

Looking the Other Way:

A Study Guide to Female Victims of Violence
with Disabilities

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Foreword

The Swedish National Board of Health and Welfare (NBHW) received a number of assignments from the Government in 2007 and 2008 concerning violence in intimate relationships. Several of the assignments were based on the Government's *Action Plan for Combating Men's Violence against Women, Violence and Oppression in the Name of Honour and Violence in Same-sex Relationships* (Government Communication 2007/08:39). One of the assignments was to put together a study guide to female victims of violence with disabilities.

The guide primarily targets professionals – personal assistants and employees of the social services, habilitation, rehabilitation, health care, etc. – who handle cases affecting women with disabilities, as well as provide them with support and service. Personnel, such as caseworkers at other departments of the social services, who help female victims of violence in general may also benefit from the guide. The guide is also directed to professionals at NGO:s such as women's shelters, crime victim support centres and organisations for people with disabilities. The police and judiciary system may also find it useful. The objective of the guide is to raise awareness and skills among various the practitioners of various professions. Our hope is that professionals will be in a better position to provide the protection, support and assistance that women need once they have absorbed the information in this guide.

We will describe the forms that violence can take among female victims with disabilities. The guide proceeds from literature and research in the area, as well as interviews and visits with practitioners who have experience of helping female victims of violence. It is also based on a systematic review of international studies concerning effective methods that focus on female victims of violence with disabilities.

This is one of five guides to be published by the NBHW that focus on particular groups of women who have been subjected to violence. The others look at women with substance abuse and addiction problems, elderly women, women with foreign backgrounds and women who have been subjected to violence and oppression in the name of honour.

This guide was written by Ann Jönsson with the kind assistance of Maria Boustedt Hedvall and Kjerstin Bergman. Per Arne Håkansson conducted the aforementioned systematic review of effective methods. Shriti Radia served as the legal consultant. All of them work for the National Board of Health and Welfare.

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Director-General

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Summary

Studies suggest that women with disabilities are subjected to violence at least as often as the general female population. The problem has long been invisible in research, health and human services, and public debate. But it has been rising to the surface in recent years.

Women with disabilities run a high risk of violence for a number of reasons, which are all related to their *dependence*, *invisibility* or *defencelessness*.

Many of the women are dependent on the support and service of family members, personal assistants, transport service drivers or other personnel for their activities of daily living. They may be the people who discover that a woman has been subjected to violence, but they may also be perpetrators.

Invisibility may take the form of criminal acts that are redefined as neglect or shortcomings in various organisations, or attitudes that identify these women with their disability rather than with their humanity, gender or sexuality. As a result, the sexual abuse to which they may have been subjected is even harder to detect.

The type and degree of a woman's disability also affects her risk of being subjected to violence. According to researchers, women with psychological and intellectual disabilities are at particular risk of being victims.

Like women in general, those with disabilities are most often victims of intimate partner violence. Violence in intimate relationships often manifests as a combination of different acts. In addition to threats and physical and sexual violence, abuse may have psychological, emotional, social, financial and material dimensions. Women frequently talk about the ways that violence and violations of their integrity tend to target their particular disability.

Violence against this group of women is a concern of many different authorities and organisations. The social services are responsible for ensuring that they receive the support and assistance they need. Legislative amendments that came into force in 2007 clarified that responsibility.

Various healthcare services are important for detecting and calling attention to violence, as well as for offering treatment, support and assistance to the victims.

Attitudes and procedures in the judicial system may determine whether a woman who has been subjected to violence has the confidence and willingness – or even the *capacity* if she also has a disability – to cooperate with legal proceedings.

Women's shelters, crime victim support centres and other non-governmental organisations (NGO:s) can often supplement the activities of the authorities in valuable ways.

Cooperation among various authorities and organisations is of vital significance.

A courteous, knowledgeable attitude is integral to successfully supporting a woman who has been subjected to violence. If she has a disability, personnel may have to be particularly sensitive and flexible in order to ensure clear communication. Moreover, the various interventions that authorities and other organisations have to offer must be made available to this group of women from several points of view. Social welfare offices, community health centres and other care facilities must be accessible so that women can find out about available interventions, as well as have the opportunity to talk about their circumstances and obtain sheltered housing if necessary.

The purpose of this guide is to raise awareness and skills among various professionals to ensure that the needs of these women for support are more fully satisfied.

Introduction

Background

An invisible problem

Only in recent years has the violence to which women with disabilities are subjected come to light. The problem has long been invisible when it comes to both research and public debate. Nor has it received much attention among care providers.

There is no single explanation for this neglect. One of them involves society's attitudes to people with disabilities. They are viewed in many connections as genderless, identified primarily with their disability. The National Board of Health and Welfare (NBHW) published a report entitled *Jämställd socialtjänst? Könsperspektiv på socialtjänsten* (Equality in the Social Services? A Gender Perspective) [1] on behalf of the Government. A passage on page 12 analyses the phenomenon:

"Research and studies regard people with disabilities as genderless. Their circumstances are portrayed as primarily reflecting their disability."

An anthology [2] on intersectionality¹ and disabilities points out that people with disabilities are excluded from the tendency to categorise human beings in their capacity as social creatures. Their gender, ethnicity, sexuality, class, etc., are ignored and their disability becomes their sole identity.

The long-standing tendency of both feminist and disability research to disregard the issues faced by women with disabilities has also come into focus [3].

Research on violence has long overlooked this group as well. A report by the Swedish National Council for Crime Prevention entitled *Våld mot personer med funktionshinder* (Violence against People with Disabilities) [4] concludes that neither disability nor criminological research has systematically distinguished between various groups with respect to gender and age, or type and degree of disability.

Society's attitudes have also been posited as an explanation for the fact that people with disabilities often become "invisible victims of crime." There is a tendency to ignore or downplay crimes and abuses committed against members of this group [5].

A report entitled *Våga se!* (Dare to See) [6] published by Forum – Kvinnor och Funktionshinder (Forum – Women and Disabilities) describes the

¹ The concept attempts to capture the various dimensions deemed necessary to understand the lives of a particular group. For example, the conditions under which women live are difficult to understand or explain unless class, ethnicity, sexuality, age and other variables are taken into consideration. Similarly, the lives of people with disabilities are affected by gender, class, ethnicity, age, etc.

experience among victims of violence of not being seen as women due to a disability. Page 14 of the report quotes two different women as follows:

"Sometimes I feel totally ignored, as if I weren't even there."

"Even my relationship with caregivers can reinforce the feeling of being an object rather than a human being."

Another typical notion is that people with disabilities are protected, that nobody would attack someone who has trouble defending themselves [4]. Thus, violence against women with disabilities may remain below the radar screen.

A violation of human rights

In many respects, violence violates the human rights of both the victim and any children who may be witnesses. Sweden has signed a number of international conventions and protocols that commit it to combating violence against women. These agreements identify women with disabilities as a high-risk group.

UN Conventions

According to the UN Convention on the Elimination of All Forms of Discrimination against Women [7], the signatories are to condemn discrimination of women in all its forms and "to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women." The convention does not address the specific issue of violence against women. Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women, however, specifies that discrimination against women includes gender-based violence [8].

The UN Convention on the Rights of Persons with Disabilities [9] states that "women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation." According to the Convention, "States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects... States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted." (Article 16).

Given that this guide also concerns women under the age of 18, it is relevant that Sweden has ratified the UN Convention on the Rights of the Child (CRC) [10], which states that the signatories are to "take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or emotional violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual

abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” (Article 19)

European Convention

The Council of Europe’s Convention for the Protection of Human Rights and Fundamental Freedoms (the “European Convention”) [11] commits the signatories to respect the right to life, liberty and security, and to prohibit torture or inhuman or degrading treatment or punishment, slavery and forced labour, and “discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.” Authorities are obliged to ensure that individual citizens enjoy these rights. The Act on the European Convention on Protection for Human Rights and Basic Freedoms (1994:1219) incorporates the European Convention into Swedish law.

In May 2011, Sweden also signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence [12]. The convention contains provisions concerning preventive, protective and legal measures, as well as international cooperation.

Need for support and guidance

The violence to which women with disabilities are subjected and the lack of sufficient support have come to the fore in recent years.

Both the inquiry *Att ta ansvar för sina insatser. Socialtjänstens stöd till våldsutsatta kvinnor* (Taking Responsibility for Interventions: Support by the Social Services for Women Subjected to Violence (SOU 2006:65) [13] and the subsequent *Socialtjänstens stöd till våldsutsatta kvinnor* (Support by the Social Services for Women Subjected to Violence) – Government Bill 2006/07:38 – emphasise that more knowledge is required if women with disabilities are to receive the support to which they are entitled. Page 16 of the Bill points out that relatively little is known in Sweden about violence against women with disabilities in terms of its scope, how it manifests, the situations in which it occurs, the awareness of various professionals, what attention is drawn to it, etc.

The Government’s *Action Plan for Combating Men's Violence against Women, Violence and Oppression in the Name of Honour and Violence in Same-sex Relationships* identifies women with disabilities as a high-risk group. The Government is highly critical of society’s tendency to focus more on disabilities than the violence and stresses that the effort to combat men’s violence against women with disabilities needs improvement (Communication 2007/08:39 p. 14).

A 2008-2009 review by the NBHW and country administrative boards of efforts by the social services to help women who have been subjected to violence and children who have witnessed violence revealed shortcomings in many of the 80 municipalities examined [14]. The review found that municipalities need to improve their skills for supporting high-risk groups. Generally speaking, awareness of violence in intimate relationships is not low among providers of geriatric care; nor do the disability care services of many municipalities actively deal with the problem. A number of municipi-

palities have no sheltered housing for women with disabilities. Many municipalities fall short when it comes to publishing information that has been adapted to people with disabilities and other target groups. They often lack procedures for cooperation both internally and with various authorities and other organisations [10].

The NBHW follow-up and evaluation of the use of development appropriations in 2007-2009 for the purpose of better supporting female victims of violence and children who have witnessed violence found that interventions for women with disabilities and other high-risk groups had been provided to only a modest extent, even though it had been a highly neglected area when the effort was launched [15].

Target groups, concepts and definitions

Target groups

The guide primarily targets professionals – personal assistants and employees of the social services, habilitation, rehabilitation, healthcare providers, etc. – who handle cases affecting women with disabilities, as well as provide them with support and service. But it can also shed light on the issue of disabilities for caseworkers in the social services – as well as professionals at women’s shelters or crime victim support centres, disability organisations and other NGO:s – which help female victims of violence in general. The police and judiciary system may also find it useful.

The purpose of this guide is to proceed from a discussion of the issues surrounding violence against women with disabilities in order to raise the awareness of various professionals and thereby improve the support they are able to provide.

Violence and other abuse

It is important to point out from the very beginning that women with disabilities can be subjected to a number of different acts, including the serious crimes of physical and sexual abuse. They may also be subjected to acts that have not been criminalised but that can nevertheless form a pattern of abuse, such as verbal violations of their integrity, isolation, financial exploitation and other types of neglect.

According to Chapter 5, Section 11, Paragraph 2 of the Social Services Act (Swedish Code of Statutes 2001:453), “In particular the social welfare committee should especially consider that women who are being or have been subjected to violence or other abuse by closely related persons may need support and assistance in order to change their situation.” “Violence or other abuse” in this connection refers to systematic assault and other abuse, such as that covered by the provisions of the Penal Code (Swedish Code of Statutes 1962:700) concerning violation of a women’s integrity (Government Bill 2006/07:38 p. 31). Among the criminal acts that the law refers to are assault, unlawful threat, unlawful coercion, sexual or other molestation, and sexual exploitation. The commission of multiple criminal acts may constitute a gross offence.

The NBHW has published general guidelines for efforts by the social welfare committee to help female victims of violence and children who have witnessed violence (SOSFS 2009:22), as well as a handbook [16]. This guide contains a number of references to both publications. For a comprehensive overview of the general responsibility that the social services have for helping women who have been subjected to violence, refer to the guidelines and handbook.

In order to provide a panoramic view of the situations in which women with disabilities may find themselves, the combination of acts to which they are often subjected must be examined. Thus, this guide discusses both the criminal offences covered by Chapter 5, Section 11, Paragraph 2 of the Social Services Act and other acts that may contribute to the overall pattern of abuse.

Closely related people

“Closely related persons” in the paragraph cited above refers to people – spouses, partners, boyfriends, girlfriends, parents, siblings, children, relatives or other people – with whom the victim has had a close, trusting relationship. The assessment of who may be regarded as a closely related person is to be made on the basis of family and living conditions in each particular case (Government Bill 2006/07:38 p. 31).

Violence against a woman with a disability is ordinarily perpetrated by her partner [4]. However, members of this group are also vulnerable to violence by people, with whom they are not closely related under the law, including those who are to provide them with care, support and service for their disability. A woman is often highly dependent on such people for her activities of daily living. By the very nature of their responsibilities, they may – but not necessarily do – have close contact with her. This guide also discusses violence and violations of integrity committed by people who are not closely related to the victim.

Worth mentioning at this point is that the guide refers to other sources that may not define violence or closely related people the same way as the Social Services Act.

Violence against women

Violence occurs in relationships between women and men, men and men, and women and women. Women also commit violent acts against men. Chapter 5, Section 11, Paragraph 2 of the Social Services Act does not distinguish between male and female perpetrators [16]. This guide concentrates on violence against women with disabilities, regardless of the perpetrator. The term woman refers both to adults and those who are younger than 18.

Disability

The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depres-

sion) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports) [17].

Intellectual disability

A person who has an intellectual disability has more difficulty than others in understanding things and needs more time and support in order to learn things. Intellectual disability varies from one person to another.

Intellectual disability can be profound or severe, moderate or mild. It can also coincide with other functional impairments, such as physical disability, vision impairment or hearing impairment.

A person with an intellectual disability is entitled by law to obtain the help he or she needs in order to live independently and participate in the life of the community [18].

Structure of the guide

Following an initial discussion of why violence against women with disabilities has long been an invisible problem, Chapters 2 and 3 look at violence from various points of view based on the *knowledge currently available*.

Chapter 2 begins with a general outline of violence in intimate relationships, followed by an overview of violence against women and a theoretical description of the problem. The last part of the chapter narrows the focus to high-risk groups, as well as correlations between disability and violence.

Chapter 3 concentrates on female victims of violence with disabilities: that which is known about the scope of the issues involved, their particularly risk, the nature of the violence, the consequences and possible reason that few victims seek help. The chapter also presents the current state of research on prevention and treatment methods for women with disabilities.

The next two chapters proceed from *that which is being done*. Chapter 4 looks at attitudes and accessibility – two fundamental prerequisites for female victims of violence with disabilities to seek support and assistance. Chapter 5 outlines society's responsibility for female victims of violence in general and those with disabilities in particular. The emphasis is on the social services and healthcare system, but the judicial system is briefly touched on as well. While the chapter is concerned with relevant legislation, it also considers specific measures that might be taken to provide women with the assistance they need.

Each chapter concludes with case reports and questions for discussion.

Proposed training plan

This guide has been designed for two different uses:

1. as a source of information and reference for personnel at relevant organisations
2. as a basis for interprofessional training

Source of information and reference for personnel

This training guide can be used as a source of information about relevant legislation and methods of understanding, detecting and dealing with violence against women with disabilities. The questions raised by the guide can serve as the basis for personal reflection or for discussion at the workplace. The various chapters may be read separately.

Interprofessional training

The guide can be used to set up a common training programme for the social services, healthcare providers, NGO:s, youth guidance centres, etc., of a municipality or region.

A common programme for the social services and healthcare providers can be a good opportunity for mutual learning and identification of ways for various authorities to supplement each other. It goes without saying that other organisations may be invited to discuss the kinds of support and help they can offer.

A training programme can be structured according to the three main themes of the guide:

Session 1: What is known about violence against women in general and those with disabilities in particular Scope, venues and perpetrators, nature and consequences of violence?

Session 2: Calling attention to and helping female victims of violence with disabilities. How is violence detected? Preventive routines for workplaces. Asking about violence. Encouraging conversation through alternative communication. Availability of support measures for women with disabilities.

Session 3: Society's responsibility. The responsibilities of the social services, healthcare providers and judicial system for female victims of violence in general and those with disabilities in particular.

The questions and case reports in the various chapters are suitable for discussion in small, interprofessional groups. The examples can also be used for role-playing exercises.

Things to keep in mind

- It's a good idea to choose one or more people to facilitate the training.
- Various local and regional authorities have different kinds of knowledge to contribute. The totality of the knowledge serves as a good foundation for dealing with issues surrounding violence against women with disabilities. One way to take advantage of the knowledge and skills that the various authorities and organisations possess is to arrange internal lectures and seminars on different themes, based on

- Youth guidance centres – the effort to strengthen self-esteem, as well as the ability of young people to set boundaries and protect their physical integrity
 - Social services – responsibility for female victims of violence with disabilities and other special groups. What does the social welfare committee’s responsibility for good quality at sheltered housing facilities, etc., entail? Information concerning the duty of notification about children in need of protection.
 - Adult psychiatric services – mental ill-health and treatment
 - Women’s shelters, crime victim support centres, disability organisations and other NGO:s – experience of helping female victims of violence with disabilities. Attitude questions
 - Substance abuse and addiction care – signs of substance abuse, treatment
 - Police – cooperation to help female victims of violence
- Set up a strategy for maintaining skills in the network, such as through regular meetings to obtain mutual support.
 - What are the specifics of your mandate to deal with questions surrounding women with disabilities?
 - Has the authority or municipality prepared a special action plan?

Chapter 1. Violence and Abuse: an Overall Perspective

This chapter begins by examining the general phenomenon of violence in intimate relationships, followed by violence against women and possible bases for a theoretical discussion. The focus then shifts to violence against high-risk groups and correlations with disability.

Violence in intimate relationships

Both men and women are subjected to violence, albeit in different ways.

Although the victims in intimate relationships may be members of either sex, the preponderance are women, and the perpetrators are usually men. Our knowledge of the extent to which men are subjected to violence in intimate relationships is still inadequate. It is essential that everyone who has been subjected to violence, regardless of sex or gender identity, receives the protection and support they need from various authorities and other organisations.

Violence is more likely to be recurring, severe and damaging when women are the victims [19]. The 2009 national safety survey (NTU)² conducted by the National Council for Crime Prevention on victims of crime among members of the general public found that men mostly experience harassment in intimate relationships whereas women reported more incidents of threats and abuse [19]. Similarly, 4-5 times as many women are killed by a current or former partner as men are [20].

Different patterns of violence

The 2009 public health report by the NBHW [20] describes two main patterns of violence between partners: controlling and situational. Controlling violence is an escalating process that also includes various types of terror, harassment and threats. Generally speaking, the victim is a woman and the perpetrator is a man. Situational violence can be committed by both women and men, triggered by stressful circumstances in which frustration and anger gain the upper hand. As opposed to controlling violence, it is often regarded as consisting of isolated incidents [18].

² The NTU was a selection study in which approximately 20 000 people age 16–79 were asked whether they had been victims of various crimes against person, crimes against property, fraud or theft. The survey included not only offences that had come to the attention of law enforcement authorities, but those that the interviewees had kept to themselves.

Violence against women in intimate relationships

The report of the inquiry into support by the social services for women who are victims of violence (SOU 2006:65) found that men's violence against women in intimate relationships is increasingly viewed as an urgent, widespread social problem rather than as a private matter. Thus, authorities and other organisations need to accept their social responsibility and take measures to deal with the problem as best they can [13].

In addition to seriously endangering the mental and physical health of its victims, it has major legal repercussions. It may be viewed as a public health issue and the source of potentially severe social problems. Ever since 2002, WHO has classified violence against women as an urgent public health priority (Government Bill 2006/07:38, p. 9). Above and beyond human suffering, violence against women in intimate relationships has major socio-economic consequences. According to an estimate by the NBHW, costs total approximately SEK 3 billion per year [21]. Direct healthcare costs account for almost SEK 38 billion [20].

Violence can also lead to isolation, unemployment, financial difficulties and other severe social repercussions for the victim, perhaps preventing her from seeking the health care she needs [20]. The next chapter takes a detailed look at the consequences of violence.

Violence can also be regarded as a gender equality issue, a means of preventing women from exercising their human rights and fundamental freedoms [13]. Violence as a gender equality issue has been framed as follows in *Makt att forma samhället och sitt eget liv – nya mål i jämställdhetspolitiken* (Power to Shape Society and Your Life – Towards New Gender Equality Policy Objectives) (Government Bill 2005/06:155 s. 51):

”Women and men, girls and boys must have the same right and opportunity for physical integrity; thus a key gender equality policy objective is for men's violence against women to stop.”

Scope of violence against women in intimate relationships

It is difficult to chart the full scope of violence against women in intimate relationships. Information can be obtained from crime statistics, healthcare data, cause of death registers, crime victim questionnaires, surveys, etc.³. The studies that are performed on the basis of such sources arrive at various conclusions concerning the scope, nature and evolution of violence in intimate relationships over time [19]. The results vary with study design: context and purpose, question formulation, definition of violence. The method of measurement also affects the number of unreported cases [13].

Questions about violence in intimate relationships may be very sensitive. Some offences, such as sex crimes, may make the victim feel particularly ashamed and lead to a higher level of under-reporting. It is presumably harder to talk about ongoing violence in a current relationship than similar acts committed by a former partner [19].

³ For example, Statistics Sweden conducts living conditions surveys (SILC) and the National Council for Crime Prevention conducts an annual national safety survey (NTU)

- According to a previous estimate by the NBHW, at least 75 000 Swedish women are subjected to violence by a partner or former partner every year [21].
- A total of 1.6 per cent of women and 1 per cent of men were victims of violence at home in 2008-2009 [22].
- The results of *Slagen dam: Mäns våld mot kvinnor i jämställda Sverige – en omfattningsundersökning* (Captured Queen: Men's Violence against Women in "equal" Sweden – a Prevalence Study) in 2001 showed that 46 per cent of the respondents had been subjected to violence at least once since the age of 15. More than 10 per cent of the women had been subjected to violence by their current partner, and 35 per cent had been the victims of physical violence, sexual abuse or threats by a former partner [23].
- According to the National Council for Crime Prevention, approximately 2 500 cases of gross violation of a woman's integrity were reported in 2010 [24]. A total of 27 300 cases of assault against women 18 years or older were reported,⁴

A large percentage of violence against women in intimate relationships goes unreported. The 2009 national safety survey showed that only a little more than one-quarter of violent incidents had been reported to the police [19]. The most common reasons for non-reporting were fear, a sense of powerlessness, being acquainted with the perpetrator and feeling incapable of dealing with a trial.

Children who experience or witness violence at home

Ten per cent of all children have experienced or witnessed violence at home, 5 per cent often. Studies in both Sweden and abroad show that children in homes where violence occurs are at greater risk of physical abuse. According to various research reports, the correlation is 30-75 per cent [20].

Children of female victims of violence often have the same symptoms as those who are mistreated in some other way. Some children show no symptoms at all; age can affect both whether the symptoms are visible and the manner in which they manifest [20].

These children can develop severe health problems. Frequently they experience or witness threats and violence at home over a long period of time, which can lead to post-traumatic stress disorder (PTSD). Adults who experienced or witnessed such violence as children run a greater risk of abusing or being abused by others [20].

It is important to keep in mind that children of women with disabilities may also be affected by any violence to which their mothers are subjected. Given that very little research has been conducted on violence against women with disabilities, no data is available on the numbers of children concerned.

⁴ 45 per cent indoors by a closely related person. Forty-six per cent of assaults against men, however, had been committed outdoors by an unknown perpetrator.

Causes of violence in intimate relationships – a few theoretical perspectives

The causes of violence in intimate relationships can be discussed from various perspectives:

- structurally, with a focus on gender inequality and imbalance of power
- socioeconomically
- sociopsychologically. with an emphasis on factors in the particular relationship
- psychologically, stressing individual factors [25]

In other words, while violence may have structural causes, other underlying factors must often be considered as well in order to add more dimensions and capture the true complexity involved.

A number of hierarchical and societal variables – including class, sexuality, ethnicity, nationality and age – affect people's lives and circumstances and may be relevant to understanding violence in intimate relationships [13, 18]. The concept of intersectionality permits an examination and analysis of the ways that various hierarchies and power structures interact to create inclusion or exclusion, oppression or privilege [13].

An ecological or holistic model used by WHO describes violence as an interplay between structural, social, relationship and individual factors. Neither perpetrators nor victims are homogeneous groups, and there is no one perspective or factor that provides a total explanation. Both causal and trigger factors need to be analysed [13].

Violence against high-risk groups

Criminologists speak of the risks of being subjected to crime. Such risks may vary over time and be situational in nature [26]. Certain individuals and groups can be regarded as high-risk. The particular situation determines the risk level [27]. The correlation between socioeconomic marginalisation and being subjected to crime is particularly pronounced when it comes to violence and threats. Lack of financial resources and the empowerment that goes with them make it harder for victims of violence to cope with the consequences or change their situation in life to extract themselves from recurring abuse [28].

To establish a correlation between socioeconomic marginalisation and violence against women is not to deny that such abuse occurs in all classes. Thus, authorities and other organisations need to develop interventions for both the general population and particular risk groups [13].

Women in high-risk groups

Socialtjänstens stöd till våldsutsatta kvinnor (Support by the Social Services for Women Subjected to Violence) – Government Bill 2006/07:38 p. 16 ff – identifies several groups of women as high-risk: those with substance abuse or addiction problems, those with disabilities, those with a foreign back-

ground, those who are victims of violence in the name of honour, and the elderly.

Due to lack of resources, weaker social networks, etc., these women may find it more difficult to leave a violent relationship and seek support and assistance. The degree of dependence on closely related people varies from woman to woman. For example, someone with poor language skills may need her partner to communicate with the authorities. Similarly, both a disability and substance abuse or addiction can make an individual more vulnerable and dependent. Women may also face ignorance and prejudice from authorities and other organisations [29].

Dangers of drawing attention to high-risk groups

One reason for drawing attention to high-risk groups is to shed light on their specific situation and needs and pinpoint the circumstances on which society's support and attitudes to the women may be inadequate.

Nevertheless, drawing attention to certain groups as high-risk is associated with dangers. One danger is that their members will be viewed as part of a collective rather than through the lens of their individual differences, needs and experiences. The individual's subordinate and defenceless position may be further undermined. Social groups are not homogeneous and often overlap. Just because somebody belongs to a particular group does not mean that they run a high risk of being subjected to violence. The focus on groups that run a higher risk of being subjected to violence should not be allowed to overshadow the perpetrators themselves [29].

Questions for discussion

- What comes to mind when you hear the word violence?
- Why do you think that some groups of women run a greater risk of being subjected to violence than others?
- Are there reasons other than those mentioned above?

Victims of Violence with Disabilities

According to Statistics Sweden, more than 900 000 Swedes age 16-64 have disabilities [30]. More women than men report that they have disabilities. The most common type by far is mobility impairment.⁵ This study guide focuses on the kinds of disabilities that are most relevant to women who are subjected to violence: those that make it difficult to escape, to move quickly, to orient oneself spatially and to perceive a situation as threatening.

⁵ The figures are based on self-reporting in the Statistics Sweden Labour Force Survey. Disabilities include visual or hearing impairment, speech or voice problems, motor impairment, allergies or some type of psychological impairment. Diabetes, cardiovascular disease, gastrointestinal disorders, psoriasis, epilepsy, dyslexia and other conditions may also be regarded as disabilities.

Based on the current state of research, no reliable estimate is possible when it comes to the scope, nature and evolution of violence against people with disabilities. Existing studies are generally small and use different definitions of both violence and disability. Thus, comparisons of various groups of people with disabilities over time are associated with a wide margin of error at this point. The National Council for Crime Prevention has performed an overview of available research and concluded that the nature of the violence is affected by the degree to which various groups are able to participate in social life. The Council drew several conclusions about specific groups of people with disabilities [4].

Children

Violence against children has been studied mostly in terms of bullying, sexual abuse and various kinds of neglect. Girls are regarded as more frequent victims of sexual abuse than boys. The research does not indicate whether children with disabilities are more likely to be sexually abused than others. However, most studies suggest that they are more frequent victims of bullying and neglect. Children with various types of intellectual and physical disabilities appear to be a high-risk group [4].

Women

The research points primarily to women with intellectual and psychological disabilities as high-risk groups, particularly when it comes to sexual abuse. Furthermore, the pattern is the same as for women in general: the violence tends to be committed by the victim's partner and on a recurring basis. Personnel and other care recipients may also be perpetrators [4].

Men

Very little research has been conducted about violence against men with disabilities. A reasonable assumption is that the frequency with which they are subjected to violence differs most from the corresponding group in the overall population. Men with severe mobility impairment, or extensive intellectual or psychological disabilities, are most often subjected to violence at home, special housing or other institutions. The victim and perpetrator usually know each other [4].

Elderly

Age is a decisive factor in disease and disability. Most types of disabilities are more common among the elderly. But not much research has been conducted about the violence to which members of this group are subjected.

Swedish studies show that a disability increases the risk that an elderly woman, but not a man, will be abused. Results suggest that abuse is more frequent and severe when it is directed against elderly women than elderly men [4].

The tendency for signs of violence to be interpreted as manifestations of normal ageing aggravates the detection process [25].

Poorer living conditions limit empowerment

Research proceeds from various perspectives to estimate a person's risk of being subjected to crime. The analysis of power structures is a common approach to gauging the likelihood that a woman will be the victim of violence. The concept of power can be applied in a broader sense to include standard of living and empowerment, which reflect a person's ability to affect their own circumstances [4].

General knowledge about the living conditions of women with disabilities is necessary to understanding their risk of being subjected to violence. Important to keep in mind, however, is that people with disabilities do not constitute a homogeneous group. Nevertheless, many of them clearly enjoy a lower standard of living and limited empowerment, which makes it more difficult for them to affect their circumstances [4].

More than 500 000 of the 900 000 people who reported a disability to Statistics Sweden stated that their working capacity was reduced. More women than men reported that they had a disability or that their working capacity was reduced. The educational level among people with disabilities is lower than that of the general population [30]. It should be pointed out once more that this guide focuses on the kinds of disabilities that are of relevance to female victims of violence.

The NBHW conducted a standard of living survey among people receiving interventions under the Social Services Act and the Act concerning Support and Service for Persons with Certain Disabilities. Approximately 57 000 people age 20-64 responded to the survey. The most common self-reported disabilities among people receiving interventions under the Act concerning Support and Service for Persons with Certain Disabilities were intellectual disability and mobility impairment. Speech difficulties and visual impairment were common additional conditions. The group largely consists of people with intellectual disabilities, those with impaired autonomic function, and those with a great need for support and service in performing activities of daily living. The results of the survey showed that only 10 per cent of the respondents were earning a salary. They participated less in cultural, recreational and entertainment activities than the general population, presumably due to poor finances and inaccessibility. According to the survey, this group accounts for a disproportionate share of antidepressant, tranquilliser and hypnotic use [31].

The circumstances of adults with disabilities who receive support from the social services also differ from those of the population as a whole. They have a long way to go before they can live on the same terms as everyone else. That is particularly true of people age 20-29 who are receiving interventions under the Social Services Act. Many of them have mental ill-health or psychological disabilities [31].

The National Institute of Public Health has also identified differences between people with disabilities and the general population in terms of participation in working life, education and health [32]. The substantially higher frequency of ill-health is due to lack of influence, financial insecurity, discrimination, and the inaccessibility of many community activities.

A standard of living survey conducted by the Swedish Research Institute for Disability Policy, HANDU AB, in 2005 [33] showed that considerably fewer people with mobility impairment, visual impairment, deafness and hearing impairment were gainfully employed than in the general population. Women in the group participated less in working life than men. Members of the group were more likely to be victims of violence than the rest of the population.

"First of all I am a woman. Then I have two disabilities. That alone is enough to make me feel inferior. Society also gives me that message in various ways. I think I've unconsciously taken on the role of an unworthy person. I don't think about it or feel that way deep down, but that's still the way it is. Maybe that makes me more vulnerable to getting hurt."

From *Dubbelt utsatt* (Double Exposure) by Karin Torgny, p. 56 [34].

Questions for discussion

- What would you say the difference is between the violence to which women with disabilities are subjected and women in general?

Chapter 2. Female Victims of Violence with Disabilities

Having a disability and being subjected to violence and other violations of integrity can create unique problems for a woman. This section examines the nature of violence and abuse, the possible consequences, and the reasons that so few women seek help. The discussion also looks at effective methods for helping women cope with these problems.

High risk

Studies suggest that women with disabilities are subjected to violence at least as often as the general female population. They may run a high risk for a number of reasons. A summary by the National Council for Crime Prevention of current research on people with disabilities stresses three ingredients of their risk: *dependence, invisibility and defencelessness*. Women with disabilities are affected by the same factors. Dependence, invisibility and defencelessness covary with other variables such as age and type and degree of disability [4].

Dependence

Many women with disabilities are dependent on the support and service of family members, personal assistants, transport service drivers or other workers for their activities of daily living. They may be the people who discover that a woman has been subjected to violence, but they may also be perpetrators. Such dependence can be devastating if violence comes into play. One party needs the support and help of the other in order to function. The more dependent a woman is on those around her, the more vulnerable she is if she finds herself in a threatening or outright violent situation [4].

Dependence on other people has been advanced as an explanation for why women with disabilities run a higher risk of being subjected to violence than others. Such dependence may also entail a risk of recurring violence [4, 6].

- A particularly thorny issue arises when a caregiver or personal assistant is a family member who thereby contributes to the household's livelihood [4].
- There may be other situations in which the victim is financially dependent on the perpetrator. For example, she may be receiving sickness allowance and feel that starting a new life – particularly if she has children – is too daunting a challenge [6].
- Another type of dependence arises if the woman cannot fully communicate as the result of her disability. She may have to maintain contact with those around her through a handful of people. In a worst

case scenario, the perpetrator is the only one who understands her when she speaks [6].

- Women with psychological disabilities often have weak social networks [35].
- They may be highly dependent on caregivers. A woman's entire existence may be at the mercy of one person [6].
- Someone with an intellectual disability may find it too difficult to defend herself, set boundaries and defend her integrity. The greater the dependence on other people, the higher the risk that her integrity will be violated [6].
- Dependence may also entail a risk of recurring violence [4, 4]. Thus, detecting and calling attention to violence at an early stage is a vital necessity.
- Conversations and interviews conducted during preparation of this guide stressed participation in social life, which means less dependence on a handful of people, as an effective means of preventing violence.

Invisibility

Invisibility may take the form of criminal acts that are redefined as neglect or shortcomings in various organisations. The narrower issue of proper care overshadows legal or ethical issues [5, 36].

Difficulties discovering that a crime is being committed may be compounded if the victim does not regard the acts to which she is being subjected as unlawful [37].

Calling attention to a criminal offence can be particularly challenging if the woman's disability is regarded by the investigation as too mild to constitute a significant piece of evidence or is hidden from the outside world for some other reason. Thus, practitioners, representatives of the judicial system and researchers may have trouble making contact with women who have mild psychological or intellectual disabilities [4].

Violence and other abuse of women with disabilities can also become transparent in a more fundamental sense. These women may be identified primarily with their disability, rather than with their femininity or humanity, as genderless and non-sexual beings. As a result, the sexual abuse to which they may have been subjected is even harder to detect. Their sexuality is regarded as taboo and there is a deep-seated belief that they don't have sexual relationships [4].

The dependence that emerges when a woman becomes highly dependent on relatives due to the care, support and service they provide has been adduced as a reason that crimes remain undetected [4].

Another aggravating factor is that people with disabilities are considered to be protected against violence [4].

Defencelessness

The type and degree of a woman's disability also affects her risk of being subjected to violence.

Researchers have suggested that processes of normalisation and integration that have improved disability care in recent years are also associated with an increased risk of violence and abuse. People with disabilities largely live with and like other people nowadays. By the same token, the mobility that characterises modern society entails risks for violence and abuse of which these people may be unaware [5].

A report by the Swedish National Council for Crime Prevention entitled *Våld mot personer med funktionshinder* (Violence against People with Disabilities) identifies four circumstances that place a woman at greater risk of being subjected to violence and abuse:

- lack of, or inadequate, sex education
- the caregiver's access to her body
- the risk (especially if an intellectual disability is involved) of being persuaded to satisfy the needs and demands of others, particularly when they are insistent and difficult to resist
- weak sexual self-esteem [4]

Women with intellectual or psychological disabilities run a greater risk of being subjected to violence, especially sexual abuse. The pattern is the same as for women in general: the violence is often committed by the victim's partner and on a recurring basis. Disability represents an aggravating circumstance [4].

Women with intellectual disabilities are at greater risk because they have a poorer sense than their contemporaries of time, cause and effect, right and wrong, etc. They are more likely to find themselves in situations that they are unable to interpret or understand; as a result, they may acquiesce to abuse or even try to please the perpetrator. Perhaps they don't realise that a criminal act has been committed, or they may find it difficult to report someone on whom they are dependent. Moreover, many women are unable to clearly describe a violent or abusive incident [37].

Bakk and Grunewald portray this pattern in *Omsorgsboken* (The Care Book), p. 267 [37].

"People with mild intellectual disabilities frequently do not want to be looked at as 'disabled'. As a result, they may be drawn to other 'outsiders,' such as people with social or emotional problems. If they are gullible and anxious to 'be one of the gang,' they run a greater risk of being mistreated or abused in various ways."

More attention has been called to sexual abuse of women with intellectual disabilities, rewarded perhaps by candy or an article of clothing, in recent years. The National Criminal Investigation Department learned of several cases in 2009 where girls and women with intellectual disabilities had been sold for sexual purposes [38]. The field of research is new in Sweden, but

the Department of Social Work at the University of Gothenburg launched a project entitled ⁶

Scope of the violence

The frequency with which women who have disabilities are subjected to violence is difficult to determine at this point. Crime statistics do not indicate whether the victim had a disability. This group of women is likely to be under-reported in major surveys since they may have difficulty filling out questionnaires. Little research has been conducted concerning the correlation. The few studies that have been conducted suggest that women with disabilities are subjected to violence at least as often as the general female population. The risk of under-reporting is particularly pronounced among women with intellectual disabilities or disabilities that make it difficult for them to communicate [4].

It is important to keep in mind that female victims of violence with disabilities do not constitute a homogeneous group. The type and nature of the disability varies. Age is a factor. Women have different educational and employment backgrounds. A woman may have been born in Sweden or abroad. Some women are involved in same-sex relationships. The common denominator is that they have disabilities and are the victims of violence [6].

Disability organisations took the initiative for nearly all the studies that have been conducted.

Forum Kvinnor och Funktionshinder (Forum – Women and Disabilities) conducted an interview study [6] with representatives of the police, judicial system, healthcare system, municipalities, county administrative boards, women's shelters and crime victim support centres throughout Sweden. Women with various types of disabilities were also interviewed. The researchers got in touch with the women through seminars and ads in the publications of disability organisations, as well as suggestions by crime victim support centres and other organisations.

The Swedish Research Institute for Disability Policy, HANDU AB published a report entitled *Mäns våld mot kvinnor med funktionsnedsättning* (Men's Violence against Women with Disabilities) in 2007 [39]. It was the first major study of Swedish women with various types of disabilities.

A national study [23] entitled *Slagen dam. Mäns våld mot kvinnor i jämställda Sverige* (Captured Queen: Men's Violence against Women in "equal" Sweden – a Prevalence Study) formed the basis of HANDU's survey.

A total of 1 063 women who had been randomly selected from five disability organisations responded by post or telephone. The common denominator was that they had difficulty escaping, moving quickly or orienting themselves spatially in a violent situation [39].

⁶ "Kvinna – utvecklingsstörning – prostitution: förekomst och beskrivningar från fältet" (Women – Mental Retardation – Prostitution: Prevalence and Case Reports) in 2010 under the lead of Mikaela Starke and Jari Kuosmanen.

Violence against women with physical disabilities

HANDU's survey included women with mobility, visual or hearing impairment. Three-quarters of them used assistive devices. Half of them received regular assistance, usually by a relative or other closely related person. The greater the disability, the more likely it was that an outsider would provide various types of support and service.

One-third of the respondents said that they had experienced threats, violence or sexual harassment/abuse by men as adults. Half of them, 14 per cent of all respondents, reported having suffered physical injuries as a result.

Most of the perpetrators were partners, parents and siblings. Violence and abuse had also been committed by transport service or taxi drivers, home-help service personnel and personal assistants.

Violence can lead to self-destructive emotions. Many of the interviewees reported that they experienced feelings of shame and guilt.

Few of them had sought help from the social services or another organisation [39].

"I don't know why he crossed the line that time. It surprised me because I never suspected that he was about to hit me. Maybe he had realised that I wasn't going to give in about the divorce and thought that he needed to use more force to shut me up. It was the only time he hit me. He didn't need to do it again because I could tell when he was starting to feel aggressive and I would just cave in."

From *Dubbelt utsatt* (Double Exposure) by Karin Torgny, p. 14 [34]

Violence against women with mild or moderate intellectual disability

HANDU also interviewed 156 women with mild or moderate intellectual disability about having been subjected to violence. The sample was non-random and was too small to permit any general conclusions, but the responses suggest that this group is more likely to be subjected to violence than other women [39].

The report describes underlying factors that may affect a woman's situation, including the particular risks she faces. The participants were age 18-64. The oldest one had grown up when mental homes, special boarding schools and similar institutions were common. Social interventions and attitudes towards people with intellectual disability were characterised by collective solutions. Individual qualities, interests and preferences were overshadowed by notions of what was best for them as a group. Relatives were openly or covertly stigmatised for having somebody with an intellectual disability in the family. According to the report, such attitudes may have affected the women's identity development and placed them at greater risk for violence.

A new outlook

A new outlook has gained ground since then and led to legislation that is based more on the rights of people with disabilities. According to the Act

concerning Support and Service for Persons with Certain Disabilities (Swedish Code of Statutes 1993:387), support measures are to proceed from respect for the capabilities, integrity, preferences and influence of the individual. The old institutions have been closed in favour of group homes for adults and other facilities. Support for families and individuals has increased. Inclusion is now a central concept. However, old thinking has not necessarily been abandoned at the same rate that new interventions have been adopted. The report points out that this inertia affects assessments of women's need for support, as well as the nature of the support that is provided [39].

Just like everyone else

Only in recent years has attention shifted from a collective approach to people with intellectual disabilities to awareness that they are individuals in their own right. Women talk about having been influenced by feminine ideals purveyed by the media and the dream of "being like everyone else." Frequently they have to put up with a lot of hardship in their attempt to make those dreams come true [39].

Young people with intellectual disabilities refer to similar desires. They dream of love and friendship and the chance to be with other people, liberated from the regulated existence that dependence on personnel and relatives often demands. Online contact has become a kind of sanctuary that they describe in glowing terms. But the longing for a partner may cause them to disregard the risks of inviting strangers into their homes and putting personal details out on the Internet [40].

One-third of women have been victims of violence

Half of the interviewees in HANDU's survey had at least one disability in addition to the intellectual disability. Nine out of ten were dependent on the support and assistance of various groups of personnel for their activities of daily living. Others had escorts or contact people. Relatives also lent a helping hand [39].

One-third of the women had been victims of violence after the age of 15, leaving both physical and psychological traces. The most common long-term reactions were fear, anger, guilt feelings, depression, fatigue and poor self-esteem.

The interviewees also had the opportunity to make their own comments. The following quote appears on page 15 of the report.

"It's hard to know what to do because you're so ashamed that you can't say anything to your mother or contact person. All women should get help. Caregivers and people like that have to learn how to notice when something has happened because it's hard to bring it up yourself. You're always afraid that they're not going to believe you."

Violence against women with psychological disabilities

Many women with psychological disabilities have a small social network and are dependent on others for their activities of daily living. Violence and abuse make a bad situation worse. Important to keep in mind, however, is that psychological disabilities may actually be a result of violence [35].

The National Association for Social and Mental Health (RSMH) took the initiative for a prevalence study [41] among women who were receiving psychiatric care. A total of 1 364 inpatients or outpatients in the Skåne region responded to a questionnaire.

Seventy per cent of the respondents said that they had been subjected to one form or another of physical, sexual or psychological abuse, or financial exploitation, at least once. Thirty-one per cent had been victims of violence within the past year.

Most often the perpetrator was a family member. The great majority of women who had been subjected to abuse as adults reported that it was recurrent. Five per cent said that they had been abused within the healthcare system.

Victims of violence had poorer self-esteem than the others.

A quote on page 29 of *Världens sämsta brottsoffer* (World's Worst Victims of Crime), published by the National Council for Women's Protection, illustrates the point [42].

"Violence focuses on whatever hurts the most... When it comes to people with psychological disabilities, the focus is on their poor self-esteem. People who live with a psychological disease have to deal with not being seen or believed every day of their lives."

"Double exposed women"

Slagen dam. Mäns våld mot kvinnor i jämställda Sverige (Captured Queen: Men's Violence against Women in "equal" Sweden – a Prevalence Study) [23] gave respondents the opportunity to indicate whether or not they had a disability or disease that affected their everyday lives. When Kerstin Kristensen at the Development Centre "Double Exposure" of Bräcke Diakoni in Gothenburg [43] reported women with disabilities separately in her 2010 master's dissertation, it turned out that 50 per cent had been subjected to violence at least once after the age of 15 [43].

More research is needed

Little research has been conducted on violence against women with disabilities. Although the studies that have been conducted suggest that these women are victims of violence at least as often as others, the samples have been small and non-random. Nor has it been possible to follow the evolution of violence.

Larger, recurring studies are needed to understand the correlation between violence and age – as well as the type and degree of the disability – and the extent to which various groups are subjected to violence over time.

Venues and perpetrators

Like other women, those with disabilities are victims of intimate partner violence [4].

In addition, these women might be particularly dependent on their partners. A woman's partner might be her caregiver and provide the assistance she needs to maintain a social network. Her partner may even be employed as a personal assistant or in some other formal capacity [4].

Studies show that women with disabilities are sometimes subjected to violence by people who are engaged to provide care, support and service. In addition to the home, violence and abuse can occur in a number of different venues. A woman with a disability may be dependent on many people – nurse's assistant, caregiver, personal assistant, student assistant, transport service driver, etc. – for her activities of daily living [44].

She may even have a trustee who manages her finances and looks after her personal interests.

She might be dependent on her parents, siblings, children, friends and other closely related people. Sometimes the relationships overlap: a family member may also be a personal assistant, trustee, etc.

Even neighbours, co-workers, classmates, acquaintances and others may play more than one role.

In other words, violence and abuse can occur in a number of different venues – at home, in daily activities, public places and even online [44].

Nature and consequences of violence and abuse

Violence manifests in different ways

Violence in intimate relationships often manifests as a combination of different acts. In addition to physical violence, sexual violence and threats of violence, abuse may have psychological, emotional, social, financial and material dimensions. A woman may be ridiculed or subjected to serious threats, physical violence or rape [16].

Physical abuse can take the form of battering, kicking, pinching, holding, shaking, burning, poisoning, wrong medication, etc. [45]. Another kind of abuse takes place when a caregiver or someone else neglects to provide the care the woman requires [4]. For instance, they may fail to administer her medication or satisfy one of her other needs.

Sexual violence and abuse may involve unsolicited physical contact, coercive acts, or molestation of a woman with an intellectual disability who has difficulty saying no. A woman may also be forced to expose herself sexually while she is being helped with her personal hygiene or receiving some other kind of care; such abuse is often complex and hard to describe or define. If her integrity is constantly under attack, it becomes increasingly hard for her to protect it. Having required help with personal hygiene, dressing and undressing throughout her life may have interfered with her ability to develop a sense of physical integrity and thereby to set boundaries. Some women do not have enough information to understand that they are being

abused. For example, people with intellectual disabilities are often incapable of grasping information that does not target them directly [45].

A woman may also have been the victim of threats, harassment, insults, taunts and ridicule – frequently for her disability. The perpetrator might say that she is ugly and good for nothing, that nobody else wants her and that she should be grateful for his attentions [45].

Any number of examples can be given to demonstrate ways that perpetrators take advantage of a woman's disability to make her even more dependent and defenceless.

- A woman with visual impairment was left alone in unfamiliar settings.
- A man refused to interpret for his deaf wife so that she was cut off from what people around her were saying [45].
- A caregiver threatened to deny a woman the care she needed unless she acceded to his demands [45].
- A man put a woman's wheelchair so she couldn't get at it or stood in the way when she tried to sit down in it [45].
- A woman with severe mobility impairment was abandoned in a lifting device while her husband left the house and took her telephone away from her. In addition to physical pain, a woman might be subjected to humiliation and anxiety [6].

The kinds of abuses cited above are often excruciating experiences. A woman quoted on page 26 of *Våga se! (Dare to See)* describes her feelings about emotional abuse [6].

"Bruises heal but not wounds in the soul."

Abuse may also involve restricting a woman's freedom, isolating her from her surroundings and subjecting her to controlling behaviour. The perpetrator may lock her in so that she can't see friends and family or take part in social activities [16]. Solitude and the lack of a social network may be a major contributing factor to the inability of a woman with a disability to leave a violent relationship [45].

Abuse and violations of a woman's integrity may also be material or financial in nature. Women with disabilities tell stories of partners who take over their finances and force them to beg for money whenever they want to buy something for themselves. Her dependence might also stem from the compensation that she receives from the Social Insurance Agency (Försäkringskassan) and the role it plays in sustaining the household's finances. Studies portray women with intellectual disabilities as particularly open to financial abuse. Both relatives and caregivers embezzle their money [6].

Recurring violence

A common theme of the studies that have been published is that violence, threats and abuses frequently are not one-off affairs. Many victims of threats and violence had been subjected to them on a number of previous occasions.

Women describe the way that violence escalates and becomes increasingly severe [4].

Thus, detecting it at an early stage is a vital necessity.

Consequences of violence

Violence and abuse can have a number of physical, emotional, social and financial consequences for the victim, including:

- depression, anxiety and other mental ill-health
- lack of self-esteem and trust in others
- isolation
- inability to be as good a parent as she would like because it is difficult to protect both herself and her children
- physical injuries
- acute homelessness
- higher living expenses
- debts created by the perpetrator
- sickness absence [25]

Page 17 of *Dubbelt utsatt* (Double Exposure) talks about the impact of violence on a woman's disability [34]:

"Shortly thereafter she was very sick, semi-paralysed and unable to move one of her legs. The flare-up lasted for a month of two, then the paralysis receded. She can walk now but needs support at times. 'The worst part of it is when I have trouble maintaining my balance. That has happened several times. It comes and goes and my doctor says that the flare-ups may be due to stress.'"

Leaving a violent relationship

Many women have difficulty leaving a violent relationship. A woman with a disability frequently faces additional obstacles to doing so.

Why do women stay?

People frequently ask why a woman would stay in a relationship in which she is, or is at risk of being, subjected to threats and violence. It may be difficult to understand why so many women have trouble extracting themselves from a violent relationship. Researchers have looked for possible explanations of the phenomenon. The reasons vary from individual to individual. A common obstacle is fear that violence will continue or get worse if she leaves. Among other reasons are that:

- she is financial dependent on her partner
- she would have trouble finding a place of her own
- her religious or culture values say that families must be kept intact
- she thinks that keeping the family together is best for the children

- she and her partner have joint custody of their children
- she is powerless to act due to stress
- she thinks that her partner is too dependent on her to live without her
- she still has strong feelings for her partner and hopes that the violence will stop
- she is afraid of solitude and isolation
- she lacks the support of others [46]

A woman with a disability frequently faces additional obstacles to leaving a violent relationship. She may lead an isolated existence even if she has a family. If she does not have a job, her perspective differs from that of other women. Violence may have become so much part of her normal experience as an adult or due to mistreatment as a child that she has grown less conscious of it or suppressed the pain. Thus, a social network that can call attention to her situation and offer support is extremely important.

Dependence on practical assistance can also make leaving the relationship a more risky proposition. She may be afraid that she won't be able to obtain assistance in the future, or she may be reluctant to ask relatives to help her [45].

Page 14 of *Dubbelt utsatt* (Double Exposure) by Karin Torgny quotes a woman who remained in a violent relationship for many years due to her disability [34]:

”He had the upper hand. I remember one time he threatened to tell the Social Insurance Agency (Försäkringskassan) that I couldn't take care of my children properly because of my disability. He said he would make sure that I could never see them again.”

The traumatic bond

One approach to understanding the circumstances that make it difficult or impossible for a woman to leave a violent relationship is to conceive of it as a *traumatic bond* that is like a braid whose various strands are individual feelings: love, fear, hate, pity, the woman's desire to understand her partner, guilt, or hope that things will get better [47].

”After having had insults and threats heaped on her day in and day out, she could no longer see clearly. All she could do was look for rationalisations and hope that time would make things better.”

– *Dubbelt utsatt* (Double Exposure) by Karin Torgny, p. 53 [34]

Feelings of shame and guilt

Previous literature often quotes interviewees as perceiving that they are not “regarded as women” due to their disability. As a result, they feel that they have fallen short of expectations and blame themselves. Feelings of shame at having a disability may make it difficult to leave a violent relationship. A

woman's partner may tell her that nobody else wants her, that she should count her lucky stars to have him. The attitudes of other people can have an effect as well. Her relatives might perceive her partner as self-sacrificing and indispensable. She may gradually internalise that perception and think that she is a burden on him. The resulting feelings of shame and guilt prevent her from talking about her situation. Or she may be afraid that nobody will believe her. If she concludes that she is being abused due to her disability, the shame can be all that much greater [6].

"Abusive partners have a very manipulative view of things: 'She should be grateful that I condescend to give her my attention.' Many of them also think that they have a responsibility to free you up sexually. They lack the ability to see beyond the shell to the human being inside."

Dubbelt utsatt (*Double Exposure*) by Karin Torgny, p. 17 [34]

Hesitating to seek help

HANDU's survey [39] found that two-thirds of women with disabilities who were living or had lived with a man who subjected them to violence, threats or sexual abuse had not sought help from the social services or another organisation. Many of them were victims of both physical and emotional abuse. Among the reasons they gave for not seeking help were that the abuse didn't seem important enough, that they didn't want any help or that they were ashamed. Some of them were also afraid that they would be blamed for the abuse. Others didn't know where to turn or were prevented by their partners from doing anything. Another reason that emerged was fear of losing custody of a child.

The following explanations for having remained in a relationship are taken from pages 42 and 46 of the report [39].

"Inaccessibility and lack of a companion. I was totally isolated against my will. My car, telephone, passport – he controlled everything."

"I had trouble getting out of the house."

"I needed personal assistance."

"It was my personal secret."

"I didn't know that I could tell the police."

The study of female victims of violence with mild or moderate intellectual disabilities also showed that few of them reported the abuse. The main reasons were that they didn't know they could file a report or didn't want the police to find out. Other common reasons were that they were ashamed or afraid their partner would get back at them [39].

The same pattern emerges from the study of violence against women with psychological disabilities [41]. Three-quarters of women who had been

abused after their 16th birthday had not reported it. Their most common explanation was that they didn't think that the violence was serious enough from a legal point of view.

The results of these studies are consistent with assessments of authorities and organisations that support female victims of violence, as well as the visits and interviews that the NBHW conducted when preparing this training guide. Few women with disabilities seek the help of authorities and organisations that provide support and assistance to victims of violence.

What is known about methods of providing support and assistance?

Ensuring that interventions for women with disabilities are made available in different ways is vital if they are to receive support and assistance. Information, premises and communication must be adapted to their needs. Targeted methods are required in order to prevent violence and treat victims among this group of women. Availability and accessibility currently suffer from significant shortcomings, and knowledge about effective methods for helping female victims of violence with disabilities is sorely lacking.

Accessibility of social welfare offices and community health centres

The NBHW examined the accessibility of social welfare offices and community health centres to determine whether people with disabilities are able to seek support and care on the same terms as the rest of the population [48]. The study showed major variations depending on the type of disability involved.

The facilities are highly accessible for people with mobility impairments. Most of them have entrances that people in wheelchairs can use without assistance.

However, accessibility is much less satisfactory when it comes to people with visual, hearing or cognitive impairment.

Far too few authorities have hearing devices. Only one out of ten reception desks at social welfare offices have equipment that facilitates communication.

The opportunities for alternative communication are highly limited. One out of every ten community health centres have procedures for engaging sign language interpreters as needed. One out of every three community health centres and one out of every ten social welfare offices have written procedures for extending the visits of people who have difficulty communicating. Printed information is rarely available in alternative formats.

Accessibility of women's shelters and sheltered housing

Many female victims of violence turn to women's shelters for support and assistance. But poor accessibility makes it difficult for those with disabilities to seek the protection and support they need. The Disability Ombudsman (now the Equality Ombudsman) surveyed the accessibility of all women's shelters, crime victim support centres and municipal crisis centres in 2003

[49]. The results showed inadequacies when it came to premises, information in alternative formats and action plans for supporting women with disabilities.

In 2008, the Development Centre "Double Exposure" of Bräcke Diakoni in Gothenburg surveyed 24 sheltered housing facilities in Västra Götaland County [50]. A more multifaceted assessment emerged. It turned out that shelters rarely received inquiries about admitting women with disabilities, either from individuals, municipalities or social psychiatric care providers. They advanced perceptions of inaccessibility as a possible explanation. Nevertheless, most shelters thought that they were well equipped for women with disabilities.

Type of disability makes a difference

Accessibility is intertwined with the kind of disability involved. Many women's shelters were still not accessible to residents who use wheelchairs. More than half of them, however, could admit women with rollators. But changes are on the way.

Few shelters had any experience of women with hearing impairment. However, almost all of them thought they could accommodate such residents.

They had not had very many residents with visual impairment either. Again, most of them did not think it would be a problem. Some of the shelters permitted women to bring a guide dog with them.

Whether they were equipped for women with cognitive impairment depended on their knowledge and experience. Shelters with apartments of their own felt that they were in a good position to accommodate women with psychological, intellectual or cognitive disabilities. Such residents would benefit from the tranquillity of having their own apartments, given that collective living might seem confusing to them.

One conclusion of the survey was that staff who felt that admitting women with psychological disabilities had worked well possessed long experience of helping female victims of violence or serving in some other caregiving capacity, not to mention well-established contacts with social psychiatric care providers and the social services.

Because most women's shelters are not staffed 24 hours a day, their policy is that residents must be able to take care of themselves. One shelter reported that it did not admit women who were receiving personal assistance. They were afraid that the duty of confidentiality would be breached. A couple of shelters had individual apartments for women who were receiving personal assistance [50].

Lack of evidence-based methods

Targeted methods are required in order to prevent violence and treat victims among women with disabilities. As part of its mandate to prepare this study guide, the NBHW systematically reviewed the literature on interventions to combat violence against women with disabilities, as well evaluations of their effectiveness [51].

The search of the literature identified seven interventions or treatment methods. Five were for the purpose of preventing violence and two for treating its psychosocial consequences. The methods have been designed for women with physical, psychological, intellectual or communication disabilities. Treatment interventions target only women with psychological disabilities. Six of the seven interventions are for dealing with physical, psychological and sexual violence. One of them focuses specifically on the latter.

Most of the methods we reviewed had been developed in the United States. Substantively they are quite similar. The majority – including the treatment interventions – stress the cultivation of knowledge and skills. Women are to learn about violence and abuse – how to identify them, recognise warning signs, protect themselves and seek assistance. Several methods have the express purpose of strengthening self-esteem and empowerment. The activities vary from computer software to individual counselling and group sessions.

The NBHW's assessment and review found that few interventions focus on violence against women with disabilities. Only a few evaluations have been performed, none of them of sufficient scientific quality to permit reliable conclusions about the efficacy of the interventions. Even though effective methods may be available, knowledge about them is currently lacking. For the same reason, the potential risks associated with the interventions are largely unknown.

While the assessment was being performed, however, the results of well-designed evaluations of two new American methods were eagerly anticipated. *Safer and Stronger Program (SSP)* is software for individual use, while *A Safety Awareness Program for Women with Disabilities (ASAP for women)* is software for group activities.

Sweden offers only limited interventions to combat violence against women with disabilities. A review by the county administrative boards found that municipalities provide inadequate support for these women [14]. The question then arises whether Sweden should use the methods developed abroad.

Presumably the nature of violence against this group does not differ much between Sweden, the United States and Australia. A reasonable assumption is that Swedish society would also view the objectives of the interventions as desirable. The actual details of the methods would appear to be largely adaptable to conditions in Sweden. The other side of the coin is that no reliable scientific evidence for the efficacy of the interventions is currently available.

Important to keep in mind is that – due perhaps to differences in the structures of the two welfare systems – the methods used in the United States might not have the same results for Swedish women. With or without scientific evidence, how well the various interventions would work in Sweden remains an open question. If Sweden adopts them, evaluating and following up on their use is of the utmost importance [51].

Questions for discussion

Respecting individual integrity and actively caring for people in need can confront professionals with ethical dilemmas.

- Can you give any examples that your organisation has to deal with? How do you handle them?

Sofia (an example)

Sofia is 20 years old and uses a wheelchair due to protrusion of the spinal cord. She has long yearned to have a boyfriend, and one day she meets Matthew. It's love at first sight and she's overjoyed when she sees that her feelings seem to be reciprocated. She can't help but feel extra happy that Matthew doesn't have a disability. She would never have guessed that she would meet a man who could walk.

Some time later, one of Sofia's assistants notice that something is wrong with her. Sofia reveals to her in confidence that Matthew forces her to have sex several times a day, often in a way that is painful to her. She is afraid of losing him and does everything she can to please him but is unhappy and says that she feels worthless.

- What can and should the people around Sofia do to support her?

Emma (an example)

Emma is 29 and has a mild intellectual disability. She lives in an apartment of her own and receives support. She has felt increasingly anxious and dejected over the past few months. She says that she has met a man. Sometimes he brings his friends along to Emma's apartment and they party. Her contact person suspects that she may have been sexually abused.

- What should professionals who help her do?
- How would you talk to Emma about this issue?
- What kind of information does Emma need?
- What kind of information do you need?
- How can you help Emma?
- What do your assignment and responsibility require you to do?

Chapter 3. Calling Attention to Violence and Helping Its Victims

A courteous, knowledgeable attitude is vital to successfully supporting a woman who has been subjected to violence. If she has a disability, personnel may have to be particularly sensitive and flexible to ensure clear communication. Moreover, the various support measures that the authorities and community have to offer must be made available from several points of view. This chapter discusses the vital importance of the attitudes that professionals exhibit, as well as the significance of accessibility when it comes to premises, information and the ability to communicate. The development effort currently in progress to raise awareness of violence against women with disabilities is covered as well.

Talking with women

Respect and understanding are the key

The willingness to see, know and ask questions is essential to discovering that a woman is in a difficult situation and finding ways of helping her. Having the strength to listen to and take in her story is crucial as well [46].

Respect, sensitivity and understanding are the words to keep in mind. It is important that the conversation focus on the needs of the particular woman who is sitting there. Her age, ability to communicate and other traits may determine how the professional phrases their questions. She is in a risky situation and may feel defenceless. She might be worried about the safety and security of her children as well as her own. She may be afraid that she won't be believed or understood. A good approach is to ask her what has happened and give her all the time she needs to answer. Remember that she may not be able to say everything at once; let her know that she is welcome to come back and continue the conversation. It may take time before she starts to trust others and feel ready to tell the whole story [46].

Particularly if she has returned to her partner, is easy, either consciously or unconsciously, to fall into the trap of criticising her or questioning her sincerity. She may have strong feelings for her partner, and criticism of him may make her feel as though she herself is under attack [46].

Creating the right conditions for a conversation

Communication is fundamental to all human encounters. Many female victims of violence testify to the importance of an initial conversation that puts them at ease once they have decided to talk about their situation and seek support [29].

A woman must be given space to talk about her experiences. If she has a disability that makes it difficult to communicate, the professional must be

particularly sensitive and willing to adjust the format of the conversation. Perhaps she is unable to offer a cohesive narrative. It may make things easier if a calm setting is chosen, if she is given all the time she needs, if she has access to any communication and other assistive devices to which she is accustomed, and if the questions are adapted to her particular capabilities.

Engaging an interpreter

According to Section 8 of the Administrative Procedure Act (Swedish Code of Statutes 1986:223), “When an authority is dealing with someone who does not have a command of the Swedish language or who has a severe hearing impairment or speech impediment, the authority should use an interpreter when needed.” A woman may need similar services when it comes to written translation.

It is important that she is able to trust the interpreter. Engaging someone who is neutral in relation to both the perpetrator and her can facilitate that kind of trust. Asking her ahead of time whether she prefers a female or male interpreter is also a good idea.

Important to keep in mind is that the use of an interpreter may further limit the woman’s ability to speak freely if she finds herself in a delicate situation. Extra time might be needed before she lets her guard down. Remember also that a conversation through an interpreter takes longer [16].

Alternative and complementary communication (ACT)

Understanding and listening to what a female victim of violence with a severe intellectual disability has to say requires special skills. Various research and development products have provided new and valuable information about severe intellectual disabilities. . Of particular relevance is the ability of people with intellectual disabilities to express themselves and take in information [52].

ACT is used by and with people who have difficulty communicating verbally due to intellectual disability, mobility impairment, acquired brain damage, severe speech and language impairment, etc. [53].

- *Alternative communication methods* are needed for those who are wholly unable to understand or express themselves through speech.
- *Complementary communication methods* are used as a means of support for improving speech and language and for more meaningful interaction.

The various communication channels available are:

- **Graphic:** concrete objects, images, pictograms, Bliss words, letters
- **Manual/physical:** natural reactions and signals, gestures, Signs as ACT

Some of these communication channels – such as objects, images, gestures and letters – are accessible by everyone. Others – specific ACT methods such as Signs as ACT, pictograms and Bliss words – are specially designed

to support communication when one of the parties has a disability. Most ACT users need various communication methods that complement each other. Common to all ACT users and methods is that extensive support and a long time horizon is needed for communication to evolve [53].

Pictograms are a type of alternative, complementary communication. They resemble a “telegraphic language” in which images take the place of words. Pictograms, which have been developed for people with cognitive impairments, currently represent approximately 1 700 words. The Development Centre "Double Exposure" of Bräcke Diakoni in Gothenburg and the National Agency for Special Needs Education and Schools (SPASM) are conducting a joint project to develop pictograms that enable these people to talk about violence. A woman will be able to use the images to talk about the abuse that she has been subjected to – groping, pushing, insults, neglect, rape, etc. The idea is that women’s shelters will be able to use theme packages of pictograms when talking with immigrants and residents who are unable to speak. Emergency centres, group homes, counsellors and others will be able to use the pictograms as well [54].

How to detect and ask about violence

Professionals who help women with disabilities need to know about and have the ability to recognise signs of violence. It is also important for them to think about their own attitudes and values when it comes to violence [55].

Asking about violence

Some female victims of violence are unaware of it and cannot relate to terms like assault, abuse and rape. That’s why it is essential to use concrete words like hit, push, did something to your body that you didn’t want, etc. Focusing on the woman’s perceptions by employing expressions such as being afraid, having an unpleasant experience and hurting is also crucial [56].

Examples of direct questions:

- Has somebody hit/kicked/frightened/hurt you?
- I notice that you have a bruise on your arm; how did that happen?
- I was just wondering; did something happen to you?
- Have you ever been afraid of somebody?
- Do you feel secure where you are living now?
- Do you feel secure with your partner?

It may be hard for a woman to talk about the violent situation in which she finds herself. That’s why the conversation might need time to unfold. It makes things easier if an attempt is made to construct a framework from the very beginning: how much time is available, when to schedule a follow-up conversation, etc. The woman might be relieved to know that she doesn’t have to tell her whole story in one session, but can continue later on. Of

great importance is confirming that what the woman has to say is a serious matter [46].

Sometimes a woman needs information about various options – seeking interventions through the social services, filing a report with the police, etc. – all at the same time. If she is unable to get in touch with those authorities on her own, making sure that she obtains the help she needs is extremely important [16].

Asking about sexual violence

Questions about sex and sexual abuse may be hard to ask, and even more sensitive and painful to answer. But it is important to go ahead and ask some questions to obtain a clear idea of what a woman has gone through. Among the possible questions to ask are:

- Have you ever been forced to have sex against your will?
- Have you ever been forced to perform sexual acts even though you didn't want to?

Key questions for professionals to ask themselves

- What makes me think that a woman is or is not being subjected to violence?
- How can I communicate my observations to her?
- If there is reason to raise the question of violence, how can I do it and how can I make it clear that I am doing it?
- What is my responsibility based on the task of my organisation?
- Should I initially serve as the contact between the woman and another organisation? If so, which organisation?

Signs and symptoms of having been subjected to violence

Sometimes the people with whom a woman comes into contact begin to pick up on signs that she may be the victim of violence. Frequently, however, there are no clear signs or they turn out to mean something else altogether. Moreover, some symptoms can overlap with those of disability. It is important to keep compiling the evidence until a clear picture emerges of what the woman has been through [56].

Physical injuries

Following is a list of common injuries and physical symptoms:

- bruises, redness, wounds, scratch marks, burns, bald spots from hair pulling

- aches and pains (head, chest, back, trunk, etc.)
- clothing that is torn or lost
- sleeping disorders (insomnia, waking up frequently, nightmares)
- eating disorders (anorexia, undereating, overeating)
- vomiting reflex, difficulty swallowing
- dizziness, stomach ache and various other psychosomatic symptoms
- gynaecological pain
- injuries during pregnancy
- miscarriage [46]

Emotional reactions

Violence can also produce short and long-lived emotional symptoms. Depression is one possible reaction to having been subjected to violence. Other symptoms of mental ill-health are poor self-esteem and personality changes, such as withdrawal and isolation. A woman may also act out, or start to be violent towards others or self-destructive.

She may also react to violence by avoiding certain people, places or physical contact.

Learning difficulties and concentration problems are among the other possible symptoms. A woman with a disability may also lose a capability, such as speech, that she had previously [57].

Violence can reinforce existing mental ill-health. Detecting a woman's need for medical, psychological or psychiatric interventions requires cooperation with people who have skills in those fields [46].

"He psyched me out until I didn't know what was up or down, true or false. I felt like he was after me all the time. Finally my heart was pounding constantly and I felt like I wanted to crawl out of my skin."

– *Dubbelt utsatt* (Double Exposure) by Karin Torgny, p. 52 [34]

Substance abuse

High consumption of alcohol or drugs may be an indication that a woman has been subjected to violence [58]. It may be a way for her to cope with a difficult situation. Some research suggests that alcohol and drug abuse is rising dramatically among female victims of violence. That might be good reason to ask somebody who has been subjected to violence about her alcohol and drug habits [46]. Addiction Severity Index (ASI) interviews are one way of learning about a woman's experience of violence.⁷

Some women with substance abuse and addiction problems have disabilities. Practitioners point first and foremost to intellectual and neuropsychiatric disabilities [58].

⁷ The ASI is a structured interview tool that is used in substance abuse care and related fields to find out about seven areas of a person's life: mental and physical health, employment/livelihood, alcohol and drugs, criminal activity and family/social network. Women are also asked whether they have been subjected to abuse.

According to the preliminary results of a Karolinska Institutet interview study [59] of 25 women who have been subjected to violence and have had substance abuse or addiction problems, most of them have been diagnosed with – or are being/want to be – assessed for Attention Deficit/Hyperactivity Disorder (ADHD).

Accessibility – a prerequisite for providing help

Accessibility is fundamental to ensuring that female victims of violence with disabilities receive the support and help they need. Social welfare offices, community health centres and other care facilities must be accessible so that women can find out about available interventions, as well as have the opportunity to talk about their situation and obtain sheltered housing if necessary.

The different faces of accessibility

Women who have been subjected to violence need information about the kinds of support and assistance that are available.

If the information is to be accessible to everyone, the language must be simple and clear and the layout must make it easier for all readers to grasp the material. It must also be available in alternative formats, such as easy-to-read, Daisy (a type of mp3), sign language, Braille and Microsoft Word [60].

Accessibility is also a matter of communication options – being able to contact the authority or organisation by e-mail, text messaging, a website, etc. Professionals also need to know how text and video telephony work. Options for alternative communication must also be available when sitting down and talking with women.

Accessibility to premises refers to the ability to enter, move about freely and exit in an emergency [60].

Knowledge support for efforts to improve accessibility

The mission of the Swedish Agency for Disability Policy Coordination (Handisam) is “to ensure that people in positions of responsibility at various levels in society realise the benefits of an accessible society where everyone can participate equally – regardless of functional ability.” The agency has put together accessibility guidelines for operations, purchasing, premises, information and communication [60].

Questions for discussion

- Is your authority or organisation accessible to people with various types of disabilities when it comes to:
 - Premises
 - Information
 - Communication options
- Can accessibility be improved and, if so, how?
- Is your authority or organisation planning any projects to improve accessibility?

Ongoing Development Efforts

Development Centre "Double Exposure"

Development Centre "Double Exposure," which is located at Bräcke Diakoni in Gothenburg, compiles and disseminates information about men's violence against women with disabilities. The centre started in 2007 at the initiative of Bräcke Diakoni and representatives of five disability organisations in Gothenburg [54].

Its goal is to ensure that female victims of violence with disabilities receive the support they need.

The target group consists of professionals in the social services, health-care system, judicial system, education system, research institutions, women's shelter, crime victim support centres and community organisations. It also strives to support other knowledge centres concerned with violence in intimate relationships, as well as researchers and interest groups in the field.

Knowledge support for personnel

An integral part of the centre's work is to disseminate knowledge and information to various professionals. A basic training programme has been developed as a platform for gathering the determination to see, ask and act when it comes to violence against women with disabilities.

Advanced training is offered for those who will be preparing local or regional action plans, as well as organisational guidelines and checklists.

The centre has released a number of publications in the area of violence against women with disabilities. It produced a film entitled [61] *Dubbelt utsatt* (Double Exposure) about a woman with an intellectual disability who has a violent partner. One urgent task is to reach out to young women.

Accessibility and alternative communication

The centre has also put together guidelines for making sheltered housing facilities more accessible and a template for taking stock of them [54]. The basic assumption is that women should be able to obtain information that

support is available, make contact with the authorities and organisations that offer support, visit them for counselling, or stay at a sheltered housing facility.

Another goal of the centre's work is to promote alternative and complementary communication methods. Such options are important for people who are wholly unable to express themselves or understand through speech. The centre and the National Agency for Special Needs Education and Schools (SPASM) are conducting a joint project to develop pictograms that enable these people to talk about violence.

Training programme in Stockholm County

The Administrative Board of Stockholm County and the City of Stockholm conducted an extensive training programme among personnel who provide support and service to people with disabilities. In addition to the multi-step programme, the project resulted in a publication entitled *Vägen till att se och agera* (The Road to Seeing and Acting) [44]. The purpose of the publication is to offer guidance in developing routines for workplaces, recognising signals, asking questions and acting when violence is suspected.

The main target group for the effort consisted of supervisors and other employees who provide support and service for people with disabilities. Women's protection coordinators in the individual and family care unit, as well as other types of employees, also participated.

Checklist at the workplace – a way to prevent violence

Women with disabilities frequently have a number of contacts with different professionals – at group homes and assisted living facilities, as well as those who help with activities of daily living and personal assistance in the home – that provide care, support and service. Such a professional may be the one who discovers that she has been subjected to violence – but he can also be the perpetrator, engaged to provide her with various interventions that her disability requires.

One way to facilitate the effort to prevent, detect and deal with violence is to prepare a checklist that employees go through together. The development effort in Stockholm County has put together a checklist to support personnel so that they can begin to talk about violence. The checklist contains a number of questions for both supervisors and employees. The questions are designed as a source of guidance for determining how far the women's protection effort has come and as a basis for team discussions at various workplaces. (See appendix)

Questions for discussion

Charlotte (an example)

Charlotte is 34 years old, uses a wheelchair, and needs help with her daily hygiene and moving from place to place. She lives with her husband and their two school-age children. She receives personal assistance.

One day Cathy, who is one of her personal assistants, notices bruises on her body. Cathy asks Charlotte where they came from. Charlotte says that her husband accidentally dropped her when helping her to get out of her wheelchair. Several weeks later Cathy discovers a new set of bruises.

- What words should she use to ask Charlotte about the possibility that she is being physically abused?
- What are the most important things to think about when a woman talks about having been subjected to violence?
- What procedures does your workplace have when you suspect that a woman has been the victim of violence or other abuse?
- Do time constraints, routines, security considerations, language difficulties or other structural reasons prevent violence issues from being dealt with?

Chapter 4. Society's Responsibility

Cases that involve violence in intimate relationships commonly bring a number of authorities and institutions into play, each with its own responsibility: the social services to provide support and assistance; the healthcare system, primarily for treatment purposes; and the judicial system, whose task is crime prevention, investigation and enforcement. Women's shelters, crime victim support centres and other NGO:s can often supplement the activities of the authorities in valuable ways. This chapter takes a closer look at what Swedish legislation says about violence against women, as well as the responsibilities of the social services, healthcare system, judicial system and other organisations when it comes to violence in intimate relationships. The responsibilities of the judicial system are discussed briefly, primarily in terms of the possible impact of a woman's disability on her legal rights.

What does Swedish legislation say about violence against women?

Gross violation of integrity and gross violation of a woman's integrity

In recent years, Swedish legislation has strengthened its support for female victims of violence; victims of sexual abuse, human trafficking and violence in the name of honour; and children who witness violence. The offences of gross violation of integrity and gross violation of a woman's integrity were added to the Penal Code (Chapter 4, Section 4 a) in 1998. According to the first paragraph, "A person who commits criminal acts as defined in Chapters 3, 4 or 6 against another person having, or have had, a close relationship to the perpetrator shall, if the acts form a part of an element in a repeated violation of that person's integrity and suited to severely damage that person's self-confidence, be sentenced for gross violation of integrity..." The second paragraph states, "If the acts described in the first paragraph were committed by a man against a woman to whom he is, or has been, married or with whom he is, or has been cohabiting under circumstances comparable to marriage, he shall be sentenced for gross violation of a woman's integrity..." The acts referred to are assault (Chapter 3), unlawful threat or unlawful coercion (Chapter 4), sexual molestation and sexual exploitation (Chapter 6).

Gross violation of integrity and gross violation of a woman's integrity fall under public prosecution, which means that a woman does not have to file a report in order for the police to launch a crime investigation. But the preliminary investigation may have to be terminated due to lack of evidence if the victim does not cooperate.

Visiting bans

According to the Act on the Prohibition of Visiting (Swedish Code of Statutes 1988:688), amended on 1 October 2011 to prohibition of contact, a restraining order may be issued preventing someone from visiting, otherwise contacting or stalking another person. A restraining order may be issued if special circumstances pose a risk that the first person will commit an offence against, stalk or otherwise seriously harass the second person. An assessment of whether such a risk exists shall pay special attention to whether the first person has committed an unlawful violation of the second person's life, health, liberty or integrity.

The restraining order may also contain a prohibition against being in a residence that is used together with another person if special circumstances pose a palpable risk that the first person will commit an unlawful violation of the second person's life, health, liberty or integrity (Section 1a).

Some common denominators of the various laws

Violence against women requires a number of authorities and organisations to act. Several laws contain provisions concerning cooperation and the duty of notification. Below is a brief overview of the obligations to which various organisations are bound. The initial discussion concerns non-discrimination, which is a fundamental principle of Swedish law.

Principle of non-discrimination

Non-discrimination is a fundamental principle of both UN human rights conventions and Swedish law. According to the principle, each person's rights are to be respected and protected without any type of distinction. The purpose of the Swedish Discrimination Act (2008:567) is to "combat discrimination and in other ways promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age." (Chapter 1, Section 1)

According to Chapter 2, Section 13, "Discrimination is prohibited with regard to health and medical care and other medical services, and social services activities and support."

The principle of non-discrimination is thereby to be observed when assessing interventions for female victims of violence who have various problems, for example access to acute housing for those with substance abuse or addiction problems in relation to other women who have been subjected to violence.

Cooperation

Given the multifaceted nature of violence against women, collaboration is needed among authorities and organisations. Cooperation among offices of a municipality, etc., is also needed in order to come in contact with female victims of violence and offer the support and assistance to which they are entitled. Other potential purposes of collaboration are to improve services for the various target groups [16]. The NBHW general guidelines on the

responsibility of the social welfare committee for female victims of violence and children who have witnessed violence (SOSFS 2009:22) state that the committee should identify the areas in which internal and external cooperation is needed at both the overall and individual level [16].

Several areas may require collaboration among various organisations when the clients are female victims of violence with disabilities. Among such areas are access to sheltered housing, the production of information in alternative formats and training for various target groups [16].

Although the municipality has the ultimate responsibility, other organisations must also contribute on the basis of their knowledge and mission.

- The Administrative Procedure Act (Swedish Code of Statutes 1986:223) governs the general obligation of authorities to cooperate with each other. According to Section 6 of the Act, “Every authority shall assist other authorities within the framework of its own activity.”
- According to Chapter 3, Section 4 of the Social Services Act, “In its outreach activities... where appropriate, the [social welfare] committee shall co-operate... with other public bodies and with organisations and other associations.” According to Chapter 3, Section 5, “the measures taken by the social welfare committee... shall be framed and conducted... if necessary, jointly with other public bodies and with authorities and other organisations.”
- A statutory obligation also follows from Chapter 2, Section 7 of the Social Services Act and Section 3 f of the Health and Medical Service Act (Swedish Code of Statutes 1982:763), which requires the municipality and county council to prepare a joint plan when an individual needs interventions from both.
- According to Chapter 5, Section 8 a of the Social Services Act, “The municipality shall plan its measures for persons with disabilities. In this planning, the municipality shall cooperate with the county council and with other public bodies and organisations.” According to Section 8 a of the Health and Medical Service Act, “The county council shall cooperate with public agencies, organisations and private care providers in the planning and development of health and medical services.” If possible, organisations that represent these people and their families should be given the opportunity to comment on the content of the agreement. (See NBHW Memorandum no. 1/2010)
- Section 3 of the Police Act (Swedish Code of Statutes 1984:387) contains provisions on the obligation for the police and other authorities and organisations to cooperate. In particular, the police are required to cooperate with the social services on an ongoing basis and immediately notify them of developments that should lead to some kind of intervention.

Prerequisites for cooperation

One prerequisite for well-functioning cooperation is mutual trust, as well as awareness among the various authorities and organisations of each other's tasks, skills and roles. Another fundamental prerequisite is *control*, the ability of management to provide support. Clear, joint *objectives* are required, as well as a solid *structure* able to overcome any obstacles that arise. Furthermore, *consensus* – shared assessments and concepts – must develop around the specific areas of cooperation [16].

Setting aside time and taking stock at the local level

Time needs to be set aside for cooperation. One way to get started is for the authority to take stock of its local area of responsibility. What are the various organisations? Which ones help women with disabilities? Once those questions have been answered, an active effort can be made to contact the various organisations in order to learn how each workplace is dealing with the specific question and identify areas of cooperation, as well as to call attention to the issue of violence and encourage other organisations to begin focusing on it as well [62].

The partners that can generate the most fruitful cooperation vary from place to place. In one area a women's shelter or crime victim support centre may be a key partner. The municipal women's protection team might be more relevant somewhere else. Among other possible sources of cooperation are child health centres, maternity clinics, psychiatric clinics, the police, district administrations, youth guidance centres and volunteer organisations.

The Public Trustees Committee is an administration that also might prove useful to work with. For example, a female victim of violence may have a psychological disability that requires the appointment of a trustee [16].

Cooperation and confidentiality

Basically speaking, individual citizens must agree that various authorities can share their confidential personal data if they are going to cooperate with each other. Consent by a citizen permits otherwise confidential information to be shared.

Pursuant to special provisions in Chapter 25, Section 12 and Chapter 26, Section 9 of the Public Access to Information and Secrecy Act (Swedish Code of Statutes 2009:400), the healthcare system and social services may nevertheless share information under certain circumstances.

Duty of notification

Duty to provide notification of abuse that affects children

The social welfare committee has the ultimate responsibility of supporting children and young people who are in need of protection. In order for the committee to perform that task, many professions have the duty to provide notification and information about children younger than 18. Notification is to be sent to the committee of the municipality in which the child is living.

- According to Chapter 14, Section 1, Paragraph 2 of the Social Services Act, “Authorities whose activities affect children and young persons are duty bound, as are other authorities in health care, medical care other forensic psychiatric investigation services and social services, prison and probation services to notify the social welfare committee immediately of any matter which comes to their knowledge and may imply a need for the social welfare committee to intervene for the protection of a child. The same duty applies to persons employed by such authorities.
- The same duty of notification also applies to persons active within professionally conducted private services affecting children and young persons or any other professionally conducted private services in health and medical care or in the social services field.” Among such services may be homes for treatment and living (HVB) and independent schools.
- NGO:s that provide interventions under the Social Services Act through agreements with the municipality are covered by the duty of notification. The same duty applies to volunteer organisations whose activities require permission under Chapter 7, Section 1 of the Social Services Act.
- Other NGO:s are not bound by the duty of notification. They are covered instead by the general recommendation in Chapter 14, Section 1, Paragraph 1 of the Social Services Act to notify the social welfare committee if a child may be in need of protection.
- According to the general guidelines of the NBHW concerning notification of a child’s need for protection under Chapter 14, Section 1 of the Social Services Act (SOSFS 2003:16), all workplaces whose employees have a duty of notification are to establish necessary procedures.

Ability to provide information to the prosecutor and police

Authorities, as well as employees of the public healthcare system and social services, may breach confidentiality and forward information to prosecutors and police with respect to suspicion of crimes for which the prescribed sentence is not milder than imprisonment for one year or attempted crimes for which the prescribed sentence is not milder than imprisonment for two years (Chapter 10, Section 23 of the Public Access to Information and Secrecy Act, see also Chapter 12, Section 10 of the Social Services Act).

Confidentiality may also be breached with respect to crimes against children but without the limitation on the prescribed sentence for offences under Chapters 3, 4 and 6 of the Penal Code (Chapter 10, Section 21 of the Public Access to Information and Secrecy Act).

These provisions concerning breach of confidentiality do not oblige authorities or employees to notify investigative authorities of the suspicion of crime on their own initiative. However, any authority with access to information that the police or prosecutor request pursuant to these provisions is obliged to provide it (Section 6, Chapter 5 of the Public Access to Information and Secrecy Act).

Reporting or disclosing criminal offences

Under Chapter 23, Section 6 of the Penal Code, failure to report or otherwise reveal a crime that is in process of being planned or committed is punishable in certain cases. The obligation applies to certain specified offences provided that disclosure does not endanger the person or anyone in an intimate relationship with them. Thus, a caseworker who discovers and fails to report that someone who has been in contact with the social services is threatening to kill or seriously abuse another person could be convicted under this provision. In such cases, the duty of confidentiality yields to the duty of notification.

Questions for discussion

- How do you cooperate with other authorities and organisations?
- Can you give some examples of ways that your cooperative arrangements could be improved?
- Does confidentiality get in the way of cooperation?
- Does confidentiality get in the way of asking about violence?
- How can you support a woman in filing a report with the police?

Responsibility of the Social Services

Municipalities have the ultimate responsibility

According to Chapter 2, Section 1 of the Social Services Act, “Each municipality is responsible for social services within its boundaries”: “care and service, information, counselling, support and care, financial assistance and other assistance” (Chapter 3, Section 1). The responsibility applies regardless of the nature and reason for the help that is to be provided. According to Chapter 3, Section 1, “The tasks of the municipal social welfare committee include... familiarizing itself closely with living conditions in the municipality.” Assessing the scope of violence against women is one way of familiarising oneself with it [16].

Responsibilities of the home municipality and municipality of residence

An amendment to the Social Services Act that came into force on 1 May 2011 clarifies the allocation of responsibilities between the home municipality and the municipality of residence in accordance with Government Bill 2010/11:49 p. 34 ff.

- Under Chapter 2 a, Section 3:1 of the Social Services Act, the *home municipality* is the one in which a person is permanently residing. In most cases, it is also the municipality in which the person is or should be registered under the Population Registration

Act (Swedish Code of Statutes 1991:481). Generally speaking, the home municipality and municipality of residence are one and the same [64].

- The *municipality of residence* is the one responsible for providing a person with the support and help they have applied for because they are residing there temporarily or for some other reason [64].

Under the new provisions, the home municipality is responsible for providing support and assistance regardless of whether the person is staying there or temporarily in another one. Under certain circumstances, the municipality of residence is obliged to assist in the assessment or to carry out an intervention. The fundamental principle that the municipality of residence has ultimate responsibility for providing emergency support and assistance under the Social Services Act is retained (p. 38 ff of the Bill).

The home municipality retains the responsibility of helping a female victim of violence or abuse who must move temporarily to avoid being subjected to crime (Chapter 2 a, Sections 1-4 of the Social Services Act). For example, a woman with a disability may have to move to another municipality to find a sheltered housing facility that can admit her.

A woman who has been subjected to violence or other abuse may have to leave quickly without needing or having the time to obtain the support of the social services. If a person who is being threatened goes to another municipality on their own initiative in an emergency and applies for support while residing there, the municipality of residence has the ultimate responsibility for providing sheltered housing, financial support, etc. [16]

Thus, the home municipality retains the primary responsibility even if the person temporarily resides in another one. However the municipality of residence is always obliged to carry out the interventions required by the emergency situation, such as shelter housing and financial assistance, while awaiting the offer of the home municipality (Government Bill 2010/11:49, p. 41).

According to Government Bill 2010/11:49 p. 42, special consideration may have to be paid to the particular situation of people who have been subjected to violence, allowing them to reside in another municipality while the home municipality retains the primary responsibility. (See NBHW Memorandum no. 3/2011)

Responsibility of the social services for particular target groups

Chapter 5 of the Social Services Act contains special provisions for various groups. Following are some of the most relevant groups in this context.

People with disabilities

According to Chapter 5, Section 7 of the Social Services Act, “The social welfare committee shall endeavour to ensure that persons who, for physical, mental or other reasons, encounter difficulties in their everyday lives are enabled to participate in the life of the community and to live like others.” According to Section 7 of the Act concerning Support and Service for Persons with Certain Disabilities, “Persons who are referred to in Section 1 are

entitled to measures in the form of special support and special service pursuant to Section 9, Subsections 1-9, if they need such assistance in their daily lives and if their needs are not satisfied in some other way.” Section 9 lists the ten measures for special support and special services.⁸ The Act concerning Support and Service for Persons with Certain Disabilities supplements other laws and does not restrict the rights they provide. According to Section 5, “The activities pursuant to this Act shall promote equality in living conditions and full participation in the life of the community for those persons referred to in Section 1. The objective shall be for it to be possible for the private individual concerned to live as others do.” Section 7 states, “The measures shall be lasting and coordinated.” According to Section 8, “Only if he or she so requests, a private individual shall be provided with the measures pursuant to this Act.”

Victims of crime and women who have been subjected to violence

Special provisions of the Social Services Act are devoted to victims of crime and women who have been subjected to violence.

According to Chapter 5, Section 11, Paragraph 1, “The social welfare committee should take steps to ensure that persons subjected to criminal acts and their next-of-kin are supported and helped.” The provision covers all victims of crime, regardless of age or gender. According to Chapter 4, Section 1, “Persons unable to provide for their needs or to obtain provision for them in any other way are entitled to assistance from the social welfare committee towards their livelihood (livelihood support) and for their living in general.” The provision also covers female victims of violence or abuse by people with whom they are not closely related – such as home-help service or special home personnel – as well as children who have been subjected to crime [16].

According to Chapter 5, Section 11, Paragraph 2, “In particular the social welfare committee should *especially consider* that women who are being or have been subjected to violence or other abuse by closely related persons may need support and assistance in order to change their situation.” The responsibility of the social welfare committee pursuant to this provision is for all women who have been subjected to violence by closely related people Government Bill 2006/07:38 p. 34 stresses that the responsibility includes women with special needs due to substance abuse, disability, foreign

⁸ According to Section 1, “This Act contains provisions relating to measures for special support and special service for those

1. who have intellectual disabilities, are autistic or have a condition resembling autism
2. who have a considerable and permanent, intellectual functional impairment after brain damage when an adult, the impairment being caused by external force or a physical illness
3. who have some other lasting physical or mental functional impairments which are manifestly not due to normal ageing, if these impairments are major and cause considerable difficulties in daily life and, consequently, an extensive need for support or service.

background or age. No minimum age applies to the responsibility of the social welfare committee for women who have been the victims of crime (Government Bill 2006/07:38 p. 31).

“Violence and other abuse” in Chapter 5, Section 11, Paragraph 2 of the Social Services Act refers to systematic assault and other abuse, including the type covered by the provision in the Penal Code concerning violation of a women’s integrity.

“Closely related persons” in the paragraph refers to people with whom the victim has a close, trusting relationship. Among the possible perpetrators is a husband, partner, boyfriend, girlfriend, sibling, child or grandchild [16].

Chapter 5, Section 11, Paragraph 3 of the Social Services Act specifies the responsibility of the social welfare committee to support and help children who have witnessed violence or other abuse by or against a closely related adult.

People who care for or support those with whom they are closely related

Chapter 5, Section 10 of the Social Services Act states that, “The social welfare committee should assist, through support and relief services, persons caring for next-of-kin who are suffering from long-term illness, are elderly or have disabilities.”

According to Government Bill 2008/09:22, p. 22, the purpose of such assistance is to make things easier for people who care for or support those with whom they are closely related. Assistance refers to various measures whose primary objective is to provide relief in a physical, psychological or social sense.

It is essentially that all personnel who are involved in providing such assistance be knowledgeable about violence in intimate relationships and where the assistance can be obtained.

Also important is that municipalities conduct outreach efforts to actively provide information to people who care for relatives who are elderly or have disabilities (Government Bill 2008/09:22 p. 34).

Skills

According to Chapter 3, Section 3, Paragraph 2 of the Social Services Act, “Suitably trained and experienced personnel shall be available to perform the tasks of the social welfare committee.”

Disability is one circumstance that the committee should consider when planning its activities, conducting investigations, performing assessments, making decisions and providing suitable interventions for individual women who have been subjected to violence (SOSFS 2009:22). Thus, it is vital that personnel who handle matters that affect female victims of violence possess general knowledge about disability in order to helping women receive appropriate interventions[16].

Women may have contact with various social service organisations – such as individual and family care, disability services, elderly care and family law – without mentioning the violence to which they have been subjected. Social service personnel do not always notice or understand that somebody

is a victim of violence. Thus, there is a clear need for both skills and awareness when it comes to violence and its victims [16].

Municipal action plans

Municipal action plans with quantifiable objectives and a description of the means to achieve them enable municipalities to more effectively help female victims of violence both internally and in cooperation with other organisations [16]. Such a plan achieves greater legitimacy if it has widespread political support. Among important considerations to keep in mind when drawing up an action plan for helping female victims of violence with disabilities are how to:

- concretely focus on detecting and calling attention to the violence
- perform assessments of violence against women who are deemed to belong to a high-risk group
- prepare information that has been adapted to various groups, such as easy-to-read and Daisy (a type of mp3 format)
- cooperate in order to guarantee female victims of violence with disabilities access to sheltered housing
- carry out educational efforts that focus on the needs of high-risk groups

The action plan can be supplemented by a cooperation plan [16].

Outreach activities and information

The social services need active outreach activities that target women who have been subjected to violence. Working methods must be adapted in order to reach various groups of women [16].

Female victims of violence must know where to turn for help. One task of the social welfare committee is to inform citizens about the social services in the municipality. According to Chapter 3, Section 4 of the Social Services Act, “In its outreach activities, the social welfare committee shall disseminate information concerning social services and shall offer its assistance to groups and individual persons. Where appropriate, the committee shall cooperate to this end with other public bodies and with organisations and other associations.” Information and outreach activities must be adapted to various target groups.

Assessment

According to Chapter 11, Section 1 of the Social Services Act, “The social welfare committee shall without delay open an assessment of matters which have been brought to its knowledge by application or otherwise and which may occasion action by the committee.” If the committee discovers that woman has been subjected to violence or other violations of her integrity and is willing to receive help or support, an assessment is to be conducted

under this provision of the law. However, the social welfare committee may not launch an investigation or contact a third party against the woman's will. One exception is if she is in a situation that may require intervention under the Care of Abusers (Special Provisions) Act (Swedish Code of Statutes 1988:870).

Each municipality has the ultimately responsibility for ensuring that its citizens receive the support and assistance they require; thus, the social services must assess a woman's circumstances unconditionally, determine her needs and offer support and assistance under Chapter 2, Section 1, and Chapter 4, Section 1 of the Social Services Act even if she is not the victim of a crime. For example, she may have been subjected to various types of neglect, such as failure to provide care, or the kinds of violations of integrity and psychological harassment described in the previous section.

The social services are responsible for ensuring that a woman receives support and assistance whether or not she decides to file a report with the police; continues to live with the perpetrator; is a parent; is involved in a dispute over custody, living arrangements or access rights; or is physically abusing a closely related person [16].

The NBHW general guidelines (SOSFS 2009:22) and handbook [16] on the responsibility of the social welfare committee for female victims of violence and children who have witnessed violence clarify the responsibility of the social services to assess the need for support and assistance among women covered by Chapter 5, Section 11, Paragraph 2 of the Social Services Act. The general guidelines contain specific recommendations for the content of an assessment concerning a woman who has been subjected to violence or abuse by a closely related person, including:

- the woman's need for acute and long-term support and assistance
- the nature and scope of the violence she has been subjected to
- the risk that she will be the victim of violence again
- her social network
- whether any children have witnessed the violence

For women under 18, a child care assessment is to be conducted, which means that the provisions of both SOSFS 2009:22 and SOSFS 2006:12 may be in effect.

The social services may conduct an assessment for a victim of violence by someone with whom she is not closely related (Chapter 5, Section 11, Paragraph 1 of the Social Services Act) – such as a neighbour in a group home, a participant in activities of daily living or a personal assistant – in the same manner as if they were closely related [16].

Acute and long-term needs

In all types of matters that affect a woman who has been subjected to violence, the social services should assess the acute and long-term needs that the abuse has given rise to (SOSFS 2009:22).

Acute needs are those that must be met immediately, such as temporary housing or financial assistance. A woman may need help getting in touch

with the police or the healthcare system. Her children may also require support in coping with the acute situation. Decisions on acute interventions, such as sheltered housing or financial assistance, may be made during the course of the investigation.

A long-term assessment of her needs must consider her thoughts about the future, as well as how she wants the social services to help and support her. What are her prospects for employment or other means of support? How is her short and long-term housing to be arranged? Does she need any kind of counselling? Does she need to be in touch with the healthcare system? Does she need any other kind of help? Do her personal data need to be protected? Does she need help arranging the lives of her children? A woman may need various kinds of support and help over a long period of time. Several different authorities may have to cooperate [16].

It is important for the investigation to keep in mind that a woman with a disability may be in a particularly difficult situation. For instance, she may be highly dependent on others – even the perpetrator – for her activities of daily living. Or perhaps she has a very small contact network.

Whether she is in touch with a caseworker under the Act concerning Support and Service for Persons with Certain Disabilities is also vital information.

If the woman does not want an assessment, support or help

If the woman does not want the social services to conduct an assessment of her needs, personnel should inform her verbally and by other means that she is entitled to assistance and support, as well as motivating her to accept what they have to offer [16].

If the social services conclude that she needs support and assistance but she declines, they can inform her about assistance that is available from other organisations, such as women's shelters, counselling and other services that do not require an initial assessment. She should also be told that she can contact the social services in the future if she feels that she needs their support or assistance [22].

Assessment tools provide support

In all matters that affect female victims of violence, the social welfare committee should examine the risk that she will be subjected to additional abuse (SOSFS 2009:22). Assessment tools can provide support for such an effort.

On behalf of the Government, the NBHW has developed assessment tools to support the social services in helping female victims of violence.

One tool contains a small number of questions to detect whether physical or sexual violence, as well as emotional abuse or threats, have occurred. Supplementary questions target people with disabilities and other special groups [16].

Interventions

According to Chapter 3, Section 1 of the Social Services Act, “The tasks of the municipal social welfare committee include... assuming responsibility for the provision of care and service, information, counselling, support and care, financial assistance and other assistance.”

When a woman seeks help, the social services must perform a holistic assessment of her overall situation in order to satisfy needs unrelated to her experience of violence. For instance, she may have a disability [16].

A female victim of violence may need the same kind of interventions that she would have if she had been closely related to the perpetrator. For example, she may need help contacting the healthcare system and police, as well as counselling. But there are differences as well. If the perpetrator is a closely related person, sheltered housing and personal data may be required. If the perpetrator is someone who has been engaged to provide her with service, support and service, the arrangement must be terminated. (See the section on lex Sarah)

Temporary housing

The social welfare committee should be able to offer the following acute, short or long-term support and assistance to a woman who has been subjected to violence:

- suitable temporary housing that is properly staffed by trained personnel and has sufficient security devices, such as locks and alarms
- other suitable temporary housing

Any housing should also be appropriate for her children, regardless of gender or age (SOSFS 2009:22).

Attention must be paid to the accessibility of sheltered housing when it comes to women with disabilities. Special requirements may apply to premises, staffing, skills and other factors [16].

For a woman with a disability to feel safe and secure in sheltered housing, her life must work on a practical level: access to assistive devices and transport services, proper medication and help with activities of daily living as needed. Physical accessibility is also important if she wants to bring a child who has a disability as well.

Counselling and support

The social welfare committee should be able to offer the following acute, short or long-term support and assistance to a woman who has been subjected to violence:

- counselling and support
- assistance in getting in touch with the healthcare system, police, Tax Agency and other authorities She can obtain assistance if she wants to file a police report but does not need to do so in order to obtain support and help.

- contact with volunteer and other organisations
- assistance in looking for and obtaining permanent housing (SOSFS 2009:22).

It is important that a woman obtain all the information she needs: how to file a report with the police, her right to counsel under certain circumstances, her options for obtaining a restraining order in her home and elsewhere, a safety and security package with the police, her right to damages, family law services, what volunteer organisations have to offer, etc. [16]

The information must be adapted in various ways to women with disabilities [16]. Due to communication or related problems, they may require assistance when getting in touch with other authorities.

Social assistance

According to Chapter 4, Section 1 of the Social Services Act, “Persons unable to provide for their needs or to obtain provision for them in any other way are entitled to assistance from the social welfare committee towards their livelihood (livelihood support) and for their living in general.”

An assessment of a woman’s right to social assistance under the provision is not required to focus on any particular issue. Her income and the extent to which it ensures a reasonable standard of living are the determining factors.

When calculating social assistance, the social welfare committee should use higher costs than the national standard (Chapter 2, Section 1 of the Social Services Ordinance) if there are special reasons for doing so. One such reason is that she may have extra temporary costs for food, clothing, shoes, telephone, etc., because she has been subjected to violence or other abuse by a closely related person, or to another criminal offence. Having a disability is another possible reason for providing additional social assistance. See the NBHW general guidelines on social assistance (SOSFS 2003:5) and amendments (SOSFS 2009:23).

Interventions based on the Act concerning Support and Service for Persons with Certain Disabilities

A female victim of violence may need interventions under Chapter 5, Section 7 and Section 11, Paragraphs 1-2 of the Social Services Act, as well as the Act concerning Support and Service for Persons with Certain Disabilities. To receive interventions under the latter act, she must belong to one of the categories listed in Section 1. (See page...)

Among the possible interventions under the act are “residential arrangements with special service for adults or some other specially adapted residential arrangements for adults” (Section 9:9). See the NBHW guidelines on residential arrangements with special service for adults according to the act (SOSFS 2002:9).

Planning for safety and security

The social services must be highly aware of safety and security issues when handling cases of women who have been subjected to violence in intimate

relationships. The place in which conversations with her occur, as well as the way in which documents and computer systems are treated, must be pervaded by such thinking [16]. A risk assessment needs to be performed before a decision regarding assistance can be made. The assessment must consider the consequences for her and her family of the risks to which she is exposed, as well as the support and assistance needed to minimise those risks, particularly in relation to her children's situation [16].

A woman who has a disability requires extra attention given that she may not be able to react quickly in threatening situations, orient herself spatially, alert others to what is happening or escape. If she is dependent on transport services, she might not be able to leave the house in an emergency situation.

Children who witness violence

Studies and interviews have shown that fear of losing custody of children is one reason that some women decide to remain in a violent relationship [34, 39].

According to Chapter 5, Section 1 of the Social Services Act, "The social welfare committee shall... endeavour to ensure that children and young persons grow up in secure and good conditions." The committee is also to consider that children who have witnessed violence or other abuse by or against a closely related adult are victims of crime and may need support or assistance (Chapter 5, Section 11, Paragraph 3). A holistic approach is important when violence in an intimate relationship is involved [16].

The NBHW general guidelines (SOSFS 2009:22) specify that the social services should perform a prompt preliminary assessment of whether an investigation is needed under Chapter 11, Section 1 of the Social Services Act as soon as it discovers that a child may have witnessed violence. Witnessing violence or other abuse primarily refers to having seen or heard an incident [16].

One of the issues to be addressed by the assessment is whether parents can meet the needs of their child. Based on the British Integrated Children's System, the Children's Needs in Focus (BBIC) processing and documentation system assesses the ability of parents to provide basic care, safety and security, emotional accessibility, stimulation, guidance, boundaries and stability. The system also examines whether other home or environmental variables can compensate for the shortcomings of parents when it comes to meeting their children's needs. Are there other people in the family's social network who can support children? The decisive factor is not whether parents have a disability but whether they are able to satisfy their children's needs, perhaps with the help of outside resources. The task of an investigation is to take a multifaceted approach and consider all parameters that either support or detract from the ability of parents to meet the needs of their children. Thus, social service personnel need to understand how a child is affected by witnessing violence and living with a parent who has a disability. Furthermore, they must be aware of the particular circumstances associated with each particular case. – See the NBHW's *Sex mot ersättning – utbildningsmaterial om stöd och skydd till barn och unga* (Sex for Pay –

Training Guide for Support and Protection of Children and Young People), pp. 124-125

The social welfare committee should be able to offer both acute and long-term counselling, support and treatment – as well as contact with volunteer and other organisations – to children who have witnessed violence in the home. The committee should ensure that the methods for providing support and help are designed in accordance with the best available knowledge about children's needs and about the means of achieving optimum results. The NBHW general guidelines (SOSFS 2009:22) also state that the committee should be able to offer counselling and support to parents and other closely related people on the basis of the child's particular needs. A child who has witnessed violence may be entitled to criminal injuries compensation from the Crime Victim Compensation and Support Authority under Section 4 a of the Criminal Injuries Compensation Act (Swedish Code of Statutes 1978:413).

Lex Sarah – obligation to report, assess, document and eliminate abuse

Studies show that women with disabilities are sometimes subjected to violence by people who are engaged to provide care, support and service.

On 1 July 2011, new lex Sarah provisions came into force in the Social Services Act and the Act concerning Support and Service for Persons with Certain Disabilities. The provisions are to be applied by all social service agencies as well as the activities of the National Board of Institutional Care. See the NBHW guidelines on lex Sarah (SOSFS 2011:5).

According to lex Sarah rules, everyone involved in providing the above services is obliged to ensure that all interventions performed are of good quality (Chapter 14, Section 2 of the Social Services Act and Section 24 a of the Act concerning Support and Service for Persons with Certain Disabilities). They are also required to report if someone has been or is at the risk of being abused. That requirement is accompanied by an obligation to assess, document, remedy and eliminate an abuse (Chapter 14, Section 3 of the Social Services Act and Section 24 b of the Act concerning Support and Service for Persons with Certain Disabilities). The existence or risk of a serious abuse is also to be reported to the NBHW as soon as possible (Chapter 14, Section 7 of the Social Services Act and Section 24 f of the Act concerning Support and Service for Persons with Certain Disabilities). Serious abuse refers to acts that have been committed, or those that have been committed due to neglect or another reason, that pose or have posed a threat or had serious consequences for life, safety, physical health or mental health.

The obligation to report applies regardless of one's role (employee, contractor, trainee, student, or participant in a labour market programme) in caring for elderly or people with disabilities (SOSFS 2011:5).

Questions for discussion

Elizabeth (an example)

Elizabeth is 40 and has a severe intellectual disability. She has her own apartment in a group home adjacent to the common area. She uses a wheelchair to get around. She is unable to talk. She gets very aggressive occasionally, pinching and scratching the staff.

Lena is a new employee. She has long experience of working among people with intellectual disabilities and quickly wins the approval of both residents and other staff. Elizabeth also trusts her. Lena takes Elizabeth under her wing and makes sure that she gets a chance to go outside on a regular basis. Elizabeth is delighted. Everyone notices that she has calmed down.

But something changes after a while. Elizabeth starts pinching the staff again, tries to turn her wheelchair upside down or run over her neighbours. She is particularly aggressive at shower time. One day when Lena is out sick, one of the employees notices that Elizabeth has ugly red marks around her wrists, as if she had been tied up. She also has a couple of big bruises on her body.

- What needs to be done?
- Should the observations be reported according to lex Sarah?
- Should a police report be filed?
- Who should be contacted?
- What kind of help should be given to Elizabeth?
- What can your authority or organisation do to prevent violence?
- What procedures do you have to deal with these issues, and how much do your employees know about them?

Clara (an example)

Clara is 25 and has a severe intellectual disability. She has no conception of danger and does not react to pain. She does not communicate through speech. Jesper, a neighbour of hers in the group home, occasionally acts out a lot. One day he knocks her to the floor and her mouth and nose start to bleed. Two staff members that had seen what happened but didn't have time to intervene grab Jesper and lead him out of the room.

- Should the incident be reported according to lex Sarah?
- Should a trustee be contacted? Whose trustee?
- Should a police report be filed?
- What support should Clara be given?

Miriam (an example)

Miriam is 63 and has multiple sclerosis. She has an extensive mobility impairment and needs help moving about, performing her personal hygiene and eating. She hardly talks anymore. She lives with her daughter, son-in-

law and their two children. Her daughter and son-in-law work as personal assistants; a woman named Susanne has also been engaged as an assistant. The municipality arranges the assistance.

Signs begin to accumulate that something is wrong. After weekends on which Miriam has been alone with her family, she tends to be dirty and dehydrated. Her medication might also remain unused in the dispenser.

- What should Susanne do?
- What should the municipality do?
- Should the situation be reported according to lex Sarah?

Responsibility of the Healthcare System

Between 12 000 and 14 000 Swedish women seek outpatient care at hospitals, emergency centres and primary care clinics every year as the result of partner violence [20]. Thus, healthcare services and organisations are very important when it comes to detecting and calling attention to violence, as well as providing care, support and help to the women affected.

General responsibilities of the healthcare system

According to Section 2 of the Health and Medical Service Act, “Health and medical services are aimed at assuring the entire population of good health and of care on equal terms. Care shall be provided with respect for the equal dignity of all human beings and for the dignity of the individual. Priority for health and medical care shall be given to the person whose need of care is greatest... Health and medical services shall be conducted so as meet the requirements for good care... Care and treatment shall as far as possible be designed and conducted in consultation with the patient... Health and medical services shall work for the prevention of ill-health.” See also Chapter 6 of the Patient Safety Act (Swedish Code of Statutes 2010:659).

Psychiatric care can sometimes be provided without the patient’s consent under the Act on Compulsory Mental Care (Swedish Code of Statutes 1991:1128) – first on an inpatient and then on an outpatient basis.

The Health and Medical Service Act contains similar provisions concerning interventions for victims of crime and other special groups identified by the Social Services Act.

According to Section 3, “Every county council shall offer good health and medical services to persons living within its boundaries... In other respects too, the county council shall endeavour to promote the health of all residents.” Section 4 states that, “If any person present within a county council area without being a resident of the same needs health and medical services immediately, the county council shall offer such services.”

Good healthcare quality

According to Section 2 a of the Health and Medical Service Act, “Health and medical services shall be conducted so as meet the requirements for good care” in terms of availability, patient self-determination, results, contact with caregivers, etc. According to Chapter 3, Section 1 of the Patient Safety Act, a care provider is to plan, lead and monitor its services in a manner that ensures compliance with the requirements of good care in the Health and Medical Service Act.

Good care includes attending to the safety and security needs of women who have been subjected to violence, making care readily available to them, treating them with respect and promoting clear communication between them and the healthcare system. Furthermore, their care must be characterised by continuity, safety and security [63].

Section 31 of the Health and Medical Service Act states, “The quality of activities in health and medical services shall be systematically and continuously developed and secured. “

Responsibility of the healthcare system for female victims of violence

In addition to emergency care, a female victim of violence may receive treatment at a number of different units: gynaecology clinics, child health centres, maternity clinics, psychiatric clinics, youth guidance centres and general practitioner offices [63]. If she has a disability, she may also qualify for rehabilitation and habilitation measures.

The healthcare system is responsible for detecting current or previous violence, as well as provides and follow up on care and treatment on both an acute and long-term basis. The ability to recognise and understand violence, be receptive and offer care and treatment is required of all healthcare professionals, whether a woman goes to see them on her own or is subsequently referred to them. There are many obstacles to picking up on signs of violence, including pressure of time, lack of knowledge, poor attitudes and reluctance of women to talk about it. Caregivers must be aware that certain groups may have trouble seeking help to cope with the violence to which they have been subjected [57]. Women with disabilities are among them [63].

Karen didn't see the stairs, fell down and broke her foot. Her doctor phoned later and asked: What really happened when you hurt your foot? You're telling me the truth, right?

"He thought that my husband had pushed me, and I can understand why. He knew how aggressive my husband can be. But I was really glad that he asked."

– *Dubbelt utsatt* (Double Exposure) by Karin Torgny, p. 48 [34]

Acute interventions

An acute examination and treatment are often required once a woman confirms that she has been the victim of violence. The examination might serve

as the basis for a medical certificate that a preliminary investigation can use as evidence. In addition to medical treatment, acute needs include psychosocial interventions, such as crisis management and the opportunity for follow-up support and assistance [63].

A woman who approaches the healthcare system in an acute situation also needs information about support resources, such as the social services and temporary sheltered housing, as well as procedures for filing a report with the police [63].

If she has a disability, thinking about how to make her feel secure during the conversation may be a particularly valuable exercise. She must be given the opportunity to convey her experience and grasp the information that is provided. These considerations are particularly relevant if she has difficulty understanding or communicating.

Long-term interventions

A victim of violence, particularly in an intimate relationship, may need support for a long time. Long-term psychosocial interventions can include help coping with feelings of shame and guilt, gaining self-confidence and developing a sense of empowerment. Among possible interventions are counselling, group sessions and psychotherapy [63].

Women who have been abused during pregnancy may need coaching to cope with feelings associated with childbirth, abortion, miscarriage, foetal abnormalities and single motherhood. The maternity clinic staff is in a good position to pay special attention to these women and offer them support [63].

Responsibility of the healthcare system for children who need protection

According to Section 2 f of the Health and Medical Service Act and Chapter 6, Section 5 of the Patient Safety Act, the healthcare system is, at the initiative of the social welfare committee, to cooperate with public bodies, organisations and other parties concerned on matters that affect children (such as those who have witnessed violence) who need or are at risk of needing protection.

Section 2 g of the Health and Medical Service Act and Chapter 6, Section 5 of the Patient Safety Act state that healthcare personnel are to ensure that a child receives information, counselling and support if a parent or another adult with whom the child is living permanently has an emotional disorder, psychological disability, serious physical disease or injury, or substance abuse or addiction problems.

Habilitation and rehabilitation

According to Section 3 b of the Health and Medical Service Act, “The county council shall offer persons who are residents of the county council or residually registered there [habilitation and rehabilitation] as provided in Section 16 of the Civil Registration Act (1991:481) and permanently residing there.”

- *Habilitation* refers to interventions that help people with congenital or early-acquired disabilities to proceed from their needs and capabilities in order to develop and retain the best possible function, as well as create good conditions for an independent existence and active participation in the life of the community. See the NBHW guidelines on coordination of habilitation and rehabilitation interventions (SOSFS 2007:10).
- *Rehabilitation* refers to interventions that help people with acquired disabilities to proceed from their needs and capabilities in order to recover or retain the best possible function, as well as create optimum conditions for an independent existence and active participation in the life of the community.

Healthcare professionals in the field of habilitation and rehabilitation are responsible for detection, assessment, referrals to other caregivers as needed, documentation and follow-up. Habilitation and rehabilitation represent another opportunity to discover that a woman is being abused.

Habilitation and rehabilitation workers need to be alert to signs of violence when they work with women who have disabilities [56].

Violence is a complex problem that calls for the attention of various different authorities and organisations. Cooperation with other authorities and organisations, the social services first and foremost, is central to habilitation and rehabilitation efforts for a female victim of violence with a disability.

Section 3 f of the Health and Social Service Act makes it clear that habilitation and rehabilitation services and the social services are jointly responsible for initiating, organising and implementing cooperation as needed. When a person needs interventions by both the healthcare system and the social services, the municipality and county council are to prepare an individual plan.

Youth guidance centres

Youth guidance centres are a voluntary commitment on the part of municipalities and county councils. The missions of the centres vary, perhaps in accordance with local guidelines, or they may not have any formal assignments from which to proceed. The centres generally target 13-23 year-olds, but some extend the upper age limit in order to serve more young people. Counsellors, gynaecologists, midwives and other professionals work in close cooperation with patients. Not all centres have staff members from every profession. Some of them have only one employee, a midwife who sees patients for a couple of hours a week [64].

The centres are a “low-threshold operation,” which means that they see all young people who need guidance with reproductive and mental health issues. The primary orientation is prevention. The objectives are to promote physical and mental health, strengthen identity development in a way that allows for healthy sexual expression, and prevent unwanted pregnancy and sexually transmitted diseases [64].

Supporting young people while bolstering their sense of integrity and self-esteem is a vital task of the guidance centres [69]. The centres are to pay special attention to young people with disabilities, respect their right to knowledge and support on reproductive issues and meet their specific needs for advice and assistance on related matters [65].

Some parts of the country are conducting targeted activities aimed at strengthening the self-esteem of young people with disabilities, helping them to understand their own worth and encouraging their ability to set boundaries. Interviews during preparation of this study guide identified opportunities for young people to participate and “be involved in many venues” as key to preventing violence against young women with disabilities.

Youth Guidance Centres Online (UMO) started up in November 2008 [66]. The Government finances the project, while municipalities and county councils are responsible for long-term maintenance of the website. The goal is to make it easier for young people to find relevant, up-to-date, quality-assured information about sex, health and relationships.

Questions for discussion

- What demands do you think should be placed on personnel and organisations in relation to female victims of violence with disabilities who visit healthcare providers?

Responsibility of the Judicial System

Attitudes and procedures in the judicial system may determine whether a woman who has been subjected to violence has the confidence and willingness – or even the capacity if she also has a disability – to cooperate with legal proceedings, as well as whether she is able to process and get over the trauma [29].

In order for the judicial system to treat women with the respect they deserve, police, prosecutors, judges, clerks and correctional officials must be aware of the manifestations and consequences of violence and have a general understanding of substance abuse and addiction issues. The National Police Board has conducted training efforts and other projects in recent years as a means of focusing more intensely on crimes in intimate relationships. A handbook [67] was published in 2009 for the purpose of identifying measures and working methods to improve investigation and prevention. The handbook stresses the importance of empathetic, professional attitudes, the need to exhibit respect and understanding and to avoid criticism and judgementalism [62].

Knowledge about the implications of different disabilities and their potential impact on the entire process, from a police report until an investigation gathers enough evidence to prosecute, is vital to protecting the legal rights of the victim [5].

Cooperation between the police and other authorities and organisations

The National Police Board has adopted an action plan for cooperation with municipalities [67]. The police have carried out cooperation projects with the Swedish Association of Local Authorities and Regions, National Council for Crime Prevention and the NBHW, some of which have concerned children and young people who may be abused or in need of protection.

The police also cooperate with local NGO:s. For example, such organisations may provide support in connection with filing reports to the police [67].

Disability and legal rights

Having a disability may increase the risk of being subjected to violence or other abuse. A disability can also make it more difficult to get a hearing in court. A questionnaire survey conducted by Barbro Levin among trustees found that some perpetrators are care providers or others involved in the victim's daily life, and that there are shortcomings in the way that the authorities treat the victim when criminal offences are suspected [36].

If those shortcomings are to be rectified, says Levin, three priorities need to be stressed:

- *Actively providing good care – which is more than simply respecting the victim's integrity and right to self-determination.* Respecting the victim's integrity and right to self-determination is not enough. Every citizen is entitled to be treated with respect and not to be subjected to abusive treatment; if abuse nevertheless occurs, there must be an opportunity for redress. One major challenge is to hold on to the ethical principle of not doing harm as established by provisions of the law that insist on respect for individual autonomy and integrity while promoting a second ethical principle – that of ensuring that people with disabilities receive active care.
- *Calling a spade a spade:* Hitting somebody is hitting them, regardless of the situation. Refusal to recognise that fact means that people who work in public health care and those who don't are treated differently. Legal rights are ignored and discrimination is a likely outcome.
- *Compensating for legal disempowerment* Such disempowerment is associated with difficulty communicating and other disabilities. To ensure that these people are not discriminated against but gain full access to the courts and have their case heard in accordance with the principle of equality before the law, the judicial system needs to identify ways of compensating for their inability to fully communicate. Greater visibility might also improve their chances of obtaining redress [36].

Reactions during interrogation

Having an intellectual disability may make it particularly difficult to communicate with representatives of the judicial system. Bakk and Grunewald talk about the speech and language deficiencies that prevent people from understanding questions that are asked during interrogations or the significance of particular words and expressions [37]. The question might be about one topic and the answer about something else. Thus, the victim might be perceived as confused, not of sound mind or even guilty. The uncertainty associated with such an uncommon, complex situation makes things even worse. A person with an intellectual disability can even be overly obliging and come up with answers just to prove that they are willing to cooperate. Poor spatial-temporal abilities make it difficult for most people with mental intellectual disabilities to recount a series of events with the precision that crime investigations demand. If their intellectual disability is mild or moderate, they may have learned over the years to converse and use a vocabulary that conceals serious gaps in their understanding of various concepts and causal relationships. As a result, investigators and other employees of the judicial system may not be cognizant of how extensive the disability really is so that they can adapt their language accordingly [37].

“Always report it to the police. If he did it to you, he will certainly do it to somebody else.” –

– from a report entitled *Mäns våld mot kvinnor med funktionsnedsättning* (Men’s Violence against Women with Disabilities) by the Swedish Research Institute for Disability Policy, HANDU AB, p. 40 [39]

Questions for discussion

- How might cooperation among the social services, healthcare system, judicial system and NGO:s work in your town?

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Polislagen (1984:387)
Patientsäkerhetslagen (2010:659)
Socialtjänstlagen (2001:453)
Socialtjänstförordningen (2001:937)

International Documents

Europeiska konventionen angående skydd för de mänskliga rättigheterna och de grundläggande friheterna, Europakonventionen.
Förenta Nationernas konvention om avskaffande av all slags diskriminering av kvinnor (CEDAW). Rekommendation no. 19, p 6.
Förenta Nationernas konvention om barnets rättigheter, Barnkonventionen.
Förenta Nationernas konvention om rättigheter för personer med funktionshinder (CRPD).
Europarådets konvention om förebyggande och bekämpande av våld mot kvinnor och våld i nära relationer.

Appendix

The checklist below was compiled by the Administrative Board of Stockholm County in collaboration with the City of Stockholm. The checklist contains a number of questions for both supervisors and employees. The questions can be used to find out how far an organisation has come in its effort to combat violence in intimate relationships, as well as to serve as a basis for discussion at various workplaces.

Checklist for workplaces

1 Do you know whether your authority or organisation helps female victims of violence ?

Yes No The effort began/Will begin on

2 Is everyone at your workplace aware of their statutory responsibility to call attention to female victims of violence and their children and make sure that they obtain assistance?

Yes No The effort began/Will begin on

3 Does your municipality have an action plan for women's protection issues?

Yes No The effort began/Will begin on

4 Is your workplace striving consciously to establish procedures for handling situations in which violence is discovered?

Yes No The effort began/Will begin on

5 Does your workplace have procedures for asking questions about violence to which a woman may have been subjected?

Yes No The effort began/Will begin on

6 Do you have procedures for asking whether female victims of violence have children and what their situation is like?

Yes No The effort began/Will begin on

- 7 Do you have documentation procedures for what to do when violence is suspected or exposed?
- Yes No The effort began/Will begin on
- 8 Do you have procedures for keeping statistics?
- Yes No The effort began/Will begin on
- 9 Are the procedures and action plans in writing?
- Yes No The effort began/Will begin on
- 10 Have various decision makers and managers approved the action plan?
- Yes No The effort began/Will begin on
- 11 Are these procedures evaluated, discussed and updated on a continual basis?
- Yes No The effort began/Will begin on
- 12 Does your workplace cooperate with other authorities or organisations that are involved in women's protection issues or in helping children who are subjected to or witness violence at home?
- Yes No The effort began/Will begin on
- 13 Does your workplace cooperate internally within the larger organisation to more effectively help female victims of violence?
- Yes No The effort began/Will begin on
- 14 Do your employees receive training about violence against women?
- Yes No The effort began/Will begin on
- 15 Do you have a plan for further skills development in the area?
- Yes No The effort began/Will begin on
- 16 Do you have quality assurance procedures?
- Yes No The effort began/Will begin on
- 17 Does your workplace have an expert on this topic?
- Yes No The effort began/Will begin on

18 Does everyone at your workplace know what to do if they suspect that a child is being abused or needs protection?

Yes No The effort began/Will begin on

19 Does everyone at your workplace know what to do if they suspect serious abuse?

Yes No The effort began/Will begin on

20 Are there procedures and forums for employees who work on difficult matters to talk about their experiences and obtain personal support?

Yes No The effort began/Will begin on

21 Do new employees receive enough information about what to do if they suspect or find out that someone has been subjected to violence?

Yes No The effort began/Will begin on

22 Do new employees receive enough information about what to do if they suspect that a child is being abused or needs protection?

Yes No The effort began/Will begin on

23 Do new employees receive enough information about what to do if they suspect serious abuse?

Yes No The effort began/Will begin on

24 Does your workplace have up-to-date lists of where employees should turn for counselling and where women who have been subjected to violence and children who have witnessed violence should be referred?

Yes No The effort began/Will begin on