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„Access to specialised victim support services for women with disabilities who have experienced violence“

National Empirical Report AUSTRIA

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Ludwig Boltzmann Institute of Human Rights**

Anna Schachner, Claudia Sprenger, Sabine Mandl, Helena Mader

Translated by: Katharina Aigner
Case studies translated by: Thomas Tophof, Helena Mader, Kerstin Dohnal

June, 2014



With financial support from the
Daphne III Programme
of the European Union

The research was carried out within the project: "Access to specialised victim support services for women with disabilities who have experienced violence" with financial support from the Daphne III Programme of the European Union (JUST/2011/DAP/AG/3293). The contents of this document are the sole responsibility of the Ludwig Boltzmann Institute of Human Rights (BIM) and queraum and can in no way be taken to reflect the views of the European Commission.

ABBREVIATIONS

DPOs	Disabled People Organisations
PDOs	Pro Disability Organisations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

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2. Executive Summary

From the point of views of women with disabilities and impairments

Definition of violence

The interviewed women define violence as being complex and ubiquitous. According to the interviewees, there is no place where women with disabilities are safe from violence. Apart from physical, sexual and psychological violence and discrimination, above all structural/institutional violence is an important issue for many women - *"For me violence begins when someone else has control over me"*.

Violence during childhood, early and late adulthood

Within the area of "Experiences of violence throughout life and support structures", 16 women with disabilities who have experienced violence were interviewed. All 16 interviewees report having experienced physical, psychological and structural violence and discrimination in different forms and manifestations. During childhood, it was the father (5 of 19 indications) who most frequently perpetrated their daughters, followed by the mother (2) and other persons from the women's close social environment (girlfriend, instructor, caregiver, grandfather, grandmother and stepmother). Every woman has also experienced psychological violence, within the family as well as at school, in a care facility or in their free time, and two women mention that they were bullied at school and by their friends. Another important issue is sexual violence - 11 out of 16 women say that they experienced sexual violence in their childhood and/or early adulthood. All perpetrators came from the women's close social environment; four out of eleven indications name fathers, two ex-boyfriends and one uncle, neighbour, acquaintance, caregiver and massage therapist, respectively. The still prevailing view of society that girls and women with disabilities are 'asexual' facilitates and encourages the crossing of boundaries and the perpetrating of sexual violence. Moreover, a lack of sexuality education may lead to girls and women not knowing their own boundaries and having difficulties saying 'no'. Structural and institutional violence disadvantages and discriminates women with disabilities in all areas and stages of life. The high dependence on persons (caregivers, relatives, etc.) and institutions (residential facilities, authorities, healthcare facilities, etc.) causes an imbalance of power that facilitates violence and discrimination. Due to their dependency, it is difficult for women with disabilities - more difficult than for women without disabilities - in violent situations to escape the cycle of violence and/or actively ask for support. There is also a link between experiencing violence and physical as well as mental health. Many women report that they suffer from trauma, depression, chronic pain and eating disorders, and have low self-confidence and lack trust, all of which can be attributed to their having experienced violence.

Supporting factors

Support offers that helped women in situations of violence can be found on various levels. Mostly these are individual persons (friends, teachers, mothers, father, foster parents, grandmother and husband) who have helped and supported the women in different stages of life. Seven women say that specialised victim support services¹ were adequate contact points for help and counselling. The women who did not turn to support services stated a lack of knowledge and information about support offers or the fear of the services not being accessible for them as reasons. However, all women agree that these services and their offers are important and necessary. The following initiatives were mentioned as being very helpful for women escaping from violence: support offers, such as self-defence classes, self-help-groups, peer counselling and empowerment movements. Ultimately, for many women their own power and strength helped them to lead a self-determined and independent life.

¹ For example Women's shelter, women's hotlines, Women's Office (legal department), counselling centres, NINLIL, etc.

Barriers

The answers of the women participating in the focus groups and of the interviewees were analysed in view of the barriers that women with disabilities are facing if seeking support:

- ❖ Barriers on the level of awareness of women with disabilities (e.g. lack of awareness for the topic of violence/discrimination/crossing boundaries)
- ❖ Attitudinal barriers on the level of society (e.g. women with disabilities are seen as not belonging to any sex or gender; people do not believe them when they experience violence)
- ❖ Barriers on knowledge and information levels (e.g. a lack of knowledge and information; if information is available, it is not accessible, not in easy language, sign language, voice output, etc.)
- ❖ Construction-related barriers (e.g. no elevators, ramps, guiding systems, no accessible entrance areas, sanitary facilities, etc.)
- ❖ Barriers in infrastructure (e.g. few offers in rural areas, not accessible by public transport, etc.)
- ❖ Financial barriers (e.g. dependence on the perpetrators, no/low income to secure their livelihoods, etc.)

Suggestions for improvement

The many suggestions made by the focus groups and interview participants regarding the eradication of and combat against violence and/or the improvement of accessibility to specialised victim support services were grouped into eight sections:

- ❖ Level of women with disabilities (e.g. strengthening of self-confidence, promoting self-help-groups, etc.)
- ❖ Level of family and reference persons (e.g. children need to grow up in a safe home without violence)
- ❖ Level of knowledge and information (e.g. prevention measures have to start at school, etc.)
- ❖ Level of specialised victim support and counselling services (e.g. counselling meeting their needs- peer counselling, full accessibility, comprehensive counselling offers, networking, good atmosphere, time, etc.)
- ❖ Level of institutions and facilities run by and for people with disabilities (e.g. sexuality education, awareness raising, training and education measures, appointing officers for women's issues, etc.)
- ❖ Access to the legal and healthcare systems (e.g. improving access for women with disabilities, more female personnel, training, raising awareness, etc.)
- ❖ Level of society (e.g. believing women with disabilities, public sensitization and educational work via the media, etc.)
- ❖ Level of politics (e.g. more political will as well as financial and staff resources)

From the point of views of organisations and services

In total, 77 organisations and services (protection against violence sector and Disabled Peoples Organisations (DPOs) and Pro Disability Organisations (PDOs)) participated in the online questionnaire and 15 representatives and staff members of organisations and services were interviewed using semi-structured interview guides.

When asked about the **target groups**, representatives of organisations say that more than 60% of women who turn to their services have mental impairments. They mention women with learning difficulties as the second-largest group with almost 20%, with women with chronic and physical impairments making up less than 10% and women with sensory impairments (deaf, blind and visually impaired women) between 1-2%.

Regarding the **accessibility** of organisations and services, above all women with sensory impairments face barriers - only 2.7% of organisations and services, including organisations run by and for people with disabilities, are said to be fully accessible for blind and visually impaired women, with the percentage being zero for traditional victim support services. The situation is quite similar for **deaf women**: less than 10% of organisations and services are fully accessible for this group. Only one staff member from all surveyed organisations and services knows Austrian sign language. Furthermore, only 14,5% of organisations and services say that they offer fully accessible services for **women living in facilities** (in residential or semi-residential facilities for persons with disabilities and/or persons who depend on care or assistance).

When it comes to **women with learning difficulties**, the proportion rises slightly; about 20% of respondents say that they are fully accessible, 60% are only partially accessible. Many staff members point out, that for them counselling in 'easy language' is easier because they also use it regularly when counselling migrant women. **Women with physical and mobility impairments** and **wheelchair users** as well as **women with mental impairments** are the group for which full accessibility is estimated greatest (45-47%).

The majority of respondents (80%) think that existing **support offers** for women with disabilities on regional and national levels are **insufficient**. According to them, **barriers** to the implementation of accessibility include a lack of financial resources and personnel, lack of knowledge about the needs of women with disabilities and insufficient networking and cooperation with other organisations, especially with organisations run by and for women with disabilities.

When questioned about the topic of **public relations activities**, most organisations say that they do not actively address women with disabilities due to a lack of resources and because they would not be able to provide the 'extra' services that would become necessary. Women with severe and multiple impairments were said to be the most difficult group to reach. Another big challenge is reaching the target group of women with sensory impairments. Furthermore, organisations point out the **difference between urban and rural areas** and say that due to few offers and difficult access (lack of public transport) women with disabilities who live in rural areas face additional barriers.

Future prospects and suggestions for improvement

The suggestions for improvement made by organisations and services are mostly very similar to those made by women with disabilities. Organisations also demand more funding, personnel and time in order to expand their services for women with disabilities and to tailor them to their target groups' needs. Above all, they appeal to policy makers to implement an adequate framework. From their point of view, accessibility must also be guaranteed in doctors' surgeries, public offices, police stations and courts. Almost all representatives and staff members point out that training and awareness-raising measures on the topic of violence against women with disabilities are absolutely necessary for counselling and caregiving staff as well as for employees in the healthcare, police and justice sectors. They put special emphasis on the need for better networking and cooperation, especially with DPOs and PDOs. Furthermore, some organisations mention the importance of peer counselling (women with disabilities as staff members of specialised victim support services). According to representatives and staff members, there should be more awareness-raising in public on the topic of violence against women with disabilities in the future because they say that it is a socio-political task to treat persons with disabilities equally and guarantee them a life without violence and discrimination. The respondents also mention the need for prevention measures. It should become natural to start equally supporting toddlers and small children with disabilities to build self-esteem and self-confidence in order for them to be able to resist heteronormy and discrimination.

3. Introduction

This empirical study is part of a two-year project, funded by the European Commission (EC), on the topic of “Access to specialised victim support services for women with disabilities who have experienced violence”. Gießen (D), Iceland, Leeds and Glasgow Universities participate in the project, coordinated by the Ludwig Boltzmann Institute of Human Rights, as well as the Austrian partner organisations Queraum (cultural and social research institute) and the association Ninlil (empowerment and counselling for women with disabilities). Within the research team a female researcher (UK) with disabilities is working and the national advisory boards consist of experts with disabilities and experts from specialised victim support services.

Within the scope of this EU project, an empirical study was conducted in Austria assessing the experiences of women with disabilities affected by violence and their access to specialised victim support services from the women's and the support structures' perspectives. This is the first academic research project since 1996, when Aiha Zemp and Erika Pircher examined the topic of sexual violence against girls and women with disabilities², that focuses on violence against women with disabilities in Austria and their access to specialised victim support services.

This empirical study is not a representative study, but an attempt - within the project's scope – to present tendencies and suggestions regarding the links between women's biographies and experiences of violence and/or use of support structures. A main focus was to give the women a voice to express their experiences and suggestions from their points of views. In order to complement this picture, representatives of specialised victim support services were surveyed with the aim of finding out what barriers they perceive and which suggestions for improvement they recommend. Thus, the study focuses on two areas: on the one hand, women with disabilities who have experienced violence were interviewed about their life situations, experiences of violence and discrimination in their childhood, early and/or late adulthood as well as about their experiences with support structures, possible barriers and suggestions for improvement. On the other hand, representatives of specialised victim support services and organisations run by and for people with disabilities were questioned as well. Quantitative (online questionnaire) as well as qualitative research methods (guided interviews, in-depth interviews and focus groups) were used in the empirical study. Its aim was to find out how violence and discrimination against women with disabilities occur throughout their lives, if and what type of support was used, what hindered women from seeking support (what type of barriers) and/or what they need in order to be effectively protected from violence and discrimination (suggestions for improvement). The study also tried to find out if offers for women with disabilities from specialised victim support services exist and/or to what extent they are used and what these organisations would need in order to better integrate the women's needs into their work and offer adequate services.

4. Overview of Methodology

The results detailed in the following are based on intensive research activities on different levels and were implemented with methods tailored to the target groups. The empirical survey and assessment of the topic of “Accessibility of specialised victim support services for women with disabilities” focused on two target groups: women with disabilities who have experienced violence on the one hand, and specialised victim support services and Disabled Peoples Organisations (DPOs) and Pro Disability Organisations (PDOs) on the other hand.

² For the full study please go to: <http://bidok.uibk.ac.at/library/zemp-ausbeutung.html> (June 6, 2014)

Using different qualitative and quantitative research methods, 119 participants were surveyed and questioned about information, assessment and suggestions for improvement regarding the accessibility of specialised victim support services, organisations and counselling centres for women with disabilities who have experienced violence. The following figure gives an overview of the target groups reached, the methods used and the survey's timeframe:

Figure 1: Overview of target groups reached

Target Group	Methods	Period of time	Number of participants
Women with disabilities	Focus group discussions	July 15 to September 16, 2013	22
Women with disabilities	Biographical in-depth interviews	November 14, 2013 to February 17, 2014	16
Organisations and services	Questionnaire	April 30 to June 5, 2013	77
Representatives and staff members of organisations and services	Guided interviews	June 13 to October 10, 2013	15

4.1 Level of women with disabilities who have experienced violence

On the level of women with disabilities who have experienced violence, a total of 5 focus group discussions with 22 women with various impairments from the federal provinces of Tyrol, Salzburg, Upper Austria, Lower Austria, Vienna and Burgenland were conducted in order to find out about their point of view and assessment of accessibility of specialised victim support services. The survey was carried out between July and September 2013. The focus groups differed from one another regarding the age, profession, need for assistance and/or type of impairment of the participants. The focus groups participants were recruited with the help of multipliers from the disability and violence sectors and the Austrian Initiative for Independent Living in various provinces.

The interview guide (see annex nr. 12.3 for detailed guide) contained questions on the understanding and definition of violence, on places of violence, barriers to accessing support services, suggestions for improvement and good practice examples as well as on the knowledge about the rights of women with disabilities. It thus focused on support structures and not on the rendering of individual experiences of violence (even though the majority of women mentioned it). All focus groups were led by two female moderators, a woman with disabilities and a female project staff member without disabilities. The focus groups were recorded with a recording device and put into writing by a minute taker, who was also present during the focus group discussions. On average, the focus group discussions lasted between two and three hours. A content analysis of the focus group recordings was performed using the computer software AtlasTi. The following figure gives an overview of the five focus groups and their composition:

Figure 2: Overview of the focus groups

Province	Date	Composition
Salzburg	July 15, 2013	In total, four women with physical impairments between the ages of 30 and 50 participated. Some participants provided their own expertise during the discussion due to their professions. All women said that they have experienced violence and discrimination throughout their lives because of their disabilities.
Upper Austria	August 27, 2013	Three out of five participating women were wheelchair users, one a woman with learning difficulties and one woman had a physical impairment. The women were between 20 and 60 years old. All participants were very interested in the topic and mainly talked about their own experiences of violence and their view of existing support structures.
Vienna (in Austrian sign language)	August 29, 2013	Two of the three hearing-impaired women of the focus group, with ages ranging from 40 to 60, were retired. Due to the participants being affected, but at the same reflected persons, the discussion focused mainly on individual experiences of violence.
Vienna	September 4, 2013	Six women with learning difficulties, with ages ranging from 20 to 60 years, participated in this focus group. The focus group was held in easy to understand language. At the time of the interview, the majority of women were living at home or in a care facility for persons with disabilities.
Tyrol	September 16, 2013	In Tyrol, four women with different impairments participated (physical impairments, speech impediments, learning difficulties). One woman did not have an impairment, but talked about her experiences with her clients. The conversation was quite factual and distanced.

In addition to the focus groups, qualitative biographical interviews were conducted with 16 women, focusing on experiences of violence and support structures throughout the women's lives. The interview guide contained questions about their demographic background, violence and support experiences in the life stages childhood (1-12 years), early adulthood and middle age as well as late adulthood (50+), questions about their knowledge about the rights of women with disabilities affected by violence and suggestions for improvement (see annex nr. 12.4 for detailed interview guide).

Special attention was paid to anonymising the women during the interview and analysing stages. The survey was carried out between November 2013 and February 2014. The participating women had different types of impairments and talked about forms of violence in different stages of life. The women were recruited from the focus groups and by actively searching for participants through the newsletters of organisations run by DPOs and PDOs. The majority of women were interviewed by interviewers with disabilities, five interviews were conducted by a project staff member. The women were free to choose the time and place of the interview. The interviews lasted between half an hour and a little over three hours.

The acquired qualitative data (anonymised interview transcripts) were coded and content-analysed using the programme AtlasTi, and individual case studies (see chapter 4.4) were elaborated for two women. The following figure gives an overview of the conducted interviews.

Figure 3: Overview of in-depth interviews³

Province	Date	Type of impairment and composition	Age
Salzburg	November 2013	Woman with a physical impairment interviewed by a woman with a physical impairment	Late adulthood (50+)
Upper Austria	November 2013	Woman with a physical impairment interviewed by a project staff member	Late adulthood (50+)
Upper Austria	November 2013	Woman with a physical impairment interviewed by a project staff member	Late adulthood (50+)
Upper Austria	November 2013	Woman with learning difficulties interviewed by a project staff member	Early adulthood (20-35)
Vienna	December 2013	Hearing-impaired woman, interview conducted with sign language interpreters	Late adulthood (50+)
Vienna	December 2013	Hearing-impaired woman, interview conducted with sign language interpreters	Late adulthood (50+)
Lower Austria	December 2013	Woman with a physical impairment interviewed by a woman with a physical impairment	Late adulthood (50+)
Vienna	December 2013	Hearing-impaired woman, interview conducted with sign language interpreters	Late adulthood (50+)
Tyrol	December 2013	Woman with learning difficulties interviewed by a woman with a physical impairment	Middle age (35-50)
Vienna	January 2014	Woman with learning difficulties interviewed by a woman with a physical impairment	Early adulthood (20-35)
Vienna	January 2014	Woman with learning difficulties interviewed by a woman with a physical impairment	Early adulthood (20-35)
Vienna	January 2014	Woman with learning difficulties and mentally illness interviewed by a woman with a physical impairment	Middle age (35-50)
Salzburg	January 2014	Woman with a physical impairment interviewed by a woman with a physical impairment	Early adulthood (20-35)
Tyrol	January 2014	Woman with learning difficulties interviewed by a woman with a physical impairment	Middle age (35-50)
Vienna	February 2014	Blind woman interviewed by a project staff member	Middle age (35-50)
Upper Austria	February 2014	Woman with several impairments - filled out the interview guide in writing	Early adulthood (20-35)

³ The order of the interviews does not correspond to the order of the sequence numbers of the quotes.

4.2 Level of specialised victim support services and organisations run by and for persons with disabilities

On the level of specialised victim support services and DPOs and PDOs, a total of 77 organisations and services in Austria were surveyed using a comprehensive online questionnaire. The survey collected quantitative data on the current situation of support structures in the area of victim support and violence counselling as well as on the accessibility of these structures for women with different types of impairments. In addition, open questions allowed for the collection of comments on suggestions for improvement and future prospects of organisations and services.

Following extensive research, a total of 141 organisations and services were contacted via e-mail and asked to participate in the online survey. 77 organisations and services answered the online questionnaire (see annex nr. 12.1 for questionnaire). This corresponds to a response rate of 54.61%. The organisations and services that participated in the online survey can be classified as follows:

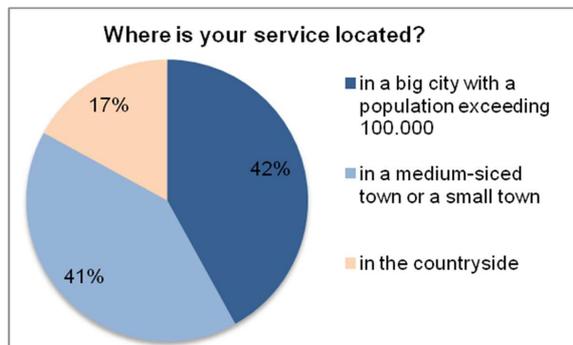
Figure 4: Type of organisation (set of multiple answers)

	Responses		Percent of Cases
	N	Percent	
Women's shelter	17	21,0%	25,8%
Women's advice centre	32	39,5%	48,5%
Women's helpline	5	6,2%	7,6%
Intervention center for women's survivor of domestic violence	6	7,4%	9,1%
Specific contact point for disabled women who have experienced violence	3	3,7%	4,5%
Contact point or counselling centre for disabled women	3	3,7%	4,5%
Contact point or counselling centre for disabled women and men	5	6,2%	7,6%
Something else	10	12,3%	15,2%
Total	81	100,0%	122,7%

By far the most organisations and services participating in the survey were women's counselling centres (48.5%). About a quarter of respondents (25.8%) defined themselves as women's shelters. Strikingly few organisations classified themselves as support services for persons with disabilities (16.6%). Specific contact points for women with disabilities who have experienced violence are particularly rare. However, this is not due to these organisations being less willing to participate in the survey, but that Austria has very few contact points and counselling centres that specialise in the provision of services for the target group of women with disabilities affected by violence.

Organisations and services from all provinces participated in the survey, most of them in Styria (11 organisations) and Lower Austria (9). The majority of organisations and services is located in urban areas: 42% are located in a big city, 41% in a medium-sized city and/or small town and only 17% in rural areas (see Figure 5). Most organisations and services employ between 5 and 15 staff members. Only one company claimed to have more than 250 employees.

Figure 5: Comparison between urban and rural areas



In addition to the online survey, 15 **qualitative interviews were conducted with representatives and staff members of specialised victim support services** in order to gain more detailed information about the quantitative data, (see annex nr. 12.2 for guidelines for interviews).

The interviewed women volunteered to participate in the interviews through the online questionnaire; altogether, they worked in eight provinces. No staff member from Carinthia volunteered for an interview. The organisations that the women represent are located in urban as well as in rural areas. The interviewees work in several fields and positions, such as management, therapy, legal and social counselling, and have different professional qualifications, for example as qualified nurse, in adult education, life coaching and social counselling, mediation, medicine, education, psychology, psychotherapy, law, counselling on sexual matters and social work.

The interviews were recorded with a dictaphone, with the interviewees' consent and ensuring their anonymity, and transcribed verbatim. The interviews were conducted between mid-June and mid-October of 2013 by two project staff members. The interviewees represented the following types of organisations:

Figure 6: Overview of interviews with representatives of organisations and services

Type of organisation	Responses (N)
Women's shelter	2
Women's or families advice centre	7
emergency accommodation for women	1
Intervention center for women's survivor of domestic violence	3
Contact point or counselling centre for disabled women	1
Contact point or counselling centre for disabled women and men	1
Total	15

The following chapter presents and discusses the empirical results in detail, separately for the two levels of women with disabilities, and specialised victim support services and DPOs and PDOs.

5. Women with Disabilities - Results of focus groups and in-depth interviews

Violence against women with disabilities is omnipresent in Austria, according to the participants of the focus groups and the interviewed women. Many interviewees have experienced different types of violence very frequently throughout their lives and have faced many barriers, but also encountered helpful factors when looking for support.

This chapter aims at giving insights into the views, experiences and lives of women with disabilities who have experienced violence in Austria from the women's own point of views. With 27 women⁴ participating in the interviews and focus groups, a comprehensive picture of experiences of violence in view of different life stages, support structures and barriers in Austria can be drawn. In addition, the women developed a number of suggestions for improvement on different levels. These analyses of violence and suggestions for improvement constitute the most important foundation for a better understanding of the situation of women with disabilities who have experienced violence, for addressing the topic in public and for improving the situation.

5.1 Definition and forms of violence

"What does violence mean to me? I can try to define it: there is physical and psychological violence. That's the definition thing. My gut says: it hurts. I think about that longer. This is not something that is finished and goes away after 5 minutes. It is a lasting sensation. Feeling powerless and inferior stays in your head." (LNR11, p.2)

The focus group participants as well as the interviewed women define violence as being very diverse in form and manifestation. For many women with disabilities violence is omnipresent and of substantial character.

"For me, violence is when a person abuses a situation in order to dominate another person in whatever way - on a physical and mental level - and in order to oppress them and gain pleasure from dominating. Well, I think, and that's particularly important for me, if it is a psychological thing. To give you an example of what violence is for me: today I went downtown in my wheelchair and someone let me go first and attacked me. For me violence is an absolute violation of boundaries. Just because I use a wheelchair doesn't mean they must attack me. I'm very, very sensitive when it comes to violence. Yes, for me it is most of all about exercising power." (LNR9, p.4)

Many interviewees feel that there is **no space where women with disabilities do not experience violence**. Frequently they experience violence in their own homes (by family members and partners), at school or other educational institutions (by fellow students and

⁴ 11 out of 22 women participating at the focus groups also attended at the in-depth-interviews.

instructors), at the workplace (by colleagues and superiors), in care facilities, residences and institutions for persons with disabilities (by caregivers, social workers, other persons with disabilities), as well as within the healthcare system (by doctors, nurses) and in everyday life and in their free time (by personal assistants, neighbours, friends and strangers).

Different forms of violence are mentioned in all focus groups and interviews, ranging from discrimination in everyday life to physical, psychological and sexual violence. Some women explicitly distinguish between violence and discrimination due to impairments and disabilities, frequently pointing out, that it is very close to violence and also seen as a form of violence. Many women do not draw such a strict line between different forms of violence. However, the following chapter tries to present and discuss the clearly interconnected forms of violence separately in order to illustrate the many aspects and manifestations of violence.

Physical violence

For most interviewees, physical violence is the form of violence that can be defined most clearly. The focus group and in-depth interview participants very frequently experienced violence in different settings and different stages of life (see chapter 4.2.). For most interviewees, physical violence includes being spit on, punches, kicks, neglect, denial of assistance, forced sterilisation and forced abortion.

Sexual violence

The majority of women mentions sexual violence as a form of violence they have experienced themselves throughout their lives (see chapter 4.2.). For the women, this form of violence ranges from sexual harassment (verbal and physical) and sexual assault to rape. However, depending on each individual woman and their impairments, they seem to define and perceive sexual violence differently. Some women, for example, say that there are women with learning difficulties who do not perceive sexual violence as violence because there was no physical violence involved (“well, he didn’t hit me”). There seems to be a lack of knowledge of and awareness for violence, the perception of boundaries and the right to say “no”.

Institutional violence

In addition, some women identify institutional violence as a form of violence they had to experience. The perpetrators belonged to different professional groups, including psychologists, social workers and caregivers.

“In that facility there was some problem with a social worker and a caregiver. When I came to N.N. (facility) – everyone was making jokes: “that’s a brothel for invalids“. [...] And I remember that one of the caregivers often came out of rooms where I thought - there were many women with mental disabilities in that facility - that they wouldn’t need that much care. What did he do in there then? Back then I didn’t really think about it, I was very naive in that respect. [...] And this guy, later on he was caught and convicted because of an incident. Obviously he really assaulted these women sexually. [...] Of course these events leave traces, or at least a lot of distrust for facilities and institutions. That they think that you’re helpless, they think they can do anything without anything happening to them. That they really think that nothing can happen to them, that they can do anything without consequences for them. [...]” (LNR5, p.23-28)

Psychological violence

For many interviewees and focus group participants, the notion of violence clearly includes psychological violence. They mention different forms of psychological violence, such as contempt and disregard for one’s privacy, threats, deprivation of liberty, oppression, being pressurised (for example to have to do something they do not want to), humiliations, insults that explicitly allude to the type of impairment, and slurs (for example being called “whore” or “welfare scrounger”). The focus group of women with learning difficulties mostly focused on

bullying and pressure. Moreover, one interviewee says that many women with learning difficulties do not have control over their own sexual lives and are under someone else's control, which in their eyes constitutes violence.

[...] *"Violence is like... like a situation where I, as a woman, don't have the chance to live as a woman. Where I'm deprived of my mental and physical liberty..."* (LNR16, p.2)

Structural violence

Experiences of heteronomy, discrimination and constraint are frequently pointed out as being forms of violence or even as starting points of violence: *"For me, violence starts when someone else has control over me."* When questioned about their understanding of violence, many interviewees on the one hand specifically mention structural violence as one form of violence they have experienced and, on the other hand, also bring up this form of violence in other questions.

[...] *"And ... well, there are many forms of violence like we've said... and a lot of it has structural reasons, that you're squeezed into shapes and forms that don't fit you, like structures or the like, sometimes these are very, very violent stories."* (LNR5, p.1)

The focus groups also frequently address structural violence. One group talks about discrimination by society and politics when it comes to family planning and the adoption of children. Another focus group points out the difficult situation on the labour market, especially for women with disabilities, and their difficult access to employment. Another topic that is raised are the many structural and attitudinal barriers (for example persons with disabilities are not thought of being the target group at events) that prevent their comprehensive and equal participation in public life.

Discrimination and violence

Some interviews extensively examine where to draw the line between discrimination and violence. Few interviewees see a clear difference between the two areas, some women feel that discrimination is a form of violence and/or that the two blend into each other.

"I think that often they just blend into each other. [...] There is a difference, but it is not very clear-cut. [...] For me they just flow into each other. [...] And I think that those who are affected by it have to define it for themselves. Because everyone's boundaries are different. That has to do with the many different factors of how someone perceives or experiences something." (LNR5, p.2-3)

It can be summarised that the majority of women sees discrimination as an area of structural or psychological violence. Women with disabilities above all experience discrimination by social, construction-related and structural barriers and disadvantages in many socio-political areas. The necessary awareness for the needs and demands of persons with disabilities is frequently lacking, and there is often no political will to make equal and inclusive participation possible for them. In cases where interviewees perceive a difference between discrimination and violence, the consequences of discrimination are sometimes comparable to those of experiencing violence.

[...] “Yes, there's a really big difference. Discrimination is mostly about “not thinking about something”, for example that someone is excluded, that I can't go inside because there is no ramp. Somebody just didn't think about it. Well, discrimination has to do with not thinking about something. [...] For me that kind of is a boundary of violence. When I can't go inside because nobody thinks about it or because they say: “Disabled people won't come anyway, there's very few of them”. For me that feels like... I feel like after experiencing violence, so powerless. I can't do anything. I can write a letter, or an e-mail, but then I think that it's just a waste of energy. For me it is a form of violence, just this situation of not being able to participate. Yes of course, a form of violence, but I weighted 30 kilos more back then, and then when I was shopping and had to wait in line and asked if I could skip the line because I'm not able to stand for long. And people said: “Why doesn't the fatty lose some weight, then she wouldn't be disabled any more”. That, and with disabled parking, people look very closely, why can she get out of the car and into the wheelchair, these looks. This kind of being assessed.” (LNR9, p.4;7f)

The following chapter will discuss to what extent these very different forms and manifestations of violence and discrimination are present in the individual biographies, divided into different life stages.

5.2 Experiences of violence throughout life

Experiences of violence are linked to one's individual biography, living situation and age. Therefore, the aim is to discuss experiences of violence against the backdrop of the women's individual biographies. The following focus on the life stages childhood and adolescence as well as early and late adulthood, and is based on 16 biographical in-depth interviews with women with different impairments who have experienced violence.

Violence appears in many different forms, such as physical, psychological, sexual and structural violence and discrimination (see chapter 4.1.).

All interviewed women have experienced physical, psychological and structural violence and discrimination. The forms of physical violence ranges from slaps in the face, being spit on and barged against to very severe forms such as beatings, kicks, choking and attempted murder by suffocating. Physical violence is most frequently perpetrated by the father (5 out of 19 indications), followed by the husband (3), ex-boyfriend (2), mother (2) and others - with one indication each – girlfriend, educator, facility staff member, grandfather, grandmother, step-mother, stranger. Every woman experiences psychological violence, for example insults, threats, being depreciated, stalking (for example by course participants, girlfriend), withdrawal of affection, guilt (parents, partners, husband) and bullying (school, apprenticeship, work), amongst other things. The majority of women - 11 out of 16 - have experienced sexual violence during childhood and/or early adulthood. The descriptions range from sexual abuse, such as touching genitals, sexual harassment in public (on the metro, in a side street) and in their free time (massage), to years of severe sexual violence in the form of sexual abuse and rape (father), coupled with abortions. Almost all perpetrators come from the women's close social environment, four out of eleven indications name the father, two ex-boyfriends and one uncle, neighbour, acquaintance, caregiver and massage therapist, respectively.

Structural violence and discrimination affect and restrain the lives of all interviewed women with disabilities throughout all life stages. The majority of women state that they often feel limited and excluded by being dependent on other people/institutions and that unequal power relations lead to oppression, discrimination and violence. Often they are excluded from,

cannot participate in and do not have access, or only limited access, to many spheres of life, for example to public events or support offers due to them not being accessible.

5.2.1 Violence during childhood and adolescence

For most of the 16 interviewees, experiences of violence have already started during early childhood. About half of the interviewees say that they have suffered **physical violence** by their parents, grandparents and stepmother. Many report that they were beaten “frequently”, “always” and “for every trifle”. One woman says that her head was put into cold water; another one says that the beatings were so severe that she always had bruises all over her body.

“Back then my mom often made cakes for Christmas and baked cookies, and only because I took a chocolate bar from the pantry he beat me with an umbrella, he beat me so hard that it broke.” (LNR6, p.8)

“On the other hand, of course I was a world champion when it came to covering up physical punishment. We had to put on thick thighs for the physical education classes, our mother told us to do that, so that nobody would see the bruises from the leather belt. Because it was noticed that this wasn’t normal.” (LNR9, p.14)

Hospital stays and visits to the doctor were also consequences of physical violence. Most women state that they were very afraid of talking about it in order to not suffer from even more violence from the family at home. A deaf woman talks about a violent experience she had with her grandfather:

“My grandfather tried to support the only grandchild; I was supposed to be able to hear. Back then I was wearing a hearing aid around the neck, with wires leading to the ears. Once he hit me on the earmould and I started to bleed. It was terrible. And the basement with the hearing tests! I was so scared. This was so scary for me as a small child. And my grandfather dragged me down there.” (LNR15, p.2)

Apart from the family home, violence sometimes was experienced at school/in a facility. One interviewee describes how she was slapped or thrown out of her wheelchair by fellow students.

“Yes, at school it was terrible for some time. I was also assaulted physically. That means, [...] slapping me in the face sometimes or grabbing me from behind and throwing me out of the wheelchair without me seeing that coming. Or, for example, I was spit on frequently.” (LNR10, p.5f)

It should be noted, however, that some women perceived school as a place of safety.

“A few years ago I met a fellow student from that time at boarding school, and she said: ‘Oh, it was terrible back then.’ She talked really bad about it and I said: ‘Well, for me it was heaven on earth.’ During the night I didn’t have to be afraid of him raping me, pulling me out of the bed and beating me. For me it was fine.” (LNR9, p.17)

Sexual violence during childhood plays a massive role for five out of 16 women. Experiences of violence range from sexual touches “...he (father) forced me to play with his penis. I found it stupid...” (LNR14, p.3) to sexual abuse by a neighbour “...well then I went

into the neighbour's house for ten minutes, because he lured me in with a chocolate bar and then he told me to blow on his penis." (LNR6, p.5). Three women say that they were sexually abused and raped by their fathers. One woman was exposed to sexual violence for years, got pregnant repeatedly and experienced abortions by her mother's hand.

"...he just held me down on the bed. I'm crazy from back then, I think this has stayed with me. Eight-legged animals, spiders. I am afraid. And I thought that he had eight arms and held me down on the bed and I tried to fight back and I just couldn't because he had so many arms. And he penetrated me. And I, this is so terrible, but I didn't dare to scream back because he covered my mouth and said that he'd hit me if I said something. I didn't dare to say anything." (LNR7, p.6/7)

"I had my first child before I menstruated for the first time. I got pregnant with my first ovulation. But that was somehow erased from my memory, the first memories only came back when I was a young adult, a 23-year-old woman. Thank God I had a very, very good therapist." (LNR9, p.15)

All women experienced forms of **psychological violence** during their childhood. Many women report a lack of love and affection from their parents or caregivers, being guilted, threats, humiliations, being scared, depreciation, neglect and insults at home, but also at school, such as being bullied.

One woman, who grew up in a facility, talks about institutional violence and violent "educational measures", such as "being forced to eat", "not being allowed to talk", daily slappings, etc. that she and other children had to endure for years.

"And what was also terrible was not being allowed to be talked to, that is that not only the whole group wasn't allowed to talk to you, but everyone, the whole school. They can't catch you with anyone talking to you. The whole school, the whole thing, nobody was allowed to talk to you. For a week or so. (...) Yeah, that was really terrible ... and one of my friends was lying next to me, she suffered from some cerebral disability and she always had trouble with her bed and we always made sure that we made her bed right after getting up and I always helped her to tuck in the sheets. But when they saw it, they took off the whole bed and she had to do it again herself." (LNR 5, p.7)

Some women say that during their childhood they felt that they did not belong anywhere; also within the family they were not given a clear role. They did not have the opportunity to feel like girls, they did not receive sexuality education and could not share their experiences with their peers.

"And it's clear that I was the outsider, also when it comes to education (...) but back then I just wanted to be one of the girls. It just wasn't considered that these people would also become adult men and women some day, and that they also know how to and what to, what not to do, when they want a relationship or such. Or family, it was off the cards that you could have a family, topics like children, sexuality and birth control or also what your boundaries are, that you're allowed to say no if you're not okay with something or if someone comes too close. I think that these are topics that we also should have learned about, right?" (LNR5, p.18/19)

5.2.2 Violence during early and late adulthood

For many women, different manifestations of violence continue undiminished during early and late adulthood (from 13 to 70 years). During adolescence some women continued to experience **physical violence** from the father and less frequently from the mother, whereas now they were exposed to physical violence by a partner, in one case by a stranger and/or

also by older children and later on by their husbands. A few women experienced a childhood that for the most part was free from violence, but suffered from severe violence at a later stage of life. For example, one woman talks about her husband trying to kill her:

"He got angry and I saw in his face that something was off. I got scared, but wasn't allowed to show it. So I told him to calm down. Then he started to hit the piano keys with his fist. But I loved that piano and asked him to stop. He said: "Now I'm going to kill you!" His face was distorted when he said that. I jumped up and ran around the coffee table that was there, but he was big and had long arms. I slipped and fell on the sofa. By then he had already wrapped his hands around my throat and was choking me. I couldn't reach him because my arms were too short. But in a self-defence class I had learned how to defend myself. I slapped away his hands from the bottom up. He was really surprised and screamed: "Where did you learn that?" (LNR16, p.8)

Many women describe that their dependence on other people and also on institutions in many cases facilitates and/or intensifies discrimination and violence:

"I was always so grateful for his support, that he helped me so much and did everything for me, and then he became violent. Because my dependence gave him pleasure, that I needed him. He told me this afterwards, when I got my wheelchair. That it was difficult for him that I didn't need him anymore to leave the house." (LNR9, p.5)

Apart from violence in the family, women with disabilities also experience physical violence in public. A blind woman describes how she was attacked by older children on the street:

"These older children, somewhere between childhood and adolescence, came after me, shoved me, pushed me and insulted me on the way home. (...) Well, once when I was getting off the tram, on the zebra crossing, they shoved, pushed and insulted me, and laughed at me maliciously. Really, really awful." (LNR11, p.22)

Apart from physical violence, seven women also experienced **sexual violence** in all its manifestations as adults. The perpetrators continue to be the fathers, but also ex-boyfriends, acquaintances, caregivers, a massage therapist and a stranger. One woman says that her ex-boyfriend forced her to have sex, and another one that an acquaintance assaulted her sexually and bribed her with gifts:

"That was violence, he assaulted me in the hallway and then he said he'd buy me a bag, for example, or he lured me in with earrings and blackmailed me, abused me." (LNR4, p.7)

Another woman says that she was sexually harassed by a caregiver in an educational institution:

"Before I knew it he was lying in my bed with me. That was one of the caregivers. He had his pager with him, and it was obvious that he wanted me and I told him to fuck off, he took my hand and said..., "you've never touched a penis, right? You've never been with a man, right, and don't you want to know what it's like?", or something like that. I mean, he didn't really assault me, but I don't want to know how far he would've gone, but someone rang his pager and he really left." (LNR5, p.22)

Another woman describes how she was sexually assaulted by a massage therapist who came to her parents' apartment twice a month to give her a massage. Her parents believed him, who was a good family friend, more than her (LNR13, p.4). Even in public, women are in danger of being sexually harassed. One woman was lured into a side street, under the

pretext of wanting to have coffee, and touched sexually by a stranger, and another stranger touched her between her legs on the metro (LNR2, p.7/8).

Furthermore, all adult women report various manifestations of **psychological violence**. One woman describes how she suffered from the insults of peers during adolescence:

"Well, psychological and physical violence hurt, yeah, but it depends, if someone uses the wrong tone or vocabulary, and if they call you bitch or whore or something like that, I mean, that's not okay anymore. (LNR2, p.4).

Four women stayed in marriages in which they were exposed to physical and psychological abuse for years before they divorced or left their husbands.

A deaf woman says that a woman whom she was friends with for 10 years threatened to kill her:

"Half a year ago I panicked because someone had forwarded me a message from her threatening to kill me because I wouldn't let her in. I got really scared. For me that was the worst threat I had ever received. After that I went to counselling, that really helped me because I was feeling so helpless." (LNR15, p.14)

A woman with mobility impairment says that for her early adulthood was a difficult stage regarding her sexual development and her wish of having a relationship and that she felt excluded.

"I somehow violently experienced that I never had a chance with boys because of my disability and that often they made me seem as if I was not okay. Incontinence is a part of my disability, and how do you tell them that? I was very inept at how to tell them, when to tell them? And then I was frequently crushing on someone and made some bad experiences... For me all of it seemed very brutal somehow." (LNR5, p.16)

For some women bullying was a big issue, in early as well as in late adulthood. One woman describes the experiences she made during her apprenticeship:

"During my apprenticeship I was talked down to and told that I wasn't able to do this or that. Because my boss wanted to throw me out all the time. The teacher, or the supervisor who was responsible for the apprentices, badmouthed me." (LNR6, p.8)

A deaf woman says that at her workplace they constantly give her tasks that do not match her professional qualifications and abilities. She feels unchallenged. In addition, meetings that she attends are frequently scheduled on very short notice, and that makes it impossible for her to call in an interpreter in sign language.

"There's nothing new at work, it's always the same routine. I feel like a donkey there. I frequently experience that they don't think I'm capable of doing anything and that I reach my limits. [...] It's like when I was a child, back then no one thought I was capable of anything either. It's the same attitude now and then. There's a lack of awareness. Often they give me very simple tasks that I can do easily and that bore me. [...] for the few team meetings I don't get an interpreter, I can only read the minutes afterwards, but I miss so much. Unfortunately, team meetings are scheduled on very short notice, and interpreters are not available then." (LNR14, p.8 and p.12)

Two women also report incidents of stalking:

"With this one guy who stalked me, I was able to hide at my neighbour's place. Because he, we were at the championship together and... he just wouldn't leave me alone afterwards. (LNR6, p.12)

Apart from experiencing verbal attacks, one woman describes that for her it is humiliating when people talk about her, but not with her:

"Violence, no, not in that sense, but well, maybe that could also be called abuse. Because many people still believe that someone who is physically disabled is also mentally disabled. When I... take a walk with my partner they talk with him about me. Then I tell them, you can also talk to me, right? Ah, you can speak?" (LNR7, p.19)

Finally, the blind woman feels that the aggressive atmosphere in public is very alarming and burdensome:

"Right now the whole population is aggressive. It starts at this age and that's awful. There are a lot of really nice people as well. But you can really feel how aggressive the atmosphere is when you're out there. I don't understand why. What benefit do I get if I give my neighbour hell for stepping on my toes? Or just because that person is there. I don't understand it. If it's not me, it's an elderly woman, or a woman wearing a headscarf." (LNR11, p.23)

Almost all women with disabilities feel excluded from many areas of society as well as not thought of, ignored, overlooked and not taken seriously. **Structural violence** is a daily experience for many women. One woman describes it the following way: *"It's not the impairment that hinders us in our actions but the people and their behaviour towards us - sadly that's the truth in many cases"* (LNR9, p.20). Women experience discrimination in many different settings and situations, also when it comes to healthcare. The blind woman talks about her experiences in a psychiatric hospital: apart from a lack of construction-related adaptations (such as guiding systems), she was sent home with the explanation that the clinic was not able to cope the extra efforts for her assistance.

"I had a relapse two years ago. They had to talk me into going to the clinic for two days. Okay, finally they managed to persuade me and drove me there in the morning. To N.N., a female doctor there said to me, yes, you're blind, we can't drive/guide you from one appointment to the next, better stay in your own environment and continue your therapy there. [...] She definitely said that they can't afford this extra need for support and assistance. Yes, she gave me some drugs and sent me home." (LNR 11, p.13)

This same woman was told by her family doctor that she was not able bringing up her child due to her impairment.

For one woman it is a form of violence to be dependent on medical expert reviewers who decide on financial aid and/or occupational disability.

[...] "An emergency surgeon and a neurologist. [...] Basically I'm dependent on what two men think of me based on my medical records and what I tell them. That is a form of violence I'd say. It's an insane form of dependency." (LNR9, p.6)

5.2.3 Effects of violence

What effects does this large number of experiences of violence have on women with disabilities and their environment throughout their lives? All women state that they are feeling **helpless/defenseless, scared and powerless**. Some were or still are **very angry** with the perpetrators and sometimes even with themselves because they were trapped in a cycle of violence and not able to change the situation for a long time. Being **silent**, being afraid of talking about "it", feeling alone and isolated – these are big issues for many women.

"I didn't talk with anybody about it because I was scared that he'd hit me again if he finds out. I had to keep silent. It was horrible. (...) Now I think that I didn't say anything because the teacher would have called in the authorities and they would have sent a letter to my parents, and they would have killed me for betraying them. I would have suffered even more. But if the authorities wouldn't have told my parents, but separated me from them immediately so that I wouldn't have to see my parents again... that would've been better." (LNR14, p.3/7)

One crucial element of the dynamics of violence is **guilt**, which makes it almost impossible for affected women to talk about it and seek help.

"The parents conveyed that they have to do it because I'm bad, that's why they have to hit me. I've heard and felt it a thousand times. That's the cycle of guilt, it's my fault for being this way, therefore the parents have to behave that way, even though they don't want to." (LNR9, p.14)

Many women have been traumatised by experiencing violence and it took some time - in some cases even years - until their experiences surfaced and could be processed, in most cases with the support of therapies. Some women state that even now it is hard for them to live with their traumas.

"Well, it took me a long time to realise what had happened. Not even when I gave birth to my son. The birth took a long time because my cervix wouldn't open, afterwards they told me that my cervix is completely scarred. Not even then did I catch on. Only later, when I was forty, I realised what had happened. My subconsciousness just didn't let it come through." (LNR7, p.7)

"I keep having anxiety attacks. The traumas from back then just never really went away. Sometimes it's better and sometimes it's worse, but it never really went away, it's still there. And a certain part of my life. I was definitely traumatised and this trauma has control over my life." (LNR10, p.8)

Some women describe massive mental and health impairments, such as **depression, eating disorders and pain**, with one woman mentioning **suicidal thoughts**.

Insecurity, a lack of self-esteem and confidence characterise the lives of many women. It was hard for them to build and/or develop self-confidence due to being affected by physical and psychological violence, humiliated, insulted, demeaned and hit for years - often starting in early childhood. Many women state that it is hard for them to build relationships and enjoy their sexuality - due to a **lack of sexuality education**, trust and the fear of being hurt.

"Because I never received any kind of sexuality education, when I had sex I didn't know how to handle it. (...) Yeah, because I saw a penis when I was eight years old, I was afraid of intercourse, and the guys who wanted to have sex with me didn't really understand that." (LNR6, p.7/12)

Some women describe the supporting factors that helped them in different stages of their lives to process their individual experiences of violence and their effects and to go on living with those experiences. The following sub-chapter details those supporting factors and describes how women coped with experiencing violence, either due to their own efforts and/or by formal or informal support mechanisms.

5.3 Supporting factors

The factors that helped women in violent situations to break through the cycle of violence in order to lead an autonomous life are very complex and quite often many small steps finally made it possible.

Support structures and factors that helped women in situations of violence can be found on various levels. On the one hand, it is mostly individual persons (family, relatives, friends, teachers, instructors, doctors, social workers, mobile caretakers, psychologists and psychotherapists, etc.) and on the other hand structures, such as specialised victim support services, for example women's emergency hotlines, women's offices (legal advice), counselling centres, support groups, NINLIL (an association for empowerment and counselling of women with disabilities), Organisations for persons with disabilities, the police, etc., amongst others. In addition to that, the women themselves, due to their own strengths and capabilities, found ways to escape from situations of violence and seek support. In general, it can be said that the majority of women point out the particular support and commitment of individual persons. 7 out of 16 women used service offers and were very satisfied with them. The women who did not turn to support services state a **lack of knowledge and information about support offers** or the fear of the services **not being accessible** for them as reasons. However, all women agree that services and their offers for women who have experienced violence are very important.

The following support factors will be discussed below (including many quotes from the interviewees): support by individual persons, support by formal and/or informal mechanisms and support from within oneself.

5.3.1 Support by individual persons

Many women perceive support by individual persons as very important. Especially **friends** are important supporters and 'lifelines' for the interviewed women (seven indications).

"Yes, my friends. I went out with them, they visited me or I visited them. They always tried to pick me up with the kids and drove me back home. It was my friends who did all this, not him." (LNR15, p.11)

Frequently, **teachers** were perceived as being supportive during childhood and adolescence by paying attention and having creative ideas on how to strengthen the own voice of young women or children.

"I had a great female teacher when I was in middle school. She was my class teacher, I loved her, still do. And she knew it. And she did the right thing, she never brought it up directly, but kind of, I don't know, she didn't favour me, but she... yeah. She was the first person to pay attention. And I really appreciated it. (...) Many teachers did help me, didn't look away and supported me." (LNR7, p.6, 9)

"When I was almost eight I went to a special needs school, had a lot of friends and a female teacher who developed a letter indication board. For the first time I could really express myself, that was huge progress for me!" (LNR13, p.3)

Also within the family, individual persons were very supportive. In addition to **mothers** (four indications), foster parents, children and grandmothers gave support within the women's families.

"Within the family there were close ties between my mother and me, and still are. My family, that was me and my mother. It has always been the two of us, never apart, we were always together. That was our setup and still is." (LNR10, S. 4)

The blind woman states that she received a lot of support from her **husband** when she suffered from depression for many years.

"He has been with me for 13 years and went through depression with me and never left." (LNR11, p.16)

Personal assistants, mobile caregivers, social workers and doctors are also among the persons who have helped the women in difficult situations by counselling and empowering them.

"... on recommendation I found a great doctor who really built me up. I was sitting in his surgery and was a picture of misery and he built me up and said, hey, we'll get through this. I'm an experienced doctor and you're a strong woman, we'll get through this." (LNR11, p.16)

It should also be mentioned that apart from individual supportive persons, animals (five indications) also took on the role of motivating the women and supporting them process bad experiences.

"My 'foster horse' also played an important role (...) in helping me process things more easily." (LNR10, p.8)

"My first dog helped me a lot. Because I couldn't stay in bed all day anymore, without anything to do and without moving." (LNR11, p.12)

Finally, one women state that she got support and mental strength within a religious community.

5.3.2 Support by informal and formal mechanisms

Seven out of 16 women say that they addressed or contacted specialised victim support services, like a women's shelter, women's hotlines, counselling centres, the women's office (legal advice), Ninlil (association for the empowerment and counselling of women with disabilities) and other associations such as 'Aktiva' and 'Kinderhilfswerk'. They frequently found these services and organisations over the Internet. All women were very satisfied with the counselling and/or support received.

One woman says that after being assaulted by a stranger in the hallway, she reported him to the police and was very satisfied with how she was treated. Two more women also made positive experiences when dealing with the authorities.

"The court and the authorities listened to me and took me seriously. But there were also people who looked down on me, put me off and played me down." (LNR10, p.7)

For some women, (extreme) **sports** or **school** and/or boarding school became **refuges** to escape violence.

"Yes. Well, from school I sought refuge in sports. I also became an extreme athlete. I always did a lot of sports. I was hardly ever home." (LNR7, p.11)

One woman with a physical impairment, who spent her childhood in a care facility, says that participating in a scout group once a week was very helpful for her:

"Another thing I want to mention that helped me was a scout group - (...) That was a piece of normality because I felt that they acted normal around us and challenged us, they did nice things with us, like bonfires and such things, roasting potatoes, singing, giving us badges for having learned or done something, (laughs), just as it is at the young scouts "Wichtel and Wöflinge" (Editors note: Wichtel: Brownies, girls and Wöflinge: Cubs, boys – age 7-10 years). And I really put a lot of effort into it, it was something I leaned on." (LNR5, p.10f)

Three women mention **self-help-groups** as being positive experiences.

"What comes to my mind is a self-hel- group for women who were sexually abused which I attended for a few years. It was really important for me to talk about it. To get to know women who had something similar happen to them, to know they master their lives. Like a network of women. It's just good to know they also master their lives." (LNR9, p.18)

In addition to self-help-groups, empowerment movements also are important factors of support, one woman for example talks about the 'Selbstbestimmt-Leben' (Independent Living) movement:

"I was pretty involved in the independent living movement, there – for the first time, I met many colleagues with whom I could talk about a wide range of topics, also about experiencing violence in institutions for example. Back then we also rebelled against these institutions, these nursing homes, we tried to act against them. For me that was very helpful, it made me feel that I can fight for myself, now I'm a strong adult and have support and people who understand me. Yeah, that was a pretty good time, I remember it as being very helpful. Most of all the social network aspect that opened suddenly." (LNR5, p.32)

Two women mention that **self-defence classes** helped them.

Most women made use of therapeutic help by **psychotherapists** and **psychologists** years after experiencing violence - in some cases also during experiencing violence - and confirm that they would not have been able to cope without this kind of support.

“First of all, I had to learn to accept help for my situation, that was a start, and because there are things you can’t talk about with your family without giving them a bad conscience and such..., there are many things. And the psychologists listened to me, counselled me, showed me different ways of thinking and new ways, and... it was fascinating.” (LNR1, p.5)

Furthermore, one woman mentions that her (female) **employer** strongly supported her:

“There never was a single situation, even when I was ill for a longer period of time, or when I had surgery for cancer, or when I had burnout or suffered from pain attacks, she gave me so much support. No one ever asked me, come on, when will you be back, or something like that.” (LNR9, p.7)

5.3.3 Support by women’s own efforts

For many women escaping violence was characterised by loneliness, self-doubts and insecurity. However, the women were able to make decisive changes by their own efforts. They learned to believe in themselves and to get their own way.

“And at the point when it became clear to me, I finally came out. Some people already knew, but I had never said it. I only said it when I knew it: OK, I have to help myself and I can’t expect anyone else to help me. (...) I knew how to fight for myself and moved out.” (LNR1, p.6, 8)

“When I was 15 I seized myself by the neck and moved out of my parents’ house at the first opportunity, by attending nursing school in Vienna and living in a boarding school. (...) and I’m probably used to not giving up after asking for something once, when nobody picks up the phone because I need medical or nursing assistance every now and then, and I have had a lot to do with that because of my disability. For me there is no giving up, in this sense I’m different from others who give up after trying a few times because nobody’s there or such.” (LNR9, p.10, 11, 17)

“You can’t share what has happened to you and you have to develop a strong will. After this terrible time I built self-confidence and I realised that I wanted to do things differently. I treat my own child in a completely different way and would never think of hitting them. When I think back on how much I suffered, I could never do this to my own child.” (LNR14, p.6)

According to some women, the opportunity of talking with somebody, of confiding in someone, being taken seriously and being heard facilitates the processing of violent situations. The exchange - be it with relatives, friends, an interviewer, the media or a professional - sometimes is an important part of a comprehensive process of realising and classifying what has happened and/or developing different perspectives and points of view.

“Yeah, just leave it turned on. Now I’m already talking, it feels good to be able to talk to someone.” (LNR2, p.18)

“Yes. When I was scared I talked a lot. I cried, I whined. (...) I screamed to get it out of my system. Screaming is the best medicine. (...) It frees your soul, brain and heart. (...) Screaming helps. Not at home, also outside, in nature.” (LNR3, p.17)

“Talking about this topic, that what I went through, really exists, that was extremely important. I even appeared on Austrian television twice. I talked about what I had experienced and they broadcast it. That was very, very challenging, but very beneficial.” (LNR9, p.18)

The following pages present and discuss individual case studies in order to illustrate the links between individual experiences of violence in life, individual reactions to them and supporting factors in view of the women's biographies, and to put emphasis on a 'comprehensive picture' instead of focusing on single issues.

5.4 Types of barriers

The case studies show that women with disabilities who experienced violence frequently encounter barriers when seeking help. The participants of the focus group discussions and the 16 interviewees identify different types and forms of barriers:

❖ Barriers on the level of consciousness of the women with disabilities

A problem that is frequently discussed in the focus groups, but also mentioned in the individual interviews, is that women with disabilities sometimes lack awareness of what violence is. Especially women with learning disabilities sometimes are not sure in which cases they experience already violence. According to the interviewees, this point of view often has to do with the fact that women with disabilities have not learned their personal boundaries and limits and to say 'no'. Due to their experiences of discrimination, heteronomy, dependency on others and low appreciation from society many women with disabilities might not be independent enough and can hardly stand their ground. Some women also point out that they hardly ever or never had the opportunity, within their families or in society, to share their experiences of socialisation with their peers "without" disabilities (for example, learning experiences at school, first sexual encounters during adolescence, etc.). This strongly affected the development of self-esteem and independence.

“Well, of course that was on the level of a special needs school. [...] But I of course noticed that I had considerably less skills than my siblings because during the summer holidays I stayed at home and looked at what my siblings did, and I developed strong feelings of inferiority because I saw, well, that I can't do all these things. But I never talked with anyone about it because I didn't want them to know, how stupid I am, but I kind of inhaled that I am not capable of anything.” (LNR5, p.12)

In addition, many women with disabilities who experienced violence have had trouble with people believing them.

[...] “I told my parents 6 months later and they talked with the two men and these two men denied everything and said that I was a liar (massage therapist), and my parents banned my ex-boyfriend from the apartment! [...] No, my parents didn't give me any kind of support. My parents believed the massage therapist, he was one of their good friends. I had to cope with both situations on my own.” (LNR13, p.5)

Many women do not talk about acts of violence due to having lost confidence in receiving help and support. Some women with learning difficulties also talk about being afraid of not being accepted, which makes them endure sexual abuse. Hearing-impaired women describe

that they are frequently unsure if people listen to and believe them, which makes them stay silent when experiencing violence.

"I didn't report the abuse because I was deaf, I couldn't talk about it. I had a lot of mental issues and swallowed a lot of it because I couldn't talk about it. Without communication it's not possible. And they wouldn't have believed me because I was deaf. I would have had it better if I had been a hearing child, I could have said it." (LNR14, p.5)

The interviewees also talk about their lack of confidence in the police or nursing home staff, who did not do anything even after reports of violence, and about the doubt of being taken seriously at a victim support service as a woman with disabilities.

❖ **Attitudinal barriers on the level of society - Psychological barriers**

For many interviewees, society's attitudes towards women with disabilities are a huge barrier, in addition to a lack of awareness about experiences of violence and the fear of not being heard. According to them, persons with disabilities are still perceived as asexual. A woman with disabilities is above all a person with impairments, she is only perceived as a woman in second place. The sexuality of women with disabilities continues to be a taboo in society, which in turn contributes to not talking publicly about sexual abuse of women with disabilities.

The majority of interviewees with disabilities call attention to the fact that many people look away or do not listen when women with disabilities suffer from violence, often because they do not know how to react or help. This lack of knowledge also extends to important services and organisations that could be contacted in case of experiencing violence. Many police officers and counsellors do not know how to deal with persons with disabilities, as the interviewed women explain in the focus groups. Staff members are usually untrained. In consequence, they frequently refer them to other services or organisations, which creates additional administrative and organisational barriers for women with disabilities and evokes the fear of revictimisation and reviving traumatic experiences.

A deaf woman describes that as a child in primary school she was not allowed to use sign language - she was not able to talk about her experiences of violence. Another deaf woman describes how she was the only deaf pupil in her class. This, amongst other reasons, prevented her from talking with her peers about experiencing violence and seeking help.

One interviewee illustrates that women/persons with disabilities have not been visible in society and politics for a very long time. Within the women's movement, for example, a lot of effort had to be invested in order to take part, be heard and respected. The effects of exclusion can still be noticed today and are a big barrier in public relations activities.

"Of course it became clear to me that as a woman with a disability you are not an issue for anyone or anywhere. There was the emancipation of women, yes, but as a woman with a disability you were not included. You had to invest a lot of effort everywhere if you were interested in it or if it was something important to you. And you kind of had to suck up to non-disabled women. For somehow graciously being allowed to be part as well. Back then I was active in (party) and we talked about government programmes and who is allowed to say what and where, and I remember that once I volunteered for women's issues, [...] and I said that I was also interested in women's issues, this topic, and I felt so damn uncomfortable in this working group, I felt like constantly proving myself, and once they looked at me as if I came from the Moon [...] yeah, it was impossible, and I finally gave up. At some point they put in a passage saying that it is also valid for women with disabilities, something stupid like that [...] well, yeah, to be able to give a good account of themselves. As a kind of fig leaf. But apart from that... Well, and I also noticed that violence and women with disabilities were part of the whole women topic. It was invisible, yeah, the women, they are in good hands in the facilities, something like that. It was terrible that women thought and talked liked that." (LNR05, p.39)

❖ **Barriers on knowledge and information levels**

When seeking support after experiencing violence, a woman with disabilities frequently encounters the barrier of not having knowledge and information about support services. Many women do not have access to the Internet and do not receive information in easy language, sign language or voice output. Even if information is well presented and understandable, some girls and women do not have access to them. In addition, for many interviewees it is not evident if a specialised victim support service or another organisation is physically accessible and if access to information and offers is guaranteed to all women with disabilities, such as the availability of sign language interpreters. Some women do not even use support services due to the fear that their needs and the required assistance based on their disabilities and impairments might not be taken into account.

When a woman uses support offers there might be another barrier: frequently counselling materials, information brochures and counselling itself are not tailored to the individual needs of women with disabilities. In addition, red tape as well as complicated information and forms contribute to making the situation often more challenging.

A deaf woman specifically mentions the importance of sufficient information:

"I like helping women. But I think that there should be one service that helps deaf women psychologically. It's easy for hearing people to get information. Even on the tram, when someone is on the phone or talking to someone else. It's easier to get good advice. (...) We need more information." (LNR16, p.10)

❖ **Construction-related barriers**

Barriers due to a building's layout make it difficult for women with physical and sensory impairments to use support services or medical assistance. In many cases, reaching an organisation is a barrier itself. For some women it is impossible to reach specialised victim support services, therapy or counselling without assistance. Many organisations and services are not constructed in an accessible way and do not comply with Austrian national norms/standards, which leaves many women unable to even access entrance areas. For example, one woman from a focus group wanted to attend trauma therapy sessions but was not able to find a wheelchair-accessible offer in her province. Another woman reports that no female gynaecologist has a surgery in her vicinity, requiring her to consult a male gynaecologist and paying everything herself. Moreover, many public buildings like police stations or courthouses are not accessible for women with physical or sensory impairments.

❖ **Infrastructural barriers**

Furthermore, some interviewees mention the differences between urban and rural areas. For women with disabilities who live in rural areas it is even more difficult to find accessible support structures. There are hardly any mobile counselling offers in rural areas, and waiting times are long. Many women talk about their doubts of turning to the police or church offers in their municipality when experiencing violence due to a lack of anonymity in small towns and villages.

One interviewee mentions the lack or deficiency of public transport to reach support and counselling services. There are very few to no specialised victim support services in rural areas; in addition, many of them are difficult to reach or not accessible at all.

"No, I had no way of going there. I wasn't mobile at all and there was no tram or anything, nothing. For women with disabilities or with cognitive impairments it is impossible to go somewhere where they could talk about it." (LNR5, p.13)

❖ **Financial barriers**

Another barrier to seeking and receiving support is, according to the interviewees, the financial situation of women with disabilities. Women with disabilities are often exposed to multiple forms of discrimination. The Austrian labour market is strongly gender-segregated and in general women are disadvantaged. However, especially for women with disabilities it is really a challenge to find work that pays enough to secure their livelihood in the regular labour market. In addition, persons with disabilities face high costs for covering their basic needs and medical expenses, which often leaves little money to pay for preventive self-defence classes, for the drive to a support service or for sign language interpreters.

"I had a very good therapist, Dr. N.N., she specialised in behavioural therapy, but sessions cost €44 each and I just couldn't afford it any more." (LNR2, p.13)

Besides, some interviewees are partly financially dependent on the perpetrator (husband, boyfriend or family) and the fear for their existence prevents them from reporting them to the police or seeking support from a service for women affected by violence. Especially this kind of economic dependence makes it impossible to escape the circle of violence.

5.5 Knowledge about their rights

"A lot of perseverance and persuading is necessary to defend one's rights." (focus group participant)

The women participating in the focus groups and interviews mostly know about their rights, but point out that many women with disabilities lack such knowledge. On the one hand, information about the rights of women with disabilities is frequently lacking and even if such information is available, mostly it is not accessible. On the other hand, legal texts are not available in easy language, large print, Braille, etc.

Even if women know about their rights, they often lack detailed knowledge about how and where to claim them. For example, the interviewees know about the UN Convention on the Rights of Persons with Disabilities, but it was never explained to them how it is implemented in Austria and what it means for them. According to the women with disabilities participating in the focus groups, more active informing is needed.

Furthermore, some women have experienced that violating women's rights has little or no consequences. Some women even had to experience that others believed the perpetrators but not them. Some women did not take legal action due to being afraid of others not believing them and their accounts.

According to some women's assessments, politicians do not put enough effort into the implementation of existing rights and many sentences are not severe enough.

"Reality is lagging far behind. On paper women with disabilities have many rights. Nice words on many levels, on a national level, on an EU level, but the reality is very different."
(LNR 9 p.17)

5.6 Suggestions for improvement and examples of good practice

"It's not only about an ideal state, even if it was desirable, it is mostly about the effort. This is the most important thing, even though it might not be ideal." (focus group participant)

The focus group and interview participants discuss and develop many suggestions for improvement regarding accessible support for women with disabilities affected by violence. There is potential for improvement on the following levels:

❖ Level of women with disabilities: Awareness, information and self-esteem

- Raising awareness: The interviewees point out that awareness is important, including strengthening the awareness of women with disabilities as to what violence is. Women should receive information and become aware of how to answer questions such as "What are things I don't have to accept? What makes me uncomfortable? Which boundaries can I put in place?"
- Strengthening self-esteem: Specific empowerment offers and workshops should reinforce women with disabilities to (re-)gain self-esteem and to claim their right to live independently.
- Self-help-groups: Attending self-help-groups plays an important role for the interviewed women. It would be important to support the establishment of self-help-groups for women affected by violence (for all women) and to help them interact with and strengthen each other.

❖ Level of families and reference persons

- A safe home: For some interviewees (especially for those who grew up in care-facilities) it is important that children with disabilities grow up at home with their parents instead of in institutions because they think that this can prevent violence. Some women point out that they would have wished for a safe home without having to experience violence.

"Without a strict father like my own. Who also hit me." (LNR6, p.8)

By contrast, one interviewee mentions that for her it would have been better if she had been put in foster care earlier (than it actually happened) in order to escape violence.

❖ Level of knowledge and information

- Prevention starts at a young age: Education and information on the topic of violence should start in school. 'Disabilities' should be an important cross-cutting issue. Furthermore, girls with disabilities should receive comprehensive sexuality education, for example learn to correctly name their body parts, they should learn to say 'no' and they should be supported in developing self-confidence and positive self-esteem (as well as positive feelings towards their own bodies). One interviewee mentions that it is important to strengthen girls with disabilities for building self-confidence.

"Strengthening the girls' confidence, not saying that they are disabled and not capable of anything, but the exact opposite. Try to achieve everything you want to achieve. Well, a blind person won't become a deep-sea diver, that's obvious, but try to achieve whatever you want. And if someone tries to mess with you, try to fight back." (LNR11 p.29)

- Information that reaches its target group: Some women point out that materials on experiencing violence as a woman with disabilities are usually only tailored to specific target groups. For them it would be important to develop materials that address all women - both women with and without disabilities. One focus group participant describes it the following way: *"Women with disabilities are first and foremost women."*

❖ Level of counselling institutions and specialised victim support services

- Counselling that meets the requirements of the women - Need for peer counselling: Counselling for women with disabilities affected by violence should, on the one hand, be accessible (in easy language, , etc.), and on the other hand, the interviewees specifically point out the need for peer counselling. More persons with disabilities should act as counsellors and employees in specialised counselling and victim support services. The focus group of deaf women addresses that it would be important for them to be able to choose between a deaf counsellor and a hearing counselor who knows sign language at every counselling centre. Many deaf counsellors are active within the small community of deaf persons and therefore women fear that anonymity cannot always be guaranteed.
- Full accessibility of organisations and services: Another important and urgent suggestion for improvement for prevention and support for many interviewees includes making counselling and specialised victim support services accessible for all. Many women think that it is urgent to ensure complete access to counselling and specialised victim support services. They point out construction-related measures such as ramps, elevators, guiding systems, voice outputs etc. However, unrestricted access to information, such as brochures or websites, is also seen as very important. For example, they suggest indicating in what ways an organisation is accessible in telephone books or on the websites.

"Actually it should be natural for them to be accessible. Not only when it comes to the buildings, but women with hearing impairments have trouble using the phone, so they have to go there. It must be a disaster to try to get information. Awareness for the topic of violence must also be raised when it comes to the counsellors. This should already be part of their professional training. Women who might not be able to fight back because of a physical or mental disability are not fair game. I think that should be part of professional training, what violence is." (LNR9, p.19)

- Including family members and reference persons: The interviewees point out that information and counselling should not only be available to women affected by violence, but also to their family members and/or reference persons.
- Comprehensive counselling and support: There should be accessible counselling centres and initial contact points to support women with and without disabilities affected by violence throughout Austria. Women in rural areas should also have the possibility of receiving support as fast as possible.
- Networking and single points of contact: Women with disabilities affected by violence are frequently sent from one service to another. Many organisations and services are frequently swamped and randomly refer women to other services. Therefore it would be important, according to the interviewed women, to establish a transparent and structured network between organisations and services. In addition, the women would welcome a single point of contact or hub that offers initial support and afterwards refers women to specialised institutions, services and professionals.
- Long-term support, good atmosphere and time: Not least, support and counselling should be long lasting and comprehensive in order to facilitate their reintegration into life. It is important for all women that there is a good atmosphere during the counselling and support situation and enough time to build trust and be able to open up. Due to their impairments, some women sometimes need more time and space to be able to talk about their experiences and to accept support. In addition, one participant points out that it is important to provide photos of the counsellors because this is an important step in confidence building.
- Videophone: Another suggestion is a videophone - a form of 'telephone' counselling for deaf persons in order to provide fast and open access to initial support when experiencing violence.
- Professional staff who knows sign language: In addition, an on-call service of sign language interpreters and/or professional staff who know sign language would be desirable because deaf women often have to accept longer waiting times.

❖ Level of institutions and organisations for persons with disabilities

- Information: Comprehensive information about violence and sexuality for associations (associations of deaf or blind persons), other institutions and facilities for persons with disabilities and living communities are relevant for the interviewees.
- Choice: The interviewees point out that it would be important to have a choice when it comes to assistance (personal assistance, social workers, caregivers, etc.) in order to fully ensure independence.
- Raising caregivers' awareness: Caregivers should be trained and their awareness raised with regard to violence, prevention of violence and urgent support of women affected by violence.
- Officers for women's issues: According to a focus group participant, every organisation and service should have an officer for women's issues that serves as the point of contact for violence and gender-specific matters. *"Every organisation should have an officer for women's issues addressing prevention of violence, and not only after something has happened. Like a fire extinguisher, they're always there and not only after a fire. Or for example, fire safety measures also are in place even if there has never been a fire in the house."*

❖ Level of access to legal support and the healthcare system

- At police stations, female officers should always be available because one focus group participant says that she had to wait for three hours for a female officer to arrive.

- Facilitation for women with disabilities: Unbureaucratic, free and accessible legal and psychosocial facilitation should be available to all women with disabilities affected by violence.
- Free sign language classes and awareness-raising programmes for police officers, judges and other officials and healthcare staff.
- Legal improvements in the areas of gender equality and anti-discrimination: Better laws for women with disabilities affected by violence are seen as important. Special emphasis should be put on the equality of women with disabilities in everyday life (for example regarding family and work).
- Information on rights: There should be more easily available and accessible information on the rights of women and women with disabilities.
- More female personnel: Women with disabilities who have experienced violence are often faced with the problem of not being able to choose between female and male personnel. For many women it is easier to confide in a woman when it comes to talking about experiences of (sexual) violence and they, for example, want to report it to the police. It is important that organisations, public authorities and the healthcare sector have enough female employees. As an example, one woman says that she wanted to see a female gynaecologist, but no surgery was accessible. This forced her to consult a male gynaecologist instead.

❖ **Level of society: Awareness-raising, public relations and the media**

- Giving credit: A lot of women mention that many people doubted their experiences of violence or did not believe them. In addition/or they did not talk about it out of fear of not being believed. Therefore, some interviewees call on society to pay attention to girls and women with disabilities and to take them seriously when they talk about having experienced violence.

“The first thing that comes to my mind, people, adults who believe what children tell them, and think it’s true. To take what a child says seriously, also their body language. Back then my experience was “that’s just a child, not a real person, children have fantasies, so what the heck.” (LNR9, p.14)

- Informing women with disabilities over the media: Some interviewees point out the importance of using the media for preventing violence and disseminating information for women with disabilities. Different media, such as print media (information leaflets, posters, brochures, etc.), radio and TV should disseminate information about support and offers that are available when experiencing violence. The focus group conducted in Austrian sign language mentions the following examples: a show on Bavarian TV - “Sehen statt Hören” (Seeing instead of Hearing) - contributed a lot to raise awareness. They also mention an information video reconstructing a violent situation and explaining available support structures. In addition, information videos can be published on platforms such as “Gebärdenwelt” (Sign World) in order to reach the target group of hearing-impaired or deaf women.

Information material should be available in public spaces, at the Federal Social Welfare Office, doctors’ surgeries, schools, libraries, police stations, courthouses and, above all, at different counselling centres and specialised victim support services. One focus group participant points out that it would make sense to implement a legal requirement for making information leaflets on violence against women (with or without disabilities) available.

- Training courses and awareness-raising measures for the work with people without disabilities (at police stations, courthouses, in counselling, at victim support services, schools, in the healthcare sector, etc.), for example on the knowledge about different impairments and support needs as well as on the topic of violence against girls and women with disabilities. For the interviewed women it is essential that the issue of violence in general and of violence against women with disabilities in particular becomes part of various professional curricula, for example in the areas of medicine, social work, apprenticeships, etc. Some women with learning difficulties also mention that raising awareness for victims of bullying would be important.
- Public relations activities: First of all the issue of violence against women with disabilities has to become a topic that is discussed openly in public. The public should see that violence can also happen in social institutions that should actually support persons with disabilities.

[...]“Give society a wake-up call, show them that such things happen because I think many people don't want to know about it.” (LNR7, p.12)

❖ Political level

- Financial support: According to the interviewees, the state should show the political will that is necessary to provide sufficient funding for therapy after experiencing violence and for counselling centres and specialised victim support services in order to make comprehensive support possible. One focus group participant says the following: “*You don't want to be a petitioner; there should be more help for the victims.*” It would also be very important to include all women with different types of impairments in the support system. Women with mental impairments for example often do not receive benefits because they do not show visible manifestations of their disabilities. Furthermore, there should be more funding for offers that promote independence, such as personal assistance.

5.7 Good practice examples

The interview and focus group participants were asked to name examples of good practices within the current support system for women with disabilities affected by violence in Austria. The results show that the women could hardly name any good practice examples.

In the following, the examples mentioned are briefly described:

1. 'Ninlil'⁵ – Association for Empowerment and Counselling for Women with Disabilities: According to some interviewees, there should be counselling centres like 'Ninlil' throughout Austria because they take into account different types of impairments and support needs.
2. 'Behindertenhilfe Vorarlberg': They reviewed their outdated pedagogical work guidelines and adjusted them to the principles of inclusion and participation.
3. Social counselling 'Gehörlosenambulanz': This outpatient hospital department for the deaf employs a deaf social worker.
4. 'Frauennotruf': According to two interviewees, the women's emergency hotline also counsels women with disabilities and refers them to specialised organisations.

⁵See 'Ninlil' (www.ninlil.at), 10.06.2014

5. Conferences: The last few years saw a rise in the number of conferences for girls and women with or without disabilities on empowerment and strengthening independence.
6. More training courses: In general, the interviewees see a rise in the offers for training courses for employees of institutions.
7. Inclusive public relations activities: Women with disabilities increasingly turn to the public. One woman who experienced violence for example appeared on the radio and talked about her experiences.
8. Peer counselling: Another interview partner perceives employing a peer counsellor at a "Intervention Center for women's survivor of domestic violence" in one Austrian province as a good example that should spread to the rest of the country.
9. Support groups: Another woman says that one of the first support groups for women with disabilities who survived sexual abuse, led by a woman with disabilities, was a very empowering experience for her.
10. Free self-defence classes: Some interviewees already took self-defence classes for women with disabilities (for example offered by the Vienna Police) and recommend them as an important measure for girls and women with disabilities to prevent violence. On the one hand, they strengthen the participants' self-confidence and on the other hand, they teach them how to effectively defend themselves.
11. Scout group 'Pfadfinder trotz Allem' (Scout despite everything else): One interviewee describes her positive experiences with a scout group that was inclusive and which let her experience equality and challenges together with other children and teenagers and which she found affirming.

5.8 Other topics

During the interviews, the women continuously mention topics that do not necessarily relate to the contents of the interviews, but which are important to them nonetheless. These are described in the following.

❖ Housing

The topic of housing is an important topic, especially for women who live in assisted or semi-assisted housing schemes. On the one hand, they talk about who they live with and on the other hand about what the shared living situation is like. They frequently mention the wish of having more choice, which was only sometimes respected by the institution, when it comes to choosing their domicile and their flatmates.

❖ Working

The women repeatedly mention the topic of work/workplace. However, the aspects differ. Partly they talk in general about how important it is as a woman with disabilities to have a job in order to be able to live independently to some extent. Financial independence can help to escape from violent relationships. Some of the comments express the women's anger and regret about the high unemployment rate among women with disabilities and about how very few occupational choices persons with disabilities still have. In addition, the women also mention discrimination at the workplace and prejudices held by employers and co-workers against persons with disabilities.

6. Organisations and services – Results of Online-questionnaire and interviews with representatives of organisations and services

This chapter presents and discusses the findings of quantitative and qualitative surveys of staff members of specialised victim support services and organisations run by and for persons with disabilities. The results of the quantitative survey, conducted via an online questionnaire, and of the qualitative survey, consisting of guided interviews with staff members, are grouped by topic and displayed in detail with reference to the data. Please note that all participants and interviewees were women.

6.1 Type of organisation

The following figure shows the self-classification of the organisations and services participating in the online survey:

Figure 2: Type of organisation

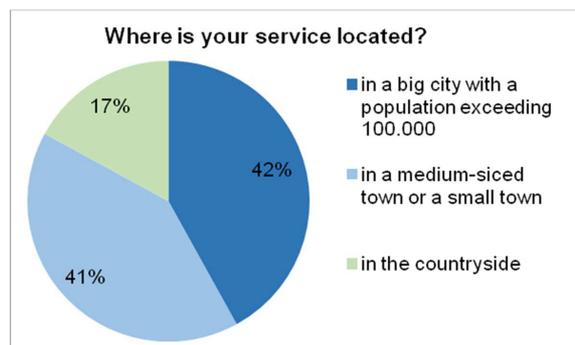
	Responses		Percent of Cases
	N	Percent	
A refuge service for survivors of violence	17	21,0%	25,8%
A women's advice centre	32	39,5%	48,5%
A women's helpline	5	6,2%	7,6%
Intervention Centers for women survivor's of domestic violence	6	7,4%	9,1%
A specific contact point for disabled women who have experienced violence	3	3,7%	4,5%
A contact point or counselling centre for disabled women	3	3,7%	4,5%
A contact point or counselling centre for disabled women and men	5	6,2%	7,6%
Something else	10	12,3%	15,2%
Total	81	100,0%	122,7%

Most organisations and services participating in the survey were women's counselling centres (48.5%). About a quarter of respondents (25.8%) defined themselves as refuges. Strikingly few organisations classified themselves as support services for persons with disabilities (16.6%). Specific contact points for women with disabilities who have experienced violence are rare. However, this is not due to these organisations being less willing to participate in the survey, but to Austria having very few contact and counselling centres that specialise in the provision of services for the target group of women with disabilities affected by violence.

Organisations and services from all provinces participated in the survey, most of them from Styria (11 organisations) and Lower Austria (9). Less organisations and services from Vorarlberg participated in the survey (2).

The majority of organisations and services is located in urban areas. 42% are located in a big city, 41% in a medium-sized city and/or small town and only 17% in rural areas (see Figure 3).

Figure 3: Comparison between urban and rural areas



Most organisations and services employ between 5 and 15 staff members. Only one company claimed to have more than 250 employees.

6.2 Target groups of the surveyed organisations

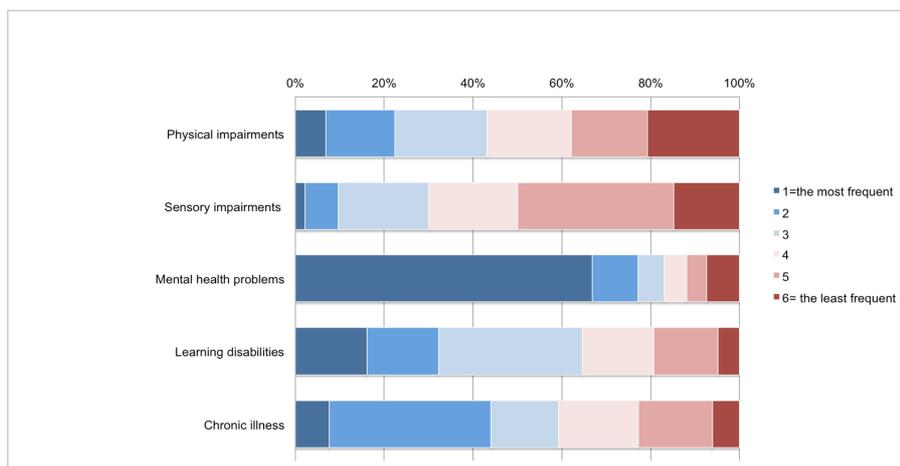
The participants in the online survey were asked to state (in percent) how many of the women who use their services have impairments. According to the self-assessment of the 69 organisations that answered this question, an average of 36% of clients have some sort of impairment. When interpreting this result, however, it has to be taken into account that some participants work for organisations and services run by and for persons with disabilities, whose primary clients are persons with disabilities. The average result for services that focus exclusively on women (who have experienced violence) is considerably lower, at about 30%.

Women with disabilities who visit organisations or services usually have more than one impairment. Mental impairments - more than 65% - (see figure 4), followed by target group of women with learning difficulties – less than 20% - and women, who suffer from a chronic health condition and physical impairments – less than 10%.

In comparison, between 1-2 % of women with sensory impairments seem to use the services offered by specialised victim support services. It is not clear whether women with sensory impairments experience violence less frequently, whether they use specialised victim support services less when experiencing violence or whether they are confronted with particularly challenging barriers when trying to access these services.

Figure 4 again gives an overview of the participating organisations' and services' self-assessments.

Figure 4: Frequency of target group 'women with impairments', by impairment⁶



The majority of interviewed staff members⁷ of specialised victim support services and organisations run by and for persons with disabilities confirms the results of the online questionnaire. According to staff members, those who use their services the most are women with mental impairments. Many interviewees think that experiencing violence often cause mental impairments - however, some women had already suffered from them before experiencing violence. Many staff members do not view women and men with mental impairments as belonging to the group of persons with disabilities. The UN's broad definition of persons with disabilities⁸, on which this project is based, surprises and puzzles some staff members.

Beside women with mental impairments, women with physical impairments and learning difficulties are also clients of the interviewed organisations. Nevertheless, they constitute a smaller overall percentage and/or are not a specific target group yet. However, this statement does not apply to organisations run by and for persons with disabilities.

According to staff members only very few deaf women address to specialised counselling and victim support services. Counselling for deaf women can be offered if Austrian sign language interpreters are there to make communication possible. The interpreters are brought in either by the deaf women themselves or by the specialised victim support service. However, if a woman comes to a refuge, for example, communication might become difficult during her stay if no staff member knows Austrian sign language. This appears to be the norm.

According to the interviewees, blind or visually impaired women very rarely use counselling or victim support services.

In the opinion of several staff members women with disabilities are not perceived as a specific sub-group because the main focus is on the women and her experience of violence. Some of the interviewed staff members state that diversity with other sub-groups of women only comes second. They also mention that flexibility is needed to counsel and accommodate women according to their individual needs in the best possible way. This also entails referring them to other specialised organisations or professional groups. In addition,

⁶ The percentages include organisations run by and for persons with disabilities.

⁷ Please note that in order to enhance readability, the opinions of the interviewed staff members are rendered in the present tense in the following. They, however, may not represent the views of the authors of this report.

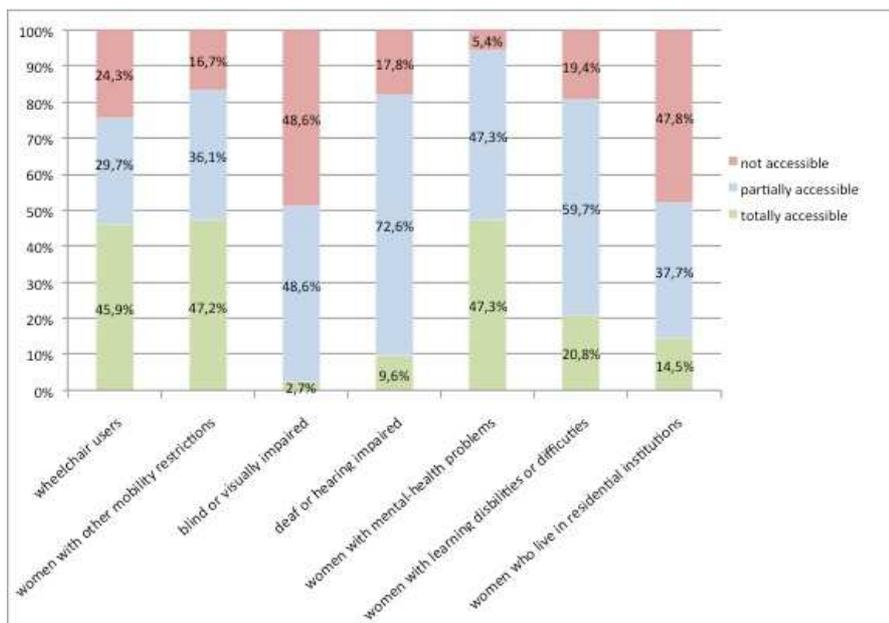
⁸ According to the UN Convention on the Rights of People with Disabilities, 2006.

about one fifth of staff members confirm that counselling is offered externally at other institutions or at the client's home if it is too difficult for the women to come to the victim support service.

6.2.1 Accessibility by form of impairment

The participating organisations and services were asked to rank (physical) accessibility by form of impairment.⁹ The following figure shows the respondents' self-assessment, itemized by the seven target groups.

Figure 5: Accessibility, by impairment



❖ Women with sensory impairments

The figure shows that, according to the interviewees, women with sensory impairments are particularly likely to encounter barriers when trying to use counselling and specialised victim support offers. Especially **blind and visually impaired women** are barred from access: only 2.7%¹⁰ of organisations and services are completely accessible for this target group, 48.6%¹¹ are not accessible. In addition, only 9.6%¹² of organisations and services say that they are completely accessible for **deaf and hearing-impaired women**. 25¹³ organisations and

⁹ The results include organisations for persons with disabilities. The footnotes show the results of only the women's refuges, women's counselling centres, women's emergency hotline and intervention centres for women who have experienced violence.

¹⁰ 0%

¹¹ 48.1%

¹² 13.5%

¹³ 19 organisations

services state that they offer services for blind and visually impaired women. For example, they offer texts and room labellings in Braille, allow guide dogs onto the premises, facilitate assistance and driving services or offer audio files, accessible elevators and/or accessible homepages. Furthermore, methods such as sex education using anatomically shaped dummies or sexual organs made of plush are used occasionally. Measures for deaf and hearing-impaired women are more common. Regarding this topic, 42¹⁴ organisations and services state that they have already implemented or are implementing specific services or technical features for this target group, such as availability of sign language interpreters, written information via e-mail or text message or in sign language, accessible homepages or DVDs in sign language. Additionally, self-defence classes and workshops are offered or women are referred to specialised services.

Despite of some measures having been implemented, the majority of interviewed staff members states that their organisations hardly have guiding systems for blind and visually impaired women, audio information or documents or information in Braille. Elevator labellings in Braille can only be found in some organisations. Blind and visually impaired women rarely are the target group of specific projects/services (with the exception of one organisation) and public relations activities.

For deaf or hearing-impaired women, however, the interviewed staff members point out that their organisations offer increased support services. Interviewees state that counselling for deaf women with Austrian sign language interpreters works well. However, only one of the 15 organisations has a staff member who knows Austrian sign language. Communication is very limited and challenging if interpreters are not available and some of the respondents admit to clearly experiencing their personal limits.

[...] and there was one occasion, when the interpreter couldn't come, when I accompanied her to court and I really got to see my own limits, how limited I was, we couldn't speak with each other. That was very hard for me to experience..." (EXP04 p. 5)

❖ Women with learning difficulties

Regarding accessibility for the target group of women with learning difficulties the rate is a bit higher. One fifth of organisations and services say that they fully accessible for this target group, 60%¹⁵ only provide limited access. 50¹⁶ organisations and services, however, take specific measures for this target group. These measures mainly consist in offering addresses and referring women to adequate organisations and services. 20 services offer material and counselling in 'easy language'.

The interviewed staff members describe the service offers for women with learning difficulties as very diverse and varying. The respondents' answers range from specialised services such as counselling, information, workshops and further education and training in easy language to not offering specific measures for women with learning difficulties.

Many staff members point out that counselling in easy language is easier for them because they also use it regularly when counselling migrant women. Accessible information on the topic of violence from the association NINLIL¹⁷ entitled "Against violence. Information and addresses for women with learning difficulties" is offered frequently. According to the interviewed staff members, information from or about the respective organisations is not available in easy language. Some staff members qualify the accessibility of information on protection against violence and protection against violence legislation as very low. They often observe that this also has to do with inadequate and/or lacking access to information and

¹⁴ 31 organisations

¹⁵ 67.3%

¹⁶ 36 organisations

¹⁷ NINLIL is a support service for women with disabilities regarding empowerment and counseling; <http://www.ninlil.at/> (10.06.2014)

education in general on the topics of self-confidence, development, sexuality, violence, etc. during childhood and adolescence. This development is intensified by prejudices and fears against persons with disabilities that are present in society. One staff member views the access to information and, in consequence, to specific counselling and support services for women with learning difficulties who live in deprived families, as particularly limited. Another interviewee notes that the gender-neutral socialisation process, that highly influences the lives of women with disabilities (and women with learning difficulties in particular), is an additional barrier.

"[...] Very often women with disabilities just aren't socialised as women. With sexuality and all these things. It also isn't mentioned in all the stuff for women. We are just not mentioned at all" (Interview EXP10 p. 18)

When questioned about accommodating women with learning difficulties at specialised victim support services, one interviewee points out that women with learning difficulties can be accommodated, but that their ability to contract must be determined in the process. These women must be able to guarantee to other women the same level of anonymity, safety and confidentiality they receive. Especially in rural areas this is a tender spot. In these situations, cooperating with persons who have already worked with affected women is perceived as important and helpful. Another interviewee points out that her organisation is not an open-access organisation¹⁸ and that this in itself is a barrier for women who are affected by violence, and an even bigger barrier for women with learning difficulties.

❖ Women with physical impairments

The assessment of accessibility for the target group of women with physical impairments is more positive. Almost 50% of organisations and services state that they are completely accessible for wheelchair users as well as for physically and mobility-impaired women. However, about a quarter of respondents point out that their organisations are still not accessible for wheelchair users and one sixth is not accessible for physically and mobility-impaired women. Overall, 30 organisations¹⁹ and services provide specific services for wheelchair users and/or have taken measures to make their buildings accessible. Such measures mostly focus on wheelchair-accessible entrance areas and hallways. About 14 respondents state that their sanitary facilities are wheelchair-accessible. Only 6 organisations and services say that they are completely accessible for wheelchair users. Furthermore, some organisations and services offer outpatient counselling or assistance, driving and pick-up services, mobile ramps, workshops and courses.

The interviewed staff members' assessment of accessibility for women with physical impairments are again very varied. One interviewee describes her organisation, an organisation that accommodates women who have experienced violence, as completely accessible, with the exception of the building's balconies. This organisation has already accommodated one assisted woman. This is very rare for organisations because very often they lack the necessary space or mention difficult group dynamics with the other women as the main reason.

Two staff members say that, up until now, relatively few women who use wheelchairs and need assistance have come to their counselling centre or specialised victim support service. Some staff members point out that they are flexible in offering counselling at other accessible locations. Cooperating with social workers who are wheelchair users themselves is seen as particularly positive. This would require enhanced accessibility on the one hand and, on the

¹⁸ The term "open-access" is often used in the field of social work and refers to offers or services that only require minimum effort on the client's part, for example little prior knowledge or easy access.

¹⁹ 29 organisations

other hand, is said to foster understanding and social learning amongst colleagues and to help reduce psychological barriers.

❖ Women with mental impairments

Accessibility to the surveyed organisations and services seems to be best for women with mental impairments. Only 5.4%²⁰ (corresponding to four organisations or services) state that they are not accessible for or do not work with this target group. In total, 62 organisations²¹ and services offer specific services for women with mental health problems: these include networking, cooperation and referring them to outpatient services and support structures or to inpatient facilities, and they facilitate psychotherapy, psychological counselling, socio-pedagogical assistance as well as seminars, courses and workshops.

Many interviewees point out that they do not see women with mental impairments and illnesses as belonging directly to the sub-group of women with disabilities. One staff member explains that for her "*there is a difference between women with mental illnesses and women with disabilities*" (interview EXP15 p.2) and that these women do not belong to the same group. Another staff member says that her organisation does not counsel women with mental impairments and/or that they refer them to other counselling centres and specialised victim support services because their counsellors are not professionally qualified to work with these women. The other interviewees emphasise that they have ample professional experience with women with mental impairments and that their services are accessible for this group.

❖ Women who live in inpatient or semi-residential facilities for persons with disabilities and/or need care and assistance

In addition, the participating organisations and services were asked to what extent they are able to support women who live in inpatient or semi-residential facilities for persons with disabilities and/or need care or assistance. Almost half of organisations and services²² say that they are not prepared for this target group, and only 15%²³ see themselves as being completely accessible. Support services for women include, above all, outpatient and mobile counselling, the possibility of phone contact, and referring women to other professional services.

❖ Other additional remarks on barriers and accessibility

The interviewees made several additional remarks about barriers and accessibility. Many of them mention that it is hard for women with disabilities to get access to information. This particularly applies to women living in **rural areas**. Furthermore, in rural areas it is particularly difficult to reach counselling centres and specialised victim support services due to a lack in infrastructure and lacking as well as non-accessible public transport. One staff member criticises the lack of funds to pay for psychotherapy and child care. Another barrier is that there is hardly any contact with other women with disabilities in rural areas.

„Here in the countryside, for me they seem to be quite invisible - women with disabilities I mean. I have only very few acquaintances with disabilities. You don't see many of them on the streets... [...] Well, for me this is about accessibility, that is one of the main issues.“ (interview, EXP05, p. 4)

Another barrier are Austria's federalist structures when it comes to specialised victim protection - different competencies of federal and provincial governments, administration,

²⁰ 1,9% (1 organisation)

²¹ 46 organisations

²² 51%

²³ 13.7%

funding, etc. - especially for women, with and without disabilities. However, the participants point out that women with disabilities are more likely to be affected.

"Well, if I was a banana, moving around would be easier for me. Isn't that terrible? It would be easier to move around if I was a banana and there would be less obstacles than for a woman who experiences violence. This is just incredible. [...] Yes, that is just crazy. Free movement of people, ha ha ha. I can only laugh about that. If I was an entrepreneur, I could establish a company in Bangladesh to save taxes, but as a woman from Carinthia I can't go to a refuge in Vienna because I am not a banana." (interview EXP03, p. 12)

In addition, access to specialised victim support services and organisations is made more difficult by the lack of specific public relations activities and cooperation between institutions.

6.2.2 Activities to promote accessibility

Figure 6 again shows the measures taken to make organisations and services accessible. It gives an overview of implemented and planned activities to promote accessibility.

Some organisations and services focus on putting accessibility into practice, especially in the area of counselling for different target groups. Particular measures to provide accessible support services are taken for the target group of women with mental impairments, which is not surprising given the statements above. Furthermore, staff members of organisations and services take part in further training and education and awareness-raising measures. These also serve to enhance counselling services for women with disabilities. The implementation of support services shows that the target group of blind and visually impaired women does not get much attention. Most organisations and services do not have guiding systems or offer information in Braille. No such measures seem to be planned for the near future. The surveyed organisations and services mostly want to implement measures that enhance the physical accessibility of buildings or want to make their website or information materials more accessible in the near future.

Under 'Other' the participants mostly mentioned inadequate funding for putting into practice measures to make counselling services accessible.

Figure 6: Activities to promote accessibility²⁴

	Already exist			Planned		
	N	%	% of cases	N	%	% of cases
Barrier-free access of all rooms for wheelchair users and people with physical impairments	32	7,1%	45,7%	21	12,9%	38,2%
Barrier-free access of parts of the rooms for wheelchair users and people with physical impairments	21	4,7%	30,0%	10	6,1%	18,2%
Door Bell Labelling in Braille	2	0,4%	2,9%	8	4,9%	14,5%
Guidance system for blind women	3	0,7%	4,3%	3	1,8%	5,5%
Counselling in sign language for deaf women	27	6,0%	38,6%	4	2,5%	7,3%
Email-Counselling for deaf women	47	10,4%	67,1%	7	4,3%	12,7%
Light Bells for deaf Women	2	0,4%	2,9%	7	4,3%	12,7%
Counselling in easy language	49	10,9%	70,0%	6	3,7%	10,9%
Counselling support offered for women with mental health illnesses	60	13,3%	85,7%	12	7,4%	21,8%
Counselling support offered for women with chronic illness	54	12,0%	77,1%	7	4,3%	12,7%
Use of legal advocates and or legal advise provision for women with disabilities	32	7,1%	45,7%	3	1,8%	5,5%
Outreach work for disabled women	21	4,7%	30,0%	6	3,7%	10,9%
Specifically address issues relevant to disabled women in public relations activities	14	3,1%	20,0%	14	8,6%	25,5%
Barrier-free website and information material	28	6,2%	40,0%	21	12,9%	38,2%
Disability Equality Training for employees	44	9,8%	62,9%	23	14,1%	41,8%
Specific courses offered for disabled women	14	3,1%	20,0%	6	3,7%	10,9%
Others	-	-	-	5	3,1%	9,1%
Total	450	100%	642,9%	163	100%	296,4%

The majority of staff members says that they do not specifically address women with disabilities. Nonetheless, some specific services and activities for women with various impairments already exist.

According to staff members, most services and materials are geared towards women with mental impairments. Staff members are trained in that field and, in many cases, have a lot of experience with counselling and psychosocial care, including supporting women with mental impairments. Counselling and talks in easy language are also offered, but these services are scarcely promoted and/or presented in public. For example, one organisation offers weekly group talks for women with learning difficulties who live in care facilities/institutions.

²⁴ The figure only shows the results of women's counselling centres, women's refuges, women's emergency hotline and intervention centres, as listed in the annex.

Similar services are available for deaf women. Counselling is offered when an interpreter for Austrian sign language is present, but information in Austrian sign language on websites is hard to find. Different methods, like photo books, anatomically shaped dummies and other materials, are used in counselling, therapy and support sessions.

Staff members only mention very few offers for blind and visually impaired women. Apart from the Protection against Violence Act, hardly any information about organisations and their services is available in large print, Braille and acoustic text processing, for example on websites.

No services for women with severe or multiple impairments, who need extensive support, are mentioned. According to staff members, this target group is the hardest to reach. Reasons that are mentioned include a lack of professional methods as well as of possibilities to reach to affected women.

6.2.3 Level of information regarding the needs of women with disabilities

Those staff members working for organisations that specialise exclusively in providing services to women (and men) with disabilities talk extensively about the needs of women with disabilities who have or have not experienced violence. The staff members working for other specialised victim support services all respond that they do not think they know enough about the needs of women with disabilities. Reasons they mention include: insufficient and/or lacking direct contact and experience with clients who are women with disabilities, insufficient further education/training in the field, insufficient cooperation with Disabled People's Organisations (DPOs) and Pro Disability Organisations (PDOs) as well as insufficient resources to concentrate on this group.

"Well, I don't think I'll ever have enough information about this, as it is always a very personal and individual experience [...] I think that I need some kind of basic attitude that allows me to get myself involved with the other person, their world and to understand their world..." (interview, EXP05, p.16)

6.2.4 Use of services by women with disabilities

According to staff members, women with mental impairments are most likely to use the offered services. Most staff members state that women with other types of impairments have rarely, or in some organisations not at all, used the services of specialised counselling and victim support services. In one organisation women with disabilities hesitated to use specific service offers. The reasons are not clear.

"First of all, it took us, the organisation, a long time to specifically address this, we have to admit that. And secondly, it is not easily accepted and used. Well, it is not easy to establish contact or to offer services in a good and transparent way that will make women use them. [...] it has already happened twice that we tried to organise something but then had to cancel it because we didn't find enough participants. It just seems to be really hard to do. And the reasons are probably very complex. [...] Well, I believe that women with disabilities have strong reservations against taking this step, which in turn, I think, has to do with the social conditions; with status in society, and also with the experience that it is especially hard for women with disabilities to be heard and to make people believe them. [...] And I also believe that taking this step of asking for help and support requires a lot of self-confidence, self-esteem, courage and strength. And I think that this [...] has to start at a young age, when children are toddlers and in preschool, it must be natural to build their self-confidence, self-esteem, and to acknowledge and respect the boundaries of women with disabilities. In my opinion that's a socio-political task that we just cannot take on alone. But it's an important step." (interview, EXP01, p. 2f)

In addition, one staff member mentions that especially in rural areas women with disabilities hardly ever make use of the offers of specialised victim support services. One possible explanation is that for example doctors hardly ever refer women to counselling centres or specialised victim support services and that information about counselling centres and their work and offers is lacking and/or insufficient.

Other staff members report that often women with disabilities in particular are afraid of contacting organisations or services because they have had bad experiences with institutional support structures throughout their lives. Other reasons for not contacting counselling centres or specialised victim support services include fear for their existence and loss of their caregivers.

One staff member reports that a group of women with learning difficulties who live in a facility were happy to receive regular counselling and that the women have learned to ask for it confidently and communicate their needs.

Staff members also report that offers of peer counselling by staff members with disabilities have been very well received.

„[...] here at this women's counselling centre, in this space, because we are peers, well, because we are also women with disabilities, this gives us kind of a bonus. Basically, at the beginning you have a bonus. You automatically think: oh, this also is a woman with a disability, we have a different starting point. I don't have to - there aren't the two worlds of being disabled and not being disabled, I'm here in this world with another woman with a disability. Of course this description might be over the top, but I think that at the beginning, there is this feeling of freedom." (interview EXP10, p. 6)

6.3 Access to services on national and regional levels

80% of organisations and services view existing support services and offers for women with disabilities on regional and national levels as being insufficient and say that they should be expanded and/or complemented. Only 13 organisations and services are of the opinion that the existing service offers in their region are sufficient.

The following figure shows the results of all participating organisations and services and the results of the analysis, with the exception of women's refuges, women's counselling centres, women's emergency hotline and intervention centres for women who have experienced violence (grey column). It is interesting - and the analyses by type of organisation mostly reflect this - that organisations run by and for persons with disabilities have a more critical view (but only to a very small extent) of accessibility in their own organisation and also on a regional level. Hence, refuges, women's counselling centres, women's emergency hotlines and intervention centres, which in most cases do not explicitly address women with disabilities, are more likely to view accessibility on a regional/national level as sufficient by 1.5%.

Figure 7: Assessment of access

	N	%	Valid %	N	%
is not sufficient and should be expanded and complemented by	53	68.8	80.3	41	78.8
is sufficient	13	16.9	19.7	11	21.2
total	66	85.7	100.0	52	100.0
Missing System	11	14.3			
Total	77	100.0			

6.4 Challenges for putting accessibility into practice

The organisations and services participating in the online survey frequently mentioned that they face **financial barriers** when trying to create accessible services. The problem of meagre funding of measures to enhance accessibility is mentioned more than once in the questionnaire. In most cases only those measures and services for which funding seems possible can be put into practice. However, in many cases expensive structural measures or moving into a new building would be necessary to make services completely accessible for the target groups.

"We need to put accessibility into practice, but the issue of funding is unresolved. So much time is wasted in individual organisations in order to apply for funding. We need a clear political pledge in favour of accessibility, including the necessary financial resources. Unfortunately the current practice is extremely inefficient!" (alternative answer questionnaire)

Many interviewees also point out the requirement of implementing the Austrian Equality for Disabled Persons Act regarding fully accessibility to buildings that are public or open to public by end of 2015²⁵. In principle, they view it as an important and essential measure, but the staff members feel that they do not receive enough support and that funding is not sufficient to actually implement the Act. This could lead to counselling and support services being closed.

²⁵ Austrian Equality for Disabled Persons Act (BGStG), BGBl. I Nr. 82/2005.

"The biggest topic right now is implementing the EU directive on accessibility, it has to be implemented now and structural changes are the first big item that we'll have to shoulder. We understand that and think it's very good, but we feel left alone when it comes to funding, and we're not the only ones, all the other social services and facilities as well. Because it is not clear who will pay for this, because we are all organisations that are not allowed to build up financial reserves, but now we need to have them in order to implement the EU directive. Plus, this is also related to requirements from our sponsors, which leads to organisations being closed down. For example some colleagues had to close their facility because it can't be made completely accessible, this whole situation is completely absurd [...] Implementation was a political decision that is completely correct, but the decision has not been followed by adequate funding, the whole situation is very Kafkaesque." (interview, EXP03, p.7-8)

The organisations and services participating in the online survey and the interviewed staff members also mention that staff members to some extent lack knowledge about the needs of women with disabilities. Accordingly, more further education and training measures and courses are needed, but it is hard to find additional funding. In some cases, there is a shortage of **staff**, such as interpreters.

Another challenge is the far-reaching **taboo of the topic of "women with disabilities who experience violence"**. Therefore, it seems to be highly necessary to focus on specific public relations and awareness-raising activities on a political and social level. One staff member mentions that educational work on the topic of sexuality and persons with disabilities, for those in the women's environment as well as for the women (and men) themselves, is a particularly important task.

It is also mentioned that **networking and cooperation** with other organisations and with services run by and for persons with disabilities need to be enhanced. Frequently staff members do not have an overview of relevant services.

For some of the surveyed organisations and services it is hard to comply with the postulate of accessibility in its broadest sense. In order to provide complete accessibility they would need a lot of funding, staff and time, none of which are available at the moment. **Many see accessibility as an unattainable goal**, and such a view reduces the motivation to actively effect changes.

"For me it is always kind of absurd if at the end accessibility has to be guaranteed, right? On the other hand there are not enough resources to provide counselling for everyone. That just seems to be a mismatch. (...) I mean, that should be balanced. And this is why I have to say that I don't think too highly of all of this, on the one hand demanding high standards and on the other hand not being able to meet all these standards. (interview, EXP15, p. 7)

6.5 Public relations activities and dissemination of information - Reaching the target group

6.5.1 Public relations activities

With the exception of some organisations that focus on actively addressing women with disabilities and providing accessible information, the majority of participating organisations does not engage in such activities. Some organisations lack awareness about promoting existing services, many do not have enough resources to cope with the “extra” counselling and accommodation needs to protect women against violence.

“[...] And this is also one of the reason why we don't just make that happen and say [...] let's write letters to all these organisations and introduce our services, because we don't have the necessary resources. [...] all these public relations activities need to be balanced, afterwards a lot of people come in and we can't offer them appointments, or they have to wait for five or six weeks. It's about insufficient resources, that is a big obstacle.” (interview, EXP03, p. 1)

One counselling centre staff member says that, at the moment, they cannot develop additional services for women with disabilities due to insufficient resources and excess work, but that they would be open to cooperate with an organisation run by and for persons with disabilities.

“[...] And it also depends on who takes the initiative. Because if someone contacts us and says that they can help us improve our services, of course we would be willing to do this. It is very likely that we would say yes. But we have so much work that we can't go out and look for more work if it isn't something super important. And because there aren't so many of them and they have different types of impairments, it isn't the same all the time - we are facing bigger challenges - migrant women from 80 different countries speaking 80 different languages and such. This is something we do on a day-to-day basis because otherwise we wouldn't be able to communicate. In that sense I have to admit that it isn't such an urgent problem because we don't deal with it on a daily basis. But I do think that we would be willing, despite scarce resources, to raise our own awareness, so to say, if someone actively approached us. Yeah, it's like that, what am I supposed to say? We don't look for work because we have enough work already. We can't, we mustn't look for more work.” (interview, EXP15, p. 10)

6.5.2 Reaching women with disabilities

According to staff members, women with severe and multiple impairments who need care are the hardest to reach. In addition, in many cases there is a lack of specific professional methods that would be necessary to offer these women optimal support.

However, two staff members point out that it is easier to establish contact with women with disabilities who are accommodated in care facilities/institutions. This is due to good cooperation with facilities and some caregivers.

Reaching the target group of women with sensory impairments (especially blind women) is also seen as a big challenge. There are not enough services and measures that consider this group's needs - in many cases knowledge about the women's needs and how they can be involved comprehensively is lacking.

One staff member reports that she sees the need for organisations to directly address women with disabilities:

"[...] we also have to approach them when it comes to topics because there is not a lot of awareness. It is not enough to just sit around until someone comes in and says they have problems, that would not be right. We would like to take preemptive measures. I think that women with disabilities will feel the same way, that is to sit around and wait, but they won't come, that won't happen. I think we have to actively work on this, work on projects, public relations activities." (interview EXP05, p. 13)

One staff member also mentions that especially in rural areas it is very hard to reach organisations by public transport. For women, and especially for women with disabilities, it is almost impossible to physically reach organisations.

Some staff members say that in many cases the counsellors themselves are not able to reach women with disabilities. They try to work indirectly for these women by working with the caregivers who work in the care facilities/institutions that accommodate the women as well as their assistants and family members. Some interviewees point out that contact with women with disabilities is established through personal involvement and commitment of individual caregivers.

Asked about why they think many women with disabilities do not contact counselling and specialised victim support services, staff members give the following answers: apart from barriers, in many cases complex dependency relationships and reservations prevent women from turning to services. According to some staff members, another reason is a lack of self-esteem resulting from how society treats women with disabilities. Additionally, women with disabilities who have experienced violence are seen as even less credible than women without an impairment.

"[...] Part of it is due to the fact that dependency relationships are even stronger than for women without disabilities, and that women, and this can be seen on an almost psychodynamic level, lack confidence because of self-esteem issues. They don't have these issues themselves, so to say, but they are caused by how society has treated them for years or even decades and still treats them [...] and I believe that data from victim support centres also shows that services are hardly used by disabled women.

[...] Many women with disabilities have strong reservations against taking this step, which I think has to do with social conditions; with status in society, and also with the experience that it is especially hard for women with disabilities to be heard and to make people believe them. These are women, ordinary citizens, and they tell us that it is hard to make people believe them and that this is such a difficult step to take. And it is even more difficult, and I don't want to make a judgment here, for women with disabilities. And I also think that the step of asking for help and support requires a lot of self-confidence, self-esteem, courage and strength." (interview, EXP01, p. 1, 3)

6.6 Cooperation and networking

The participating organisations and services point out that there is extensive and intensive cooperation and networking with different organisations and persons as well as with institutions (see Figure 8). Between 58.5% and 72.3% of participants cooperate with interest groups and organisations for persons with disabilities, with housing facilities and workplaces for persons with disabilities, with counselling services for persons with disabilities and with women's counselling and protection against violence centres which also offer support for women with disabilities. In comparison, networking with Commissioners for matters relating to persons with disabilities in the respective provinces is less intense than cooperation with

other partners. About one third of all surveyed organisations and services and less than one fifth of refuges, women's counselling centres, women's emergency hotlines and intervention centres (see grey column) cooperate with Disabilities Representatives. In total, 7.7% state that they have not (yet) cooperated with institutions, agencies or persons who (also) work for the interests of persons with disabilities. This number is even a little higher for organisations whose target group are women in general (9.8%).

Figure 8: Cooperation partners

	Responses		% of cases	Responses		% of cases
	N	%		N	%	
Interest groups of disabled people	39	19.0%	60.0%	26	18.1%	51.0%
Living and working places for disabled people	38	18.5%	58.5%	25	17.4%	49.0%
Counselling centres for disabled people	45	22.0%	69.2%	33	22.9%	64.7%
Representatives of disabled people	18	8.8%	27.7%	9	6.3%	17.6%
Women's or violence counselling centres that explicitly deal with disabled women	47	22.9%	72.3%	37	25.7%	72.5%
No, none yet	5	2.4%	7.7%	5	3.5%	9.8%
Other services, centres or persons that advocate for people	13	6.3%	20.0%	9	6.3%	17.6%
Total	205	100,0%	315,4%	144	100,0%	282,4%

Apart from that, all staff members report that there is cooperation and networking with other organisations in the field of counselling for women, counselling for women who have experienced violence, the healthcare sector (hospitals, doctors, therapists, etc.), the police, judges and also with organisations run by and for persons with disabilities. The intensity and commitment regarding cooperation on the topic of violence against women with disabilities vary greatly. Some organisations tend to keep a rather loose, case-related contact, others meet regularly for meetings, workshops or further training and education and work together on developing accessible material on the topic of violence.

One staff member mentions that challenges as to cooperating with other organisations comprises being willing to be open-minded, self-reflective, able to accept criticism, but also being able to give constructive feedback. Limited time for cooperation, projects and related meetings is also seen as an obstacle.

6.7 Other relevant topics

❖ Working with children of women affected by violence

Some interviewees mention that women frequently come with their children with disabilities to specialised victim support services. Working with children of women who are affected by violence is an important issue within the overall activities and must be taken into account and therefore mentioned. If the children have impairments, support services also need to offer specific services that address the children's needs. In these cases the work of child carers also changes and has to be adapted accordingly.

❖ Working with migrant women with disabilities affected by violence

Some of the surveyed staff members also point out the specific situation and difficulties of migrant women (with little or no knowledge of German) with disabilities who have experienced violence. They face additional barriers when seeking support and protection against violence.

❖ Structural violence

Another important point is the topic of structural violence, which, according to one staff member, who is also a peer counsellor, affects most women with disabilities throughout their lives.

"[...] because it is very likely that especially women with disabilities will experience violence. And most of all, physical violence, but also structural violence – virtually EVERYONE has experienced structural violence. Well, I'll just claim that EVERYONE has experienced structural violence, but that's not what we specialise in. But that's what it's like if you are a woman with a disability. Like when you are a woman and live within patriarchal power structures. This is simply what you experience and you haven't had the chance to think about it. In many cases, structural violence isn't perceived as such at first during counselling sessions, but the affected women say, well, it's just like that. And only when comparing it to other women, with or without disabilities, you start to think 'Oh, that really is not okay.' If a child always experiences structural violence and patronising behaviour it becomes normal. You might think it's strange and think that it's like that because your mom has said so or because your whole environment gives you this impression. I think this is why later on women have difficulties with saying what exactly was wrong or they say that something made them feel uncomfortable or that they think they shouldn't say anything..." (interview EXP10, p.2)

6.8 Future prospects and suggestions for improvement

The organisations, services and staff members who participated in the quantitative and qualitative surveys see the need for improvement regarding accessibility in the following areas and issues on a national and regional level:

- **Quantitative increases:** Offers of accessible specialised victim support and counselling services as well as time resources of staff members need to be increased. At the same time it would be important to make existing accessible services and offers more visible.
- **Further education/training:** Most staff members point out that the existing level of knowledge about the needs of women with disabilities is low and needs to be broadened in order to be able to develop adequate counselling and offers. Training courses on the topic of violence for assistance and care workers are necessary to inform them and raise awareness, and to enable them to ask for adequate support in cases of violence against persons with disabilities. There should also be more training courses for health professionals on the topic of violence against women/violence against women with disabilities. Self-reflection of organisations and services for persons with disabilities regarding violence should also be enhanced. This requires a certain level of openness because especially in cases of violence happening in inpatient or semi-residential facilities, concern for persons with disabilities is very high and at the same time there is a tendency to not let too many details come out. There should also be more offers to raise awareness about the rights and legislation in the field of protection against violence etc. for women with disabilities. Comprehensive training courses and educational work for many specialised groups and other reference persons of persons with disabilities on the topic of "persons with disabilities and sexuality and disabilities" would be necessary. The

task consists in breaking down psychological barriers in order to find a more adequate approach to the topic of sexual violence against persons with disabilities.

- **Public relations, awareness-raising and empowerment:** In the future, there should be engagement with and public awareness-raising for the topic of violence against women with disabilities. Putting into practice the socio-political task of including persons with disabilities equally into society and guaranteeing them a life without violence and discrimination has to become a priority. In addition, it must become natural to work on supporting children with disabilities to build self-esteem and self-confidence, starting at a very young age.
Women with disabilities also have to be included in public relations activities by making them participate actively in order to raise awareness in society.
- **Political decision-making and funding:** Politicians and/or policy makers need to make a clear pledge to implement the rights of persons with disabilities, especially those of women with disabilities. In consequence, more resources (financial and personnel-wise) have to be provided because existing resources are not sufficient in order to create equal accessibility, to counsel women adequately and to comprehensively support and/or protect them.
- **Accessibility:** Specialised victim support services, counselling centres, doctors' surgeries or public authorities, like police offices or courts, should be made accessible in the future to ensure that women with disabilities also have access to them. On the one hand, this means making structural/physical changes on the buildings, such as for example elevators, guiding systems, rooms for two persons to make sure that women with assistance can be received, etc., and on the other hand making information materials accessible. More mobile counselling is also needed in the future. Preferably, there would be one counselling service or focal point that helps to implement measures to increase accessibility and has the authority to decide on funding. Involving persons with disabilities in checking if organisations and services are accessible would help to bring existing barriers to light and could help to foster an understanding of the needs of persons with disabilities.
- **Networking and cooperation:** Networking and cooperation with DPOs and PDOs are also considered very important. There is the demand for direct contact with women with disabilities to better understand the situation of women with disabilities and to find out what measures are needed in order to ensure adequate support and counselling. Some staff members would welcome additional projects that bring together women with disabilities, representatives of specialised victim support services and researchers to work on the topic of "violence against women with disabilities".
- **Peer counselling:** Counselling centres and specialised victim support services should hire more women with disabilities to be able to offer peer counselling, which in turn contributes to reducing reservations and barriers.

7. Case Studies

Case Study Ms A.

„Violence for me can come in various shapes – it starts at verbal violence, but also ignoring someone; not valuing them; and onto physical violence of course; emotional atrocities; sexual violence; well everything, the whole spectrum”

Ms A. is a very active and committed woman in her job, as well as her leisure time. She has a foster son, a big family along with a big circle of friends. As a wheelchair user, she often encounters barriers in her every-day life. As a consequence, it is important to her to live autonomously and counteract heteronomy.

Experiences of violence and discrimination in childhood

„I was the only one who was not allowed to go to Kindergarten. Integration did not exist back then. They did not take me in due to the custodial time and effort.”

Her childhood was challenging filled with obstacles. She made her first experiences with violence, starting with the denial of her entry into kindergarten. To be able to attend school she was forced to move to a special-care home away from her family, due to the lack of support systems in her local school. Her time in the home was shaped by humiliations and punishments of mental and physical nature.

“They just constantly forced me to eat. If the others did not want to eat their lentils, they immediately smack another spoon-full on my plate”

Throughout her childhood and adolescence, Ms A. reported sexual assaults from male nursing staff in a home for people with disabilities, which took place at night against her will.

“I must say, that is a real trauma, which will probably always stay with me. This distrust against homes and such.”

She also had to suffer sexual assaults from a relative, whom was viewed as a curious individual by the family. He has paedophilic tendencies, but no one ever paid close attention. Throughout school she was in need of a wheelchair. It was never acquired for her, greatly limiting her mobility. Furthermore, Ms A. made the experience that she had been parented into helplessness, as certain tasks had always been done for her. Through further social and physical barriers, she is deprived of further experiences, such as her unfulfilled wish to work as a ceramicist.

Supporting factors and improvement proposals

Ms A. experienced her social environment and personal contacts as extremely supportive. Some of her friends and relatives were able to stand by her side and encourage her in difficult situations. Additionally she was supported by nursing staff and carers in institutions. Her own mental strength often helped her to deal with the experiences she was making and to autonomously lead her life into a certain direction.

“Well I wish I could have wanted to stay at home and found structures that somehow I would not have had to leave and would not have been extradited to something like that.”

Relating to improvement proposals on the support for women with disabilities as the victims of violence, Ms A. particularly mentions the existence of an inclusive society, the ability to participate and join in. For her, the attendance of school scout meetings in her childhood brought along positive experiences and a “sense of normality” in her life. Furthermore, Ms. A identifies the fact that women with disabilities should not be viewed as genderless people with disabilities, but foremost as women with certain needs.

“Family was never an issue – having a family, children – or sexuality and contraception or where your boundaries are. That you are allowed to say no when something is wrong or someone is coming too close. Those are things which we should have learned.”

A further point of criticism of Ms A. is that she did not have the choice between male or female social workers or nursing staff. A choice should be granted naturally.

Furthermore, Ms A. states the importance that public bodies and the police take experiences of violence seriously.

Attitude towards rights

In terms of empowerment, Ms A states that it is important that women stand up for their rights and learn to resist instead of putting up with things. Awareness raising in this sector have to take place in women with disabilities and society as a whole. Furthermore she criticises the repercussions then and now: Laws and penalties for violence against women with disabilities should become stricter.

“The situation of women with disabilities should be observed closely. If in the rehabilitation or elsewhere. There are just too many dissimilarities and the situation of women with disabilities has to be incorporated into themes regarding women.”

Finally there should be counselling services for women with disabilities, public funding and personal assistance and offers for prevention – for example through self-defence courses, education, emancipation, strengthening of self-fulfilment and identity.

Case study Ms E.

„Almost everyone is discriminated today. One because he wears glasses, the other one because he has a migration background, the next due to disability.“

Mrs. E. is married and lives with her son, her husband and their dogs. She works on the first labour market. Her support needs are covered by personal assistance. Because of her visual impairment, she needs help with activities especially with her son.

Experiences of violence and discrimination in the childhood and adulthood

„My mother was brought up in the forties, what do you do with a blind child. Already then, she said: „You are nothing, you cannot do anything.“

In her childhood, Mrs. E. felt that due to her impairment, she was not wanted, especially from her mother. Also the relationship with her grandmother was difficult, she hit her. Her father embodied a source of protection for her at that time.

„I personally know three blind women. One delivered a child in 1981, the other one in 1980, and the third one was my mother. All three were meant to be sterilized, one defended herself, but they wanted to incapacitate her.“

At the time forced sterilizations were still legal, so her mother only sought medical attention at an advanced stage of the pregnancy as she was afraid they would force her to have an abortion. Immediately after birth her mother was sterilized.

For Mrs. E., school was a difficult time because she had problems to keep up with the age-specific topics with which other girls preoccupied themselves.

„I started going to secondary school when I was fourteen. That’s hard for a girl, because with fourteen...what’s interesting, boys, clothes, and going out. These are all things I couldn’t keep up with. Actually this was the hardest time in terms of social contacts, because in school it didn’t work.“

Even before her majority age she left home and went to the youth welfare office, but was not taken seriously. She was immediately referred to a day center and further referred to a federation for the blind. Because of her experiences with violence and discrimination, she suffered from depression. Through the federation for the blind, doctors and psychotherapy was recommended to her, which helped her. She describes that she was repeatedly subjected to discrimination. At the birth of her son, she was advised by a social worker that her mother should be moving in with her and that frequent verification visits would come. Another time she changed the doctor because he told her that she could not raise her son due to her impairment. Many times she had to listen to verbal abuse in public because her guide dog was not obliged to wear a muzzle.

„Complete strangers go off to me: „Your dog isn't wearing a muzzle and just because you're blind, you do not need to fancy, you have special rights!“ and „Well again a blind social freeloader.“

In addition, she was insulted by children and jostled.

Supporting factors and improvement suggestions

Mrs. E. perceived her parents, friends and an aunt as pillars of support. The federation for the blind offered her a good network and a helping community where she could find many friends. This association has been able to recommend her many doctors and therapists. Further support was given by her psychotherapist. Her guide dog was a motivation and help, through which she had to pull herself together again and again to go outside. Mrs. E. wishes the topic „people with disabilities“ would appear more often in the media. Above all, this should have an enlightening impact. In terms of the experiences she made with young people, she suggests educational school projects. Self-confidence from children should be strengthened at an early stage. Self-defence is a good way to do this. In addition Mrs. E. criticized mental health services and doctors. They would not take her either seriously, take responsibility in drug administration or turn her away because of increased care needs. As a further improvement proposal, she mentions that counselling should be more open to people with disabilities and that information should be provided in Braille. This could be better promoted, if more counselling centres were to network with each other.

8. Reflection

The present study on experiences of violence of women with disabilities and their access to specialised victim support services is able to show that violence has complex and multidimensional effects on women's lives and described what types of construction- and information-related, above all, structural, social and attitudinal barriers women face when seeking support.

The research and discussion, using adequate qualitative methods (focus groups and in-depth interviews), focused on the point of view of women with disabilities who did not only point out deficiencies of the existing support system, but also make suggestions for improvement. In order to complement their points of view, specialised victim support services, such as the intervention centers for women's survivors of domestic violence, women's refuges, counselling centres and DPOs and PDOs, were also included in the study. A quantitative survey and individual interviews with representatives of organisations and institutions were used to bring light on the extent to which women with disabilities are taken into consideration when it comes to protection against violence and supportive measures.

Following the brief discussion of specific problems and methodological challenges of the study, both points of view, of the women with disabilities as well as of the organisations and services, will be reflected and presented below.

9. Problems

The study at hand does not claim to be representative. It was not the aim of the research team to paint a representative picture of the situation in Austria. However, based on multiple research methods, a part of reality, should be presented. The study's objective was to find out about the points of view and opinions of women with disabilities affected by violence, to collect data on the dynamics of violence and to bring barriers to accessibility to light. Moreover ways should be developed to improve the situation together with women with disabilities as well as specialised victim support services, DPOs and PDOs. Therefore, all results of this study are only a part of and insight into our reality, but not a universally valid and comprehensive representation.

It should also be noted that regarding the target groups the results are not able to give a representative sample of provinces, types of organisations, types of impairments and other demographic data. On the one hand, the study focused on including a broad range of different participants but on the other hand – due to project related restrictions - involved affected women, organisations and institutions first taking part in voluntarily.

Thus, it should also be mentioned that the interviewees were already able to talk about their individual experiences and dynamics of violence in a very reflected manner, and that all of them had also received formal and informal support.

Consequently, a subsequent study could not only focus on access to support services but also on access to the justice system (police, courts, compensation, etc.). This would be an interesting and, above all, essential starting point for further empirical research.

The results of this study's quantitative and qualitative surveys should also be reflected regarding their focus on the categories of 'impairments' and 'sex and gender'. The inclusion of these categories in this report was meant to make it more readable and to reflect categorisations of society and its organisations. It is important, however, to realise that working with these categories reproduces exclusions and inclusions, thus partially

counteracting and exacerbating the development of a society non-discriminatory to all its members.

Even though the results are described according to the categories 'sex, gender and impairment', in view of an intersectional perspective other categories shall not be forgotten: the women's reality of life is characterised by different 'axes of inequality' - age, sexual orientation, immigration background, family and social environment, amongst others - that also have a strong impact on how women with disabilities perceive and experience their environment and support system. In order to incorporate this intersectional perspective, the study aimed at conducting in-depth interviews with women with disabilities and develop case studies based on these interviews. These case studies included, analysed and presented the women's experiences of violence and their experiences with existing support structures throughout their lives.

10. Conclusion

The Austrian research team, in cooperation with the project's advisory group, reflected on the results of the analyses.

The **high degree of openness** of the women with disabilities and their want to talk about their experiences of violence and support mechanisms should be mentioned specifically. Almost all women, and especially deaf women, explicitly showed us their appreciation for the project, for contributing to the study and to calling public attention to the situation of women with disabilities affected by violence.

The interviewees provided deep and comprehensive insights into their life stories and showed how extensive and complex the definition of violence should be in order to incorporate all points of view. Bullying, discrimination and, above all, **structural dynamics of violence** are seen as important areas of violence. Structural violence is a form of violence that all interviewees had to experience throughout their lives. For the interviewed women, experiencing structural violence due to their impairments is frequently part of their daily lives as women with disabilities. Structural violence is very complex - it influences different levels of daily life and society and can be caused by individuals from the women's social environment and by institutions as well as by structural circumstances. This is why structural violence is a complex, yet elusive problem.

Another striking result of the analyses is that many interviewees with disabilities were already affected by violence in their **childhood** and continued to experience violence later in life.

Moreover, the women point out that **violence is frequently perpetrated by exploiting their impairments**. For example, deafness or learning difficulties are being used as to not 'listen' to the women or to 'not believe them'; this also applies to mobility impairments that might make it hard for women to escape from violent situations. This is a clear-cut distinction from women without disabilities. Furthermore, many people perceive women with disabilities as being 'asexual', according to some women. This form of denying their physicalness and sexuality can also lead to the women becoming victims of sexual violence because some perpetrators do not perceive their actions as abuse.

Considering the complex barriers women with disabilities face when seeking support, the following points have been found to be of special importance: barriers in the heads of society, political responsibility and lack of financial resources.

According to the interviewees with disabilities, many support structures fail due to the **'barriers in people's heads'** that still prevail in society, but also in the heads of staff members of organisations, and make access to specialised victim support services harder for women with disabilities. The topic of violence against women with disabilities continues to be a taboo. Moreover, in many cases staff members lack the necessary awareness and when

implementing measures, women with disabilities continue to be excluded frequently. Raising awareness within the police, justice, healthcare and education sectors is of special importance for the advisory group.

According to the advisory group and some interviewees, public relations activities should be inclusive in order to break down psychological barriers in people's heads. This means that women with disabilities (affected by violence) themselves should be included in comprehensive public relations activities and awareness-raising measures.

Lacking and insufficient financial resources were an important issue for organisations and interviewed staff members. Although organisations and services try to ensure full accessibility and to include women with disabilities as a target group, many of their efforts fail due to a lack of funding for construction-related measures, preparation of information or training courses.

Thus, the implementation of accessibility is no longer a task of the individual organisation or service but also a **political responsibility**. According to the advisory group, policy makers should show more commitment to improving support structures for persons with disabilities affected by violence and should urge the implementation of the UN Convention on the Rights of Persons with Disabilities (ratified in Austria in 2008) and of the National Action Plan.

Moreover, an essential result of the study was that the **situation of women affected by violence** and their access to specialised victim support services and other support measures **can only be improved** if various levels are taken into account and worked on. Not only is it necessary to implement measures for improvement on the level of reducing barriers in counselling institutions and specialised victim support services and give them adequate financial resources, and/or to work on the level of healthcare and politics. Besides that, measures must also focus on the level of women with disabilities and their own awareness by strengthening their self-esteem and providing sufficient and accessible information on prevention and support.

A very important step when working on the topic violence against women (with disabilities) is **prevention**. It is of special importance to grant girls with disabilities information about the topic of violence and to provide information on support offers in case of experiencing violence. This kind of work has to start in schools. Prevention measures for girls with disabilities also entail strengthening and boosting their self-esteem and self-determination starting at birth. Heteronomy and low self-esteem - as was argued in the qualitative and quantitative surveys as well as by the advisory group - frequently lead to women with disabilities not contacting specialised victim support services or organisations when experiencing violence and being afraid of reporting perpetrators to the police.

An essential concern that mostly came up during focus group discussions is the expansion of **peer counselling** in specialised victim support services and organisations. Employing persons with disabilities as staff members of organisations, services and institutions is of special relevance and importance in order to raise staff members' awareness on the one hand, and to be able to build a trustful setting for counselling and support on the other. When it comes to the implementation of peer counselling, however, it is vital that counsellors are able to attend sufficient further training and education courses in order to provide optimal support on the subject of violence.

An important step towards the improvement of the support system for women affected by violence, according to the advisory group and many representatives of specialised victim support services, is the **comprehensive and multi-layered networking between relevant services**. Up to now, networking between specialised victim support services, such as women's shelters, intervention centers for women's survivor of domestic violence, women's hotlines, and DPOs and PDOs, has only been possible to a limited extent. In addition, the net of support offers should be more transparent. Even organisations and institutions themselves have expressed this wish.

In summary, it can be said that prevention, the improvement of the situation of women with disabilities affected by violence and access to support measures can only succeed if in the future women with disabilities are treated equally on all levels - in the workplace, in public and within their families. All interviewed women aim at and wish for living in an inclusive society in which 'disabilities' or 'being a woman' are not an issue. In order to reach that aim, it is the task and the duty of policy makers to implement measures to guarantee the rights of women with disabilities.

Finally, the study also showed that the interviewed women affected by violence are not just (helpless) victims or prisoners of comprehensive dynamics of violence, but women with special strengths and power who, despite of experiencing discrimination and violence throughout their lives, were able to save themselves by their own efforts - sometimes even from seemingly desperate and hopeless situations. This is exactly where measures should try to connect: with the strengths of these women. Ultimately, a joint support network with these women should be set up that lives up to the postulates of 'equality', 'self-determination' and 'inclusion'.

11. Literature

Schachner, Anna, Sprenger Claudia: Access to Specialised Victim Support Services for Women with Disabilities who have experienced Violence. Internal Working Paper (Results of Focus Group Discussions with Women with Disabilities, Online Questionnaire for and Interviews with Representatives of Victim Support Services). April, 2014.

12. Appendix

12.1 Online questionnaire

Dear Colleague,

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

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

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

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

Thank you very much!

Sabine Mandl and Claudia Sprenger

Ludwig Boltzmann Institute of Human Rights

Please give your feedback and comments to:

sabine.mandl@univie.ac.at and claudia.sprenger@univie.ac.at

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

Ca. ____ %

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

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

no disabled women in our service / institution

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

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

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

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

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

no yes, this includes _____

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

totally accessible partially accessible not accessible

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

no yes, this includes _____

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

totally accessible partially accessible not accessible

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

no yes, this includes _____

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

totally accessible partially accessible not accessible

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

no yes, they include _____

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

- yes
- partially
- no

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

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

- no
- yes, they include _____

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

- yes
- partially
- no

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

- no
- yes, they include _____

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

- yes
- partially
- no

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

- no
- yes, they include _____

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

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

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

- No
- Yes, these include _____

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

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

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

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

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

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

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

- Interest groups of disabled people (e.g. Disabled People's Organisations, Advocacy groups, networks for disabled people/women and their allies) please specify:

- Living and working places for disabled people (e.g. residential homes or workshops for disabled people)
- Counselling centres for disabled people
- Representative/s of disabled people

- Women's or violence counselling centres that explicitly deal with support for disabled women
- Other institutions / centres / persons that advocate for people with disabilities, these include _____

- no, none (yet)

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

- a shelter for battered women?
- a women's advice centre?
- a women's helpline?
- a counselling centre for women who have experienced violence?
- a specific contact point for disabled women who have experienced violence?
- a contact point / counselling centre for disabled women?
- a contact point / counselling centre for disabled women and men?
- something else, (please specify):

26. Is your institution / service

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

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

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

Paid staff members:

Volunteers:

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

Paid staff members:

Volunteers:

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

Yes No

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

Name:

E-Mail address:

Phone number:

Many thanks for your help!

12.2 Guidelines for interviews with representatives of victim support services and DPOs and PDOs

WARMING UP

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

PREVIOUS EXPERIENCES / PREVIOUS OFFERS

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

SUBJECT ACCESSIBILITY OF PROVISION FOR DISABLED WOMEN

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

PUBLIC RELATIONS

Key Question	Prompts
What strategies have you employed to reach disabled women?	What were the noted effects?

	Did the situation change as a result, e.g. was there more take up of the service by disabled women? Was there an attitudinal change among staff about the needs of disabled women?
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COOPERATIONS / COLLABORATIONS

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

FUTURE PERSPECTIVE / OPEN QUESTIONS

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

12.3 Guidelines for Focus Group Discussions

WARMING UP

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

KEY QUESTIONS

Main questions	Optional Questions
<p>Situation Violence – Disability</p> <p>From your point of view, are there differences between the ways that disabled and non- disabled women experience violence? For example in types of violence, in the reactions and the consequences? (If yes, which?)</p>	
<p>Support / Counselling</p> <p>Sometimes it is said that women don't know where to go after they experienced violence.</p> <ul style="list-style-type: none"> ○ If you were in such situation, would you know where to go / where to turn to? Where would you turn to? ○ Do you think other disabled women (also) know where to turn to? 	
<p>When you think about the support organisations you just talked about.</p> <ul style="list-style-type: none"> ○ Do you think you could access these institutions without any problems? ○ Are there differences between disabled women? (<i>Break</i>) And/or to non- disabled women? 	<p>What are the obstacles that disabled women are confronted with?</p>
<p>Which forms of support would you wish / expect when visiting this service after experiencing violence?</p> <p>What help or practical assistance should be available or offered to best support disabled women who have</p>	<p>Could you give some examples of what would be important?</p> <p>What do you think are the criteria for an optimal service?</p>

experienced violence?	
<p>Rights</p> <p>According to the UN convention on the rights of persons with disabilities disabled women have the right to be protected from violence and to a non-violent life. Did you know that?</p> <p>Do you think many disabled women are aware of this right?</p> <p>How could disabled women be informed about their rights in a more sufficient way?</p>	<p>How do you explain this?</p> <p>What would have to be changed for better implementation?</p>
<p>Best Practice</p> <p>Do you know examples of support or counselling services you would recommend because they meet the needs of disabled women? Or could you imagine what such examples of good practice would look like in practice?</p>	<p>What aspects make the service recommendable?</p>
<p>Final question</p> <p>What needs to be changed in future to improve access to and the use of support services for disabled women?</p> <p>We are now at the end of this discussion. As there anything we didn't talk about yet, but what you'd like to discuss? Do you have any questions?</p>	<p>What needs to be done to provide better support to them?</p>

12.4 Guidelines for In-depth interviews with women with disabilities²⁶

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

²⁶ The English guidelines differ to the guidelines, which were used in the interviews in Austria. In Austria and Germany experiences showed that the use of the guidelines is not unproblematic regarding the question for violent experiences during the life. For ethical and safety reasons, the focus of the Austrian guidelines more laid on the challenges women, who experienced violence, met by searching for support.

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

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

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

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