



**Preventing Domestic Violence**

*None in Three is funded by the European Union*

## **THINGS YOU SHOULD KNOW - DISABLED WOMEN AND DOMESTIC VIOLENCE**

### **Some risk factors**

- Women with disabilities experienced psychological, physical, and sexual violence and abuse two to three times more frequently than women in the general population (Schröttle & Glammeier 2013).
- Risk of victimization through intimate partner violence is increased two to threefold when disabled women have experienced violence in childhood and youth.
- Early experiences and life experiences related to disability and also, those that involve violence increase vulnerability of disabled women to domestic violence later:
  - Very high levels of parental violence and sexual abuse against women with disabilities in childhood and youth appear to be key risk factors for greater vulnerability and greater incidence of intimate partner violence and sexual violence (by partners or other persons) in adulthood (Schröttle & Glammeier 2013)
  - Both the early time spent in institutions as well as early childhood experiences of sexual violence heightened the risk for later intimate partner violence.
  - Deaf and blind women who were institutionalized as children found to have experienced very high levels of sexual violence in childhood and youth (40 to 52 percent) were found.
- Deaf women living with deaf intimate partners and engaged in social relationships with deaf friends and deaf acquaintances may experience isolation from, and a lack of assistance and support by hearing people. This can be a risk factor.
- Other vulnerabilities to partner dominance and violence are affected by dependency, which in turn is fuelled by:
  - Gender and disability inequalities which reduce opportunities for independence, employment and income generation
  - The belief that there is no alternative but to stay in a violent relationship related to experiences of discrimination, neglect, and violence in childhood
  - Early experiences of violence which can lead to emotional insecurities, low self-esteem; undermines ability to set boundaries (Schröttle & Glammeier (2013).

### **Discriminatory and disempowering social constructions increase vulnerability**

- Violence experienced in childhood and adolescence and disempowering constructions play an important role (Abramsky et al. 2011; Stith et al. 2004).
- Disempowerment of disabled women – in contrast to women without disabilities – can include their desexualization and the construction of disabled women as not being attractive partners for intimate relationships.
- The social construction of disabled women as asexual and simultaneously promiscuous and deprived increases their vulnerability (Cheno-weth, 1996).

- The perception of being sexually inadequate and unattractive and a desire to be partnered increase women's vulnerability to staying in abusive relationships for a long duration (Hassouneh-Phillips and McNeffs 2005).
- Overprotection and containment of disabled women as eternal children interfere with developing their risk awareness skills for identifying potential violence.
- Women with disabilities are often taught unquestioning compliance, which hinders their ability to draw appropriate boundaries. Curry et al. (2001, 74) argue that for "women with disabilities, leaving may mean risk of losing their independence and the risk of institutional care".
- Hague et. al (2008) argue that current definitions of domestic violence are too narrow to encompass the range of experiences of disabled women.

## **Demographics**

- Recent studies by ECLAC indicate that almost 12.4% of the Latin American and 5.4 % Caribbean population is thought to live with at least one disability, and this represents around 66 million people <http://www.cepal.org/notes/74/Titulares2.html>.
- Persons with disabilities are overrepresented in the figures on poverty, unemployment, low educational achievement and discrimination.
- Types of targeted violence and hostility vary in different settings vary. More understandings of shifting risks, triggers and vulnerability need to be developed; no 'one-size-fits-all' approach in targeting interventions  
[http://www.equalityhumanrights.com/sites/default/files/documents/research/disabled\\_people\\_s\\_experiences\\_of\\_targeted\\_violence\\_and\\_hostility.pdf](http://www.equalityhumanrights.com/sites/default/files/documents/research/disabled_people_s_experiences_of_targeted_violence_and_hostility.pdf),( p.v1).

## **Reporting and redressing DV**

- Disabled women tend to report incidents to a third party rather than to the police. These third parties are under-studied.
- Health and social care agencies, housing associations, local authorities, civil justice agencies, voluntary bodies have an important preventative role.
- Physical, procedural and attitudinal barriers can discourage disabled people from reporting.
- Disabled people may blame themselves for what had happened to them, or may simply come to accept that these incidents are part of everyday life.
- The discourse needs to be reframed from emphasis on help and protection (protectionism) which underpins much of existing policy and legislation and replaced by a focus on justice and redress (rights-based paradigm)  
[http://www.equalityhumanrights.com/sites/default/files/documents/research/disabled\\_people\\_s\\_experiences\\_of\\_targeted\\_violence\\_and\\_hostility.pdf](http://www.equalityhumanrights.com/sites/default/files/documents/research/disabled_people_s_experiences_of_targeted_violence_and_hostility.pdf).

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