

Article

# Experiences of Domestic Violence and Disability

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**Abstract:** Disabled people are at increased risk of violence, including physical, psychological, sexual, and financial abuse. We conducted a thematic analysis of discussion forum posts ( $N = 50$ ) from the popular online platform, Reddit. Posts discussed personal experiences of domestic violence, most commonly referring to partner violence ( $n = 23$ ) or abuse perpetrated by a parent ( $n = 16$ ). We identified three primary themes associated with domestic violence: (i) Perpetrators Targeting Disability (e.g., withdrawing access to medication or assistive devices and verbal abuse focused on the disability), (ii) Isolation and Dependence (e.g., financial dependence on the perpetrator), and (iii) Accessibility of Support (e.g., inaccessibility of domestic violence shelters and bureaucracy of the benefits system). Findings highlight the relationship between disability and domestic violence. Greater societal recognition of this issue is required, and systems must be put into place to ensure that disabled victim-survivors of domestic violence can access the health and personal care required.

**Keywords:** abuse; accessibility; disability; domestic violence; online forums; partner violence

## 1. Introduction

The present study focuses on the lived experience of domestic violence and disability. Previous research has established that disabled people are at increased risk of violence (including physical, psychological, sexual, and financial abuse), perpetrated by both paid and unpaid carers [1,2]. For example, disabled men and women are more likely to experience intimate partner violence [3,4] and are especially vulnerable to severe forms of partner violence [5]. Further, research demonstrates that disabled women are most likely to experience abuse and experience domestic violence at higher rates compared with disabled men and women and men without disabilities [4,6]. For disabled people, the increased vulnerability to violence is evident across the lifespan including childhood [7] and older adulthood [8]. A range of individual and societal factors may contribute to the increased exposure to abuse. As stated by Rioux et al. [9], ‘*The radically unequal society and economic position of persons with disabilities places them at a disproportionate risk, as well as the lack of individual control and choice that makes it difficult for the individual to avoid and escape situations of risk*’ (p. 203).

Despite increased susceptibility to physical, psychological, sexual, and financial abuse, disabled victim-survivors of domestic violence are an unrecognised and neglected population [10]. Extrapolating findings from research focused on non-disabled victim-survivors is not sufficient to understand this issue as domestic violence when disabled may present additional challenges [11]. For example, previous research indicates that abusers may deny victim-survivors access to assistive devices or treatment such as wheelchairs and pain medication or take control of financial disability related benefits [12,13]. Further, abusers may criticise, humiliate, and devalue victims for their disability [14,15]. Understanding the specific lived experience of disability and domestic violence is, therefore, necessary to effectively support disabled victim-survivors and improve current practice.

Where abuse is perpetrated by a carer, the impact of the abuse is exacerbated by a dependency (e.g., for financial support or physical assistance) on the perpetrator [16].



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Disabled people may attempt to minimise their dependence on the abuser through restricting requests for essential assistance, further impacting on the quality of care received by disabled people. For example, disabled people may limit their food or drink intake to reduce the number of requests for personal care assistance made [17]. Dependence on the perpetrator may be further exacerbated by the social isolation and broader societal discrimination that impacts the employment of disabled people, limiting opportunities to leave the abusive situation [18–20].

In addition to increased susceptibility to domestic violence, disabled people are less likely to receive domestic violence-oriented support. This reflects both a reduced likelihood that the abuse will be identified and a lack of appropriate support. For example, research indicates that unless disabled women actively disclose abuse perpetrated by family members, it is unlikely that professionals such as paid carers or social workers will become aware of it [14]. Societal perceptions of carers as compassionate and willing to place the needs of others above their own may make it especially difficult for disabled people to disclose the abuse or seek external support. Further, where abuse is disclosed, disabled people may be ignored or dismissed, especially if learning difficulties or impaired cognitive function are evident [17]. Therefore, services frequently overlook the experiences of disabled people [14], which effectively excludes disabled people from appropriate support. The systems in place to support victim-survivors are often inaccessible. For example, shelters may have physical barriers such as stairs, ban personal assistants, or require victim-survivors to perform physical chores that are inappropriate for disabled people [21]. Indeed, where the accessibility of violence service programmes has been considered, disabled people rate services as less accessible than service providers perceive them to be [22], suggesting that the experiences and needs of disabled people are not fully understood.

Further highlighting the importance of accessible domestic violence services, where disabled shelters or services are not available, institutionalisation may be recommended. Institutional care is unlikely to be equipped to support victim-survivors of domestic violence and may not accommodate children that have also left the abusive situation. This is especially important as previous research documenting the demographic profile of a domestic violence disability programme indicated that approximately three quarters of the women supported had children, and these were typically in common with the abuser [23]. Such issues are not, of course, limited to residential care. For example, where interventions are available, traditional interventions developed to support people without disabilities are often applied to disabled people, with a lack of interventions and services specifically tailored to disabled people available [24]. In part, the inadequacy of domestic violence services to support disabled victim-survivors reflects a lack of training and resources among both disability and domestic violence services [13,25,26] rather than a reluctance to acknowledge and support disabled people. Regardless of the cause of such inadequacy, however, such issues can lead to a lack of faith in professional services [11], impacting on engagement with domestic violence services, the ability to leave the abusive environment, and the subsequent experience of the abusive relationship.

Previous research has often focused on the prevalence of abuse [27] rather than experiences of abuse within the disabled community [17]. Personal accounts can, however, highlight important issues. For example, Fox [28] reflects on their own experience of being cared for to highlight the manner in which care can become ‘over-protective and intrusive’. Morris [29] also focuses on experiences of being cared for, highlighting the extent to which paying for assistance can reduce dependence on partners or family members and barriers to leaving an abusive relationship such as the need for accessible housing. The aim of the present study is to understand the experiences of disabled victim-survivors of domestic violence. We use online forum data, an approach that has been used previously to investigate the incidence and experience of domestic violence [30–32] and disability [33,34] separately.

## 2. Materials and Methods

### 2.1. Collation of Forum Posts

In the present study, we utilised Reddit, a popular online discussion forum platform. Reddit consists of ‘subreddits’, created by users to discuss topics of mutual interest [35]. The anonymity Reddit provides encourages users to discuss issues that may be difficult to discuss more openly. For example, victim-survivors of abuse are able to share their experiences in a supportive, empathetic, and safe environment [36,37]. The platform can, therefore, provide a valuable insight into the lived experience of disability and domestic violence. Further, these personal experiences are expressed in a naturalistic manner, unprompted by researcher assumptions [38]. Hence, Reddit has gained popularity as a research tool [39] and has been used to research a range of sensitive topics including domestic violence and disability separately [31,34].

We searched Reddit for relevant threads using terms such as ‘disabled’, ‘disability’, ‘violence’, and ‘abuse’. For inclusion in the present study, posts were required to discuss personal experiences of abuse from a partner, relative, or unpaid caregiver (i.e., not abuse perpetrated by a stranger or paid carer) and for the person posting on Reddit to be disabled. Posts that talked about the experience of someone else or spoke about abuse from strangers or paid carers were excluded. Extraction of all forum posts was conducted manually on Reddit, and we terminated data collection when all relevant posts were collected, obtaining 50 posts and 13 replies in total. Only publicly available posts were collected (i.e., access did not require membership of a group or a log-in). Posts most typically described domestic violence perpetrated by partners ( $n = 23$ ) or parents ( $n = 16$ ), though abuse by grandparents ( $n = 3$ ), children ( $n = 1$ ), and unspecified family members were also evident ( $n = 4$ ). Where the gender of the poster was specified, posters were typically female ( $n = 10$ ), with a relatively small number of posts indicating a transgender ( $n = 2$ ) or male ( $n = 1$ ) poster. Where the country of residence was identifiable, most posts ( $n = 21$ ) originated in the USA.

### 2.2. Ethical Considerations

Consistent with other Reddit-based research [40], our Institutional Review Board did not require formal approval as the research utilised publicly available information. However, we consulted relevant ethical guidelines, guides to discussion forum research, and published discussion forum research [41] when designing and conducting the study and reporting our findings. We were especially conscious of the nature of the information shared (e.g., public or private), the practicality of obtaining informed consent, and the potential for benefit or harm [38,42–44]. In the present study, we analyse posts only available to the general public without registration or log-in and are not reporting the names of the subreddits used. In order to protect the anonymity of those posting on the Reddit platform, we are not revealing individual online usernames and have slightly altered the wording of the quotes included in this article. Further, we entered each quote into Reddit (the discussion forum platform used to obtain posts) and Google (the most widely used search engine), and this did not lead to the original posts.

### 2.3. Data Analysis

Two researchers independently analysed the posts using inductive thematic analysis [45], a method previously used to investigate Reddit forum data [40], including discussions of domestic violence [31,32,46]. The researchers read the forum posts several times and established initial codes. The researchers then discussed the codes, removed any duplicates, amalgamated similar codes, and investigated any discrepancies between the coders. After agreement on the coding system, the researchers organised the codes into broader themes in order to establish a preliminary thematic framework. The final themes were agreed upon by both researchers. Leininger’s [47] six criteria (credibility, confirmability, meaning in context, recurrent patterning, saturation, and transferability) were applied when assessing

the trustworthiness of our findings, and it was clear that data saturation had been reached after analysis of the 50 discussion forum posts and their replies.

### 3. Results

Forum posts frequently contained contextual information (e.g., providing relationship history). Posts also outlined the impact of the abuse on physical and mental health. For example, *'I have lasting physical damage from the abuse in addition to dramatic worsening of my mental health'* (Post 1). The physical and mental impact of the domestic violence was both a direct consequence of the abuse and a result of the stress experienced. For example, *'stress makes my physical health worse, but the amount of stress you are under as a survivor of abuse is really high'* (Post 2). The complex relationship between health and wellbeing and domestic violence was confirmed by those with experience of leaving the abusive environment who suggested that symptoms improved when separated from the perpetrator. As summarised by one post, *'When I left the abuser my energy levels significantly improved. A lot of what I thought was disability related was just pure exhaustion from the constant abuse'* (Post 13). We identified three primary themes discussing domestic violence and disability. The themes extracted from the data were (i) Perpetrators Targeting Disability, (ii) Isolation and Dependence, and (iii) Accessibility of Support. These themes were present in 46%, 60%, and 40% of posts, respectively. Individual posts often covered a range of themes. For example, one poster commented, *'I just don't know what I can do anymore. The abuse has gotten so bad. I have a medical condition and so I can't work anymore but I was denied disability. I don't have any money and I have nowhere to go. It seems that shelters can't accommodate my medical needs. I don't know what to do anymore and I feel so alone'* (Post 40).

#### 3.1. Perpetrators Targeting Disability

There were numerous descriptions of being denied medical treatment or care and the perpetrator controlling basic needs. For example, *'The abuse typically focuses on controlling my access to food, water, and my mobility aids (my wheelchair and crutches), medical care (medications and doctors) and the outside world. . .'* (Post 11). Similarly, another person commented, *'They won't allow us to get the medical treatment and help I need. They have also threatened to kill my service dog if I say anything'* (Post 29). Forum posters also described being criticised for their disability. For example, *'he kept insulting me about the things I couldn't do anymore'* (Post 3). As summarised by one post, *'He always has a go at me about doing housework that he knows I can't reasonably do, about me not being able to function on my own, and so much more. Whatever the fight started about, it always goes quickly to how horrible his life is because I'm disabled and because he has to take care of me. . .It's been obvious for a long time that he resents me for becoming more disabled as time has gone on, despite it being directly his fault because he subjects me to nonstop extreme levels of stress'* (Post 22).

Some posters described being made to feel a burden to the extent that they *'feel ashamed when asking for food'*. (Post 6). Financial abuse was also evident; for example, *'She lets me have a couple of hundred each month but keeps the rest. I actually have thousands of dollars in a bank account right now but I can't access it—only she can'* (Post 25). Similarly, another poster commented, *'my mother has total control of my benefits money. My disability gives me a very, very difficult time with numbers but I noticed most of my money gone, I asked why and she says 'I've bought clothes for you' etc. This has been happening repeatedly for months but I've noticed she has been getting expensive things in the post and I haven't seen any of these clothes. I confronted her as it wasn't making any sense. She cornered me and verbally threatened me. She said I shouldn't involve myself and told me I should be thankful for not being sent to a group home'* (Post 47).

Posters explained that perpetrators could give the impression of care in order to gain positive attention or personal satisfaction; for example, *'she is just using me so that she is seen as a carer and gets attention'* (Post 8) and *'non-disabled people want to feel good about themselves by helping disabled people even when they are actually hurting the disabled person because at least they feel good about it'*. (Post 9). Inappropriate care could be provided with the disabled person forced to accept this even when it was harmful, in part because the voice of the carer

was privileged over the voice of the disabled person being cared for, *'She doesn't ask what I need to manage each day. Like she totally ignores my issues with sugar and fluids and insists that an inhaler would be useless. . . She's put me on medications and treatments that made me feel much worse, but I had to cope with it because she told the doctors that I was doing so much better. No one cares what I had to say about it'*. (Post 18). Indeed, the carer role appeared to provide some protection for the perpetrator, with perpetrators regularly praised for adopting the carer role or their behaviour excused as a consequence of carer burnout. For example, *'I told my previous doctor about the abuse and she actually defended him saying 'he's under so much stress with your condition, he is bound to get frustrated'. She even suggested that I use sex to get him to ease up. I'm currently setting up new care providers and am worried about how to bring things up with them. . . when he has attended appointments with me they all talk about how lucky I am that he stayed despite how severe my conditions are getting'*. (Post 14).

### 3.2. Isolation and Dependence

Isolation was commonplace. Comments included *'I don't have any friends and can't talk to anyone'* (Post 28) and *'I don't have any friends now and barely go outside. Whenever I get involved in something outside away from him, he finds a way to sabotage it'*. (Post 35). Comparing their experience to other people, one person stated, *'Everyone around me has a close group or at least a few good friends, but I just sit on the side and watch them'*. (Post 48). This social isolation exacerbated existing dependence on the perpetrator. For example, *'I can't leave here because I don't know how to live on my own. . . I was never taught any real-life skills'* (Post 50). In particular, posts commented on the financial dependence and the implications of leaving the abuser. For example, *'I needed to stop working because of the disability. . . Its so frightening because I have to depend on him. . . I have nowhere else to go'* (Post 41) and *'We are totally dependent on him financially'* (Post 43). The financial consequences of leaving the abusive environment were sometimes emphasised by the perpetrator. For example, *'he threatened that I would become homeless'* (Post 10). Another person stated, *'I can't leave, I need the health insurance I get through him to cover all the specialists. I have no chance to be financially independent from them and so can't follow all the usual advice you'd get. In fact, because of the benefits, I can't even be away from the house for more than thirty days'*. (Post 19).

The impact of dependence on medication and treatment was also clear. For example, *'she has access to all my medication but I can't access them, I just don't know how to get them back'* (Post 47) and *'I can't get into the wheelchair without assistance and I can't leave my room without medically putting my life at risk. . . If I try to leave them then I'm putting my life at risk. And it's not safe for me to travel, if I leave the area I will lose my space on a waitlist for an emergency surgery that is also putting my life at risk'*. (Post 49). As summarised by one person, *'if I leave then I lose access to the medical care I actually need to survive'*. (Post 11). This was exacerbated by perpetrator control; for example, *'I don't have access to anywhere safe and I don't have the personal information I need to make a bank account. My abusive father controls everything and my mother feeds into this by refusing to give me any personal information such as my social security number. I'm stuck here mentally, physically and financially. They have purposely made me dependent on them and I don't know how to leave'*. (Post 29).

### 3.3. Accessibility of Support

It was clear from the comments posted that disability restricted access to domestic violence support such as shelters. For example, *'All the shelters deny me because I have two service dogs and need access to a kitchen because of a complicated prescribed diet made necessary by a chronic health issue. I swear that if one more person tells me to 'just leave' I'm going to lose my shit'*. (Post 34). Disability restricted the ability to leave the abusive situation in other ways, highlighting the need for disability-specific support. For example, *'My disabilities mean I am seriously struggling with every search attempt I make'*. (Post 16) and *'I am too disabled to just pack my stuff up and leave. I would need a huge amount of help from people without disabilities if I am to keep my belongings'*. (Post 22). As summarised by one poster, *'there is help if you're disabled or in an abusive situation, but not for both'*. (Post 18). Some posters faced additional issues

because of their legal status or a lack of consideration for other protected characteristics. For example, *'I can't get government assistance because to my legal status'* (Post 42) and *'I don't want to deal with the transphobia'*. (Post 32).

The difficulties posed by the benefits system and the impact of bureaucracy were clear, with posters describing the way they were failed by current guidelines. For example, *'When I was homeless my case manager said I might qualify for disability benefits. But I can't get that without a doctor's note (proving I can't work) and my work history isn't long enough for unemployment. I can't get to a doctor either'*. (Post 32) and *'I can't access mental health care so was denied disability because I don't have enough recent mental health records. . . it's very easy to fall through the cracks of bureaucracy, social services, and getting help'*. (Post 2). For those who were able to access disability benefits, posters did not feel that these were sufficient for independent living; for example, *'I don't think disability benefits would be enough to cover even just my rent, never mind food (for me and my pets) or lighting and heating'*. (Post 35). Perhaps as a consequence, people often sought support and guidance from other forum posters. For example, *'are there accounts from people with disabilities who have actually escaped their abusive caregivers, or is it just deluded to tell myself that someday I might escape?'* (Post 10) and *'can I bring up past abuse for my case, or do I have to limit it to just the time when I was able to call the police'* (Post 17).

#### 4. Discussion

Forum posts detailed the domestic violence experienced, typically perpetrated by partners or parents. Consistent with previous research in this area [48,49], posters described the extent to which the abuse and abuse-related stress had impacted on their physical and mental health and exacerbated existing conditions. Though a substantial body of research has investigated the relationship between domestic violence and health and wellbeing, studies typically focus on non-disabled populations. Future research should further investigate the relationship between abuse and disability, taking into consideration the difficulties disabled people experience accessing health care [50] and the potential for medical professionals to detect abuse and advocate for disabled people [51].

##### 4.1. Perpetrators Targeting Disability

Posts described a range of abusive behaviour, including withdrawing access to medication or assistive devices [13,14,52], verbal abuse focused on criticism of the disability [14,15], and financial abuse involving the control of disability benefits [53]. It is clear, therefore, that disability both increases the likelihood of abuse and that perpetrators target disability and incorporate it into their abusive behaviour. Indeed, previous research indicates that requiring assistance with daily living increases the likelihood of abuse [54], which may reflect greater opportunities for control and violence. Vulnerability to abuse may be compounded by the fact that those in contact with disabled victim-survivors often fail to recognise behaviour such as control and exploitation as abuse of the disabled person [9]. Greater societal recognition of this issue is required.

Indeed, the findings of the present study suggest that societal perceptions of disability and carers enable the abuse of disabled people. For example, disabled people are often discussed as a 'burden' to carers or society [55], reinforced by negative media stereotypes [56], whilst carers are praised for their role and commitment to the cared-for individual. As a consequence, the abusive behaviour perpetrated by carers may be excused as an indication of stress or caregiver burnout [57]. Findings are consistent with previous suggestions that societal perceptions of carers as compassionate and willing to place the needs of others above their own may make it more difficult for disabled people to disclose the abuse or seek support [14]. Further, posters described receiving inappropriate care, facilitated by professionals placing greater emphasis on the information provided by carers than the disabled person. A greater focus on the respect and empowerment of disabled people rather than controlling their care is required [58].

#### 4.2. Isolation and Dependence

Posters often commented on their isolation. This experience is consistent with previous research documenting the isolation and lower social connection experienced by disabled people [59] and the extent to which societal stigma may exacerbate social isolation [15]. Isolation is also commonly employed by perpetrators to distance victim-survivors from their broader social networks [60]. In particular, isolation increases vulnerability to abuse [19,61] and limits knowledge of available domestic violence services [21]. It is, therefore, important to ensure that opportunities for social interaction and the development of meaningful relationships are available. Opportunities for online interaction may be beneficial especially for those who are geographically isolated or have mobility issues or energy limiting conditions, though it is important to ensure that online interaction remains safe [62]. Indeed, isolation and the need for online interaction may have contributed to the use of online forums, which provide opportunities to create a supportive community [63–65] and obtain information [66].

Dependence was a common issue, including dependence on others for access to health insurance and dependence on medication. Victim-survivors may be concerned that through leaving the abusive environment, they will lose their existing care package [14], and dependence on abusers for financial support or personal care is an important issue [67]. It is essential that disabled people are not disadvantaged through disclosing abuse and/or leaving the abusive situation. Systems to ensure that disabled victim-survivors of domestic violence can access the health and personal care required must be put in place, and these must be clearly communicated to disabled people. It is, of course, important to ensure that such information is provided in a range of accessible formats as a lack of accessible information and guidance may contribute to disabled victim-survivors of abuse remaining in the abusive household for longer than non-disabled victims.

#### 4.3. Accessibility of Support

Consistent with previous research [67], forum posts revealed that access to domestic violence support (e.g., shelters) is not adequate. As summarised by Hague, Thiara, and Mullender [14] (p. 148), domestic violence support services ‘frequently overlook or respond inappropriately to disabled women’. It is essential that victim-survivors of domestic violence are able to access appropriate support including practical support and emergency shelters. At a minimum, information on this subject should be accessible through both domestic violence and disability-oriented organisations. At present, disability is rarely considered in the context of domestic violence. For example, in one recent review of domestic violence policy in higher education, only one institution in the U.K. offered specific guidance to disabled people [68]. It is, therefore, unsurprising that online forums are used to obtain advice, guidance, and social support from others [69]. Online forums can provide disabled people with social support and a sense of community [36,69] and may be used to disseminate appropriate domestic violence related guidance.

The present study identifies the manner in which access to disability benefits and the bureaucratic nature of the benefit system are barriers to leaving the abusive situation. Findings expand previous literature highlighting the laws, social policy, and access to services that maintain women (especially minoritized women) in violent relationships [70]. The regulations that apply to disability benefits and the manner in which disability benefit claims are processed vary globally [71]. Despite this variation, the introduction of stricter benefit eligibility criteria and assessment have negatively impacted disabled people in many regions and restricted access to financial support [72]. Further, the process of applying for disability benefits can be traumatising, difficult, and stigmatising, [73] exacerbated by increased media and public discussions of benefit fraud [56,74]. Future research should establish the extent to which the availability of disability benefits impacts on the experience of domestic violence, including intentions to leave the abusive environment.

#### 4.4. Limitations and Future Research

The present study provides an important insight into the lived experience of domestic violence and disability. However, this study is not without limitations. In particular, online forum data prevent analysis of demographic information, exclude the experiences of some victim-survivors, and do not permit further exploration of individual health status. Additional research is required to investigate the importance of demographic factors such as age, which impact the likelihood and form of domestic abuse experienced in the general population [75]. As the present study focused on abuse in adult relationships, additional research examining the relationship between maltreatment and disability in childhood [76,77] is especially important. Similarly, previous research highlights the importance of intersectionality in relation to violence and disability [78–80], and future research should consider this issue. In particular, greater attention is required to experiences of domestic violence and disability in the LGBTQ+ community [81,82] and in people of colour [83,84]. Cross-cultural research that acknowledges variation in attitudes towards and experiences of disability [85] and domestic violence [86,87] is also required.

Those posting in the online forum self-identified as disabled. Many people meeting the legal criteria for disability do not identify as such [88] and would, therefore, not be represented in the current study. Further, only those who are digitally literate with safe (i.e., not monitored by the abuser) access to the Internet would be able to contribute to the online forum. This is especially important to consider as online engagement may vary across impairment types. For example, caregivers or support workers may restrict the online activity of those with learning disabilities, citing the risks of online interaction [89], reducing representation in platforms such as Reddit. Future research should ensure a broad range of experiences and perspectives is represented.

Despite some commonalities of experience, disabled people cannot be regarded as a homogenous group, and the online data collated do not allow further exploration of condition type. Future research should address the issues experienced (in relation to both abuse and obtaining support) by those with different condition types (e.g., mobility impairments, energy limiting conditions, sensory impairments). Similarly, important differences occur dependent on the nature of the relationship between the abuser and victim-survivor. Future research should consider the specific threats posed to disabled people by different abuser types (e.g., sexual partner vs. parent). Finally, further collaboration with disabled victim-survivors of domestic violence is recommended to develop strategies targeted at domestic abuse [90]. When implemented, it is of course important to take into account that disabled people are not a homogenous group, and a range of factors such as type and severity of disability should be considered when providing support and guidance [91].

#### 5. Conclusions

To conclude, disabled people are at increased risk of domestic violence. Extrapolating findings from research focused on non-disabled populations is not sufficient to understand this issue as domestic violence when disabled may present additional challenges. In the present study, we document the manner in which disability can be targeted by perpetrators, including withdrawing access to essential care and treatment. We also highlight the importance of isolation and dependence, which increases vulnerability to abuse and limits knowledge of appropriate support services. Finally, the present study demonstrates the inaccessibility of domestic violence support services and the bureaucracy encountered when attempting to access benefits. It is essential that both domestic violence and disability support services put systems in place (and effectively communicate these) to ensure that disabled victim-survivors can receive the support they require.

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**Informed Consent Statement:** As outlined in Section 2.2, it was not possible to obtain informed consent from forum posters. All data were in the public domain, and we have protected individual anonymity.

**Data Availability Statement:** The data are not publicly available to preserve anonymity.

**Conflicts of Interest:** The authors declare no conflict of interest.

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