

People with disability and impairment - Key Literature

Australia

Australian Bureau of Statistics (ABS), [Personal Safety, Australia, 2016](#), ABS cat no. 4906.0 (2016).

This release presents information from the Australian Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS).

The survey collected detailed information from men and women aged 18 years and over about their experiences of violence since the age of 18, as well as experiences of current and previous partner violence, stalking, physical and sexual abuse and harassment, abuse before the age of 15, and general feelings of safety.

'Women with a disability or long-term health condition were more likely to have experienced violence than women without a disability or long-term health condition. In 2016, an estimated 5.9% (172,800) of women with a disability or long-term health condition experienced violence in the 12 months prior to the survey, compared to 4.3% (274,400) of those with no disability or long-term health condition.

The proportion of men who experienced violence in the 12 months prior to the survey was similar for men with a disability or long-term health condition (5.6% or 158,100) and men without a disability or long-term health condition (6.2% or 383,200)' (see Tables 6-7).

Australian Bureau of Statistics 2021. [Disability and Violence - In Focus: Crime and Justice Statistics](#). April 2021. Canberra: Australian Bureau of Statistics.

Extract: The 2016 PSS found that living with disability or a long-term health condition raised the likelihood of experiencing various types of violence for women but not for men. These include physical violence by any perpetrator, violence by a cohabiting partner (physical and/or sexual), emotional abuse by a cohabiting partner, sexual harassment by any perpetrator, and stalking by any perpetrator.

The difference was greatest for violence by a cohabiting partner (physical and/or sexual), where women with disability were twice as likely to experience violence by a cohabiting partner as women without disability.

The rate of sexual violence was similar for women with and without disability or a long-term health condition.

For men, disability or a long-term health condition raised the risk of experiencing stalking only (2.5% compared with 1.4%).

The type and severity of disability were also found to impact on the likelihood of victimisation. Both women and men with intellectual/psychological disability were more likely than those with physical disability to experience violence (physical and/or sexual) and emotional abuse by a cohabiting partner, however the difference was more pronounced for women.

The PSS also found that women living with intellectual/psychological disability were more likely to experience cohabiting partner violence (physical and/or sexual) compared with women living with physical disability.

Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia* (Report, 2018).

This report usefully compiles and summarises current statistics on family violence, domestic violence and sexual violence from multiple sources. Its key points are:

- > women are at greater risk of family, domestic and sexual violence;
- > some groups of women are more vulnerable to all three types of violence (in particular, women who are Indigenous, young, pregnant, separating from a partner or experiencing financial hardship and women with disability);
- > children are often exposed to the violence;
- > the three types of violence are leading causes of homelessness and adverse health consequences for women and create significant financial cost; and
- > family violence is worse for Aboriginal and Torres Strait Islander people.

The report also identifies important gaps in the current research on family, domestic and sexual violence. No or limited data is available on:

- > children's experiences, including attitudes, prevalence, severity, frequency, impacts and outcomes of these forms of violence;
- > specific at-risk population groups, including Indigenous Australians, people with disability, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, including those in same-sex relationships;
- > the effect of known risk factors, such as socioeconomic status, employment, income and geographical location;
- > services and responses that victims and perpetrators receive, including specialist services, mainstream services and police and justice responses;
- > pathways, impacts and outcomes for victims and perpetrators; and
- > the evaluation of programs and interventions.

Bagshaw, Dale et al, *Reshaping Responses to Domestic Violence* (Final Report, University of South Australia, April 2000).

Researchers reviewed Australian and overseas domestic violence literature, and then conducted a phone-in and focus groups to assess the needs of women, men and young people who have been involved in domestic violence situations. This required analysis of the primary data collected and consideration of prevention strategies used in Australia and overseas (p8).

- > In relation to perpetrators of domestic violence: 'Two participants had been in relationships that became violent after their partners had experienced medical traumas – in one case a head injury and another, heart surgery. For both participants their relationships had been positive until that point and their commitment to the relationship was sustained by the hope that things would improve or 'get back to normal'. The positive aspects of their relationships were never restored.
- > The authors suggest that when partners have a disability or medical condition, women may be under greater pressure to remain in the abusive relationship. [1.20] They recommend that further research be undertaken to identify the special needs of victims and/or perpetrators with a disability. (p44)
- > P29 also identifies perpetrators' disabilities, such as multiple sclerosis and brain injuries being used as explanations for perpetrators' behaviours by callers in the study.

Boxall H & Morgan A 2021. *Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic?*. *Trends & issues in crime and criminal justice* no. 618. Canberra: Australian Institute of Criminology.

Abstract: In this study, data was analysed from a survey of Australian women (n=9,284) to identify women at the highest risk of physical and sexual violence and coercive control during the early stages of the COVID-19 pandemic.

Logistic regression modelling identified that specific groups of women were more likely than the general population to have experienced physical and sexual violence in the past three months. These were Aboriginal and Torres Strait Islander women, women aged 18–24, women with a restrictive health condition, pregnant women and women in financial stress. Similar results were identified for coercive control, and the co-occurrence of both physical/sexual violence and coercive control.

These results show that domestic violence during the early stages of the COVID-19 pandemic was not evenly distributed across the Australian community, but more likely to occur among particular groups.

Boxall H, Morgan A & Brown R 2021. [Experiences of domestic violence among women with restrictive long-term health conditions: Report for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#). Statistical Report no. 32. Canberra: Australian Institute of Criminology.

This report was prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. It describes the domestic violence experiences of women with restrictive long-term health conditions during the initial stages of the COVID-19 pandemic, using survey data collected in May 2020 from over 8,000 Australian women who were in a current relationship.

After controlling for a number of other factors associated with domestic violence such as age, Indigenous status and education level, women with a restrictive long-term health condition were more likely than women without such health conditions to have experienced physical or sexual partner violence and/or coercive control in the three months prior to the survey. Women with restrictive long-term health conditions were also more likely to report experiencing the onset or escalation of domestic violence in the past three months. The risk of domestic violence was even higher among women with intersecting risk factors for domestic violence: Indigenous women, women from non-English-speaking backgrounds, and women under financial stress.

Brain Injury Australia, [‘The Prevalence of Acquired Brain Injury among Victims and Perpetrators of Family Violence’ \(April 2018\)](#).

This resource provides detailed analysis of the prevalence of acquired brain injuries among both victims and perpetrators of family violence. For both victims and perpetrators, brain injury impacts capacity to recover, change and safeguard future wellbeing. This study utilises data obtained from Victorian hospitals between 2006 and 2016 (p 25). Family violence is a significant cause of brain injury, with around 40 percent of victims having sustained a brain injury (pp 29). Moreover, brain injury was associated with 14 of the 17

family violence-related deaths in the study period (p 29). There is also evidence to suggest that rates of brain injury among perpetrators of family violence are disproportionately high, indicating that having suffered a brain injury is a risk factor for future perpetration of family violence (p 19). Finally, the study highlights that the available data is likely to represent the 'tip of the iceberg', with many injuries going unreported or undiagnosed, emphasising the need for additional research in this area (pp 34-5).

Darshini Ayton, Elizabeth Pritchard and Tess Tsindos, 'Acquired Brain Injury in the Context of Family Violence: A Systematic Scoping Review of Incidence, Prevalence, and Contributing Factors' (2019) *Trauma, Violence & Abuse* 1-15.

Acquired brain injury (ABI) is regarded as the forerunner to, or result of, family violence. ABI is an umbrella term for conditions such as traumatic brain injury (TBI), stroke, aneurysm, brain tumour or vestibular dysfunction. In particular, TBIs are associated with reduced cognitive and physical functioning, negative psychological responses (such as depression and post-traumatic stress disorder), and even death. Family violence may be perpetrated by someone who has previously suffered a TBI and/or the victim may sustain a TBI from violence. Although studies have considered TBIs and family violence separately, there is limited evidence assessing the nexus between these two phenomena. This article presents a systematic review of current literature regarding incidence, prevalence and contributing factors of brain injury within a family violence context. Results showed that the factors contributing to brain injury within the family violence context had multifactorial causation and varied significantly across the studied populations. A number of biological, behavioural, structural, social and environmental factors were identified as negatively affecting the incidence and prevalence of brain injury and family violence. Biological factors that contributed to being a victim of family violence included age and gender of parent/baby. The social factor of previous child abuse was correlated with ongoing abuse later in life, but is yet to be fully explored. Environmental factors, such as hostile living environments and exposure to natural disasters, also have not been thoroughly investigated in relation to IPV or TBI, but are linked to an increase in parental stress and contributed to greater levels of child maltreatment. One limitation of the review was that the underreporting of family violence may have affected the accuracy and generalisability of incidence and prevalence statistics.

Dimopoulos, Georgina, and Elanor Fenge, *Voices Against Violence: Paper 3, A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria* (Women With Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, 2013).

This paper identifies that women with disabilities are at a significantly greater risk of sexual assault than women without disabilities and identifies a number of barriers to justice (p 14):

- Inadequate education and barriers to access of information resulting in a woman's lack of knowledge or awareness that a sexual offence has been committed against her.

- > Communication difficulties that impede the woman's ability to disclose sexual assault and articulate particulars.
- > A greater dependence on others for her basic needs, care and support.
- > A woman's care provider or family member acting as a 'gatekeeper' to disclosure, information and assistance.
- > Power imbalances in the relationship between the woman and the perpetrator, who may be an intimate partner, family member or care provider.
- > Physical and social isolation, which prevent a woman from accessing support services.

This paper considers evidentiary issues for women with disabilities in family violence and sexual offence proceedings (pp. 119-130).

Dowse, Leanne, Karen Soldatic, Jo Spangaro, and Georgia van Toorn, 'Mind the gap: the extent of violence against women with disabilities in Australia' (2016) 51(3) *Australian Journal of Social Issues* 341.

Identifies that further analysis of the 2012 Personal Safety Survey data indicates that among women with disabilities aged under 50, 62 per cent have experienced violence since the age of 15, and women with disabilities had experienced three times the rate of sexual violence in the past 12 months compared to those without disabilities. These findings still do not represent the full extent of violence against women with disabilities, since the Personal Safety Survey samples only women who reside in private dwellings and excludes those living in disability care settings. (p.341).

Dyson, Sue, Patsie Frawley and Sally Robinson, "*Whatever it takes*": Access for women with disabilities to domestic and family violence services: Final report (ANROWS, 2017).

The report highlights that accessibility includes how services think about disability (attitudinal factors) and how information about services is made available (p 3). The report states that "[e]nsuring physical access is important, but service accessibility needs to be understood and promoted, so that women with disabilities know services exist that can help them, and that they will be received, acknowledged, and heard by tertiary response services. Good practice principles for accessibility suggest that services must be approachable, acceptable, affordable, available, and appropriate" (p 43).

Frawley, Patsie, Sue Dyson, Sally Robinson and Jen Dixon, *What Does It Take? Developing Informed and Effective Tertiary Responses to Violence and Abuse of Women and Girls with Disabilities in Australia: State of Knowledge paper* (ANROWS, 2015).

This literature review examines the scope, nature and incidence of violence and abuse experienced by women and young women with disabilities. It includes relevant statistics. It identifies that 'women and young women with disabilities experience all forms of violence and abuse as other women experience. However,

women with disabilities experience violence and abuse, including sexual abuse, at significantly higher rates than women who do not have disabilities' (p 5).

George, Amanda, and Bridget Harris, *Landscapes of Violence: Women Surviving Family Violence in Regional and Rural Victoria* (Centre for Rural and Regional Law and Justice, Deakin University, 2014).

This research reports that women with disabilities who experience family violence face additional barriers including dependency on those who provide support, limited private finances, limited access to suitable transport, social isolation and limited support services that are responsive to their needs and these barriers are compounded in a rural setting. This paper also reports on fears held by women with disability that their children will be removed from their care (pp 139-140).

Harpur, Paul, and Heather Douglas, 'Disability and Domestic Violence: Protecting Survivors' Human Rights' (2015) 23 (3) *Griffith Law Review* 405.

This paper reviews the literature in relation to domestic violence, the legal system and disability. It considers how disability domestic violence may be manifested eg pp 408-411 identifies that those victims who require support from their partners for daily tasks can be especially vulnerable to abuse (e.g. leaving a person who requires assistance off the toilet on the toilet for hours). Victims who rely on mobility aids, medication or medical technologies are especially vulnerable to partners who restrict access. It notes that people with disabilities have significantly different relationships with their pets when pets are service animals (e.g. guide dogs for blind and deaf people) – perpetrators who threaten or harm pets can have an extremely disabling impact upon a survivor with a disability; threatening to injure or immobilise a service animal is particularly distressing for a person who relies on that animal for their independence.

Henry, Nicola, Asher Flynn and Anastasia Powell, *Image-based sexual abuse: Victims and perpetrators* (Australian Institute of Criminology Report No. 572 March 2019).

Report abstract:

Image-based sexual abuse (IBSA) refers to the non-consensual creation, distribution or threatened distribution of nude or sexual images. This research examines the prevalence, nature and impacts of IBSA victimisation and perpetration in Australia. This form of abuse was found to be relatively common among respondents surveyed and to disproportionately affect Aboriginal and Torres Strait Islander people, people with a disability, homosexual and bisexual people and young people. The nature of victimisation and perpetration was found to differ by gender, with males more likely to perpetrate IBSA, and females more likely to be victimised by a partner or ex-partner.

Maier, JaneMaree, et al., *Women, disability and violence: Barriers to accessing justice—Final Report* (ANROWS, 2018).

Women with disability face additional barriers related to acknowledging and disclosing violence that must be addressed before fundamental steps, including escaping or planning to escape a violent situation, can be considered (p 33).

The report identified current critical barriers to justice (pp 29-32), including:

- > Normalisation of violence within service systems and society more generally (this was identified in interviews as the most difficult barrier to overcome, see p 37);
- > Victim-blaming and disbelieving reports (police responses as questioning credibility; or an unwillingness to investigate);
- > Lack of awareness of disability in the criminal justice system (that is, a failure to recognise disability, provide reasonable adjustments, adequately investigate, or recognise the abuse as violence);
- > Limited resources in the community legal sector (including lack of accessible services);
- > Limited access to, and knowledge of, legal rights; and
- > Fear of reprisal.

Mitra-Kahn, Trishima, Carolyn Newbigin and Sophie Hardefeldt, *Invisible women, invisible violence: Understanding and improving data on the experiences of domestic and family violence and sexual assault for diverse groups of women: State of knowledge paper* (ANROWS, 2016).

This paper establishes the state of knowledge about the experiences of domestic and family violence and sexual assault against women from diverse groups, including women with disabilities. It explains that women with disabilities are more likely, across their lifetime, to experience violence from multiple perpetrators compared to women without disabilities, and when violence does occur, it is likely to be more frequent, severe, and to continue for a longer duration (p 26). Research shows that women with disabilities experience specific forms of violence, such as a perpetrator in a carer role taking advantage of their dependency; restriction or withholding of aids or medication; withholding of essential assistance; financial abuse; and involuntary sterilisation and/or termination of pregnancy (p 26). Access to support services and justice responses can be limited by social and physical environmental barriers, as well as lack of appropriate educational resources on rights and seeking assistance (pp 26-27). Being disbelieved is a further and fundamental barrier for women with disabilities. Access to justice can be hindered by, for example, women being assessed as legally incapable to give evidence, being unable to access communication aids or interpreters, and having perpetrators of serious crimes against them going unprosecuted (p 27).

New South Wales Law Reform Commission, *People with Cognitive and Mental Health Impairments in the Criminal Justice System: Diversion*, Report 135 (2012).

Although focused on criminal justice this report provides a useful definition of cognitive impairment (pp 135-137). It defines cognitive impairment as an ongoing impairment in comprehension, reason, adaptive functioning, judgment, learning or memory that is the result of any damage to, dysfunction, developmental delay or deterioration of the brain or mind. It may arise from but is not limited to intellectual disability, borderline intellectual functioning, dementias, acquired brain injury, drug or alcohol related brain damage and autism spectrum disorders.

Office of Public Advocate (Queensland) Systems Advocacy, *Submission to the Australian Human Rights Commission, The Investigation into Access to Justice in the Criminal Justice System for People with Disability*, August 2013.

While not specific to DV, this submission canvasses the Queensland-specific legal processes around people with disabilities in the criminal justice system, and the considerations that need to be taken into account.

See especially:

- > '2.1 Defendants' (from pp2-3) drawing on statistics of intellectual disability and literacy levels in Queensland prisoners;
- > '4.3 The Court Process' (pp8-12) discussing evidence-in-chief and cross-examination considerations that need to be made for defendants with disabilities. This section also discusses identifying and communicating with people with intellectual disability or impaired decision-making (p10);
- > '4.4 Court Diversions' (pp12-14) discussing specialist mental health and diversion programs for judicial officers to consider.

People with Disability Australia (PWDA) and Domestic Violence NSW (DVNSW), *Women with Disability and Domestic and Family Violence: A Guide for Policy and Practice* (Toolkit, 8 March 2015).

This guide reports that 19% of Australian women have a disability. Drawing on available research the authors identify that Australian women with disability are 37.3% more at risk of domestic and family violence. In NSW, over 43% of women experiencing personal violence have disability or long-term illness, meaning that they experience violence at twice the rate of other women (p1).

The report defines disability: 'Disability is now usually understood using the social model of disability, which emphasises that disability results from disabling environmental and social barriers (p1). Physical, attitudinal and communication barriers reduce the opportunities afforded to people with impairments, resulting in unequal access, exclusion and/or discrimination. The social model of disability highlights that it is a shared responsibility to ensure equality of access for all by addressing barriers to inclusion and full participation for people with disability'.

Barriers to seeking assistance include (pp4-5):

- > Unawareness of services available to them; Information not being available in correct formats (Easy English, Auslan, braille etc).
- > Inappropriate or inadequate education of their rights, or of the criminal nature of domestic and family violence.
- > Women with disability are frequently not believed upon disclosing their experiences of violence and abuse.
- > Inappropriate responses to disclosure resulting from social myths about people with disability (e.g. people with disability are innocent, do not have sexual feelings, are incapable of sustaining relationships; or are 'hypersexual', lack the ability to control themselves) – these myths shift blame from perpetrator to the person being abused.
- > Discriminatory stereotypes.
- > Fear of losing custody of children to abusive partner or family member (women with disability do disproportionately have children removed from their care).
- > Crisis accommodation may be inaccessible or unable to provide women with disability with enough personal support.
- > Women with disability may be reliant on their abuser for daily, personal care.
- > Fear of being institutionalised.
- > Women with disability may be physically segregated in residential institutions due to discrimination and prejudice, removing support networks and isolating them physically or socially.

The report discusses the major access issues to Family Violence Services (and these have relevance to courts) (pp 6-10):

- > Inaccessible information and communication (information not available in alternative formats, not distributed in locations frequented by women with disability, may not acknowledge complex difficulties faced by women with disability).
- > Physical inaccessibility (not just wheelchair users - women with physical, visual, hearing impairments and/or mental illness face various barriers in environments that do not accommodate their presence)
- > Organisational attitudes and experience (attitudes of service staff, managers and governance bodies;

stereotypes and myths)

- > Perceived discrimination (belief that family violence services and refuges are unsafe, unapproachable and inaccessible; fear of discrimination).

Women With Disabilities Australia, *Stop The Violence: Facts & Figures* (2013).

This factsheet on women and girls in Australia with disability includes statistics from a number of national studies including ABS. For example:

- > Women with disabilities make up 20% of the population of women in Australia (nearly 2 million women).
- > Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities.
- > 51% of women with disabilities earn less than \$200 per week compared to 36% of men with a disability.
- > Men with disabilities are twice as likely to be in paid employment as women with disabilities.
- > Women with disability were 37.3% more likely than women without disability to report experiencing some form of intimate partner violence.
- > 19.7% of women with disability reported a history of unwanted sex compared to 8.2% of women without disability.

International

Amanda St Ivany, Susan Kools, Phyllis Sharps and Linda Bullock, 'Extreme Control and Instability: Insight Into Head Injury From Intimate Partner Violence' (2018) 14(4) *Journal of Forensic Nursing* 198-205.

Head injuries and intimate partner violence (IPV) are underreported due to the unwillingness of victims to seek medical care after suffering a head injury, or to report an incident of IPV to authorities. Other barriers to understanding the prevalence of IPV-induced head injury include a lack of specific screening tools, as well as difficulties with classification and diagnosis of mild traumatic brain injury (TBI) when women do seek medical assistance. This study reports on 21 interviews from nine (US) women who self-reported passing out from a blow to the head. None of the women received medical care for their head trauma. A main reason for why the women did not receive medical care for their head injury was because the abusers made unwanted sexual advances immediately after the head injury in order to assert dominance and instil fear. Abusers exhibited characteristics of extreme control and manipulation. Further, the women in the study reported living with instability from not having control over basic needs (such as housing), cycles of incarceration, drug and alcohol use and fear of being separated from their children. A further element of

instability was the varied police response they received when they did report incidents of IPV. This also often placed them at a higher risk for violence and retaliation from their abusers.

Kastello, Jennifer et. al., 'Predictors of Depression Symptoms Among Low-Income Women Exposed to Perinatal Intimate Partner Violence' (2016) 52(6) Community Mental Health Journal 683-90.

This US study assessed 239 low-income pregnant women for their risk of depression. It found that women experiencing severe psychological intimate partner violence (IPV) were 3.16 times more likely to have a high risk for depression compared to women experiencing severe physical or sexual IPV (p 686).

McCarthy, M., Bates, C., Triantafyllopoulou, P., et. al., "'Put bluntly, they are targeted by the worst creeps society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities' (2019) 32(1) Journal of Applied Research in Intellectual Disabilities 71-81.

An online survey of police, and health and social care professionals (total n717) across the UK was conducted to investigate their attitudes, experiences and responses towards the domestic violence experienced by women with intellectual disabilities. Results showed that half of the respondents had direct experience of working with an intellectually disabled woman who had also suffered from domestic violence. Professionals were more likely than police to view women with intellectual disabilities as being particularly vulnerable. The majority of professionals and police believed that women with intellectual disabilities were deliberately targeted by abusive men. The authors conclude that further training of police, and health and social care professionals is required in this area.

Michelle S Ballan et al, 'Intimate Partner Violence Among Help-Seeking Deaf Women: An Empirical Study' (2017) 23(13) Violence Against Women 1585-1600.

Deaf women experience heightened rates of intimate partner violence compared to hearing women, but there is limited research on the experiences of this community (pp 1586-7). In service provision, the particular communication needs of deaf survivors must be accommodated, through providing consistent access to ASL interpreters, and facilitating access to the victim's preferred interpreter wherever possible (p 1596).

Nemeth, Julianna et al., Provider Perceptions and Domestic Violence (DV) Survivor Experiences of Traumatic and Anoxic-Hypoxic Brain Injury: Implications for DV Advocacy Service Provision, (2019) 28(6) Journal of Aggression, Maltreatment & Trauma 744-63

This study sought to 1) characterise provider knowledge, experience and perception of the impact of brain injury (BI) on the experiences of DV survivors within services, and 2) document DV survivors' experiences with abuse exposures that can lead to traumatic or anoxic-hypoxic brain injury along with their perception of

how programs address brain injury (p 747). The authors examined data on BI and strangulation collected from five domestic violence advocacy organisations: 11 focus groups were conducted with service providers and interview administered surveys were completed with survivors. Results show a discrepancy between providers' perception of the potential impact of BI on survivors' ability to access services, and the pervasive exposure to incidents of head trauma and strangulation that could cause brain injury among the population. Over 81% of survivors reported having been hit in the head or been made to have their head hit another object at least once, and over 83% of survivors reported being strangled.

Shah, Sonali, Lito Tsitsou and Sarah Woodin, 'Hidden Voices: Disabled Women's Experiences of Violence and Support Over the Life Course' (2016) 22(10) *Violence Against Women* 1189-1210.

Fifteen disabled women were interviewed about their life stories. The UK based study notes that "disabled women are significantly more likely to experience violence compared with their nondisabled contemporaries, at the hands of different perpetrators, including paid and unpaid carers, and in various ways, including those specific to their impairment" (p 1206).

Barriers to support for disabled women include, but are not limited to (p 1193):

- > an inability to physically access services;
- > an inability to access public materials;
- > the lack of accessible alternative accommodation such as refuges;
- > social stereotypes that assume that disabled people are asexual, tragic or burdens to society;
- > legal professionals' poor understanding of disability and impairment-specific abuse;
- > fear of children being taken away by authorities if violence is disclosed; and
- > fear of disbelief if violence is disclosed.

Stewart, Lynn A and Jenelle Power, 'Profile and Programming Needs of Federal Offenders with Histories of Intimate Partner Violence' (2014) 29(15) *Journal of Interpersonal Violence* 2723.

This study presents data on male perpetrators of domestic violence (DV) in the Correctional Service of Canada (CSC) using two samples: (a) a snapshot of all male offenders who had been assessed for DV ($n = 15,166$) and (b) a cumulative sample of male offenders from 2002-2010 who had been assessed as moderate or high risk for further DV ($n = 4,261$). DV offenders were compared to a cohort sample of non-DV offenders ($n = 4,261$). Findings included that DV offenders had higher risk and criminogenic need ratings, and 50% more learning disabilities (18.4%) and mental health problems (15%), and more extensive criminal histories than those without DV histories. Aboriginal DV offenders had high levels of alcohol dependence, suggesting a need for substance abuse treatment as part of DV programming.

The Disabilities Trust, [Making the Link: Female Offending and Brain Injury \(2018\)](#).

This study focuses on brain injury in female offenders – one of the most vulnerable individuals in the criminal justice system. Female prisoners are twice as likely as male prisoners to experience anxiety and depression, incidences of self-harm, and domestic violence and abuse. In addition, a number of female prisoners may suffer undiagnosed brain injuries, which cause cognitive, behavioural and emotional problems, such as loss of memory, concentration, confusion and increased aggression. From 2016-2018, the Disabilities Trust introduced a Brain Injury Linkworker (BIL) service at HMP/YOI Drake Hall (a female prison in the UK) which provided specialist support to women with a history of brain injury. During the delivery of the BIL service, the study also found that there were 196 reports of brain injuries from severe blows to the head. 96% of female offenders reported experiencing domestic abuse, 62% reported to sustaining a traumatic brain injury (TBI) due to domestic violence, and 33% reported to sustaining their first brain injury prior to committing their first offence.