
Literature Review re women with disabilities and violence prevention

February 2007

Nature, Prevalence and Patterns:

“An alarmingly high incidence of violence and abuse in The lives of people with disabilities has been documented” (Chenoweth 1996). Studies of women with cognitive disabilities or that generalise the type of disability, note higher levels of intimate partner violence than studies that focus only on physical disability:

Studies focussing on violence where the type of disability is not specified

In Australia there is a dearth of research on intimate partner violence against women with disabilities. However, one empirical study undertaken by Judith Cockram found that 309 (43%) of women with disabilities who accessed services through Western Australian agencies experienced violence against them by their male spouse or live-in partner (Cockram 2003)

Brownridge’s analysis of the General Social Survey Canada (a sample of 7,027 women) found women with disabilities were 40% more likely to experience partner violence and were vulnerable to more severe forms of violence than non-disabled women (Brownridge 2006).

In a Canadian study of 8771 women, women with activity limitations reported intimate partner violence more often than other women when adjusted for “age, marital status, education, income, employment, children in the household, aboriginal or visible minority status, place of birth, rural or regional residence, region of Canada, time in current residence, and religious attendance” (Cohen, Forte et al. 2005)

Studies of violence amongst women with cognitive disability

Much of the literature regarding violence against women with cognitive disabilities focuses on sexual assault and notes very high rates of assault. However, Carlson notes qualitative studies suggest domestic violence amongst people with intellectual disabilities is congruent with finding of sexual assault amongst people with intellectual disabilities (Carlson 1997). Sobsey (1988) suggests that 83% of women with disabilities will be sexually assaulted in their lifetime, cited in (Howe 2000).

Studies of violence amongst women with physical disability

A US study of women with physical disability, 40% - 70% had experienced violence from an intimate partner, family member, caregiver, health care provider or other service provider (Hassounah-Phillips and McNeff 2005)

A large comparative study found the incidence of violence was about 62% for both women with women with physical disability and non-disabled women; it found husbands or live-in partners were the most common perpetrators of physical or

emotional abuse for both groups; **it found women with disabilities experience abuse for longer periods** (Young, Nosek et al. 1997)

Other patterns

There is a higher likelihood of recent abuse associated with women with disabilities who were **younger, less mobile, more socially isolated, had higher levels of depression, more educated**. NB: the authors questioned the finding with regard to higher levels of education (Nosek, Hughes et al. 2006)

A number of studies identified the **types of abuse that were specific to women with disabilities** including emotional, sexual and physical abuse that was disability related e.g withholding equipment, food and medication, limiting access to communication devices, threats of institutionalisation (Curry, Hassouneh-Phillips et al. 2001; Nosek, Foley et al. 2001). Study participants with disabilities were much more likely to identify restraint and control as abusive in comparison to their nondisabled counterparts (Gilson, Cramer et al. 2001a)

Various references supported a finding that **abuse of women with disabilities often goes unrecognised/unreported** (Gill 1996; Hassouneh-Phillips and Curry 2002) Because specific disability related abuse does not fit the traditional definition of violence, it is often not identified (Gilson, Cramer et al. 2001a). In a study of 245 women with disabilities, more than half of women did not report abuse because of fear and dependence on the abuser (Riddington, 1989 cited in (Saxton 2001)

6. An approach to primary prevention/early intervention

The ecological model that encompasses cultural, economic, environmental and individual factors is used to conceptualise violence amongst women with disabilities by a number of researchers and academics (Chenoweth 1996; Carlson 1997; Barile 2002; Olkin 2003; Mays 2006)

Mays argues that women with a disability continue to experience social oppression and domestic violence as a consequence of gender and disability dimensions. She discounts psychological and sociological approaches to domestic violence and contends “material feminist interpretations and disability theory, with their emphasis on **gender relations, disabilism and poverty**, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability” (Mays 2006).

Chenoweth concurs, and argues that “women with disabilities typically occupy positions of extreme marginalisation and exclusion that make them more vulnerable to violence and abuse than other women. **Practices such as overprotection, segregation, and a prevailing view that women with disabilities are simultaneously asexual and promiscuous all increase the incidence of abuse and violence rather than prevent it**” (Chenoweth 1996).

Barile theorises that the exclusion of disabled women from mainstream services, coupled with the lack of appropriate funding for their organisations, and the poverty lived by individual women with disabilities, renders more difficult the task of these organisations responding to members’ needs. The inaction that allows the cycle of

poverty and violence to continue in the individual and collective lives of women with disabilities furthers institutional, systems-based violence (Barile 2002).

Explanations of violence that are underpinned by the ecological model explicate the impact of structural oppression on the individual: Lack of credibility when reporting; lower self esteem that results in women tolerating violence; less education about what constitutes violence against women; social isolation; increased dependence on a perpetrator that makes it harder to leave (Carlson 1997; Homel 1999; Howe 2000; Wisseman 2000; Nosek, Foley et al. 2001; Hassouneh-Phillips 2005; Hassouneh-Phillips and McNeff 2005).

A number of researchers have developed tools that explicate the particular issues for women with disabilities in assessing and understanding their particular experience of violence such as the 'abuse pathways model'; (Curry, Powers et al. 2003; Hassouneh-Phillips 2005; Nosek, Hughes et al. 2006)

8. Key determinants of domestic violence/violence against women

Gender Roles and relations:

Brownridge found that **perpetrator-related characteristics alone accounted for the elevated risk of partner violence amongst women with disabilities**. Male partners of women with disabilities were 2.5 times more likely to behave in a patriarchal dominating manner and 1.5 time more likely to behave in sexually proprietary than were male partners of women without disabilities (Brownridge 2006).

Perception by male partners that women with disabilities cannot perform their roles (e.g sexual/domestic) properly because of disability is used as an excuse for stress and violence (Copel 2006).

Women with disabilities can be asexualised or oversexualised both of which can put them at greater risk of violence and of not being believed when disclosing violence (Chenoweth 1996)

Social Norms supporting violence:

Societal devaluation of women with disabilities influences potential partners, limiting to some extent women's options for forming and maintaining "intimate partner relationships" (H-P 2005). Social myths about disability perpetuate vulnerability to violence (Carlson 1997; Cockram 2003)

'It is also common to find that disabled women refrain from disclosing abusive incidents because of **societal myths** that perpetuate disbelief due to the view of women with disabilities as asexual, unlikely to be in a relationship, and the expectation that they would not be abused because others would take pity on them rather than abuse them (Gilson, DePoy et al. 2001b)

Because social factors lead to “**personal devaluation and isolation** of women with disabilities, they often do not have the opportunity to learn about self-defense and safety planning” (Nosek, Foley et al. 2001)

Self-esteem and confidence building: high degrees of impairment are associated with low sexual confidence and low self-esteem and for some women ‘with a strong desire to be partnered’ this transfers into increased tolerance of intimate partner violence (Homel 1999; Hassouneh-Phillips 2005)

Internalised oppression/compliance: disabled women taught they must comply with requests/instructions of others (Chenoweth 1996; Gilson, DePoy et al. 2001b) internalized devaluation by women with disabilities may account for lower self esteem (Carlson, 1997)

Access to resources and systems of support:

Lack of access is a significant issue for women with disabilities. Most authors identified poverty as a key factor in these women’s experience of violence:

Lack of access to accessible refuge and other services was noted as a reason for women with disabilities experiencing violence for longer duration (Wisseman 2000; Nosek, Foley et al. 2001). Chang surveyed community domestic violence programs in the USA and found they had inadequate transport, staffing, equipment, structural access, funding and training to support women with disabilities (Chang, Martin et al. 2003). Women with disabilities have communication problems in making contact with services and services do not provide an appropriate response to these women (Cattalini 1993; Young, Nosek et al. 1997; Gilson, Cramer et al. 2001a; Chang, Martin et al. 2003; Olkin 2003) **In Western Australia over half of the domestic violence, disability, community services and government organisations were dissatisfied with the service they could offer to women with disabilities (Cockram 2003).**

Zweig studied service providers’ views on women with multiple barriers to domestic violence service access (including women with cognitive disabilities, women with mental health problems, substance use issues, incarceration and/or involvement in prostitution). She found group are more vulnerable to violence than other women but **45% of agencies saw the credibility of these women as the greatest barrier to their accessing services.** (Zweig, Schlichter et al. 2002).

There is a shortage of **reasonably priced, accessible housing**, therefore women with disabilities may be reluctant to leave violent/potentially violent relationships – (Gilson, DePoy et al. 2001b)

Access to essential personal care: “policies on personal attendant service, health care, custody, disability and long term care insurance, accessibility of housing and of transportation, can have direct bearing on the lives of women with disabilities, and improve or impede their freedom of choice.”(Olkin, 2003)

Police Training and Procedures

Police, due to inadequate training, are often ill-equipped to respond appropriately to women with disabilities and, in particular those with cognitive impairment, who may have great difficulty in having their concerns taken seriously when attempting to report a family violence offence (Cattalini 1993).

Courts

In Zweig's study of domestic violence services, **criminal justice was identified by 55% of agencies as being the weakest link in providing support for women with multiple barriers to service support** (Zweig, Schlichter et al. 2002)

The procedures adopted by Australian Courts do not readily accommodate women with disabilities. While some work has been done to address procedural and physical inadequacies, all courts dealing with family violence matters should ensure there is sufficient disability access. (Commission 2006).

9. Prevention strategies

Direct participation programs

There was a number of educational programs that were found to be effective:

In Australia, education for women with intellectual disabilities developed out of the Living Safer Sexual Lives Project (Johnson, Hillier et al. 2001) and the Building Bridges Project (Macklin 2005)

Quality protective behaviour programs for women with intellectual disabilities have been considered effective and often commended by disability groups and participants (Cattalini 1993)

Effective screening for violence against women with disabilities: studies cited in (Hassouneh-Phillips and Curry 2002)

In an educational outreach program by Center for Self-Determination, training and support was provided via a formal curriculum designed to increase identification, prevention, and cessation of abuse of women with developmental disabilities: study cited in (Hassouneh-Phillips and Curry 2002)

Successful teaching of protective behaviours requires: information giving and instructions, modelling and rehearsing skills in role-plays, and testing and rehearsing behaviours during in situ assessment. This analysis focussed on research studies of programs for people with intellectual disabilities including one study of participants with severe intellectual disability (Bruder and Kroese 2005).

Stop the Violence, Break the Silence Training Guide and Resource Kit offered by SafePlace, Texas. A prevention and education training guide and resource kit designed for use by persons with disabilities, their family members, and professionals – study cited in (Hassouneh-Phillips and Curry 2002)

'Kid and Teensafe: An Abuse prevention program for youth with disabilities' is a useful resource for schools providing education on sexuality for youth with disabilities (Abramson 2002).

Gender Violence Prevention and Women with Developmental Disabilities project, ARC of Maryland, 2001 – cited in (Hassouneh-Phillips and Curry 2002)

Outreach to women with disabilities

Increased outreach to women with disabilities experiencing abuse by both disability advocacy services and domestic violence services was suggested as an effective response to preventing further violence (Swedlund and Nosek 2000).

Organisational and workforce development

A project by DVIRC, Victoria, sought to intervene to improve sector collaboration and create partnerships between domestic violence and disability services. Phase one was to create partnerships in the Western Metropolitan Region. Some of the major achievements of phase one were:

- interagency agreements between a number of disability and domestic violence services;
- the Western region family violence campaign theme for the 'Week without Violence' was 'Women with Disabilities and Violence: Break Down the Barriers.'
- training on Domestic Violence and Women with Disabilities, a statewide forum on the issue, and presentations at conferences, forums, and at individual agencies
- the publication of a project report, *Triple Disadvantage: Out of Sight, Out of Mind*.

Phase two applied the learnings of phase one across the State. Some of the major achievements of phase two were :

- an increase in the number of women with disabilities being accommodated in the accessible unit at a women's refuge;
 - the Western Region disability service routinely screening clients for abuse histories;
 - the collection of new data on disability by the Magistrates Court and a commitment by Victoria Police to explore the feasibility of collecting new data;
 - the provision of a central contact point for information and consultation for government, disability services and domestic violence services;
 - the provision of consultation to various government and non-government initiatives.
- (Jennings 2003)

As a result of this project, DVIRC developed a pilot training strategy based on increasing understanding of violence against women with disabilities in both disability and family violence sectors which was evaluated as useful by participants (Clancy 2004).

In NSW a cross sectoral program was successful in building collaboration and raising professional awareness of women with intellectual disabilities across sectors. Macklin's paper demonstrates that projects aimed at addressing issues of sexual vulnerability and abuse of people with intellectual disabilities that are informed by community action research have the capacity to promote positive social change (Macklin 2005).

Community strengthening

The importance of women with disabilities being represented on boards was noted as a community strengthening factor (Mulder 1995; Barile 2002).

The documentation of empowering stories from women with disabilities for community education material, promoting strong, positive images of women with disabilities' survival was also noted as a strategy for community strengthening (Jennings, 2003).

Social connections that prevent isolation: 'Once connected to information, resources, and counsellors, these women slowly began to weave the connections necessary to effectively manage their lives' (Copel, 2006)

Communication and social marketing

Education campaigns for carers, families and other community members

A number of programs to increase opportunities for families and communities to access sexual health information and explore their values were cited as effective resources in Macklin's study (Macklin 2005).

10. Population groups

Rationale for including women with disabilities

Higher rates of prevalence and duration of violence against women with disabilities; higher rates of poverty and lower rates of education, house ownership etc; segregation; isolation; the invisibility of violence against women with disabilities; lack of access to information and services (see above for references)

The meaning of disability

The meaning ascribed to disability is a critical factor in understanding the rationale for including women with disabilities as a population group within this framework. The draft intimate partner violence prevention framework is predicated on the view that power relations derive from key social and economic conditions that privilege a dominant group within society. Women and certain minority groups fall outside this dominant group. **"The more layers of difference that distance one from those who determine norms, the further away one is positioned from measured social acceptability"**(Barile 2002). The social model of disability which shifts the focus of disability from individual pathology to "the concept of disability as a social

construct, that is, a consequence of historical, material and social conditions, which create a disabling society that marginalises and excludes people with a disability (Mays 2006). However, to fully understand violence against women with disabilities we must also factor the gender implications of male privilege. That is, as Jennings describes, women with disabilities face a double disadvantage (Jennings 2003). This oppressive position and concomitant poverty, invisibility within our social, educational, legal and health institutions and without access to social resources, explains why women with disabilities are so vulnerable to violence and why the responses to violence and genuine attempts at violence prevention have to date excluded women with disabilities who experience violence.

The strongest case for the inclusion of women with disabilities in this framework comes from women with disabilities themselves: In a study of 100 disabled women, **protection from abuse and violence was ranked as their number one priority** – (Gilson, DePoy et al. 2001b)

See also below (**13. Implications**)

11. Sectors and settings

Studies identified the need to target children with disabilities in schools; to provide a preventative education strategy to residential settings, targeting service providers, counselors, house supervisors, disability care workers and residents; to target disability service providers, counselors and health practitioners (Carlson 1997; Olkin 2003; Nosek, 2001; Johnson, 2001).

13. Implications for a state-wide primary prevention and early intervention strategy

Implications of marginalisation factors for policy framework

Theorists' recognition of how perceived difference from the dominant group impacts on exclusion has major policy implications for services being capable of addressing multiple issues concurrently. Perceptions regarding disability, race, ethnicity and sexuality will impact on perception of difference and will increase the likelihood of experiencing violence. Research and evaluation, professional education, community building strategies and support services don't on the whole take account of complex needs of diverse groups. Where they want to, they are often not sufficiently resourced to accommodate these groups. This is a challenging but essential issue for policy and program development (Barile 2002; Zweig, Schlichter et al. 2002; Chang, Martin et al. 2003).

Education for women with disabilities

Women with disabilities are at a greater disadvantage in responding to violence because women lack education on how to recognise violence, where to go for help, Government policy should include education campaigns on family violence, legal rights and support services and opportunities to explore healthy relationships, protective behaviours and assertive communication skills (Carlson 1997; Strahan

1997; Homel 1999; Abramson 2000; Johnson, Hillier et al. 2001; Nosek, Foley et al. 2001; Cockram 2003; Jennings 2003; Hassouneh-Phillips and McNeff 2005; Macklin 2005)

Cross-Sector development

Recommendations include

- collaboration for domestic violence services with disability services to supply personal assistance; for cross training activities, and to assist replace with specialist resources such as medications and assistive devices: (Strahan 1997; Hassouneh-Phillips and Curry 2002; Zweig, Schlichter et al. 2002; Chang, Martin et al. 2003);
- couple the expertise of the disability sector with the skills of domestic violence agencies (Cockram 2003; Jennings 2003; Howe 2005);
- bridge the philosophical and service delivery gaps between the disability and domestic violence communities to ensure that the service requirements of women with disabilities (Chang, 2003);
- train relevant workers (disabilities, violence, legal, counsellors, community workers) to achieve **attitudinal change** in relation to women with disabilities (Homel 1999; Swedlund and Nosek 2000; Cockram 2003; Olkin 2003).

Recommendations for police services include

- the further development of training regarding the identification of cognitive impairment and how different cognitive disabilities may impact on crime reporting (Cockram 2003);
- understanding of cultural issues and barriers to services experienced by women with disabilities (Commission 2006); and
- an audit of police services with regard to access and accessible information (Jennings 2003).

While some work has been done to address procedural and physical inadequacies, all courts dealing with family violence matters should ensure there is sufficient disability access. (Commission 2006).

Social Marketing

Boosting the cultural value of women with disabilities and increasing appreciation of their experiences of family violence will broaden community attitudes toward women with disabilities and help to counter current stigma and discrimination. The Australian and Victorian Governments continue to support whole-of-population activity to address attitudes toward violence against women, with a view to maintaining and building upon the positive changes in attitudes (Jennings 2003).

One study recommended the Department of Human Services undertake a health promotion campaign around sexuality and relationships issues with key advocacy groups to provide forums for change and increased opportunities for people with disabilities to lead safer sexual lives and that an integrated community education/public information strategy be developed for groups within the disability sector and for the broader community (Johnson, Hillier et al. 2001).

Further research

Most of the research studies reviewed acknowledged or concluded the need for a deeper understanding of the issues relating to intimate partner violence for women with disabilities including the need to:

- further investigate the prevalence and factors influencing violence against women with disabilities;
- disaggregate data from services to monitor the involvement of women with disabilities;
- further develop an evidence base and framework for response: for example, adaption of the Power and Control Wheel and other models to specifically address disabilities issues
- evaluate education programs and community awareness campaigns

(Carlson 1997; Young, Nosek et al. 1997; Frohmader 2001; Cockram 2003; Jennings 2003; Brownridge 2006; Rosen 2006;(Gilson, DePoy et al. 2001b)

Legislation change

The definitions and understandings of violence should include 'non-traditional' forms specific to women with disabilities e.g withholding equipment. (Gilson, Cramer et al. 2001a) There was also consistent call for a broader definition of family violence to include violence perpetrated against a person in her home, as recommended by Victorian Law Reform Commission (Commission 2006)

References

Abramson, W. (2002). Kid and Teensafe: An Abuse prevention program for youth with disabilities. N. R. C. o. D. Violence. Austin, Tx, SafePlace: Domestic Violence and Sexual Assault Survival Center: 35.

Abramson, W. H. (2000) Promoting Violence-free Relationships: Disability Services ASAP. **Volume**, Online DOI:

Disability Services ASAP (A Safety Awareness Program) is an innovative, award-winning, statewide program in Texas designed to promote healthy and violence-free relationships for persons with disabilities. The program (formerly known as the Personal Safety Awareness Center) provides a comprehensive array of prevention and intervention services and is a replicable model for those interested in reaching out to women with disabilities, and preventing sexual, physical, emotional, and other types of interpersonal abuse faced by many.

Barile, M. (2002). "Individual-systemic violence: disabled women's standpoint." Journal of international women's studies 4(1).

This article presents an insider reflection on questions of violence and women with disabilities. We explore reasons for the systemic omission of women with disabilities from mainstream research and from services addressing non-disabled women's experiences. Several questions are postulated. Has segregation of women with disabilities from the mainstream rendered a large part of their experiences, including the experience of violence, invisible? Have misconceptions about the lives of women with disabilities contributed to exclusionary practices within the women's movement?

This article further submits that violence against women with disabilities assumes many forms, both individual and systemic. It explores several factors, among these how exclusion of disabled women from mainstream services, coupled with the lack of appropriate funding for their organisations, and the poverty lived by individual women with disabilities; renders more difficult the task of these organisations to respond to member needs. The inaction that allows the cycle of poverty and violence to continue in the individual and collective lives of women with disabilities furthers institutional, systems-based violence.

Brownridge, D. A. (2006). "Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations." Violence Against Women 12(9): 805-822.

Using a representative sample of 7,027 Canadian women living in a marital or common-law union, this investigation examined the risk for partner violence against women with disabilities relative to women without disabilities. Women with disabilities had 40% greater odds of violence in the 5 years preceding the interview, and these women appeared to be at particular risk for severe violence. An explanatory framework was tested that organized variables based on relationship factors, victim-related characteristics, and perpetrator-related characteristics. Results showed that perpetrator-related characteristics alone accounted for the elevated risk of partner violence against women with disabilities. Stakeholders must recognize the problem of partner violence against women with disabilities, and efforts to address patriarchal domination and male sexual proprietariness appear crucial to reducing their risk of

partner violence. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract).

Bruder, C. and B. S. Kroese (2005). "The efficacy of interventions designed to prevent and protect people with intellectual disabilities from sexual abuse: a review of the literature." Journal of Adult Protection 7(2): 13-27.

This paper reviews the clinical interventions used to address the vulnerability of people with intellectual disabilities to sexual abuse. Prevalence of sexual abuse for this group is discussed. Factors that are considered to put people with intellectual disabilities at an increased risk of sexual abuse are also discussed. As the teaching of protection and prevention skills to adults and children with intellectual disabilities has been put forward as an effective intervention to help avoid sexual abuse, a review of nine studies that attempted to evaluate such intervention programmes is carried out. It is concluded that adults with intellectual disabilities can successfully be taught skills to prevent and protect themselves from sexual abuse. However, issues around the generalisation and the maintenance of acquired skills have to be considered. Recommendations for future research are made. Finally, the clinical implications of the results of this review are discussed.

Carlson, B. E. (1997). "Mental retardation and domestic violence: an ecological approach to intervention." Social Work 42(1): 79-89.

The public and health and law enforcement professionals have finally become aware of the problem of domestic violence among community-dwelling women with developmental disabilities such as mental retardation. This article presents an ecological approach to analyzing factors that contribute to and maintain such abuse. Service needs of women with developmental disabilities who experience domestic violence as well as assumptions that should underlie treatment are addressed within an ecological framework. Assessment and individual and group intervention are discussed, including the development of a personal safety plan. A case example is provided.

Cattalini, H. (1993). Access to services for women with disabilities who are subjected to violence. Canberra, Australian Government Publishing Service.

Chang, J. C., S. L. Martin, et al. (2003). "Helping women with disabilities and domestic violence: strategies, limitations, and challenges of domestic violence programs and services." Journal of Women's Health (15409996) 12(7): 699-708.

PURPOSE: To describe the types of services provided to women with disabilities at community-based domestic violence programs in the state of North Carolina, the challenges faced, and strategies used to provide the services. METHODS: We conducted a statewide cross-sectional survey of community domestic violence programs and had a response rate of 85%. RESULTS: Of the participating programs, 99% provided services to at least one woman with a physical or mental disability in the preceding 12 months; 85% offered shelter services to women with physical or mental disabilities. Most respondents (94%-99%) reported that their programs were either somewhat able or very able to provide effective services and care to women with disabilities. The respondents also described challenges to serving women with disabilities, including lack of funding, lack of training, and structural limitations of service facilities. Strategies used by the programs to overcome these challenges were networking and coordinating care with organizations that specifically serve

disabled populations. **CONCLUSIONS:** Domestic violence programs in North Carolina provide services to women with disabilities but are faced with challenges stemming from limited funding, physical space, and training. Collaborations between domestic violence and disability service providers are necessary to improving the services and care delivered to women with disabilities who experience domestic violence.

Chenoweth, L. (1996). Violence and women with disabilities : silence and paradox. **2:** 391-411.

Women with disabilities typically occupy positions of extreme marginalisation and exclusion that make them more vulnerable to violence and abuse than other women. Practices such as overprotection, segregation, and a prevailing view that women with disabilities are simultaneously asexual and promiscuous all increase the incidence of abuse and violence rather than prevent it. This article examines experiences of a number of Australian women with disabilities, their mothers and other women who work with them, and official reports of several inquiries into violence.

Clancy, W. (2004). Mapping and Evaluation of Family Violence Education and Training for Key Occupational Groups, Domestic Violence and Incest Resource Centre: 106.

Cockram, J. (2003). Silent voices: Women with disabilities and family and domestic violence, Women With Disabilities Australia.

This research project arose as a result of the widespread experience of women with disabilities, disability and community agencies and the paucity of relevant literature in family and domestic violence. Accordingly, this project was developed in response to the many calls for research into the issue of violence against women with disabilities. The objectives for the research were to: a) Document the nature and extent of family and domestic violence against women with disabilities who have accessed services in Western Australia, and b) Identify whether the needs of women with disabilities are being adequately addressed by relevant services. The research was a collaborative undertaking by People With Disabilities (WA) Inc., The Ethnic Disability Advocacy Centre Inc. (EDAC), and the Edith Cowan University Centre for Social Research. The report contains background information, research methodology, literature review. The research findings provide detailed information from the perspective of both service providers and women with disabilities. Personal stories from women with disabilities are also included. The Report details implications arising from the research. The Report also includes guidelines for referral and support for interviewing women with disabilities; annotated bibliography and information on resources, including services.

Cohen, M. M., T. Forte, et al. (2005). "Intimate partner violence among Canadian women with activity limitations." Journal of Epidemiology and Community Health **59**(10): 834-9.

OBJECTIVE: To determine the prevalence of intimate partner violence (IPV) in the previous five years among women reporting activity limitations (AL). **DESIGN AND SETTING:** A community based, representative telephone survey of Canadians aged 15 and over. AL was assessed by the question: "Does a long term physical or mental condition or health problem reduce the amount or the kind of activity that you can do at home, at school, at work or in other activities?" Response categories were: often, sometimes, or never. **PARTICIPANTS:** 8771 women who had a current/former partner of whom 1483 reported AL. **MAIN RESULTS:** IPV was reported more often for

AL (often or sometimes) compared with no AL women (emotional abuse (27.1, 26.4 v 17.7%, $p < 0.0001$), physical-severe (7.3, 6.7 v 3.6%, $p < 0.0001$), sexual abuse (3.5, 3.6 v 1.4%, $p < 0.0001$), or any IPV (30.5, 27.8 v 19.6%, $p < 0.0001$). Adjusting for age, marital status, education, income, employment, children in the household, Aboriginal or visible minority status, place of birth, urban or rural residence, region of Canada, time in current residence, and religious attendance, AL women had higher odds of IPV (adjusted odds ratio: AL often=2.12; 95% CI: 1.64, 2.74; AL sometimes: OR=1.64; 95% CI:1.40, 2.29). CONCLUSION: These findings call for increased recognition of violence that occurs in the lives of women with AL. This community based study suggests that abuse among those reporting AL is high. Women with AL represent a high risk group to be targeted in terms of IPV prevention and intervention.

Commission, V. L. R. (2006). Review of family violence laws. Melbourne, Victorian Law Reform Commission.

Copel, L. C. (2006). "Partner abuse in physically disabled women: a proposed model for understanding intimate partner violence." Perspectives in Psychiatric Care 42(2): 114-29.

PROBLEM: Physically disabled women are a population at significant risk for intimate partner violence. METHOD: This study used a qualitative research design to address the abuse experience of physically disabled women. FINDINGS: The participants identified multiple incidences of abuse, focusing on how the abuse began, proceeded, and terminated. A model was constructed to depict the abuse experience. The progression of abuse triggers, responses of the women, the abuse episode, the after-effects, and the slow return to usual routines were identified. CONCLUSIONS: A model, which is different from Walker's Cycle of Violence (Walker, 1979; 2000), was constructed to demonstrate the journey of women with disabilities through the abuse.

Curry, M. A., D. Hassouneh-Phillips, et al. (2001). "Abuse of women with disabilities: an ecological model and review." Violence Against Women 7(1): 60-79.

Women with disabilities are at increased risk for emotional, physical, and sexual abuse. They are also at risk for experiencing disability-related abuse from multiple sources. This problem is compounded by the social context of disability, including pervasive discrimination and stereotyping by society. This article highlights the problem of abuse of women with disabilities and examines the state of the science through a review of literature. An ecological model is presented that examines relevant individual, environmental, and cultural factors. The authors hope that this article will stimulate awareness of this problem and future research in this important arena.

Curry, M. A., L. E. Powers, et al. (2003). "Development of an Abuse Screening Tool for Women with Disabilities."

Women with disabilities are at increased risk for violence, including forms of abuse that can be experienced by all women as well as forms unique to women with disabilities, such as abuse by personal assistants. The purpose of this study was to develop an abuse-screening tool unique to women with disabilities. The tool, which was based on previous research, was field-tested with 47 women who experienced physical and/or cognitive disabilities. Final refinement of the tool's wording and formatting was accomplished through focus groups and individual interviews. Women with disabilities were receptive to participating in screening, which facilitated the

identification of abuse and risk factors. Recommendations for abuse screening and risk assessment with women who have disabilities are presented. (PsycINFO Database Record (c) 2006 APA, all rights reserved) (journal abstract)

Frohman, C. (2001). Violence against women with disabilities. **14**: 28.

It is argued in this article that research into the extent of violence against women with disabilities in Australia is limited by the lack of data collected on disability by law enforcement agencies and violence support services. Factors which make women with disabilities more likely to be targets of violence and less likely to receive assistance, are identified. A research project in 1999 undertaken by Women with Disabilities Australia is discussed.

Gill, C. (1996). Dating and Relationship issues. Women with Physical Disabilities: Achieving and maintaining health and wellbeing. D. Krotoski, M. A. Nosek and M. Turk. Baltimore, Maryland, Paul H. Brookes Publishing Co.: 117-124.

Gilson, S. F., E. P. Cramer, et al. (2001a). "Redefining Abuse of Women with Disabilities: A Paradox of Limitation and Expansion." Affilia **16**(2): 220-235.

The study presented here, which relied on naturalistic design & focus-group methodology, examined the experiences of abused women with disabilities & the women's use of & need for services & resources. The study found that although disabled & nondisabled women face many of the same forms of abuse, disabled women have unique experiences that require specialized services. 2 Tables. Adapted from the source document.

Gilson, S. F., E. DePoy, et al. (2001b). "Linking the assessment of self-reported functional capacity with abuse experiences of women with disabilities." Violence Against Women **7**(4): 418-31.

Women with disabilities are abused at rates similar to or greater than their nondisabled counterparts. Compared with nonabused women, women abused by an intimate partner have a greater risk of being disabled or having an illness that affects their activities of daily living. Although disabled women experience similar forms of abuse to those of nondisabled women, some forms of abuse are unique to disabled women due to the limitations that the disability itself presents. This article presents a conceptual analysis of abuse of disabled women and discusses assessment procedures that can assist in identifying abuse and informing service delivery. We propose a model of abuse assessment for women with disabilities composed of three elements: traditional assessment anchored on the Power and Control Wheel that encompasses the unique forms of abuse that disabled women experience; comprehensive functional assessment through self-reporting and self-rating; and attention to heterogeneity with regard to cultural sensitivity, structure of reporting, and nature of disability.

Hassouneh-Phillips, D. (2005). "Understanding abuse of women with physical disabilities - An overview of the abuse pathways model." Advances in Nursing Science **28**(1): 70-80.

The purpose of this article is to provide an over-view of an empirically based theoretical model of abuse of women with physical disabilities. The Abuse Pathways model was developed from a critical disability life history research study conducted with 37 women who had simultaneously experienced abuse and physical disability.

The model begins to address the complexity of abuse of women with physical disabilities by identifying the interactive components of the phenomenon. These components include (1) the social context of disability; (2) women's abuse trajectories; and (3) vulnerability factors for abuse. The article concludes by discussing potential applications and limitations of the model.

Hassouneh-Phillips, D. and M. A. Curry (2002). "Abuse of women with disabilities: State of the science." Rehabilitation Counseling Bulletin **45**(2): 96-104.

Women with disabilities experience abuse at similar or higher rates than women in the general population. In addition to experiencing emotional, physical, and sexual abuse, women with disabilities may also experience disability-specific forms of abuse for prolonged periods of time and from multiple perpetrators. To promote awareness of this serious problem, this article offers a brief overview of the general domestic violence literature and a critical review of existing research regarding the abuse of women with disabilities. Following these reviews, we offer an overview of practical implications and existing resources in this important area.

Hassouneh-Phillips, D. and E. McNeff (2005). "'I thought I was less worthy': Low sexual and body esteem and increased vulnerability to intimate partner abuse in women with physical disabilities." Sexuality and Disability **23**(4): 227-240.

Several studies have documented disproportionately low sexual and body esteem in women with high degrees of physical impairment. Moreover, other studies have begun to examine the problem of intimate partner and other forms of abuse in women with physical disabilities. In this article we examine the link between low sexual and body esteem and intimate partner abuse in women with physical disabilities based on findings obtained from an in-depth qualitative study. Findings indicate that women with high degrees of physical impairment are more likely to perceive themselves as sexually inadequate and unattractive than women with mild impairment. These negative perceptions, when combined with a strong desire to be partnered, increased women's vulnerability to getting into and staying in abusive relationships over time. Major themes presented in the article include: societal devaluation, low sexual and body esteem, preference for non-disabled men, desire to be partnered, and relationship decision-making. We depict the relationships between each of these themes in a simple model to further aid the reader's understanding.

Homel, R. (1999). Preventing violence: A review of the literature on violence and violence prevention, Crime Prevention Division of the NSW Attorney General's Department.

Provides an extensive review of violence prevention literature published both here in Australian and elsewhere

Howe, K. (2000). "Violence against women with disabilities - An overview of the literature."

This paper explores the literature in relation to women with disabilities and violence within the period 1990 to 1999. Specifically the paper explores: the meaning of disability from an individualised medical perspective and as a social construct; the extent and nature of violence against women with disabilities and barriers to service response; and feminist explanations of violence against women with disabilities

Howe, K. (2005). Preventing violence against women with disabilities : learning from North American service responses: 3-8.

This article draws on research into service responses to preventing domestic violence against women with disabilities, conducted by the author while on a study tour of Canada and the United States. She details what Australian agencies can learn from overseas services, and the action needed to implement change.

Jennings, C. (2003). Triple Disadvantage: Out of sight, Out of mind. Melbourne, Domestic Violence and Incest Resource Centre.

Johnson, K., L. Hillier, et al. (2001). People with intellectual disabilities living safer sexual lives, Australian Research Centre in Sex, Health and Society, La Trobe University.

Macklin, M. (2005). Building bridges: a systematic and collaborative approach to extending protection and abuse prevention strategies for women with intellectual disabilities in rural communities. **10**: 3-9.

This article outlines an action research project undertaken in a regional community in Australia aimed at addressing issues of sexuality for people with intellectual disabilities in a regional community. The paper focuses on issues of sexual vulnerability, protection, response to abuse and abuse prevention in a community context. The paper is divided into three main sections. The first section outlines the rationale for the project and its genesis. It then identifies the principles that underpinned the project and briefly discusses the theoretical orientations that informed the project. The second section describes the action research process undertaken in executing the project, focussing specifically on systematic, collaborative and developmental elements of the research strategy. The third section provides some evaluative reflection on some of the more difficult and problematic elements of the project. The paper demonstrates that projects aimed at addressing issues of sexual vulnerability and abuse of people with intellectual disabilities that are informed by community action research have the capacity to promote positive social change. (Abstract.)

Mays, J. M. (2006). "Feminist disability theory: domestic violence against women with a disability." Disability & Society **21**(2): 147-158.

Women with a disability continue to experience social oppression and domestic violence as a consequence of gender and disability dimensions. Current explanations of domestic violence and disability inadequately explain several features that lead women who have a disability to experience violent situations. This article incorporates both disability and material feminist theory as an alternative explanation to the dominant approaches (psychological and sociological traditions) of conceptualising domestic violence. This paper is informed by a study which was concerned with examining the nature and perceptions of violence against women with a physical impairment. The emerging analytical framework integrating material feminist interpretations and disability theory provided a basis for exploring gender and disability dimensions. Insight was also provided by the women who identified as having a disability in the study and who explained domestic violence in terms of a gendered and disabling experience. The article argues that material feminist interpretations and disability theory, with their emphasis on gender relations,

disablism and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability.

Mulder, L. (1995). *Reclaiming our rights. Access to existin police, legal and support services for Women with Disabilities or who are Deaf or Hearing Impaired who are subject to violence.*, NSW. Department for Women: 55.

Nosek, M. A., C. C. Foley, et al. (2001). "Vulnerabilities for abuse among women with disabilities." *Sexuality and Disability* **19**(3): 177-89.

Research findings reveal that women with disabilities experience rates of emotional, physical, and sexual abuse that are comparable to, if not greater than, women without disabilities. Disability specialists propose that women with disabilities experience specific vulnerabilities to abuse. The question in the present study was, "What types of abuse experienced by women with physical disabilities are directly related to their disability?" Of the 504 women with disabilities who responded to a questionnaire assessing sexuality and relationships, 181 of the women completed open-ended questions about abuse. Using qualitative techniques, we analyzed their responses and identified disability-specific types of emotional, physical, and sexual abuse. Certain disability-related settings increased vulnerability for abuse. The need for personal assistance with daily living created additional vulnerability. We conclude that disability is not a protective factor against abuse; indeed, it often serves to reduce a woman's emotional and physical defenses. These findings indicate a need for the development of disability-sensitive abuse screening instruments, and development and testing of interventions to assist women with disabilities in recognizing abuse, protecting themselves in abusive situations, and removing themselves from potentially abusive relationships and situations.

Nosek, M. A., R. B. Hughes, et al. (2006). "Disability, psychosocial, and demographic characteristics of abused women with physical disabilities." *Violence against Women* **12**(9): 838-850.

In a sample of 415 predominantly minority women with physical disabilities recruited from private and public specialty outpatient clinics, we examined experiences of physical, sexual, and disability-related abuse within the past year and its associations with demographic, disability, and psychosocial characteristics. Logistic regression analyses identified 27% of the variance and indicated that women with disabilities who were younger, more educated, less mobile, more socially isolated, and who had higher levels of depression may have a higher likelihood of having experienced abuse in the past year. This model correctly identified 84% of the abused women with disabilities. Questions of directionality, the role of disability, and validity testing are discussed.

Olkin, R. (2003). "Women with physical disabilities who want to leave their partners: A feminist and disability-affirmative perspective." *Women & Therapy* **26**(3-4): 237-246.

Four domains of barriers for women with physical disabilities who are considering leaving a partner are outlined. These obstacles include (a) physical needs; (b) financial needs; (c) custody concerns; and (d) relationship issues. Disability policies can have direct bearing on the lives of women with disabilities, and hence on their freedom to choose to remain with or to leave a partner. (C) 2003 by The Haworth Press, Inc. All rights reserved.

Rosen, D. B. (2006). "Violence and exploitation against women and girls with disability." Annals of the New York Academy of Sciences **1087**(1): 170-177.

This article seeks to explore issues concerning women and girls with disability who have experienced violence and exploitation. Owing to different methodologies of data collection, it is difficult to precisely determine the exact number of women and girls who are affected. The literature suggests that violence and exploitation against women and girls with disability occur at a rate 50% higher than in the rest of society. It also points out a number of additional critical issues: professionals are uneducated and insensitive to the needs of these populations; increasing numbers of women and girls living with disability exacerbate the problem; women and girls with disability are uneducated about their rights and responsibilities; and action must be taken to halt this epidemic.

Saxton, M. (2001). "Bring me my scooter so I can leave you." Violence Against Women **7**(4).

Strahan, F. (1997). More than just a ramp: a guide for women's refuges to develop Disability Discrimination Action plans. Dickson, ACT, Women with Disabilities Australia.

Swedlund, N. P. and M. A. Nosek (2000). "An exploratory study on the work of independent living centers to address abuse of women with disabilities." Journal of Rehabilitation **66**(4): 57-64.

Staff of 36 independent living centers (ILCs) participated in telephone interviews about their services for women with disabilities experiencing abuse. One major theme which arose from analysis of the interviews was that women with disabilities face disability-related issues in dealing with abuse. Of the 36 respondents, 31 identified abuse as an important issue among their consumers. Respondents identified a number of needs and problems which arose in their efforts to assist women with disabilities experiencing abuse. The problem mentioned most often was the lack of physically accessible shelters and abuse intervention program offices. Other problems frequently mentioned included dependence on the abuser for economic support, personal care, or both, a need for increased outreach to women with disabilities experiencing abuse, and a need for training of abuse intervention program staff and other service providers on disability-related issues.

Wisseman, K. (2000). "Your my petty bird in a cage." Impact **13**(3): 1,24.

Young, M. E., M. A. Nosek, et al. (1997). "Prevalence of abuse of women with physical disabilities." Archives of Physical Medicine and Rehabilitation **78**(12): S34-S38.

Objective: Emotional, physical, and sexual abuse of women with physical disabilities is a problem largely unrecognized by rehabilitation service providers. This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities. Design: Case-comparison study using written survey. Data were analyzed using chi 2 analyses and the Mann-Whitney U Wilcoxon rank sum W tests. Setting: General community. Participants: A sample of 860 women, 439 with physical disabilities and 421 without physical disabilities, was compiled from women responding to a national sexuality survey. Main Outcome Measures: The women were asked if they had ever experienced emotional, physical, or sexual

abuse. If they answered yes, they were asked to identify the perpetrator(s) of the abuse and when the abuse began and ended. Results: Sixty-two percent of both groups of women had experienced some type of abuse at some point in their lives. Of women who had experienced abuse, half of each group had experienced physical or sexual abuse. Husbands or live-in partners were the most common perpetrators of emotional or physical abuse for both groups. Male strangers were the most common perpetrators of sexual abuse for both groups. Women with physical disabilities also were more likely to be abused by their attendants and by health care providers. Thirteen percent of women with physical disabilities described experiencing physical or sexual abuse in the past year, Conclusions: Women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. Women with physical disabilities are more at risk for abuse by attendants or health care providers. They are also more likely to experience a longer duration of abuse than women without physical disabilities. (C) 1997 by the American Congress of Rehabilitation Medicine.

Zweig, J. M., K. A. Schlichter, et al. (2002). "Assisting women victims of violence who experience multiple barriers to services." Violence Against Women 8(2): 162-80.

This study examines the extent to which programs for domestic violence and sexual assault gear services toward women facing multiple barriers (i.e., substance abuse disorders, mental health problems or learning disabilities, incarceration, and prostitution) and the unique problems such women encounter when accessing services. As part of a national evaluation, the authors interviewed staff from 20 programs focusing their service efforts on multibarriered women. Problems encountered by such women include lack of services dealing with multiple barriers, uneducated service providers, and batterers using women's barriers to further control or victimize them. This article describes the strategies programs use to meet these women's distinct needs.