

Technology-Facilitated Abuse: Survivor Focused Support for Women with Disabilities

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Introduction

Refuge's specialist Technology-Facilitated Abuse and Economic Empowerment service was established in 2017 to address the growing demand for dedicated support in relation to abusers misusing technology to cause harm, stalk and monitor victim/survivors. The service was designed to directly support victims/survivors facing complex tech concerns, conducting tech assessments and providing guidance and advice to ensure victims/survivors can stay connected online safely. The need for support has evolved with the service supporting complex cases relating to stalking, tracking, stalkerware, online economic abuse and more recently developments in artificial intelligence facilitating abusers creating images and videos that can act as a powerful tool for blackmail. During our tech assessments with victims/survivors it has become apparent that the needs of disabled women differ from women without a disability. It is also clear that victims/survivors feel more comfortable and supported accessing specialist services, that understand their needs and accessibility requirements. This chapter explores the intersection of disability, gender and technology. There is analysis of how technology both empowers victims/survivors and creates harm and barriers to seeking support services. Exploring the unique challenges faced by disabled women living in an abusive relationship and fleeing domestic abuse.

Disability is not just defined a person having a physical disability, disability can also be an intellectual disability, developmental disability and includes invisible disabilities. The Invisible Disabilities Association (2019) states an invisible disability is a physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person's movement, senses, or activities. Unfortunately, the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions, and judgements. For this chapter, I have focused interviews on victims/survivors with physical disabilities. The chapter will explore the impacts and barriers victims/survivors face when seeking support from domestic abuse agencies in the UK. Analysing the additional barriers, they face due to their disabilities. Alongside an analysis from interviews with specialist services who directly support survivors. The concluding part of the chapter analyses the societal and systematic issues victims/survivors face, the role of policy and legislation in protection and safeguarding and highlighting the gaps. Recommendations from

victims/survivors for accessibility and design principles for tech developers when they are creating products and considering product safety through the lens of a disabled user.

Methodology

My research was concluded in two parts, the first part consisted of interviews with victims/survivors that had accessed tech-facilitated abuse support from Refuge. Data from our recording system identified victims/survivors who had disclosed a physical disability. I interviewed 15 disabled women over a 2-month period. Interviews were conducted over Teams and lasted between 40-60 minutes. Questions focused on barriers seeking support, impacts for victims/survivors and any recommendations to improve responses. I ensured that all victims/survivors had a tech assessment completed which ensured that their technology was secured, they were all post separation and living in a place of safety. Below is an overview of the interviews conducted, highlighting key concerns and themes.

The second part of my research consisted of interviewing a specialist domestic abuse support agency in the UK called SignHealth, they are a Deaf Health charity supporting deaf people and professionals. I reviewed consultation notes from meetings my team conducted with specialist services, to identify key themes and areas of concerns professionals raised in relation to tech-facilitated abuse support.

*** All names have been changed and key details have been anonymised.**

Demographics

- 15 women interviewed between June and July 2024
- Ages: 19-56
- Ethnicities: Asian British 4 survivors, White British 6 survivors, Black British 3 survivors and Unknown 2 survivors.
- Disabilities reported: Mobility/Physical 4 survivors, Invisible Disabilities 2 survivors, Neurological 2 survivors, Visual 3 survivors, Hearing 2 survivors and Spinal 1 survivor.

Key themes identified

- Removal and destruction of specialist equipment.
- Withholding access to medical care, appointments, medication, and aids.
- Lack of privacy and increase in monitoring and surveillance via technology.

- Manipulation of agencies, children and family to isolate the victims/survivors.
- Withholding finances, misuse of personal payments, fraud and coerced debts.

Technology-Facilitated Abuse

Victims/survivors were interviewed and asked how technology either helped or harmed them during their relationship with the abuser. Survivors reported that abusers used technology as a guise to track and survey them and this was accepted by agencies as being a support rather than domestic abuse.

One survivor reported to Adult Social Care her concerns with the monitoring and cameras within the home, her Social Worker brushed off the concerns as her partner explained they were in place to watch her as she was prone to falls. This was not true however; the excuse was deemed plausible, and no agencies intervened again. Many victims/survivors reported how post separation they can see the many benefits that being digitally connected brings, however, during the relationship technology was misused as a weapon to control and isolate the victims/survivors.

The most common concerns raised by victims/survivors were harassment on social media and poor response from the platforms. Abusers sharing personal information across dating and social media platforms, resulting in an increase in hate crimes. Risks associated with scams and romance fraud. Misuse of the disability scheme to purchase cars on finance and leave the survivors liable for the payments. Fraud, coerced debts and lack of access to finances.

Monitoring through home technology.

“We had cameras in every room, listening devices, smart tech all through the home, that I did not want and did not set up, I had no access to any of the Apps. I often said I felt uncomfortable with the cameras and my ex-partner just dismissed me and said he only put them there for my benefit. When I reported to family members that they made me feel uncomfortable they sided with my ex-partner, I even asked my sister how she would feel with that amount of surveillance within the home, and she stated she wouldn’t need it because she was able bodied. He used my disability to abuse me, and everybody saw this as OK because I have less autonomy of my body and surroundings because of my disability, and this is wrong”.

Many victims/survivors reported the need for adaptive technology within the home and how this was their lifeline and how their abusers would often misuse this, take the tech away to isolate them and create dependencies.

“My ex-partner knew that I needed my screen reader and talking aids to help keep me independent. He would often hide them and when I told him I couldn’t find them, he would beret me and tell me I was stupid. He claimed to help me look for them, but I knew I always left them in the same place, it could only be him moving them. He made me think I was going mad and many times it left me unable to read emails and work. I became so depressed and isolated from my friends online. He wanted me to become more reliant on him, and for a while it worked”.

“My ex-partner put images of me on social media with my name and phone number. I was hounded by people I didn’t know sending me lots of abuse, most related to calling me names for having a physical disability. I reported this to the police, and they said they couldn’t do anything because most of the accounts were fake. My ex but my details on multiple dating sites, in the end I had to change my phone number as I was constantly harassed”.

Economic Abuse

One of the most prevalent themes identified from my interviews was economic abuse, every victim/survivor interviewed disclosed an element of economic abuse within their abusive relationship. Nearly all described issues relating to joint bank accounts, having no access to a card, never having access to bank statements or having any autonomy over their own finances.

“My ex-partner never let me have access to our bank account, I never knew how much was in the account. I had to ask for money and was always told no as I never went out without him so I wouldn’t need my own cash. It kept me trapped in the home and isolated, over time what little independence I had was lost. Is all my Social Workers saw was an attentive partner, nobody saw it for what it was, because I have a physical disability, they just assumed that I didn’t want to go out on my own and was able to have a say over my own finances”.

Alongside joint bank account concerns, debts, fraud and coerced debts were issues raised. Many victims/survivors reported their abusers having a gambling problem, with many not becoming aware until after the relationship ended.

“My ex-husband had a huge gambling problem, I always suspected this, we never had any money, and he was always borrowing from my family and never paying the money back. I couldn’t understand how we never had any money. I repeatedly asked to see our bank accounts and he wouldn’t let me, saying I was awful with money and never understood our finances. When I left the relationship, I was supported to complete a credit check. It was only then that I

understood the true scale of the problem, he had remortgaged the house, taken out loans in my name and had a huge overdraft on our joint account. I was left liable for these debts. It wasn't until I had support from an agency to liaise with the creditors that I understood my rights, before then I was repeatedly dismissed".

A key theme identified during the interviews were victims/survivors' reports of benefits and the misuse of carers' allowance being given to the abuser. One survivor reported that her ex-partner had completed her carers application and stated that Jenna* could not feed herself, wash herself or be left unattended. This was not true, and Jenna felt trapped by this lie, it resulted in her Social Worker talking through her and only talking to her ex-partner when she visited. This resulted in Jenna being moved to supported care when her ex-partner said he couldn't cope. It took Jenna months to trust agencies to disclose how her ex-partner had abused the system and lied. She was worried about the repercussions, as her ex-partner had told her that she would go to prison for fraud.

Of the victims/survivors interviewed, two reported that their ex-partners applied for a mobility scheme, which allows them to have a car paid for and the money is deducted from their disability allowance. Both survivors reported that the cars were to help them get to appointments and stay mobile. The abusers took the cars and did not let them have access and refused to take them to appointments. One survivor reported the abuser had taken the car with them when he left the relationship. "I had to call the police because the car was in my name, and I was liable for taking the car back for services. He took the car, and we couldn't find him. He got a speeding ticket which he refused to pay and parking fees, all of which I had to pay. He did eventually bring the car back, but he had trashed it, there was damage to the car which I had to pay for. I was then left with a car I couldn't use".

Victims/survivors repeated that they felt their abusers could get away with this form of abuse because of their disability, they were deemed less able to make informed decisions for themselves. Less capable of managing their money. It was easier for their abusers to manipulate the system and the agencies into believing that the only method of communication needed to be through the abuser. With victims/survivors who also presented with language barriers there was an added layer of complexity in accessing support.

Accessible Refuges and Safe Accommodation

Many survivors I interviewed explained that there were challenges to seeking safe accommodation. Many survivors never tried to access a refuge, as they had assumed it would not be accessible for their needs and felt they had to remain in an unsafe environment. For the few survivors that had attempted to flee they described the many challenges they faced.

“I called a local domestic abuse service, and they completed a risk assessment they said I was high risk. I said I feared my partner and wanted to leave the relationship, when I disclosed that I was visually impaired they explained that finding a refuge space to accommodate me would be difficult. They tried, and I couldn’t leave. I had to approach the council and go on a waiting list to be moved, it meant I had to stay. I took me a long time to get another property. I had to stay and was scared; it isn’t a position I would wish on others”.

“I tried to move into a refuge, both me and my child have disabilities. I have long term health conditions that has registered me disabled and my child requires a wheelchair due to their disability. When I told the person on the phone that my child needs wheelchair accessible property, I was told they didn’t have any. I am not leaving my child with the abuser; I had no choice but to stay and get him removed from the property, which took months, and we had to all be exposed to his behaviour in the meantime”.

Impacts on Children

Victims/survivors reported during their interviews that the abuse had negatively impacted their relationships with their children. Many reported that the abusive parent used the disability against the victim/survivor, the abusive parent would feed ideas to both the children and agencies that the disability made them a risk to the children.

“My disability was constantly brought up in meetings with Children’s Services, when I wanted to leave the relationship agencies automatically told me that the children would have to stay with their father because I had too many health concerns. I was able to look after the children and the children wanted to stay in my care, but it was never an option. I had no say and neither did the children. Agencies really believed my ex-partner when he told them I wouldn’t be able to wash the children, get them ready for school and feed them. They never knew that he never let me do those things out of control, it was never a question of being able. I think my disability was used as an excuse for the domestic abuse and because of this was accepted by agencies in a way other woman won’t have to accept”.

“My children were constantly told by my ex-partner that we didn’t have any money because of me, they couldn’t go out and do things that their friends did because of my needs, and I could see them starting to resent me. He encouraged the children to talk down to me, to make me feel worthless. He wouldn’t leave me alone with the children, which impacted on my ability to bond with them. In truth we didn’t have any money because he controlled it all and spent it, I had no say on what we could and couldn’t buy. I was kept isolated in the house. Agencies wouldn’t talk to me when they visited, they talked to my ex-partner. I wanted to go to physiotherapy to improve my mobility, but he kept cancelling my appointments and told them I was poorly, I was fine and wanted to go, he made me worse. It suited him to have me dependent at home, he didn’t want me to get better. I am trying to re-build the relationship with the children. It isn’t easy; they have been fed lies for years. They can see I am trying to get better”.

Alongside the direct impact on the children exposed to the abuse the relationship between mother and child can be affected. (Riger, S, Raja, S, Camacho, J. 2002, pg.10) states a woman’s relationship with her children also appeared to be deeply affected by violence. If a woman is reliant on her partner-carer to help care for the children, the fear of engaging with agencies and the children being removed from the family home due to the abuse could be a barrier to accessing support.

Alongside the direct impact on both the children and the victims/survivor's relationship it was evident that isolation and impact on physical health were a key theme and concern for many victims/survivors. One survivor reported her ex-partner cancelling her medication through an online portal. This was medication that she needed, and he kept restricting this when she was allowed it. When it was delivered, it was handed to the abuser, and he wouldn’t hand it over. She found herself in hospital more than once because of missing medication, the hospital team never asked why they assumed she had forgotten. She never felt safe to report why. Her GP never called her in for a medication review; they took place over the phone with her ex-partner in the room and monitoring the call. There were clearly missed opportunities to engage with the survivor and question why she was missing her medication, it never occurred to the hospital team or her GP that the medication could be withheld from her. A risk assessment would potentially identify this if the right questions were posed to the survivor.

Key Themes Identified from Specialist Services

It was apparent from both agencies and victims/survivors that were interviewed that the preference is to seek support from specialist agencies. While more mainstream agencies are improving their accessibility features, offering British Sign Language services, translation services and ensuring their content aligns with screen readers, there is still more to do. Victims/survivors also appreciate the support from people that have lived experiences and are representative of their own needs, for instance SignHealth a charity working with the Deaf community, have lived experiences.

Risk Assessments

Agencies reported that the standard risk assessments that agencies use to gather information from victims/survivors do not capture the support needs of victims/survivors when they have disabilities. They first need to be asked questions relating to their needs and ensure adjustments are in place before agencies can approach a standardised risk assessment. Examples of missing key information relating to BSL needs and translation needs resulted in women disengaging with agencies for support. When they reached out to specialist services the first question and assessment was a review of how they can safely communicate with the victims/survivors. This resulted in them staying engaged with the support plan.

Postcode Lottery for Support

Agencies reported concerns that for many victims/survivors' support was based on a postcode lottery, if victims/survivors lived in more remote areas they are less likely to have the same options of support, for instance their local support groups will not run as regularly as groups in cities, if at all. They become reliant on travelling to the groups and services and this creates a reliance on the abuser. It further compounds isolation, one survivor reported that a local domestic abuse counselling service was not accessible to access, her only option of support was via telephone which her abuser was monitoring, she disengaged with the service. More focus needs to be on why victims/survivors do not and cannot engage with services. With a focus on what adjustments need to be made to ensure places, support, and services are accessible to all victims/survivors.

Intersectionality

Intersectionality connects different identities under one lens, focusing on intersectionality through a disability lens the following statement highlights how a woman with disabilities will

face additional factors such as race, socio-economic status, every intersecting identity needs to be considered when advocating and supporting women with disabilities. Warner (2008) cited in Foster & Sandell (2010) argues that within much of the discourse on the people with disabilities (an identity in itself), however, such intersecting identities tend to be diminished in their relevance of importance. These identities are nonetheless integral to the lives of the disabled persons. For example, a White disabled man enjoys a considerable amount of privilege, compared to a Black disabled woman. While the former and the latter may both be in need of life-sustaining resources (e.g. a dialysis machine), the 'uneven' playing field of gender disadvantages the woman of colour. As such, understanding intersectionality is about understanding, "how the identities relate to the structural systems of society that maintains them". According to the World Health Organisation and World Bank Group (2011) Gender and Disability can play a role in determining the risk of violence, as girls and young women with disabilities experience up to ten times more violence than those without disabilities.

Societal and Systemic Issues

In order to understand the full systemic and societal barriers disabled women face we need consistent and available data. We need to ensure that disabled women feel empowered to participate in research, ensuring that disabled women are part of decision-making processes that impact them. Victims/survivors that were interviewed highlighted inequalities with accessing support services, healthcare and prejudice faced by agencies whose role it is to offer support. Victims/survivors faced a lack of access to finances and an increase in fraud and coerced debts. The systems and structures in place are not preventing abusers from misusing them and disproportionately impacting women with disabilities, the domestic abuse is compounding the structural inequalities already in place.

(Young et al., 1997, Cockram, 2003, Radford et al, 2005) cited in Harne & Radford (2008) International research has suggested that disabled women may experience domestic violence for much longer than non-disabled women (Young et al, 1997; Cockram, 2003) and this can partially be explained by disabling and discriminatory social barriers and attitudes which make it much more difficult for them to gain access to the same services and protection of the law, that are available to non-disabled women. In disabling societies social barriers such as inaccessible buildings, communication systems and transport as well as social stigma and prejudice continue to marginalise disabled women's experiences and has led to a focus on impairments by some

agencies as an excuse for inaction, rather than on focusing on disabled women's equal rights to safety and justice (Radford et al, 2005). Considering this statement this highlights the additional barriers women with disabilities face when reporting abuse and seeking help and assistance.

(Thiara, R, K, 2012, pg.62) states disabled women are less likely than non-disabled women to access support and help when they need it, and this is also likely to feed women's fears about institutionalisation if domestic violence is disclosed. Disabled women facing domestic violence are thus likely to be informed about their options and more likely to be left unprotected.

Role of Policy and Legislation

The Disability Discrimination Act came into force over 20 years ago in the UK. In 2009, the UK ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This was strengthened by The Equality Act in 2010. However, there are still gaps in UK legislation that is failing disabled people. The UK signed the disabilities convention in 2009; however, it has not been incorporated into British law. From the interviews with victims/survivors it was apparent that the current legislation is failing to protect and safeguard disabled people, women reported economic abuse, control of finances and abuse of the benefits system. Women reported failings with the Police and Adult Social Care, which compounded their isolation and resulted in them remaining with their abusers and being exposed to domestic abuse.

By amending the Domestic Abuse Act 2021 to include provisions and addressing the unique vulnerabilities of disabled women, to recognise abuse linked to a woman's disability such as withholding access to medical care and provisions, medical devices and mobility aids as a specific form of domestic abuse. The Government should also make a commitment to improving access to justice for disabled women by ensuring that court proceedings are accessible, such as providing reasonable adjustments, translation services and assistive technology. Ensuring that the justice system is not creating further barriers for victims/survivors.

Accessibility and Design Principles

My last question that was presented to victims/survivors was to ask them which design features they would request developers consider when designing software and products. There were key themes identified throughout the interviews presented below. The most common theme was a request for co-design to avoid a one size fits all approach that often does not work for many disabled women.

- Request for refuges, support groups and environments to be accessible, this includes accessible furniture, easy access to buildings and ensuring that transportation is accessible.
- Ensure content aligns with screen readers. Pay disabled people to check and verify.
- Ensure that there are campaigns to promote BSL for emergency services, to ensure every disabled person knows that this is an option to use.
- Most disabled people need to use smart devices, design them with disabled people and for disabled people.
- Consistent layouts and content on websites when they are seeking help.
- Smart home devices to respond to disabled women with they are making commands.
- Improved training for any agency that works with disabled people.

Victims/survivors that were interviewed expressed they felt many refuge and safe accommodation spaces were not accessible. They also expressed that they felt support groups are not likely to be accessible. Many victims/survivors reported that they would welcome information on how buildings and spaces are accessible before attempting to gain access. Many victims/survivors suggested that when products are designed or need testing that disabled people are paid to help co-design and test products. One survivor reported feeling overwhelmed when they landed on a website for support, they asked for consistent layouts and messaging as the information can feel overwhelming. It resulted in the survivor leaving the website and having to seek support from another agency. A few survivors reported that when they tried to use their voice command feature on their smart devices the command was not registered, they asked for testing to ensure that commands could register their voice and not by default only recognise their abusers voice command. There needs to be more research into bias for smart devices and how they are programmed to support disabled people.

Conclusion

There is a lack of research relating to how technology-facilitated abuse impacts women with disabilities. There is some understanding from the interviews with victims/survivors of how technology is a powerful tool helping them stay connected and is needed for accessibility requirements, what is evident is the growing way in which technology is causing harm to the most vulnerable, the gap is widening in regard to digital support and response and how

developers are designing technology through the lens of both women and women with disabilities.

Themes emerged in relation to how economic abuse is becoming a growing concern for many victims/survivors, it was clear from the interviews that this form of abuse is impacting disabled women. Processes and structures and being misused against them and the barriers to seeking support are harder for disabled women. It was evident from the interviews that many victims/survivors felt trapped in their abusive relationships, their options of seeking support felt more limited compared to victims/survivors without disabilities. While there are more specialist support services, improved translation and BSL options, not every victim/survivor is aware of these services. More public campaigns to help highlight what services and support are available would help bridge the gap for victims/survivors seeking support in relation to domestic abuse or technology-facilitated abuse.

In relation to technology-facilitated abuse the women that I interviewed all owned smart devices, had been given medical equipment and aids to use, however, their abusers had full control and restricted equipment that they relied on. Post separation victims/survivors reported feeling anxious to use technology, however, have since they have had their technology secured, they reported feeling more empowered to use technology and can see the many benefits to staying connected. More focus needs to be on ensuring that products are designed to mitigate the risk that abusers can misuse them. Co-design of products can help alongside testing equipment and devices with disabled people to ensure there are no gaps in the security features.

There are several recommendations highlighted from the interviews with agencies and victims/survivors.

- Listen to the victims/survivors, this allows them to build confidence with agencies to make disclosures. Do not rely on only communicating with carer givers, ensure that assessments are conducted with disabled women as well.
- Medical practitioners ensure that if appointments are missed, medication is cancelled or not collected that medical practitioners use professional curiosity, women are spoken with in a confidential space to ensure they feel comfortable to make disclosures.
- Improve responses for victims/survivors when they report hate crimes that are a result of proxy stalking and harassment. This is both aimed towards Police and Trust and Safety teams. This includes ensuring Police and Trust and Safety teams respond appropriately to

reports of doxing. Training should be designed and delivered by specialist agencies working directly with women with disabilities.

- Improved public responses to scams and romance fraud. Ensuring that support and advice is accessible for women with disabilities.
- As AI advances, ensuring that AI bias does not further discriminate against people with disabilities. Ensure that programming has been validated by neurodiverse and disabled users to ensure accuracy and effectiveness.
- Improved policies relating to duty of care and spending limits. While banks have improved systems for vulnerable customers, there needs to be more attention to how disabled women who are likely experiencing domestic abuse have finances withheld, loans taken out against their name and lack of access to joint accounts.
- Fund specialist services to ensure disabled women can access dedicated support from agencies that understand and can respond to their needs.
- Designed risk assessments for women with disabilities to first address their accessibility requirements before addressing their risks, to ensure key information is not missed.

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