

# Abuse and Women with Disabilities

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Physical, psychological and sexual abuse is a considerable problem for women with disabilities (Welner, 2000). As an issue practitioners may encounter in the course of delivering primary care, it is important to recognize its seriousness, and to be aware of the fact that in addition to their potential increased vulnerability to domestic violence, women with disabilities may be subject to forms of abuse that are different from abuse experienced by women without disabilities.

Research has shown that people with disabilities continue to be more likely than others of the same age or sex to be victimized, that the abuse is often more prolonged and severe, and that the effects may be more serious and chronic (Sobsey, 1994). One study alone found that among a sample of 85 adult women with a variety of disabilities, 73% had been the victims of violent sexual assault at some point in their lives (Stimpson and Best, 1991). In another study sixty-two percent of a national sample of women with physical disabilities reported having experienced emotional, physical, or sexual abuse. While this was the same percentage of a comparison group of women without disabilities, those with disabilities who reported abuse had experienced the abuse for longer periods of time (Nosek et al., 1997).

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## DIFFERENT TYPES OF ABUSE

The fact that many women with disabilities need assistance in activities of daily living can make them more physically vulnerable to abusive partners or caregivers (Strong and Freeman, 1997). Withholding personal assistance or medication or using medication to sedate the woman for the caregiver's convenience, repeatedly failing to bring the woman to important medical appointments, disconnecting a wheelchair's power supply, breaking or hiding crutches, refusing to attach a ventilator, or putting something dangerous in the path of a blind woman are all examples of unique abuse experiences of disabled women. Many of the women with disabilities in the national survey referred to previously had experienced emotional and sexual abuse by attendants and health care workers (Nosek, 1996).

Perpetrators may believe that women with disabilities are more vulnerable and therefore easier for them to abuse without repercussion. Women with certain types of disabilities, such as those with cognitive disabilities and women who are non-verbal, may be particularly at risk of abuse by such individuals.

### *Domestic Violence*

Nearly one-third of American women report being physically or sexually abused by a husband or boyfriend at some point in their lives (Commonwealth Fund, 1998).

Unfortunately, mainstream domestic violence programs do not keep information on disability status, so the actual numbers of women with disabilities who experience domestic violence is not known.

While we do not have statistics on numbers of women who experience domestic violence, anecdotes from disabled women, domestic violence service providers, and researchers have identified unique issues for disabled women living in domestic violence situations. Many women with disabilities fear institutionalization and losing custody of their children if their abusive husbands or partners leave or are reported to the authorities. Often these women are made to believe that because they are disabled, no other man will want to be with them. Some perceive that they need to accept the abuse as a condition for getting assistance or love. Many of the women who responded to a recent study felt that their disabilities made them burdens on others and that they were to blame for the abuse (Nosek, 1996).

Domestic violence shelters are generally inaccessible to women with disabilities, leaving them to feel that they have no escape from their abusive situation. Also, good personal care assistants are difficult to find, making women feel dependent on whomever they have available (Strong and Cupolo Freeman, 1997). Such psychological abuse is powerful and can prevent women with disabilities from seeking help.

### *Caregiver Abuse*

Caregivers commit one-fourth of all crimes against people with disabilities (Samuels, 1994). Perpetrators are primarily family members, including domestic partners, disability services providers, and others who have placed themselves in a position of trust. Persons who live in institutions are more likely to be abused than those who live in their own homes (Sobsey, 1994).

Caregiver abuse can take many forms including humiliation and control, withholding food, withholding medical treatment or adaptive aids, stealing money and personal belongings, isolating the woman from friends and family, sexual abuse, or physical abuse. One study of people who use paid personal care assistants found that 40% reported an instance of theft by attendants and 10% reported being physically abused (Ulicny, 1990).

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## **BARRIERS TO GETTING HELP**

Women with disabilities often face obstacles to getting the help they need to escape abusive and violent situations. Erroneous beliefs about the lives of women with disabilities, programmatic barriers, and lack of services create great difficulties for disabled women trying to obtain domestic violence and other protective services. Such barriers include:

- The assumption that women with disabilities are asexual or not in relationships, and therefore do not experience sexual assault or domestic violence.
- The assumption that caregivers have the best interests of the disabled women at heart. Charges against caregivers of women with cognitive, psychiatric, or communications disabilities are often thought to be fabricated because of this supposition.

- Most domestic violence facilities are not physically accessible to women with disabilities. If they are physically accessible, they usually don't have any ability to provide attendant services. For this reason, many domestic violence program staff never see or hear from women with disabilities, and may not think of these women as needing services (Strong and Cupolo Freeman, 1997).
- Women with disabilities often lack knowledge about what constitutes abuse and how to get help. As described previously, women may accept abusive treatment because of fear that reporting abuse will cause them to lose personal assistance services or family support. Mothers with disabilities have the additional fear of losing their children if they report a domestic violence or abusive caretaker situation to the authorities (Strong and Cupolo Freeman, 1997).
- Few formal personal assistance backup or emergency attendant services systems exist in this country. If a woman manages to rid herself of an abusive personal attendant or partner and has no backup options available, she may become at risk of being placed in a nursing home. Nursing home placement is an immense fear for many people with disabilities.
- Perpetrators are rarely prosecuted or reported to police. Women with communication or cognitive disabilities, in particular, may not be viewed as credible by law enforcement agencies or social service programs.

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## WHAT CAN HEALTH CARE PROVIDERS DO?

Health care practitioners have an important role in violence and abuse intervention.

Be aware that abuse does occur in this population, as it does among women in general. Keep in mind that frequent injuries from "falls from clumsiness," could be warning signs of abuse for a woman with a disability, just as it could for a non-disabled woman.

- One physician experienced with treating women with disabilities recommends that a portion of all medical visits be held in complete privacy for some portion of the appointment, even when a woman brings a companion to assist her. Providers should just emphasize that it is office policy for all patients to have this privacy (Welner, 2000). This will make it possible to ask questions about suspected abuse.
- Be aware of the unique problems that women with disabilities may face in abusive situations. Keep in mind that failure to comply with medication or personal hygiene routines could be warning signs of abuse. Women with disabilities also may be at risk for financial and emotional abuse. Attendants or spouses may be dependent upon the woman's Social Security or personal assistance services check. Abusive caretakers and partners may cause disabled women to believe that they are worthless, and that no one will "take care of them" or want them because they are disabled (Nosek, 1996).
- Encourage women with disabilities to develop emergency personal assistance systems. Since formal personal assistance back up systems do not exist in most areas, disabled women need to be counseled to find several people who can assist them in an emergency. Although it may be difficult, encourage women with disabilities not to rely on one individual for all personal assistance needs.

- Be prepared to report incidents of suspected abuse. Have the phone number of your local adult protective services agency as well as a list of accessible domestic violence shelters on hand. Although most are not accessible, awareness of the need for accessible shelters is growing and there may be accessible shelters in your community. Have a list of support groups and psychotherapists to refer patients. Independent Living Centers frequently teach people with disabilities how to hire and find good attendants.

Women with disabilities should be encouraged to get out of abusive situations. It can be very difficult for all of the psychological and practical reasons discussed in this chapter. The combination of emotional support, appropriate intervention, and referrals to helpful community agencies can be instrumental in bringing about change. The key is to be aware that abuse may be a potential problem in this patient population, and to ask appropriate questions and discuss this topic with your patients.

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## RESOURCES

The **National Domestic Violence Hotline** is available 24 hours a day. Call: 1-800-799-SAFE (7233) (voice), or 1-800-787-3224 (TTY).

The **Rape, Abuse, and Incest National Network (RAINN)** also operates a 24-hour hotline. Call: 1-800-656-HOPE (4673) [www.rainn.org](http://www.rainn.org).

The **Feminist Majority Foundation** maintains a Web site that lists all the state Coalitions on Domestic Violence, as well as other resources about domestic violence and sexual assault. Access it at: <http://www.feminist.org>

The **National Coalition Against Domestic Violence** is a grassroots, membership-based organization, working at the national level since 1978 to address the issue of domestic violence through information, referrals, technical assistance, product and publication development, public policy and community awareness activities. Together with the Domestic Violence Initiative for Women with Disabilities, NCADV has produced a Technical Assistance Manual for programs, entitled *Open Minds, Open Doors*, that can assist them to become physically and attitudinally accessible to women with disabilities. It is available for \$35 plus \$5 shipping and handling from:

NCADV, P.O. Box 18749, Denver, CO 80218  
 Phone 303-839-1852 (voice), 303-831-9251 (fax)  
 Or order it on their web site: [www.ncadv.org](http://www.ncadv.org)

The **Domestic Violence Initiative for Women with Disabilities** provides services to women with disabilities who are victims of domestic violence or caregiver abuse and works with shelters and the criminal justice system to advocate and ensure that needed services are accessible. Contact DVI at: P.O. Box 300535, Denver, CO 80203, phone 303-839-5510 (voice/TTY).[dvidenver@aol.com](mailto:dvidenver@aol.com)

*Caregiver Abuse and Domestic Violence in the Lives of Women with Disabilities* is a 76-page booklet available from Berkeley Policy Associates. The publication summarizes information from current research, conversations with experts in the field, and experiences of women with disabilities who have been abused. For ordering information, contact Patricia Spikes Calvin at BPA by phone 510-465-7884 (voice), 510-465-4993 (TDD), fax (510)465-7885, or email [info@bpacal.com](mailto:info@bpacal.com).

**Finex House** is an accessible shelter serving the Boston area. They publish *Escape, A Handbook for Battered Women Who Have Disabilities*. Contact them at:

P.O. Box 1154, Jamaica Plains, MA 02130  
Phone 617-436-2002 (voice - administration)  
617-288-1054 (voice/TTY - hotline)

**Abused Deaf Women's Advocacy Services** is the only agency of its kind in the United States. ADWAS publishes a newsletter and other publications. Contact them at: 2366 Eastlake Avenue East, Suite 201 Seattle, WA 98102-3366, phone 206-726-0093 (TTY), 206-726-0017 (fax).

**DisAbled Women's Network (DAWN)** is a province-wide organization for women with all types of disabilities. DAWN has published several resource manuals for shelters and other programs to assist them to become more accessible to women with disabilities. A publication list is available. Contact DAWN at: 123 Edward Street, Suite 1112, Toronto, Ontario M5G 1E2, Canada. Phone 416-598-2488 (voice/TTY), 416-598-2433 (fax), 800-561-4727 (outside Toronto only).

The **Justice Institute of British Columbia** produced a training package (including a video and curriculum) for police and prosecutors, entitled: *Charting New Waters: Responding to Violence Against Women with Disabilities*. Contact the Career and Community Studies Division, 715 McBride Boulevard, New Westminster, B.C. V3L 5T4, Canada, phone 604-525-5422 (voice), 604-528-5640 (fax).

The **National Association for Protection and Advocacy Systems** offers referrals to federally-mandated programs advocating for the rights of people with disabilities, especially those with developmental disabilities and psychiatric disabilities. Contact: 900 Second Street, NE, Suite 211, Washington, DC 20002, phone 202-408-9514 (voice), 202-408-9521 (TTY). You can also find a list of state contacts at their Web site:

<http://www.protectionandadvocacy.com>

Every state has an **Adult Protective Services** agency (similar to Child Protective Services) that investigates allegations of abuse against the elderly. In some states, there are also agencies that will investigate abuse against persons with disabilities aged 18-65, but usually only people who are "dependent" on caregivers, and in some cases limited only to persons with developmental or psychiatric disabilities and served by state systems. You can look in the government section of the phone book for "Adult Services" in the Social Services agency, or call your state Protection and Advocacy program.

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