



Vision Sense
Training • Research • Audit • Advocacy

**DRILL Fast Track Pilot Project 2017-18:
Tackling Violence and Abuse Against Disabled /
Deaf Women & Girls in the Longer Term**



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The User-Led Perspective..

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In memory of Jillian Grant, aged 38



A blind woman and volunteer for RNIB.

Her body was found on Christmas Day, 2017, in North Tyneside.



Mark Smith, 41, from North Tyneside, initially denied killing 38-year-old Jillian Grant, but changed his plea at Newcastle Crown Court.



User-led DRILL projects:

Vision Sense is:

A not-for profit, social enterprise of disabled people (ULO), formed in 2003.

The Lead Partner and main point of contact and administration for the project.

It sub-contracted and worked in co-production with the partners “AVA” and “CeDR” to successfully deliver this project.

Project kindly funded by DRILL (Big Lottery Funded) for eighteen months.

Total funding: £39,959.46



User-led activity:

Vision Sense activities:

- 1) Gathering the experiences, barriers, enablers and recommendations from 60 disabled/Deaf women who are victim-survivors of violence or abuse and 20 interviews
- 2) The particular focus of the interviews and discussions is:
 - a) Longer term (beyond six months after the refuge point/any legal action against the perpetrator etc
 - b) Barriers to safety and independent living
 - c) Recommendations for safeguarding, social care, housing and mental health services in the statutory, private and voluntary sectors.



User-led activity:

A training session for disabled/Deaf women who are survivors of violence.

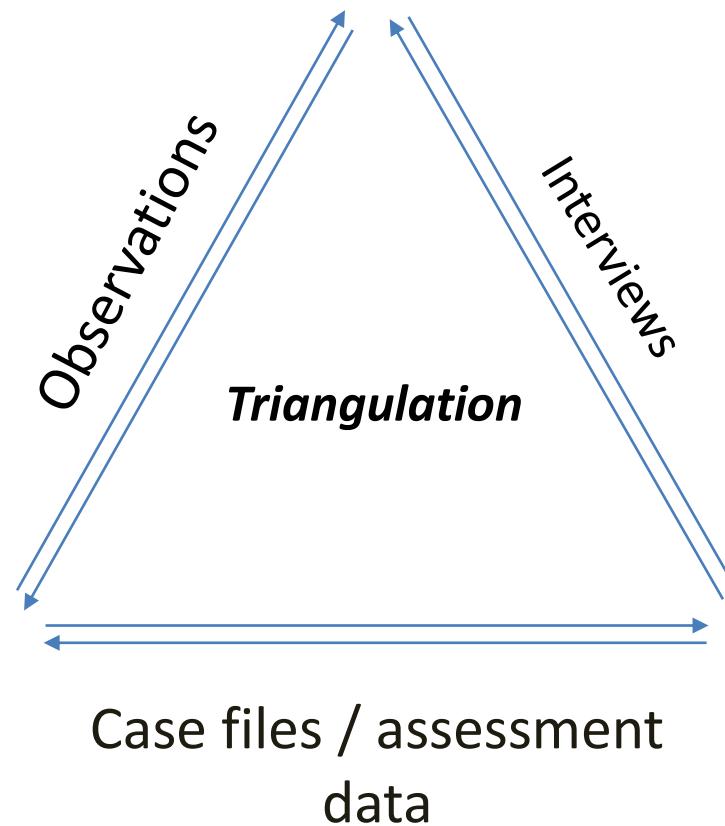
Up to 10 free places for survivors on Levels 1 and/or 2 Safety Ambassadors training for disabled/Deaf women who are survivors of violence.



Our DRILL Project Research Principles

- User-led projects
- Independent research (rigor and ethics, freedom of reporting)
- Approval from Faculty Ethics Committee, Lancaster University
- Mixed social science methods
 - Quantitative – measuring what happened
 - Qualitative – finding out why it happened
 - Appreciative Inquiry (Preskill & Tzavaras Catsambas, 2013, Kwok, 2006)
- Situation-specific context (violence, women's services, housing, social care, mental health, England & Wales)
- Coding and triangulation of results
- Critical analysis of results

Triangulation Analysis



Do the findings from each component research agree (convergence),
give complementary information (complementarity),
or contradict each other (discrepancy or dissonance)?



What do disabled/Deaf women and girls want from services to help them stay safe in the medium and longer term after violence and abuse?

1a) Stable, safe, accessible housing:

“Nobody can get a life and make friends if you are moving every few weeks from B&B to crummy flat. They were in different places – I had no help to work out where the buses were or how to get to the nearest shop”

b) Living near friends and family:

“It really helped living near my sister. He [the perpetrator] had ruined all my relationships and stopped me seeing people. So being able to help her out, like baby sitting and popping round for a cuppa, really helped me to move on. They tried to offer me a house miles from anyone and I didn’t want to be more lonely again.”

c)A choice of personal assistance:

“I really didn’t want just anyone doing my bathing, so the ability to choose who was looking after me, instead of an agency sending different carers, was really important for me to be safe. I mean they have a key – you don’t want just anyone wandering in!”



Friendship with other survivors; tackling isolation.

Orpita: I go to my friends and we talk about other things. We might fold washing and just talk or make some big pots of meals for both of us for the week. You don't have to cry or Be loud, you can just be there, or she comes to my house and does the same. But it is good she has been through that as well so I don't have to explain all the time.



Friendship with other survivors; tackling isolation.

Carla: [The choir] is one night a week, gets you right out properly, then you are tired when you come back so I get a proper night kip. It's allsorts – not just hymns and that. We do African songs and classical.

I've even been to the Sage [a prestigious music venue on Tyneside].

Never thought I'd ever do things like that! There's about twenty – proper members - so you can hide in the back and we all wear black so ye don't feel stupid with what you wear. I look forward to it.

Then I practice at them as well. An you can talk to people there - like men – and not think they are gonna get you into bed, cos they're all for the singing.



What helps Survivors longer term? Helping others / altruism / reciprocity

Kathleen: If it wasn't for the group, I wouldn't have gone out...We are all ladies and all self-advocates. People like us [with the label of learning difficulty] come to the group and we talk about what we should do about problems. Then we say how we can help ourselves then we plan things.

Doris: I know My Sister's Place. It was a refuge but it's grown. It's good for women cos you can say to people, I'm going to my sister's place. If they don't know what it is it sounds normal, not like a project. Clever, that.

Susie: What's good about the work there?

Becks: I look after old ladies from there. I go and visit them and put the kettle on. They think I pop in because I'm lonely but really I'm looking after them.



What can we do? Preventing violence and abuse..

Self-advocacy, peer advocacy and independent advocacy

Having people in someone's life who aren't paid to be there...

Building social capital and communities

Dignity and quality of life

Reduce poverty and isolation..

Improving the representation of disabled people in work, civil society and democracy

Sensible risk appraisal, not risk avoidance: "what good is it making someone safer if it merely makes them miserable?"

Lord Justice Munby



Recommendations:

Improving longer term services for survivors..

1) Gender specific services that take account of violence

Elsie: "My doctor got me to go to CBT. I would have liked a woman therapist but they didn't offer me one. I went anyway and told the man who was doing it about my ex hitting me. He said, 'We don't cover that here – it's specialist' but the doctor just said that was all there was."

2) Routine Enquiry & Access Requirements

Josie: "I just want to be able to get help without having to explain my disability or my violence. If they just asked everyone, what do you need, like Braille, and have you ever had violence, that would make it so much easier. It gets exhausting having to teach everyone about everything I need. It should be their job to be able to help."

Adopt the social model of disability....



A person with an impairment is disabled by attitudes and barriers in society.

Disability - the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS, 1976).

What are the barriers to safety, human rights and equality for disabled people in your service?



“Health and social care service managers and professionals should ensure *front-line staff in all services* are trained to recognise the indicators of domestic violence and abuse”

(2014)

Disabled trainers, survivor-led training with lived experience of violence, social model training.

Quality Checkers and Experts By Experience

The Quality Checkers programme:

disabled people measure the quality of health and social care services they use, nationally after the Mazars independent review – Southern Health NHS Foundation Trust (2015)

Experts by Experience speak to people using services and their family/advocates on inspections of services. They may either do this face-to-face or on the telephone depending on the service to be inspected. They also observe how the service is delivered and speak to staff.

Findings from disabled people are used to support the inspectors' judgments on services and can also be included in inspection reports.





Thank you!

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Any questions? Thank you!

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