

HOME TRUTHS

Stop sexual assault & domestic violence – a national challenge
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The health impact of violence: A disability perspective

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Nationally and internationally there is an almost unanimous consensus among researchers that women identified as having a 'disability' experience violence and abuse at a much greater rate than the rest of the population. Although there is no absolute agreement on the true extent of this violence it is generally agreed that women with disabilities are victimised at rates of at least twice that of the general population. Not only are women with disabilities at greater risk of abuse, abuse can be the cause of disability.

The World Health Organisation's (WHO) Report on Violence and Health (2002) highlighted violence, including partner abuse, as a serious global public health problem causing grave health damage to individual people, communities and countries. As we have heard from Kim Webster Vic Health's report Burden of Disease found that intimate partner violence has wide-ranging and persistent effects on women's physical and mental health.

It contributes 9 per cent to the total disease burden in Victorian women aged 15-44 with 60 per cent of this burden attributed to mental health.

It is the leading contributor to death, disability and illness in Victorian women aged 15-44, being responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity.

Numerous studies have shown that abuse accounts for a substantial proportion of the injuries that bring women to hospital emergency departments. Abused women are more likely to present with physical symptoms, such as headache, irritable bowel syndrome, and chronic pelvic pain, than nonabused women. The prevalence of psychological problems, such as depression, suicidal behaviour, and substance abuse, is higher in abused women as well (Morris & Recher 2000).

Violence is cited as a pregnancy complication more often than diabetes, hypertension and or other serious complications (Pan-American Health Organisation 2000). Repeated physical abuse can result in foetal fractures, maternal and foetal haemorrhage, rupture of the uterus, liver, or spleen, premature separation of the placenta, or premature delivery of the foetus. Abuse and traumatic shocks to the foetus may occur during the second trimester when the baby's brain is developing and important nerve connections are forming. Further research is needed on the long-term effects on the brain of repeated exposure to violence in the womb (Corry 1999).

While pregnancy has become a recognised 'risk factor' of intimate partner violence I am unaware of research that includes the risk disabled women who are pregnant face. An Australia research study undertaken on women with disabilities found:

- 36% of disabled women received negative reactions to their pregnancy from others, compared to 9 per cent of non-disabled women
- the same study found 20 per cent of disabled women were advised by their doctors to have an abortion, compared to 0 percent of non-disabled women.

With such negative reactions to their pregnancies how would any woman with a disability experiencing family violence feel about disclosure?

US researcher Dick Sobsey (1994) explores how the crossover of domestic violence and disabilities brings up two unique cause and effect scenarios:

- The first is the impact of abuse on a pregnant woman and her increased chances of giving birth to a disabled child.
- The second is the issue of the number of domestic violence victims who become disabled as a result of the abuse perpetrated upon them.

In relation to pregnancy Sobsey (1994) says that abuse of mothers during pregnancy causes an " unknown number of disabilities in their children". He asserts that various studies show that between 4% and 23% of women are abused during pregnancy. Those who are beaten are twice as likely to have complications in their pregnancy than pregnant women who experienced trauma as the

result of falls or car accidents (Erwin 2000). This is obviously a cause for alarm.

- How many babies are born with disabilities as the result of family violence?
- Domestic violence within families correlates to increased risk of child abuse.

We need to acknowledge that the rate of abuse of children with disabilities is also higher than for non-disabled children.

Disabled as a result of family violence your disability increasing your vulnerability to experiencing acts of perpetrator violence throughout your entire lifetime.

- "Disciplining" babies by shaking them is a major cause of brain injury and death in infants (NCFV 2002).
- Children who are abused almost always exhibit forms of post-traumatic stress and have four times the likelihood of mental health disorders compared to children without abuse histories (Doe, O'Toole & Kafer 1999).

How many women experience permanent disability as a result of family violence? Well we don't know. No one is counting.

What we do know is family violence can cause traumatic injury and lasting disability. Women have cited violence by partners as the cause of actual physical disabilities such as loss of vision, loss of mobility to the more hidden trauma, including head injuries, cognitive problems, and Post Traumatic Stress Disorder (PSTS). All forms of abuse are emotionally traumatic and can leave psychological scars from which a victim/survivor never fully recovers (NCFV 2002).

Women with disabilities write:

We are women of broken spirits, broken bodies and broken minds. Not so much because of impairment or disability, but as a result of violence. The hard facts are that more than half of us will have some form of violence perpetrated upon as women with disabilities. A third already experienced abuse as girl children. Our spirits and minds can be affected forever by this type of violation because we can never look at ourselves again and know a life as risk-free. For nearly ten percent of us our disabilities are intimately

... tied to our experiences of violence because we were shot, shaken, blinded, beaten or psychologically tortured. Our paralysis, our mental illness (so labelled by professionals) and our lack of self-esteem are tied to trauma and the inability to live again as someone free of violence (Doe, O'Toole & Kafer 1999).

Intimate partner abuse increases a woman's long-term risk of a number of health problems, including chronic pain, physical disability, drug and alcohol abuse, depression and mental illness. Mental illness ranks number one as an illness causing disability. The World Health Organisation estimates that in 15 years, depression will be second only to heart disease in causing disability worldwide.

Damage to a woman's mental health by family violence and/or sexual assault can be severe. In addition, the response by health services, including mental health services, can often be uniformed and inappropriate. At worst, these services can re-traumatise, re-victimise, stigmatise or be unwittingly drawn in to the abuser's web of control, further harming the woman's emotional self.

One woman wrote of her experience:

I believe the big difference for a woman with a disability experiencing domestic violence is that people just don't believe you. They still have this underlying assumption that the able bodied partner is wonderful taking on a person with a disability. In my case it fed his ego. I was astounded by the number of people who didn't believe my fear when I eventually told them. They believed I was overacting 'HE' had done so much for me over the years. All the lifestyle improvements I advocated for myself, but the community perception was he had done it all. But the biggest problem was the emotional consequences of the abuse. Every part of your disability increases because of your anxiety. The increased effects and pure exhaustion make it very difficult to share your experience. When I did seek help, people assumed all my symptoms were related to my disability rather than believing that there were other causes such as the long-term abuse I had experienced.

Many women report that the disability itself was often used as a target of the abuse. For example, one woman with a psychiatric disability was told by her partner that she had not recall events

accurately because of her illness. Here, the partner used the women's illness to suggest she was making up abusive events that had actually happened.

A 1994 study completed by DAWN (a feminist disability organisation) in Canada revealed that almost two-thirds of their sample of 391 women with disabilities had considered suicide, and almost one third of those had attempted it (Masuda, 1995 Gill, 2002). Some observers relate disabled women's despair to social devaluation, the high incidence of abuse experienced, and the fact that society largely prevents them from stepping into desired roles of mother, partner, and worker.

Suicide is often perceived as a self-inflicted act that an individual woman does to herself. However, the study found that women with disabilities consider or attempt this final solution due to the externally caused wounds of their lives. Women are resorting to suicidal behaviour because of the despair and frustration of being unable to find the resources that allow them to live full lives. The research showed that all kinds of abuse are significantly related to suicidal thought and attempts. Therefore, suicide needs to be placed on the continuum of violence and abuse (Masuda, 1995).

Whether disabled from birth, acquiring your disability through illness, injury, accident or the trauma of abuse once you have a disability you are at greater risk of abuse.

All women are vulnerable to violence. However, the risk and impact associated with violence is compounded if a woman is socially marginalised or living in poverty (Gurr et al, 1996). Women with disabilities are vulnerable to abuse at all stages of their lives because they are women and because they have a disability. Growing old increases the likelihood of becoming disabled, which can increase the likelihood of abuse.

More often than not, women with disabilities live in a state of poverty. They are dependent on government pensions, are offered limited access to education, lack access to appropriate information on rights, experience a lack of choice in housing and transport, may be dependent on others for self-care, and live restricted social lives. It is this deprivation of experience and opportunity, and level of social and political discrimination, that renders women with

disabilities more vulnerable to violence, rather than any actual experience of an 'impairment' (Jennings 2003).

Women with disabilities would want us to frame our understanding and action on the experience of disability within a social model which sees disability as a social construct, in the same way that gender is a social construct. The experience of being a woman and having a disability takes place within a social context. Women with disabilities face a double disadvantage: as women they are discriminated against on the basis of gender, and as people they are discriminated against on the basis of their disability.

Violence against women is compounded by a society which disempowers women with disabilities by excluding them from community life, denying them opportunity or access to real education, denying access to political decision-making, and by all too often ignoring the violence.

Prevention and raising community awareness in relation to family violence and sexual assault has historically relied on the activism and involvement of women within the community. Many women with disabilities have expressed anger about their limited opportunities to participate in this community activism. The women's movement has largely failed to recognise disability as a feminist issue and the disability movement for the most part has ignored gender. Meekosha argues that gendered and disabled bodies must be central to feminist analysis because they offer a site for the study of the major contradictions of the social, psychological and political (Meekosha, 1998 Howe 2000)

If policymakers, researchers and service providers where to target their efforts towards the women and children most vulnerable and marginalised in experiencing family violence and sexual assault they would be targeting women and children with disabilities.

Most crisis services are still inaccessible and unaccommodating to women with mobility, sensory and cognitive disabilities. The sad truth is that many women with disabilities are forced to stay in dangerous situations because they have been excluded from the safe places other women have provided for each other (Gill 2002). Anecdotally some women with disabilities have strong reservations about approaching domestic violence services, reporting being so

distressed with their experiences that they would not be comfortable attempting to use these service again.

Many women with a disability find themselves diverted to limited and segregated services because women's services and generic agencies have not fully addressed the requirements of access and inclusion. It is clear that resources, attitudes and narrow prescriptions of responsibility are often the reasons for maintaining excluding practices. Defining these factors rather than always hiding behind the additional 'cost' to resource access would be a useful starting point in the development of inclusive practices across the service sector (Jennings 2003).

Equal opportunity is founded on the principle that all people in the community enjoy the same level of access and equity. What makes the difference in achieving real access and real equity in agencies are the attitudinal factors. Women with disabilities require a commitment from family violence services the police and justice system to ensure all women and children receive the support they need when escaping violence (Jennings 2003).

Currently in Victoria there are a number of initiatives that are looking at reform responses to family violence. But where is the voice of women with disabilities? The Statewide Steering Committee to Reduce Family Violence has no representation of women with disabilities. The new Family Violence Division of the Magistrates Court will develop a strategy for indigenous and CALD communities no mention of disability. The much awaited Victoria Police Code of Practice was released a couple of weeks ago. The code has a section on referral information there is a contact for immigrant women, indigenous women, and lesbian women. These contact agencies are under resourced and over worked however they do provide an opportunity for issues affecting the marginalised women, they represent, to be heard. No contact for women with disabilities is included in the Police Code of Conduct because there is no contact agency.

Who will provide the voice of women with disabilities in the forthcoming DV Vic protocols or at The Victorian Law Reform Commission Reference on the *Crimes (Family Violence) Act*. The DVIRC project Violence Against Women with Disabilities is funded until the end of this month it has attempted to raise the impact of perpetrator violence on women with disabilities. The state

government is yet to share what, if any, ongoing response they have to domestic & family violence and women with disabilities.

Please let me remind you:
International research indicates that:

regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women, yet are much less likely to receive assistance or services if they experience violence (WWDA 1998).

Individually we can make a difference collectively we can create change.

Women with disabilities the invisible victims need each and every one of us in this room and **more** to take action against the violence perpetrated against them.

I would like to end with a quote from Lesley Hall a feminist & Disability Activist

"...I want my voice to be heard. I want to be heard as a person. I want to be listened to because I have expertise -expertise that has been gained through a lifetime of having a disability. I want to be listened to, respected, regarded as the person who knows what is best for myself. I do not want other people to talk on my behalf - unless they have my permission. I do not want to be patronised. I do not want to be treated as unequal because of my disability or because I am female,"

(Hall, Lesley, " Disability rights movement revisited - the role of women " , in Oyster Grit: Experiences of Women with Disabilities , VWWDN)

What Lesley is speaking about is the essence of empowerment
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To be empowered is to be listened to

Respected

Regarded as the person who knows
what is best for one self

Has control over who speaks on your behalf

Is to be treated fairly and equitably free from discrimination

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