DAPHNE PROJECT: ACCESS TO SPECIALIZED VICTIM SERVICES FOR WOMEN WITH DISABILITIES WHO HAVE EXPERIENCED VIOLENCE
– NATIONAL REPORT GERMANY –

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UNIVERSITY OF GIEßEN, JUNE 2014

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ABBREVIATIONS

bff	Federal Association of Rape Crisis Centres and Women's Counselling Centres in Germany (Bundesverband Frauenberatungsstellen und Frauennotrufe)
D	Discussion (number)
I	Interview (either with disabled woman or expert)
Pwd	People with disabilities
T	Time
CRPD	Convention on the Rights of Persons with Disabilities

Executive Summary

This report documents and summarises the results of the Daphne project "Access to specialised Victim Support Services for Women with Disabilities who have experienced Violence" for empirical research in Germany. The research conducted in the course of the European project aimed at assessing the existing support system's access opportunities and quality in terms of accessibility and approachability for women with disabilities affected by violence. Surveys were conducted both within the support system and among women with disabilities.

Focus group discussions were conducted with women with disabilities and in-depth interviews were conducted with women affected by violence in order to get to know their subjective perspectives and problems first-hand. In addition, a nationwide online survey was carried out with specialised services within the support system, especially women's shelters, women's counselling centres and intervention agencies. This was followed by individual interviews with employees of these services in order to gain a comprehensive insight into the perspectives and viewpoints of the support services themselves.

The research's most important result is that despite increased activities and improvements over past years there is still a significant lack of accessible support for women with disabilities affected by violence. Most of the time affected women do not have full access to the support system and are not, or are only occasionally, reached by it. Moreover, they are not adequately informed about their support options. Often they lack information on where they can seek professional help and how the specific situation of women with various disabilities is considered by such places. Support services themselves often do not have enough experience and practice in dealing with women with disabilities. Often they react to requests individually instead of with professional concepts for different target groups of women with disabilities. In this context the question of the extent to which women with disabilities should be integrated into the existing services, or if specific services have to be created, can be described as a tightrope walk. The affected women repeatedly remark that they do not feel that they are taken seriously when seeking help and/or feel patronised, which makes looking for help even harder. Apart from funding the development of accessible structures, rooms and programmes, it is therefore necessary to inform and train the professionals in support facilities, so that they are able to inform, counsel and support affected women in a better way. During this process networks with facilities (and residential homes) for people with disabilities and with disability interest groups should be established and fostered, in order to reach the affected target groups more effectively, to actively engage them in change processes and to cater to different forms of disability and support needs.

The in-depth interviews with affected women clearly showed that many women with disabilities have experienced not only physical (i.e. sexual) violence, but also increased psychological violence and discrimination, which often permeate their entire life. Frequent violation of boundaries, structural violence and dependency/power relations make self-defence and seeking help considerably harder. Relationships with carers and assistants are special in that being concerned about endangering their care can keep people from seeking help when experiencing violence. Therefore it is important to actively strengthen affected women and inform them of their rights. On a societal and political level this issue and the structures that facilitate violence have to be examined critically while creating conditions for improving the support of affected women.

a) Definitions of violence

This study included various forms and contexts of violence: physical abuse and sexual violence as well as psychological-emotional, economic and structural violence and discrimination. Neglect and failure to provide help/support for people who depend on care and support can also be regarded as a form of violence. However, no definitions of violence were explicitly set in the interviews. Rather, in the group discussions and individual interviews the women with disabilities were asked which forms and contexts of violence they knew and what they understood by the term 'violence'.

During the discussions and interviews with affected women 'violence' was defined very broadly. Apart from physical and sexual violence, psychological violence and discrimination were also named explicitly as a relevant form of violence. The participants and interviewees not only reflected on different forms of violence, but also on various potential perpetrators and contexts as well as relationships between the definition of violence and its consequences and intentions. The definitions of violence used by the individually interviewed women frequently also reflected their own experience of violence.

b) Necessity of supporting women with disabilities affected by violence

The questions on support made clear that, above all, it is important for the affected women that their situation is understood and taken seriously. Accessibility is not only created by constructional measures and assistance (e.g. in communication), but above all by dealing with women with various disabilities in a well-informed and proficient way. When it comes to providing support, both informal contact persons from the social background and professional support services were considered to be important. Barriers regarding communication and constructional factors should be reduced, and this should be clearly visible to the affected people.

c) Awareness and knowledge of rights and support options in the case of violence

Though some of the women who were interviewed in group discussions and individual interviews knew about their rights and possible support options, all in all the participants agreed that most women with disabilities lack this kind of knowledge. Among others, this is related to a lack of education on the one hand, and to lacking awareness for transgressive behaviour and violence against women with disabilities on the other. As far as this is concerned, increased informational activities and strengthening of the perception of rights and boundaries are considered necessary.

d) Existing support services for women affected by violence and their support for women with disabilities affected by violence

In terms of availability and access for women with disabilities, great shortcomings in the existing support system become visible. Both the online survey and the individual in-depth interviews with staff members of the support system make clear that the facilities and services are often not tailored towards the specific needs of women with disabilities. They are regarded as inaccessible to a great extent by both staff members and affected women. Even though the percentage of psychologically and cognitively impaired women is not low in these facilities, the services are not seen as adequate or fully accessible for these target groups either. Access to the support system for women affected by violence is particularly rare for women with physical and sensory disabilities as well as women who live in facilities for people with disabilities. Additionally, there are almost no specific programmes for these target groups.

e) Facilities' resources to supply the necessary support of women affected by violence

The interviews show that the support services frequently lack the structural conditions and financial resources to provide fully accessible services. In addition to this, employees often lack experience in dealing professionally with women with disabilities as well as continued networking and further training with interest groups and facilities for people with disabilities. However, networking and training would

be an important precondition both for improving support and for reducing knowledge gaps and internal barriers when dealing with this target group.

f) Further aspects for improving the support of women with disabilities affected by violence

All in all, the interviews with affected women and with people working in support services make clear that the term 'accessible' has to be thought of in a new way. On the one hand, it is noted that trying to aim at reducing barriers step-by-step (instead of aiming at complete accessibility) could possibly be a practical approach that would protect against having overly high expectations that cannot be met. On the other hand, apart from constructional changes and reducing communication barriers, it is considered important that, in particular, internal barriers, including within the facility employees themselves, should be reduced. It is essential to address women with disabilities specifically and to develop adequate practice in dealing with them. In PR work, too, addressing women directly and developing programmes together with women with disabilities and their interest groups is important. Society as a whole has to take the problem more seriously, increasing general protection of women with disabilities against violence. Politics and public administration have to prioritise this target and create the necessary conditions for improved support.

1. Introduction

The results of the study "Life situations of and pressures on disabled women in Germany" – conducted by the Interdisciplinary Centre of Women's and Gender Studies (IFF) of Bielefeld University on behalf of the German Federal Ministry of Family, Senior Citizens, Women and Youth (BMFSFJ) – showed, for the first time, the considerable extent of the violence to which women with disabilities/impairments are exposed.

Following this study, the Gender Studies Unit of Bielefeld University, in cooperation with the University of Leeds (England), the University of Iceland and the Austrian association against sexual violence against women with learning disabilities or multiple disabilities (NINLIL), launched an international project in February 2013, its task being to examine the access opportunities and quality of different support institutions in terms of their accessibility for women with disabilities/impairments who experienced different forms of violence. The project has a duration of two years and is being coordinated by the Ludwig Boltzmann Institute of Human Rights in Austria. It is being financed by European research funds as part of the Daphne Funding Programme (http://www.europarl.europa.eu/news/en/news-room/content/20120126STO36322/html/EU-urged-to-do-more-to-eradicate-violence-against-women-and-the-young).

The project was implemented in different stages. First, a report on the country-specific political and legal circumstances for women affected by violence was drawn up. It examined which support services were available and to which degree they were accessible for women with disabilities. In the following empirical stage, all specialised support services for women affected by violence were asked – using a nationwide online survey – about their accessibility for women with disabilities and the degree to which they were actually used by this target group. Additionally, individual in-depth interviews were conducted with employees of the facilities. In other guided interviews within focus group discussions women with different disabilities were asked about their experiences, support needs and barriers within the support system. Furthermore, qualitative in-depth interviews with women with disabilities affected by violence were conducted in order to gain more specific insights into life situations, barriers and their individual circumstances.

This national report documents the most important results of the study for Germany. An overview of the investigation methods and procedure of the empirical study is followed by a documentation of the affected women's estimations gathered from the group discussions and individual interviews. The report's final section documents the results of the nationwide online survey and the interviews with experts within the support system.

2. Overview of Methods and Interviews Used for Evaluation

Interviews with women with disabilities: focus groups and individual in-depth interviews

In the course of this study women with disabilities were interviewed as experts of their own situation. Focus group discussions were conducted with women with disabilities and individual in-depth interviews were conducted with women affected by violence. The six **focus group discussions** with women with disabilities were carried out in different regions of Germany with five to nine women in each group. It did not matter whether the women had or had not personally experienced violence.

Women with different forms of disabilities were included: one discussion group consisted of cognitively impaired women who live in facilities for people with disabilities[1] and was carried out in simple language (discussion 1). Three focus groups (discussions 2 to 4) were composed of women with various forms of disabilities/impairments: blind women/women with severe visual impairments, women with learning disabilities, physically impaired women and chronically ill women. Another discussion included deaf participants only and was carried out in German Sign Language (discussion 5[2]). In the remaining one discussion women with psychological disorders[3] shared their experiences (discussion 6).

Various organisations and centres were asked for help in **recruiting discussion participants**. They received letters asking them to forward the information on to women interested in the subject.

The following facilities/people were included in the recruitment process:

- residential facilities for people with disabilities (pwd)
- workshops for pwd
- leisure clubs for pwd
- sports clubs for pwd
- local representatives of pwd
- political interest groups for pwd
- associations for blind and visually impaired people
- interest groups and media projects for deaf people
- women's shelters
- women's counselling centres
- women's helplines
- therapists
- doctors.

Women both with and without their own experiences of violence were asked to participate in the group discussions.

The discussions were conducted in six different regions of Germany, choosing cities of different sizes (from 72,000 to 3.4 million inhabitants).

A broad spectrum of women with various disabilities and different socio-structural characteristics was reached with the group discussions, which can be seen as a positive result. However, it is generally likely that using the aforementioned channels resulted in women who are already actively engaged in the subject area of this study being recruited, especially because several participants were recruited via interest groups and networks of women with disabilities.

All in all, the group discussions went very well. The rooms that were chosen were as neutral as possible, accessible for all target groups and fulfilled the preconditions for a discussion without

[1] Some of these women were also chronically ill or physically impaired.
[2] Since this discussion was not transliterated but journalised, time data is missing in the citations used in the text.
[3] Some of these women were also chronically ill or physically impaired.

interruptions. One discussion took place in university rooms, two discussions were conducted in rooms of the respective town halls, one discussion was held in a meeting room of a leisure facility for people with disabilities, and another two took place in the rooms of disability interest groups. All discussions were conducted in a comfortable atmosphere and without interruptions. The participants discussed the questions actively and enthusiastically.

The discussion questions were widely understood and thoroughly discussed. Only the question on how the right to freedom from violence could be implemented appeared to be difficult to answer, which led to partially changing the question's wording to: how can women be better informed about their rights?

Individual in-depth interviews were conducted with 16 women with disabilities who have experienced violence themselves. Two of these were deaf, two were cognitively impaired,[4] four were blind,[5] four were physically impaired,[6] and four had psychological disorders[7].

The interviewees for the individual in-depth interviews were mainly recruited via the group discussions. Some discussion participants were willing to be interviewed in-depth or told other women who they thought might be interested in being interviewed about the study.

At the time of the interview the 16 interviewees were between 26 and 69 years old. Three women had a migrant background. Asked about their marital status, four women answered that they were married; three were divorced, two were widowed, five were single and two were in a relationship.[8] Twelve of the women lived in a major city (>100,000 inhabitants), three lived in mid-sized German cities (20,000 to 100,000 inhabitants) and one woman lived in a small town (<20,000 inhabitants) when the interview was conducted. The duration of the interviews varied between 45 minutes and two hours and the interviewees could choose where the interview should take place. Most of them decided to be interviewed at their home or the residential facility where they lived. Two interviews were conducted at a university/research institute, and one was held on the premises of the German Association of the Deaf (Deutscher Gehörlosenbund).

All in all, it became clear that the approach of a narrative biographical interview that had been chosen for this study brought up interesting biographical information, but was found to be rather distressing for the interviewees. For some women, talking about experiences of violence in their childhood was especially hard. For this reason, some of the women received a few sample questions from the interview guide in advance in order to be better prepared for the interview situation and to anticipate the level of stress that they should expect.

One interviewee struggled to answer the question on different phases of her life as due to her impairment she could not reconstruct when she had experienced abuse. One interview had to be stopped because it was too distressing for the interviewee; another interviewee needed a short break during her interview. Contact details of local support institutions were kept available in case the interviewees needed further support after the interview. However, as far as we know this was not necessary in any of the interviews.

The interviews were evaluated by means of content analysis. Various thematic tables were set up in order to evaluate the interviews in a structured manner. One table contained general statements made by the women about their estimation of the national situation regarding violence against women with disabilities, their own understanding of violence and discrimination, their knowledge about their own rights, suggestions for improvement and prospects for the future. A further structured evaluation table

[4] These women live in a residential facility for people with cognitive disabilities. When asked about their disability, however, the women (also) mentioned chronic illnesses and/or physical impairments.
[5] Some women also had psychological disorders.
[6] Some women also had psychological disorders.
[7] Some women also had chronic illnesses and/or physical impairments/illnesses.
[8] This question was posed as an open question; no non-overlapping answers were predetermined.

was also set up for each woman, which only recorded individual experiences of violence and support in their lives. These tables were used to analyse the course of the individual interviewee's lives as well as similarities and differences between the women in experiencing violence and support, as well as in their attitudes towards violence.

The focus group discussions were conducted between June and December 2013, the individual in-depth interviews with women affected by violence between December 2013 and February 2014. They were evaluated between November 2013 and April 2014. The interview guides that were used can be found in the appendix.

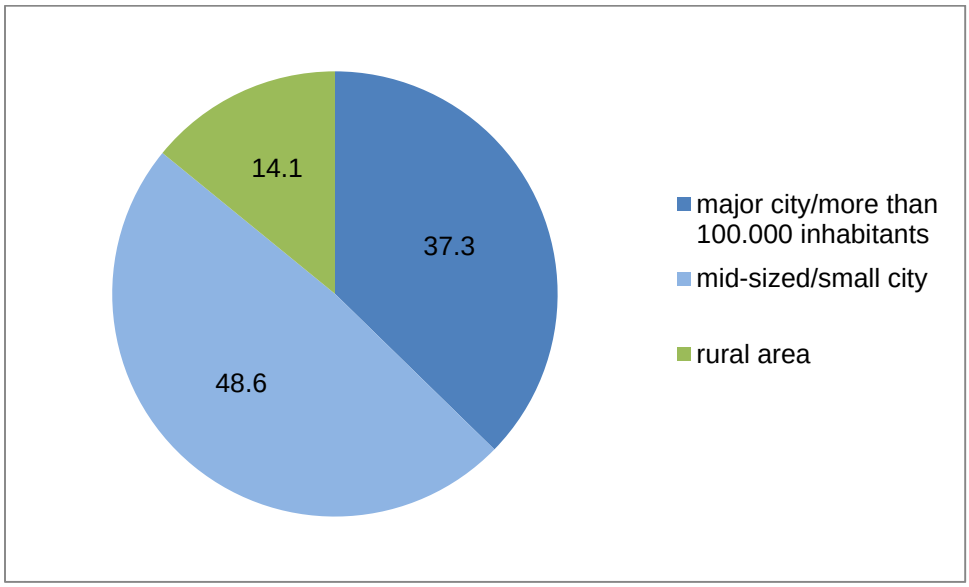
Support services: online survey and expert interviews within the support system

For the online survey, all 816 German support services for women affected by violence identified during research were contacted and asked to complete an online questionnaire developed by the team in Gießen. Parts of the questionnaire followed a previous survey conducted by the *bff* (Federal Association of Rape Crisis Centres and Women's Counselling Centres in Germany) but was also revised and focused together with disability interest groups. More than half of the 816 services (442; 54%) completed the questionnaire; another 58 services (7%) filled it in partially. With a response rate of 61% participation can be described as "good". This is especially true considering the fact that a similar survey – with a considerably lower response rate – had been conducted in Germany only a few months earlier.

The present evaluation considers 363 services that described themselves as a women's shelter, women's counselling centre, women's helpline and/or intervention agency for women affected by violence.[9] Half of the services were women's shelters (51%). Additionally, 50% of the services claimed to be a centre for protection against violence or an intervention agency for women affected by violence. 37% considered themselves women's counselling centres. 25% of the services were women's helplines. The percentages above do not add up to 100% because multiple answers were possible. The services were situated in all federal states in small/mid-sized cities as well as in major cities (see figure 1).

[9] The remaining 79 facilities were specific centres for people with disabilities as well as other specialised institutions (e.g. for girls and boys who had been sexually abused, or programmes for men and women who had become victims of violence and stalking). These facilities are not included in the present evaluation because specific facilities for people with disabilities generally are more accessible, meaning that that they would distort the result.
However, it is being considered to examine the facilities describing themselves as "other facility specialised in violence" with specification in the comment section as to what they are doing. Then they could be assigned to the aforementioned categories and be included in further in-depth evaluations.

Figure 1: Regional distribution of services asked in the online questionnaire (in percentage)



The professionals for the in-depth **expert interviews with employees in facilities providing protection and support** were recruited via an additional question[10] in the online questionnaire. They worked in the following facilities:

- 4 were staff members of women's shelters
- 3 were staff members of women's helplines
- 2 were staff members of women's counselling centres
- 2 were staff members of counselling centres for victims of sexual violence (Wildwasser)
- 1 was a staff member of a counselling and therapy centre
- 1 was a staff member of a counselling centre specifically for female immigrants who have experienced domestic abuse
- 1 was a staff member of a self-defence centre for women and girls
- 1 was a staff member of a counselling centre specifically for lesbian women.

Regarding the recruitment of experts within the support system for the in-depth interviews, it is possible that selecting the interviewees via an additional question in the questionnaire led to (self-) selection of the more active facilities, as these may be the services that are most willing to participate in a further in-depth survey. However, this cannot be ascertained from the data and statements.

The nationwide online survey was carried out in May 2013 and the expert interviews were conducted between June 2013 and January 2014. They were evaluated between November 2013 and February 2014. The interview guide as well as the online questionnaire that were used can be found in the appendix.

[10] "As part of this study we wish to conduct more detailed in-depth interviews with professionals. Would you be interested to be interviewed? If yes, please write here your name, phone number and / or email address."

3. Women with Disabilities (Results of Focus Group Discussions and In-depth Interviews with Affected Women)

A. General estimation of the present situation in terms of violence against women with disabilities at national/regional level

Severity of and taboo surrounding the problem

When asked how severe the problem of violence against women with disabilities was in Germany, both the participants in the group discussions and the interviewees in the individual interviews agreed that this was a major problem with a high number of unreported cases – an issue that was frequently rendered taboo and that could, in principle, affect each and every woman.[11] They argued that rendering the problem taboo exacerbated it, as being concealed from the public means that it is ignored to a high degree.[12] The participants also felt that people often did not believe the victims, and that the fact that the problem has not been a subject of discussion until the publication of a scientific study emphasises the fact that women with disabilities are hitherto not being taken seriously in their needs and problems.[13]

It was noted that, in particular, forms of psychological violence in facilities often pass unnoticed. The myth that people with disabilities are better protected against violence is quite common. During the discussion with deaf participants as well as during one individual interview it was mentioned that deaf women are affected by violence more often, which was also confirmed by the German survey mentioned above.

In addition to this, other factors such as ethnic background or financial situation are believed to reinforce discrimination and violence against women with disabilities.

One positive remark was that the taboo surrounding the topic had declined over the past few years, that there was a noticeable increase in awareness and PR work[14] and that there were more places for affected women to go. According to some participants, however, this has not really led to a reduction in the severity of the problem.

Differences in experiences of violence between women with and without disabilities[15]

In the **group discussions** the participants were asked about similarities and differences in experiences of violence, and their consequences, between women with and without disabilities. The following were named as significant **differences**:

1. Women with disabilities have reduced chances of defending themselves and fighting back (e.g. in the context of strong physical/mental disability or hearing impairment), which is exploited deliberately.
2. Their self-esteem is sometimes lower than that of women without disabilities and they are visibly insecure, which could also be a risk factor.

[11] "Well, that it can also be women who have a good job and appear totally self-confident on the outside, and at some point it emerges that they have been abused by their husband for years, or whatever." (D: 3.3; T: 00:03:04)
[12] "There is still a big problem of people turning a blind eye, not only among family members, but also among people in respective facilities." (D: 2.5; T: 00:03:40)
[13] "When I read this [the study] I thought: 'Well? I know, I know.' Yes, but since then it is being heard. Why not before? [...] And I just find it a pity and simply, that we're only heard when it is scientifically institutionalised. I find this shows again that women with disabilities as such are not taken seriously. With their concerns. Because only a science, if science says it, it has to be right." (I: 10; T: 01:39:24)
[14] "What I wanted to add is that my impression is that it was taboo much more in 2008 than in 2009 or 2010, when the entire abuse scandal arose and now facilities, including supervisors in homes, Youth Welfare Services, approach me and say, can you give us further training on this issue. [...] So I think that now there is a different openness." (D: 3.3; T: 00:03:49)
[15] Impulse question: From your point of view, are there differences between the ways that disabled and non-disabled women experience violence? For example in types of violence, in the reactions and consequences? (If yes, which?)

3. There are higher levels of dependence.
4. Women with disabilities are denied sexuality.
5. (Sex) education is rare, and this lack of information is exploited.
6. There are communicative barriers, especially as far as deaf women are concerned.
7. Psychologically ill women in particular have more difficulty processing the experience.
8. Involved authorities and institutions are unable to cope with the concept of disabled women being affected by violence (especially the police).

Now the statements and discussions about the aforementioned aspects will be explained and presented in more detail.

1. Reduced chances of self-defence and fighting back

In almost all discussions with women with disabilities limited chances of defending themselves in violent situations were described as a significant difference between women with and without disabilities. According to the participants, this fact is exploited deliberately by perpetrators. Being limited in defending themselves could be the result of the disability itself, but on the other hand it can also be due to having *lower self-esteem* compared to women without disabilities. Strategies of self-defence are often limited for women with disabilities, because their self-confidence is lower and/or is still to be acquired. Violations of boundaries are often not recognised as such as personal boundaries are not respected in the lives of many women with disabilities. At the same time, it is more difficult to identify violations of personal boundaries if violence has been experienced since childhood and is therefore regarded as normal. Some deaf women, for instance, have experienced violations of their personal boundaries very early on in their lives and are used to them and/or are at their mercy in an even more defenceless way.[16]

2. Low self-esteem and insecurity (also as a risk factor)

According to the participants in the group discussions with women with disabilities, low self-esteem often leads to additionally insecure behaviour. This was discussed as a risk factor. Confident women would act as more of a deterrent to potential perpetrators, while insecure women would tend to encourage dominant behaviour. Many women with disabilities are believed to develop reduced self-esteem as early as during their socialisation as children.[17] Children who grew up in facilities are seen to be affected by this to an especially high degree.[18] In turn, the violence experienced damages the women's self-confidence even more.

Deaf women in particular do not have any strong deaf women in the public eye who they can look up to as role models.[19]

[16] Quote from the discussion with deaf women: "In school, in articulation class, children often still sit on the teacher's lap and their body and mouth are touched. In fact, an intimate boundary has been crossed in doing this. Deaf children cannot reflect on this. It is part of their life; they cannot defend themselves against it." Referring to further training for both hearing and deaf people: "When sexual violence was discussed, the hearing knew immediately what it was about. They participated actively in the discussion. But the deaf participants were passive, the subject was alien to them, and they didn't even listen carefully because there was a lot they simply didn't understand." (D: 5.4)

[17] "The deaf children have been demotivated right from the beginning. Their parents say, 'you can't hear, you can't speak, you can't do anything.'" (D: 5.4)

[18] "And what I noticed is that where I grew up, in these barracks, when someone came in who had grown up mainly with their parents before that [...] they simply moved differently in that people who grow up in such barracks, you're disabled and so on, uhm, they thank others a million times for what they get, and when they have any request, may I, eating humble pie, I'm now exaggerating, whereas the others who had grown up mainly with their parents and came in, they were much more relaxed, they were bold, too [...] they would also demand more, they have an entirely different conception of themselves." (D: 2.1; T: 00:59:19)

[19] "For hearing women it was difficult for a long time, too. They lacked the self-confidence to hold their ground as a woman. In the past, women didn't have autonomy either. Just 30, 40 years ago, the lobby wasn't there. Via the media, for example the magazine *Emma*, it became natural for women to be allowed to simply be a woman, no matter if hetero or lesbian. Deaf women

3. Higher levels of dependence

The discussion participants saw another difference between women with and without disabilities in terms of dependence and associated relations, especially in the context of care. These relations were considered to be an obstacle when seeking help, as defending oneself or looking for support could endanger one's care (also see section 3.5).

4. Denial of sexuality

In the group discussions it was pointed out that women with disabilities are frequently denied sexuality. The participants talked about different dimensions in this context. On the one hand, they discussed the de-sexualisation of women with disabilities and the denial of their sexual attractiveness. They believed that this makes it easier for perpetrators to find victims who endure the violent situation as this is the only relationship in which they feel like a woman.[20] On the other hand, denial of sexuality referred to the fact that people often do not believe what the victims tell them because women with disabilities were not seen as attractive victims.

5. Insufficient (sex) education (and how this lack of information is exploited)

According to the discussion participants, women with disabilities often recognise abusive situations either very late or even not at all due to the lack of sex education (especially for cognitively impaired women).[21] Unlike hearing children, deaf children do not get sex education at school. Due to this lack of awareness, boundaries are often crossed as early as during childhood; on the other hand, the fact that women are often depicted as "stupid or "willing victims" within the deaf culture also plays a role.[22]

In nursery or school, children with disabilities, in contrast to children without disabilities, lack education in terms of violence prevention.

Women living in facilities often do not recognise abusive situations as they have experienced abusive situations both during their childhood and in the facility as naturally pertaining to their own daily life.[23] Often there is little difference between carers and abusers, which exacerbates this problem.

6. Referring in particular to deaf women: communicative barriers

In the discussion between deaf women, communicative barriers were seen as a significant difference in violent situations – not only between deaf women and women without disabilities, but also between deaf women and women with other forms of disabilities. According to the discussion participants,

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still lack role models to identify with, for example in the media, and self-esteem as woman. They define themselves as deaf, not as a woman." (D: 5.1) / "If someone speaks publicly about their experiences, an example is set. I feel that this encourages other women to take the step and report someone, for example." (D 5.4)

[20] Referring to sexual violence one participant explained: "[...] that violence often is the only thing where some women have both a bad feeling and a good feeling, and they just say, yes, it's strange, but it's also attention that I get and something where I can feel like a woman a little bit. And I find that horrible." (D: 2.6; T: 00:55:34)

[21] "Well, hmm, I think that one has to, well, that women have to realise or maybe learn, when they are mentally impaired for example, that this is abusive and that this is actually a problem for them." (D: 4.2; T: 00:38:40)

[22] "Unfortunately, it is common in the deaf culture to sign "dirty things", that is, to tell brutal sexual jokes that frequently depict women very stereotypically as stupid or willing victims." (D: 5.3)

[23] "[...] but I can also imagine that there are women with disabilities, maybe those that live in homes all the time, who – as horrible as it is – think this is normal, whatever they experience. It is part of their lives because it has been like this forever; that it is part of some kind of role distribution, and maybe they don't even realise that they have rights, or are being abused and would have rights." (D: 3.3; T: 00:06:26)

these communicative barriers facilitate the Deaf community's and the affected woman's isolation, which in turn encourages women to endure abusive situations and impedes them from seeking help anonymously.[24] At the same time, deaf women as well as children and teenagers affected by violence often lack not only support services, but also people that they can approach when experiencing violence. Perpetrators can take advantage of this, and it also impedes them from directly seeking help. Furthermore, hearing parents or legal guardians are frequently unable to recognise abusive situations against and between children due to the missing communication options. At the same time, close body contact as part of deaf culture is being exploited by hearing people, expressed in indecent and transgressive behaviour.[25]

7. Referring in particular to psychologically ill women: increased difficulty in processing the experience

During the discussion the psychologically ill women added to the aforementioned aspects that it is more difficult for women with psychological disorders to process experiences of violence due to the psychological impairment they already have. Therefore, the stress on these women is even harder. Experiences of violence as a child also influence how they deal with experiences of violence later in life.

8. Involved authorities and institutions being unable to cope with the concept of disabled women being affected by violence

According to the women, some authorities, especially the police and legal system, do not know how to cope with dealing with people affected by sexual violence in their relationship[26], which is why further training for intervening authorities is also necessary.

In general, the participants in the discussions also indicated that the mentioned differences always depended on the kind of disability – women with disabilities also differ from one another.

It was only in one discussion that the differences were partially questioned and **similarities** between women with and without disabilities were focused on. These similarities referred to emotional reactions, stress experienced due to the incident, feelings of powerlessness, concealing what happened and being inhibited about reporting it. According to the participants, women both with and without disabilities experienced these emotions. Furthermore, there was a controversial discussion over whether there was a "disability bonus"[27] or if this fact had to be put into perspective. On the one hand, the women described their experience as being that in the case of potential danger against women with disabilities people would be more considerate and would intervene; on the other hand, it was noted that the disability and the assumption that such persons were therefore more protected could lead to the illusion of security, which is not only not real, but even dangerous.[28]

[24] "Hearing non-disabled and disabled people who find themselves in an emergency situation can leave their partners, whereas deaf women often don't know where to go. Everyone knows everyone." (D: 5.5)
[25] "Hearing people get to know that close body contact is part of deaf culture. However, they inappropriately exploit what is seemingly normal. Hearing people learn, for example, that tapping a deaf person's arm is allowed. But instead they slap deaf women on the bum or touch intimate parts of their upper body." (D: 5.9)
[26] "And she *[judge trained in this matter]* recently told us in a panel discussion that sometimes the courts, and also the police or other authorities that can help in such a situation, have no idea, that it is so alien to them that they can't deal with it at all, or don't want to." (D: 4.2; T: 01:30:22)
[27] "Well, here in xy I am sometimes treated like a little princess." (D: 3.5; T: 00:17:49)
[28] "Until xy [...] said to me, is there something special about you, in the US blind people are raped too and don't you be too smug about your disability bonus. And I find it is also a little bit dangerous to talk women into believing that they have a disability bonus; one has to be careful with this I think." (D 3.7; T: 00:18:39)

B. Understanding of violence and perception of different forms of violence

Group discussions

During the group discussions all forms of violence[29] were named; some of them had been experienced by the women themselves: both sexual/physical and psychological violence in different life contexts. In one discussion new media were mentioned, referring to cyber-bullying on the one hand, and to distorted and false depictions in the media on the other.

In the discussions, specific emphasis was put on psychological, more subtle forms of violence, perhaps because these are harder to identify and because they play a special role in the context of violence against women with disabilities.

In three discussions it was remarked that relations of dependence can stimulate forms of psychological violence when victims' dependence is made clear to them, making them feel inferior.[30] Furthermore, the participants felt that the victim had to consider possible consequences after violent situations carefully in order not to endanger their care: generally speaking, own needs tend to be repressed in situations of dependence. Another form of abusive behaviour is to decide something without having agreed upon it with the affected person.

Ignoring disabled people in groups, isolation of affected people by parents or legal guardians and deepening their lack of independence by accompanying them constantly were described as other forms of psychological violence.[31] Moreover, in one discussion it was stated that exploiting a woman with disabilities for reasons of sexual curiosity could also be a form of violence.[32]

Additionally, with regard to therapy situations, forms of violence were described which have not yet received a lot of attention and whereby physical as well as psychological abuse play a role. Another example of a form of violence especially against women with physical disabilities is taking away the wheelchair or other aids.

The violation of physical boundaries played a special role in the deaf women's discussion. This was due to the fact that communicative barriers are compensated by physical contact, thereby legitimising the violation of boundaries. Some people communicate in an abusive or rough and transgressive way with deaf people with additional physical disabilities.[33]

Only in the discussion carried out in simple language did participants talk about perpetrators. Teenagers, immigrants, flat mates and workshop mates were named to be possible perpetrators. When then asked if it was more men or women who exerted violence the answer was that it was mostly men.

When asked where violence against women with disabilities happens, all discussion groups described the family, and half of the discussion groups described residential facilities as places of violence. In two discussions, school, i.e. during childhood and youth, and the workplace were reported to be contexts of violence. Moreover, a few participants mentioned that violence was also experienced within relationships. In terms of regions, the assumption that violence is more prevalent in major cities

[29] The participants in the group discussions were not explicitly asked about forms of violence. These are remarks that were an implicit part of the discussions.
[30] "[...] it can simply give the other person the feeling that they are nothing, for example, or that they are nothing without me, you are nothing at all, you are dependent on me, and this is also a form of violence." (D: 3.5; T: 00:10:20)
[31] "I think that being ignored in a group is a form of violence that is pretty terrible and that can't be grasped in concrete terms, for example. Or to be practically locked away by parents or relatives and so on, you can't go out on your own, you – right from the start – only leave the house with someone accompanying you. These are all forms of violence that are far harder to grasp." (D: 3.3; T: 00:07:43)
[32] "And, among other things, maybe because many women can't imagine what violence really means. When a man, let's say, suddenly gets very affectionate and then dumps her all of a sudden. [...] Because many men, I've heard, just want to try it, see how it feels to sleep with a disabled woman." (D: 4.5; T: 00:13:07)
[33] "Instead, deaf people with additional disabilities are touched physically. They are simply grabbed and communicated with in a very rough and primitive manner. Rough physical contact is involved right from the start." (D: 5.3)

than in rural areas is put into perspective by the statement that in rural areas, violent actions are covered up more often. The discussion conducted in simple language made clear that cognitively impaired women in facilities above all neither felt safe on the way home to their facility nor in the facility itself, and that they had experienced both abusive behaviour and threatening situations there. Violence has not only been experienced on public transport and in surrounding streets used for getting home, but also in their residential facilities.[34]

It was mentioned in half of the discussions that contexts of dependence could stimulate violent situations. Contexts within the family, in homes or with assistants were named, as well as financial dependences within relationships, where certain structures facilitate the creation of power relations and violence.[35] Violence in public and private was described differently, in that in public there is less dependence, while within a family the chances of defending oneself are reduced, also because of the reluctance to tell someone outside of the family about the violence experienced.

Individual in-depth interviews

The individual in-depth interviews with disabled women affected by violence made clear that violence is a very broad subject that can be defined very widely.[36] It was apparent that the affected women define their understanding and perception of violence mainly through their own experiences.

Family members, partners, friends, care staff, but also strangers, passing acquaintances and neighbours, were named to be perpetrators. Violence is directed against children, women and men and happens against the affected person's will, partly in the context of power relations and dependence. According to their own estimation, the affected people are often unable to defend themselves – partly due to their respective disability.

Violence was repeatedly described as a violation of boundaries, accompanied by infringement of or disregard for rights, and by a lack of respect.[37]

Various forms of violence were named. In this context, physical violence was defined as open violence, comprising physical abuse (e.g. punches or strangle attacks), leading to bruises or even bone fractures. Physical violence also happens at home as well as on the street or in other public places. However, the interviewees were not asked explicitly about where they had experienced violence.

Psychological violence was another form of violence described by the affected women. They named insults, being ignored, defamation, blackmail, threats and patronisation. Bullying and psychological stress from outside, such as traffic noise or pressure at work, were named to be forms of psychological violence. Sexual violence was mainly defined as abuse and rape. Other forms of violence that were mentioned include ritualised violence, war and the infringement of privacy, especially during childhood, e.g. by doctors.

One interviewee explained that the definition of violence as well as what kind of behaviour is considered violence also depends on the individual's subjective view and perception: some women

[34] "Well, he stood in front of my window, well, and he knocked at the window, well, my neighbour who has the room next to mine, well, heard it and even let him in. And then he entered my room. And did the worst with me." (D: 1.5; T: 00:32:20)
[35] "Well, I'd say that in facilities and in family-related, well when one is cared for in the family, that it happens most often. Because through the structures alone, for example the fact that there are fixed daily routines and that you can only do this or that at a certain time, because your mother is in the mood for it, or someone in the facility is available to do this or that with you, or to help you do it, structures are created, so you can't be so independent. And this forces you into a more submissive position." (D: 4.4; T: 00:11:10)
[36] "Violence starts with a slap in the face and ends with psychological terror, all of that is violence, for me." (I: 1; 00:05:45)
[37] "In my opinion, violence begins when someone's personal boundary is violated, when it is no longer perceived, no longer respected." (I: 9.1; T: 00:05:52)

are rather sensitive in this context, while others have learned over the years to put up with a certain kind of behaviour.[38]

When asked about the differences between discrimination and violence, discrimination was described as being a preliminary stage of violence. Discrimination starts earlier than violence and expresses itself in negative comments, e.g. that people with disabilities are not wanted in a restaurant.[39] Discrimination was also connected to the fact that it happens unconsciously and unwittingly due to a lack of knowledge or little experience in dealing with people with disabilities.[40] Violence, however, was described as intentional and conscious behaviour.

The interviewees described various negative consequences of violence and discrimination, e.g. feeling humiliated or very uneasy. Changes in behaviour, depression and even suicide were described as possible long-term consequences. One woman noted, however, that even though it leads to the same results, violence cannot be put on a level with discrimination.

C. Experiences of violence and support in interviewees' lives

Within the group discussions it became clear that all forms of violence have been experienced by the participants. However, they were not discussed in detail.

In most individual in-depth interviews, the disabled women affected by violence described various forms of violence as well as neglect as early as **within their family of origin** or during their **childhood**. Named were, for example, psychological violence in the form of insults and humiliation[41] as well as serious physical violence[42] by both (step) parents and siblings (especially brothers). This was embedded in patterns of non-acceptance of or aggression towards the disability[43] or towards other features of the affected person.[44] Some women also described experiencing sexual abuse as early as during childhood and adolescence. One woman experienced physical as well as sexual violence exerted by her alcoholic step father; another two women were raped by their brother. One person described her father's wish to paint her at different ages, being naked. However, other people from the social environment could be perpetrators as well. One woman, for example, was sexually abused by an acquaintance of the family.

Negative treatments were also experienced by strangers during childhood and adolescence. Examples include not being taken seriously, being pitied or even being seen as someone who should not have been born at all because of the disability.[45]

[38] "Someone says I don't see that as being violence, I see that as – that's just how it is, but someone else says, I'd have walked away in that case, long ago. It's certainly also a question of personal maturity or personal view, at which point someone regards something as violence." (I: 1; T: 00:06:44)
[39] "Well, for me, violence would be, for example, when someone touches me or somehow wheels me out or whatever. I'd consider it discrimination, if someone said: well, we don't want disabled people in the restaurant or whatever. In that case he wouldn't, well no, if he just said that to me, and said: we don't want that. That would be discrimination, for me." (I: 14; T: 00:05:44)
[40] "I think experiences of violence are whenever, I feel, whenever someone does something on purpose. They consciously know what they are doing. Maybe they don't know what they are doing, but I think they do. Whereas discrimination, I think, people are just inexperienced or whatever. And basically, they have little experience with disabled people, well, that's what I've noticed in daily life. That they do it unwittingly." (I: 11; T: 00:08:59)
[41] "It was like this at home, for example my father had this word 'cripple', well, it was his favourite word for twenty years whenever he didn't get what he wanted." (I: 9; 00:07:43)
[42] "And I endured the violence for twenty years. It really went as far as getting a hole beaten into my head, and a cigarette put out on my arm, and getting suffocated." (I: 9; T: 00:17:47)
[43] "[...] my dad also beat me, well, only when I was walking. I limp, you know, and my dad thought if I tried harder, I could walk better. And that's why he once, when we were on our way to see my half-sister, she lived in the region as well, he took a club and wanted to beat my foot." (I: 2.1; T: 00:13:51)
[44] "And my half-brothers, they beat me, because I was a little bit too German rather than too Turkish." (I:2.1; T: 00:13:51)
[45] "And then there was this woman, who said – she was totally appalled by seeing a disabled child – and she said to my father, thank God I didn't get it back then, well, such a child just needed some kind of injection." (I: 7; 00:15:26)

Violence was also experienced with other children both in and outside of school. The interviewees described being bullied, and even physically abused, by children and teenagers because of their disability.[46]

In the case of some women the experiences of violence continued during their **adolescence**. Some of them were raped by acquaintances; others experienced physical violence at the hands of family members. Furthermore, experiences of exclusion and the feeling of being exploited by others were also quite common.

Some women also spoke about violations of boundaries during therapy, which they experienced both during childhood and during adolescence and young adulthood. These violations included being forced to use aids that were felt to be uncomfortable or useless,[47] or to attend physiotherapy without wanting to.

The interviewees who had spent their childhood and adolescence in **residential facilities or boarding schools** also described both physical and sexual abuse during childhood and adolescence. Punishments by child care workers such as having to stand in a corner alone for hours, not being allowed to play or being locked away are seen as psychologically distressing experiences even years later. Moreover, the women described sexual abuse by class mates or siblings, which were not taken seriously when reported to the child care workers.

During the interviews it became clear that most women had experienced a **lack of support during childhood and adolescence**. There was a particular lack of protection and support within the family. Some women said that their parents could not cope with the fact that their child was affected by violence and felt guilty about it.[48] Institutions also did not intervene very often. Both schools and the German Youth Welfare Services often did not intervene or support the affected children/teenagers and did not take the violent situation seriously.[49] Only one interviewee described the Youth Welfare Services as useful.

The interviewees' experience of not being supported was accompanied by different consequences. While some stopped confiding in anyone and dealt with most of their problems on their own, others exerted violence against other children who were even weaker[50].

During **young adulthood** and in their further education the women often experienced isolation, discrimination and disruptions. Two women abandoned their studies as they either did not feel accepted because of their disability (blindness) or the circumstances prevented them from successfully completing their degree, having a disability. Another woman decided against studying at university due to obstacles that would come up because of her disability. In these situations support services were sometimes experienced as incompetent or only of little help. When being trained for a job the women also experienced isolation and exclusion.

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[46] "And then they somehow found out that I'm disabled and then 'Ah, she's this and that'. Then they somehow, one of them I think, well, beat me." (I: 14; T: 00:21:30)

[47] "In occupational therapy they also gave me some aids that I didn't want to use and that weren't really helpful, in my opinion [...] and they wanted to give me such a weird writing aid, which in their opinion was the one and only, the solution to all evil, and then I used it and it didn't really work for me, right from the start [...] then I just didn't use the thing anymore, and then there was a real fight with this woman, because she said I'd have to use this aid, and this is also some kind of violence for me, if, well, trying an aid is a given, I'm the first who's there to see what, ah, could make my life easier, but when I was a child they forced me to use all different kinds of aids." (I: 7; T: 00:40:25)

[48] "Our parents talked to us a lot. But for our parents, this was something, by now I think I'm not even angry with them either. I think for my parents this was quite difficult to handle because they themselves were completely helpless anyway. Then they have always felt guilty themselves all these years." (I: 4: T: 00:08:50)

[49] "What I find even worse is that at, at school, at nursery, at school we were more than noticeable. The fact that no one intervened, the accusation was clearly in our direction, even though everyone knew what was going on. The acts of violence were known. We said it out loud." (I: 9; T: 00:16:38)

[50] "That is another reaction to it. What do I do if I have this exploding bomb at home constantly, as a child, and no one helps me. That's the other option. I exerted violence, because where can you go, as a child, where can you put it? And I looked for other weaker children, and at some point I knocked out one child's molar. [...] I beat her. [...] The internal pressure, fist, beat." (I: 10; T: 01:26:42)

During the rest of their lives the women experienced discrimination again, both in relation to their disability or certain types of behaviour accompanying it, and due to gender, sexual orientation and/or ethnic origin. Discrimination was also experienced during their further working lives. In this context, the women also described problems when looking for jobs,[51] being patronised[52] and being bullied because of their disability and their gender.

During adulthood, some women experienced physical violence exerted by their **partner**: they talked about physical as well as sexual abuse. Forms of psychological violence exerted by the partner were also experienced.[53]

Furthermore, the women also reported (attempts of) physical as well as sexual abuse by neighbours, strangers or acquaintances – cases in which the perpetrators tried to exploit the fact that the disabled woman could not defend herself like a non-disabled woman could.[54] Reactions in the surrounding environment were described very differently: sometimes people who were present intervened; in some cases, however, the women did not experience any support because the situation was not taken seriously.

Within the context of care and support, one woman reported having been patronised in a very rude way.[55] However, she could not stop it because she feared negative consequences for her care situation.[56] Another woman from a residential facility for people with disabilities experienced sexual exploitation by a staff member. Because she feared the facility's reactions, this woman moved house and solely confided in a chaplain.

Moreover, some of the women reported that, in their daily lives, they had not been taken seriously, or were insulted or stared at, which they experienced as distressing as well.

During **adulthood**, informal relationships in particular were described as **supportive**. Some women found trusted persons in friends, acquaintances, other affected people or family members, who helped when seeking support, listened to the affected woman and took her seriously. Some interviewees also made use of counselling and therapy services during later adulthood. One woman, however, reported not to have had any knowledge about possible counselling centres, which she explained by having grown up in a rural area.[57] Four women claimed to have gone to the police.

In the course of the women's lives it can be seen that later experiences of violence could be influenced by violence experienced during childhood. For example, one woman who had been sexually abused several times in her life described that experiencing sexual abuse during childhood and adolescence had led to reduced self-defence later in her life: instead she endured the violence, feeling that she could not escape sexually abusive situations.[58]

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[51] "I don't know how many job applications, certainly 100 or even more, and many just returned without being opened at all – they read 'disabled' and that's it. And it was like this in many job interviews too, yes, you'd be qualified and all, and so on, but, hm, with the disability, no, we can't." (I: 7; T: 00:24:20)

[52] "And then there was this one woman, I'll just say secretary, and the boss, and then the boss said to the secretary that she should not, absolutely not, let me use the tram on my own. But by that time I was thirty years old. Well, no one has to let me use the tram or anything or not let me use it. I would have exploded when I was 18, but at thirty! Really unbelievable!" (I: 12; T: 00:37:49)

[53] "By being oppressed again and again, and again, I'm not allowed to wear this, and I'm not allowed to wear that, and a woman who has been raped is not allowed to wear that anyway." (I: 4; T: 01:25:07)

[54] "He probably thought he had an easy victim in me. [...] anyway he didn't expect me to leave the compartment so quickly." (I: 12; T: 00:47:45)

[55] "I once had a young assistant. She felt that, because I'm in a wheelchair, she had to tell me how to live my life. And I always rubbed her up the wrong way, because, just because she was not in a wheelchair, she thought she had to, and she was very young, she had to tell me how to live my life. And I find that outrageous, being honest. Who gave her the right? And this is violence as well, in my opinion." (I: 9; T: 00:06:50)

[56] "And I had quite big difficulties, because there was a shortage in our association, getting rid of her again. And you can't expect someone to endure that, I think." (I: 9; T: 00:07:33)

[57] "I just didn't know anything about any support centres or anything back then. I have to say that, because it, I come from the countryside and that, you don't see a centre there, somehow." (I: 9; T: 01:07:35)

[58] "[...] and then I already had been hit and couldn't, and I didn't defend myself then. I just let it happen to me. Because then this inner child appeared again: you're there for this." (I: 4; T: 00:44:47)

Moreover, two women who had experienced sexual abuse during childhood and/or adolescence reported having felt guilty about the violence that they had experienced. Sexual abuse is described as "nothing special" because the affected woman is to blame for it. Also, one woman sees falling in love with a man who later raped her as her own mistake. Two affected women partially excused and justified the violence exerted by their partners by their own (psychological) illness.[59] Another woman excused sexual violence exerted by several acquaintances by the difficult situation the perpetrators were in.[60]

The cases of other women show that after repeatedly experiencing violence and repeatedly experiencing a lack of support they resigned themselves to the violence, developed alcohol or drug addictions and thought about/attempted to commit suicide. The fear of not being believed again was a significant reason for not seeking help in the first place.

Turning points in life could have different reasons; often, however, they were accompanied by reaching adulthood, or beginning some kind of education and leaving the violent parents' house.[61] For one woman, her education as a family therapist and reflecting on her own situation represented a turning point in her life.[62] Significant positive changes during adulthood could also be attributed to trusted persons such as family members, friends, people from the support system, or acquaintances taking the women seriously and helping them to get support.

It is striking that the women often reported being on their own in violent situations and having dealt with many things by themselves. This was especially true if violence had been experienced since childhood and the affected woman had not been supported. Another factor encouraging isolation and withdrawal could be their own disability.[63] Looking back, however, this had also strengthened the affected women and they had learned to assert and defend themselves.[64] This could express itself in strong self-confidence and commitment to helping other affected people (e.g. counselling in terms of accessibility, exchanging experiences with other victims, working as a disability representative or initiating petitions in order to improve the situation of affected women). Sometimes this commitment was accompanied by being proud at having mastered difficult situations in the past and now being able to actively share their own experiences.[65]

One interviewee reported especially severe experiences of violence, in which forms of ritualised violence played the major role. In this case the affected woman experienced and saw forms of major violence. Ending this violent situation was a major challenge because there were many perpetrators who knew each other very well. Her attempt to get support failed several times due to threats posed by the perpetrators, but also because no one believed what the affected woman said. The violent actions that the woman experienced brought about traumatic stress in the long run. In this situation, she experienced support in adulthood by sharing her experiences with other affected women and through trauma therapy lasting several years.

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[59] "Actually, he is not to blame. If I had been healthier, he wouldn't have had these problems." (I: 13; T: 00:38:40)
[60] "They must have had problems in their childhood, too, otherwise they wouldn't have done this with me. And ahm I don't blame them anymore today, because I know that they are ill themselves." (I: 4; T: 00:26:59)
[61] "And I've, even if it would, it was a temporary job, in this moment it didn't matter to me at all. I took it as a stepping stone to get out of it. If I hadn't done that, I don't know how it would have gone on. And for me that was the right thing, for it to be an emergency exit, and it was." (I: 9; T: 00:30:27)
[62] "And then I became a family therapist and then we had a case that was mine, and at that point I separated from it. Then somehow I opened my eyes and then I realised what was going on in my home." (I: 11; T: 00:29:00)
[63] "But then you're also on your own, because in the residence, in the residence it was mainly non-disabled people, and I was the only teenager with a disability. This was also very hard for me, I had to adapt to it; they had to accept me and that." (I: 2; T: 00:17:08)
[64] "I had to go through this period, and I've accomplished it, so I'm very self-confident now, and when I was a child my confidence wasn't that strong, but now, it makes you stronger and stronger." (I: 2.2; T: 00:08:38) / "[...] I just learned that because of my experience in life – if you don't start defending yourself, you'll drown." (I: 1; T: 00:54:27)
[65] "I'm also very enthusiastic about having accomplished this. Well, instead of falling into despair or getting bitter, I now take it with a great deal of humour and with patience and explain to the people how situations could be and how they appear." (I: 12; T: 00:40:11)

D. Knowledge of rights

The question of whether or not women with disabilities knew about their own rights was answered in the negative in all discussions. Most of the individually interviewed women also stated that they knew either very little or nothing at all about their own rights. Some women, however, were able to name the UN Convention on the Rights of Persons with Disabilities (CRPD). One woman explained her lack of knowledge on rights by stating that she was interested more in practice than in theory.[66] Another woman recounted that she had only been made aware of her rights by a therapist and that she had not known about them before.

All in all, most assumed they had the same rights as non-disabled people; one woman said that disabled people had even more rights, like better protection against dismissal. Other disabled women's lack of knowledge was explained in different ways. In the case of deaf women the lack of knowledge was attributed to a lack of education, especially because 'rights' is a very abstract, difficult concept. Examples or reports of other people's experiences could help them understand. Moreover, the deaf as well as the cognitively impaired discussion participants also mentioned insufficient handling of the subject in public as well as their lack of access to exactly this general public, due to communicative barriers and reduced access to the media (e.g. the internet).

In general, however, the following question came up: what is the use of this kind of knowledge, if rights lack practical implementation? Rights for people with disabilities are not implemented in practice, the participants complained.[67] At political level, a lack of financial resources was often used as an excuse for not taking action.[68]

The participants in the group discussions were asked how the rights of women with disabilities could be better implemented, and they considered this rather difficult. Above all, it would take a lot of courage, as well as concrete information and examples showing possible courses of action for affected women. Also, at political level there are not enough initiatives and no one responds to individually different situations of people with disabilities.

E. Knowledge and use of support services throughout the interviewees' lives

In the course of their lives, the interviewees used various services within the support system, mainly therapy services, though some also made use of inpatient stays in clinics. Some women additionally went to counselling centres, but only two women reported staying in a women's shelter. A few women claimed to have addressed the police or interest groups, or to have attended a class on self-defence. The women's answers show that, for affected women, the support system generally does not play an important role in terms of seeking and using support.

The women in the group discussions were asked who they would turn to in the case of violence. They mainly named trusted persons, but also the police, women's and disability representatives, the nationwide help line, complaints offices within facilities, and chaplains. One discussion talked about the fact that many women with disabilities did not even know who to turn to. A few women also spoke about experiences with counselling centres and women's shelters.

[66] "Little, actually. I know I should know them, but I've always, I'm not a theorist, I'm a pract, well I'm pragmatic. That's it." (I: 11; T: 00:48:15)
[67] "There is the CRPD, and unfortunately, this is not a law, it's not binding. And I think: You know what, that was totally unnecessary! It's the same with: yey, women into leading positions! This is such a 'can'-situation. Please do it, a kind of request. Yes, but no one does it. And it's the same with the CRPD." (I: 10; T: 01:38:57)
[68] "We have a UN convention. Germany signed it. And we have so-called action plans, but there's still a lot to do. Let's leave it – that's the impression I sometimes get. No matter which political party, money is always given priority, we can't afford that." (I: 1; T: 00:56:43)

F. Barriers

Both in the discussions and in the individual in-depth interviews numerous barriers that prevent women from seeking help and support were discussed. The following aspects were mentioned in particular:

1. Affected women are not taken seriously
2. Affected women live in dependence, especially women in facilities
3. Lack of accessible services that are geared towards the target groups
4. Red tape
5. Financial aspects
6. Lack of evidence
7. Lack of information
8. Lack of communication methods
9. Internal inhibitions
10. Experiences of not being supported during childhood
11. Fear of the perpetrator
12. Further aspects

1. Affected women are not taken seriously

In nearly all discussions the fact that disabled women are not taken seriously in violent situations, including in comparison to non-disabled women, was seen as a major barrier to seeking help when experiencing violence. The cognitively impaired women feared not being taken seriously particularly by strangers, which could lead to not seeking help in the first place, especially if there were no witnesses of what had happened. Furthermore, it was stated that perpetrators often use hinting towards the victim's psychological illness to make others question the affected person's credibility.[69] Both in the discussions and in the individual interviews physically impaired women stated that they were often regarded as "deranged", less intelligent[70] or not of sound mind. This shows that the way psychological illnesses are seen plays a role in this context as well. This attitude of society stimulates violence as it protects potential perpetrators, or enables them to abuse someone without being held accountable for it, or to use respective opportunities.[71]

Often the victims' credibility is damaged, sometimes accompanied by scornful reactions,[72] which in turn could lead to violent actions being excused and perpetrators being "acquitted".[73]

This issue also played a role in the case of the women who were interviewed in-depth. The fear of not being taken seriously also led to them failing to seek help.[74] The aspect that authorities do not take these issues seriously either was also mentioned.[75]

[69] "But these psychoses, they are really used by many perpetrators in that they say, well, they are mentally ill, they have just invented this in their psychosis." (D: 6.2; T: 00:04:11)
[70] "Well, I always have the feeling that they think, if you can't walk, you can't think either." (I: 7; T: 01:43:41)
[71] "[...] and, above all, what does that signal to the public? I don't have to take her seriously. What does that imply? You can do what you want." (D: 2.5; T: 00:15:34)
[72] "Or when it comes to sexuality, 'why, you also need it, then at least you know who it was'. This contempt behind it, we know that in our subconscious." (D: 2.5; T: 00:06:56)
[73] "[...] to twist and turn this word until you have the answer you wanted to get, and that because of this it is basically an acquittal for perpetrators, be it physical violence or abuse as such, actually the perpetrator gets the green light, an acquittal." (D: 2.5; T: 00:03:40)
[74] "Maybe you exclude yourself. Well, you think: 'Oh my God, well, it's my own fault. Now, I'm also disabled and no, it's better if I don't call in the first place', whatever. Because then I might be hurt again. 'Well, you're disabled. You should have been more careful' or whatever, 'Do you have to go out at night?!' Whatever. I'd fear such reactions. Even today." (I: 11; T: 00:52:43)
[75] A woman speaking about her violent husband who is living in Germany illegally: "[...] sometimes I couldn't explain it to the authorities, I also wrote various letters, to the immigration office and so on; no one listened to me." (I: 2.1; T: 00:21:43)

2. Affected women live in dependence, especially women in facilities

Relations of dependence were another aspect that was discussed, as they also impede the search for help. Women who experienced abuse within a context of care or assistance were confronted with special challenges when seeking help. On the one hand, the perpetrator was often present,[76] and on the other hand, making the violent situation known would tremendously affect their entire concept of life, and endanger their care.[77] Furthermore it was stated that women who depend on aids or assistance in order to get in touch with support services were unable to use them anonymously.[78]

According to the participants in the discussion, this issue is of special significance to women who live in facilities. Due to their isolation in residential facilities, violence that they experience within the facility is not noticed outside of it as the facility tries to protect its reputation. Being threatened by staff members also prevents affected women from talking about violence to people outside of the facility. Within the facility, however, the affected women are not believed, especially if the perpetrators are also work mates of those that the women try to talk to.

In addition, the facility's residents lack knowledge about support services due to being "isolated in facilities" (I: 4.2; T: 00:48:59). In this context it was also seen as structural violence in facilities if women did not have the opportunity to look for help outside of the facility independently (without an assistant) and immediately (because of decision processes and internal rules). The situation is exacerbated even further if the woman sees the perpetrator every day in her facility.[79]

This barrier was confirmed by a woman in one of the individual interviews, who said that she had been sexually exploited by a staff member of a facility. Being supported within the facility itself was accompanied by fearing various negative consequences.[80]

3. Lack of accessible services that are geared towards the target groups

The discussions also addressed the lack of accessible services for women affected by violence, particularly as far as wheelchair users and deaf women (as well as children and teenagers) were concerned, but also when it came to women who were dependent on male assistants who would not be allowed to accompany them to a women's shelter. This shortcoming is particularly evident in rural areas.

Even accessible services were often not competent when dealing with women with disabilities, which manifests itself in insecurity in dealing with and missing information about this target group,[81] missing specific information material for this target group and a lack of accessible rooms. The feeling of being seen as "inconvenient clients" (D: 5.3) adds to the women's stress. Even though some services

[76] "And I think, on the one hand it is quite important what xy (participant) and xy (participant) brought up, that for them it's sometimes physically impossible to get help, because maybe the person with whom such things happen is around." (D: 4.2; T: 00:38:40)
[77] "Upsetting the entire concept of one's life. I mean, when a disabled woman tells people about experiencing violence, and it's her assistant or someone she depends on, it's totally different, a totally different story." (D: 3.7; T: 00:01:56)
[78] "I just think that there are many women that need help when using a computer, for example. It would be hard for me too, if it was about me, even if he who did it to me wasn't around. But if I need help to call this number or Skype account, I don't want him to know." (D: 4.4; T: 00:35:49)
[79] "Well, there is, what I experience very often, this structural violence that happens. Just when a woman in a facility, ah, has experienced violence or abuse. Till she gets to the point where she's actually being counselled, she has to go through such a lot of different stuff. She has to inform her carer, she has to inform him that she wants to go there, and if she says, I want to go to the women's shelter, 'why, why do you want to go to the women's shelter' [...] I think that these structures, especially this living in a facility, and the many different areas that it goes through, and then it's first dealt with internally, and then it maybe isn't dealt with at all. Then the rapist or the perpetrator for example still works in the same, ah, where he had also worked before, they see each other every day, and I think these are the structures that lead to these relations of dependence and power." (D: 2.6; T: 00:45:07)
[80] "Well, because for one thing, I wanted to prevent them from dragging me through the mire, but I also just thought, like, it's not my fault, if the employee has no job anymore." (I: 5; T: 00:55:29)
[81] "[...] especially when you're weakened anyway, devastated, whatever, you don't want to deal with people in some organisation who maybe don't know how to talk to a blind person." (D: 3.3; T: 00:27:00)

organise external rooms that are accessible, the women were rather critical about extra efforts to organise accessible rooms as this was felt to be embarrassing. Instead the women wished to experience accessibility as something normal.[82]

This aspect also came up during the individual in-depth interviews. Often institutions do not consider disabled women to be a target group.[83] In turn, a lack of competent places to go to leads to affected women not considering seeking help at all;[84] a failed search for help – because of spatial barriers for example – could lead to frustration, and finally to resignation.[85]

In this context deaf women experienced considerable differences between themselves and women with other disabilities. Even specific services for women with disabilities are often not accessible to deaf women due to language barriers.[86]

4. Red tape

Red tape was seen as another barrier. According to the discussion participants, it exceeds the affected woman's strength, which is already reduced by the difficult situation – especially in violent situations or in the case of psychologically ill women. Red tape was seen to be overextending and to be a hurdle in receiving immediate support. In the individual interviews making contact with authorities was also described as "a real fight".

5. Financial aspects

In two discussions financial aspects were also said to be barriers when seeking help. On the one hand, this applies to deaf people who depend on interpreters when receiving counselling as it is not always clear who pays the interpreter. On the other hand, women who need assistance were mentioned in this context. Sometimes they are denied the opportunity to stay in trauma clinics due to the additional costs of assistance. In other cases their stay is so expensive that it is financially unviable.

In the individual in-depth interviews this aspect also played a role, for example when women did not even consider getting support due to not having enough money.[87]

[82] "Well, I find that very tricky again, the fact they would go somewhere just for you, where there are accessible rooms. And well, I find that then you get into such a weird situation again, especially if you're in such a situation when you decide, 'I'm working up the nerve to go to such counselling'. I overcome my fears, work up the nerve, and then I first have to organise where it takes place." (D: 3.1; T: 00:25:58)

[83] "This is a huge problem in all institutions, that they never think that it's not only women with disabilities who come there, but affected women with disabilities, [...] they always assume a rape victim who's not disabled or a woman who has been assaulted on the street, who's not disabled, and then such institutions are not even accessible to wheelchair users [...] And if you address this issue, they look as if they've just heard something totally new to them, yes, I've never thought of that." (I: 7; T: 01:55:28)

[84] "I'd really like to go to therapy, and not have to look for a therapist for years. [...] from that I also got to know that there are far too many, on the one hand far too few psychologists, therapists with this focus, and on the other hand to make use of this service, even years later or whatever. As for the laws on this, well it is totally, well, more than insufficient. Worse than insufficient. And when I finally, and that is what puts me off again, and that's why I don't look for help." (I: 10; T: 01:44:07)

[85] "Found a surgery. [...] I said, can I access your place with a wheelchair – yes, sure. Three days before my appointment I happen to pass the building, and I think, I'll have a look, figure out where I'd have to go, and there's a huge step at the door, and I think aha? Can it be, what is this? [...] Then I said, right, you can cancel the appointment and then I buried the whole thing because I thought there's just no point." (I: 7; T: 01:38:53)

[86] "There are even specific services for women with disabilities, but even these are not accessible to us." (D: 5.3)

[87] "I didn't have anyone, well, as I said, I only had the money from the job I was being trained for, and then I could have, where should I have gone? Well, there was some youth centre organised by the company, yes, but that went bust too, and then you didn't get any support." (I: 13; T: 00:14:11)

6. Lack of evidence

Especially in the case of psychological violence, a lack of evidence impedes the search for help. This issue is especially problematic when it comes to cognitively and psychologically impaired women. Due to the fear of not being taken seriously, women did not report cases, e.g. if there were no witnesses.

7. Lack of information

A lack of information was described especially in relation to two groups: cognitively impaired women who live in facilities and deaf women. These groups lack practical information, e.g. on how to act in the case of violence. On the other hand, they also do not know that there are various support facilities, or how they work. Women living in facilities do not know "what there is outside" (D: 4.1; T: 00:44:14), or "if one can look for help" (D: 1.3; T: 00:13:50). Deaf women, on the other hand, lack information due to a lack of interpretation into Sign Language.[88]

Altogether, women with disabilities lack knowledge on forms of violence, own boundaries and rights. Violence is often not recognised as such, but accepted as "normal". Specific target groups, such as disabled women with a migrant background,[89] often lack knowledge about their own rights.

8. Lack of communication methods

Depending on the form of disability, the lack of communication methods is considered another obstacle to seeking help. On the one hand, this is true for cognitively impaired women who often cannot verbalise violent actions. Above all, however, this aspect played a significant role in the discussion with the deaf women. As far as the search for help is concerned, both the affected women themselves and their social environment face barriers due to missing communication methods.[90] Furthermore, misunderstandings when looking for help due to communication barriers lead to additional frustration in already critical situations; dealing with "too many hearing strangers" (I: 5.2) was described as scary. In most services staff do not, or only insufficiently, speak Sign Language, even if Sign Language skills are explicitly mentioned on a facility's website.[91] Adequate services are often very far away, and are therefore difficult to reach.

According to the women, the necessity of speaking through an interpreter in these cases poses various problems. The intimacy of a counselling situation is lost, conversations get shorter and more superficial due to the necessary interpretation, and they also stated that they were concerned about the interpreter's discretion. Through indiscreet interpreters the Deaf community might get to know about a woman's violent experience, leading to her exposure, which in turn would contribute to reservations about seeking help.[92] One woman also spoke about feeling uneasy when thinking that the interpreter would get to know everything about her – especially if s/he interpreted in various situations and was maybe even a relative.[93]

[88] "On websites, for example, there are normal texts and texts in simple language. [...] but not in German Sign Language." (D: 5.4)
[89] "Most deaf people with a migrant background are scared about talking about it. They are concerned about losing their right of residence, for example. They remain silent because they don't know which rights they have, or that they have rights at all." (D: 5.9)
[90] "Other deaf women can't get help for you. [...] The communicative barriers are too high!" (D: 5.5)
[91] "But unfortunately I also know that the staff members there can only sign a little bit, even though their website puts 'Sign Language skills' in big letters." (D: 5.5)
[92] "Another friend of mine, who happened to be there as well, said it was a bad idea to call a Sign Language interpreter. Because they would gossip and laugh about her, she said." (D: 5.1)
[93] "[...] if I decide to only have one interpreter, always the same, who accompanies me everywhere, to the hospital, the police, the counselling centre, the women's shelter, then at some point this interpreter will know everything about me. That would also be a huge problem for me." (D: 5.7)

The women named gender and mutual trust as necessary features of suitable interpreters. However, in a violent situation searching for and choosing a suitable person would represent too much of a strain for the affected woman. Therefore, two participants said that they would prefer to seek help independently and without an interpreter, being willing to accept the communicative disadvantages that this choice would involve.

9. Internal inhibitions

According to the discussion participants as well as the women who were interviewed individually, experiences of violence are always accompanied by insecurity, fear (of reactions as well as of facing the trauma in therapy), feeling guilty and/or being ashamed.[94] In one individual interview it also became apparent that reservations held by parents/legal guardians about specific services could also influence the search for help.[95]

Especially in rural areas and within the rather small Deaf community, the women feared that sensitive subjects were not treated confidentially. Apart from this, affected women need time in order to open up to the idea of accepting support. In addition, expecting themselves to be strong and deal with problems on their own could also impede women from seeking help.

The in-depth interviews also made clear that not wanting to be a burden on anyone was another relevant obstacle when it comes to confiding in other people. In this context internal inhibitions about talking about a partner as well as not wanting to accept having problems in the first place also played a role.[96]

Moreover, it became apparent that in their distressed state affected women also often lack the strength to look for help.

10. Experiences of not being supported during childhood

In the individual interviews it also became clear that having experienced not being supported or believed during childhood could influence the active search for help in adulthood. In this context the aspect of age also plays a significant role. Younger people do not have any possibilities for looking for help independently due to their age and dependence on parents or legal guardians.[97]

11. Fear of the perpetrator

The individual interviews made clear that fearing the perpetrator(s) played a crucial role when it came to barriers impeding the search for help. Especially if violence had been experienced as a child, the violence was often accompanied by threats by the perpetrator(s).[98] However, threats were also experienced when being abused by a group of perpetrators, as in the case of one person who experienced ritualised violence. In the group discussions the barrier of fearing even stronger, ongoing violence was also mentioned.

[94] "I just think that it's also difficult for the women to admit that they have experienced violence or that they had to surrender to these experiences of structural violence in the facility." (D: 4.5; T: 00:34:41)
[95] "My father always also just thought, pha, why should anyone need therapy, because afterwards you just come out of it even more foolish." (I: 4; T: 00:31:34)
[96] "I somehow just didn't want to see it, and I think that really was the main problem." (I: 8; T: 01:09:00)
[97] "What can you do as a teenager? Unlike today, we didn't have the opportunity to go to the youth facility on our own or whatever." (I: 9.1; T: 00:28:38)
[98] "[...] because at some point we didn't dare defend ourselves, because he'd always threaten to kill our parents if we said anything." (I: 4; T: 00:12:14)

12. Further aspects

Other relevant aspects were also discussed in the context of barriers when seeking help. Generally, in order to be able to accept help without being concerned about the possible consequences, a "positive public opinion" is needed, as well as the feeling of not being alone as someone affected by violence.[99] Negative experiences came to light in terms of interventions by the police or other official authorities, for instance when the responsible offices acted too late, insufficiently, or not at all.

In the case of some women their specific situation (e.g. having children or a migrant background) could also lead to not seeking help as they fear losing custody or their right of residence, due to barriers posed by cultural differences[100], or because they are concerned about their children's well-being.

In the rather small community of the Deaf trying to keep something a secret is particularly problematic. Splitting up with one's violent partner is harder because the deaf woman has to share the same community with him after breaking up. This is another barrier when actively seeking help.[101]

The fact that the aforementioned barriers are an obstacle for women who are already very distressed or weakened by the violence was seen to be a particularly relevant aspect as it places multiple burdens on affected people.

G. Helpful and less helpful aspects and support

Childhood – experiences of support within the family

During the interviews, the women with disabilities who had experienced violence during their childhood primarily reported a **lack of support from their families**. In some cases, the parents themselves were violent towards their children. In other cases, the parents had their own problems as well[102], or did not know how to deal with their children's experiences of violence[103]. Some affected women also reported that they were not believed when reporting abuse to family members, or that they themselves were blamed for the abuse.[104] In several cases, however, nobody had the courage to intervene, or –whether consciously or unconsciously – signs remained unnoticed, including by child care workers or other caregivers[105].

[99] "And I think, that many only have the courage to open up once the issue is discussed publicly in a positive way [...] and when they can assume that nothing will happen to them [...] because then it's not like 'Oh my God' anymore, 'it only happened to me, and for heaven's sake' or 'it's happened to me because I was stupid', or I don't know, or somehow that it is my own fault or whatever. Instead I think that when women notice that, or just people who have experienced something horrible, that many, many others are experiencing the same, then they are relieved and say, okay, nothing will happen to me if I speak about it." (D: 4.2; T: 00:47:14)

[100] "There are differences depending on your nationality, and because a foreign woman doesn't dare, because of a) her beliefs, and b) maybe her ex-husband and the entire community group and so on, all of that also plays into it." (D: 6.6; T: 00:20:02)

[101] "Or a woman leaves her partner, but sees him again anyway, because the Deaf community is small." (I: 5.1)

[102] "I would have liked help from family members, but my family was busy with other things and after my father's death nobody cared about anybody." (I: 2.1; T: 00:18:46)

[103] "Well, our parents talked to us a lot. But for our parents, this was something, by now I think I'm not even angry with them either. I think for my parents this was quite difficult to handle because they themselves were completely helpless anyway. Then they have always felt guilty themselves all these years." (I: 4: T: 00:08:50)

[104] Brother's statement regarding an experience of sexual violence: "'Well then, how can you go there all alone with the three of them', well, because I didn't think anything of it." (I: 4; T: 00:29:04)

[105] "And there must be somebody who notices immediately / or even before that, when they see the relationship is bad. She doesn't want to go home. She's standing by the elevator, crying. Exactly, that's what happened when I was a child. I was always crying back then. They could have reacted of course. But what are you supposed to do when you are a child and it's always ignored." (I: 10; T: 01:29:39)

Moreover, in several interviews women belonging to a certain age group reported that there had been no support services available at the time they had experienced the abuse. However, this has changed, they said.[106]

The aspect of lack of support from family members plays a particularly decisive role in cases of violence during childhood, as support services or therapeutic services cannot be reached without support from family members.[107] Also, the interviewees were only able to detach themselves or dissociate themselves from violent family members at a later age. For example, one woman reported the immense strain caused by social care workers who, despite knowing about her psychologically abusive mother, constantly tried to make contact with her.[108]

In contrast, two interviews clearly illustrated[109] the extent to which support from family members during childhood could contribute to the long-term strengthening of women with disabilities. In this context, one woman reports that it was only through the support that she received from her father when she was a child that she had the strength to leave the situation of violence that she experienced later in life. Another woman attributes the fact that she is in good health today to the stimulation and support that she received from her family.

Childhood – experiences of support at school

With regard to **school**, several women report that they lacked good friends to stick by them. Their impairment was experienced as an isolating factor.[110]

Teachers were perceived differently in their role as persons of support. They were regarded as helpful if they listened, if the affected women felt that they were being taken seriously, and if the teachers stood up for them. However, they were not perceived as helpful if they expressed their solidarity with the parents and thus exacerbated the situation or if they did not interfere despite clear signs of violence. In this context, one affected woman felt that she did not receive full and continuing support from teachers precisely because of her disability.[111] To some extent, however, teachers were consciously not considered people to go to, as no one wanted to "run to the teacher for every mistake" (I: 2; T: 00:08:38).

One woman experienced a change of school to a school for physically impaired children as helpful.

Childhood – further aspects of support

Attachment figures who had attended to, cared for and given positive experiences to the affected women were also perceived as a supportive factor during childhood.[112]

[106] "That's if you hear about and see the services available today and you've dealt with them a little bit, that's easily said now. But what did I have back then – there wasn't even any alternative for me. There was no telephone, well, there was nothing at all. I wouldn't even have been able to grab the telephone receiver and say "I'm fed up with this". There was nothing." (I: 1; T: 00:15:00)

[107] "Therapy only if both want to. My mother didn't want to, so the therapy was cancelled again." (I: 10; T: 00:14:54)

[108] "They all always knew in some way that the relationship was bad, and that's why they sent me there again and again, in the hope that the relationship would only improve if they established contact. […] Nevertheless, it would have been good if they had done something with me so that I wouldn't have had to be in contact with this mother so much anymore." (I: 10; T: 01:13:50)

[109] In both interviews, the women reported that they were not exposed to violence by family members during their childhood.

[110] "No, you could almost say that I haven't gotten to know any friends at all. Just like I said before, many people have distanced themselves from me, as if the illness was contagious." (I: 5; T: 00:11:16)

[111] "Early intervention, taking the whole situation seriously. Not looking the other way. And, let's face it, if I may just say it like this, getting off their asses and finally doing something. And standing in front of us. The way people do with sighted children." (I: 9.1; T: 00:22:26)

[112] "Or the night watch, there was a night watch […] who took us every now and then, there were still another four or five children where the circumstances at home were terrible, took us to her summer house [...] And that was great! Just getting to know a different world and, above all, experiencing nature." (I: 10; T: 01:10:16)

Formal experiences of support during adulthood – counselling services

When affected by violence during adulthood, **counselling centres** as well as **chaplains** were considered **helpful** if the affected women using the services were listened to, if they received information about other services of interest, and if practical support was also provided, for example by assisting the women in filling in certain forms. When an affected deaf woman needed to be supported with a lawsuit, she perceived the services of the counselling centre for victims of crime "Weißer Ring" as very supportive, as they provided both professional and financial support with regard to an accompanying Sign Language interpreter. However, **negative** experiences were also reported, for example when the affected women's problems were not taken seriously or when no professional support was provided.[113]

Women's shelters were assessed in different ways. One woman felt that a women's shelter was not helpful, as living with many women who have experienced violence felt like a strain to her. In contrast, another woman said that she had received the support that she needed from a women's shelter. However, professional counselling centres and women's protection services were used relatively rarely altogether.

Formal experiences of support during adulthood – therapeutic services

Varied experiences were had with regard to therapeutic services. A positive aspect of **conversational therapy** was the fact that it allowed everything to be talked about and discussed, which led to a feeling of relief.

Self-help groups were viewed in different ways. On the one hand, they were described as helpful because of the possibility of gaining different perspectives from affected women. On the other hand, they were considered difficult by one affected woman: she believed that other women's problems added to one's own stress and strain.

Inpatient therapy services were also assessed in different ways. One woman reported that her stay in a teenage mental health unit lead to further experiences of violence and bullying as well as to a lack of protection from social care staff. Moreover, clinical stays were perceived as being of little use if they took place at a premature stage in which the affected woman was still unwilling or unable to open up.

With regard to content, both inpatient and day therapy was perceived as helpful if a suitable therapist was found. Feeling understood with regard to the specific situation and, above all, being listened to and receiving understanding was important. This also included an understanding of the situation of living with a disability. One interviewee experienced her clinical stay as supportive, as she was able to take an extended period of time out there. Moreover, long-term day therapy was described as supportive in everyday life. One woman who was very strongly affected by violence described long-term trauma therapy as "the best thing that has ever happened to me", as for the first time she was given the feeling of being believed. However, for several of the interviewees, the search for a suitable female therapist proved difficult. Especially for deaf women, the search for a suitable female therapist with Sign Language skills was a big challenge. If a suitable therapist was found, however, this was perceived as extremely important support. With regard to access to the services, one woman describes the frustrating experience of not being able to reach a therapeutic service without assistance, although it had presented itself as accessible.

[113] "And then the old cow said to me something like 'Well, as to the problems you're having, you're also able to cope with them by yourself'. I didn't even have the chance to really say what it was all about." (I: 9.1; T: 00:43:42)

The importance of the experience of problems being taken seriously and being listened to represented a recurring subject during the interviews. In contrast, when assessing the quality of the services, the experience of problems not being taken seriously and of not receiving any support plays a decisive role in the context of professional help.

Generally speaking, continuity of use of the services also played a role in several interviews. Moving house and changing services were seen as potential factors for making processing experiences more difficult.

Formal experiences of support during adulthood – police and legal system

Contact with the police was described as supportive to some extent, if positive results such as injunctive relief could be reported. However, reports to the police also had no consequences if there was a lack of evidence or perpetrators could not be located. Moreover, fear of not being believed because of a lack of evidence, as well as the disability, was cited as a possible reason for not using police support from the very beginning.

Informal experiences of support during adulthood

Informal contact persons such as friends, acquaintances, partners, or neighbours also played an important role if they supported the search for help. At the same time, the desire to be able to maintain a relationship was a possible factor in initiating the search for support.[114] Having people around who listened, believed and took the experiences described seriously was also appreciated. However, it was highlighted that this environment could not substitute for professional support, as it was not possible to deal with all problems. Moreover, several women felt that they did not want to place an additional burden on people from their social environment with their own problems, especially if these people were already under stress themselves.[115]

Exchange with people who have had similar experiences or who present a similar clinical profile was also appreciated.

Experiences of support during adulthood – further aspects

Several women chose their own strategies to gain strength. In this context, several affected women described that writing down thoughts, fears and feelings as part of a kind of "self-therapy" was helpful (I: 2.1; T: 00:18:21); another woman used competitive sport to compensate for the lack of recognition and to increase her own self-confidence. Moreover, yoga and tantric exercises, dancing classes and autogenous training were described as helpful for regaining inner balance and strength. One woman reported that she had acquired the required knowledge through books.[116]

Institutional contexts were also able to influence the support situation. The search for support in a residential facility was exacerbated by facility staff fearing that reporting abuse might have negative

[114] "Until finally somebody said to me, you know, humans are so different, in a relationship you need to work, and this showed me the crux of the matter, now you have to do therapy and you have to work on a relationship and it takes two to tango. And if you really want to be happy and process the past, then you have to start now, because if not you can't keep the guy." (I: 4; T: 01:06:12)

[115] "I certainly wasn't able to tell my husband, he was ill already, I couldn't burden him with that." (I: 1; T: 00:37:55)

[116] "[…] that's why I don't seek help but keep myself informed by getting myself books. That's where I got the information about these neuronal nerves, how that works. And so I try to help myself. Alone. Of course I would prefer to have a capable person around who would say: 'You can come to me whenever you want.'" (I: 10; T: 01:45:43)

consequences; in this context, the services were seen to lack impartial support staff.[117] In the context of universities, anonymity and "high throughput of students" (I: 6.2; T: 00:06:12) were described as hindering factors in receiving suitable support.

With regard to the experience of discrimination at work, one woman said that she would have liked an in-house female disability commissioner who could show solidarity, especially with the employees.

For the deaf women surveyed, the aspect of communication played a special role. For one woman, giving a statement to the police was a traumatic experience, as her teacher was incorporated as the interpreting person. Contact with an interest group for deaf and hearing impaired people with psychological, psychosocial and/or psychosomatic disorders was experienced as helpful; however, the individual helpful aspects were not explained in more detail.

For one woman, participating in a self-defence class represented a helpful form of support, as she was able to apply what she had learned to a violent situation. Another two women found support in their (guide) dogs as, on the one hand, they could have a deterrent effect in risk situations and, on the other hand, they contributed to emotional strength as a family substitute.

One woman would have liked more intensive work with perpetrators, in terms of role plays, in order to give them an understanding of the feeling of being excluded.[118]

With regard to the place of residence, one woman reported that in rural areas there is a lack of discretion and confidential handling of sensitive situations.

Generally speaking, contact persons, regardless of whether they were of a professional or informal nature, were regarded as having potential to be very helpful in giving initial impetus to the women to free themselves from violent situations or to seek help from support facilities. In this context, help with obtaining information about the respective services and general support from a trusted person played a role.[119] Several women described the moment when they felt, for the very first time, that they were being taken seriously and that someone was on their side as extremely positive.

Moreover, solidary and considerate handling of the subject within society was described as helpful altogether. Having contact persons who could be trusted, who listened and who showed serious concern was considered equally helpful.[120] Moreover, for the women surveyed, being taken seriously in everyday social contexts was also of great importance.

H. Suggestions for improvement and examples of good practice

When asked about suggestions for improvement, various points were made. The answers can be categorised into aspects of **everyday life** and improvements that could be made **within support facilities**.

For women with cognitive impairments who live in facilities, suggestions for improvement were: lowered kerbs, better/more streetlights around relevant support facilities, (affordable) transport

[117] "Nope, I've only with the chaplain about this, because, like, I was always afraid that, like, that next he would go round like fire […] because for one thing, I wanted to prevent them from dragging me through the mire, but I also just thought, like, it's not my fault if the employee has no job any more […] if there had been another support, things would probably or maybe have turned out differently, maybe I would have had a little more courage then." (I: 5; T: 00:56:25)

[118] "In this context, I would have liked role plays quite a lot, so that for a couple of hours people really are eh, put in the shoes of the person they are excluding in order to get the feeling of what it feels like for the disabled or ill person to be excluded." (I: 5; T: 00:14:54)

[119] "And then through an acquaintance, she said, now we do the job properly, and she made the phone call for me, too. For I had said, I'm not going to do it, I can't do it. I just didn't have the strength for it." (I: 1; T: 00:30:06)

[120] "Through this plain serious concern. Not somehow analysing everything and yeah, now what else has this caused in your mind and so on, but simply this honest remark: 'I'm really sorry you had to go through this!' That helped me a lot." (I: 12; T: 00:41:25)

services for remote support facilities, mixed groups within residential facilities[121], and the (short-notice) availability of a well-known and trusted contact person. The last point was said to be important as it is easier to open up to someone who is not a stranger. Also, it was felt that with a trusted person, issues are taken more seriously. However, it did not matter whether such a person was from within a given facility or not. Sometimes, the different view of an "outsider" might actually be an advantage.

One individual interview mentions the need for taking women in services seriously and heightening the staff's awareness of the topic of violence in order to notice abuse early on. Thus, specialised training for nursing staff was considered to be important. It was also considered important to take children seriously when they mention cases of violence and to involve schools when looking for a solution. This is why carers, teachers and social workers have to be trained more extensively.

Other measures that can help in preventing violence against women with disabilities were: letting disabled and non-disabled children grow up together and better including disabled adults in everyday life in order to strengthen their position in society and to gain respect, thus fighting against the idea of disabled people being worth less than non-disabled people.[122] People with disabilities should be seen as an integral part of society; non-disabled people should be more respectful and considerate.[123]

Another point mentioned was the penalties that those – adolescents in particular – who attack disabled people face, as it is important that such attacks do not remain without consequences.

Additional suggested improvements concern the education of the following: organisations for victims of violence, victims of violence themselves, and society. For all of these, it is important to learn how to recognise cases of abuse. Also, awareness about the general issue of violence against women with disabilities has to be raised. Additional information needs to be made public in regard to different types of abuse, personal boundaries, available support services, and potential signs indicating abuse. Such topics should be discussed with parents and their children in both nurseries and schools, and also within companies. Of course, early sex education and the development of girls' confidence also play a considerable role in the prevention of (sexual) abuse. Adult education is another area, which, if expanded on and made available to target groups such as deaf women, can contribute to recognising cases of abuse. Deaf women should also be informed about the financial support available for them in order to meet the costs of interpreters. Hands-on exercises should also be offered to deaf women, in addition to information events. Finally, all service providers involved in working with disabled victims of violence, such as the police and other public authorities, should receive training in order to be able to professionally handle the topic of violence.

One interviewee suggested encouraging victims of violence to openly talk about their experience of abuse, but also their experience with support services, as this might help other women who have also been affected by violence.

In the context of support services, the helpfulness of unprofessional support, provided by neighbours and in people's free time, was also pointed out.[124]

In terms of what can be improved **within support facilities**, points made related to PR work, the nature of the rooms used, the services provided, and the attitude and behaviour of staff members.

It was said that information must be made accessible to women with different types of disabilities and that it must be kept in mind that different target groups make use of different media, such as the

[121] "I mean, back in the day, when there was a strict separation of men and women, men were drawn towards women's homes. But now, where shared living isn't such a big deal anymore, this problem has gotten smaller." (D: 1.2; T: 00:07:26)
[122] "Well, if you know about others you can get rid of the categorisation, of the idea that disabled people are inferior and that their life is worth less." (D: 2.1; T: 00:51:19)
[123] "Well, vigilance in general. I mean, I think in environments where more attention is paid to individuals and where not everything has to happen as subtly and as fast as possible, violence goes less unnoticed." (I: 12; T: 01:01:00)
[124] "I would like to see information about community centres and support services such as neighbourly help at every doctor's surgery [...] I mean, that would have helped me a lot as I was on my own quite a lot." (I: 13; T: 00:03:19)

internet. Highlighted shortcomings in this field referred to material in German Sign Language and educational videos, e.g. on Youtube. Also, specific target groups need to be addressed more explicitly in PR work and through information materials.[125] In addition, it was stated that support services need to reach out to facilities for people with disabilities when advertising their services, as many disabled people and staff providing services to disabled people know very little about which services are available when dealing with specific problems and whether they can be used anonymously. When providing information about available services, particular attention has to be paid to also highlighting the extent to which services are accessible. That way, potential clients know in advance whether a service is suitable for them or not.

In addition, it was considered to be important to expand on cooperation between facilities.[126]

There was considerable controversy over the provision of services specifically for disabled women. Some felt that service centres for women with disabilities were clearly needed. Such centres were considered particularly important for deaf women who needed counselling in German Sign Language, preferably delivered by professionals specialising in issues of violence. Other participants opposed such "special" treatment as they feared that it may lead to further stigmatisation.[127] One group suggested that it might depend on the type of disability whether or not specialised services should be established. Ideally, a wide variety of services should be available, from which the women could choose the one they preferred.[128] Another suggestion was that a central contact point should be set up, where women could obtain information about available specialist support services.[129]

Another controversial issue was the location of support facilities. While local centres were generally considered the best solution, some pointed out that there was a risk that clients' anonymity might be compromised. Participants agreed that services should:

- be able to ensure confidential counselling
- be available locally and be easy and quick to reach
- provide full access to people with various types of disabilities (e.g. ramps for wheelchair users, tactile labels on door bells, and counselling in German Sign Language)
- be accessible as a given.[130]

It was also stressed that deaf women needed interpreters with experience in the field, counselling in German Sign Language, as well as peer counselling. Services could also be improved through the use of information and communication technologies[131] used by deaf people.

Another frequently mentioned aspect was the attitude of staff within facilities. All agreed that it was important that there was a contact person that the women trusted and whom, if at all possible, they could choose themselves. This contact person would take the women's concerns seriously and have

[125] "[...] because when I feel down, regardless of whether or not I'm dealing with it at work, I can't be bothered to think about whether 'we' actually didn't include me and to be humiliated even more." (D: 3.7; T: 00:09:04)
[126] "That Youth Welfare Services are contacted automatically. That we don't have to beg for it for ages without anything happening. I mean, we just need much more intense cooperation with other services and Youth Welfare Services." (I: 9.2; T: 00:14:53)
[127] "Again, to have standard, bog-standard therapy like any non-disabled person. Because it's yet another specialisation. I simply refuse to suffer any more and use a different service or contact person than someone who isn't disabled." (D: 2.5; T: 00:42:42)
[128] "Café a, café b, café c: Café a could be for women with a handicap. Café b is for a mixed audience, for people with and without handicaps. And Café c might be for women who say that they want to be amongst their group, so people with maybe not just physical disabilities but ones that have multiple disabilities." (D: 6.2; T: 00:51:17)
[129] "What I imagine is having one central service point that you could call and say: I, so I need support with this or that problem. And to have this central service point that can say, ok this centre is responsible for your kind of problem – so a place where they just know what they're doing and where they know who is responsible for what and they can refer you to the right place. Then you wouldn't have to struggle with technical equipment or phone around to find out who is responsible." (I: 14; T: 00:43:11)
[130] "And I think the barrier 'disability' shouldn't exist at all. Not in terms of buildings, or because of the structure of the system, or because of a lack of experience on the counsellor's side. [...] counselling centres and institutions, women's shelters, I just have to be able to call them and go there. Without having to wonder, might there be a step, do they have an accessible room, a bed where I can sleep. It'd be great if that was all there." (D: 2.6; T: 01:05:22)
[131] "We also have to keep an eye on what kind of communication technologies deaf people use most: like Oovoo, Skype, i-chat. And then we have to use the same to have webcam chats." (D: 5.4)

the necessary skills for mentoring disabled women. Staff should also receive specialist training to allow them to overcome potential inhibitions and anxieties, and learn to professionally deal with their disabled clients, including directly addressing them rather than an accompanying person.[132] Contact persons should be genuinely interested in working with disabled women and willing to prepare for and reflect on[133] each consultation. Respect for the clients, patience, and sufficient time for the counselling sessions were also mentioned as important aspects.

Several specific proposals for improved service provision were presented:

- role plays with abusers
- self-defence courses
- individual outreach counselling sessions and accompanying clients to other centres
- the employment of personal assistants or assistance animals
- collection from public transport points
- provision of forms of communication adapted to clients' needs (including simple language, German Sign Language, communication support)
- availability of accessible therapy options.

All repeatedly emphasised that improvements would only be achieved if there was sufficient funding and staff available.

Examples of good practice[134] were mentioned primarily by participants with mental health problems. They rated counselling as successful when the counsellor listened carefully, provided efficient advice and support, and gave the women time to express their concerns. Another good practice example is the appointment of a designated representative with a disability within the support facilities.

None of the discussion participants could name a truly accessible facility close to where they live: some exist, but information about them is hard to find.[135] The deaf women mentioned one model example, yet it turned out to be located in the US.

I. Examples of good practice described by disabled women

Discussed at length and described as ambivalent were centres focusing on disabled clients or disabled women. Both positive[136] and negative statements were made: problems might occur when the service was not provided in a professional way, or when the close-knit community of people with certain disabilities stood in the way of anonymous counselling. The latter affected both deaf women and other groups of women with different disabilities.

In the majority of group discussions, advantages were seen in counselling within the group of affected women itself (peer counselling). Also considered positive were approaches like the one from Weibernetz, which employs disabled representatives for women within facilities. Deaf women were considered to be particularly under-represented within networks of disabled women. In one discussion, however, it was argued that as long as a counsellor's attitude was right, it would not matter whether this counsellor was disabled or not.

[132] "I really understand if xy says that she asks her best friend but my thought was, or my additional worry was, that I wasn't addressed directly at all [...] I wouldn't be able to stand that. I mean, I can, when they talk about *you*." (D: 3.6; T: 00:29:33)
[133] "[...] and also, that the people really have the expertise. I mean, when I imagine someone saying, well, in your specific situation it's really difficult, you can't defend yourself, I feel, I'd shut myself off immediately." (D: 3.3; T: 00:43:03)
[134] Only the participants of the group discussions were asked about examples of good practice.
[135] "Well, I think if you think about this topic long and hard then you can find services around here; services that you could or can make use of. But I wouldn't call it easy." (D: 4.6; T: 00:51:24)
[136] "[...] maybe a counselling centre for disabled people should exist that really only deals with disabled people that, say, have been sexually abused." (D: 2.8; T: 00:26:01)

J. Other issues

In the various discussions and individual interviews, additional issues were mentioned concerning either the improvement of support or the prevention of violence against women. The majority of women surveyed described the public's attitude towards disabled people as very problematic, saying that people with disabilities are not taken seriously, that they are judged according to their deficits, that promises made to them are broken, and that in many situations they have to live with inequality[137] and discrimination against[138] them, while the matter of inclusion is "swept under the rug". In general, social interaction and consideration for other people within society is deemed to have decreased. Another issue, at least in some facilities, is the understanding of what accessible actually means. Pretending that environments are accessible, when actually they are not, or can only be accessed with the support of a personal assistant, shows what image some still have of disabled people. This was said to be deeply frustrating. The following quote makes this very clear:

> "Found a surgery, pretty central, within a week I got an appointment. I thought: brilliant! So I said, can I access your place with the wheelchair – yes, sure. Three days before I happen to pass the building, I think, I'll have a look, figure out where I'd have to go. And I come across a huge step at the door [...] I call them and say: Now hang on, I have an appointment the day after tomorrow, I just passed the building and there is a huge step. I'm in a wheelchair. Right, but that's no problem, your assistant can help you. First of all, I have an electric wheelchair; you can't just drive over a massive step. Secondly, I am an independent human being. I don't have an assistant going to the doctor with me [...] A handicapped person can't go out on the street, they're helpless. [...] Then I said, right, you can cancel the appointment, and then I buried the whole thing because there's just no point." (I: 7; T: 01:38:53)

In contrast to this, some described that the public's understanding of people with disabilities has become a very positive one over the last few years:[139] inclusion is discussed more often and has led to an increase in public buildings with ramps, for example.[140] It was argued that because of this positive development, the next generation will have a much easier life.

Another thing that was mentioned several times in the individual interviews was the quest for one's own identity, the fight for acknowledgement, and the feeling of isolation caused by the disability.[141] A recurring theme was the fact that disabled women who want to be accepted by society are put under a lot of pressure to perform well.[142] Also, the public has very limited knowledge about many types of disabilities. Thus, often people over-react when witnessing, for example, someone having an epileptic fit. Immediately calling an ambulance when it is not needed was considered a violation of boundaries. In general, it was argued that people reduce the concept of disability down to physical impairments. Some interviewees made it clear that, despite having a disability, women still highly value their independence.[143]

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[137] "That is a general problem. That people still say, when I want to have a child, the gynaecologist asks me what I would do with a child; or when they think that I might be pregnant they see abortion as the only option. That is just a, a basic thought, an attitude. That has to change." (D: 2.5; T: 01:10:50)

[138] "Here we also have two cafés in the city where, if you go in with someone with severe multiple disabilities and sit there, they say: Excuse me, could you please leave; you are not good for our business." (I: 5; T: 00:45:26)

[139] "It has changed. In the past it was quite different. You sometimes heard things like, 'why don't you have an assistant?' and people were surprised that you were actually allowed into a shop by yourself; that happened in the past. I mean, that has changed for the better, I haven't experienced such things in years." (I: 9.1; T: 00:04:21)

[140] "There are definitely more accessible options than there used to be, in terms of buildings and so on, it's really improved a lot because people, disabled people, are going out in public more. When I was a child, disabled people were often hidden, I mean, my parents didn't do that but it was common back then to hide disabled people at home." (I: 7; T: 01:50:00)

[141] Report by a blind woman: "What I experience least is that I am normal just as I am. It's either awe, for things that are normal to me. Like walking up and down steps (laughing) [...] or just being excluded, which is what hurts me most." (I: 12; T: 00:38:10)

[142] "I still have the feeling today, that, as a disabled person, if you want to be acknowledged, you have to perform better than others. That's the only way I can describe it. It's just a feeling. And that's how I behaved as well. And it worked out well. I mean, sometimes it was quite hard the way it was. But that's how it is because you need the acknowledgement." (I: 11; T: 00:15:40)

[143] Report by a woman living in a residential facility for people with disabilities: "Even though I live in a home like this one I'm still independent. I have kept my independence and I can do whatever I want without having to, like, ask for permission. I just have

Another interview, however, talked about the problem of invisibility of certain illnesses, as this leads to issues accompanying certain conditions not being taken seriously.

The deaf interviewees also mentioned how the Deaf community handles violence. Often, deaf women do not dare look for support out of fear of being made fun of and being humiliated by the community.[144]

Another problem specific to deaf women highlighted during the discussion was when their children or younger siblings had to act as their interpreters. This would expose the children to the issue of violence and cause problems for everyone involved.[145]

The in-depth interviews brought to light additional problems that people who have experienced violence have: often, disabled women are in a difficult financial situation[146] as they cannot freely choose the job they would like to have. Also, the job they end up having demands very little from them.[147] In this context, one interviewee pointed out the lack of support in re-entering the employment market. She was offered no support after having been bullied at her workplace because of her illness. Another woman had the additional burden of her ex-husband's debt to carry. Women with psychological disorders who have children felt that they needed to put up with a lot and not show any weakness just so that they could make sure that their children would not be taken away from them. Additional difficulties and cases of discrimination may also arise from family members falling ill, from belonging to an ethnic minority, due to one's sex, or because of health issues or addictions resulting from past experiences of violence.

What was regarded as especially complex was the situation for disabled immigrants, as language barriers have to be overcome before being able to network with others.

While some women with mental illnesses considered the option of early retirement as a relief, others perceived it as a disappointment of their own expectations about their life and their career.[148]

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to tell the staff, say, that I'm going somewhere and that I'll be back after 9pm. That's so they know that I'm not home but I don't need to ask whether I'm allowed to." (I: 5; T. 00:49:31)

[144] "Deaf people don't make other deaf people's lives easy. I'm friends with a woman who had a problem with violence. I suggested that she call a Sign Language interpreter and go to the women's emergency support centre. Another friend, who happened to be there as well, said that it was a bad idea to call a Sign Language interpreter. Because they would gossip and laugh about her, she said. Thereby the victim is humiliated even more, which makes it even harder to deal with the issue. It's just not easy being part of the Deaf community." (D: 5.1)

[145] "One solution for many deaf adults is to use their hearing children as interpreters, even in such difficult situations. So the child hears, say, that at home the dad beats the mum. And the child then has to do the interpreting for the mother when she goes to the police." (D: 5.5) / "I know the situation from my own circle of friends. For example, a young deaf woman was the victim of violence and her younger sister had to interpret. So she was in a double-role as both interpreter and younger sister; quite difficult for everyone involved." (D: 5.3)

[146] "Because if I had a proper job with proper payment then I'd also be able to save money but with what little I earn I can't save anything." (I: 2; T: 00:35:20)

[147] "Because I know I can do more than wash stamps; I wash stamps." (I: 2; T: 00:31:41)

[148] "[...] and at some point they said that I should retire. That I was too ill and, well, that was the deepest cut. That was the first time that something that I had planned as my intellectual development, my career, just didn't work out." (I: 6.1; T: 00:04:53)

4. Accessibility of Protection and Support Services for Women Affected by Violence (Results of the Online and Expert Surveys)

A. Access at micro level (level of institution/organisation)

How do the services define full access?

During the qualitative interviews with staff members of protection and support services for women affected by violence, the interviewees were generally first asked how they would define **accessibility**. The results show that the term is defined differently within the individual facilities. Some of the interviewees believed that the term refers to specific measures that need to be in place in order to create accessibility. In this context, the following aspects were mentioned:

- Mobility: the general local availability of support services needs to be guaranteed. Furthermore, support services should themselves be equipped with appropriate means of transportation, enabling women seeking help to travel to and depart from the facility.

- Physical layout of rooms and buildings: wheelchair users in particular need to be guaranteed access to the premises as well as to all rooms.

- Communication during counselling: a counselling service is required not only in simple language but also in German Sign Language, including the help of interpreters where necessary.

- Provision of accessible aids: specific target groups need to be provided with special aids. In this context, a keyboard accessible for blind users is mentioned as an example.

- Full access to information: information material about the facility's services as well as the facility's website need to be available for all target groups.

- Additional assistance: additional assistance should be provided where necessary, e.g. when filling in forms or accompanying the women to other facilities, departments, and local authorities.

- Knowledge of staff members: specially trained staff qualified to deal with the respective forms of disabilities and impairments are required.

- Attitude of staff members: women with disabilities should feel valued in the way they are treated. This includes acceptance of their being different and an openness of the entire facility towards the target group.

With regard to the aspects mentioned, the fact that the facility, not the woman seeking help, should be responsible for creating accessibility was considered particularly important.

However, some of the interviewees understood the term 'accessibility' in yet a broader sense. They believed that as awareness about accessibility develops in people's minds, it was time for a rethink towards people with disabilities throughout society. This especially involved preventing people with disabilities from experiencing isolation, lowering fear of contact and creating wider acceptance towards and responsibility for people with disabilities by raising awareness among the general public.

In addition, one staff member describes the "aha" effect she experienced during a training session held by a blind woman: creating accessibility does not just mean providing wheelchair friendly access, but rather examining smaller ways of guaranteeing full access within the capacities of the services as

well.[149] Furthermore, barriers to be removed were also mentioned in connection with multiple problem situations, such as women affected by violence who have a disability and come from a migrant background.

Apart from disability-related barriers, however, the barrier of addressing difficult problems such as sexual violence was also mentioned, in that taboos surrounding the issue might also represent barriers to seeking help.[150]

During the course of the interviews, the general view that was expressed was that the concept of full accessibility represented a utopian goal to some of the facilities. Instead, services should try to achieve the highest possible degree of accessibility. One staff member explains:

> "Basically, I think that accessibility is a utopian fantasy. I think what we are really able to achieve is a high level of reduction of barriers. For it's obvious that solutions that make things easier for one woman make things incredibly more difficult for another. So really achieving the basic idea, with all women coming and feeling comfortable and getting everything they need, might become relatively difficult. That's why we very often speak of reduced barriers." (I: 12; T: 00:35:45)

What is the current situation of the services like with regard to accessibility?

The results of the survey among staff members as well as those of the nationwide online survey reveal that despite several improvements in recent years most facilities are not accessible and many women with disabilities cannot be reached. The online survey shows that over 90% of the support services are not, or are only partially, accessible for wheelchair users and women with other walking impairments. An equally high percentage does not provide full access or counselling for cognitively impaired women (see figures 2-4).

[149] "And then we had one of those internal further training sessions held by a woman who is blind herself […] and straight away she completely changed our illusions and said, if you want to try to be accessible, you don't have to be wheelchair friendly. This was such an "aha" experience, where a lot of tension was relieved. So we said, from now on we won't necessarily frantically look for wheelchair friendly rooms but see how we can start from a different perspective." (I: 9; T: 00:31:16)

[150] "Well, the subject alone represents an enormous barrier. Sexual violence is a subject that nobody wants to get involved with, really, and everyone who has been confronted with it in life wants to hide it away, forget about it, and have nothing to do with it anymore." (I: 9; T: 00:27:28)

Figure 2: Accessibility for wheelchair users (in percentage)

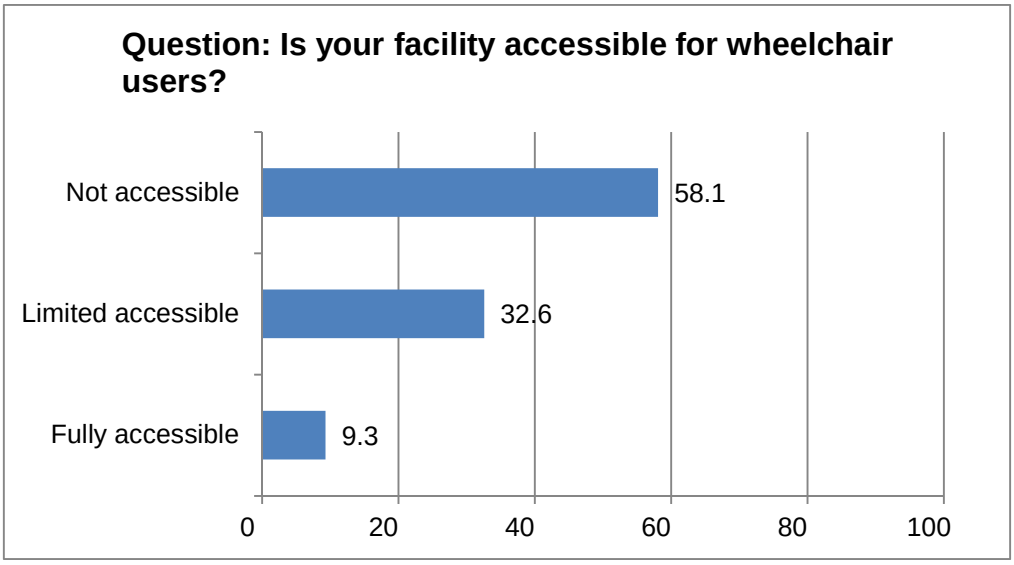


Figure 3: Accessibility for walking and motor impaired women (in percentage)

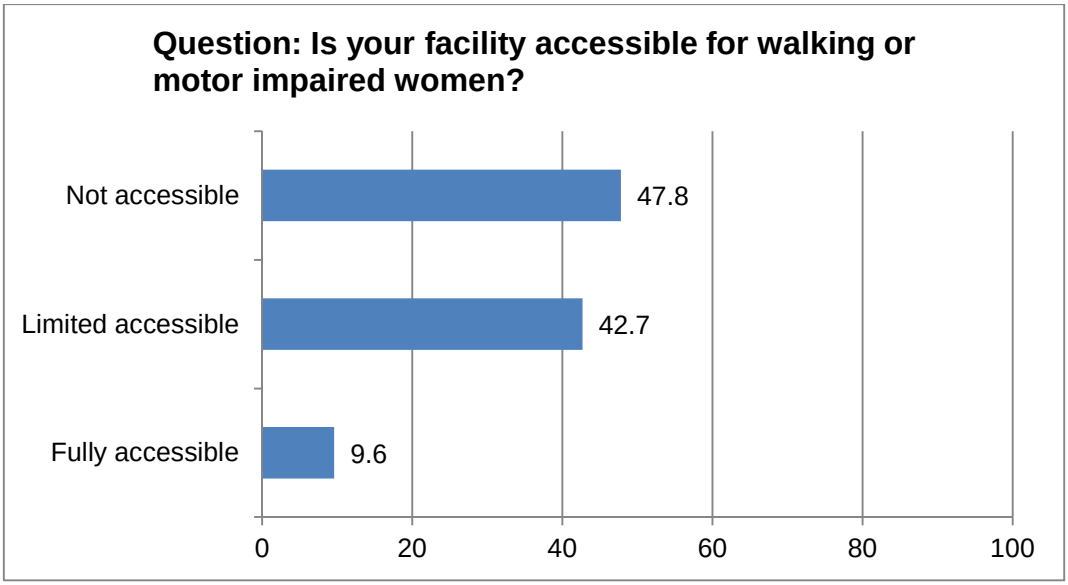
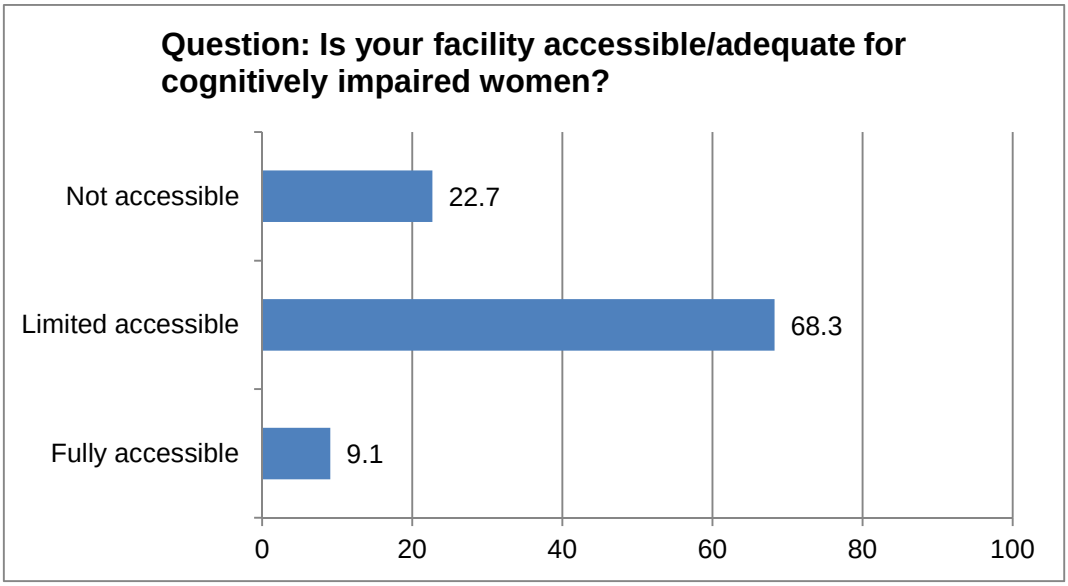


Figure 4: Accessibility of support for cognitively impaired women (in percentage)



According to the results of the online survey, blind and deaf women have virtually no unlimited or full access to the specialised support services for women affected by violence. Staff members estimate that 92% of the services are not, and 8% are only partially, accessible to blind or severely visually impaired women. Less than 1% are considered to be fully accessible for this target group (see figure 5). With only 2%, accessible support for deaf women also seems almost completely unavailable. However, around two thirds claim to provide limited accessibility. Just under one third believe that their own services are inaccessible for deaf women (see figure 6).

Figure 5: Accessibility of support for blind and severely visually impaired women (in percentage)

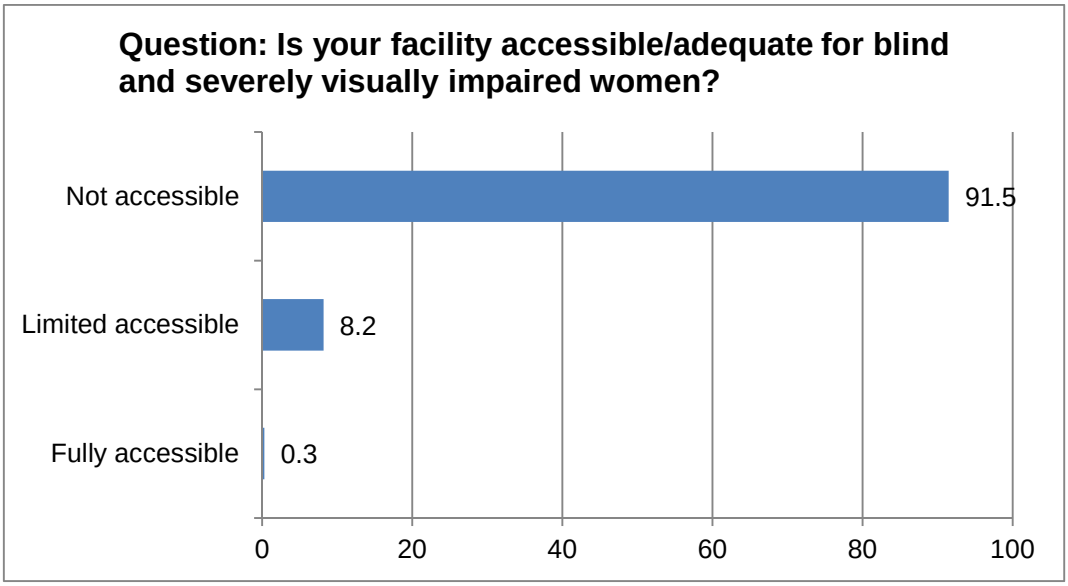
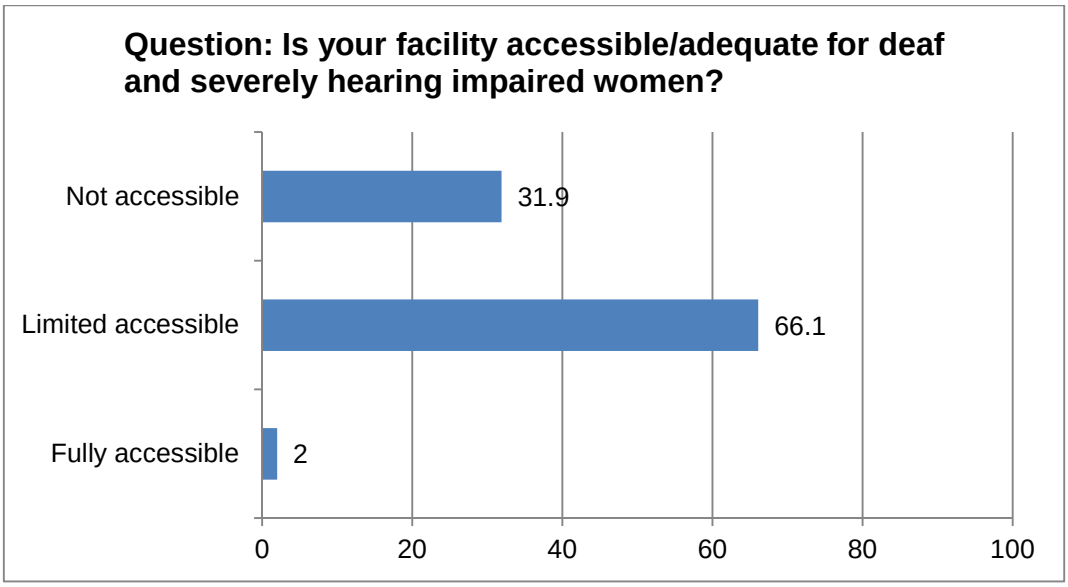
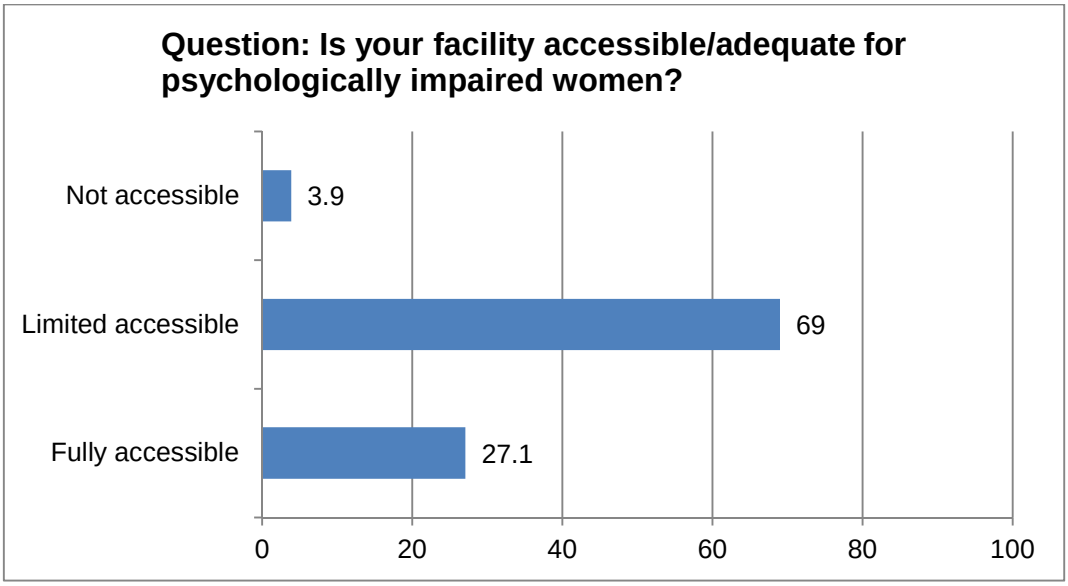


Figure 6: Accessibility of support for deaf and severely hearing impaired women (in percentage)



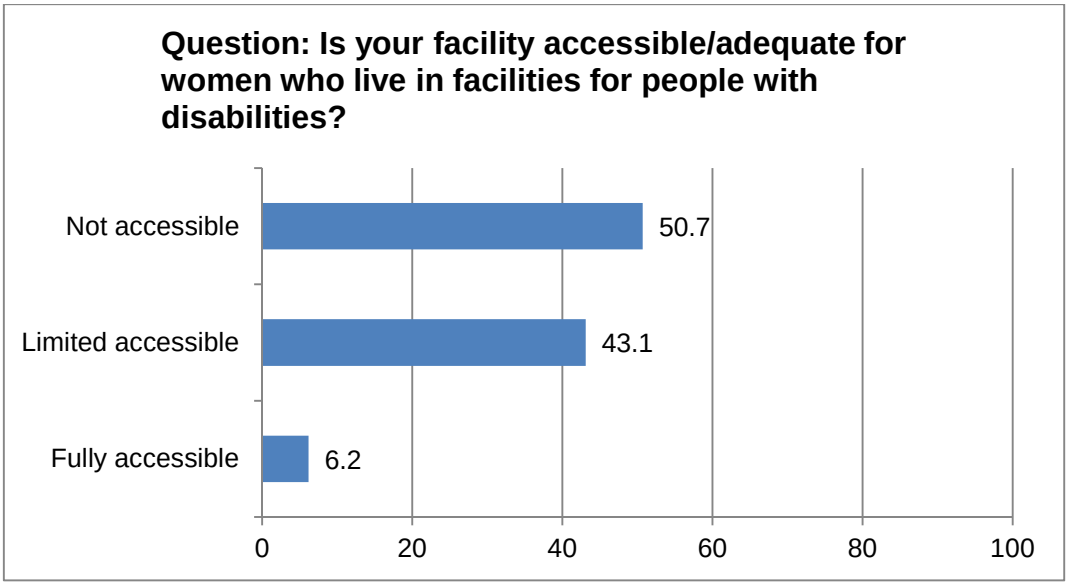
According to their own evaluation, support services seem to consider themselves more capable of meeting the needs of psychologically impaired women compared to the aforementioned target groups. Almost 70% claim to provide limited access to this target group. Only 4% believe that they are inaccessible. 27% of the services consider themselves to be fully accessible for psychologically impaired women (see figure 7).

Figure 7: Accessibility of support for women with psychological disorders (in percentage)



A comparatively low level of accessibility is also indicated for disabled women living in facilities for people with disabilities. The estimations of staff members indicate that half (50%) of the support services for women affected by violence are inaccessible and another 43% are only partially accessible. Only 6% of the support services consider themselves to be accessible in this regard (see figure 8).

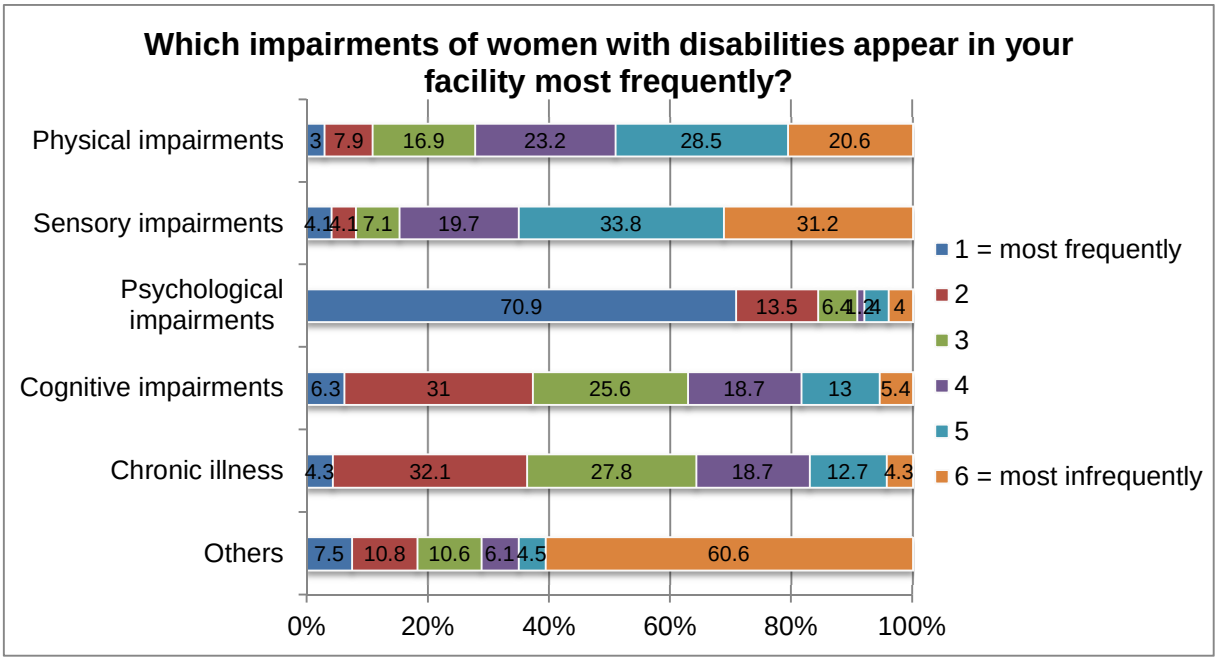
Figure 8: Accessibility of support for women who live in facilities for people with disabilities (in percentage)



In line with this distribution, the vast majority of facilities do not provide specific services for different target groups. Services specifically designed for blind women (16%), those with walking and physical impairments (22-29%), deaf women (33%) and women living in residential facilities (30%) are most rarely available. Services for cognitively impaired women (43%) were available slightly more frequently. Specific services for psychologically impaired women occurred most frequently (72%).

According to the information from the online survey, almost one third of the women who are currently using the support services have disabilities or impairments. However, when investigating the question as to what extent women with various disabilities are reached, it becomes clear that the support services are mostly used by women with psychological or cognitive impairments as well as chronically ill women, whereas women with physical or motor and sensory impairments hardly use them (see figure 9). This corresponds to the degree of assumed accessibility and to the provision of specific services for the respective target groups.

Figure 9: Accessibility of support for women who live in facilities for people with disabilities



In summary, it can be said that the women's protection and support services are currently not, or are only partially, accessible for most women with disabilities and that full accessibility is only rarely the case. The support services are especially frequently inaccessible for blind and visually impaired women, followed by physically impaired women and women living in residential facilities. With regard to deaf and hearing impaired women, support services are very frequently partially accessible. Psychologically and cognitively impaired women as well as chronically ill women are the most likely to be reached. The results show that there is considerable need for action to guarantee accessible support particularly for women affected by violence who have a visual, hearing or motor impairment, as well as for women living in facilities.

What are the services' plans?

When asking staff members about the activities planned by the services to improve access for women with disabilities, it becomes clear that further training for staff members (51%) as well as activities regarding accessible PR work (26-28%) are the measures most frequently taken into account. Plans for the development of accessible premises (5-18%) and accessible counselling services (7-23%), on the other hand, are still trailing behind. It is to be feared that the removal of barriers in PR work and raising awareness will arouse expectations in the target groups which essentially cannot, or cannot sufficiently, be fulfilled through the support work actually provided in reality.

Table 1: Support services' plans (multiple answers possible)

	Percentage support facilities
Independent accessibility to all accommodations incl. sanitary facilities for wheelchair users and physically impaired women	9.3%
Independent accessibility to at least one accommodation for wheelchair users and physically impaired women	18.1%
Bells in Braille for blind women	7.4%
Guidance system for blind women	5.1%
Counselling in Sign Language for deaf women	7.4%
Email- or online counselling for deaf women	16.7%
Light-signal system for deaf women	6.0%
Counselling in simple language	23.1%
Counselling and services for women with psychological disorders	13.0%
Counselling and services for chronically ill women	12.5%
Support of accessibility to police and justice	11.6%
Specific outreaching offers for women with disabilities	14.8%
Directly address women with disabilities and chronically ill women in public relations	26.4%
Accessible web pages and info material for instance in simple language or German Sign Language	27.8%
Further training for staff members	50.9%
Specific course offers for women with disabilities	13.0%
Others	15.7%

What are the prerequisites for the creation of accessibility and the removal of barriers in services?

It becomes clear from the online survey that the support facilities are mostly facing structural boundaries in their desire to reach increased accessibility in their services. When asked what the services needed, in concrete terms, in order to be able to support and counsel women with disabilities and impairments affected by violence as best as possible, financial resources, more staff and accessible rooms were indicated in particular.

A lack of financial resources, staff and specific training were also described as the boundaries to creating accessible concepts of support for women with disabilities in all of the in-depth expert interviews.

Several services consider increased networking and exchange with the target group to be an important prerequisite for improving the situation. Thus, feedback from the women affected was regarded as fundamental in improving the facility's accessibility. Furthermore, networking and cooperation with facilities (and residential homes) for people with disabilities as well as with disability interest groups are considered essential for the determination of focus areas for work in the support

services and for being able to re-assign and counsel women with disabilities as best as possible.[151] Specific training and raising awareness among care staff in facilities for people with disabilities are considered important and may also promote the re-assignment of disabled women to support services for women affected by violence.

The interviews with staff members of support services, as well as the focus group discussions and interviews with women with disabilities, clearly show an occasional lack of practice in the support services in dealing with the respective target group, caused by insecurity about how to act appropriately. At the same time, however, individual staff members of the services use the "extremely small amount of enquiries" as an excuse for not creating respective services. This may pose the risk of a negative cycle in the support system, consisting of low usage, low accessibility and low development of skills.

B. Access at macro level (regional/national level)

What is the current situation like?

In the course of the online survey, the existing support services for disabled women affected by violence in their town/region were considered to be very poor. Only 5% of the services regard their local services as sufficient. In total, 95% indicate that their services are not sufficient or should be extended.

In the course of the in-depth expert interviews,[152] the services available were also generally described as not sufficiently.

With regard to facilities for people with disabilities, it was remarked that, in particular, major funding organisations of facilities (and residential homes) for people with disabilities should be equipped with their own contact points,[153] and should have the knowledge about suitable contact points.[154]

Another problematic subject for discussion becomes apparent with regard to the support services for women affected by violence that describe themselves as accessible, without actually disposing of the respective means. One point of criticism is that the term accessibility is frequently applied only with regard to female wheelchair users and spatial access, and that many other aspects and target groups are not kept in mind.

What is specifically required?

In the course of the online survey, the provision of financial means and additional staff members was regarded as a central prerequisite for an improved, accessible infrastructure geared towards the target group. In this context, the current structures and equipment are facing structural as well as staff-related boundaries. The financial, staff-related, and professional foundations for suitable and comprehensive support of disabled women affected by violence still have to be created.

[151] "Well, it would always have to be something integrative, something inclusive, but then again for certain groups it would have to be something specific. And this is the kind of mix where I believe many funding organisations would also need to work together in a totally different way in order to say we are offering this and have really had good experiences with it. We also have a colleague who is really up on this […]. And two days a week we offer something only for women and with exactly this target orientation, and so on and so forth. And a different association would choose a different focus. So that there would be a different way of networking." (I: 8; T: 00:31:23)

[152] During the expert interviews, no explicit question was posed specifically covering this topic. However, several aspects of the regional situation were mentioned in the interviews and are documented in this report.

[153] "Although today I still think, and then again, it's a little bit heretical, that a facility like xy should certainly, absolutely afford its own counselling facility in this area." (I: 8; T: 00:44:20)

[154] "That's the case with many counselling services as well. That now, if a perfectly usual general life counselling service from the church is confronted with sexual violence, that they often can't even say, we can also go to the emergency services here or there we have an emergency service that is four kilometres away, please turn to them, these are the female specialists, but they often don't know about us either." (I: 6; T: 00:05:01)

Services for specific target groups such as female wheelchair users, psychologically impaired, deaf, blind and cognitively impaired women, the development of accessible housing facilities and support services both for specific target groups and as services integrated into existing facilities are all considered necessary. Especially for these target groups, proactive and initiative-based services, which have to be developed and financed, were also frequently considered important. Accessible and low-threshold services should be installed nationwide.

Education and training not only for women's protection and support services but also for facilities (and residential homes) for disabled people, as well as professional staff trained appropriately in both types of facilities, are another important prerequisite for improved support work. In this context, networking and cooperation would also be additionally helpful in order to be able to reach, professionally counsel, and/or refer specific target groups on in a more efficient way. Low-threshold counselling in facilities (and residential homes) for people with disabilities should be available and developed in cooperation.

Moreover, increased PR work, which would have to be accessible and geared towards the target group, is regarded as necessary.

Moreover, services for strengthening and empowering women (affected by violence) who have disabilities were considered additionally helpful. Furthermore, accessible therapeutic services for different target groups are urgently required.

In the course of the in-depth interviews with staff members within the support system, a lack of services that are situated near the respective towns and that cater to different forms of disability was described in most cases. In this context, networking among the facilities is also considered highly relevant.

C. Challenges in creating accessibility

What are the challenges at institutional level?

According to the interviewees, the main factors limiting the provision of accessible services at institutional level are a **lack of funds and insufficient staff numbers**. Thus, often facilities need to think carefully and decide which services they can provide. One women's shelter, for example, chose in its planning stage to provide its services in a number of mother tongues instead of developing a concept for communication in simple language. Other useful areas that the support services would like to expand on if they had enough resources are outreach work, PR activities, professional concept development for all target groups and provision of target group-specific services.[155] Finally, staff members also describe the provision of desperately needed therapy services as part of counselling as unaffordable.

In terms of the concrete work of support facilities, offering accessible services to women with disabilities affected by violence results not only in additional costs, but also in an **increase in administrative workload** due to additional forms and applications having to be filled in and processed.[156] However, even the existing workload is often felt as burdensome. This is why offering additional services under the current working conditions is perceived to be impossible.[157]

[155] "I have ideas of what else to offer [*services for blind women*]. But for now I am working on a project for hearing impaired women." (I: 9; T: 00:12:29)
[156] "Different forms and applications have to be filled in, the social welfare department and nursing services have to get involved. Sometimes you need an appointment with the social services, which usually tell you immediately, nope, there's no need for a needs assessment, and then you have to fight even for just the lowest level of care. You see, there are just more forms to fill out, more hoops to jump through." (I: 5; T: 00:27:38)
[157] "As I said already, we think that special material would have to be developed, presented, and word would have to get around in the relevant institutions and we can't do that – we are fully stretched already, we're at our limit." (I: 14; T: 00:04:36)

Many interviewees also consider the provision of **accessible rooms and buildings** to be currently impossible. Such rooms and buildings are needed to meet, for example, the needs of wheelchair users or the acoustic needs of the hearing impaired. Unfortunately, accessible premises were described as hard to find for an affordable price and adapting rooms was not always possible, and also costly.[158] When working with deaf women, one specific problem was finding adequate interpreters at short notice. One interviewee talks about a facility only providing its services to hearing clients; working with an interpreter is not even taken into consideration.[159]

Alternative ways of counselling deaf women, such as the use of the smartphone software WhatsApp, or the use of signed video counselling, are said to present a challenge in guaranteeing **confidentiality** – a challenge that so far has proven difficult to overcome.

Another challenge in the provision of accessible services is the **conceptual integration** of women with disabilities. On the one hand, women with disabilities should be targeted specifically; on the other hand, they should be seen as a part of the general target group, i.e. women who have experienced violence.[160] It is vital that the members of staff are aware of this balancing act, learn to use appropriate terminology, and know when which approach is appropriate.[161]

Finally, some interviewees mention that **cooperation with facilities (and residential homes) for people with disabilities** can sometimes be necessary but problematic, as they are not necessarily willing to even consider that violence might be an issue within their facility. Additionally, it may not be clear who is responsible for dealing with the issue of violence when the safety of a woman living in a facility for people with disabilities is at risk.[162] (also see section on networking)

In general, when planning an expansion of services what must always be kept in mind is a **support facility's available capacity**. Addressing women with physical disabilities would only make sense if the available rooms allowed access. Training members of staff in German Sign Language is often considered superfluous due to the low demand. Each facility having to specialise in every type of disability was seen as too difficult: facilities lack the necessary funding and structures in order to train staff and develop their skills and knowledge for providing services to new target groups.[163] Thus, as it is not seen to be realistic for one facility to cover all target groups, focusing on increased networking is thought to be the way forward. That way, each facility could focus on specialising in a limited number of issues.[164]

[158] "Six to seven years ago we spent almost a year studying ads, looking at flats – so we tried really hard for a year, before we started the Aktion-Mensch-Projekt, to find a place that allows full access but we didn't find any in the end. There was always something – either it didn't really allow full access or it was unaffordable or it was located so far away from the facility that we couldn't have expected people to travel that far – it's important to be fairly central – or the entry to the building wasn't acceptable." (I: 9; T: 00:31:16)

[159] "It has always been our prerequisite that they can kind of hear and that we can communicate." (I:11; T:00:14:45)

[160] "It's always a balancing act, deciding when it's important to point out the differences and to provide offers specifically tailored to the needs of that woman or this group. And to see when it is simply unnecessary and discriminating, because obviously they are part of our target group and have the right to our services." (I:8; T: 00:39:59)

[161] "Even just the definition. We've spent quite a lot of time on that. What works for us, for our organisation? What do the Krüppelfrauen [crippled women; an interest group of women with different disabilities] or the Weibernetz [women's network; an association of women with disabilities], and other networks think of it? And I think, sometimes it sounds ridiculous, but it also deals with – what shall I call it. [...] and how do I differentiate. Do I have to differentiate or is it unnecessary? Is it politically valuable to say no, we just call all of them women with disabilities or is it important to say no, there are huge differences and they have different needs. And that was difficult." (I: 8; T: 00:36:43)

[162] "It always gets difficult when it comes to structural violence. When institutions aren't open to the issue, that's when it gets difficult. [...] It's a question of crossing borders among the staff of a certain facility, and it's not always possible to ensure safety. That's where we hit our limits." (I: 13; T: 00:02:17)

[163] "[...] firstly, a feeling of, I think, incompetence. That doesn't work at all for us." (I: 11; T: 00:20:23)

[164] "We can't expect, due to the wide range of impairments and disabilities, to have an expert for each specific disability who fully understands every aspect of it and is able to develop tailor-made services for a specific target group [...] I think it's utopian to think that every organisation, every small counselling centre can be responsible for everything. That is completely overwhelming. I also think that it wouldn't be possible to fund." (I: 8; T: 00:31:23)

Specific situation of women's shelters

It is particularly difficult for women's shelters to provide their services to women with physical disabilities (e.g. wheelchair users). The reason for this is a general lack of resources and a very limited number of accessible rooms at best. One prerequisite for staying in a women's shelter, however, is the **ability to care for oneself**. Thus, some of the women's shelters' staff simply thought that it was impossible to provide their services to women who would require additional support in their everyday lives.[165] It was not the idea "that women's shelters turn into homes"; staff do not have the medical and nursing skills needed to provide care for women with severe disabilities. Also, no additional rooms are available for professional carers, and the administrative workload would increase drastically as well. So, unavoidably, the question was raised as to whether it actually was the shelters' responsibility to also provide their services to women with severe disabilities.[166]

The thought of involving a nursing service led to varying responses among the interviewees: one potential problem is said to be confidentiality as it is thought that involving a nurse partially reveals the identity of the client. However, another interviewee from a different facility thought that as long as the nursing staff were employed by the same umbrella organisation, confidentiality could be ensured. These differing opinions may be rooted in the varying networking options available to independent women's shelters and shelters that are part of a bigger organisation. The latter will most likely be able to offer a broader spectrum of services and may also have better opportunities for networking with facilities specialised in working with people with disabilities. Another aspect to consider when contemplating the admission of women with disabilities into a women's shelter is the composition of the group of women living there. Depending on the group dynamics, finding support for and integrating a disabled woman could prove varyingly difficult.[167] In any case, a certain proportion of cognitively impaired women living in one women's shelter should not be exceeded. Too many women with disabilities would result in a too high workload for the women's shelter. Also, disabled and non-disabled women living together could be too much of a burden on both groups. One could not expect the non-disabled women in a women's shelter to provide more support to disabled women than they would to their non-disabled cohabiters. In turn, disabled women would not receive comprehensive enough support from the non-disabled women. In this context, the question that was raised was whether existing women's shelter concepts are unsuitable for women with disabilities and whether new shelter concepts need to be developed in order to better meet the needs of disabled women.

What are the challenges at political level?

Politically, the main challenge lies in providing sufficient funds for the development and provision of accessible protection and support (see above). For counselling centres especially, long-term financing would have to be guaranteed. Only then would they be able to adapt and expand on their services for specific target groups.[168]

[165] "It is possible to a certain extent for people that are still mobile; say that they can still have a shower without help. Then it is possible [...] But, with a severe mental disability it's impossible. Because the prerequisites are that a woman can live here independently. That is a prerequisite because it is a shelter and not like a residential home." (I: 2; T: 00:03:40)

[166] "A year ago, or a year and a half ago, I went to another women's shelter that had made the building accessible and also had one room for women with disabilities and so on. But then they took in such a severe case, a woman that couldn't walk, talk – who couldn't do anything – and that was also really horrible. I mean she had, she was a victim of violence, that was horrible, I mean it was really hard to help her. It was hard to organise everything in this city. [...] So I thought about whether we actually have to do that. To be honest, it is very, very hard. I mean, a woman who can't do anything herself. She depends on others 100%. That was really difficult. I didn't envy my colleagues." (I: 1; T: 00:13:13)

[167] [Example of a deaf women] "She also doesn't realise when the other women are talking. So for her it is difficult to build a relationship with the other women. I imagine, it's difficult for this woman because you can't expect the others to keep that in mind. All of them have their own problems. Eh, depending on how the women get on with each other it might work well or go completely wrong." (I: 2; T: 00:08:11)

[168] "My personal feeling is that in society as a whole everything is changing much, much too slowly and a lot of money is currently being spent on complete rubbish. So, even if only a fraction of that money was given to the existing counselling centres in the country, so they could have guaranteed funding and sufficient staff, that would mean a big change with hardly any money." (I: 6; T: 00:05:48)

Additionally, it was pointed out that there is a need for political action to level the (financial) playing field between people with and without disabilities and chronically ill people.[169]

What are the challenges at societal level?

Major challenges are described as stemming from the public's attitude towards people with disabilities and taboos surrounding (sexual) violence. Firstly, in society there seems to be an urge to protect people with disabilities more than is necessary. Unfortunately, this often results in them becoming overly dependent on help, and living in isolation. Instead, the goal should be to include people with disabilities, in order for them to be able to make their own decisions and so that they can choose to make use of the support services available.[170] Secondly, girls with disabilities are often denied their sexuality, which results in patronisation and a lack of sex education. Both of these issues show that society still seems to lack an understanding of the barriers that exist for disabled people.

Another societal issue mentioned in the interviews is reflection on the idea of inclusion. On the one hand, inclusion can only work if artificial hurdles are removed and if the group of women with disabilities is simply seen as a group of women – leaving behind the differentiation between disabled and non-disabled.[171]

On the other hand, it is felt that inclusion in all spheres is not necessarily to the advantage of people with disabilities as sometimes a more differentiated approach and the offer of target group-specific services may be more beneficial.[172] Once again here, there appears to be a recurring conflict in the sense of deciding to what extent women with disabilities should automatically be thought of as part of the group of women in general and when specific support is due.

What are the challenges in terms of the different forms of disability?

The interviews with the staff of various support services made it apparent that the problem in working with specific target groups is largely a lack of **practice**. In many situations (facilitation and administration) the staff lack expertise and are thus uncertain about how to handle specific tasks. Consequently, most services said that they process enquires only within their own capacity and decide on a case-by-case basis the extent to which a woman could make use of the services offered. The reason for this kind of approach is the lack of financial resources, and of additional staff specialised in providing target group-specific services.

[169] "And political stuff, to think about that, where I think, what kind of people fall through the net; it's people with chronic illnesses who are not considered disabled. But they also have hardly any money and maybe don't work a lot, and there are so many financial hurdles for them and so they can't afford things." (I: 3; T: 00:16:29)

[170] "I think that in Germany we have a brilliant landscape of counselling services and the more women see it as a landscape the more they can gain from it and can make use of it to escape negative situations in their lives. I mean, not having to talk to my mother about whether or not I take the pill or have sex. Instead I, like all other women or young people, can go to a counselling centre, where I can get extensive information and where I can touch things, like a condom or other contraceptive." (I: 13; T: 00:25:23)

[171] "The way I see it is that facilities for women, for people with disabilities, or interest groups – everyone kind of sticks to and fends for themselves and only sometimes do we try and bridge the gap, and maybe call another group. I think it's an artificial separation. To say that women with disabilities are women; it's just a very big intersection and that's where I think the dividing lines should be softened again [...] That can only work well when, from the start, I see it as one group, which it is, and not somehow – I divide it and then at some other point I try and put it back together again." (I: 12; T: 00:52:43)

[172] "So, what I find important at the moment are the topics of integration, inclusion – things that are currently constantly under discussion – and I've hinted at it earlier already that the various organisations for people with disabilities strongly insist on inclusion, like in schools for example. And sometimes I have the feeling that that is not enough and I wish that people would think more on an individual level, and could think more on an individual level, and maybe think that we could form a little group just for whatever. And I sometimes worry that because of liberality and the idea that we are all equal, that we all just have different talents, that certain issues can't be discussed anymore because they are not politically correct." (I: 8; T: 00:51:07)

On top of this, it is clear that support facilities' ability to offer their services also greatly depends on the **severity of a client's disability**.[173] Often, staff do not have the required medical or nursing skills to provide care for women with disabilities. Additionally, in the case of working with women with (severe) cognitive impairments, staff do not have the necessary training to counsel women with, for example, very limited reflective faculties. One interview also shows the personal boundaries that counsellors reach, depending on the extent and severity of the disability, and that indicate serious inhibitions and desire to distance themselves.[174] However, five of the services interviewed explicitly mentioned the option of referring certain women to other institutions.[175]

Unfortunately, even then limits in the provision of support may be reached if, for example, certain therapy services are not available to the Deaf or to women with one or more mental, developmental or physical disability.

With **deaf women**, there is a further specific challenge when counselling: a number of services mentioned how important it was to be able to directly communicate using German Sign Language. However, training staff in German Sign Language was not seen as affordable. Also, calling qualified interpreters is perceived to be difficult at short notice and is said to be problematic in terms of protecting the client's anonymity, keeping in mind the rather small Deaf community, and the highly sensitive content of counselling sessions.[176]

Finally, certain target groups, such as women with physical disabilities, are hard to reach out to as there seem to be no lobbies that could be addressed and made aware of the available services.

D. PR work – outreach to the target group

How important is PR work perceived to be?

The services consider PR work to be an important part of their work in general, and in addressing women with disabilities in particular. However, outreach has to focus on target groups that the facilities can actually provide their services to.[177] Overall, the extent of measures already implemented varies greatly among different facilities.

What has already been done to reach the public and women with disabilities?

One part of the online survey asked about efforts to reach out to women with disabilities. The results show that PR work concerning accessible services only seems to be a minor part of the support facilities' work: 11% of the services asked said that they specifically target women with disabilities and chronic diseases in their PR work; 12% had an accessible website and information materials at the

[173] Referring to severe physical, cognitive and psychological impairments.
[174] "[...] we talk about it every now and then but not every disability is perceived in the same way by the various counsellors. That might be down to aesthetics or because one is reminded of something else but I think everyone has their limits. [...] And then there was the woman with spasticity that came in and was drooling and she said, well, she didn't say very nice things about her and then we asked what it was about. She said, well, she just saw the saliva dripping and just couldn't do it. We said: No, that's not on. We have to talk. And then we at least talked about our limits and kind of defined something, that we are not responsible for people with mental health problems." (I: 15; T: 00:20:01)
[175] "[...] that's when we have to refer them to other organisations. Depending on the way the woman, the kind of disability, the setup, just exceeds our limits." (I: 8; T: 00:03:06)
[176] "It's a predicament because the pool of interpreters is very small and I don't necessarily want the interpreter who interpreted for me at the last carnival to also come to my counselling session. It is a very small circle and the association told us that as well – it's a very small world and then eventually somehow word gets around. And even if the others don't find out it is still a strange feeling to later on see the interpreter that was there in my session with someone else in a matter-of-fact situation, and my very unpleasant story, the idea of it. So that's why we work with interpreters from further away. But that's also difficult because we insist on only working with female interpreters and it's also important to us that we train the interpreters in this very specific field beforehand as well." (I: 12; T: 00:12:29)
[177] "Ultimately only for the target group that we actually have the means to help. There is no point putting the word out in public but then having to say, yeah, we can't actually help them." (I: 11; T: 00:11:53)

time the survey was conducted; 26%/28% of the support services asked said that they were in the planning stages of adapting their websites and materials in order to make them accessible. From this data it can be concluded that PR work that specifically targets women with disabilities is neither in place nor planned at most of the services surveyed.

Also, the expert interviews show that two thirds of all of the members of staff that were interviewed had done very little or nothing at all in order to specifically address women with disabilities. There were single cases of ordering materials from the *bff*, the Federal Association of Rape Crisis Centres and Women's Counselling Centres in Germany. However, due to a lack of resources this material was not distributed among facilities for people with disabilities.[178] While such efforts seem to be limited by a lack of financial means and a lack of staff, the demand for target group-specific information was also said to have been minimal thus far. This situation results in either referring women who are looking for support to other organisations, or in the support facility trying to provide its services as best it can under the existing circumstances.[179] One big difference among the various support services is the attitude towards working with women with disabilities: some do not specifically target women with disabilities but are open to working with them when they come and look for support. Others actively try to reach out to certain target groups as they are aware of the need for more explicitly addressing certain target groups.[180]

Some services also cooperate with other organisations so that they can better reach women with disabilities (see section 4.E). Half of the members of staff interviewed claimed to be involved in organising information events or relevant seminars. Three of the services surveyed also use the public press in order to make women with disabilities aware of their services. Other approaches in presenting the facilities' work were visits to schools or facilities for people with disabilities.

What measures are perceived to be successful?

One attempt in reaching women with disabilities that was said to have been successful in the past is **outreach work**. It helps in overcoming doubts and inhibitions, which was especially important for women with cognitive impairments. Many of these women did not know about the existence of certain services or thought that the facilities did not address them.[181] **Cooperation** with facilities (and residential homes) for people with disabilities was also considered to be successful in referring clients on. Additionally, such cooperation, including in the sense of further training for professionals, is believed to make a contribution to raising awareness of carers in facilities for people with disabilities, which, in turn, leads to better awareness in creating security for women.

Cooperation with counselling centres working with women with disabilities was also seen as beneficial. In this way, support services for victims of violence can learn from the cooperation by finding out about options for referrals and by generally gaining from other facilities' experience.

PR work in daily newspapers was another effort that was understood to be important as it also reaches women who live at home and do not receive information through institutions for disabled people.

[178] "[...] which we got from the Federal Association and where we put our facility's stamp on it. But of course we could improve that, say, by sending the material to all the different organisations for disabled people. We don't do that. Because we can't afford it." (I: 14; T: 00:01:57)
[179] "It's not that we address them directly. Well, we don't have an accessible website and things like that. But of course they are welcome." (I: 4; T: 00:01:42) / "We tried, well, reacted to inquiries and that was enough, as much as we could do." (I: 3; 00:17:34)
[180] "[...] where there are needs, ones we've never seen before or ones that don't use our services at all, because they don't feel addressed." (I: 8; T: 00:11:21)
[181] "Yeah, but the women themselves, that's another thing we noticed, would just not have come to us. Women don't see counselling centres as a place for them to go to." (I: 13; T: 00:08:22)

Another seemingly successful approach was the offer of **target group-specific services**. Such offers were seen to lead to an increased number of women coming to the facilities themselves (also see section on examples of good practice).

E. Cooperation and networks

What is the current situation like?

The online survey also asked about currently existing cooperation and networks with disability interest groups, facilities (and residential homes) for people with disabilities and specific counselling centres for disabled people. Only a quarter of the support facilities surveyed said that they were not involved in any such cooperation or networking with others at all. The large majority is part of a network, even if it is unclear to which extent such networks are made use of.

The most common cooperating partners are residential facilities and workshops for people with disabilities (40%). In second place there are specific counselling centres for people with disabilities (38%), and women's support centres and counselling centres for victims of violence that focus on working with women with disabilities (38%). Cooperation with disability interest groups (for women) exists in just under one third of the facilities (31%). About one fifth (21% and 22%) of the services said that they are cooperating with representatives of disabled people and other organisations/institutions through which people with disabilities can be reached. Examples of such institutions are special-needs schools, associations, mental health facilities and psychosocial service providers.

The data from the expert interviews mainly shows cooperation with other counselling centres, with the Federal Association of Rape Crisis Centres and Women's Counselling Centres in Germany, and with umbrella organisations working with disabled people. However, the way in which the cooperation takes place varies greatly. Often cooperation is solely based on the exchange and referral of clients rather than on joint, long-term projects and networking. Only some of the members of staff interviewed are either the founders of, or at least part of, an ongoing working group or round table discussion regarding women with disabilities as victims of violence. Also, only a fraction of interviewees were in touch with disability interest groups on a regular basis. Very few staff members said that cooperation existed with centres specialising in certain target groups, such as associations for the blind and visually impaired, psychiatric hospitals and outpatient clinics, as well as counselling centres for deaf people.

Experience with cooperation and networks

Both positive and negative experiences have been had with past and current forms of cooperation with various partners.

Positive experiences

One very positive aspect of cooperation was that staff showed more **commitment** and had the chance to **make new contacts**. The latter resulted in an increased understanding of which person or centre can be contacted under which circumstances when referring a client.

Benefits also arose out of working groups including staff from various support facilities, and cooperation with interest groups. These were **joint development of plans**, **mutual support** and **exchange of expertise**. One particular goal of such types of cooperation was reaching new target groups. In doing this, support services received tips on how to best approach a certain group, such as

deaf women or women with disabilities. Another goal was finding tailor-made **solutions to specific problems.** This also proved to be easier when cooperating with professionals from different fields. Generally, the availability of a specific space where experts can exchange ideas and discuss issues of violence against women with disabilities was seen as very valuable.

The biggest perceived gain from cooperation with facilities for people with disabilities was easier **access to the target group**. Referring clients to cooperating centres also increased the clients' acknowledgment and acceptance of the projects targeted at them. On top of that, direct cooperation with care staff was believed to increase their awareness of issues of violence. This was thought to make cooperation easier when dealing with clients affected by violence. In turn, support services are able to provide helpful knowledge about the target groups within the scope of the cooperation.

Two interviewees specifically mentioned the **openness** towards and **awareness** of the cooperating workshops and facilities for people with disabilities when it came to the topic of violence against women with disabilities.

One support service received a donation from an interest group. It found this act "deeply impressive" as it symbolised a change of roles – from a group of people looking for help to one that is offering help.

Finally, one service described contact with disability organisations as both challenging and rewarding. The former referred to the pace and careful choice of wording when talking about and working with women with disabilities; the latter meant that through being in contact with the target group, awareness of their needs was heightened.

Negative experiences

While cooperating with facilities for people with disabilities brought many advantages, negative experiences were also had when the **openness** mentioned above was **missing** or **attempts to approach facilities proved futile**. The reasons for unsuccessful cooperation varied: partially, it was due to the fact that staff denied the problem of sexual violence; sometimes it was down to the facility for people with disabilities being worried about an increased workload, and the fear of overload.[182] On top of that, they lack strategies for preventing, intervening in and dealing with cases of sexual violence.[183] Ultimately, they are also worried about their reputation, which is why facilities sometimes do not follow up on cases of sexual violence.[184]

In cases of existing cooperation, two members of staff described **different attitudes** and **working principles** as making it difficult to work with the women in a supporting, appreciating and confidential way. This becomes apparent in the following quote:

> "There were often these boundaries; we reached our limits due to our rules and our own principles. Because we always said that we do our work with the woman. We don't do anything without talking to the woman about it first. We treat information confidentially when working with both disabled people and the elderly. That was the other area – there are different structures, I

[182] "I have the feeling that in facilities for people with disabilities many say, we are overwhelmed by the topic of violence. It's a lot to deal with and sometimes you can't control it. On the one hand, some disabled people are constantly victims and some constantly attack others. That's a lot to take in, it is overwhelming." (I: 4; T: 00:25:43)

[183] "You might be able to imagine that some of them are victims of violence, but it is very hard to imagine that some of them are also the perpetrators. I mean, that colleagues of mine would be the perpetrators, or that a father of a client, who I know well, who I work with all the time, that he could be a perpetrator. That's very hard to imagine for most of us. And then you have to act on it and take a stance and really take action. That's not always easy." (I: 4; T: 00:23:45)

[184] "[...] because in this school it was like in any other institution, where it is not their ultimate goal to protect or help the children and young adults they are responsible for. More important is to make sure that word doesn't get out about the institution. Right, and when you say it's the same in every school, in every nursery, generally everywhere. But we don't want to be the first ones to openly discuss the issue [...] so things happen and what do we do then; after a while we say, well, maybe, who knows whether it was actually true or whether the girl just made stuff up." (I: 6; T: 00:18:34)

mean, when colleagues call and without meaning to do any harm they tell you about a Ms X and talk about her and tell you an incredible amount of detail. That's where I think, hang on, I want to meet the woman first and get to know her myself. [...] We also hit some limits with the relatives of clients, because they just couldn't understand the fact that we use certain conversation techniques. That, of course, if a woman is sitting there with her mother, I don't talk to the mother about the woman, for example – but that seems to be common practice in facilities for people with disabilities." (I: 8; T: 00:20:45)

Another problem, highlighted by one member of staff, with contacting and involving interest groups in working groups was the fact that they would have to participate voluntarily.

A **lack of continuity and reliability** was also criticised within various forms of cooperation. In one network it was claimed that nothing had happened for years, joint concepts were put on ice – presumably due to a lack of time on the part of the interest group – and it was not necessarily clear whether arrangements were binding or not.

For some facilities, cooperation with interest groups did not result in the expected increase in contact with the target group.

One member of staff in one of the expert interviews mentioned that cooperation has to be initiated from outside as otherwise the planning of it just drowns in the day-to-day business of the facility.

Another interviewee mentioned problems between the cooperating partners but did not want to go into detail.[185]

Finally, networks also had limits when certain services were simply not available. Currently, there seems to be a lack of adequate therapy services that certain clients, such as deaf women and women with cognitive or severe/multiple disabilities, can be referred to.[186] The same is said to be true for women with physical impairments, as many therapists' offices are not accessible.

<u>Useful cooperation partners</u>

In order to improve the provision of services for women with disabilities, important cooperation partners named were facilities for people with disabilities (homes, day centres, workshops) and interest groups. Occasionally, cooperation with the following institutions/groups of people was also described as beneficial:

- Nurseries/schools
- Parents
- Sports associations for people with disabilities
- Disability committees
- Support groups (including for relatives)
- Disabled transport services

[185] "I can think of a certain situation but I don't want to make it public." (I: 13; T: 00:18:40)

[186] "However, when a woman comes – and that's the difference – who, how shall I say it, has a mental disability or impairment, then that's kind of an issue, and if she's looking for therapy then it's much more difficult for her to find a therapist. And that's the point where we have to try and see whether we can refer her to someone, whether we can do anything or whether we just have to say, sorry, we don't even know who else would know who to refer you to." (I: 8; 00:05:10) / "But that's a huge hurdle that we hit, with the women themselves – I mean, things they've experienced and have to process, what support they can get, it's very difficult. Generally, to find someone who could help these women through physical therapy or music therapy or whatever." (I:9; T 00:16:34)

- Other counselling centres
- Low-threshold services for societal inclusion
- Medical services and health insurance providers
- Police
- Lawyers

F. Examples of good practice

The expert interviews show at various points that networking can play a very important role. It is understood to be utopian to expect each facility to specialise in all types of disabilities. Instead, different services should have different areas of focus. The important point, however, is that other services also know about which place is specialised in what. Only then can clients easily be referred to the facility best suited to their needs. Especially highlighted, in terms of both better referral of clients and general exchange of knowledge, was cooperation with umbrella organisations for disabled people. An additional advantage of this is that the staff of facilities (and residential homes) for people with disabilities become more aware of the issue of violence and can protect affected women by specifically trying to stop violence within their facilities. However, cooperation with facilities for people with disabilities has to be carefully planned and quality management has to be kept in mind. Only then can facilities be assured that the cooperation with support services for women affected by violence will not harm their reputation.[187]

Another important role is played by the conceptual planning of improvements. Careful review has to take place to decide which additional services can be offered to women with different disabilities on top of the existing ones, and how the women can be integrated in the work of the facility. However, such planning also concerns areas where there is no way around developing new specific services. Such conceptual planning is described as a necessary balancing act.

Information materials are considered to be apt when they are suitable for and available to a wide range of people without their content lacking in appeal. One aspect that is said to have been helpful in relieving doubts is to openly inform about the way in which a given facility works and how it offers its services. On top of that, there seems to be a general need for information about the issue of violence in order to reach disabled women as a target group of the support system.

Some individual support services have existing projects that are a success in terms of reaching certain target groups. One counselling centre for women, for example, created a new position to allow a project to be initiated. Within this project, the centre became increasingly easy for various target groups to access thanks to systematic improvements. At the same time, networking with relevant partners allowed the support to be adapted to the needs of disabled women. The project included the following steps:

1) Assessment of existing services: to what extent are they available to disabled women; where do changes have to be made; where are specific services needed?

[187] "You also have to think about the parents. They immediately explode and ask and 'what's the matter' and there you have to be – constant dropping wears away a stone – you have to be careful when saying, the other way 'round: it is an opportunity in terms of quality management to be able to show that we not only have the highest standard when it comes to fire safety but that we also focus on this, and that always worked better than the other way 'round, that doesn't work. You can be proud and say, we are targeting such issues and that's why we are a safe facility." (I: 12; T: 00:43:34)

2) Involvement of the target group: how do different women reach the counselling centre already; how do they receive information?

3) Revision of information materials: to what extent are they available to disabled women; to what extent do they provide information about how the counselling centre works?

4) Advertising of services through networking and press releases.

5) Creation of networks: contacting relevant cooperation partners for the renting of accessible rooms, for exchange on specific target groups, or for cooperation in terms of outreach work. Taking stock of suitable therapists for clients to be referred to.

6) In all areas: guaranteeing confidentiality.

A number of staff members expressed their wish for future integration of cross-cutting issues such as work with disabled people or with immigrants.

G. Future outlook and suggestions for improvement

When asked what would be needed within the facilities in order for them to be more able to provide services to disabled women, the staff again mentioned the lack of financial resources and employees. Especially important was long-term financing, in order to be able to continually develop new areas of focus and to have the means available to fund further training for the staff members. In terms of the additional staff, disabled women who are well qualified in this area should also be employed. Two thirds of the staff interviewed consider the provision of accessible rooms, sanitary facilities and entries to buildings to be important for their facility. Thus, the buildings should be fitted with tactile information to aid orientation and audio induction loops. Also, the acoustics of the buildings should be adequate for hearing-impaired clients. One third would like to offer their counselling service in German Sign Language.[188]

Also discussed was how easily clients can actually get to the women's shelters and other support services and to what extent accessible information material should be offered. In regard to the latter, both general information about the support services and specific information about violence and discrimination should be offered in simple language and braille, and as audio and video files. Information material for relatives was also considered valuable, and relevant websites should be as accessible as possible.

Additional suggestions for improvement, which could, however, only be put into practice with sufficient funds, were:

- Increased outreach work among facilities for people with disabilities
- Counselling services offered directly within facilities for people with disabilities
- Creation of a network to make referring women to the best-suited organisation easier
- Provision of transport services

[188] In this context, three facilities were referring to German Sign Language courses; two would like sufficient short-term financing to pay for Sign Language interpreters.

- Projects aimed at blind women
- Inclusion of concepts for supported communication in counselling sessions
- Provision of further training for staff members
- Specific employment projects for affected women[189]
- An openness towards the idea of including disabled women amongst members of staff.

Two staff members interviewed expressed their wish for a rethink of the concept of women's shelters when it comes to the inclusion of disabled women. They would prefer a shelter especially for women with disabilities were the use of professional carers and receiving visitors had priority over the protection of clients' anonymity. Also, staff requirements in such a specialised shelter would be different. Finally, these women's shelters would have to be integrated into the respective cities, in order to prevent isolation of existing residential facilities.[190]

In general, staff expressed the need for prevention programmes. People working with severely disabled people in nurseries, schools and other organisations have to take responsibility for ensuring their clients' safety.[191]

Finally, the interviewees were asked what they themselves would need in order to be able to better provide their services to disabled women. The answers to this question made it apparent that there is mainly a need for more experience in dealing with certain target groups. Also, further training (in terms of both practical and legal knowledge[192]) and better networking were considered to be important. This would enable them to learn from experts and gain knowledge about existing services and organisations for women with disabilities. Single members of staff also mentioned their need for more time, being able to rely more on their own team and expanding their own openness towards the issue.

H. General experiences of the experts/Summary

(See Conclusion, next page)

I. Other issues

In sum, most of the support services are generally aware of the problem of violence against disabled women. Studies dealing with this issue are also known and kept in mind in the counselling sessions.[193] Staff members are also aware of the link between violence and types of disability, and they know

[189] "Projects like working in a garden, a workshop where they fold envelopes, or whatever. Or a café. Many can bake cakes." (I: 5; T: 00:38:35)
[190] "Additionally, I'd maybe open up the shelters so that we can make use of nursing services and have visitors, like family and friends, without having to worry about revealing clients' identity. No, quite often they live in isolation. [...] And I'd certainly make sure that things were decentralised. We should be part of it all. In normal living areas. Not just somewhere on the fringes." (I: 5; T: 00:37:59)
[191] "There is a clear limit in working with the most severely disabled girls and women. Where I have to say, I can't offer a self-assertion course. That's where the institutions come in; they have to make sure the women are safe." (I: 13, T: 00:19:57)
[192] "[...] also with this topic, we need more training, to know what the legal situation is like. We are a facility with very high standards of confidentiality. I am not allowed to just talk about someone without having the permission to do so. That was very important for us, to see how that would work if someone is being counselled by us and the counsellor wants to get more information about something." (I: 13; T: 00:16:08)
[193] "[...] so, we know that many cases of violence against women with a mental, physical or psychological impairment are never reported. But I can say that about two thirds of the women talked to us, in this safe environment, about experiences with sexual violence." (I: 13; T: 00:02:47)

about the lack of accessible support services. Two organisations made it clear that they see the use of Sign Language interpreters as a makeshift solution; much preferred would be the ability to directly counsel deaf clients through the use of German Sign Language.[194]

So, while the lack of accessible services is a known fact, often this is justified with low demand in the provision of target group-specific services. However, as it can lead to a vicious circle, this has to be questioned. Low demand is the reason for not offering enough services, in turn making it harder for affected women to access facilities.

Another issue that was discussed in the interviews was the support of disabled women during legal proceedings. In particular, women with cognitive or mental impairments who have been affected by violence often struggle to make a case in court. Two reasons for this are that they might struggle to remember details and that their statements are generally not considered workable. What is considered necessary here is for the "court to open up", with awareness among the actors involved in the legal process being of great importance.

Finally, one interviewee working in a women's shelter mentioned the difficult situation of women with disabled children who are looking for shelter. They should be considered another target group that requires accessible services.

Conclusion: Reflection on and Overview of Important Results

Issues identified within the empirical part of the study were discussed and reflected with the advisory group as well as additional relevant actors from the supporting system during a stakeholder meeting. Results from this meeting are included in this final reflection.

It has become evident that there is still a substantial need for further action concerning the access to the support system for women with disabilities. Despite increasing activities in Germany during the last years – also following the national representative study on violence against women with disabilities - a comprehensive barrier-free access has not been reached for this target group so far.

The support facilities often lack practice in dealing with the target group and competences for target group oriented counselling. Frequently singular case decisions are made; many support services still lack a concept which includes clearly defined target groups and provides competent services for their addressees. Expecting completely barrier-free accesses in the short term could lead to excessive demands and defence against this issue. Thus realistic goals should be set in order to work step-by-step towards a reduction of existing barriers. In this context, especially financially weak organizations need practical information for the implementation. The inclusion of **all** women affected by violence within the supporting system remains as a long term goal. The provision of financial resources and additional staff are necessary conditions to implement (a more) barrier-free accessibility. But also the employees' common will to include women with disabilities as an integral part of their work is necessary. Moreover cooperation and networking between interest groups of disabled people, specialized counselling services and further facilities for people with disabilities are relevant factors to ensure an exchange of information and to extend each other's competences. For supporting facilities this may come along with an increasing routine in dealing with the target group and thus decrease fears of contact and self-constructed barriers often existing in people's minds. An increased sensitivity of the issue of violence would be a promising consequence of cooperation for facilities for people with disabilities. Cooperation and networking can thus establish as well as extend professional and competent support for women affected by violence.

[194] "When working with a deaf woman through a Sign Language interpreter; I see that as a makeshift solution. Technically, I should be able to do that. I should be able to communicate directly." (I: 9; T: 00:32:18)

Within the study and the following discussions it became evident that information concerning offers and proceedings within the support facilities often does not reach affected women. Increasing target group oriented educational and information work along with the establishment of appropriate offers are regarded as valuable devices of improvement. Furthermore outreaching activities should be offered by support services to a greater extent in order to reduce uncertainties and inhibitions for help seeking women and to develop transparency with regard to offers and proceedings. Needed resources should be provided by governments and societies.

Especially affected women with disabilities regarded transparency and detailed information concerning the actual degree of accessibility as very important in order give help seekers the possibility to decide whether services can be accessed. Arriving at non-barrier-free facilities that pretended to be barrier-free was described as very frustrating. Possibilities to use services and overcome barriers should be discussed during the initial contact openly.

Furthermore, a topic discussed repeatedly was the existing uncertainty of the specialized victim support services to what extent women with disabilities should be involved in the existing offers as a matter of course or whether specific offers for certain target groups should be provided. In this context a dual strategy could have promising effects: on the one hand a natural involvement of all women who are affected by violence should be established; on the other hand additional services should be offered in case this is appropriate, e.g. counselling in German Sign Language, external counselling services in facilities for people with disabilities, etc.

In many cases the affected women with disabilities did not wish any specific treatments. It was rather preferred a professional and competent counselling and support, a natural behaviour without fear of contact, taking into account the individual living conditions. Furthermore leaving the choice to the affected woman herself to seek help of special supporting facilities was of particular importance.

In general the societal view on people with disabilities was regarded as highly problematic. Disabled women in violent situations often experience not being taken seriously. This in turn may hinder them from seeking help. Here extensive public relations related to society but also certain occupational groups are necessary.

Altogether it became obvious that different aspects effect the problematic situation of women with disabilities within the support system. These aspects can influence each other in a negative way. Existing barriers in the support system lead to a reduced number of certain target groups in the support facilities. Since the needs remain invisible, this circumstance might result in the reduced provision of target-group-oriented offers. In this context information concerning step-by-step activities, which are also manageable by smaller facilities, is needed as well as societal awareness and sensitization for this issue. Finally continuous cooperation and networking of relevant actors play an important role to improve the situation.

Literature

Schröttle, M. / Hornberg, C. / Glammeier, S. et al. (2013): Life situations of and pressures on disabled women in Germany. Short Version. [online] URL: http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationsliste,did=201652.html (07.06.2014)

Appendix I: Online Questionnaire

Dear Colleague,

disabled women experience more interpersonal violence compared with non-disabled women. However they are likely to experience greater barriers to accessing help and support, both during and after experiencing violence.

We, at Gießen University, are part of a European research project that aims to improve the situation for disabled women who are victims and survivors of violence. We are conducting a study, funded by the European Commission, to collect evidence about the support available to disabled women who experience violence in different countries, including the Germany. We would welcome your help to do this. Please could you complete this short survey so we are able to find out:

- What support is available for disabled women in Germany
- What are the barriers that exist for disabled women who are victims and survivors of violence
- What does your service require to ensure disabled women can access good quality support when they need it.

Please be assured that all the responses you provide to this survey will be anonymous. The results of the survey will contribute to the development of national and international policies and practices to improve the situation for disabled women who are vulnerable to violence. However this can only be achieved with your help. So please take 10 minutes of your time to complete the online questionnaire. Your participation is very important and will certainly make a valuable contribution to the provision of better support for disabled women who experience violence in the future.

Thank you very much!

Dr. Monika Schröttle and Kathrin Vogt

University of Gießen

Please give your feedback and comments to:

kathrin.vogt@uni-giessen.de, monika.schroettle@uni-giessen.de

Tel.: 0521-106-4587

1. **Within the past year, what percentage of women who visited your institution/service had a long-term illness/impairment (i.e. affecting their mobility, speech, vision, hearing, learning or/and mental health)?** These also include chronic illness, long-lasting health impacts and invisible disabilities that have strong and enduring impacts on the womens everyday lives.

   Ca. _____ %

2. **Is your institution/service used by women with different types of impairments / disabilities? (please mark each that applies)**

   □ Physical impairments / impairments with movements
   □ Speech impairments
   □ Sensory impairments (e.g. visual, hearing, etc.)
   □ Psychological impairments
   □ Learning difficulties / intellectual disabilities
   □ Chronic illness with serious and long-lasting impacts
   □ Others: _____

   □ no disabled women in our service / institution

3. **Which impairments/disabilities are most common among the women who seek your services? (please distribute here the numbers 1 to 6, with 1 as the most frequent disability and 6 the least frequent)**

   □ Physical impairments / impairments with movements
   □ Speech impairments
   □ Sensory impairments (e.g. visual, hearing, etc.)
   □ Psychological impairments
   □ Learning difficulties / intellectual disabilities
   □ Chronic illness with serious and long-lasting impacts
   □ Others: _____

4. **Is your institution accessible for wheelchair users? (e.g. ground floor, lift or ramp access to venue and all rooms including toilet)**

   □ totally accessible
   □ partially accessible (some rooms are on the ground floor/can be accessed by a lift but not all)
   □ not accessible

5. **Does your service offer any specific services for wheelchair users (e.g. barrier-free access, pick-up service, car-pool, self-defence courses for wheelchair users, professional assistance)?**

   □ no □ yes, this includes _____

6. **How accessible is your service/institution for women with other mobility restrictions? (e.g. barrier-free equipped rooms and sanitary facilities, walking with assistance, etc.)**

   □ totally accessible □ partially accessible □ not accessible

7. **Does your service offer any specific services for disabled women with mobility restrictions (e.g. pick-up service, car-pool, self-defence courses, assistance)?**

   □ no □ yes, this includes _____

8. **How barrier-free accessible is your service/institution for women with visual impairments? (e.g. by guidance systems, door bell labelling in Braille, information in Braille, audio description or word file, barrier-free Website for blind women)?**

   □ totally accessible □ partially accessible □ not accessible

9. **Does your service offer any specific facilities or services for women with visual impairments (e.g. facilities described in the last question, pick-up service, car-pool, self-defence courses, assistance, access for guide dog)?**

   □ no □ yes, this includes _____

10. **How barrier-free accessible is your service/institution for deaf or hearing impaired women? (e.g. by offering contact/communication via Email, Fax, Text-message; sign language communication/interpretation, hearing loop, sub-titles on video/DVD materials, barrier-free information material/websites for deaf women)**

    □ totally accessible □ partially accessible □ not accessible

11. **Does your service offer any specific facilities or services for deaf or hearing impaired women? (e.g. facilities described in the last question, access to sign language translators, self-defence courses for deaf women, address pool of psychologists who offer counselling in sign language etc.)**

    □ no □ yes, they include _____

12. **Is your service/institution prepared to offer appropriate support for women with mental-health problems? (e.g. appropriate psychological support; internal/external services, therapy and support to enable recovery and independence; cooperation with ambulant and residential psychiatric support institutions)**

    □ yes
    □ partially
    □ no

    □ we do not work with women with mental-health problems

13. **Does your service offer any specific facilities or services for women with mental-health problems? (such as those described in the last question, self-defence courses and support groups for women with mental -health problems, women addicted to substances , address pool of adequate psychological support etc.)**

    □ no □ yes, they include _____

14. **Is your service/institution prepared to offer appropriate support for women with learning difficulties/intellectual disabilities? (e.g. communication and written materials in simple terms and Easy Read format, use of pictures in counselling sessions/consultations, barrier free website, training of the staff for communication in simple terms, cooperation with institutions and psychologists supporting women with learning difficulties/intellectual disabilities)**

    □ yes
    □ partially
    □ no

15. **Does your service offer any specific facilities or services for women with learning difficulties/intellectual disabilities? (e.g. offers described in the last question, self-defence courses and support groups for women with learning difficulties, address pool of adequate psychologists etc.)**

□ no □ yes, they include _____

16. **Is your service/institution prepared to offer appropriate support for disabled women who live in residential institutions, groups homes, apartment clusters and for women that rely on care and assistance e.g. from personal assistants or paid carers? (e.g. outreach work into institutions/care settings at home, possibilities for intervention and support in cases of violence, networking opportunities so this group of women can learn about the services, outreach work and preventive work in institutional / home care settings, information especially for this group)**

□ yes
□ partially
□ no

17. **Does your service offer any specific facilities or services for disabled women who live in residential or other institutional or care settings (e.g. such as those described in the last question)?**

□ no □ yes, they include _____

18. **Which of the following have been provided by your institution/service to ensure it is accessible for disabled women? Please mark all that apply!**

□ Barrier-free access of all rooms for wheelchair users and people with physical impairments
□ Barrier-free access of parts of the rooms for wheelchair users and people with physical impairments
□ Door Bell Labelling in Braille
□ Guidance system for blind women
□ Counselling in sign language for deaf women
□ Email-Counselling for deaf women
□ Light Bells for deaf Women
□ Counselling in easy language
□ Counselling support offered for women with mental-health problems
□ Counselling support offered for women with chronic illness
□ Outreach work for disabled women (living in care situations or residential institutions)
□ Addressing disabled women and those with chronic illness in public relations activities
□ Accessible website and information material (e.g. in Easy Read format, Sign language, with sub-titles, files or material readable for blind women, in Braille or audio description)
□ Disability Equality Training for employees
□ Specific courses offered for disabled women, these include _____

19. **Does you service/institution offer any other support for disabled women who experienced violence?**

□ No
□ Yes, these include_____

20. **Which of the following is planned in near future in your institution / service to ensure it is accessible for disabled women? Please mark all that apply!**

□ Barrier-free access of all rooms for wheelchair users and people with physical impairments
□ Barrier-free access of parts of the rooms for wheelchair users and people with physical impairments

□ Door Bell Labelling in Braille
□ Guidance system for blind women
□ Counselling in sign language for deaf women
□ Email-Counselling for deaf women
□ Light Bells for deaf Women
□ Counselling in easy language
□ Counselling support offered for women with mental-health problems
□ Counselling support offered for women with chronic illness
□ Outreach work for disabled women (living in care situations or residential institutions)
□ Addressing disabled women and those with chronic illness in public relations activities
□ Accessible website and information material (e.g. in Easy Read format, Sign language, with sub-titles, files or material readable for blind women, in Braille or audio description)
□ Disability Equality Training for employees
□ Specific courses offered for disabled women
□ Others, these include _____

21. What does your institution / service require in practice to provide best possible support and counselling for disabled women?

_____

22. Do you think the current support offered for disabled women who have experienced violence in your city / region …

□ are sufficient
□ are not sufficient and should be expanded / complemented by:

_____

23. What do you feel are the biggest challenges / barriers for the establishment and development of appropriate support facilities for women with disabilities who have experienced violence in your city / region?

_____

24. Does your institution/ service have close connections/collaborations with …

□ Interest groups of disabled people (e.g. Disabled People's Organisations, Advocacy groups, networks for disabled people/women and their allies)please specify:
_____
□ Living and working places for disabled people (e.g. residential homes or workshops for disabled people)
□ Counselling centres for disabled people
□ Representative/s of disabled people
□ Women's or violence counselling centres that explicitly deal with support for disabled women
□ Other institutions / centres / persons that advocate for people with disabilities, these include
_____

□ no, none (yet)

25. Now some final questions: Is your institution / service …

□ a shelter for battered women?
□ a women's advice centre?
□ a women's helpline?

□ a counselling centre for women who have experienced violence?
□ a specific contact point for disabled women who have experienced violence?
□ a contact point / counselling centre for disabled women?
□ a contact point / counselling centre for disabled women and men?
□ something else, (please specify):

_____

26. Is your institution / service

□ in a big city (population exceeding 100,000)?
□ in a medium-sized town or a small town?
□ in the countryside?

27. In which county/region is your institution located?

28. How many persons work in your institution / service?

Paid staff members:
Volunteers:

29. How many disabled persons work in your institution / service centre? (if there are none please indicate with number 0)

Paid staff members:
Volunteers:

30. Finally: **as part of the study we wish to conduct more detailed interviews with professionals. Would you be interested to be interviewed:**

Yes [ ] No [ ]

If yes, please write here your name, phone number and / or e-mail address. This information will be kept separately in order to keep your statements in the online questionnaire anonymous.

Name:
E-Mail address:

Phone number:

Many thanks for your help!

Appendix II: Guidelines for the Expert Interviews within the Support System

WARMING UP

Key Question	
What role do disabled women play in your service as seekers for support?	Are disabled women regarded as a target group of this service? To what extent / in what way?

PREVIOUS EXPERIENCES / PREVIOUS OFFERS

Key Questions	**Prompts**
What are your experiences of Working with disabled women? If no experiences: why not? What are the reasons for this?	Has your service had projects, resources, equipment, accommodations or training particularly designed for disabled / deaf women? Were these designed for women with all impairments / disabilities or with specific impairments (which?)? To what extent are these projects accepted / used by the target group?
Have there been any obstacles or challenges? If so, please explain.	Are there disabled women / women with particular impairments who are hard to reach or have not been able to participate in your service? If yes: who are they? (let interviewee concrete obstacles / challenges)
How do you think this work has been successful? How did you improve?	

SUBJECT ACCESSIBILITY OF PROVISION FOR DISABLED WOMEN

Key Question	**Prompts**
We will now discuss the subject of barrier-free access. What does this mean to you?	In which way is this relevant according to your service? Can you give examples for this within your service? How is this relevant to different types of impairment?
Would you describe your service as barrier-free?	If yes: Could you briefly describe in what ways? If no: What is missing? How could barrier-free access be reached?

PUBLIC RELATIONS

Key Question	**Prompts**
What strategies have you employed to reach disabled women?	What were the noted effects? Did the situation change as a result, e.g. was there more take up of the service by disabled women? Was there an attitudinal change among staff about the needs of disabled women?

COOPERATIONS / COLLABORATIONS

Key Question	**Prompts**
Would it be beneficial to collaborate with other organizations and services so your service can improve its work with disabled women? Are there collaborations that already exist with SVSS and Disability organisations?	E.g. did you establish projects together or are there contact persons to clarify questions referring to this field if needed? **If yes:** What was your experience with this cooperation? What was positive? Was maybe something also problematic? **If no:** Why not? What reasons and/or obstacles did you have?

FUTURE PERSPECTIVE / OPEN QUESTIONS

Key Questions	**Prompts**
What would your service need in order to meet the needs of disabled women?	What is reasonable and not reasonable in this context? Assuming that there were no financial barriers. What would you change in your service in order to organise it to be barrier-free?
Do you feel you are sufficiently informed about disabled women's needs?	What would you personally need to counsel / serve disabled women in the best way possible?

Appendix III: Guidelines for the Focus Group Discussions

WARMING UP

Main questions	Optional questions
What do you think, how serious is the problem of violence against disabled women in Germany? How do you get this estimation? In your opinion, where do disabled women experience violence most frequently? By whom?	

KEY QUESTIONS

Main questions	Optional Questions
Situation Violence – Disability From your point of view, are there differences between the ways that disabled and non-disabled women experience violence? For example in types of violence, in the reactions and the consequences? (If yes, which?)	
Support / Counselling Sometimes it is said that women don't know where to go after they experienced violence. o If you were in such situation, would you know where to go / where to turn to? Where would you turn to?	

o Do you think other disabled women (also) know where to turn to?	
When you think about the support organisations you just talked about. o Do you think you could access these institutions without any problems? o Are there differences between disabled women? *(Break)* And/or to non- disabled women?	What are the obstacles that disabled women are confronted with?
Which forms of support would you wish / expect when visiting this service after experiencing violence? What help or practical assistance should be available or offered to best support disabled women who have experienced violence?	Could you give some examples of what would be important? What do you think are the criteria for an optimal service?
Rights According to the UN convention on the rights of persons with disabilities disabled women have the right to be protected from violence and to a non-violent life. Did you know that? Do you think many disabled women are aware of this right? How could disabled women be informed about their rights in a more sufficient way?	How do you explain this? What would have to be changed for better implementation?
Best Practice Do you know examples of support or counselling services you would recommend because they meet the needs of disabled women? Or could you imagine what such examples of good practice would look like in practice?	What aspects make the service recommendable?
Final question What needs to be changed in future to improve access to and the use of support services for disabled women?	What needs to be done to provide better support to them?

We are now at the end of this discussion. As there anything we didn't talk about yet, but what you'd like to discuss? Do you have any questions?	

Appendix IV: Guidelines for the in-depth Interviews with Disabled Women affected by Violence

Theme 1: General questions	**Prompts**
How do you spend your days now?	Do you go to work, college, university, day-centre?
What is your age?	
Where do you live?	Town? City
Tell me about your living arrangements	Do you live alone? If no, who do you live with? What type of accommodation do you live in? Have these arrangements changed since you were a child? How?
How would you describe your marital status?	Single? Married? Divorced? In a romantic relationship?
How would you describe your ethnic identity/background?	
How would you describe your sexuality?	Homosexual? Heterosexual? Bisexual?
Do you identify as disabled?	How are you disabled ? ***NB:*** *Women may talk about being affected by specific impairments or by social barriers. However it is important to have some information about the woman's impairment to understand how it relates to particular kinds of violence.*
Do you have children?	Tell me more about your children – how many? How old? Where do they live?

Theme 2: Experiences of support and violence	**Prompts**
Sometimes women are assaulted. Have you ever experienced psychological, physical or sexual assaults? For example, has someone beaten you, pulled you down, harassed or threatened you, or forced you to do something you did not want to do?	Tell me more about this? Who caused it? When did it happen? Where? Has it happened before?
Has this ever happened to you?	Tell me more about this? Who caused it? When did it happen? Where? Has it happened before?
What were the consequences?	Get help? Run away? Injury? Suicide?
Did you tell anyone or do things to protect yourself? Do you think the violence, or your reactions to it, had influenced the development of your impairment?	If yes, who/what? – Tell me more about this If no, why not? Do you feel the violence causes or worsens your impairment? How? Or do you feel your impairment causes the violence to get worse? Do you think your impairment triggers specific types of violence? Why?

Theme 2.1: Childhood (pre-school and school age 1-12) ***NB:*** *the aim is to encourage women to talk about their experiences of violence and support in their childhood (before and after starting school) .* Tell me what life was like when you were a child (before school)? Moving on to when you started school, tell me about that. What was it like? Who did you meet? What did you like/not like?	**Prompts** ***NB*** *Encourage women to talk about family relationships(parents/siblings/grandparents), school, friends, support staff, health/social care, medical treatment, therapies to correct/reduce impairment, playtime etc*
As a child, did you experience any bad/wrong behaviour (abuse or violence) – (e.g. at school, at family home, in residential home, on transport, in playground, in hospital)	If yes, tell me more about this - where were you at the time? Who were you with? Did the abuse stop or continue? ***NB:*** *interviewer should be aware that women may/ may not become retraumatised by recalling these experiences/events therefore tailor the depth of questioning on a case by case basis.*
Think of particular times where you felt unsafe? Where? Did you tell/want to tell anyone and get help/support for this? What kinds of support did you want? What support did you get?	***NB:*** *Encourage women to talk about different incidences of violence, in different environments during childhood and different kinds of support - Summer camps, leisure activities, after-school clubs, respite homes, specialist transport* Formal service – child/women's service, police, doctors, social workers, counsellors; Informal – peers, family, neighbours etc
Did the support you received help you feel safe?	If yes, tell me how? If no, why not

Theme 2.2: Adolescence / Teenage years (age 13-19) Tell me what life was like when you were a teenager?	**Prompts** Where did you spend most of your time? Who did you spend time with? Did you feel safe during this time?
Tell me more about the people that were significant in your life when you were a teenager What were your best and worst time during school years?	People at school? People at home/ outside school? People at social clubs and leisure centres? On specialist transport? In healthcare settings?
Did you ever feel frightened and want to ask for help? What did you do after school?	Tell me more about this? One off incident or recurring? How did you get help? What kind of help?
Theme 2.3 Adulthood (age 20-50) Tell me about your life as an adult woman.	**Prompts** Living arrangements? Care/Support? Relationships – dating, marriage/children/sex Work – colleagues, boss, Day-centre
During this time, do you think you were not treated well, or experienced abuse, violations or confinements ?	How? Who by? (work/ systems practices or individuals) Was it same or different from before? How? How did you react?
Did you get support?	If yes, where from? What kind of help?
Did you get the quality of support you expected? Could the violence have been stopped or not? What could have been helpful?	***NB:*** *Could compare to non-disabled women*
Theme 2.4: Older life (age 50-65) Have things changed from when you were a young women to your life now?	***NB:*** *This theme only relevant if participant is in this age cohort.Repeat questions about experiences of violence and support as above.*

Theme 3: Rights and Future Aspirations What do know about your legal rights as a disabled woman?	***NB:*** *give examples of legislation with regards to disability/ women&violence in respective countries:* **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) -** first international treaty to promote the civil rights of disabled people in all aspects of social life, including non-discrimination and rights for women and girls. **Family Law Act 1996 –** Women may take out occupation order which allows them to exclude perpetrator from their home and surrounding area
Are you aware of /do you use any mainstream services for women who experience violence? If not, why not?	Tell me more about this. Good/poor things about the service.
What is needed in the future to improve access to services for disabled/Deaf women who experience violence?	If you had a magic wand and 3 wishes to make services better for disabled women, what might these be?
How do you think violence against women and girls can be prevented?	
Theme 4: Endings We are at the end of the interview now. Is there anything else you wish to tell me? Do you want to ask me anything?	Are you aware of other disabled women who may have experienced violence? Have you witnessed violence against other disabled women? (maybe in group homes, residential schools etc) ***NB:*** *The interviewer should ask the participant how she feels now, and give her the pre-prepared information about supporting agencies/ organizations if she would like it.* *It is important to thank the woman for her participation and end the meeting on a light note (e.g. weather, plans for the evening etc)*