



# Responding to Victims/Survivors of Domestic Abuse who are Blind or Partially Sighted

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## About SafeLives

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We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good. We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’ This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship. Last year alone, nearly 11,000 professionals working on the frontline received our training. Over 65,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last three years, over 1,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start. Together we can end domestic abuse. Forever. For everyone.

## Purpose

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This toolkit was created to improve the support received by victim-survivors of domestic abuse across the UK who are Blind or partially sighted. One in 12 people with a visual impairment in the UK is believed to be a victim or survivor of domestic abuse, meaning that 188,000 of the 2.19 million blind and partially sighted people living in this country have experience of domestic abuse.

This toolkit contributes towards the implementation of the recommendations from the [Unseen Report \(2022\)](#) (opens in new tab) and aims to support professionals across the system to remove barriers and enable domestic abuse victims/survivors to engage with confidential support that meets their intersecting needs.

Within this toolkit you will find support services available, resources and additional literature and research.

## **Acknowledgements**

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We would like to thank all the survivors and professionals who have given their time to offer their expertise, experiences, and guidance for this toolkit.

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## Definitions

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**Visual impairment:** a term that is used to describe a loss of sight that cannot be corrected using glasses or contact lenses.

**Blind:** Someone who has been identified as Severely Sight Impaired on a Certificate of Vision Impairment from an eye hospital, and then registered blind by their local authority.

**Partially sighted:** Someone who has been identified as Sight Impaired on a Certificate of Vision Impairment from an eye hospital, and then registered partially sighted by their local authority.

### Domestic Abuse

The Domestic Abuse Act 2021 defines abusive behaviour as:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse.

The abuse can consist of a single incident or can occur over time. It takes place where the victim or survivor is currently, or has previously, been in an intimate partner relationship with the other person, is a relative, or is a co-parent to the same child. This abuse can extend well beyond the end of a relationship and present itself in different ways throughout its course.

### Victim/survivor

In general, if a person is currently living in danger, no matter what the risk level is, they will be referred to as a 'victim of domestic

abuse' but where they are receiving support and are in recovery from the abuse, they will be referred to as a 'survivor'.

## **Disability**

You are disabled under the Equality Act 2010 if 'you have a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.' According to the medical model, a disability is a condition that impairs an individual from living a normal and full life or a condition that needs an intervention or treatment. The social model separates impairment and disability: impairment is a condition that creates difference in physical or psychological functions; in contrast, disability is the interaction of the impairment with social and environmental restrictions. Supporters of the social model argue that it is the way society is organised, not the impairment itself, which excludes disabled people from full participation in society.

**Vision Foundation** and **SafeLives** promote and uphold the social model of disability.

## Section 1: Communication

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### Communication must be on the victim/survivor's terms

When first meeting with the victim/survivor, ascertain the best contact methods for them. Key suggestions to consider are:

- Contact via phone/email/text
- Is face to face preferred
- Safe contact times
- Hold meetings in buildings/offices that the person knows and is used to travelling to and navigating around
- Co-working with professionals already known and trusted by the victim/survivor

The contact method needs to meet their needs, not be dictated by the service they are receiving. Flexibility is key.

It is also important to discuss terminology that will likely be used. Some people may not identify with commonly used terms; it is vital to reflect the language a person uses to describe themselves as not all will identify with Blind or visually impaired and may use terms like partially sighted or sight loss. This will support engagement with services. Be clear and open with questions that are relevant to the support you will be providing. For example, when first making contact with someone with a visual impairment you could ask:

“What do you need to make it easier for you to access this support?”

“How does your visual impairment affect your day-to-day life?”

“How do you prefer to communicate?”

Through conversations with SafeLives Pioneers and survivors with visual impairments and sight loss. We have learned that professionals should be mindful of how they provide support with these key points:

- Don't feel sorry for me
- Don't patronise me
- Don't wrap your arms around me – I am not broken
- Don't other or infantilise me
- Don't mistake coherence for credibility – trauma impacts how someone processes and shares their experiences

### **Awareness of communication barriers**

Avoid sending lengthy text messages or emails. Having an awareness of how screen readers work will positively impact communication styles. Therefore,

- send short, concise messages so the reader is aware of the
- key elements of the message without having to listen to lots of superfluous information.
- The use of clear headings and sub-headings will help a screen reader navigate a document.

More information about screen readers is available in the Accessibility section, or jumping straight to [Understanding Screen Readers](#)



## Section 2: Accessibility

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### Organisational Accessibility

Firstly, familiarise yourself with your organisations accessibility and Equity, Equality, Diversity, and Inclusion (EEDI) policies. These will help you to clearly explain what support you can provide a victim/survivor who has a disability.

- Check whether you provide information in a way that is accessible for people with visual impairments.
- Do you only provide written leaflets in GP surgeries?
- Is there any work being conducted locally to encourage professionals in all agencies to speak to the public about domestic abuse services?
- Consider regular networking and training sessions with local organisations and businesses to raise awareness and advise them to promote domestic abuse services verbally

If publicity of the service is only provided via visual media, this will likely not reach a large proportion of the Blind and sight loss community.

Hospital radio could be a valuable resource in regular advertising of local domestic abuse services, as well as a description of how abuse may present itself specifically against those with sight loss.

### Accessibility of buildings

Whilst all new buildings are built to legal accessibility standards, many organisations and services work out of older, less accessible buildings. It would be beneficial to run a checklist of

items that could make your building more accessible to people with disabilities.

Having signs in large easy to read font accompanied by Braille will aid those with visual impairments.

Consider creating an audio tour of the building that could be sent to anyone with sight loss prior to them attending the building. This will explain what they can expect when they approach and enter the building.

Offering flexibility and support around appointments. Ask the victim/survivor whether there is a place that they are comfortable to get to on their own and whether meeting them for the rest of the journey would be helpful. This will be an individual preference but offering the option is key.

Accessibility is individual to each person. What works for one person with a visual impairment may not work for another so **ask the question.**

“How do you like to communicate?”

“What can I do to help you receive support?”

“What font size would you prefer if I send you an email?”

“Where are you confident travelling to?”

This could take the form of offering face to face appointments in a location that is accessible to them, or could be a series of adjustments to make service access equitable for everyone.

## **Safe Accommodation and Refuge**

For many victim/survivors staying in their own property would be their preference. Arguably, those who have a visual impairment may benefit from this option particularly if it is safe to do so.

Accessing Sanctuary Schemes in order to improve the safety of the property can achieve this in some cases. There can be many benefits for the victim/survivor staying in their home: for example, their support network, employment, and education for their children.

If, however, the victim/survivor no longer feels safe in their home, alternative safe accommodation may be more suitable. Using a [Housing First](#) model, victim/survivors of domestic abuse are placed in permanent accommodation and receive support from domestic abuse services. The domestic abuse services should look to work in collaboration with sight loss organisations to ensure a holistic approach is taken. Working in a multi-agency partnership including the Idva, local authorities, housing associations, as well as sight loss organisations is vital to achieve the right outcomes for victim/survivors who have a visual impairment.

Exploring local [Shared Lives Scheme](#) could enable someone with a visual impairment to flee domestic abuse and still receive the support they may need during that transition away from their perpetrator. Allowing them the breathing space to make decisions about their next steps.

Going into Refuge is usually a last resort and finding accessible spaces can be a barrier for those with disabilities including visual impairments. Do not make assumptions that the refuge will not be a suitable placement for someone with a visual impairment. Explain the layout of the refuge and ask questions about its suitability with the victim/survivor and make an assessment based on this conversation. Refuges that assess themselves as accessible to those with a visual impairment should develop audio tours and consider utilising the guidance above for creating an accessible space for those housed there.

For more information around housing, please read: [Safe at Home Report](#)

## **No “Us and Them”**

It is vital the buildings we work in are as accessible to all as possible. If this is not achieved, organisations are likely to miss out on skilled, experienced employees who will also have a greater insight into the barriers faced by disabled victim/survivors who are using the service. Consideration should also be given to internal communications and documents being easy and clear to read, using minimum of size 16 font and in a font that has distinguishable letters. Using image descriptions for any embedded images is important to ensure information is fully accessible to everyone.

## **Website accessibility**

Creating accessible websites from the beginning and not working backwards to make pages accessible is important. An awareness of how screen-readers interpret information is key.

For example: Images cannot be interpreted by screen-readers, therefore if there is important information embedded within an image, either add a description of the image below, or do not use the image at all.

Having clear headers on websites is also vital. Similar to how sighted users skim page content visually, screen reader users can preview headings and paragraphs to see if the content is relevant to them. Therefore, it is good practice to make your headings as descriptive as possible, and to begin paragraphs in a way that gives readers an understanding of the content to come.

Screen readers will search by headers; therefore, headers should be clear and informative - without unexpected words prior to the topics - such as:

- “About us”
- “How Can We Help”
- “Services”

It could also be useful to have a specific “Accessibility” section so that disabled victim/survivors can feel more confident that their needs can be met.

It is important that websites conform to accessibility guidelines such as Level AA of the Web Content Accessibility Guidelines (WCAG 2.1) The WCAG documentation can be found at: [WCAG 2 Overview | Web Accessibility Initiative \(WAI\) | W3C](#)

This ensures that they work well with assistive technologies used by people with disabilities.

The WCAG guidelines cover topics such as colour contrast, keyboard operability and markup to support screen readers.

It could also be useful to have a specific “Accessibility” section that explains the accessibility features so that disabled victim/survivors can feel more confident that their needs can be met.

Other considerations could include allowing website visitors to increase or decrease the text size without having to zoom in to everything on the page and ensure that the text size allows your content to be displayed clearly on a range of devices, such as laptops, mobiles, and tablets.

The accessibility of a website can be enhanced by the use of toolbars that provide options such as changing colours, changing text / line spacing and reading text aloud, however these should

be used in addition to, not instead of, compliance with the guidelines. The website visitor should be able to hide or disable any such toolbars.

## **Understanding Screen Readers**

A screen reader is a piece of computer software that converts digital text into audible and/or tactile form. Many screen readers have additional features to help users navigate web pages, computer applications, and operating system interfaces.

A screen reader is a software application that is installed onto a device (or, in some cases, as a browser extension) and used with other applications on that device. There are a variety of free and paid screen readers available for Windows, macOS, Linux, iOS, and Android.

A user controls their screen reader with the keyboard. A screen reader comes with a library of keyboard commands that tell the screen reader to do things like start/stop reading, jump back to re-read a section of text, spell out words, skip to different parts of a page, move the cursor/focus around, play a media file, or click a link, button, or another interactive element.

Screen readers can translate text information into two forms, speech and braille. Most commonly, screen readers use text-to-Speech (TTS) technology to read text content aloud in a synthesized human voice. In addition to TTS, some screen readers can convert onscreen text into braille. For this function, users connect an external device, called a refreshable braille display, which generates braille characters on a pad as the screen reader scans the text. Do not use images of texts. A basic rule from one of the survivor's we spoke to is **“if you can edit the text then the screen reader can read it.”**

Best practice would be to conduct a screen reader accessibility test. Install screen reader software and test your web pages to ensure any measures you have put in place work properly. This can either be done yourself or by an external organisation. There is government guidance on accessibility available in the [Useful Links](#) section.

## **Co-location of services**

A key theme when speaking to survivors with a visual impairment is that domestic abuse services lack understanding of the experiences of those with sight loss and that sight loss charities do not understand domestic abuse.

A way to remedy this is by co-locating in other specialist services. This could be Idva or specialist DA services being located at sight loss organisations, but this can also span wider than that, such as professionals working out of a multi-agency hub sharing experiences and learning to facilitate a whole person, whole family approach to support individuals experiencing abuse. This would also create an accessible one-stop location for support needs.

Domestic abuse services working alongside local Eye Care Liaison Officers (ECLOs) would also reduce the barriers faced by visually impaired survivors when accessing support. ECLOs help patients to understand their diagnosis and offer emotional and practical support with their sight loss. Blind and visually impaired victim/survivors may at times access the support of an ECLO and already have built a good relationship with them. Therefore, meeting people where they are already comfortable will facilitate strong support networks.

## Section 3: Understanding and Responding to Intersecting Identities and Needs

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### Understanding intersectional needs

The majority of people with vision loss are over the age of 50, so considering the additional needs of the older population is necessary. Victims aged 61+ are much more likely to experience abuse from an adult family member or current intimate partner than those aged 60 and under.

Older victims are more likely to be living with the perpetrator after getting support, therefore support must be reactive to this dynamic.

Older victims with a visual impairment, may find it harder to leave their home to access support, which is why face-to-face appointments should be offered.

Where the carer is also the abuser, this can create even more challenges in identifying and supporting the victim/survivor. Professionals need to be aware of less visible forms of abuse, such as restricting medication, access to food or water, access to aids or phones. This form of abuse can present itself as additional medical issues or independence difficulties.

During our research for this toolkit, a survivor told us that **“a good carer will be increasing independence not taking it away.”**

Suspicious may only arise when there are repeated incidents, therefore it is important to keep clear records of any changes to make it easier to detect any patterns.

Ensure that professional pathways between services that work with older people and networks are well established. This will ensure that domestic abuse concerns are not conflated with more generic safeguarding concerns and are dealt with



appropriately. Strong links are required between Idvas and local safeguarding teams to achieve this. It is vital that there is effective joint working to coordinate the appropriate response for adult safeguarding needs and risk management. Also ensuring that the victim/survivor will be working with someone they already trust.

For more details on this please read [Safe Later Lives: Older people and Domestic Abuse](#).

Accessing support is particularly difficult for visually impaired victims and survivors who are male, Black and/or from cultures that are minoritised in the UK. This, in part, is due to social prejudices and a lack of professional understanding and specialised support. This compounds with the lack of support for blind and partially sighted victim/survivors, meaning that professionals should work to address this gap in provision. Ultimately, be led by the person you are working with and how they wish to identify themselves. Work to learn about the different barriers victim/survivors may face and work flexibly to ensure adjustments can be made to meet their needs.

## **Intersectional Barriers**

Many victim/survivors with a visual impairment will find there are more barriers to leaving an abusive relationship or situation. In our discussions with survivors, we have been told it is not easy to be spontaneous when fleeing. Plans need to be focussed on communities and where the victim/survivor would feel most safe and supported. Additional support to co-create a safety plan and devise a safe exit plan with the victim/survivor will be required as well as a clear handover to support at the potential new location. This should be done with a multi-agency lens to manage the risk

from the abuse whilst being mindful of ensuring independence is not removed from the victim/survivor. For example, the Idva should lead on safety planning, whilst social care and a sight loss organisation work together to organise aids and accessibility.

## Section 4: Identifying Abuse and Providing Safe Confidential Spaces

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### Identifying Abuse

Feeling confident in identifying domestic abuse can be difficult. Particularly as it may present differently for those with intersecting needs. Therefore, we need to apply a holistic approach to any person-centred work.

Having professional curiosity is also key to identifying abuse. If you, as a professional, are told something pertaining to the health of someone, it would be good practice to query why this might be happening. Is their health or independence worse due to the abuse they may be experiencing? Could their abuser be limiting access to medication, visual aids, mobile phones etc.?

It can be difficult for victim/survivors with a visual impairment to disclose as professionals often speak with carers or personal assistants rather than the person themselves. It is vital that everyone is given the opportunity to have a safe, confidential space to see professionals where they are able to disclose, or suitable questions around their current situation can be asked.

- Do they have private access to a phone or mobile?
- Do they feel you have access to their post?
- Do they have access to aids that would support their independence?
- Do they have access to and independence with their usual medication?

Many victim/survivors with a visual impairment are more likely to be living with their abuser, which means the home may be an inappropriate place to screen for domestic abuse. Being co-located within specialist drop-in or outreach services that will

increase how comfortable people will feel as well as the location being more easily accessible.

## **Conduct a Risk Assessment**

If abuse is disclosed, the professional should complete a Domestic Abuse Stalking and Honour-Based Abuse Risk Indicator Checklist (Dash RIC) with the victim/survivor, in addition to asking the questions on the Dash professionals should be aware of the additional implications that the abuser may also be the victim/survivor's carer and therefore consider gathering additional information around the specific abuse that might be directed at their sight loss. This can be noted in the "additional information" section at the end of the Dash form. It is useful for specialist services to be aware of relevant information that may help their own assessments of risk and creation of safety plans. Professionals should also remember that the victim/survivor may not be aware of some of the abuse that they are experiencing and this may lower their visible risk. If you have concerns about the person, use professional judgement, or seek advice from a local domestic abuse service.

## **Community Engagement**

Initially, reflect upon what activities or networks your organisation already engages with. This could include awareness raising, coffee groups, workshops, community drop ins. Are your services well known in the area? Do you log demographics of those in attendance to audit your reach within minoritised communities?

Once gaps in your reach are identified, it is then important to review why these groups or communities may be missing. What can be done to overcome this barrier?

## Referral pathways

Strong referral pathways need to be developed between specialist domestic abuse services and specialist sight loss organisations as well as other organisations where people with a visual impairment are likely to receive support. A brief mapping exercise of your local area to determine which services are present locally may be helpful.

As mentioned previously, working together to form a “hub” of services would be highly beneficial for those seeking support, and would enable easy, safe, and confidential referrals to specialist domestic abuse services. This will allow victim/survivors to attend generic appointments as well as enabling access to specialist support all in one location, which could allow for a safe known space for them to attend. Referrals between domestic abuse services and any local sight loss charities can be beneficial and allow partnership working to meet wider needs of the victim/survivor. Their independence can be maintained whilst they are supported to make decisions around the abuse they are experiencing. Referrals into the RNIB support via this form: [RNIB referral form](#).

Check locally for Health Idvas. Health Idvas are located within health settings such as hospitals. Health Idvas improve the outcomes for domestic abuse victim/survivors and improve the pathways between the NHS and specialist domestic abuse support.

Another key link locally will be with ECLOs. There are not necessarily ECLOs funded in each area of the UK, so checking if this is a service locally and making contact with them to develop a clear referral pathway will be the first step. A person with a diagnosis of a sight loss condition may be referred to an ECLO via

their nurse or ophthalmologist, or services can be accessed via a self-referral.

Referrals can be made to the fire service for support with escape routes and safety around a property. This could be particularly useful once abuse is identified, or if the victim/survivor has fled the abuse and is in a new location and would require a safety assessment. This can help to build confidence in a new location.

[Remap](#) is a service that provides bespoke aids for people with a disability. They will assess the situation and then engineer a specific aid for that person. This is a nationwide charity, however they may not operate out of every county. It would be beneficial to explore this service should a victim/survivor present with a barrier that might seem difficult to resolve.

### Referral pathway example:

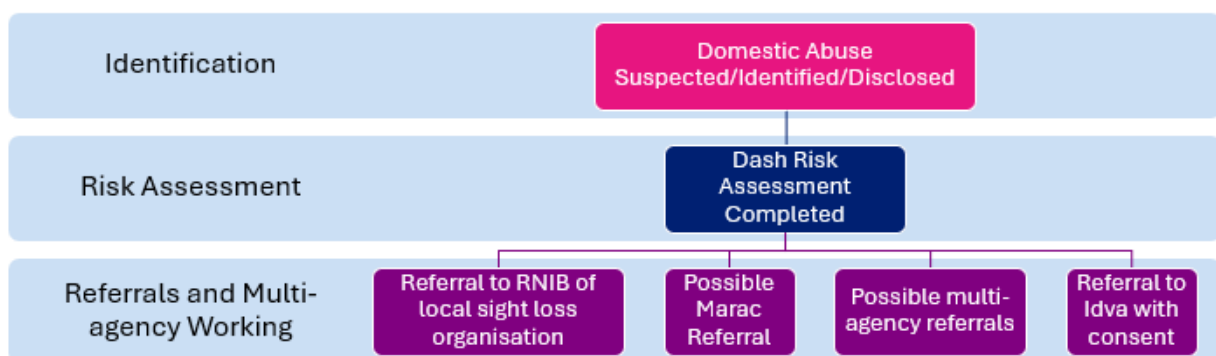


Image description: Starting with identifying domestic abuse, the first stage would be conducting a risk assessment. Based on the outcome of the risk assessment, referrals can be made to RNIB or other local sight loss organisation, Marac referral, Referral to Idva with consent and possible multi-agency referrals.

## Section 5: Useful Links and Resources

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[Unseen Report](#)

[RNIB – The Royal National Institute for Blind People](#)

[Dash RIC Guidance](#)

[RNIB - What are ECLOs](#)

[RNIB referral form](#)

[RNIB/SafeLives Podcast - Impact of DA on Blind and Partially Sighted People](#)

[RNIB/SafeLives Podcast - A Survivor Story](#)

[RNIB/SafeLives Podcast - What is Domestic Abuse and Where to Get Help](#)

[ECLO Referral Guide](#)

[Galop](#)

[Surviving Economic Abuse](#)

[Pocklington Trust - Understanding Visual Impairment](#)

[Action for Blind People](#)

[Age UK](#)

[Safe Later Lives: Older people and Domestic Abuse](#)

[Safe at Home Report](#)

[Shared Lives Scheme](#)

[Housing First](#)

[Macular Disease Society](#)

[The Mankind Initiative](#)

[International Glaucoma Association](#)

[Diabetes Association](#)

[Retina UK](#)

[Blind Veterans](#)

[Talking Newspaper Federation](#)

[The Accessible Friends Network](#)

[Remap](#)

[Gov.uk testing for accessibility guidance](#)

[WCAG 2 Overview | Web Accessibility Initiative \(WAI\) | W3C](#)