to women who are socially isolated and poorly connected with the disability services. Furthermore, some pointed out that a common consequence of violence was social isolation and withdrawal.

> We can see so clearly the isolating effect of violence. Many of the women who come here somehow don´t have anybody in their lives. Even though they have parents or siblings or children that are grown up, they are somehow frightfully alone. We see so clearly how much it matters to have maybe just someone, one sister maybe, that is ready to listen and to believe them […] there is a fundamental difference between women who have someone to support them and women who have no one.
>
> [Staffmember in a specialised victim support organisation]

Some interviewees believed many women in independent living to be more socially isolated than women in housing arrangements that include more service, and that in such cases, the likelihood of exposing violence and providing support was reduced.

5.2.1.2 Factors relating to general services and the disability services

Interviewees pointed out that factors relating to the general services and disability services could influence access of disabled women to specialised victim support services. They believed that the services of privately practicing psychologists to be too expensive, and as a consequence, rather inaccessible for disabled women. Women who seek assistance from the disability services are rarely offered subsidy for consultations with psychologists. Interviewees thought it very important that women have a choice whether they sought the services of a privately practicing psychologist or specialised victim support services. They also believed that the quality and the general structure and organisation of disability services affected accessibility. Flexible support and a holistic approach increase the likelihood of effective support. However, a service system where people must take initiative be persistent and fight to get assistance hinders access, especially since many disabled women do not know their rights nor are they capable of fighting to get service.

> You do not get any support unless you seek it and are persistent. And I think there is a lack when it comes to disabled women. It´s not like you can just say “I need someone” and then someone will come. You usually have to be unrelenting.
>
> [Staffmember in a specialised victim support organisation]

Some interviewees explained how implementation and organisation of the disability services can influence the access of disabled women to specialised victim support services. It is important that the services reflect respect and are based on the need of the women rather than on the terms of the service. Some interviewees provided examples of how certain aspects of disability services have hindered effective support. The segregated transport services provided by municipalities for disabled people were mentioned in this context. In most cases several passengers travel together. Interviewees pointed out that this may prevent women from using the transport services to get to shelters or counselling centres who provide support to victims, because other passengers would then realise where they were going. Interviewees indicated that when disability services are insufficient and basic needs are not met, effective emotional support is impossible. Some counsellors who had offered support to disabled women in their homes had become aware of conditions where the women did not receive adequate service. One interviewee described one such incident when the woman she was visiting did not have any food because the worker from the disability service had, for some reason, not showed up.

> She, for instance cannot express herself, has difficulties in walking and she lost her assistant so there was nobody to take her shopping, you know, there was no food for her. You know, so I came to her on Fridays to talk to her, and was to sit down with her and she did not have any food in the fridge because she was unable to go shopping. You know. So if a person cannot meet her basic needs, then you can hardly start discussing these kinds of matters with her.
>
> [Staffmember in a specialised victim support organisation]

Interviewees also pointed out that very few disability service providers, such as group homes, institutions and work places of disabled people, had operational procedures or action plans regarding violence against disabled service users. Some specialised support organisations had assisted with the makings of such operational procedures. In those cases, service providers had undertaken the making of such an action plan after cases of violence within their services had been revealed. Such operational procedures seemed, however, not to be manditory for service providers. As a consequence, there are no criterias on how to provide support when violence against disabled women is exposed.

5.2.1.3 Attitudinal barriers

Interviewees felt the victim blaming discourse and prejudices towards women who have experienced violence to have a major influence on disabled women's overall access to specialised victim support services. Some discussed and described how the dominant discourse about sexual violence places the blame on the victim shoulders:

> The public discourse is bad. I hear way too often when judgements are being made like "don´t you know that he´s the son of so and so. He comes from such a good family" or something. "I mean, that´s not normal, she was always rather difficult to handle". You know, you still hear those things. I heard those things as a kid, I heard them when I was growing up. You know, I wasn´t born yesterday. You still hear them and now there is all this abuse on the internet, it´s really dangerous.
>
> [Staffmember in the disability services]

Interviewees also discussed how attitudes and prejudices towards disabled people impeded access of disabled women to sufficient support. For example, attitudes influence whether disabled women are believed when they speak up about their experience of violence and whether their cases are reported to the police. A few interviewees knew of cases when lack of understanding from family members had hindered women in seeking support and justice. There were also incidences when staff in charge of disability service facilities had obstructed the normal progression of cases and the access of victims to the judiciary system by deciding that they would handle the cases themselves rather than taking them to the police. They believed such prejudices to be especially common with regards to women with mental health impairments.

5.2.2. What is needed to facilitate access to support

All interviewees agreed that there is a need for increased awareness of violence against disabled people and that there needs to be a more open and public discussion on the subject. They believed it important that the discussion included people closest to disabled people, such as families and the disability service provider, since their support is paramount to disabled women. These people must know where to turn and what to do if violence against disabled women is suspected. According to the interviewees, staff in disability services plays a particularly important role and they must therefore continuously be given training in violence as well as work protocols and procedures which reflect respect and the rights of disabled people.

Interviewees highlighted the need for increased discussion and education aimed at disabled people ranging from sex to violence. Topics should also include body awareness and the distinction between friendship and a sexual relationship. They emphasized the importance of acknowledging violence against disabled women and believed such issues to be a taboo for most people. They pointed out the need for more research about violence against disabled women and disabled people in general. It is important to increase knowledge on these issues and use it to identify circumstances which can foster violence and ways to improve support. Interviewees felt that there was a need for increased coherent and accessible provision of service by the municipal social service, professionals in the health service and psychologists. It is important, they said, to increase the knowledge of these groups about violence that is particular to disabled women and about the general social situation of disabled people that makes them vulnerable to various forms of violence.

5.3 Challenges of implementing accessibility

The survey respondents were asked to describe aspects they thought hindered access for disabled women to victim support services. Seven out of nine respondents believed the main barrier to be lack of knowledge about violence against disabled women and prejudices towards disabled people in general. Other factors which were mentioned included lack of funding from government and local authorities, poor access to information about the support available, inaccessible and expensive services offered by private psychologists and lack of knowledge about the needs of women who have been subjected to violence. Participants in the qualitative interviews were of the same opinion. The main barriers mentioned in the interviews were prejudices and lack of knowledge about matters concerning disabled women and violence they experience and the use of coercion, force and power in the daily lives of disabled women. Other barrier issues interviewees pointed out included lack of funds and low priority issues regarding violence in general and factors relating to the work within the special victim support services.

5.3.1 Prejudices and ignorance of matters regarding disabled women and the violence they experience

Some of the interviewees discussed prejudices against disabled people and believed the general public to have limited knowledge about the social situation and the rights of disabled people. They explained how dominating discourses regarding disabled people was influenced by stereotypes, one example of this being the idea that disabled women as not seen as sexual beings but often regarded asexual. People in general avoid talking to disabled people about matters regarding sex and appear to be ignorant of the possibility of disabled women being subject to violence. The extent of violence against disabled women is therefore often underestimated and people do not realise the seriousness of the situation. Such ignorance and prejudice can hinder the access of disabled women to specialised victim support.

Furthermore, interviewees pointed out that such prejudice could also be found among staff in the health services and counsellors of the victim support services and pointed out that this could ultimately result in ineffective or insufficient support to disabled women and an underestimation of the amount of and consequences of violence in the lives of disabled women.

> I am not sure all psychologists would feel they could handle interviews with perhaps a woman with moderate intellectual impairments or counselling where communication is difficult
>
> [Staffmember in a specialised victim support organisation]

Some interviewees felt that the disability services did not provide enough information and training about the rights of disabled people. They believed disability services were characterised by conservative views which was, to some extent, reflected in how the service was organised and in the service practice. Some respondents recounted incidences they knew of where staff in the disability services or family members of disabled women had made arrangements on behalf of the women without consulting with them or allowing them to have a say the process. One interviewee had supported a disabled woman who lived in a group home and had been subjected to violence from another resident in the home. As a consequence of the violence, a decision was made by the service providers that she should leave the home, not the perpetrator.

> The woman said that she did not understand why she had to move. It seems that her needs were not thought of as a priority. This was in fact a double violation. She was made powerless when she was abused and again when she was made to leave a home she had felt good in and wanted to continue living in.
>
> [Staffmember in a specialised victim support organisation]

Some interviewees thought that the attitudes within the disability services and in the general health services did not always reflect the rights of disabled people nor always aim at the empowerment of disabled people and support their independence and self-determination. Staff and professionals often have limited knowledge about violence against disabled people and sexual violence in general and even underestimate the consequences such violations can have on the emotional wellbeing of women. Some believed that professionals providing treatment, such as psychiatrists and advisers in the municipal social services, often did not want to discuss the violence disabled women had been subjected to as they did not think it important or relevant. This is in particular common, in the interviewees´ experience, with regard to victims who have intellectual disability.

> It [the attitude] is something like this: “Oh my, this is yet another mess”

> [Staffmember in a specialised victim support organisation]

5.3.2 The use of force in the daily lives of disabled women

Interviewees discussed how victims of violence often find it difficult to understand and define their experiences as violence. In their counselling with women, many interviewees have seen that women often have a narrow and stereotypical definition of violence and can find it difficult to think of themselves as victims of abuse. They believed this especially to be common among disabled women. Women who, in their daily live, do perhaps not receive the necessary support to exercise their independence and self-determination, and are used to having limited control over their lives, may find it hard to recognize violence or coercion in their lives. Many disabled women have become accustomed to others taking over, making decisions for them and controlling or steering their lives. Therefore it might be difficult to recognize when guidance or interference is “normal” and when they are being coerced or are subjected to violence.

> But what I think and have sometimes experienced, is that these women define the concept of violence more narrowly than women who are not disabled. Yes, it is like some of them, I cannot generalize, are used to being spoken to hastily or get like, what to say, stern orders in conversations or something like that. And they somehow become used to this and accept this somehow and just have to bear it.
>
> [Staffmember in a specialised victim support organisation]

Interviewees believed this to hinder women in seeking support. There was also the risk that the people closest to the women do not support them because, they too did not recognize the violence and have become immune to such regular abuse of power and control.

5.3.3 Lack of finances and low priority of the sector

Most interviewees felt that the state and local government did not allocate sufficient funds to specialised victim support services. Knowledge about the violence particular to disabled women is limited and they called for more funds to be allocated for research in the area. Interviewees who worked in the specialised support services said that financial constraints limited their operations which are financed by contributions from government, municipalities and individuals. Some said that the organisation they worked for wanted to alter the facilities to secure physical access for disabled women and improve access to information about their services. They felt these changes were necessary to improve the services and make the service accessible for disabled victims but maintained that lack of funds made these changes difficult or even impossible.

5.3.4 Insufficient access to justice

Interviewees believed access to justice to be limited due to attitudinal barriers and systemic hindrances. They noted that in general only a few cases reach the courts, and when they do, there are very few convictions. They believed women in general received very little support in this regard. As a consequence women are reluctant to speak up about violence and press charges. Interviewees also commented on the work of the police and one of them described the general reception which victims get from the police to be cold and off-putting. Interviewees believed that in cases of violence against disabled women, the inertia in the system was even greater. The obstacles consisted primarily of limited understanding of the social situations of disabled women and the lack of flexibility needed to meet the needs of women with different impairments. Interviewees described incidences where the police had not accepted charges from disabled women and where cases had been *"lost in the system"*. They worried that police officers were often unwilling to accept cases that concerned violence against disabled women.

> I have for example sometimes been aware that women want to have a lawyer with them when going to the police to press charges and that is because the police system or the police are sometimes, you know, like "uh, is this definitely something which we need to look into?" They are sometimes a bit defensive when they [women] come and press charges.
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> [Staffmember in a specialised victim support organisation]

5.3.5 Aspects regarding the specialised victim support services

The interviewees who worked in the specialised victim support services described the services as being personalised or individualised in the sense that attempts were made to meet the needs of each and every one. Sometimes however, factors such as limited funds, pressure and little flexibility limited the capacity of the organisations/institution to meet the varying needs of victims. When the interviews were analysed it was possible to identify things which indicate that despite willingness to do well, there was sometimes a lack of knowledge about the different or specific support needs of disabled women. The attitudes often reflected the idea that, ultimately, equity means everyone should get the same services. As a result, some interviewees felt it was not right for people to assume that support services should take it upon themselves to adapt and change the services and tailor to individual needs. One interviewee maintained that the staff showed the utmost discretion and attempts were made to provide accessible facilities if needed. She added, however, that it was not their responsibility to adapt the support for victims beyond that which was available to them.

> I mean, every time an individual comes to us we are so very relieved if there is a member of staff from the institution or the

> environment of these individuals with them, because they relieve us of pressure and responsibility. We do not have expertise in all kinds of intellectual impairments or just how these individuals will respond to a threatening environment. How are we supposed to deal with that?
>
> [Staffmember in a specialised victim support organisation]

This was not a unanimous position. One interviewee had considerable experience in supporting disabled women who had been victims of violence. She said one could not assume that support that suits women in general is also suitable for disabled women. It is important that the framework of each organisation and the support provided is flexible and that there is an ability to adapt to the different needs of women.

5.3.6 Negative attitudes of professions towards specialised victim services

Most specialised victim support services work in good cooperation with the municipal social services, the police and other professionals. They described the cooperation as being good and felt that there to be mutual trust. Two interviewees, however, who worked in specialised victim support services, felt that professionals in the health and disability services distrusted the organisation. Some professionals seemed to doubt the value and quality of counselling taking place the support services that offer victim-to-victim peer support, and therefore did not refer women to them. Both these interviewees worked for organisations which are quite small and not very well known among the general public, and thought perhaps that the prejudices were linked to that to some extent. They believed the root of the problem being that professionals did not know what kind of support was provided by the services. One interviewee told of an incident where a psychiatrist had urged a woman to stop going to the support services because he thought it could trigger “*emotional instability*”.

> Staff in these positions, for example psychiatrists, are not necessarily keen to advertise work like ours […] you know, I think that this means that sometimes professionals looking after very sick individuals, or actually disabled people, do not necessarily encourage them to look for us.
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> [Staffmember in a specialised victim support organisation]

5.4 Public relations and access to information

Interviewees from the specialised victim support services explained that the organisations/institution only advertise their services to a limited degree. They agreed on the importance of having accessible information about their services on their websites. Most of the home pages were, on the other hand, rather inaccessible to women with different kinds of impairments. Furthermore, in many cases information on the websites had not been updated for some time so some information was outdated. Interviewees explained that the reason for this was limited funding. They emphasised that counselling work and support for victims had to be the priority which left limited resources for information dissemination, publicising and marketing. However, most of the organisations and institutions participating in the research saw promotional work and awareness-raising as a part of the job. They engage actively in public debates on violence and gave lectures and provide training and education about various aspects of violence in different settings, for example in schools, businesses and institutions. Some interviewees felt that this was the most effective way of providing information on support measures available.

Interviewees who worked within disability services said that a part of their work was to educate and promote information about the rights of disabled people and services available to them.

5.5 Cooperation and networking

Participants in the survey were asked whether the organisations/institutions they worked for co-operated with interest groups or organisations of disabled people, living or work programs for disabled people, advice centres for disabled people or advocates or spokespersons. Seven of the ten answered that they co-operated with organisations of disabled people and four said they had co-operated with residential programs and work places for disabled people. Only two respondents had worked with disability advocates and one had cooperated with an advice centre for disabled people. Only one respondent said that there had been no co-operation with any of the above-mentioned parties.

Most of the interviewees who worked in the specialised victim support services said that their organisation/institution had cooperated in some way with interest groups of disabled people or professionals who worked with disabled people. The respondents spoke of reciprocal trust in the co-operation and noted that these parties, the professionals and the interest groups, readily referred victims to the organisations in most cases. Counsellors of the specialised victim support services had in many cases given lectures for organisations of disabled people and to staff in the disability services, e.g. about how to respond in the case of violence. Such lectures were, however, not provided regularly or systematically. In most cases the organisations had sought help from the support services when cases of violence had been revealed. Also, disability service providers had sought the assistance of the victim support services about how to formulate operational procedures in dealing with cases of violence. Interviewees who worked within the disability services said that they worked with associations of disabled people. When cases of violence against disabled women came up they also sought assistance from specialised victim support services organisations.

Most interviewees who worked within the specialised victim support services were aware that increased co-operation with interest groups and organisations of disabled people would facilitate access to support for disabled victims. It was clear that some of the support services took more initiative than others when it came to co-operation and collaboration with disability groups. Some declared they were interest in such co-operation but felt that the initiative should come from the organisations of disabled people and the disability service providers. Others suggested that the support services for which they worked had already shown a lot of initiative. In October 2013, two disability service providers, in cooperation with other organisations of disabled people and disability services, held a symposium on sexual violence against disabled people. The symposium was extremely well attended (with close to 400 participants) and attracted a great deal of attention. The organisations involved in this symposium have planned further cooperation in the future. An interviewee working for one of the organisations that participated explained that when planning the symposium the organisation had gotten extensive support and that many people had showed interest.

> We have talked to lots and lots of people. All these organizations, and have let them know that we want to do more, we want to do better, want to have more cooperation. And everybody has taken us with open arms, wherever we have looked.
>
> [Staffmember in a specialised victim support organisation]

The staff of this organisation is now placing a particular emphasis on violence against disabled people and are planning to move their service to a more accessible building and are aiming to adapt their services in order to better meet the needs of disabled women.

5.6 Good-practice-examples

Based on the data collected during this project, two examples were identified as “good practice examples”.

The first example is a victim support organisation, and in particular one of the counsellors working there who has extensive experience in working with disabled women and an understanding of the social situation of disabled people. This counsellor uses systematic methods to adapt the support offered to meet the needs of women with intellectual disabilities. She works as a counsellor at a support service organisation and is also a social pedagogue (a profession in Iceland trained to work with disabled people). As a result this person has had a lot of experience in working with disabled people and used her experience and knowledge to adapt the support to the different and diverse needs of disabled women and, in particular, to women with intellectual disabilities. In some cases she uses easy language, shorter sentences and pictures as aids in interviews. She says she is careful to provide disabled women with lots of flexibility in the interviews and counselling sessions, offers shorter time and possibly shorter intervals between interviews. She explained that it is important for women with intellectual disabilities to have more time to communicate. She also mentioned that in her experience it is common that women with intellectual disabilities wanted to end the counselling sooner than others. The wishes of the women are always respected and they are reminded that they are welcome to come back if they wish.

The other “good practice example” identified concerns one of the specialised victim support services, which took the initiative to change and improve their support for disabled women. As mentioned earlier most of the interviewees from specialised victim support services were conscious of the importance of facilitating access for support for disabled women. This particular organisation, which supports victims of sexual violence, has demonstrated a great willingness to improve their services to make them more accessible. An interviewee who works as a counsellor in this organisation said that recently the organisation has placed a lot of emphasis on finding ways to adapt their activities in such a way that it would be more useful for disabled women. The organisation was, at the time of the research, in a building that had poor access for women with mobility impairments. To change this, the organisation had recently bought new housing with better physical access and was hoping to move soon. They had also made a decision to hire a new counsellor with specialist knowledge of issues facing disabled people, which would help the organisation make their support more accessible. These were identified as very positive steps towards “good examples” in practices to ensure accessibility for disabled women and to meet their particular needs.

5.7 Future prospects and suggestions for measures to be taken

The respondents of the questionnaire were asked whether there were plans to make changes in the service to facilitate access for disabled women. Two respondents claimed that changes were intended in order to improve access for people in wheelchairs and people with physical impairments. Four respondents mentioned that plans were being made to make information on their homepages more accessible and incorporate information in easy language.

Many of the interviewees from the specialised victim services claimed to want to employ a counsellor with experience of working with disabled people, who could organize and provide support for disabled women. Most of the respondents also said that they wanted to change their services and adapt those to better meet the needs of disabled women and make information about their support more accessible.

5.8 Overall experience of experts

Participants who worked for specialised victim support services explained that relatively few disabled women had approached them in search for support. They were conscious of how widespread violence against disabled women is and expressed their concern that so few had sought support from them. Respondents said that support for disabled women has in general, been effective, however there are still barriers that hinder access to support. Respondents described physical barriers such as building-related factors which made access difficult for women with mobility impairments. They also described access to information to be poor. It was mentioned that advisers sometimes experienced insecurity when providing support to women with intellectual disabilities and women with mental health problems. Two organisations seemed to have the most experience in working with disabled women who have experienced violence. One adviser had considerable experience of working with disabled people. She had developed ways to adapt her support to the needs of women with intellectual disabilities. Most of the specialised victim services worked in cooperation with municipal social services, the psychiatric wards and other professional services, although this was to a varying degree.

5.9 Other matters

Respondents who worked in disability services maintained that there was insufficient knowledge of the diversity of violence experienced by disabled people. There was very little discussion about institutionalised violence and abuse, violence within the disability services and financial violence. Respondents believed there to be a need to define ways and measures to deal with the kind of violence that is particular to disabled people, both within the legal system and with regard to victim support.

6. Conclusions

In this concluding chapter we highlight some of the most important themes from the findings and draw out the major lessons we have learned from this empirical research.

Violence against disabled women is intrinsically connected to their marginalization, exclusion, powerlessness and subordinate status. A recurrent theme in the focus groups and the in-depth interviews with the disabled women was their belief that violence was inherently related to the marginalization of disabled women, their exclusion, powerlessness and their overall societal situation as subordinate. All the disabled women who participated in the research had experienced some form of violence, abuse, discrimination, prejudice or harassment. This was also true of the women who took part in the focus groups, despite the fact that experience of violence had not been a requirement in order for them to participate. This indicates that violence against disabled women is common and widespread and that it is most urgent to prevent it and not just provide support after it has occurred. This research strongly suggests that in order to prevent violence against disabled women it is necessary to change their overall societal status. Although it is important to educate disabled women about violence and their rights, and to raise both staff and public consciousness and awareness about violence, this will not be sufficient to prevent it. In order to do so a wider social change needs to be carried out, addressing the marginal and powerless status of disabled women.

Much of the abuse and violence reported in this study was service-related and participants often referred to disability support services as playing an important role regarding violence. Being dependent upon services and assistance from other people led the disabled women to have little power over their own lives and limited choices. Service arrangements that cultivate and sustain a power imbalance between disabled service users and non-disabled service providers can foster situations of violence and abuse. Segregated service settings of various kinds were particular “danger zones” with regard to violence. This highlights the importance of re-organizing disability services in such a way that service users enjoy adequate support services free from service-related violence and that disability service strive to empower disabled people and support them to exercise their self- determination.

Many of the disabled women experienced unwarranted and excessive interference and forceful control by service providers and family members. Because of excessive control and interference of others, many of the disabled women had limited power over their everyday lives. They explained that this excessive control had a very negative effect on their self-image and self- esteem. It had, in some cases, also led to strained relationships between the women and their families or distrust towards disability service providers. It also had the very unfortunate consequence that the women sometimes did not disclose of violence perpetrated against them in fear of it leading to scolding and even more overprotection and control of their lives, so to prevent them becoming further victims of violence.

The immediate environment of the disabled women was not supportive when they reported violence, they were frequently met with disbelieve and did not receive support to deal with the consequences of the violence. When the women spoke up about violence their stories were not believed or they were disregarded both by family members and service providers. Instead, the violence was in some cases covered up by disability service providers and handled administratively or internally which hindered the women in seeking justice. Participants also revealed that disability services often did not offer support to disabled women who were victims of violence nor did they offer support or encourage the women to seek help from specialised victim support services. Participants from the specialised victim support services, however, stressed the importance of good support from the environment as a key factor relating to good access to support for victims of violence. They pointed out that when non-disabled women seek support from specialised victim support services, it is usually in the company or with encouragement from people in the women's close environment.

Workers in the specialised victim support services wanted to offer personalised services but various factors limited their ability to do so. The interviewees who worked in the specialised victim support services described their services as being personalised in the sense that attempts were made to meet the needs of each and every one during the counselling. However, factors such as limited funds and lack of knowledge about the various support needs of disabled women reduced the capacity of the organisations/institution to meet the different needs of these women. When analysing the interviews with staff from victim support services it became apparent that there were underlying attitudinal barriers which manifested themselves in the fact that the counsellors felt that there was a limit to how far they should go in meeting the needs of disabled women. Thus, despite their expressed willingness to provide services that meet the needs of disabled women, their basic attitude was that it was *not really* their responsibility to go out of their way and change their work practices or cover the extra cost required to meet the needs of disabled women such as sign language interpretation. Instead, they felt such extra measures should be funded by the municipalities or the state and not come from their organization's funds.

Existing specialized victim support services are organized by and for non-disabled women and meeting the needs of disabled women is an afterthought added on afterwards. The attitudes of well-meaning counsellors in existing victim support servicers reflect that the specialized victim support services have been established and developed to meet the needs of able-bodied survivors of violence. Issues that have to do with disability such as access to buildings or information, knowledge about alternative forms of communication or disability related violence are not an integral part of the services. Instead, when disabled women sought support it became a “*situation to be dealt with*“ and fixed. This raises the question whether existing organisations, which receive public funding from municipalities or the state, should be required to have their support services accessible to all, or whether it is acceptable that they organize supports that are tailored to the needs of a particular group of people while excluding others which as a consequence cannot make use of it?

It is essential to increase knowledge within the specialised victim services about matters regarding the lives of disabled women and violence against them. Findings highlight the importance of increased knowledge and understanding within the victim support services about violence against disabled people, the lives of disabled women and their marginalization. Counsellors must have knowledge and skills necessary to adapt their support to the needs of disabled women. It is especially important to educate counsellors about prejudice and discrimination that disabled women experience; otherwise the risk is that the attitudes of workers will reflect such prejudice. Preconceptions and stereotypes can affect the quality of the counselling and can be manifest in negative attitudes against reforms and the changes in services necessary to facilitate access for disabled women, such as distrusting and not wanting to work with sign language interpreters.

Disabled women call for different kinds of specialized victim support services. The disabled women who participated in the study called for more support and also for different kinds of support than currently offered. They emphasized the need to facilitate access to the existing mainstream specialised victim support services. At the same time they pointed out that the support currently available mostly focuses on sexual violence and intimate partner violence. They also pointed out that the traditional definitions of violence do not accommodate the various manifestations of violence in the lives of disabled women. Instead these definitions, in fact, refer first and foremost to the experiences of non-disabled women. The participants found this to limit the way in which violence is generally understood, discussed and the kind of knowledge that currently exists about violence and abuse.

The women raised the issue of safe space and a forum for disabled women. The disabled women spoke of the need for a special forum where disabled women could come together and talk on their own terms about their social situation, oppression and the violence and abuse they face in their everyday lives. They believe that by coming together and talking about violence, disabled women could find their own voice and become conscious as to how the violence and discrimination against them is manifested, maintained and constantly recreated. The women talked of the importance that such a forum being a place only for disabled women. Without the presence of non-disabled people and disabled men there would be less power imbalance and disabled women would feel safer and have the space necessary to discuss violence from their own perspectives. This raises important questions on how to define *safe space* for disabled women when it comes to specialised victim support services and how these services can meet the needs of disabled women without maintaining power imbalance in working with them.