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Intimate partner violence and women with disabilities

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INTIMATE PARTNER VIOLENCE AND WOMEN WITH DISABILITIES

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A Research paper
Submitted in Partial Fulfillment of the Requirements for the
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RESEARCH PAPER APPROVAL

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CHAPTER 1

INTRODUCTION

The women's movement initiated reforms on women's issues of voting rights, reproductive rights, equal pay, sexual harassment, sexual violence, maternity leave and domestic violence. Legislation has been instrumental in changing the quality of people's lives. The Rehabilitation Act of 1973 granted civil rights of people with disabilities making their rights protected by law. Having a disability was considered abnormal and shameful. People with disabilities have pushed for recognition that their disability is part of their identity According to the United Nations General Assembly, persons with disabilities have the right to be respected for their human dignity, to the same fundamental rights as their fellow citizens, to the same civil rights as other human beings, to have access to measures designed to enable them to become as self-reliant as possible, to medical, psychological and functional treatment, the right to develop their capacities and skills to maximum their social integration or reintegration, to economic and social security and to a decent level of living, and according to their capabilities, to secure and retain employment or to engage in a useful, productive occupation in which they would get paid for, the right to join trade unions, to have their special needs taken into consideration at all stages of economic and social planning, to live with their families or foster parents , to participate in all social, creative or recreational activities and not be subjected to differential treatment other than required by his or her condition, to be protected against all exploitation, all regulations and all

treatments of discriminatory, abusive or degrading acts, and to have legal representation when necessary of qualified persons.

According to the National Center on Elder abuse, 97% of individuals 25 or older with activity limitations experience twice the rate of victimization as compared to those without them (NRCA, 2015). In, 2010 the victimization rate for people with disabilities was triple the rate of persons without disabilities (Bureau of Justice Statistics, 2011). Women with disabilities are twice as likely to experience abuse in comparison to women without disabilities and women with disabilities who experiencing intimate partner violence (IPV) tend to stay longer in abusive relationship than women without disabilities (Krug, Dahlberg, Zwi & Lozano, 2002). Women with disabilities face unique barriers different from women without disabilities such as the forms of abuse. Some forms of abuse may include withholding of medications, caregivers refusing to assist as an act of punishment and control, intentionally causing pain during care, intimidation, manipulation, abandonment, social isolation, restriction from use of assistive devices such as wheelchairs, canes, bedpans and any devices needed for daily living activities.

Some silent victims of IPV could be women who have disabilities of mental illness, cognitive impairments, physical disabilities and hearing impairments. These women tend to tolerate abuse only as means to survive, or they simply don't understand they are being abused. Untreated mental illness further compromise a woman's ability to respond effectively to abuse and other unsafe situations (Hoog, 2004). Less than half of all safe homes, shelters and transitional housing in the United States provide mental health services to IPV survivors (Douglas & Hines, 2011). Learned helplessness may be a survival mode. Women with disabilities often stay because they face overwhelming problems when trying to flee. A sample of 200 adult women with disabilities indicated 67% had experienced physical abuse and 53% had

experienced sexual abuse (Powers, Curry, 2002). If the women with disabilities can find accessible shelter then the dilemma of who will take care of their daily living needs, mobility issues and communication barriers from human service worker who are not educated on the specifics of certain disabilities may arise. The lack of options for escape and for receiving assistance from programs for battered women must be reevaluated. IPV has been recognized as a major contributory factor to homelessness (Gale, 2012).

Statement of Problem

This paper serves as an investigation into ways of helping improve the quality of life in women with disabilities who experience intimate partner violence. Women and girls with disabilities are more vulnerable to sexual abuse (Ballan, 2014). Believability, repercussions of abuse, fear of abandonment, lack of another caregiver, communication barriers, accessible shelter and leaving children behind all are factors in the decision for a woman with disabilities to stay in an abusive relationship. Society has not met the needs of service delivery for women with disabilities who experience intimate partner violence. The intention of this paper is to review the current literature regarding program barriers, and to identify effective ways to improve the quality of life of women with disabilities who experience intimate partner violence. Human service workers need to be educated and trained to communicate with people who have special needs and trained in what to look for as signs of abuse in women with disabilities who experienced intimate partner violence and also to accommodate any special needs that may arise in women with disabilities. On an average, 24 persons per minute are victims of rape, physical violence and intimidation by an intimate partner (Spivak, Jenkins, Van Audenhove, Kelly, Lee & Iskander, 2014).

Significance of the Problem

Approximately, 14.8 million adults received assistance with activities of daily living in 1995 and 30% of adults with disabilities who used personal assistance service reported one or more types of mistreatment such as financial abuse or physical abuse by their primary provider and adults with lower income were more likely to experience mistreatment (Oktay & Tompkins, 2004). This statistics demonstrate IPV in women with disabilities are three times more likely than men to experience injury from partner violence. Women are more likely to experience severe physical and sexual violence and 24% from a partner and twice as likely to be killed (Spivak, Jenkins, VanAudenhove, Kelly, Lee & Iskander, 2014). There is a definite urgency of implementing ways to adequately address this population and improve their quality of life. Women with disabilities are very vulnerable as they depend on their caregiver for basic needs.

Purpose of the Project

The purpose of this literature review is to examine the available resources and accommodations that are available to women with disabilities who experience intimate partner violence. In addition, this review will discuss the training and program development as it related to women with disabilities who experience intimate partner violence. This will be accomplished by an analysis of the research that has been conducted involving the services provided to women who experience intimate partner violence. The specific questions that will be addressed:

1. What are specific types of abuse that women with disabilities may experience?
2. What are some aspects of being a vulnerable adult?
3. What effect does IPV have on medical cost for society?
4. What limitations do health professional face when assessing women with disabilities?
5. What are some clinical factors of IPV and women with disabilities?
6. What are some specific program components that are needed to adequately address this

population?

Definition of Terms

According to the Social Security Administration to be disabled, a person must not be able to engage in any substantial gainful activity (SGA) because of a medically-determinable physical or mental impairments: That is expected to result in death, or that has lasted or is expected to last for a continuous period of at least 12 months.

Intimate partner violence is defined as physical, sexual or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same sex couples and does not require sexual intimacy (CDC, 2015).

Limitations

The purpose of this project is to review the current literature regarding women with disabilities who experience intimate partner violence and to provide more effective ways of identifying IPV in women with disabilities and enhance their quality of life. This may be used a reference guide for service, it is not a treatment plan as it may not cover specific details of every disability.

Plan of Operation

The resources available for this project include the Southern Illinois University at Carbondale, Illinois, the internet, professional colleagues and the faculty of the Rehabilitation Institute of Southern Illinois University at Carbondale, Illinois. This critical analysis of research will be completed by the end of the spring semester 2015.

CHAPTER 2

STUDIES AND RESEARCH

Intimate partner violence and women with disabilities

This section examines the literature on the prevalence of Intimate partner violence with women who have disabilities and its implications. A service model for the physically disabled woman was also reviewed.

The authors, researchers in the Department of Psychology at Gallaudet University included data from a study on the psychometrics of a Revised Conflict Tactics Scale examining the prevalence of IPV in the deaf community, in combination with the presence of IPV in deaf college students in order to test their hypothesis that deaf female college students who had been in one relationship within the past year were twice as likely to have experienced victimization than hearing undergraduate female college students. They found their hypothesis was strongly supported by the data that deaf college female students do experience victimization twice the rate than hearing female undergraduates but the deaf reported more psychologically aggressive victimization. The study may not be a true representation of the deaf community because it only had a sample of 100 deaf undergraduates' students which means the sample may not be large enough to be accurate (Anderson & Leigh, 2011).

This study examined the family, medical and social background of women with disabilities that have experienced IPV. The types of disability related abuse was discussed such as withholding medication, psychological abuse, denying needed support and several forms of physical abuse included being kicked, spit on and punched and also demonstrated that women with disabilities are more likely to be abused for longer periods of time. The study included examining client files of a disability-specific nonresidential domestic violence program (Secret

Garden, New York city). The requirements to be included in the examination was the participants had to at least 16 years of age, diagnosed or self-diagnosed with a disability, have current or previous experience with domestic violence. The findings showed half of the women with disabilities were married and 2/3 had children, half of the sample had childhood physical or sexual abuse, 72 had a psychiatric disability and were likely to be survivors of childhood sexual abuse, and 6% employed. These factors could be influential in why women with disabilities stay. Physical and emotional dependence could be a barrier and the thought of leaving their children behind because they aren't mentally or physically able to take care of them could be instrumental in deciding to stay in the abusive relationship (Ballan, Freyer, Marti, Perkel, Webb, & Romanelli, 2014).

The author, researchers at Villanova University College of Nursing included data from the Walker's Cycle of Violence, which demonstrates the cycle of abuse for non-disabled persons and compared it to a study of the experiences of physically disabled women. The ages of the women were between 36 and 56 years old and all had previous experience with IPV after becoming disabled. It is important to note that at the time of the study none of the participants were living in the home with the abuser anymore. The Walker model demonstrates the cycle of abuse starting with the tension building phase, acute battering phase then the honeymoon phase in which the abuser shows remorse and concern about their actions. This cycle is proposed to be continual until intervention or death. The proposed model for partner abuse in physically disabled women goes as follows; 1 Stressors, 2 Stressors exceed the abusers ability to cope, 3 Abuse, 4 Distraction or separation (as if nothing has happen), 5 Return to their normal. The most important differences in the two models were the honeymoon period and the lack of honeymoon period, the study indicated that perpetrator who abused the women with disabilities showed no

remorse as if to really think they did nothing wrong and maybe that the women deserved to be treated sub humanly. In this study the abuse stopped when the women with disabilities no longer lived with the individual. Society could focus on more effective ways of empowering a women with disabilities so that they can have options whether to stay or leave. Some options were mention in the article of education of assistive devices, to promote more independence, community programs, and mental health programs (Copel, 2006).

The study examined the problem of women who experience victimization may also be at risk for further victimization. Specifically if a woman is stalked the study suggests the stalker may exhibit other controlling and coercive behaviors. The study suggests that there is association between stalking, sexual violence and physical victimization. A study of participants randomly chosen from a list of the census regions used random digit dial (RDD) and computer assisted telephone interviews. The specified population was the woman had to be over 18 and have a home phone and also chosen from the list and questioned about their experiences of intimate partner violence. The findings were conclusive that there is an association between the crimes. If a women is exposed to one kind of abuse then most likely she will experience other forms also. The abuser does not just stop at one behavior (Krebs, Breiding, Browne & Warner, 2011).

The study included data from the Massachusetts Youth Health Survey of 2009 to examine associations between dating violence and selected health indictors among high school girls with disabilities to prove their hypothesis of high school girls with disabilities are more likely to experience dating violence than those without disabilities due to their disability. A survey was conducted in 52 public high schools and the schools were chosen at random. The questions on the survey referred to disability status and experiences with dating violence and other demographics. The findings demonstrated that girls and boys with disabilities were more

likely to experience physical and sexual dating violence compared to those without disabilities. Girls with disabilities were 3.6 times more likely to experience dating violence than non-disabled girls. These findings indicates the need for IPV education and prevention to begin early and development for resources for teens There was a limitation in this study because students with certain disabilities could not take the survey due to how the testing was set up , no help for others was a criteria. The data was also self-report and might not be accurate depending the time period that has lapsed since the episode had happened. The study showed that poor decision-making, health risks and mental health are associated with dating violence (Mitra, Mauradian, & McKenna, 2012).

The authors, researchers at Monash University, Victoria University and Northern Area Mental Health included data from a study at economic disadvantage adult mental health service in Melbrone, Australia to examine the impact of family life and relationships for mothers with mental illness and whether the experiences were positive or negative to prove their hypothesis that family support and contact is important in recovery. The article discussed how a woman with mental illness might experience a variety of difficulties. Abuse has been found to be related to mental health conditions, psychotic disorders, depression and substance abuse. The findings demonstrate that family involvement is very beneficial for women with disabilities (Perera, Short, & Fernbacher, 2014).

The author, researchers at the School of Social Work of Salem State College included data from a 1995 study examining IPV and labor force participation among women in a low income neighborhood in Chicago, Illinois and examined how it related to women who receive SSI or disability benefits to support their hypothesis that women with disabilities are more likely to experience IPV than women without disabilities. They found their hypothesis to be supported

by data indicating that women with disability do experience more physical violence and threats as opposed to non-disabled women. Some limitations of the article are that the results were only from women who were receiving services and the article did not specify what type of disability the women may have when they evaluate the evidence. Also the participant's honesty and confidentiality may have been compromised due to lack of privacy while doing the interview (Slayter, 2009).

Treatments

This section will review the available literature on screening tools for IPV and how it relates to women with disabilities who experience IPV. The abuse cycle of women with disabilities was also examined.

The article examined data from a survey of women who attended family practice clinic from 1997 to 1998. The survey was done in clinic and by telephone to assist in evaluating the women's IPV experience, chronic disability status and health. The purpose of the analysis was to explore the association between IPV, disabilities that prevented the women from going to work and timing. The women in the study were insured by Medicaid or a managed care provider. Assessment scale were used to determine timing of the abuse, prevalence of abuse that prevented the women from going to work and the present of abuse in most recent or current relationships. Assessment scales were also used in determining disability status. The findings concluded that women on Medicaid experienced 55% higher medical cost than women who had not experienced IPV. The study suggests violence may contribute to disability and disability may contribute to vulnerability. Early identification and education may reduce injuries and cost for society. The article suggests more effective abuse screening could prevent long term health

problems including some disabilities that may have been caused by IPV (Coker, Smith, & Fadden, 2005).

The study examined the prevalence of IPV in the deaf community. The study used an online survey of deaf or hard of hearing women of past and present relationships. The study addressed whether the partner or respondent had additional disabilities, who they discussed their problems with, past relationships and whether the women sought help in the past and from whom. The findings revealed 43.9% of the respondents experienced IPV in previous relationships and that tension, lower income and the fact that the partner had disabilities was a factor. The ability to communicate through an interpreter or directly to staff was instrumental in the deaf or hard of hearing women seeking services (Crowe, 2013).

The author, researcher at the School of Nursing at Oregon Health & Science University examined data from the Abuse Pathways model, which was developed from life histories research of women with physical disabilities who experienced IPV. Studies indicate women with physical disabilities experience care related and disability forms of abuse and for longer periods of time than non-disabled women. The purpose of the article was to provide a summary of the model. The model was developed from the data of the life histories. Social devaluation may contributed to why the women with disabilities entered into the abusive relationship initially, Getting in, May have involved different forms of multiple abuse, Tradeoffs may have been just settling for some form of companionship or help, Breaking point may involve thinking about leaving, Building and support involves the actual planning to leave, getting alternative care givers and support networks and The Getting out stage may cause the women to stay due to lack of resources or escape if appropriate resources are in place(Phillips, 2005).

The study examined the screening tools for identifying IPV for women of child bearing age, elderly and vulnerable adults. A vulnerable adult was defined as a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired because of mental, emotional, long term physical or developmental dysfunction or brain damage. Types of abuse may include abandonment, physical abuse, neglect, emotional and psychological abuse and financial exploitation. Sexual abuse is 4 times more likely to happen to women with disabilities. Some of the current screening tools for IPV are HITS which assesses hits, insults and threats, OAS/OVAT is an ongoing violence assessment, STaT screens for slaps threats and throws, HARK screens for humiliation, afraid (fear), rape and kick, CTQ-SF is a modified childhood trauma questionnaire which screens for abuse in children and the WAST is the woman's abuse screen tool (Mayer, 2013).

The U. S. preventive task force found no reliable and valid screening tools to identify abuse of vulnerable adult or the in a primary setting. It is suggested that screening is not done routinely because there is a need for specific guidelines and access to tools to screen vulnerable adults. Lack of data of the population may be from vulnerable adults not being accounted for in studies due to cognitive impairments, lack of mobility, shame, and fear of repercussions of abuse being found out, fear of abandonment, believability and guilt. The American Medical Association and the American Academy of Neurology both have guidelines on screening elderly patients for abuse. The American Congress of Obstetricians and Gynecologists recommend all women pregnant or not to be screened for IPV. There are no studies according to this article that indicate there are guidelines for screening women with disabilities who experience IPV. Additional research and guidelines for screening could improve outcomes in interventions and reduce IPV for vulnerable adults (Mayer, 2013).

The author, researcher implemented the Healthcare can change from within model in four family medicine outpatient clinic, one pediatric outpatient clinic and one emergency department . Physicians and nurses worked together with two IPV agencies to design two training programs and a clinical tool kit for assessing and implementing strategies to help IPV victims. The first training involved 20 hours on the definitions and dynamics of IPV, the role of medical personal has on preventing and ending IPV, information on health status of IPV victims, safety planning, barriers to identifying victims in health care setting, information on children being exposed to IPV, Info on community resources, the relationship of IPV. The results of the training also included changes in screening and intervention that are necessary, displaying of posters and literature on IPV and constant educating the public of the seriousness of IPV. The end result was an improvement in the rates of IPV at the chosen study sites (Ambuel, Hamberger, Guse, Lange, Phelan, & Kistner, 2013).

CHAPTER 3

DISCUSSION

Based on the research women with disabilities clearly experience IPV and at higher and longer levels than women without disabilities. United States has made great effort in ensuring the civil rights of persons with disabilities. Legislation has been pasted to prevent ill treatment and discrimination of persons with disabilities. The Rehabilitation Act has improved the lives of many disabled persons but what about the silent victim? This victim is the woman with disabilities who has not been heard with no fault of her own. Impairments of cognitive abilities, intellectual disabilities, mental illness, being deaf and being physically disabled presents different barriers in seeking services (Copal, 2006).

Communication may be an issue whether or not the women understand the dynamics of abuse or has access to an interpreter (deaf) to adequately convey what needs to be understood. Women with disabilities experience twice the rate of abuse than a nondisabled woman. The screening tools are designed for non-disabled women without the consideration of the special needs that a women with disabilities may have (Phillips, 2005). Women with disabilities rights are clearly violated with them not being able to have a decent level of living. The proposed physically disabled model suggests that the abuser has no remorse in comparison to the Walker model in which there is a honeymoon phase. The honeymoon face is when the abuser acknowledges his or her wrong. The difference in this model is frightening. According to the study, the only way the abuse stops is when the women with disability is no longer living with the abuser (Copel, 2006). The previous devaluation of persons with disabilities in society could have an impact on how people still regard persons with disabilities. Dependence on a caregiver

for daily living activities may cause stress, especially if the caregiver is an abuser. Control tactics may be things like withholding medication, refusal to give assistance, to the silent treatment.

Some strategies of implementing help women with disabilities is to constantly educate the public thru social media, acknowledgment of the differences in the type of abuse the women with disabilities may experience. More defined guidelines for service providers about disabilities and convey the message of specific indicators that abuse is present. In addition to Accessible to shelter with service for the mental ill, alternative caregivers within domestic violence shelters if the women has to flee. Disability sensitive counselors on hotline and in shelters. Small towns could start doing safety checks on those who they know have a disability. Big changes start small. Rehabilitation counselors could do safety checks on those do receive SSI or disability related income. There is clearly a need for more research and program implications. The silent victim needs to be heard.

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