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Domestic Violence Against Women with Disabilities: The Issue of Funding, Fear, and a
Dismissive Society

Imagine you spent hours typing up your medical history for an important doctor's appointment only to have your neatly organized information tossed aside upon arrival. On each returning visit, you are repeatedly asked the questions you had tried to answer with your documents, which the medical staff have ignored. Imagine that the person you depend on for care repeatedly abuses you sexually, physically, emotionally, verbally, and/or financially. Imagine that this person is a spouse who, to the outside world, appears a devoted and loving saint, so that when you try to call attention to the abuse, you are ignored. This is a common experience among women with disabilities, who are around forty percent more likely to endure domestic violence than women without disabilities and are at higher risk for violence in general, inside and outside of a domestic environment (Bradbury-Jones et al, 2015; Harpur and Douglas, 2014; Khalifeh et al, 2013).

Unfortunately, violence is experienced more commonly among women with disabilities, and the ability to escape these situations is more difficult. There are 650 million individuals globally living with one or more disabilities (Yoshida et al, 2011). Those with non-mental disabilities are twice as likely to experience violence than nondisabled persons, whereas those with mental disabilities (including depression and anxiety) are three times as likely to experience violence (Khalifeh et al, 2013). Eight percent of women without disabilities have reported a

history of rape versus twenty percent of women with disabilities (Harpur and Douglas, 2014). Despite the higher risk of violence faced by disabled women, their chances to report these incidences or escape them when they do occur are slim due to fear, social isolation, and their dependence on others.

First, I will define the term “disability” and address exactly why women with disabilities are at such a greater risk of violence than those without disabilities. Additionally, I will analyze how prevalent abuse against the disabled is within the United States, Canada, and the UK, after which I will explore what is being done and what could be done in the future to combat this abuse. Finally, I will discuss the importance of this issue. It is important to note that although the experiences of men with disabilities are similar to what I will be discussing for women, the scope of this essay focuses on the increased vulnerability of individuals who are both disabled and female. The improvements I propose at the end of this essay to aid women with disabilities apply to men with disabilities, as well.

Before understanding why women with disabilities are more likely to experience violence, the definition of disability must first be assimilated. Disability itself is defined as a long-term mental, physical, or sensory impairment that makes daily tasks more difficult and hinders one’s quality of life. There are a couple models which aim to explain disability: the medical model and the social model. The medical model must be carried out by medical professionals and states that an individual is either able-bodied or disabled (Hague et al, 2011; Harpur and Douglas, 2014). If an individual is deemed disabled, this indicates one has internal impairments that must be treated. However, treatment improves the lives of those with disability marginally and poses a severe risk to their lives. Those who cannot be cured will be viewed as never able to reach their full potential and are robbed of their autonomy, humanity, and sexuality.

This model is not utilized often because of its harmful view of those with disabilities. On the other hand, the social model argues that it is the barriers faced by those with disabilities within society that is truly disabling. "...proponents of this model argue that it is society's failure to take account of the needs of disabled people that is truly disabling" (Hague et al, 2011). Therefore, it is not so much the medical issues associated with disability as it is the stigma surrounding the term that truly disables individuals, the social model suggests.

Moreover, there are several theories which aim to explain why women with disabilities are more likely to experience violence (Hickson et al, 2013). The dependency-stress model posits that abuse is the product of the stress of caring for someone, but has largely been discredited due to its reliance on victim-blaming. The power and control model suggests that abuse is the way an abuser maintains power in a relationship, and can be applied to cases of abuse involving both women with disabilities and without. The integrated ecological model is a proliferation of the power and control model and aims to examine the interactions between the potential victim, the potential offender, the immediate environment, and the culture. For example, someone with a tendency toward learned helplessness and a disability causing limited communication skills cared for by an aggressive, power hungry caregiver in an isolated home within a cultural context that devalues those with disabilities is of extremely high risk of abuse. Participants in recent studies have shined a light on the extent of the horrid abuse that they face daily. One fifty-six-year-old interviewee said, "It was sex all the time, twice a day. He would hold me down with his hand over my mouth always, always, and I hated it. I hated it. He said because I was deaf, I deserved it." Another described a scenario in which her abuser "threw me on the floor with my dinner and said, 'that's where you eat your dinner, that's where you belong'. Of course, I couldn't get up again" (Hague et al, 2011). Abusers who target spouses may also target family

pets, which is even more damaging to a loving owner if that pet is a service animal needed for a better quality of life (Harpur and Douglas, 2014).

Those who are unfamiliar with women with disabilities may argue that they either a) cannot be more vulnerable to violence due to their special treatment or b) cannot be trusted to report truthfully. However, those with disabilities do not actually receive much “special treatment”. For one, their programs are severely underfunded. Throughout the course of just one study involving domestic violence and women with disabilities, nearly thirty relevant organizations were closed due to a lack of funding (Hague et al, 2011; Yoshida et al, 2011). Furthermore, most programs become unavailable once a disabled young woman turns eighteen, and these adults are left to fend for themselves. Perhaps even more devastating, women with disabilities are often considered unfit to be mothers, and receive poor maternity treatment and/or could even have their children taken by social services (Bradbury-Jones et al, 2015). One woman was not able to have her children back until she was in a relationship, although authority was aware of the new partner’s abusive record. This is an indication that society does not trust women with disabilities to take care of their own children and would feel they were safer if accompanied by an abusive but able-bodied partner. Clearly, this is not protective, special treatment. Moreover, while some women with cognitive impairments may have a tendency to tell lies, very few do. Serious disclosures are sincere and can come with obvious signs of abuse. Although caregivers can seem like society’s angels, they could very possibly have sinister intentions behind closed doors. With this in mind, every report should be carefully investigated.

Although women with disabilities are more likely to experience violence, they are less likely to be able to report due to several factors: fear, isolation, and dependency. Women may be hesitant to reveal the abuse for fear of being ignored or disbelieved, institutionalized or

medically treated for “delusions”, or having their children taken away from them (Bradbury-Jones et al, 2015; Evans and Feder, 2016). Furthermore, abusers often isolate their victims from family, friends, and other support services, keeping a watchful eye on them to ensure they do not speak to anyone the abuser does not want the victim to speak to. This is especially problematic when women have mobility impairments, and are unable to get to support services on their own and only have the abuser to take them where they need to go. Social isolation also increases the likelihood that a woman will, in essence, forget what a healthy relationship is supposed to look like. Victims with disabilities may also be afraid to disclose the abuse they experience due to mistrust of support services, an idea that the abuse is somehow their fault, or that, if the abuser is removed from their lives, there will be no one left to care for them (Evans and Feder, 2016; Harpur and Douglas, 2014; Khalifeh et al, 2013).

The idea that no one will be able to care for a woman with a disability in the comfort of her own home is a terrifying thought both to the disabled and their parents. In a recent and extreme case, Bonnie Liltz, the adoptive mother of a twenty-eight-year-old woman with Cerebral Palsy named Courtney, gave her daughter an overdose of medication through her feeding tube. Courtney could not communicate and had severely limited mobility, requiring a wheelchair. With Liltz approaching her sixties, she was fearful of what would happen to Courtney when she was gone. Liltz attempted a failed suicide after killing her daughter, and was merely charged with involuntary manslaughter despite the obvious premeditation due to the “merciful” circumstances of the situation. Liltz was so fearful of the institutions or group homes that Courtney could be placed into that she took her own daughter’s life. Unfortunately, this was not the first time a parent took the life of a child with a disability for fear of what would happen once the parent was gone. In 2014, eighty-two-year-old Frank Stack took the lives of his two children

with disabilities before successfully committing suicide (Briscoe, 2016). If parents are willing to take their children's lives for fear of what will happen when the parents are gone, society must be more concerned with these institutions and group homes and the creation of caring organizations for those with disabilities once their caregivers are gone. There is no literature which investigates these areas.

Although research has indicated that risk to women with disabilities is similar among the U.S., Canada, and the UK, there are several key differences. American women with disabilities are more likely to be sexually assaulted than are women with disabilities in either the UK or Canada (Hague et al, 2011). One study even goes as far as to suggest that American women are as much as four times as likely to be sexually assaulted (Khalifeh et al, 2013). Perhaps this is due to the American media's emphases on sexuality, which is more intense than in the UK or Canada. Moreover, abused women with disabilities in the UK are more likely to be older, and sexually assaulted women with disabilities in Canada are more likely to be victimized by a male stranger, whereas sexually assaulted women with disabilities in the U.S. were more likely to be victimized by a male acquaintance (Khalifeh et al, 2013; Yoshida et al, 2011). Additionally, Canadian women with disabilities were significantly less likely to become a victim of violence than were American or UK women with disabilities, possibly due to their more accepting culture.

A couple approaches have been attempted to decrease the risk of harm to women with disabilities, where positive change has been attempted through legislation and research. In 2006, the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) aimed to create international law that would better protect individuals living with a disability. The CEDAW requires a certain minimum of legislation to be put in place by its members, of whom most fail not only in adopting legislation but also in enforcing what little

protections they do adopt (Harpur and Douglas, 2014; Khalifeh et al, 2013). More recently, research has been utilized to try to detect and suggest possible changes that could improve the safety and wellbeing of women with disabilities, but due to its modernity, this body of research is limited.

To aid women with disabilities victimized by abuse, particularly domestic abuse, several actions should be taken. More research needs to be completed on the subject to further investigate its prevalence and causes. Future research should focus on the institutions and group homes that supposedly care for those with disabilities, and these areas should be thoroughly investigated annually, if not more frequently. Moreover, the CEDAW should keep track of the progress of their members and allocate repercussions for those not meeting criteria. Disability and domestic violence organizations should combine their expertise. After all, disability professionals are taught to advocate for the autonomy of those with disabilities, which could cause them to overlook abuse, and tend to blame issues on learned helplessness. Furthermore, many of these professionals feel domestic violence is not their area to address and they should not become involved. On the other hand, domestic violence professionals are immersed in literature that emphasizes the seriousness and frequency of abuse and are more likely to recognize the signs, blaming issues on societal factors like stereotyping as opposed to blaming the victim.

There are plenty more ideas that could be adopted to help protect women with disabilities. For instance, medical professionals should receive more training on how to treat women with disabilities. Many do not consider the wishes of these women due to the riskier nature of their medical lives, particularly involving pregnancy. Medical professionals tend to view women with disabilities as not able to make informed decisions about their medical care.

Because of this, they do not adequately inform these patients about their options. Medical professionals are hesitant to even ask about domestic violence or disabilities, however, and these important conversations are often begun by the patients themselves. Once a patient does disclose disability and abuse, medical professionals are unsure how to react and fail to refer these women to services that could help them. Additionally, these women should receive training on healthy relationships, defense, and available resources. The few places that actually do offer domestic violence help to women with disabilities should adequately advertise this rare capability, so that these women know where to receive help. Furthermore, funding for these programs should be increased. There should also be general education among the public to teach them that individuals with disabilities are not lesser individuals, and should not be pitied or patronized or ignored or blamed. Perhaps most importantly, there needs to be a creation of better services for adults who have aged out of the accommodating and useful systems they were used to. Once those with disabilities are no longer children, society allows them to fade away.

As shown above, women with disabilities are at an increased risk of domestic and nondomestic violence, and have less access to support services afterwards or preventative measures beforehand. It is important to consider the aforementioned ideas to decrease the likelihood of violence against women with disabilities, whose quality of life will be improved. This is also an important topic for medical professionals, who will be able to offer more suitable care to these women. The general public also has a stake in the improvement of this issue. This is an important issue for the general population, as well, because improving and investigating current services ensures that tax dollars are not being wasted on corrupt programs. Furthermore, the public can learn to understand how to interact with these women in a way that does not offend them and may find good, healthy relationships with them. Although awareness of the link

between disability and domestic abuse is improving, there is still much work to be done if women with disabilities are to enjoy the safe and fulfilling life they are capable of with the right tools and support.

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