

Protection on equal terms

A report on the quality of domestic violence shelters for
persons with disabilities



The Swedish Agency for Participation works to promote, guide, and support societal actors in carrying out their missions based on the needs and conditions of the entire population.

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Protection on equal terms. A report on the quality of domestic violence shelters for persons with disabilities

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Summary

The Swedish Agency for Participation (MFD) has initiated this study to increase knowledge about how domestic violence shelters support persons with disabilities who have been subjected to violence. The report is based on interviews and written contributions from domestic violence shelter providers, disability organisations, and other relevant actors. This summary highlights the study's key findings.

Broad and complex needs

Persons with disabilities may have extensive and complex needs when staying in domestic violence shelters. This includes support in daily life, assistive devices, and the need for clear and adapted communication. It also includes contact with healthcare services provided under the Swedish Act (1993:387) on Support and Service for Persons with Certain Functional Impairment (LSS). Domestic violence shelter providers describe that they often need to act as a link between different agencies and services in order to ensure coordinated support during and after the stay.

What characterises quality

Quality means meeting the individual's needs in a safe, accessible and understandable way. The interviews show that individually tailored support, clear communication, and adapted safeguarding measures are central components.

A high-quality service also needs to provide long-term support, a well-designed living environment, and staff with knowledge of both violence and disabilities. For persons with more extensive needs, 24-hour staffing and close cooperation with other services may be necessary.

Differences between shelters

The conditions vary between shelter providers. Some already operate in ways that meet the quality criteria. Others lack accessible premises, relevant expertise, or the capacity to provide coordinated support.

The findings show that the quality of domestic violence shelters is not equivalent for persons with disabilities.

When specialised expertise is needed

The study shows that not all domestic violence shelters can, or should, accommodate persons with more extensive support needs. For some persons with disabilities, shelters with specialised expertise, 24-hour staffing, and established cooperation with LSS services and healthcare providers is required.

Where such resources are available, protection and support are more effective and more sustainable over the long term.

Municipal assignments affect quality

Placement duration, the scope of the assignments given to shelters by municipalities, and access to support measures vary between municipalities. This affects the ability of shelter providers to deliver stable and coordinated support.

For persons with disabilities, longer placement periods are often important to ensure that support measures can be properly established.

Need for improved coordination

Quality depends on how effectively actors such as social services, LSS services, healthcare providers, and schools cooperate.

The interviews show that shortcomings in coordination are a recurring challenge. When a person moves between municipalities or requires new support measures, it may become unclear which municipality is responsible. This can delay support and decision-making.

Effective inter-agency cooperation is therefore crucial in ensuring that protection and support function properly.

About the report

This report examines the factors that contribute to quality in domestic violence shelters¹ for persons with disabilities and how such services can meet these needs.²

Domestic violence shelters should provide support and a safe environment for victims of violence. For persons with disabilities, specific accessibility measures may be required in the physical environment, in relation to information and communication, and in the way support is provided and delivered. This means that opportunities to receive appropriate protection vary for this group.

Persons with disabilities are at higher risk of being subjected to violence and often encounter greater barriers when seeking help.³ Previous studies show that some shelters lack accessible premises, sufficient expertise, or the capacity to provide individually tailored support. This affects both safety and quality for the target group.

Knowledge about how shelters accommodate persons with disabilities remains somewhat limited. There is no comprehensive overview of barriers, effective adaptations, and approaches for persons with more complex support needs.

This report is based on interviews and written contributions from domestic violence shelter providers in Sweden, disability organisations, and other relevant actors. The report presents more detailed evidence concerning the central needs and the conditions required to achieve effective protection and good quality for the target group.

Our hope is that this report can contribute to improved knowledge and continued development in this area, so that all victims of violence – regardless of disability or functional ability – are given real opportunities for support, protection, and a new start in life.

¹ In this report, the term ‘domestic violence shelter’ is used throughout. Other commonly used terms include sheltered accommodation and refuge.

² This report is a shorter version of the Swedish Agency for Participation’s (2025) report *Skyddad på egna villkor – Om kvalitet i skyddat boende för personer med funktionsnedsättning* [Protection on equal terms – On quality in domestic violence shelters for persons with disabilities].

³ Swedish Agency for Participation (2023) *Våld mot personer med funktionsnedsättning – Om utsatthet och förekomst av våld* [Violence against persons with disabilities – On vulnerability and the occurrence of violence].

Background and methodology

This section provides an overview of what domestic violence shelters are and how they operate. It also describes why the study was conducted and how the data was collected.

Shelters for victims of violence

Domestic violence shelters are intended to provide victims of violence with safe accommodation and support adapted to their individual needs. In Sweden, this is a social services intervention for persons who require temporary round-the-clock accommodation and support due to threats, violence, or other forms of abuse. Both adults and adults with accompanying children may be admitted.

The intervention is intended to meet urgent needs for accommodation and protection and to support the transition to an independent and safe life. The support may include safety planning, counselling, assistance with contact between individuals and authorities, supportive conversations and practical help in everyday life.

Children may also receive support with safety planning, information, schoolwork, and help in processing experiences of violence. Shelters that accommodate children need to ensure that their services are adapted to meet children's needs.⁴

In Sweden, municipalities are responsible for ensuring that victims of violence have access to domestic violence shelters. Each municipality has a legal responsibility to assess individual needs and decide on placement. The municipality that makes the placement decision retains financial and legal responsibility during the stay, even if the shelter is located in another municipality.

Shelters may be operated by private providers, non-profit organisations, or municipalities and must maintain good quality for the target group.⁵

Regulation and quality requirements for domestic violence shelters

Since 1 April 2024, domestic violence shelters have been formally defined as a social services intervention under Swedish law. This means that placement

⁴ Health and Social Care Inspectorate, *Tillstånd för skyddat boende* [License for domestic violence shelters]. <https://www.ivo.se/vard-omsorgsgivare/tillstand/sol-verksamheter/tillstand-for-skyddat-boende/> (15 April 2025)

⁵ National Board of Health and Welfare (2024) *Kartläggning av skyddade boenden i Sverige* [Survey of domestic violence shelters in Sweden].

requires an individual needs assessment and a formal decision. Children accompanying a guardian must also receive an individual assessment of the intervention.

Private and non-profit providers must obtain a license from the Health and Social Care Inspectorate (IVO⁶) in order to operate a domestic violence shelter. IVO is also responsible for supervising domestic violence shelters.⁷

Quality and safety requirements have been strengthened. The National Board of Health and Welfare's new regulations and general guidelines concerning domestic violence shelters entered into force on 1 June 2025.⁸

The National Board of Health and Welfare also uses quality indicators to monitor and develop the quality of shelters. These indicators include safety, security, accessibility, individual adaptation, staff competence, and children's needs.⁹

Identified challenges

For persons with disabilities, specific accessibility measures may be required in the physical environment, in relation to information and communication, and in the way support is provided and delivered.

Previous surveys conducted by the National Board of Health and Welfare show that a growing majority of shelters state that they can accommodate persons with disabilities. However, this group still risks being denied placement due to competence gaps or inadequate conditions.¹⁰

In 2016, the County Administrative Board in Stockholm conducted a national survey showing that social services experienced difficulties finding suitable

⁶ IVO is the Swedish abbreviation for Inspektionen för vård och omsorg (the Health and Social Care Inspectorate).

⁷ Health and Social Care Inspectorate, *Tillstånd för skyddat boende* [License for domestic violence shelters]. <https://www.ivo.se/vard-omsorgsgivare/tillstand/sol-verksamheter/tillstand-for-skyddat-boende/> (15 April 2025)

⁸ National Board of Health and Welfare (2025), *Socialstyrelsens föreskrifter och allmänna råd om skyddat boende* [National Board of Health and Welfare's regulations and general guidelines concerning domestic violence shelters].

⁹ National Board of Health and Welfare (2022), *Indikatorer för att mäta kvaliteten på verksamheten vid skyddade boenden* [Indicators for measuring the quality of domestic violence shelter operations].

¹⁰ National Board of Health and Welfare (2024 and 2020), *Kartläggning av skyddade boenden i Sverige* [Survey of domestic violence shelters in Sweden].

placements for victims of violence with disabilities.¹¹ A later national survey conducted by the Swedish County Administrative Boards confirmed that these challenges persist, particularly for persons with intellectual disabilities.¹²

Purpose and methodology of the study

The Swedish Agency for Participation (MFD) commissioned the evaluation consultancy Spira Utvärdering to examine what quality in domestic violence shelters means from a disability perspective.

The study was conducted as part of MFD's government commission to support the National Board of Health and Welfare in its work on quality indicators for domestic violence shelters from a disability perspective.¹³ The purpose of these indicators is to promote more consistent assessments and to ensure that facilities provide safe and adapted environments.

The study aims to increase understanding of what quality in domestic violence shelters means for victims of violence with different forms of disabilities.¹⁴ The focus is on the shelters' experiences, working methods, and conditions for providing safe and adapted support.

The study also highlights good practices, identifies challenges, and describes development needs identified by actors working with the target group.

The study is based on qualitative interviews and written contributions from shelter providers, disability organisations, and other relevant actors, including the National Organisation for Women's Shelters and Young Women's Shelters in Sweden (ROKS), the national federation Unizon, the Swedish Association of Local Authorities and Regions (SALAR), as well as email correspondence with the Swedish Association of Private Care Providers.¹⁵

¹¹ Country Administrative Board in Stockholm (2016), *Kartläggning av skyddat boende för särskilt utsatta personer* [Survey of domestic violence shelters for particularly vulnerable persons].

¹² Country Administrative Boards (2022), *Stadigvarande boende för våldsutsatta* [Permanent housing for victims of violence].

¹³ Spending authorisation for budget year 2024 regarding the Swedish Agency for Participation.

¹⁴ Persons who are deaf, hard of hearing or deafblind have not been the focus of this study, as MFD is conducting another study that specifically examines needs among this target group in connection with domestic violence shelters.

¹⁵ Interviews have also been conducted with an appointed trustee and a case officer in social services (department focused on violence in close relationships).

The material was collected between December 2024 and March 2025.

Of the 25 invited shelter providers, 11 participated in the study. Most interviews were conducted with managers of privately operated shelters and women's shelters. Municipal shelters were difficult to reach, which limits the breadth of the experiences collected.

Needs of the target group

This section summarises the needs that persons with disabilities may have in domestic violence shelters, based on input from the disability organisations that participated in the study.¹⁶

Broad needs among persons with disabilities in domestic violence shelters

Disability organisations describe how persons with disabilities often encounter specific barriers in domestic violence shelters, primarily related to accessibility, safety, security, and support. Some refrain from seeking protection because they are aware that the environment may not be adapted to their needs.

General needs among persons with disabilities

Below is a summary of general needs that are not linked to a specific disability.

- **Accessibility and usability:** Premises and communication need to be designed so that persons with different disabilities can move around independently, orient themselves, and access information without physical or communication barriers.
- **Staff competence:** Staff need knowledge of different disabilities and how these may affect support needs and the person's ability to cope with violence and trauma.
- **Continuity in support:** Persons with disabilities need to be able to retain the support measures they require, such as services under the Act (1993:387) on Support and Service to Persons with Certain Functional Impairment (LSS),¹⁷ municipal home care services and support from an appointed trustee.
- **Self-determination and security:** The living environment needs to be safe and predictable, and residents need to be able to bring their own assistive devices.

Specific needs relating to different types of disabilities

Below is a summary of needs that may arise in relation to different disabilities.

¹⁶ This means that the report does not comprehensively reflect the needs that different types of disabilities may entail.

¹⁷ The Act on Support and Service for Persons with Certain Functional Impairment, LSS, is a rights-based law. It grants individuals with extensive and permanent disabilities access to specific support measures, such as personal assistance, supported housing, and daily worklike activities. Decisions under LSS are individual and follow the person, including during a stay in a shelter.

Reduced mobility

- Physically accessible premises, including evacuation routes and bathroom facilities.
- The possibility to bring and use assistive devices such as wheelchairs, lifts, and adapted beds.
- The possibility to retain personal assistance or home care services.

Intellectual disability

- Clear and adapted communication, such as easy-to-read materials or augmentative and alternative communication (AAC).
- Staff with specific expertise in intellectual disabilities and in providing adapted support.
- Coordination and long-term planning for the period following the stay in the shelter.

Neurodevelopmental disorders

- A safe, calm, and predictable environment.
- Staff with knowledge of how neurodevelopment disorders may affect the individual's ability to cope with trauma and stress.
- Individualised trauma treatment and structured support measures.

Visual impairment, hearing loss, deafness, or deafblindness

- Access to adapted information such as Braille, easy-to-read materials, and sign language interpretation.
- Environmental adaptations such as tactile paving, visual contrast marking, and adequate lighting.
- The possibility to bring a guide dog or assistance dog.

Experience in accommodating persons with different disabilities

This section describes the participating shelters' experience in accommodating persons with different disabilities.

Varying levels of experience

The domestic violence shelter providers that participated in the study describe varying levels of experience in accommodating persons with disabilities. Some of them regularly accommodate individuals from the target group, while others do so less frequently.

Several shelters primarily accommodate women with disabilities or children with disabilities accompanying their mother.

Unidentified disabilities

Domestic violence shelter providers point out that disabilities may initially go unidentified. It can be difficult to distinguish between intellectual disabilities, neurodevelopmental disorders, and reactions to trauma, violence, or isolation. As a result, underdiagnosis may occur.

In some cases, a person's support needs only become apparent once they begin to feel safe. In other cases, suspected disabilities may instead reflect temporary consequences of exposure to violence, such as post-traumatic stress disorder (PTSD).



For both children and adults, it can be difficult to determine what is a diagnosis and what is PTSD.

Mainly experience in intellectual disabilities and neurodevelopmental disorders

The shelters describe having the most experience in accommodating persons with intellectual disabilities or neurodevelopmental disorders, and to some extent persons with mental health conditions.

Experience in accommodating persons with physical disabilities is more limited and mainly concerns older individuals or isolated cases involving persons with hearing loss, reduced mobility, or visual impairments.

Refusal of placements

Some shelters state that they occasionally have to decline placements when support needs exceed the shelter's capacity, for example when extensive daily support or specialised care is required.

Other recurring reasons for declining placements include inaccessible premises and urgent requests involving individuals with extensive support needs.



We have declined placements where a person needed help with cooking, for example, someone who had lived in LSS accommodation and had been subjected to violence there. Social services may still contact us and ask. In some cases, they may not fully understand how we work.

How shelters operate

This section describes how domestic violence shelters have organised their services to support victims of violence with disabilities. It covers:

- Approach and adapted communication
- Protection and safety
- Support services at the shelter
- Accessible premises and living environment
- Competence and staffing
- Cooperation, coordination, and support from other actors
- Shelters with a special focus on intellectual disabilities and autism

Approach and adapted communication

Approach and communication are central to all aspects of the service and are particularly important when persons with intellectual disabilities or certain forms of neurodevelopmental disorders are placed in domestic violence shelters.

Shelters report that information often needs to be repeated, presented in short and clear steps, and be provided at times when the person is ready to absorb it. Visual support, easy-to-read materials, and clear routines are used regularly and are highlighted as effective for many residents, not only for persons with intellectual disabilities or neurodevelopmental disorders.



We try to create an environment with as few unexpected elements as possible. It is important to have fixed routines, clear information, and to help the person prepare for changes in their daily life.

Some shelters also use a low-arousal approach and different forms of visual and concrete support, such as emotion cards to help residents express feelings.

Several shelters emphasise the importance of a trauma-aware approach since it can be difficult to distinguish between trauma reactions and disabilities such as intellectual disabilities, neurodevelopmental disorders, and acquired brain injuries.

One shelter that supported a person with hearing loss reported using both sign language interpretation and digital tools to facilitate communication.

Protection and safety

Working relating to safety in domestic violence shelters is multifaceted. It combines physical protective measures with interventions aimed at strengthening the individual's own sense of safety and ability to manage risks.

Shelters describe how these interventions need to be adapted to the individual's circumstances and functional ability.

Preventing disclosure of location

A central part of protection and safety work involves providing clear and concrete guidance on how to avoid disclosing the shelter's location. For persons with intellectual disabilities or neurodevelopmental disorders, information may need to be simplified and clarified, for example regarding not sharing photographs of the surroundings or how to manage telephone calls safely.



When you arrive at the shelter, you receive a booklet: Safety booklet. For persons with intellectual disabilities, it contains images and short texts explaining what applies inside the house, outside the house, on social media, when travelling, and so on. It covers all the aspects that are important for maintaining safety.

Digital safety is also important. Shelters often assist residents in turning off location services and logging out of applications so they do not unintentionally reveal their whereabouts.

Teenagers with neurodevelopmental disorders are described as presenting a particular challenge where the desire to maintain contact with friends is strong.

Several shelters describe how home care services or housing support services may pose safety risks if more people become aware of the shelter's location. Some shelters therefore work to limit the number of individuals who know where the shelter is located.

Adapted risk assessments

Shelters use different risk assessment tools to make an initial assessment of the level of threat facing victims of violence, and to ensure appropriate support and protective measures. PATRIARK, SARA and FREDA¹⁸ are three such tools mentioned in the interviews.

One interviewee highlighted FREDA as being particularly useful when working with persons with intellectual disabilities or neurodevelopmental disorders.

¹⁸ All methods are described in the National Board of Health and Welfare's method guide: <https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/evidensbaserad-praktik/metodguiden/> (26 March 2025)

Isolation and loneliness as significant risk factors

Several shelters identify isolation and loneliness as among the greatest risk factors for residents disclosing their location or resuming contact with perpetrators.

Shelters therefore work actively to create a sense of community, stability and safety. For persons with intellectual disabilities, emotional security may involve reconnecting with something that provides comfort and emotional stability, such as a pet or soft toy.



The need for emotional security can be enormous among persons with intellectual disabilities. [...] We might ask: “Is there anything from home that you miss? Your cat? A blanket?” You have to understand that a sense of security may come from different things than it does for many other people.

Self-protection against future violence

Several shelters emphasise the importance of strengthening the individual’s capacity for self-protection. This includes helping the individual to recognise violence and abuse, to say no, and to set boundaries in relation to potential future perpetrators.

This is described as particularly important for persons with intellectual disabilities or neurodevelopmental disorders.

Support services at the shelter

Domestic violence shelters must provide victims of violence with support that strengthens their ability to cope and reduces vulnerability. This includes both trauma recovery and interventions aimed at ensuring safety and promoting meaningful activities and social participation.

Processing experiences of threat, violence, and abuse

When it comes to processing experiences of violence, both the importance of how a person is treated and the need for time are emphasised. Several shelters state that persons with intellectual disabilities or autism often require more time to process such experiences. However, it can be difficult to prioritise counselling and emotional support when immediate safety concerns require urgent attention.



Time is crucial! These are people who may already have sought help many times, through healthcare services and psychiatric care. It takes time to begin that process again and again!

Shelters use different counselling approaches, such as motivational interviewing (MI),¹⁹ and emphasise the importance of flexibility.

Permanent contact person for emotional security and continuity

Several shelters emphasise the value of a permanent contact person who can provide continuity, emotional security, and the opportunity to build a stable and trusting relationship.

One shelter has assigned two contact persons to support persons with intellectual disabilities. This helps ensure continuity of support even where one staff member is absent because of illness or leave.

Meaningful activities

Positive activities and a sense of community are highlighted as key for wellbeing, recovery, and motivation. Shelters seek to promote this by offering activities such as baking and gardening, and by supporting contact with employers regarding traineeships or day activity programmes.



One thing that many people are surprised by is being able to enjoy themselves again and rediscover joy in small everyday things. We ask: “What do you enjoy doing?” We offer many activities. Baking can be therapeutic, and so can gardening.

Support for children in shelters

For children with disabilities, the way they are approached and treated, access to adapted support, and effective safety measures are all crucial. Ensuring school attendance is a central priority.

Children also need opportunities for play and recreational activities, both indoors and outdoors. Shelters often support and relieve the mother when she needs contact with services such as habilitation services.

When the mother herself has a disability, shelters work to strengthen her parenting skills. This may include support relating to play and communication to ensure that the child’s needs are met and the child remains safe.

¹⁹ National Board of Health and Welfare’s knowledge support on motivational interviewing (MI): <https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/evidensbaserad-praktik/metodguiden/mi-motiverande-samtal/> (15 April 2025)

Continued support following relocation

One shelter states that many women return after leaving the shelter, either for counselling or to receive help with practical issues through the organisation's open support services.



Sometimes women's shelters become a place that takes responsibility for issues that no one else is willing to deal with. Women can come to us for as long as they need — there is no time limit. Many come here when other services are no longer willing to help them.

Accessible premises and living environment

A safe and adapted living environment in domestic violence shelters needs to take different types of disabilities into account.

Shelters describe how accessibility for persons with reduced mobility varies and is often limited by existing physical conditions. Some shelters have wheelchair-accessible spaces. Others adapt the environment on an individual basis by moving furniture, adapting bathrooms, or quickly arranging assistive devices such as ramps, shower chairs, or adapted beds through mobility equipment providers.

There are also occasional examples of adaptations for persons with visual impairments, such as adjustments to lighting, contrast markings, and access to assistive devices.

However, several shelters report that accessibility is often limited by premises with steps leading to apartments or by apartments that are only partially adapted for wheelchair users. As a result, the availability of fully accessible shelters varies considerably.

For persons with intellectual disabilities or neurodevelopmental disorders, shelters aim to create calm and predictable environments. These environments should provide opportunities for both social interaction and privacy.

Examples include common areas combined with access to private spaces, calm colour schemes, subdued lighting, and sound-absorbing furnishings.

Competence and staffing

Generally strong competence in trauma and violence

Shelters state that their staff have basic knowledge of violence, men's violence against women, trauma, and post-traumatic stress disorder (PTSD). Many staff members also receive trauma-focused supervision.



Knowledge about the consequences of violence is valuable regardless of the individual's difficulties. An understanding of shame and dissociation is crucial.

Personal suitability among staff, including empathy, relational skills, and adaptability, is seen as crucial in this work.

Varied competence in meeting the needs of the target group

Knowledge about disabilities varies between shelters. Some have experience from LSS services, adapted school provision for pupils with intellectual disabilities, or group homes, while others lack specialist expertise and express uncertainty about whether their knowledge is sufficient.

Some shelters receive support through psychologist-led supervision relating to intellectual disabilities and neurodevelopmental disorders.



We are careful to meet people where they are, but sometimes we ask ourselves whether we have sufficient knowledge.

Competence development relating to neurodevelopmental disorders

Several shelters have identified neurodevelopmental disorders, particularly autism and ADHD, as priority areas for competence development.

Some shelters use special material such as *Det finns stunder* [There are Moments]²⁰ and educational resources from Unizon to better support persons with disabilities.

Staffing is crucial for persons with disabilities

Staffing levels are crucial in determining whether a shelter can accommodate individuals with more extensive support needs.

Several shelters describe how persons with disabilities often require staff to be available to a greater extent, especially at the beginning of their stay. A lack of round-the-clock staffing may mean that some individuals cannot be admitted.

²⁰An online training programme on violence against women with disabilities. See also: <https://amphi.se/webeducation/det-finns-stunder-webbutbildning-om-vald-mot-kvinnor-mer-funktionsnedsattningar/> (15 April 2025)

Cooperation, coordination, and support from other actors

Domestic violence shelter providers describe cooperation with other actors —such as social services, healthcare providers, schools, LSS services, psychiatric services, and civil society organisations — as crucial.

Persons with disabilities often have extensive support needs and may lack experience in managing contacts with authorities independently. Shelters therefore often function as a coordinating link, which can be both complex and time-consuming.



Those who come to us are often unable to manage all these contacts on their own. This may involve child and adolescent psychiatry, adult social services case officers, child case officers, financial assistance services, the Swedish Tax Agency, and healthcare services. It quickly becomes overwhelming.

Collaboration with different parts of social services

Close collaboration with different parts of social services is seen as central, but experiences vary between municipalities and individual case officers.

Several shelters call for better coordination between, for example, financial assistance units, disability services, and domestic violence teams or units. Areas of responsibility are sometimes perceived as unclear, and shelters may end up taking on tasks that fall outside their remit.

The relationship between the home municipality and the host municipality is described as particularly challenging. Responsibility for approved support interventions remains with the home municipality even during placement.

As a result, shelters often need to advocate for the individual to receive home care services, housing support, assistive devices, or day activity programmes in the host municipality.

Collaboration to secure long-term housing

Securing long-term housing is a recurring challenge. Persons with disabilities often require supported housing or LSS interventions, which can result in long waiting times.

Catch-22 situations may arise where the host municipality does not grant interventions before the person is registered as resident in that municipality, while registration is not possible without a permanent address.

In addition, financial vulnerability is described as a barrier, as many individuals are unable to cover costs such as deposits, rent, and other housing-related expenses.



Social workers place considerable emphasis on people leaving domestic violence shelters finding their own housing, but for many people, debts and various requirements make this extremely difficult. The situation becomes very stressful.

Established cooperation with schools and childcare services

Shelters emphasise the importance of arranging schooling quickly for children, including compulsory schooling for children with intellectual disabilities.

Many shelters have established contacts with schools and cooperate with them regarding safety procedures.

One shelter describes difficulties in securing upper secondary school placements for young persons with special needs, since upper secondary education is not compulsory.

Challenges in establishing new healthcare contacts

Establishing new contacts with healthcare services, such as psychiatric services or habilitation services, can be difficult. Shelters therefore try to maintain existing healthcare contacts where possible.

Assessments relating to suspected disabilities are often delayed due to long waiting times in public healthcare or high costs in private healthcare. This can in turn delay access to other support measures, such as LSS services.

Cooperation with civil society and non-profit organisations

Several shelters rely on non-profit organisations, such as local associations and faith communities, to help residents rebuild social networks, for example through women's groups, support groups, and traineeships.



We have very good contact with a church that arranges meetings for our women. It becomes an important step in helping them move forward.

Shelters with a special focus on intellectual disabilities and autism

Two of the participating shelters have a clear specialisation in supporting persons with intellectual disabilities or autism.

These shelters are characterised by the following:

- Staff work in interdisciplinary teams with expertise in both disabilities and violence.
- They have round-the-clock staffing and high staff-to-resident ratios.
- Placement periods are longer than in regular shelters, often lasting up to two years.
- They provide continuity by allowing residents to remain in LSS housing even after the need for protection has ended.

Conclusions and discussion

This section summarises what the study shows regarding the needs of the target group, the factors that characterise quality in domestic violence shelters, and the most significant areas for development.

More extensive and different protection and support needs

Persons with disabilities often have broad and complex needs during their stay in shelters. These may include obtaining assessments and diagnoses, access to assistive devices, support from an appointed trustee, or services under the LSS Act.

Shelters therefore often need to function as a link between different actors to ensure that the individual receives appropriate support both during and after their stay.

The findings confirm previous surveys showing that the needs of persons with disabilities can be difficult to meet, particularly in cases involving more extensive disabilities.

As the interviews mainly concern women in domestic violence shelters, the study does not provide sufficient evidence to draw conclusions regarding the circumstances of men.

Quality means meeting the needs of the target group

In this context, quality concerns the ability to meet the individual's needs in a safe, understandable, and adapted manner.

This study found that high-quality domestic violence shelters are characterised by the following:

- **An intentional and individualised approach and communication:** An individualised approach is central. This involves adapting communication and information so that the person, based on their abilities and circumstances, can feel safe and understood. This is necessary for both effective protection and meaningful support.
- **Protection adapted to the individual's needs:** Protection measures need to be based on the individual's specific needs and functional abilities. Measures and routines need to be adapted to how the person functions and to how their needs may change during their stay in order to provide effective protection.
- **Access to comprehensive support during and after the stay:** A high-quality organisation needs to ensure that the individual receives coordinated support throughout the stay and during the transition onwards, often in collaboration with other actors. The support required is often extensive and may involve

trauma processing, finances, housing, employment, daily activities, healthcare, and social care.

- **Carefully designed living environments:** The living environment needs to be designed or adapted to meet different needs. This requires awareness of how the premises function for different individuals and of existing limitations.
- **Appropriate competence and staffing:** Staff knowledge relating to violence, impairments, and disabilities is central to quality. For individuals with more extensive needs, round-the-clock staffing may be necessary to provide effective support.
- **Focus on sustainable housing arrangements following transition:** The transition from a domestic violence shelter is often complex and requires early planning. For persons with disabilities, finances, social support, healthcare, and daily activity such as employment need to be in place before moving to ensure a sustainable transition.

If quality is understood as the extent to which the needs of the target group are met, the study shows that several shelters already work in this way. However, conditions vary between shelters.

Need for specialised shelters

The study shows that not all domestic violence shelters can, or should, meet more extensive support needs. It is not reasonable for all shelters to have the resources required to manage the most complex interventions.

For some individuals, there is therefore a need for specialised shelters with round-the-clock staffing, expertise in intellectual disabilities and neurodevelopmental disorders, and established cooperation with LSS services and healthcare providers.

These shelters can provide the more long-term and coordinated support required when needs are more extensive.

Real access to specialised housing is crucial

To ensure that individuals with extensive needs can access appropriate shelters, social services need clear and accessible information about the focus and capacity of different shelters.

A better overview and more equitable access across the country are needed.²¹ Requirements in procurement processes and improved coordination between municipalities could strengthen these conditions.

Municipal assignments affect quality

In addition to factors that shelters themselves can develop and improve, their conditions are also influenced by how municipalities define the placement assignment.

This relates in particular to the duration of placements and the scope of the assignment given to the shelter. These factors affect the ability to provide stable and long-term support.

For persons with disabilities, longer placement periods are often necessary to ensure that support measures can be put in place and function over time.

Increased coordination of support for the target group

The quality in domestic violence shelters depends on how effectively other actors cooperate. Coordination between social services, LSS services, healthcare providers, and schools is crucial.

Inadequate coordination is described as a recurring challenge. When individuals move to a new municipality or require assessments and decisions during their stay, support measures need to be implemented without delay.

²¹In this study, no such comprehensive database or list could be identified. However, both Unizon and ROKS have lists of women's shelters with domestic violence shelters that are connected to their own organisation.

References

Amphis online training *Det finns stunder* [There are Moments]

<https://amphi.se/webeducation/det-finns-stunder-webbutbildning-om-vald-mot-kvinnor-mer-funktionsnedsattningar/> (15 April 2025)

Health and Social Care Inspectorate, *Tillstånd för skyddat boende* [License for domestic violence shelters]. <https://www.ivo.se/vard-omsorgsgivare/tillstand/sol-verksamheter/tillstand-for-skyddat-boende/> (15 April 2025)

Country Administrative Board in Stockholm (2016), *Kartläggning av skyddat boende för särskilt utsatta personer* [Survey of domestic violence shelters for particularly vulnerable persons].

Country Administrative Boards (2022), *Stadigvarande boende för våldsutsatta* [Permanent housing for victims of violence].

Swedish Agency for Participation (2023) *Våld mot personer med funktionsnedsättning – Om utsatthet och förekomst av våld* [Violence against persons with disabilities – On vulnerability and the occurrence of violence].

Swedish Government (2023), *Stärkta rättigheter för barn och vuxna i skyddat boende* (Prop. 2023/24:31) [Strengthened rights for children and adults in domestic violence shelters (Bill 2023/24:31)]

Regleringsbrev för budgetåret 2024 avseende Myndigheten för delaktighet [Spending authorisation for budget year 2024 regarding the Swedish Agency for Participation].

National Board of Health and Welfare (2025), *Socialstyrelsens föreskrifter och allmänna råd om skyddat boende* [The National Board of Health and Welfare's regulations and general guidelines on domestic violence shelters].

National Board of Health and Welfare (2022), *Indikatorer för att mäta kvaliteten på verksamheten vid skyddade boenden* [Indicators for measuring the quality of domestic violence shelters].

National Board of Health and Welfare (2024), *Kartläggning av skyddade boenden i Sverige* [Survey of domestic violence shelters in Sweden].

National Board of Health and Welfare (2020), *Kartläggning av skyddade boenden i Sverige* [Survey of domestic violence shelters in Sweden].

National Board of Health and Welfare's knowledge support on motivational interviewing (MI): <https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/evidensbaserad-praktik/metodguiden/mi-motiverande-samtal/> (15 April 2025)

National Board of Health and Welfare's method guide:

<https://www.socialstyrelsen.se/kunskapsstod-och-regler/omraden/evidensbaserad-praktik/metodguiden/> (26 March 2025)