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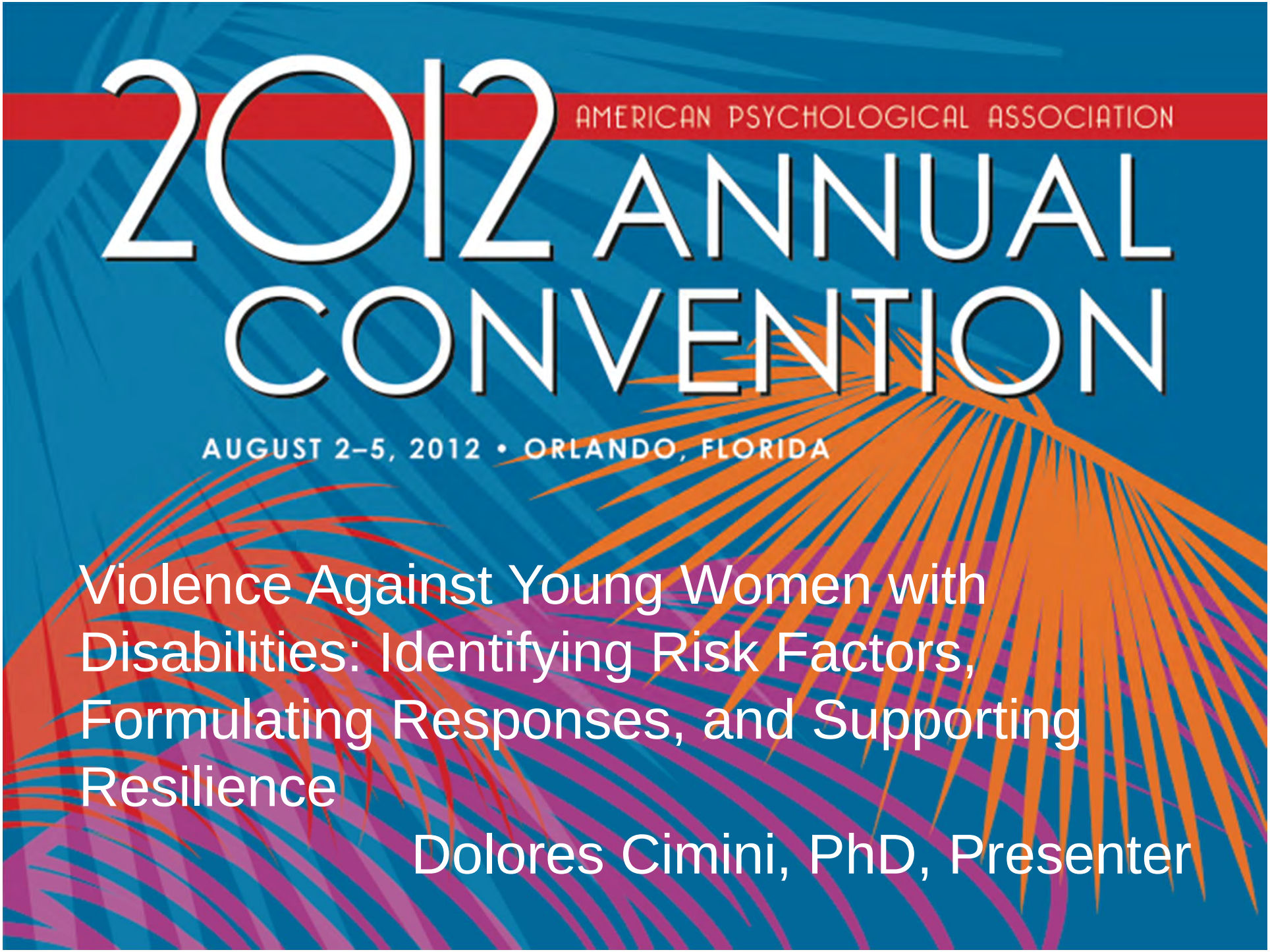
AMERICAN PSYCHOLOGICAL ASSOCIATION
AUGUST 2–5, 2012 • ORLANDO, FLORIDA
Women Under Siege:
Disparities and Despair
Cynthia de las Fuentes, Chair


2012 AMERICAN PSYCHOLOGICAL ASSOCIATION
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Violence Against Young Women with Disabilities: Identifying Risk Factors, Formulating Responses, and Supporting Resilience
Dolores Cimini, PhD, Presenter

Violence Against Young Women with Disabilities

D. Cimini, PhD

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Objectives

- Understand key issues pertaining to young women with disabilities who experience violence or abuse, including individual, interpersonal, and environmental factors
- Identify ways in which psychologists and allied professionals can support the strengths and resilience of young women with disabilities

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Scope of the Problem: Risk Factors and Key Issues

Risk Factors for Young Women

Young women between the ages of 17 and 24, particularly those attending colleges or universities, are at highest risk of experiencing:

- Gender-related violence, sexual assault, intimate partner violence, and stalking
- Alcohol/substance use
- Proximal risks for suicide

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Women with Disabilities

- Women with physical disabilities report emotional, physical, or sexual abuse in their lifetimes as frequently as women without disabilities
- Women with physical disabilities and women without disabilities equally likely to have experienced abuse during childhood- most common perpetrators were partners, or members of the family of origin
- Women with disabilities more likely than women without disabilities to experience abuse by health care providers and attendants
- Women with disabilities abused by a greater number of perpetrators than women without disabilities
- Women with physical disabilities more likely to experience intense patterns of abuse over their lifetimes than women without disabilities
- Physical and sexual abuse strongly associated with depression and stress in women with physical disabilities

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Women with Disabilities (Continued)

- Disability-related emotional abuse takes forms of emotional abandonment and rejection; threatening, belittling, and blaming; denial of disability; and accusation of faking
- Disability-related physical abuse takes forms of physical restraint or confinement; withholding orthotic devices or medication; and refusing to provide assistance with essential personal needs, such as toileting, hygiene, and eating
- Disability-related sexual abuse takes forms of demanding or expecting sexual activity in return for help, and taking advantage of physical weakness and an inaccessible assistance
- Certain disability-related settings, such as hospitals, doctors' offices, and special transportation services, may create restrictive environment by separating women with disabilities from mobility devices, imposing restraint, or forcing isolation from others who could provide assistance, diminishing their ability to defend themselves
- Need for personal assistance and difficulty locating and retaining persons to provide assistance make women with disabilities more tolerant of abusive behaviors
- Traditional screening questionnaires for determining abuse prevalence not sensitive to violence/abuse specifically related to disability

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System-Related Issues

1. Programs commonly have architectural, attitudinal, and policy barriers
2. Service providers often fail to recognize abusive situations, are silent when abuse is recognized, and are unable to refer abused individuals appropriately
3. Religious institutions may be first point of contact and first point of rejection for abused women with disabilities who are reaching out for help
4. Protective services are overwhelmed and often unresponsive
5. Lack of options for personal assistance forces dependence on abusive caregivers
6. Police receive little training in the special needs of women with disabilities
7. Lack of affordable legal services
8. Community services often not well integrated

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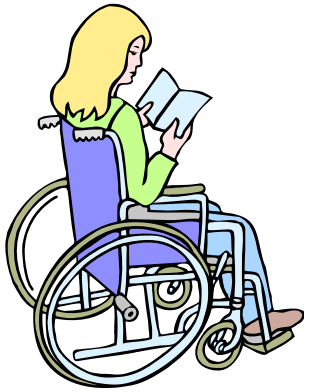
Recommendations: What Psychologists and Allied Professionals Can Do



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For Practitioners: Training

- Become familiar with intervention and victim assistance services available on campus and in community and their level of accessibility in order to make appropriate referrals.
- Invite battered women's programs to train campus and community agency staff on strategies for assisting people with disabilities in abusive situations.
- Collaborate with abuse intervention programs to train other service providers, such as law enforcement and medical and social service professionals, on the particular needs of people with disabilities who are experiencing abuse.
- Include sexual violence/abuse screening questions as a routine part of intake and follow-up procedures.
- Display awareness-raising posters and include in a resource library materials on interventions to address violence against women.
- Include safety planning as a part of counseling services.

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For Practitioners: Service Delivery

- Seek information about how to recognize signs and symptoms of violence against women
- Incorporate into your work the practice of talking with clients directly and privately about suspected violence - assess degree of danger they may be experiencing. For situations of extreme danger, contact police and Adult Protective Services
- Help clients suspected of being in abusive situations to develop safety plan they could follow to escape their situation should it become life threatening, including identifying accessible emergency shelter, transportation, supplies, medication, cash, and keys
- Document in the client's record your observations and discussions about violence/abuse, including your suspicions of violence/abuse
- Plan for follow-up to discuss the situation of concern
- Give clients information on resources that could help them deal with violence/abuse, including phone numbers for the local program for battered women, family violence division of the local police department, and a legal services organization

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For Shelters and Safe Houses

- Make shelters for battered women fully accessible, including barrier-free access to sleeping rooms and common areas, architectural features that comply with the Americans with Disabilities Act, visual and auditory alarm systems, and TDDs for telephone communication
- Make all services offered by battered women's programs (e.g., hotlines, individual counseling, support groups) fully accessible and integrated for women with disabilities
- Provide, or refer to, legal assistance for obtaining restraining orders and managing court systems
- Keep statistics on the number of women with disabilities who call crisis hotlines or use other program services
- Encourage police to record disability status in crime reports and to develop a category for perpetrators who are caregivers
- Invite independent living centers to train staff on how to communicate with persons who have hearing, cognitive, speech, or psychiatric impairments
- Have on hand an extensive network of community referrals and contact numbers, including resources for obtaining personal assistance, medication, and assistive devices
- Offer training to disability-related service providers on how to recognize symptoms of abuse and characteristics of potential perpetrators, and on how to refer abused women with disabilities to resources in community

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Resources

- Abused Deaf Women's Advocacy Services
- Disability.gov
- National Clearinghouse on Abuse in Later Life
- National Domestic Violence Hotline
- National Online Resource Center on Violence Against Women
- Office for Victims of Crime, U.S. Department of Justice
- Office on Violence Against Women, U.S. Department of Justice

Thank You!

Questions?

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