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Abstract

This paper argues that there are unique issues for women with disabilities who are abused or subjected to acts of violence. Not only are women with disabilities more vulnerable to abuse but they are even less able to seek recourse to help. The paper offers an analysis of violence committed against women with disabilities and explores some key issues such as myths held by society about women who have disabilities. **Keyword: Women**

Invisible Acts:
Violence Against Women with Disabilities

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This paper argues that there are unique issues for women with disabilities who are abused or subjected to acts of violence. Being relegated to a marginalised status by their disability and further discriminated against through their gender, these women score 'two strikes'. One consequence of this is that they are rendered invisible in both disability and women's movements. This invisibility of identity not only exposes women with disabilities to grave risks of physical, emotional and sexual abuse but also limits their chances of obtaining support from existing services for other victims of violence. Adopting a feminist critique of disability, this paper offers an analysis of violence committed against women with disabilities and explores some of the key issues fundamental to a societal response to such violence.

All women regardless of age, ethnicity or class can be the target of violence. Through the efforts of the women's movement, the definition of violence towards women has expanded from a consideration of violent crimes such as assault, rape and murder to more pervasive and insidious forms of violence such as verbal abuse, restraint by drug use, unwanted surgery or systems abuse. The issue of violence against women is starting to receive local and national attention. The Federal Government's initiative, the National Committee on Violence Against Women and the Queensland Government's recent policy statement, 'Stop Violence Against Women' illustrate this attention.

This paper focuses on the more overt forms of violence - abuse, assault, rape and sexual abuse. While the abuse of women with disabilities via more insidious means such as the over-prescription of psychotropic drugs, sterilisation of young women and girls are serious incidents of violence requiring more scrutiny by academics and the public, they are not the subject of this paper.

An examination of the disability literature of the past five years reveals two distinct but hitherto separate discourses. Firstly, there is increasing research and documentation of the physical and sexual abuse of people with disabilities. Secondly, a feminist critique of disability has gathered momentum both in the literature and in other forums. The contributions of these two areas will now be examined in more detail.

Abuse and Assault of People with Disabilities

There are increasing accounts in the literature and a growing public acknowledgment that sexual abuse and assault of people with disabilities does

occur and that the incidence of such abuse is higher than in the general population (Aiello, 1984-86; Marchetti and McCartney, 1990; Sobsey and Doe, 1991).

Research into the sexual and physical abuse of people with disabilities has been difficult to undertake for a number of reasons. Many people with disabilities are simply unable to voice their complaints and do not have close advocates who can make a complaint on their behalf. Access to persons living in residential facilities or other service settings is not easily obtained since these services are understandably wary about allowing such research to take place. Not surprisingly, the victims of abuse and violence who depend upon services are reluctant to make complaints for fear of losing the support they need.

In reading a number of available general studies of abuse and assault of people with disabilities and extrapolating the data about girls and women, some analysis of the extent of these forms of violence can be made. Summarising a number of recent research studies, Sobsey and Doe (1991) conclude that children and adults with disabilities are sexually abused and assaulted at higher rates than people with no disabilities. In their study of 162 reports involving victims with disabilities, 81.7% of those victims were women or girls. Of the total sample, 49.6% experienced abuse on more than 10 occasions while 20.4% experienced abuse between two and ten times (Sobsey and Doe, 1991). In a summary of several studies of deaf children which accept norms for sexual abuse in the general population of 10% for boys and 25% for girls, Sullivan, Vernon and Scanlan (1987) report that 54% of deaf boys and 50% of deaf girls are sexually abused as children. This represents a rate of sexual abuse of deaf girls which is double that of the general population.

Studies or accounts specifically addressing issues concerning violence towards women with disabilities are much more difficult to locate and are largely anecdotal (eg McPherson, 1991; Womendez and Schneiderman, 1991). It is interesting to note that Canada appears to be at the forefront of this work both in research (eg Doucette, 1986; Firsten, 1991; Hutchison et al, 1992; McPherson, 1991), and in addressing the issues of prevention and services through the work of the Disabled Women's Network (DAWN), a Canadian organisation based in British Columbia. Many of the authors are also members of DAWN.

Temi Firsten's study of 85 women in five Toronto psychiatric hospitals examines the physical and sexual abuse of the women in childhood and as adults, the relationship between the abuse and the diagnostic features in adulthood and the response of staff to abuse while in hospital. She found that 83% of the women reported severe sexual or physical abuse in childhood and/or adulthood. Fifty seven percent (57%) reported physical abuse as children while 37% reported being sexually abused as children. Thirty one percent reported incest, suggesting that the incidence of incest is double for these women admitted to psychiatric institutions. As adults, 60% reported physical assault (50% of those ever married reported assault by husbands) and 38% reported rape or attempted rape. Almost one third reported they had been physically or sexually assaulted while in hospital. The majority of sexual assaults in hospital were by male co-patients. Almost half the women who reported abuse had no documentation of this in their charts (Firsten, 1991). This study

highlights the susceptibility of women labelled with psychiatric disorders to further abuse and ineffectual or even harmful treatment interventions because the abuse is not recognised. A similar pattern is reported by Jacobson and Richardson (1987) who found that 81% of women admitted to psychiatric care had been physically or sexually assaulted prior to admission. In a follow up study of psychiatric outpatients, Jacobson (1989) found similar results - 84% were women.

It could be argued that the link between abuse and psychiatric disability is not surprising. However, the picture for women with other disabilities is fairly similar. Women with a variety of disabilities have been found to be one and half times as likely to have been sexually abused as children as women without disabilities (Doucette, 1986). Boyle et al (1988) estimate that between 39% and 68% of girls with intellectual disability will be subjected to sexual abuse before they reach 18.

According to Sobsey and Doe (1991), the perpetrators of abuse towards women with disabilities reveal similarities to patterns in the general population in that most are men (90.8%) and many are known to the victim (56%). At the Seattle Rape Relief Centre on Developmental Disabilities, 99% of victims have been abused by relatives or care givers (Cole, 1986). However, another more critical characteristic of perpetrators of physical and sexual abuse of people with disabilities is that many come from the ranks of service workers and personal attendants. Sobsey and Doe (1991) report that 44% of abusers had a relationship with the victim related to the disability, ie personal care attendants, residential care staff, psychiatrists, even specialist transport drivers (5.4%) and other people with disabilities (6.5%). Marchetti and McCartney (1990), in their study of abuse within residential settings found that 85% of abuse was perpetrated by non-professional direct care staff.

At Finex House, a Massachusetts shelter for women with disabilities, workers report that some abusers are personal care attendants and further that some abusers *"have purposefully engaged in the work as personal care attendant to avail themselves of their victim"* (Womendez and Schneiderman, 1991). Workers who have been reported as abusers are frequently not dealt with by the police or the law because the victims and advocates do not report such incidents (Sobsey and Doe, 1991). This sets a scene for repeated abuse because an offender will know he will not be reported. Sobsey (pers com, 1992) claims that one perpetrator in a service setting can be responsible for hundreds of acts of abuse.

In summary, we can conclude that women with disabilities face higher risks of physical and sexual abuse and sexual assault both as children and as adults. There are complex issues in detecting the reasons for this heightened vulnerability and determining the most appropriate responses to the prevention of and intervention in violent incidents. The contributions of feminist theory to disability offer insights and some answers in approaching these issues.

Feminist Model of Disability

There are two major feminist critiques in the disability sector at present. One, which is the central theme of this paper, concentrates on the experiences of women with disabilities and the other on women as carers of children and adults with disabilities. This debate is providing a penetrating analysis of the broad policy of 'community care' of people with disabilities as one based on assumptions that women are available to fill the gap between rhetoric and resources (Bowman, 1991; Keith, 1992; Wickham-Searl, 1992).

The experience of women with disabilities themselves as the simultaneous discrimination through having impairments **and** being women are increasingly recorded (Boyle et al, 1989; Hanna and Rogovsky, 1991; Hutchison et al, 1992; Lloyd, 1992; Lonsdale, 1990; Morris, 1989, 1991). All the barriers that women in our society experience are there for women with disabilities. As well, they experienced all the social marginalisation that is imposed on people with disabilities. This amounts to a concentration or pile up of discrimination which is more exponential than merely cumulative. Women speak of this as a 'double jeopardy' (Hutchison et al, 1992) or as 'two strikes' (Hanna and Rogovsky, 1991) or as having an 'added layer of oppression' (Boyle et al, 1988).

This is further developed by Fine and Asch (1988) who describe women with disabilities as being on a 'double pedestal'. Like non-disabled women, they are seen as asexual but to an even greater degree whereby they may even be viewed as saints. At the other extreme, they too, have their dark side as evil and depraved which is further emphasised because they have a disability. The additional oppression means that women with disabilities miss out on some of the positive roles that the pedestal traditionally accords women. Roles such as nurturer, lover, mother; qualities such as soft, lovable, feminine are not ascribed to women with disabilities. Hanna and Rogovsky's survey of college students' attitudes towards *'disabled man', 'disabled woman'* and *'woman'* revealed that images associated with *'disabled woman'* were of someone dependent and impaired *('crippled, almost lifeless')*, old *('grey, white hair')* and pitiable *('feel sorry for, lonely, ugly')*. This contrasted with the qualities ascribed to *'woman'* as sexual *('soft, orgasm')* as workers *('intelligent, career')* and as mother and wife (Hanna and Rogovsky, 1991).

Not surprisingly, this devaluation and prejudice has profound consequences for women with disabilities. In their day to day lives they experience exclusion from the valued through unemployment, poverty, denial of education, having to live in segregated service settings, having few or no friends or simply by physical barriers. They live in a state of heightened vulnerability which results in having no control over one's life, not being taken seriously in important matters such as health care, fertility and reproduction and not having either the opportunity or the confidence to speak out. All these factors have profound implications for their susceptibility to abuse and assault and for the development of policies and services which can prevent and treat the outcomes of such violence.

Women with Disabilities and Violent Acts

Women with disabilities face increased risks of violent assaults but this author believes the reasons for this are not specifically related to their actual disability. Rather, it is the social implications of that disability that provokes their vulnerability to abuse. Taking accounts from women with disability - physical and intellectual, involved in a Queensland network of women with disabilities and other women who support them, and reading other anecdotal material, it is possible to identify a number of myths and assumptions our culture holds about women with disabilities.

- *Women with disabilities are asexual, ie they have no sexuality.*
- *Women with intellectual and psychiatric disabilities are promiscuous.*
- *Women with disabilities should not be allowed to have children because they are not fit mothers.*
- *Women with disabilities who have been sexually abused do not suffer the same trauma as other women when similarly abused.*
- *Women with disabilities should be grateful for any sexual advance made to them because they are so unattractive.*
- *Women with disabilities are just like children.*
- *Women with disabilities do not need to be taken seriously.*
- *Sterilising women with disabilities will protect them from rape.*
- *Women with disabilities who do speak out or make complaints are trouble makers, crazy or led by irrational advocacy groups.*

Stemming from these assumptions, a number of outcomes which increase the risk of abuse and violence are likely for women with disabilities. These can be summarised as follows:

- Many women with intellectual disability miss out on sex education so when abuse occurs they know something is wrong but are not sure what it is (Berkman, 1984-86; McPherson, 1991).
- Women with disabilities often have a learned passivity which is especially reinforced in institutional and residential settings (McPherson, 1991).
- The degree of physical dependency and the fragility of support may prevent a woman from reporting abuse by a care giver. When a woman is dependent upon her abuser for basic personal care, making a complaint may render her even more helpless (Corin, 1984-86).

- Many women with disabilities have to live in institutional or residential settings away from public scrutiny and with little or no access to police, support services, lawyers or advocates. More abuse occurs 'behind locked doors' (Crossmaker, 1991).

- Women in service settings may be exposed to large numbers of personal assistants or support workers.

- Motivated by a need for power and control, offenders choose victims who are unlikely to resist or report. Many women with disabilities fulfil these criteria (Crossmaker, 1991).

- Even when women with disabilities do reach out for help or justice, services such as shelters, domestic violence support services, legal services are often inaccessible or do not know how to respond to women with disabilities (Boyle et al, 1988).

On surveying the evidence, it is apparent that the 'double strike' has indeed serious consequences. Women with disabilities are rendered powerless in a society that basically does not want to hear. The oppression of women with disabilities goes beyond that of other women in that even the female roles with some value attached which are ascribed to women in our culture (albeit dubious in the extent of that value), are not readily accorded to women with disabilities. If she misses out on the wife, mother, career women, lover, nurturer aspects of being a woman, there is little left to accord her even humanness. Instead society depicts women with disabilities as asexual, old, frightening, even as monsters (Waxman, 1991). Added to this is the added vulnerability through not being able to run away or call out or perhaps even understand what is really going on. Deeply rooted in hatred towards people with disabilities and compounded by the cultural oppression of women, abuse and violence towards women with disabilities is easier to inflict. Waxman (1991) asserts that the aim of violence towards these women is not merely to preserve male supremacy but also to preserve non-disabled superiority.

As well, through double discrimination, women with disabilities have not been heard in either the women's or disability movements. They have been made invisible and therefore have no identity and no voice (Boyle et al, 1988; Lloyd, 1992).

The struggle for rights and recognition needs to occur on two fronts - firstly, in the disability sector with those in the service system, policy-makers and in consumer movements and secondly, in the women's movement through women's policy units, women's groups providing services to victims of violence, shelters, support groups. This can happen through women workers in disability services listening to the women with disabilities they work with, talking to other women about the issue and supporting women with disabilities access generic women's groups and events. The women's movement can welcome women with disabilities when they do make approaches to participate. I believe that it will be other women who can take the first steps in including women with disabilities in their activities, providing the avenues for the voices to be heard and making the invisible visible.

References

Aiello, D. (1984-86) 'Issues and concerns confronting disabled assault victims: strategies for treatment and prevention', *Sexuality and Disability,* Vol. 7 (3-4) Fall-Winter, pp. 96-101.

Alder, C. (1992) 'Violence, gender and social change', *International Social Science Journal,* Vol. 44, May, pp. 267-276.

Bowman, D. (1991) 'Public policy ... private lives of women as mothers of children with disabilities', *Interaction,* Vol. 5 (4) pp. 16-22.

Bowman, D. (1992) 'Community Care: disability and gender', Paper presented at the IASSMD Congress, Gold Coast, August.

Boyle, G., Rioux, M., Ticoll, M. and Wight Felske, A. (1988) 'Women and disabilities: a national forum', *Entourage,* Vol. 3 (4) pp. 9-14.

Cole, S. (1984-86) 'Facing the challenges of sexual abuse in persons with disabilities', *Sexuality and Disability,* Vol. 7 (3-4) Fall - Winter, pp.71-78

Corin, L. (1984-86) 'Sexual assault of the disabled: a survey of human service providers', *Sexuality and Disability,* Vol. 7 (3-4) Fall - Winter, pp. 110-116.

Crossmaker, M. (1991) 'Behind locked doors - institutional sexual abuse', *Sexuality and Disability,* Vol. 9 (3) pp. 201-219.

Fine, M. and Acsh, A. (eds) (1988) *Women with disabilities: essays in psychology, culture and politics.* Health, Society and Policy Series, Philadelphia, Temple University Press.

Firsten, T. (1991) 'Violence in the lives of women on psych wards', *Canadian Woman Studies,* Vol. 11 (4) pp. 45-48.

Hanna, W.J. and Rogovsky, B. (1991) 'Women with disabilities: two handicaps plus', *Disability, Handicap and Society,* Vol. 6 (1) pp. 49-63.

Hutchison, P. with Beechley, L., Foerster, C. and Fowke, B. (1992) 'Double jeapardy: women with disabilities speak about community and relationships', *Entourage*, Vol. 7 (2) pp. 16-18.

Jacobson, A. (1989) 'Physical and sexual assault histories among psychiatric outpatients', *American Journal of Psychiatry,* Vol. 146 (6) June, pp. 755-758.

Jacobson, A. and Richardson, B. (1987) 'Assault experiences of 100 psychiatric outpatients: evidence for the need for routine enquiry', *American Journal of Psychiatry,* Vol. 144 (7) pp. 908-913.

Keith, L. (1992) 'Who cares wins? Women, caring and disability', *Disability, Handicap and Society,* Vol. 7 (2) pp. 167-175.

Lloyd, M. (1992) 'Does she boil eggs? Towards a feminist model of disability', *Disability, Handicap and Society,* Vol. 7 (3) pp. 207-221.

Marchetti, A.G. and McCartney, J.R. (1990) 'Abuse of persons with mental retardation: characteristics of the abused, the abusers and the informers', *Mental Retardation,* Vol. 28 (6) pp. 367-371.

McPherson, C. (1991) 'Violence against women with disabilities, out of sight out of mind', *Canadian Woman Studies,* Vol. 11 (4) pp. 49-50.

Morris, J. (1991) *Pride against prejudice: transforming attitudes to disability,* London, Women's Press.

Sobsey, D. and Doe, T. (1991) 'Patterns of sexual abuse and assault', *Sexuality and Disability,* Vol. 9 (3) pp. 243-259.

Todd, A.D. (1984) 'Women and the disabled in contemporary society', *Social Policy,* Spring, pp. 44-46.

Waxman, B.F. (1991) 'Hatred: the unacknowledged dimension in violence against disabled people', *Sexuality and Disability,* Vol. 9 (3) pp. 185-198.

Wickham-Searl, P. (1992) 'Careers in caring: mothers of children with disabilities', *Disability, Handicap and Society,* Vol. 7 (1) pp. 5-17.

Womendez, C. and Schneiderman, K. (1991) 'Escaping from abuse: unique issues for women with disabilities', *Sexuality and Disability,* Vol. 9 (3) pp. 273-279.