ISSUE BRIEF

DOMESTIC VIOLENCE AGAINST WOMEN WITH DISABILITIES[1]

The abuse of women with disabilities has been identified by women with disabilities, service providers and researchers as a serious health issue that creates barriers to independent living, safety, and personal well-being. Women with disabilities experience intimate partner violence but are also uniquely at risk for abuse by formal and informal caregivers or personal assistance service providers. These paid and unpaid providers may be family members, intimate partners, friends, or professionals. In addition to the types of abuse experienced by women in general, women with disabilities experience unique types of abuse that are specifically related to their disability and the social context in which they live.

The few studies of abuse against adult women with disabilities have found similar (1) or higher rates of abuse (2) than women without disabilities. While the same high rate of lifetime physical, sexual and/or emotional abuse (62%) was found among women with physical disabilities and nondisabled women, women with disabilities were more likely to experience abuse by health care providers and personal assistants ([1]). Women with disabilities in this study were also more likely to experience abuse by a greater number of perpetrators and for longer periods than nondisabled women. In the other study, 67% of women with physical and/or cognitive disabilities reported having experienced physical abuse and 53% reported having experienced sexual abuse at some time during their life ([2]). Both of these rates are about twice as high as those reported in studies of women without disabilities.

It is important to recognize the complex relationship between women with disabilities and the people who provide their personal care. In one of the few other studies of abuse among

[1] Prepared by Mary Oschwald, Ph.D. and Laurie Powers, Ph.D. For more information, contact Mary Oschwald, Center on Self-Determination, Oregon Health & Science University, 3608 SE Powell Blvd., Portland Oregon 97202, (503) 232-9154 x 126; oschwald@ohsu.edu

women with disabilities, these unique control issues were described ([3]). For example, the fear of not having basic physical needs met when assistance is not provided, was identified as a powerful method by which people with disabilities have been victimized. The power dynamics and resolution of subsequent abuse may become more difficult or confusing if the provider is also a family member or intimate partner. This increases the chance the abuse will remain hidden because of fears of losing the relationship. A woman with a disability described it this way:

> You finally say, 'Okay this is it. I'm going to do whatever I can to change this marriage.' And by the way, can you bring my scooter to me so I can leave you?

The Forms of Abuse are Unique

Women with disabilities are certainly vulnerable to the types of physical, sexual, emotional, and financial abuse experienced by women without disabilities. However, it is essential to recognize that these types of abuse may be experienced in unique ways. For example, disability-related physical abuse may include being handled roughly during a transfer, being asked to stand for an intolerable length of time or being restrained. Disability-related sexual abuse may include demanding or expecting sexual activities in return for help or being left naked or exposed. Disability-related emotional abuse may include threats of abandonment, belittling, or accusation of faking. Examples of disability-related financial abuse include personal assistance providers who don't work the expected hours, steal money or personal items, or misuse debit or credit cards.

In addition, women with disabilities are at risk for experiencing abuse that is specifically related to their disability support needs, such as medication abuse, refusing to provide essential care, and disabling of equipment. Medication abuse includes being given too much, too little, or denied essential medication. Refusing to provide essential care can not only be uncomfortable, but life-threatening. Some examples include refusing to turn a person with *pressure* sores, not providing adequate fluids or refusing to help with toileting. Disabling or withholding equipment is a very serious form of abuse and may include putting a walker out of reach, removing the

battery from a power wheelchair, or taking a phone away. Taking someone's phone away is similar to locking the person in a closet. One woman recounted her experience:

> My access to the world of course is the phone...she just took the phone and put it somewhere where I couldn't get it...I couldn't yell enough to attract anyone. It was a nightmare.

Abuse is Common

Because of their increased vulnerability to multiple forms of abuse, women with disabilities experience high rates of abuse. In a field test of eight screening questions developed specifically for women with disability ([4]), 75% of the 47 women screened reported experiencing one or more types of abuse within the past year from someone they knew. Furthermore, the vast majority experienced two or more types, which included: 1) Being yelled at over and over again (36%); 2) financial abuse (30%); 3) feeling unsafe with someone (23%); 4) refusal to assist with an important physical need (19%); 5) damage or disabling of equipment (11%); 6) threats of/or actual physical abuse (4%); 7) medication abuse (2%); and 8) sexual abuse (2%). Of particular concern is the fact that 71% of the women who reported abuse did not have a back-up personal assistance provider, including 31% who reported that their abuser was also responsible for their personal care.

Barriers to Preventing or Ending Abuse

Women with disabilities experience similar as well as unique barriers as women without disabilities. Shame prevents women from telling others, and if she does speak out, there is fear that the abuse will get worse. If the abuser is also responsible for providing personal care, there is the additional fear of being left without any sort of assistance, which can be more difficult to manage if that person is also an intimate partner, family member or friend. A major system barrier is the shortage of qualified and dependable personal assistants and the absence of emergency back-up support. This creates a situation where the only choice may be going to a nursing home or other institution. Thus, women with disabilities who report abuse may risk the double jeopardy of first being judged vulnerable and unable to live safely on their own and

secondly, being offered institutional care as the only available option. Understandably, the risk of losing children, pets, and personal autonomy makes this an unacceptable choice. Additional barriers are the lack of support services for women with disabilities, including accessible shelters, safe houses, support groups, education and outreach programs and crisis lines trained to screen for the presence of disabilities.

What Can Health Providers Do??

Women with disabilities need to be provided with opportunities to identify whether or not they are experiencing abuse. Advocates and health providers need to ask about specific behaviors, such as: "Has anyone you know damaged or kept you from using a phone, wheelchair, cane, walker, or other assistive device?" Or, "Refused or neglected to help with an important personal need such as using the bathroom, eating, or drinking?" Women who disclose they have experienced abuse need to be further assessed for factors that may place them at increased risk, such as not having a back-up personal assistance provider or experiencing a serious health condition, such as diabetes, that if neglected could become dangerous. An example of screening questions and risk factors can be found in a brochure titled: *Women with Disabilities: It's Your Right To Be Safe From Abuse,* which is available at www.ohsu.edu/selfdetermination.

Unfortunately, because of their isolation and repeated exposure to mistreatment, many women with disabilities may not recognize that they have been abused. As one woman reported, "I never knew it wasn't supposed to hurt when someone combed my hair". Women need to be told that it is not right to experience hurtful behaviors and perhaps even against the law. They need to be told about available resources and assisted with appropriate safety planning. An excellent guide to disability-specific safety planning has been developed by Safe Place in Austin, Texas. It is available at: www.austin-safeplace.org/services/psac/index.htm.

Finally, it is important to recognize that women with disabilities generally have had extensive exposure to the health care system and a variety of health providers. Unfortunately for most, these have been unwanted and often traumatic experiences. And for some, they have included abuse. Some of these abuse experiences are easily recognized as wrong, such as being

touched inappropriately or being forced to have sex. However, women with disabilities identified other forms of abuse they considered just as hurtful and far more common ([5]). These included health providers who: ignored or discounted what they had to say; ignored, under medicated, or minimized physical pain; didn't allow enough time to communicate; pushed beyond physical limits; and offered limited treatment options.

What Communities Need to Do

Communities need to work together to increase their capacity to offer appropriate and accessible services. It is essential that women with disabilities be included in designing these services, which may include emergency back-up providers; accessible van transportation; accessible shelters, safe houses, or hotel rooms; and support groups, outreach, and educational programs designed specifically for women with disabilities. Finally, it is essential that advocates and health and social service providers be educated regarding the issue of abuse among women with disabilities and specifically learn how to screen for abuse and offer appropriate assistance.

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