

POLICY AND PRACTICE BRIEFING # 2

Safeguarding the Rights of Women with Disabilities affected by Domestic Violence

NONE
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Preventing Domestic Violence

Ena Trotman Jemmott

Adele D Jones

Hazel Da Breo



University of
HUDDERSFIELD
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Safeguarding the Rights of Women with Disabilities affected by Domestic Violence

This Policy and Practice Briefing is drawn from qualitative research carried out as part of the None in Three Project, an EU-funded initiative for the prevention of domestic violence in the Caribbean (www.noneinthree.org). Overall 109 participants (49 women and 60 men) from Grenada and Barbados participated in the research which was carried out between April and July 2016. (Full report available here - <http://eprints.hud.ac.uk/30898/>). The focus of Policy and Practice Briefing No 2 is on *safeguarding the rights of women with disabilities*. A total of five briefings are available as follows:

- No 1 – Safeguarding the Rights of Pregnant Women affected by Domestic violence.
- No 2 Safeguarding the Rights of women with disabilities affected by domestic violence
- No 3 -Safeguarding the Rights of Women living with HIV affected by Domestic Violence
- No 4 -Safeguarding the Rights of Women in Same-sex Relationships affected by Domestic Violence
- No 5- Engaging Men and Youth in Tackling Domestic Violence.

Overarching Themes from the Research

There is a high degree of intentionality that lies behind much abuse. Domestic violence is rarely a one-off incident of aggression which happens as a consequence of loss of control and for the women in this study was more likely to reflect a continuum of violence and abuse.

From the evidence provided by women, perpetrators often plan how best to inflict harm; they make choices that suggest the acts of coercion, control and violence they inflict are intended and targeted. Where violence was regarded as being a consequence of the loss of control, this was primarily because of the influence of drugs or alcohol.

Violent behaviour (physical, sexual and emotional) as a feature of interpersonal relations can become embedded within family and community life and in this, women as well as men are implicated in that this becomes the primary means by which children learn to emulate adversarial rather than non-violent conflict resolution skills.

There are clear links between early abuse in childhood (especially child sexual abuse) and domestic violence in adulthood – for many of the women in our research, these experiences simply could not be disentangled.

The influence of gender inequality, gendered identities and gendered role expectations is geared towards promoting patriarchal values and seems unremitting in protecting male privilege and sense of entitlement and in creating the social and cultural conditions in which domestic violence flourishes.

Men and youth are impacted by violence too (though to a lesser extent) but they have no avenues to access support. Male victims of abuse by women are treated in a derisory manner by peers and professionals since they are expected to be in control. Furthermore, there are few social spaces available for men to challenge cultural expectations and pressure to behave in dominant ways.

KEY RESEARCH FINDINGS

- Women with disabilities often experience multiple and intersecting forms of abuse and discrimination, resulting from the the intersection of disability-based and gender-based discrimination, economic and financial dependence and in some instances, other forms of specific subordination

‘Their risk of victimisation through intimate partner violence is increased two- to threefold when they have experienced violence in childhood and youth...They experience psychological, physical, and sexual violence and abuse by different perpetrators two to three times more frequently than women in the general population’ (Schröttle & Glammeier, 2013)

- Victimisation often seemed to be linked to the nature of a woman’s specific impairment, providing her partner with additional sources for ridicule and torment:
 - *He used to tell me that I am stupid and retarded. He would say ‘you are a stupid so and so’ and would treat me real scruffy. He used to make me cry and hurt my feelings*
 - *I could not take someone saying constantly, you are blind, you are blind. It used to hurt me*
- Intersection of physical and sexual abuse among women with disabilities was a recurrent theme in this research. Negative attitudes to their impairment resulted in a reduced sense of self and their partners with an increased sense that sex was theirs for the taking.
 - *...my body isn’t in the best of health and with my medication the doctor told me I am not going to crave to have sex. So he forced himself on me*
- Where physical mobility was an issue, this made it easier for the perpetrator to use his physical strength to overpower the women physically and force them into non-consensual sex
 - *He would tie me up to the bed and have sex with me when I was tied up*
- Reduced opportunities for earning an independent or supplemental income were compounded, for some women, by physical and emotional dependency related to their care needs, often grown out from long-term abuse
- Economic and financial dependency became additional forms of abuse
- The threat of, and actual homelessness was a key finding
- Some women expressed thoughts of suicide arising from the abuse and their feelings of entrapment and desperation
 - *I felt trapped in every way and I was devastated and all such like and at one point I felt I would commit suicide*
- Many women called upon innate strengths and their spiritual faith for coping
 - *God helped me, I does (sic) ask God for guidance and strength. I ask for walking a little better and I talk to God*

- Mothering was also a source of resilience for some women
 - *Yes, I am blind but I take care of my children, you won't believe that I am blind.*

POLICY IMPLICATIONS

A policy framework for the prevention of violence against women should adopt the human rights perspective at all times, becoming cognisant of the different ways that violence against women and children with disabilities are manifested.

- Policy ought to reflect needs-assessment at a minimum in the following areas, which women with disabilities are at increased risk of:
 - Gender based and disability based discrimination, exploitation and multiple forms of abuse (physical, sexual, psychological, financial)
 - Dependence on others for physical and personal care needs
 - Homelessness and 'hidden homelessness' (can be made homeless at any time when 'home dependent')
 - Financial and economic dependence which can lead to increased vulnerabilities
 - Reduced access to housing, criminal justice system and labour market
 - Poverty
 - Public services and professional insensitivity to their needs often through lack of awareness and knowledge
 - Lack of meaning participation and engagement in community life and in matters/policy that impact them
- Police officers, health professionals, social workers, welfare officers and others working with women and children should be trained and equipped with the tools to effectively identify signs of abuse, to know what action to take consistent with the law and departmental policy to help prevent abuse
- Adopt a more collaborative, interagency working relationship involving the police, social workers, social services and health professionals to explore proactive strategies for prevention and to improve responses to protecting women with disabilities from violence. This may require legislation, having shared protocols, shared resources and inter-professional training.
- There is need for more training concerning confidentiality – an issue that has particular consequences in small island states where women often have no choice but to remain in close proximity to the men who abuse them
- Dealing with domestic violence requires clear policy, protocols and procedures that are widely understood by the professionals who implement them and who in turn can be held accountable for systemic failings in protecting women from violence and accessing justice
- There is need for training among professionals and public service providers, aimed at increasing sensitivity, empathy and understanding of domestic violence victims. This is especially the case in respect of the reasons why women stay in a violent situation
- Chronic abuse generates multiple barriers to escaping violence; professionals need to appreciate that effective support should include a range of short, medium and long term interventions that can help women with immediate problems and also over time, especially during times of crisis

PRACTICE IMPLICATIONS

- Enshrine practice in the human rights principles of participation; accountability; transparency; non-discrimination; equality, and empowerment of women and girls (UN Women et al. 2012)
- Respect the right of every woman to live without violence
- Be cognisant that disability does not mean inability, ensure that interventions are strengths-based rather than deficit-based
- Act immediately on disclosure and respond to risks – remember, a woman is likely to have been beaten many times by the time she discloses abuse – it is **always** urgent and serious
- Ensure child safety is paramount and consider the rights of the child to live safely
- Ensure adult safety is a priority
- Respect confidentiality but be aware of when to share information with other agencies (only with consent)
- Work in line with protocols and agency policy, being aware of local services and referral procedures and international good practice; recognising that disability is an encompassing term which reflects many different types of strengths and needs and individual person-centred approaches may be needed. These include specific approaches to support women who are blind/visually impaired, deaf, physically disabled, have mental health issues, are learning disabled or, have multiple disabilities. The website <http://www.ccrm.org.uk> is a useful site to navigate
- The American Psychological Association provides helpful guidelines for assessment of and intervention with persons with disabilities which all professionals can adapt to suit their local context and is available at <http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>

Asking questions about domestic violence

- Consider the environment - is it conducive to ask? Is it safe to ask?
- Never ask in the presence of another family member, friend, or child
- Create the opportunity to ask the question with empathic sensitivity
- Frame the topic first then ask a direct question. Examples: Framing: "As violence in the home is so common we now ask about it routinely" Direct Question: "Are you in a relationship with someone who hurts or threatens you?" Did someone cause these injuries to you?"
- Researchers suggest three simple questions which used together can help health workers to identify long-term DV: "Have you ever been in a relationship where your partner has pushed or slapped you?" "Have you ever been in a relationship where your partner threatened you with violence?" and "Have you ever been in a relationship where your partner has thrown, broken or punched Things?" (Paranjape & Liebschutz, 2003)

- Validate what's happening to the woman – e.g. “You are not alone” “You are not to blame for what is happening to you” “You do not deserve to be treated in this way”
- Ask the woman what help she needs from you right now
- Ask the woman if she knows where she can get help – explore who in her circle of family/friends knows about the situation and where she can go.

SUMMARY – WOMEN WITH DISABILITIES EXPERIENCE OF DOMESTIC VIOLENCE

- Women with disabilities exhibited how as ‘survivors’ they showed resilience and strength in the face of adversity, demonstrating that it is possible to overcome the effects of abuse and to move on with one’s life
- Some women moved from a state of victimhood with little power to change the outcome of their lives, to leaving the situations which made them more vulnerable to further abuse. Increasing their personal autonomy, emotional, psychological and physical abilities called for various forms of help - from family and the State. This was not always forthcoming
- Our focus was not on the nature of a woman’s impairment but on the ways in which their disability affected their experiences of domestic violence. We established no inclusion criterion relating to disability; it was sufficient that the women who participated self-defined as being a woman with a disability and someone who was also a survivor (or victim) of domestic violence
- Sometimes the nature of the disability was a key feature in the woman’s narrative. For other women, disability was regarded as more of a compounding factor at the structural level. The discriminatory treatment which faces women with disabilities is usually based on a social and instrumental categorisation, often a shared collective thread of disempowering experiences (Foster & Sandel, 2010)
- Stigmatisation can further lead to disempowerment, as well as feeling devalued, the lack of opportunities and access to meaningful services. Not surprisingly, as with many other undervalued minority groups, there is ample room for exploitation and abuse based around intersecting factors such as socioeconomic status, gender and disability
- Violent behaviour (physical, sexual and emotional) as a feature of interpersonal relations can become embedded within family and community life and in this, women as well as men are implicated in that this becomes the primary means by which children learn to emulate adversarial rather than non-violent conflict resolution skills.

Further useful reading sites:

Screening for domestic abuse:-

<http://domesticabuse.stanford.edu/screening/how.html#written>

Strategies for safety: -

<http://open.alberta.ca/dataset/b06a0db8-09d1-402b-8090-2b9ef3a53911/resource/ed11a1b5-f307-4810-9b9d-abd47c8362c2/download/2013-StrategiesForSafety.pdf>

Action

- Never assume someone else is addressing the problem of domestic violence – **you** must act
- If a woman does not disclose but you suspect domestic violence, accept what is being said but offer other opportunities to talk and consider giving information (e.g. ‘for a friend’)
- Be familiar with and give relevant information about local domestic violence agencies – if safe to do so. Offer to make a referral
- Check where and how to send safe correspondence e.g. texting
- Discuss and construct a basic safety plan if necessary (It is not the professional’s role to comment on or encourage the woman to leave her partner)
- Follow up any child protection concerns
- Document - consider safety and confidentiality when recording information in patient notes.
Taken from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211018/9576-TSO-Health_Visiting_Domestic_Violence_A3_Posters_WEB.pdf

Useful reading: Stop violence against women

<http://hrlibrary.umn.edu/svaw/domestic/explore/7legal.htm>

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