# Understanding challenges to attend victims' stories of violence when using disability support.

How is the service users' knowledge treated by the supportive apparatus?

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# Intro

People with disabilities are marginalized, their perspectives are notably absent from most aspects of our society. In Sweden, experiencing a disability is associated with lower social and economic participation (Statistiska centralbyrån, 2023a, 2023b), higher rates of poor health (Folkhälsomyndigheten, 2023) and more reliance on social services and support (The National Board of Health and Welfare, 2022). This is problematic in terms of equal rights to participation, addressed in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) targeting equality in living conditions for people with disabilities (The Swedish Government, websida). This study concerns the supportive apparatus’ treatment of victims of violence among people with cognitive disabilities.

People with cognitive disabilities face a heightened risk of many types of violent victimization (Mueller et al., 2019) including violence in close relationships (Bowen & Swift, 2019; Codina et al., 2022). Violence in close relationships is defined as any form of harm-inducing injury, pain, fear or humiliation, within a close relationship (Isdal, 2000) such as a partner, family member, close friend or caregiver. The violence against people with cognitive disabilities is seldom reported (Willott et al., 2020) and less likely to be investigated compared to hate crimes motivated by race or faith (Macdonald et al., 2017), signalling unequal access to support and protection for these victims. People receiving substantial disability support in their daily lives risk not receiving adapted victim support, because staff lack violence competency and suitable instruments (Klint et al., 2023). This study specifically focuses on the knowledge of people with cognitive disabilities receiving disability support who have experienced violence in close relationships. People with cognitive disabilities vary in diagnoses and symptoms, and so does the sub-group that receives disability support (Giertz et al., 2021; Olney & Kim, 2001). However, receiving disability support is the common factor of interest in this study therefore they are called service users in the following text.

## Speak about victimization

Disclosing experiences of violence is an essential step to activate adequate support and protection from social and health care (Wright et al., 2022). Victims of violence disclose experiences of victimization to receive informal support from friends, validation of their experiences and increase their psychological well-being. Additionally, they may receive information, assessment, empowerment and advocacy if talking about victimization. Even though victims cannot explain why they choose to disclose, many want to and do it anyway (Demers et al., 2017). Thus, telling others about victimization seems very important for processing and healing.

People with cognitive disabilities fear not being believed by professionals (Wiseman & Watson, 2022), leading to a certain responsibility for professionals receiving disclosing testimonies. Trauma-informed practice highlights the importance of professionals reacting with care when someone discloses victimization of violence (Kennedy & Prock, 2018; Kjellberg, 2024). The victim might not know what type of support they want (Demers et al., 2017) and may be in need of suggestions. Negative reactions by professionals are associated with higher levels of psychological illnesses which later positive reactions may not be able to repair (Woerner et al., 2019). According to professionals working in disability- and victim support, effective support for victims with cognitive disabilities is hindered by a lack of understanding, resources, awareness or education about people receiving disability services (Fraser-Barbour et al., 2018; Klint et al., 2023).

Overall, victimological research has failed to recognize and consider what being a disability services user means for victimization of violence. There is a lack of naming and discussing disability, leading to a lack of representation of the lived experiences of service users who have been victimized (Mueller et al., 2019). Wiseman and Watson (2022: 0912) state that ”The complex forms of violence experienced by people with learning disabilities are critical to understanding the significant inequalities in health and wellbeing experienced by people with learning disabilities”. Against this background, this study focuses on how service users’ first-person knowledge (i.e knowledge based on self-experienced events) of victimization is being treated by their surrounding support apparatus.

## Epistemic injustice

To enable equal victim support, these service users need to be treated as epistemic subjects with legitimate knowledge worthy of social inclusion. What they say, i.e. their truth needs to be acknowledged. Fricker’s theoretical framework of epistemic injustice explains unjust actions against a speaker, hindering two societal aims: the aim for truth and the aim for justice (2007). If someone’s statement is not given the credit it deserves by the listener of that statement, epistemic injustice is conduced. Epistemic injustice can be divided into testimonial-, hermeneutical- (Fricker, 2007) and participatory (Hookway, 2010; Schmidt, 2019) injustice.

Testimonial injustice refers to when someone’s story (testimony) is evaluated with unfair disbelief by a listener, due to prejudges against the speaker as a knower. Testimonial injustice includes a pre-emptive dimension, referring to instances of not even asking for someone’s story, although their testimony is relevant. If someone repeatedly has been exploited to testimonial injustice, it may become internalized, and the person might stop trying to express their experiences. They may lose self-confidence, and in the long term, may not learn from experience at all (Fricker, 2007).

Hermeneutical injustice refers to when someone’s position in the social power structure constricts their hermeneutical resources, such as their vocabulary. This may occur for people who have been systematically marginalized in some aspect, leading to a shortage of hermeneutical resources explicitly for that group and experience (Fricker, 2007). Hermeneutical injustice includes an extreme version, a complete hermeneutical gap, referring to events experienced by certain marginalized groups being ignored, so that no hermeneutical resources exist for anyone to understand those experiences (Tremain, 2017). Hermeneutical marginalization, meaning the systematic intentional or unintentional misinterpretation of a marginalized group’s experiences maintains this type of injustice (Fricker, 2007).

Participatory injustice refers to unequal opportunities given for engagement in social participation of inquiry, due to prejudice against them, harming their autonomy and determination. They are evaluated as unable to participate fully and their actions are not seen as good enough to account as participators (Hookway, 2010). Participatory injustice includes three types. One is the exclusion of epistemic access to sufficient resources or spaces for participation. Another is the exclusion of epistemic recognition as a participant worthy of respect and appraisal of epistemic skills (Schmidt, 2019). A third is inclusion as a participant without control of the social activity and limited power in decisions (cf. ‘partnership’ by (Arnstein, 1969).

## Context: Laws, policy and practice in Swedish disability services

Laws concerning social work with people with disabilities highlight the importance of support for an equal and self-determined life (Swedish Social Services Act, SoL 2001:453). These policies are central also in The Law Regulating Support and Service to Persons with Certain Functional Disabilities (LSS 1993:387), since Sweden ratified the UNCRPD. The UNCRPD also declares equal rights to support for victims of violence and abuse (article 16) that the Swedish law SoL (2001:453) supports. Each Swedish municipality’s social services are thus responsible for identification, protection and support of all victims of violence in close relationships (Socialstyrelsen, 2016). In the last decades, a significant paradigm shift in how to understand disability has taken place. The medical, or individual, understanding of impairment as caused of a person’s challenges has been replaced by a social understanding of disability as caused by or related to the social structures (Bigby et al., 2018). This shift may not yet be evident in social service practices as studies suggest that practitioners embed individual explanations of disability rather than social (Hultman et al., 2019). The social services view on disability likely influences professionals’ view of service users as knowledge subjects regarding experiences of victimization.

## Aim

This study aims to increase understanding of how service users’ first-person knowledge of victimization of violence in close relationships is treated by the supportive apparatus surrounding them. To achieve this, we use the perspective of social workers at disability services and apply the theoretical framework of epistemic injustice which concerns how first-person knowledge is treated. The study is guided by two research questions:

1. How does the supportive apparatus treat service users’ first-person knowledge of victimization of violence in close relationships?
2. How can the treating of service users’ first-person knowledge of their victimization develop the theoretical framework of epistemic injustice?

# Method

## Study design

This study employed a qualitative design. Epistemic injustice, including testimonial-, hermeneutic- and participatory subtypes, stand as the theoretical framework guiding the analysis process. The study was reviewed by the Swedish Ethical Review Authority, which had no objections (Dnr 2022-04020-01).

## Participants and data collection

The interview data used in this study was collected in the fall of 2022 for a study commissioned by the Swedish Agency for Participation (Källström et al., 2022). The in-depth interviews with staff, management and caseworkers in the disability services were selected for this study due to their closeness to service user’s everyday life. Working in disability services enables close contact with the service user before, during and after a process of support seeking due to victimization by violence. In total, there were 27 interviews (6 men and 21 women) including seven managers, 15 staff and five caseworkers from the disability services. Participants had between one and more than ten years of experience in their profession. They represented twelve different municipalities from north to south of Sweden. The interviews were held online via video conference in the fall of 2022 and lasted between 40 and 90 minutes each. A semi-structured interview guide was used with seven topics. The interviews were transcribed verbatim.

## Analysis

Before the analysis started, all interviews were listened to while reading the transcriptions to correct errors and to get familiar with the material. To deepen the understanding of how service users’ first-person experiences of victimization of violence are treated, we used a deductive-inductive analysis (Patton, 2015).

In the first step, we created a codebook based on the theoretical framework of epistemic injustice. The first author thoroughly read Fricker’s book Epistemic Injustice (2007) and relevant literature building on it and drafted a code book. The first draft of the codebook was tested by all authors through double coding of four interviews and then we compared the coded material. Categories and themes that could not be clarified through discussions were reviewed again by the first author who developed a second draft. Additionally, in this step, we sought injustices only but found the interviews containing many examples of actions for justice. A collective decision to add categories of justices was made, to enable complexity in results and rectify oversimplification. The second draft of the code book was tested on one interview, by the first author, and the found limitations were discussed by the group. This resulted in the addition of the participatory theme the three categories of exclusion from participation (inspired by Arnstein, 1996 and Schmidt, 2019). The participatory theme was found fundamentally different from the previous themes, in that its categories are in the vertical junction of each other. Therefore, we could not create opposing categories as the justices created in the other themes. Additionally, the code ‘hermeneutical marginalization’ was extended to include signs of marginalization identified by the interview subject as well as by the authors.

In the second step, the final version of the codebook (see Table 1) was used to deductively code the rest of the interviews. The first author read and coded all the transcripts twice to reduce mistakes, using NVIVO.

Table 1. Codebook of epistemic (in)justices as themes and categories for deductive analysis.

|  |  |  |
| --- | --- | --- |
| Theme | Category | Exemplified description |
| Testimonial | Testimonial injustice | The receiving agent disbelieves the service user’s story due to prejudice against people with disabilities. |
| + justice | Actions against disbelieving service users. |
| Internalized injustice | The interview subject thinks that the service user does not believe their own story is of interest to others. |
| + justice | Actions against internalized testimonial injustice |
| Pre-emptive injustice | The service user is not asked to share experiences. Others may be asked instead. |
| + justice | Actions redirecting inquiries to the service user. |
| Hermeneutical | Hermeneutical injustice | The service user lacks vocabulary to understand or express experiences of violence. |
| + justice | Actions increasing services user’s knowledge |
| Complete hermeneutical injustice | Nobody understands service user’s experiences of violence or how to treat them as victims. |
| + justice | Actions increasing everyone’s knowledge |
| Hermeneutical marginalization | The interview subject identifies marginalizations or the researchers identify marginalizations. |
| +justice | Actions against reproduction of marginalizing views |
| Participatory | Missing access | The service user is excluded from places and conversations about their victimization. |
| Misrecognition | Participation as objects without room to ask questions. Other agents do not value them as teammates. |
| Participatory injustice | The service user participates without power to control the goals of the process/conversation. |

In the third step, the coding matrix function in NVIVO was used to identify how many meaning units were double-coded, displaying each category \* each category. Most of the categories had at least one meaning unit shared with another code. This was not considered a problem since the framework does not claim discrete diversion between the different (in)justices. Fricker (2007) points out that hermeneutical and testimonial injustices often appear together. However, some coding crossovers sparked the researchers’ interest: when codes in different directions overlapped. For example, testimonial justice and hermeneutical injustice coded on the same meaning unit. All meaning units that were double-coded were re-read. Some of these were descriptions of identified injustice and actions against that injustice, so intertwined in the material that the whole description had to be double-coded in different directions. These descriptions were concluded to not need further assessment. Others were descriptions of actions or opinions that included both an injustice and a justice simultaneously. These descriptions were analyzed and discussed. However, these overlaps were too few for the team to find patterns supporting a meaningful theme or category outside the predetermined ones.

In the fourth step, the first author returned to the categories for an inductive content analysis of each type of (in)justice separately. Three categories’ content were inductively analyzed by the other authors and the findings of the patterns in content were discussed together. The themes were not found as mutually exclusive which we decided to transparently exemplify in the presented results, how the different injustices and justices appeared alongside each other. The findings are therefore described in the most dominant category of (in)justice that it contains.

# Results

We found examples of all categories of justice and injustices against the legitimacy given service users’ first-person knowledge of victimization of violence in close relationships. The interviews revealed examples of testimonial (in)justice, internalized testimonial (in)justice and pre-emptive (in)justice; hermeneutical (in)justice, complete hermeneutical gaps, and hermeneutical marginalization; and participatory (in)justice, misrecognition, and missing access. Below, we describe the three themes each encompassing three categories, by illuminating the nature of both injustice and exclusion as well as strategies counteracting those as forms of justice and participation.

## The testimonial theme

All three categories within the testimonial theme were represented in the interviews: testimonial (in)justice, pre-emptive testimonial injustice and internalised testimonial (in)justice. The results include both injustices for service users with experience of violence and actions for justice and legitimacy for them.

### Testimonies carefully treading through prejudice, verbality and self-determination (test. (in)justice)

Basic testimonial injustice included actions of disbelieving the service user’s stories of victimization performed by the health care, police, families, and social workers. Some acts of testimonial injustice were described as a form of violence too. The service users suffered credibility shortages in several contexts such as: parents not believing that the service users knew what they want, police underrating the reliability of testimonies, and caregivers suspicious of the level of truth in given testimonies. Parents preventing their adult children to choose for themselves is exemplified below.

They find the emancipation process hard and it may be that they have bad experiences and are scared that their child won’t get the support they need if they are left to take certain decisions. And they think she can’t choose this or that because another time she decided, and it did wasn’t good. Or they heard some neighbour with a son who got to choose what to be done and that didn’t go well at all.

In this example, the parents’ unwillingness to loosen their control of their adult child was described as a form of controlling violence, preventing the service user to express themselves. Many reasons for disbelief were related to the disability. Expected lack of reasoning, abstract thinking and apparent communication deficits decreased the perceived legitimacy. A few environmental explanations for disbelief were given, such as a constant presence of assisting staff or insufficiency in tools for alternative communication. Further, the testimonial injustices lead to an overruling of the service user’s wishes or treating them with less respect, as exemplified by a caregiver below.

Actions to increase the credibility of a service user’s testimonial utterances regarding violence in close relationships were also found. Caregivers patiently listened and affirmed the service users’ stories of victimization. They affirmed by acting on such stories with full trust by contacting health care and reporting to the police or social services on behalf of the victim. Actions for testimonial justice were not limited to verbal utterances but also included legitimizing non-verbal expressions. Caregivers meeting the service users daily expected themselves and colleagues to notice differences in behaviour and mood. Such non-verbal expressions were taken seriously and initiated further investigations. Caregivers fine-tuned interpretations of all expressions enabled testimonial justice for service users with a variety of verbal abilities. One reason to act for testimonial justice was the service users' right of self-determination as this right instructs social workers to prime the service users’ wishes and opinions regarding support, above anyone else’s. Thus, they acted according to the right of self-determination even when they did not want to. Especially if the service user did not want to leave a violent relationship or report victimization to the authorities, this right was emphasised as troublesome. The material uncovered frustration toward the self-determination right and wishes for exceptions allowing the disability services more power in cases of violent victimization.

### Requesting third- or first-person testimony (pre-emptive (in)justice)

Pre-emptive testimonial injustice included descriptions of inquiries and discussions about violence toward a service user that were directed to others than the suspected victim. These other peoples’ stories were expected as more truthful and understandable. Due to service users’ cognitive disabilities or need for alternative communication, social workers rather spoke to relatives, friends, neighbours, financial trustees, or staff at other services. There were also environmental reasons to not ask the service users directly. Some did not want to speak about violence since the service users were in the constant company of caregivers which hindered talking individually. Others did not find themselves qualified enough, stating that violence experts were needed. However, if such experts were not found, the topic was just not brought up with anyone at all.

Actions to redirect the focus to the first-person testimonies, counteracting pre-emptive injustice were also found in the material. Social workers found the topic of violence victimization to tangent other, less sensitive, topics that were routinely covered. Examples of topics were the service users’ network, wishes for the future or negative experiences in everyday life. These topics were used as a stepping stone to ask about violence. Other counteractions were to clarify that this a routine question or offer other listeners such as medical staff or violence experts.

### Internalized prejudice and empowerment (internalized (in)justice)

Internalized testimonial injustice was signalled in instances of service users being unwilling to let their guard down and share their life experiences. Additional examples were service users avoiding showing any emotions and resistance to building trustful relationships with caregivers, as in the example below.

But also, to aid them by allowing, like: if I feel sad… or angry, may be better, that I’m allowed to be angry too, if I’m angry that someone’s been unfair to me then I’m allowed to be mad, that’s okay. Yes, some don’t feel allowed to be disappointed and so on or other thing (…) but generally, I think things you haven’t spoken about may be hard to get a relation to, therefore I think like this.

The example highlights signals of internalized injustice for service users by describing how the social worker try to help them communicate their experiences by allowing emotions.

Actions increasing service users’ self-esteem intending to counteract internalized testimonial injustice included a variety of educational interventions focusing on violence and related human rights. Such interventions were regularly conducted in the disability services, in groups or separately, often resulting in a multitude of declarations of previously experienced violence. Learning about human rights was thought it raise the self-esteem needed to dare to share their testimonies. Hence, interventions with educational goals consequently also decreased internalized testimonial injustice.

## Hermeneutical theme

All three categories within the hermeneutical theme were represented in the interviews: hermeneutical (in)justice, complete hermeneutical gap and hermeneutical marginalization. The results include both injustices for service users with experience of violence and actions for justice and legitimacy for them.

### Unfair knowledge gaps and attempts to bridge them (hermeneutical (in)justice)

Basic hermeneutical injustice included descriptions of knowledge- and communication shortages among service users. Service users did engage in relationships, love, and sex, just like everyone else, but many lacked knowledge of rights in relationships. The lack of violence knowledge was thought to relate to how abstract the concept of violence is, especially economic violence was highlighted. Since many service users had a financial trustee and no knowledge of money, they were easy targets for economic violence specifically. Communicational injustices included small vocabularies and usage of alternative communication that was found to hinder detailed sharing of experiences. Service users were described to want to ”keep this one thing for themselves” as they almost always were accompanied by caregivers and had little privacy. However, this hindered a sharing of hermeneutical resources. Reasons for these hermeneutical injustices blamed the elementary education for children with disabilities. Without equal opportunity to learn about rights, relationships and sex, the hermeneutical gap was described as inevitable. Some acknowledged societal norms downgrading people with disabilities inhibiting equal learning opportunities. For example, many service users were described as bullied throughout childhood or constantly controlled by over-protective parents. Such factors were considered to teach them incorrect rights. It was sometimes inclined that the service users’ disabilities inhibit them from ever learning what they currently lack in hermeneutical terms.

Actions to raise hermeneutical justice included educational interventions aiming at increasing service users’ knowledge of rights, violence, and relationships. Increased hermeneutical resources were detected by the social workers after one or several interventions. Learning about violence was thought to raise awareness and give service users words to share their experiences. In instances of service users speaking of a violent relationship without acknowledging the other person's wrongdoing, the social workers explained the specific violence. Additionally, they repeated and reminded the victim that “it’s not your fault”. Strategies to facilitate communication were to concretize the language, for example, using picture support or addressing the emotions violence evokes. To ensure a common understanding, social workers sought the service user’s confirmation by summarizing what they spoke about. Further, closeness was found as a key element in facilitating communication. Both physical and relational closeness were important to enable hermeneutical justice. So, a caregiver in direct daily contact with the service user and a good relationship with them had the best chance to increase the hermeneutical justice.

### What nobody knows (yet) (Complete herm gap)

Complete hermeneutical gaps, comprising all mentioned roles in the material were primarily regarding how to provide safety or support to victimized service users. Their caregivers, case managers, victim support, police or health care did not know how to provide adjusted victim support. Additionally, nobody knew any safety shelters available for these victims which could have troubling consequences for a victim as in the example below.

The father wanted his money, could we’ve done anything for the money to came to him instead so the father couldn’t take part of them? Then we should have worked with different means… But I would say that what made it fail (protecting a victimized service user), I mean, what would have happened if he had been welcomed to a safety shelter where the father couldn’t come and get him again? The interventions we had weren’t adjusted for him. He had significant autism and we suspected some more diagnoses too. He’d been a prisoner in his room for a large part of his life so there were no adjusted interventions for him. We tried to adjust the available ones but it wasn’t enough.

The quote highlights an additive effects of a service user’s lacking insight of, due to isolation, together with the societal knowledge gap on how to aid such persons in need of safety and protection. This gap resulted in heavy workloads for the disability caregivers, taking on responsibility for safety and support by inventing emergency solutions from scratch.

Actions to increase societal hermeneutical resources for understanding support service users with experiences of victimization were also found. Some strategies were to provide violence education for social workers and/or professional guidance for the staff from an expert. Other strategies were to write down local instructions for how to handle cases of victimization or turn to the victim to learn from their experiences and their need for support. The material declared a strong wish for more education on violence against service users for all relevant professional groups, i.e. for social work, health care and police.

### Marginalizing narratives: addressing some, replicating others (herm. marginalization)

Hermeneutical marginalization included societal narratives creating or reproducing wrongful views of service users victimized by violence. The interview subjects identified the preconception that service users do not want romantic relationships or have sex, although they did. They also identified structures and routines within and between organizations leading to a silencing of service users’ experiences of violence, as explained in the quote below.

I think we don’t talk about that (victimization) because there are so many routines! You use them when faced with something, that's when you look them up. I think if we had implemented that (routines about victimization), we might have used them in the investigative work or when we meet people like, yes, maybe asked a question about it. But it's nothing we have to talk about and it's not in the introduction for new staff. These routines would be important and looked at every year or so. That could make us see it (victimization) when we come across it, and then we would look up the routines.

This social worker emphasized how the volume of routines and the lack of violence-related routines effectively moved practitioners' focus to other issues than violence in close relationships. Other signs of hermeneutical marginalization were emitted by the interview subjects. Some were struggling to stay on the topic of victimization of violence and began speaking about service users as committers of violence instead. The perpetrator narrative seemed strong in the organizations, supported by well-known routines on how to manage staff safety. Another was interview subjects comparing service users with children. Viewing the adult service users as resembling 2-year-old children inhibited caregivers from seeing potential for personal development and treating them with respect.

Counteractions of hermeneutical marginalizations of service users were also described. The importance of not bundling service users by diagnosis was emphasized, since they differ too much within a given diagnosis. Caregivers denoted how they see and treat each individual differently independent of diagnosis. Some expressed that the organization must “dare to see the violence” against service users, even if the reality is brutal. Only by daring to face this uncomfortable reality, the organizational change would be possible that could begin to reduce this hermeneutical marginalization.

## Participatory theme

All three categories within the participatory theme were represented in the material: missing access, misrecognition and participatory injustice. The results include both injustices excluding service users with experience of violence from accessing, getting recognition, and participating with full control.

### Access blockades for victim support practices (missing access)

The injustice of missing access included a lack of both social and physical access to participate in different contexts related to experienced victimization. Mainly, the absence of victim support and protection for services was emphasized as a problem in the material. These victims were excluded from mainstream victim support and psychiatric healthcare with the explanation that they already have support from the disability services. Other explanations were that trauma therapy could not be given to people with certain diagnoses or long waiting lists. These curating spaces were thus physically inaccessible for victimized service users. Additionally, they did not access risk assessments of victimization of violence in close relationships. Some explanations for this inaccessibility were disability-related such as a low verbal ability or violence knowledge. Others were environmental such as time limits and unfamiliarity between social worker and service user. That service users always were accompanied by caregivers was the primary reason since risk assessments demanded meetings without other people present since anyone could be a potential perpetrator.

### Surface level participation disabling recognition (misrecognition)

The injustice of missing recognition included activities with the victimized service user in the room or the conversation, but without recognising them as first-person knowers regarding their victimization. In processes seeking solutions for safety and support (outside the conventional victim support/health care system), the aim to progress as fast as possible resulted in misrecognizing the victims' need for adaption. The extra effort needed to enable the service user’s full access to communication was down-prioritized in favour of getting things done quickly. Some reasoned that service users would never be able to understand violence and victim support, therefore such attempts would be a waste of time. Other reasons were deficits in communication, memory, and cognitive level. Another example of unjust recognition for the victims was to treat them with a mere referral. Either referring the victim to contact their caseworker, healthcare, or police without offering adequate support to enable participatory recognition. Or referring the victimization as a case to other parts of the social services or other organizations. For example, finding out about violence in the transportation service led to a call to that organisation or identifying partner violence leading to a call to the municipal team for partner violence. These referrals needed the service users’ consent, and giving consent was described as all the participation necessary. In these examples, the following processes only recognized professionals as participants.

### Fluctuating participatory control (participatory injustice)

Participatory injustice included instances of service users participating with different levels of control/power highlighting a pattern of conditional participation. The goals of violence-related processes were typically set by the staff including social workers and/or healthcare staff from the disability services. Typically, if the caregivers identified ongoing violence in a relationship, they motivated the service user to leave the relationship. In some cases, they also contacted the victims’ relatives and financial trustees for more persuasion. Then, if the service user agreed to participate in the planning of leaving and seeking support, they were freer to control how and when things would happen. The need for persistence and speed in these processes was found as barriers to giving service users full control. Conditioned participation, balancing first-person control and persistence issues are all exemplified in the following quotation:

It was a very destructive relationship, escalating, and her health got worse and worse. Because she wasn’t allowed, he owned her, so she couldn’t. So, we started saying: you can go out with friends, you can start a course that you like, we can take more trips. She took the decision but wanted us to break up for her! But we can't do that, no, we offered to join her as a support when she broke up and said: we can't talk for you, you have to say what you want, but we can be there with you. Yes, then we did, me and a colleague, went with her to the boyfriend and sat down. She was so nervous she shook and cried. But she managed to break up and he went insane, yes, fought so we had to flee the apartment. But she did it and we praised her, said she was strong and comforted her because she broke down and felt extremely bad. However, the has managed to leave that now. It took many years, and we support her still regarding this because he still wants to try to be friends with her, offering her to visit for a coffee, which she does.

Some of these examples included compliant service users but others resulted in the user “breaking the deal” and returning to a violent partner or relative. Disability-related factors caused issues with persistence, such as memory loss, and being easily distracted or misled. Similarly, quick changes in lifestyle, living situation or usage of their network were highlighted as more problematic for service users due to disability-related factors such as affective control issues, and the need for alternative communication and routines. These were some reasons inhibiting participation with control and power. One enabling factor for more control and power was to habitually use alternative communication in the disability services. Unhindered communication between service users and staff opened the possibilities to support service users to participate more fully. The balancing act between keeping the service users free from violence and enabling them full control was found hard for the caregivers.

# Discussion

This study aimed to increase understanding of how service user’s first-person knowledge of victimization of violence in close relationships is treated by the surrounding supportive apparatus. The deductive analysis revealed examples of justices and injustices for these service users in terms of all three types of epistemic (in)justices: testimonial, hermeneutical and participatory. Taken together, the results highlight a couple of central dilemmas for the supportive system related to justice for service users’ first-person knowledge of violence victimization.

One dilemma: **the balancing of the self-determination right** that is learned but seems well implemented. In cases of violent victimization but the service user chooses to stay, staff becomes frustrated and feels powerless to save the victim, as found in testimonial (in)justice. These complex situations bring the self-determination right to a head. It comes before policies about supporting victims of violence, and this is recognized in the victim support for people without disabilities. The apparent hermeneutical unjust situation hindering these victims from identifying and disclosing victimization puts a major responsibility on the supportive apparatus. Especially on the nearest caregivers, they who due to closeness have the best opportunities to understand and communicate with service users. These caregivers are also the givers of interventions that were found to increase self-esteem and knowledge which led to disclosing experiences of violent victimization. And when it is not enough to remind them it’s not their fault and declaring the wrongs they see in violent relationships, they cannot force service users to leave. The process of leaving and healing contains several steps, and sometimes the self-determination right is overlooked to later be picked up again. Doing epistemic justice and doing right are not always the same thing. People with cognitive disability are ”often denied any sense of citizenship, choice and control over what happens after the abuse has been disclosed or identified” (Fraser-Barbour, Crocker, Walker 2018: 11)

Another dilemma: **the battle between medical and social perspectives**. The shift from a medical to a social perspective on people with disabilities has been described as not implemented in practice yet. But our results include examples of both. Arguments in line with the medical perspective pointed out cognitive deficits as reasons leading to an inability to learn about necessary concepts to grasp violence in close relationships. This, in turn, justified disbelieving service users' testimonies of victimization and performing pre-emptive testimonial injustice for example. At its extreme, the medical perspective has created hermeneutical marginalization of ‘the forever child narrative’ which extinguished the hope of ever bridging the hermeneutical gap. On the other hand, knowledge of each individual's deficits (and not bundled by diagnosis) was found very important to create an enabling environment to decrease the victim's disability. Thus, a total ignorance of individual differences in cognitive abilities would not serve these victims. Arguments in line with the social perspective pointed out the life situation for people with substantial disability support as reasons to inhibit learning about necessary concepts to grasp violence in close relationships. This could also be described as barriers leading to disbelieving testimonies and blocking participation since the substantial disability support was always accompanying them. Which perspective facilitates epistemic justice? – the one promoting a change. ”We must consider less punitive policies that are centred on helping people with disabilities gain access to the services they need and navigate the oppressive systems that perpetuate ableism.” (Mueller et al., 2019) : 722).

A third dilemma: **doing something that seems like prejudice, but it is not.** At times, our interview material did not clearly distinguish the reasons for discrediting a service user. Some informants may have been disbelieving a victimized service user in some aspect due to legitimate signs of liabilities. For caregivers with long relationships with service users, identifying such signs could be possible. However, acting according to marginalizing norms and routinising epistemic injustice are common in our society. Trauma-informed support should be aware of possible hermeneutical injustices and ready to fill such gaps and listen to testimonies with these injustices in mind (Fricker, 2007).

Limitations

* Data had mainly positive examples.
* Data on professionals perspective and then analyzed by us. The first-person accounts, by service users, could reveal other aspects.
* ‘nothing about us without us’ – ths would gain by welcoming the first-persons perspective that may need a co-productional research design (Russo & Beresford, 2014). People with disabilities knowledge about what affects inclusion and exclusion is lacking in the research and they should be included as co-creators of science.
* Pohlhaus (2017) “the danger of beginnings” warns against portraying anyone or any story as the original. And “aspectivial capativity” identifying some epistemic injustices as if they are more important or true than other types. – we don’t wanna claim that.
* (Russo & Beresford, 2014): do not reproduce epistemic injustice. We do not claim to gain that first-person knowledge, such a study should include the victims, we claim to gain an understanding of the handling of first-person knowledge, visible fin the disability support.

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