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WAVE Thematic Paper

Improving Access to Services for Women with Disabilities

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INTRODUCTION

This thematic paper focuses on the challenges women with disabilities (WWD) face in relation to seeking help from gender-based violence (GBV). The protection of WWD from GBV has been one of the main issues addressed by WAVE and its network members over the years, and is a central focus area in the [WAVE StepUp! campaign](#). To a great extent, WWD are marginalised and discriminated against by society, which also transpires into the lack of access to services for WWD. Therefore, the need for support services is paramount, particularly in regard to having trained staff that can address the specific needs of women with disabilities who are exposed to violence, which in all services involved, including police, shelters, organisations working with people with disabilities, other social workers, etc. The barriers to accessing these services are many for WWD and include everything from lack of access to information in easy-to-read language, braille, sign language, physical access to support services, trained staff at relevant services, etc. In addition, the paper explores not only which barriers WWD face but also recommendations and specific measures that can be done in order to improve the access to support services for WWD.

GBV is a major health issue that brings along both psychological and physical trauma. In addition to causing physical harm, health effects further include chronic stress, anxiety, depression and sleep disorder, and the impacts often remain, even after the abuse has ceased. In addition, substance abuse can manifest or increase as an outcome of the abuse, and can cause further impairments, particularly for WWD (Nosek et al., 1997). To a great extent, WWD are marginalised and discriminated against by society, which also transpires into the lack of access to services for WWD. This lack of access counteracts the Istanbul Convention Article 20 Paragraph 1 and 2, which calls on measures to ensure that all victims have access to support services. WWD can experience the same types of violence as women without disabilities. However, living with disabilities gives rise to additional causes, forms and consequences of violence, and thus call for more extensive attention (Heijden, 2014). This is supported by the IC stating that offences committed against a person made vulnerable by particular circumstances must be taken into consideration as aggravating circumstances (Article 46 Paragraph 1d). A representative survey on WWD in Germany showed that WWD are twice as likely to experience

emotional or physical violence as women without disabilities, and three times more likely to experience sexual violence, proving the high-risk and vulnerable position WWD find themselves in (Schröttle et al., 2012). However, according to a study commissioned by Women's Aid, WWD only make up 7% of all service users in the surveyed domestic violence agencies. In the same study, WWD stated that their disability made the abuse worse and furthermore limited their capacity to escape (Hague et al; 2008).

TERMINOLOGY AND DEFINITIONS

According to Article 3d in the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), GBV against women means violence directed against a woman because she is a woman or that affects women disproportionately. The General Recommendation No. 19 of the United Nations Convention on the Elimination of Discrimination against Women (CEDAW) further states that GBV is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedom as a result of gender inequality (Article 1).

WAVE recognises the different terminology that can be used when discussing disabilities such as 'women with disabilities', 'disabled women' and 'differently abled women'. For the purpose of this report, we will make use of the term 'women with disabilities'. The term 'disability' refers to the marginalisation of some people from society due to social and cultural attitudes as well as physical and environmental barriers. Hence, the challenges and risks that WWD face are direct consequences of the stigmatisation from society, which generates a double burden of discrimination against these women (Heijden, 2014).

Disability comes in many forms and include people with hearing impairment, visual impairment, learning disabilities, mobility impairment, impairment related to mental health, and hidden impairment. Hence, there is not only one type of disability but several, and it is important to acknowledge all forms of disabilities and the challenges. Women with disabilities' access to services ought to be mainstreamed in the sense that all service providers need to consider the challenges these women face in relation to accessing services as stated in the Istanbul Convention Article 20 Paragraph 1 and 2. Due to their high-risk positions, WWD have a great need of women's specialist support services for victims of GBV, and these services are legally bound to provide services to WWD (Schröttle et al., 2012). The need for a GBV approach to violence against people with disabilities is emphasised in IC Article 4 Paragraph 3: "The implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, **disability**, marital status, migrant or refugee status, or other status" and in the UN Convention on the Rights of Persons with Disabilities (CRPD) Article 16 "Freedom from exploitation, violence and abuse".

Risk Factors and how GBV Affects Women with Disabilities

WWD are vulnerable to additional forms of abuse as a consequence of their disabilities, and this combination of disability-based violence and GBV must be considered as an aggravating circumstance as stated in the Istanbul Convention, Article 46 Paragraph c. Abuse specifically related to their impairments is more likely to be 'legitimised' than other types of abuse (Hague et al., 2008). WWD can experience physical violence, sexual violence, and psychological violence, however, because of their vulnerable position there are other risk factors to take into consideration which are usually not considered for women without disabilities. Women with disabilities' experiences and risks of violence are composed of physical, sensory or intellectual impairments, marginalisation from society, and inaccessible environments (Heijden, 2014). Hence, due to structural issues such as lack of accessibility to services, the society is constructing a frame that is actually disabling women rather than empowering them.

The variety of impairments is wide and covers a wide range of disabilities, which can make a substantial difference in the risks and forms of abuse that women face, for instance, as a consequence of their disabilities, these women tend to be less educated, are less likely to be employed, are more likely to be poor and finally, are more socially isolated than women without disabilities (Brownridge, 2006; Nosek et al., 2003). WWD are often highly dependent on their perpetrator, thereby making it much more difficult for them to leave a violent situation. Potential perpetrators who WWD are dependent on include intimate partners, family members, health care providers and personal assistance workers (Plummer & Findley, 2012). As mentioned above, the risk of violence is found to be considerably higher for WWD than other women. The range of disabilities is wide and can make a difference in the risks and forms of abuse that women may face, for instance, disabilities that reduce emotional and physical defences, communication barriers such as hearing or speech-impairment, or that impede the reporting of violence, societal stigma and discrimination, and institutionalisation contribute to disabled women's increased vulnerability to violence (Nosek et al., 2001). Therefore, it is evident to take into account and address the specific needs of persons made vulnerable by particular circumstances and place the human rights of all victims at the centre, as stated in the Istanbul Convention, Article 12 Paragraph 3.

It is a common understanding that women with developmental disabilities and cognitive impairments are most at risk for stigmatisations and are therefore more likely to be victims of abuse, violence and neglect (Powers et al., 2009). Women with intellectual disabilities are found to be more vulnerable and at higher risk than women with other forms of disabilities, inter alia because they are less likely to receive any sexual education, are often socialised to be compliant, are more likely to live in poverty and are often very dependent on caregivers (Barger et al., 2009). They are more likely to be institutionalised and are unlikely to disclose violence as they are often not believed or it is too difficult for them to communicate (Powers et al., 2009). Article 19 of the Istanbul Convention states that it is evident that victims receive adequate and timely information on available support services and legal measures in a language they understand, especially for access to services for women with this type of disability.

Women's mental health can be a risk factor as well as a consequence of violence. Survey research conducted in Cambodia on the impact of disability and partner violence on women's mental health reveals that there is a strong correlation between disability and symptoms of severe psychological distress, and that the presence of partner violence further stresses this relationship (Astbury & Walji, 2012). Social and cultural discrimination and the use of stereotyping may be internalised in women, translating into self-devaluation, poor self-esteem and body image, as well as feelings of blame related to the abuse (Hassouneh-Phillips & McNeff, 2005; Plummer & Findley 2012).

Physical, economic and social dependence is a key factor with regard to gender-based violence. WWD can easily find themselves trapped in abusive relationships because they are economically or physically dependent on their perpetrator (Brownridge, 2006). Consequently, their dependence on others is an evident factor, as this increases the risk of psychological, physical and sexual abuse. Some of the abuse they are experiencing can also be termed as disability-based forms of violence, which stresses how important intersectionality is when referring to violence against WWD, as both gender and disabilities are evident factors in these types of cases. Disability-based forms of violence include, among others, being prevented from using assistive devices such as a wheelchair, being over- or under-medicated, being neglected or refused help or food and misuse or exploitation of personal funds and/or welfare grants (Curry et al., 2009).

Other important risk factors are the social and cultural myths which exists in relation to disability. The myths revolving around disability concerns in particular asexuality and is generating pervasive stereotyping of WWD as asexual. As a consequence of these myths, the sexuality of WWD is often denied or ignored, and is contributing to increasing the probability of victimisation. Furthermore, it is rarely assumed that WWD have intimate partners, which means that intimate partner violence often goes undetected in these cases (Barnett et al., 2005).

Main Challenges

Ableism discriminates against people who are differently-abled and can sometimes be deliberate but it is often unconscious and unintentional. However, the impact of ableism is the exclusion of people who are differently abled from accessing resources and support they need and to which they are entitled. Ableism thus mean seeing the world from a certain point of view, which is defined as 'normal', and it devalues and limits the opportunities available to people with disabilities. By not questioning the assumptions of what is 'normal', the world relegates people who have developmental, emotional, physical and psychiatric disabilities to an inferior status (Hehir, 2007). Challenging ableism within ourselves and our organisations is an important step to ensure that support for victims of GBV is available to all women. This should be remedied through awareness-raising and training of professionals as stated in the Istanbul Convention, Articles 13 and 15.

An EU project "Access to Specialised Victim Support Services for Women with Disabilities who have Experienced Violence" demonstrates that, despite their greater need and their

entitlement to specialist support services for victims of GBV, many WWD are not accessing the services they need and many do not even know that such support services exist¹. It may not be possible for women's specialist support services to immediately provide a full service to every woman who needs help, but it should be possible to provide some level of service immediately and, in cooperation with other professionals from other agencies, provide a much improved service than is currently being offered. The reasons why WWD are less likely to disclose violence or seek help are numerous, and examples of this include: they believe it is normal; they are not able to recognize deficient or poor treatment; mental impairment can make them uncomprehending of what is happening; they have economic or physical dependence on the perpetrator; fear of losing their partner or children; fear of institutionalisation; lack of screening for violence; no awareness on rights; and lack of access to information (Heijden, 2014). Thus, awareness-raising and reaching out to the women in a language they understand is evident in accordance to Articles 13 and 19 of the Istanbul Convention.

Moreover, there are many barriers if in fact WWD decide to seek help. For instance, they may be met with insensitive behaviour by service providers and social workers, if service providers have not been trained to understand the issues faced by WWD, just as disability sector workers might not be trained about the high risk of violence and how to deal with it. Often WWD meet barriers in relation to lack of physical access to shelters, justice system and courts, and are not perceived as credible witnesses. Communication barriers is a great obstacle for women with communicative impairments. Frequently, agencies that help people with disabilities are not networked and cooperating with organisations from other fields such as women's organisations or shelters, which creates service gaps. This means that a woman may be referred back and forth between assault services and disability services without receiving the proper support as she falls outside the guidelines of both agencies.

How to Improve the Conditions

The [WAVE Step Up! Campaign](#) has a special focus on women with disabilities' access to services and has elaborated a [checklist](#) for service providers to clarify how accessible a service is for WWD. First of all, it is evident that the services are grounded in a human rights approach and are based on a social model understanding of disability, and that they, at the same time, are committed to challenging ableism. Studies suggest that disabled women experience abuse for longer periods of time compared to those without disabilities (Nosek et al., 2001; Young et al., 1997) and the greatest barrier to women accessing specialist support services is lack of information on what GBV is and knowledge about where to go for help. It is therefore a priority for specialist support services to ensure that their material is reaching these particular groups of women by using different communication strategies for material such as easy-to-read language, audio text, braille and sign language. Location of distribution is also essential in order to reach these women, and it is therefore a good idea to make the material available at centres and organisations working for people with disability.

¹ <http://women-disabilities-violence.humanrights.at/>

Responses to prevent and address GBV against women in this high-risk group needs to take into account the intersection of gender and disability and how this increases the vulnerability of these women. It is thus important for organisations working with WWD to form alliances not just with each other but also with organisations from other relevant fields, which enables specialist support services to become better informed about what physical, social and cognitive barriers need to be reduced. At the same time, it informs professionals in those specific fields about the realities of GBV and the specialist support services that are available. In turn, professionals can give advice to specialist support services e.g. on how to advertise their service in the most appropriate way. Thereby, organisations working against GBV can help develop guidelines and policies on how to increase awareness of and sensibility to GBV for organisations working with disability; thus contributing to filling out the service gaps.

Making services more accessible to women requires ongoing involvement not only from experts on the field, but also from the women referred to by responding to the voices of WWD in developing services. Moreover, including police and justice in multi-agency training on the special needs of WWD, and helping to develop protocols on how to deal with complaints of GBV and how to refer women to specialist support services is evident.

It should also be considered whether the service is physically accessible for all women including mobility impaired women, sensory impaired women, women with learning difficulties and mentally impaired women. There are many barriers to overcome when living with disabilities, therefore it is important to also take into consideration the sensory access provision of a service, such as braille, sign language, guiding systems, etc. Some disabilities can mean that the women are immobile and need the service to provide support with transportation, and access with wheelchair or other helping devices. In cases where access with these devices are not possible, floating/mobile support, where the services come to them, can be a good alternative.

Improving services - in this case by making them more accessible - necessitates capital, and it is therefore a good idea to lobby funders for money in order to accomplish the goal. Here collecting data on the needs of WWD and gathering evidence that there is a need for services to be made more accessible are crucial.

Conclusion and Recommendations

WWD are more exposed to violence than women with no disabilities, yet only a very small percentage seeks help after being exposed to GBV. Furthermore, studies suggest that disabled women experience abuse for longer periods of time compared to those without disabilities. If WWD report the violence, they meet many barriers, and services are often inaccessible for them, which seems to be the focal point. Therefore, it is evident to focus more on this issue and carefully consider what barriers exist for women to access a particular service. Communication is key, and creating awareness about the risk situation for women with disabilities and access to the services are evident factors, and must target the women affected by using different ways of communication suited for specific impairments such as braille, sign language, easy-to-read material etc. Training of professionals such as police and justice, staff

and organisations working with people with disabilities, etc. is crucial in order to incorporate the needs of WWD into practises and obtain more accessible services. Moreover, it is important to consider where to distribute the material in order to reach these women, and organisations and centres working with people with disabilities are focal places to do so. The barriers are many and therefore the inclusion of WWD in the process is crucial as they have first-hand knowledge on what would help making services more accessible. Lastly and very important, networking and collaboration between WWD, organizations, and other professionals is crucial to gain a comprehensive understanding of the needs and challenges and how to deal with this issue so that WWD more easily can access specialist support services.

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Literature

Astbury, Jill & Fareen Walji (2012) "Violating the Right to Health: How Partner Violence and Disability Undermine Women's Mental Health in Cambodia. Disability and International Development", Sage Publishing, Issue 2/2012

<http://journals.sagepub.com/doi/abs/10.1177/0886260514534528>

Barger, Erin, Julia Wacker, Rebecca Macy & Susan Parish. (2009) "Sexual Assault for Women with Intellectual Disabilities: A Critical Review of the Evidence" (2nd Eds.), American Association on Intellectual and Developmental Disabilities, 47(4): Pp. 249-262

<http://www.aiddjournals.org/doi/abs/10.1352/1934-9556-47.4.249?code=aamr-site>

Barnett, Ola W., Cindy L. Miller-Perrin & Robin D. Perrin (2005) "Family violence across the lifespan: An introduction" (2nd Eds.) Sage Publishing: Pp. 353-354

<https://uk.sagepub.com/en-gb/eur/family-violence-across-the-lifespan/book234481>

Brownridge, Douglas (2006) "Partner violence against women with disabilities: prevalence, risk, and explanations" *Violence Against Women*, Sage Publishing, 12(9): Pp. 805-822

http://journals.sagepub.com/doi/abs/10.1177/1077801206292681?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed

Council of Europe (2011), *Convention on Preventing and Combating Violence against Women and Domestic Violence*, Council of Europe Treaty Series – No 210, Istanbul

<http://www.coe.int/en/web/istanbul-convention/text-of-the-convention>

Curry, Mary Ann, Paula Renker, Rosemary B. Hughes, Susan Robinson-Whelen & Mary Oswald (2009) "Development of Measures of Abuse Among Women with Disabilities and the Characteristics of Their Perpetrators" *Violence Against Women*, Sage Publishing, 15(9): Pp.

1001-1025

http://journals.sagepub.com/doi/abs/10.1177/1077801209340306?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed

Hague, Gill, Ravi K. Thiara, Pauline Magowan & Audrey Mullende (2008) "Making the links: Disabled women and domestic violence" Women's Aid Federation of England: Pp. 7

<http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

Hassouneh-Phillips, Dena & Elizabeth McNeff (2005) "I thought I was less worthy: Low sexual and body esteem and increased vulnerability to intimate partner abuse in women with physical disabilities" *Sexuality and Disability*, Springer VS, 23, Pp. 227-240

<http://link.springer.com/article/10.1007/s11195-005-8930-3>

Heijden, Ingrid Van Der (2014) "What works to prevent violence against women with disabilities" Department for International Development (DFID): Pp. 1-10

https://assets.publishing.service.gov.uk/media/57a089ade5274a27b20001e9/What_Works_Intervention_Report_June_2014_AnnexW_Interventions_for_abuse_against_WWD.pdf

Hehir, Thomas (2007) "Confronting Ableism" *Educational Leadership*, 64(5): Pp. 8-14

<http://www.ascd.org/publications/educational-leadership/feb07/vol64/num05/Confronting-Ableism.as>

Nosek, Margaret, Mary Ellen Young, Carol Howland, Gail Chanpong, & Diana H. Rintala (1997) "Prevalence of abuse of women with physical disabilities" *Archives of Physical Medicine and Rehabilitation*, 78, Special issue: Pp. 34-38

[http://www.archives-pmr.org/article/S0003-9993\(97\)90219-7/abstract](http://www.archives-pmr.org/article/S0003-9993(97)90219-7/abstract)

Nosek, Margaret, Carol Howland & Rosemary B. Hughes (2001) "The Investigation of Abuse and Women with Disabilities" *Violence Against Women*, Sage Publishing (4): Pp. 477-499

<http://journals.sagepub.com/doi/abs/10.1177/10778010122182569>

Nosek, Margaret, Rosemary B. Hughes, Nancy Swedlund, Heather B. Taylor & Paul Swank (2003) "Self-esteem and women with disabilities" *Social Science & Medicine* 56(8): Pp. 1737-1747

<https://iths.pure.elsevier.com/en/publications/self-esteem-and-women-with-disabilities>

Odette, Fran (2013) "Ableism – A Form of Violence Against Women" *Violence Against Women with Disabilities and Deaf Women*; Issue 7: December 2013, Western Centre for Research & Education on Violence Against Women and Children

http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/LN_Newsletter_Issue_7_2013_e-ve

Powers, Laurie E., Paula Renker, Susan Robinson-Whelen, Mary Oschwald & Rosemary Hughes (2009) "Interpersonal Violence and Women with Disabilities: Analysis of Safety Promoting Behaviors" *Violence Against Women*, Sage Publishing, Issue 15: Pp. 1040-1069

http://journals.sagepub.com/doi/abs/10.1177/1077801209340309?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed

Plummer, Sara-Beth & Patricia A. Findley (2012) "Women with Disabilities' Experience with Physical and Sexual Abuse: A Review of the Literature and Implications for the Field" *Trauma, Violence & Abuse* 13(1): Pp. 15-21

http://journals.sagepub.com/doi/abs/10.1177/1524838011426014?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&

Schrötle, Monika, Claudia Hornberg, Sandra Glammeier, Brigitte Sellach, Barbara Kavemann, Henry Puhe & Julia Zinsmeister (2012) "Life situations of and pressures on disabled women in Germany" Federal Ministry for Family Affairs, Senior Citizens: Pp. 23-24

<http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/Lebenssituation-und-Belastungen-von-Frauen-Kurzfassung-englisch,property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf>

United Nations, CEDAW (1992) General Recommendation No. 19 on Violence against women, adopted at the 11th session, 1992, A/47/38, 29 January 1992

(<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>)