

Document on Violence against Women with Disabilities

**Produced by the International
Network of Women with Disabilities
(INWWD)**

4 October 2010

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The International Network of Women with Disabilities (INWWD) is comprised of women from international, regional, national or local organizations, groups or networks of women with disabilities, as well as individual women with disabilities and our allies. The mission of the INWWD is to enable women with disabilities to share our knowledge and experience, enhance our capacity to speak up for our rights, empower ourselves to bring about positive change and inclusion in our communities and to promote our involvement in politics at all levels, towards creating a more just and fair world that acknowledges disability and gender, justice, and human rights.

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My husband would get angry when I refused to have sex and he would continue to yell at me and grab me until I just gave in to shut him up. He would exert control over me by preventing me from leaving rooms, throwing or breaking my crutches. Once he cut my clothes off me while slept. We sought individual counselling and things are much better now as we both understand the origin of these issues.

-- Report of a 38-year-old woman with spina bifida describing sexual abuse by her husband that lasted 6 years.¹

[The nurse] was very rude to me, and she didn't know sign language. She couldn't even tell me to push. She wasn't guiding me. One of my children died.

-- Report of a 30-year-old deaf woman, who could not communicate with her nurses effectively while trying to give birth. She was not aware that she was having twins and stopped pushing after the birth of the first child.²

Freedom from Torture or Cruel, Inhuman and Degrading Treatment or Punishment.
For people with disabilities this means freedom from Forced Treatment and Confinement.

Freedom from Force and Coercion. Overwhelming and gigantic power.
The power of an entire civilization massed against one lone individual.

Every phone and lock and guard and drug. ...
Everything conspires to make you completely alone and terrified.

Malleable. These are the conditions of torture.
You don't know what's coming next. You don't know how long this will last.

"No one will ever know" – a voice intones. No one will ever believe you.

-- Kate Millett, professor of politics and literature, author of "Sexual Politics" and "The Politics of Cruelty".³

¹ Young et al. (1997), page 34.

² "As if We Weren't Human": Discrimination and Violence Against Women with Disabilities in Northern Uganda, Human Rights Watch, August 2010, available at: <http://www.hrw.org/node/92611>.

³ Kate Millett (2005). Freedom from Torture or Cruel, Inhuman and Degrading Treatment or Punishment.

1. WHAT DO WE MEAN WHEN WE TALK ABOUT VIOLENCE AGAINST WOMEN WITH DISABILITIES?

1.1. Gender-Based Violence against Women:

The United Nations defines violence against women as follows:

Declaration on the Elimination of Violence against Women - 20 December 1993 -

Article 1

The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Gender-based violence against women is a crime and a human rights violation that occurs, often repeatedly, in the lives of a great number of women around the world. Although the forms of violence experienced may differ depending on culture or socioeconomic standing, there are aspects of that violence that are universal. Gender-based violence is rooted in the lack of equality between men and women, and frequently takes place at home, within the family circle. Societal tolerance for gender-based violence and the privacy of the act of violence when it takes place within the home can make it invisible or difficult to detect.

As seen in the Declaration of Violence against Women, gender-based violence includes a wide range of abusive actions, including genital mutilation; physical and emotional abuse; and economic exploitation. According to the World Organisation Against Torture, rape and sexual abuse, genital mutilation, incest, forced abortion, honour

killings, dowry-related violence, forced marriages, human trafficking and forced prostitution should all be considered forms of torture.⁴

1.2. Disability-Based Violence:

Studies show that persons with disabilities are victims of abuse on a far greater scale than persons without disabilities.⁵ One factor behind the increased incidence of violence against persons with disabilities is the stigma associated with disability; persons with disabilities are often considered by society to be “not completely human and of less value.... The absence of representations of their identity favours the perception that one can abuse them without remorse or conscience.”⁶ Some societies may believe that the disability is a punishment from God or that the person with the disability may infect others with the disability. Others may see a person with a disability as an object for charity or pity, rather than as a person deserving equal rights.

The medical context is a particular source of abuses practiced against persons with disabilities.⁷ According to the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, one of the purposes in the definition of torture is “for reasons based on discrimination of any kind” and noted that acts of serious discrimination and violence against persons with disabilities can be masked by “good intentions” of medical professionals. Medical treatments of an intrusive and irreversible nature enforced or administered without the free and informed consent of the person concerned, that lack a therapeutic purpose or are aimed at correcting or alleviating a disability, may constitute torture or ill-treatment of persons with disabilities. These kinds of actions include: forced abortion and sterilization, forced psychiatric interventions, involuntary commitment to institutions, and forced or “unmodified” electroshock (electro-convulsive therapy or ECT).⁸ Deprivation of the legal capacity to make one’s own decisions facilitates coerced treatments and violence of all kinds, and may constitute torture and ill-treatment in itself, as it can amount to a denial of full personhood.⁹ Such a profound form of discrimination can cause severe suffering.

1.3. The Intersection between Disability and Gender-Based Violence:

Some forms of violence against women with disabilities have not been visible as gender-based violence because of the heightened discrimination based on disability. Various reports document the fact that women (in general) are more likely to suffer

⁴ See World Organisation Against Torture – Violence against Women, available at: www.omct.org/index.php?id=EQL&lang=eng

⁵ “Report on Violence and Discrimination against disabled people,” European Disability Forum, Belgium, 1999.

⁶ Marita Iglesias, “The nature of violence against disabled people”, 2004, <http://www.nda.ie/cntmgmtnew.nsf/0/BE967D49F3E2CD488025707B004C4016?OpenDocument>

⁷ Special Rapporteur on Torture (UN Doc. A/63/175) and by Young et al. 1997.

⁸ See also Tina Minkowitz. The UN CRPD and the Right to be Free from Nonconsensual Psychiatric Interventions, Syracuse Journal of International Law and Commerce Vol. 32 No. 2 (2007), and related documents and presentations on forced psychiatric interventions as torture available at <http://www.chrusp.org/home/resources>.

⁹ See Final Report of OHCHR Expert Seminar on Freedom from Torture and Persons with Disabilities, available at www2.ohchr.org/english/issues/disability/documents.htm.

abuse and maltreatment than men, but evidence from women with disabilities themselves suggests that violence against them differs in significant ways from violence against other women.

The incidence of maltreatment and abuse of women with disabilities far exceeds that of women without disabilities.¹⁰ The available data, though scarce, also shows that there is a higher rate of violence against women with disabilities than against men with disabilities.¹¹ Violence against women and girls with disabilities is not just a subset of gender-based violence: it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities.

In one study, 40 % of the 245 women with disabilities interviewed had experienced abuse. 12% of them had been raped. However, less than half of these incidents were reported. Another study found that 25 of 31 interviewed women with disabilities reported abuse of some kind (emotional, sexual or physical).¹² Women with disabilities experience a wider range of violence: by personal attendants (emotional, physical and sexual abuse) and by health care providers (emotional and sexual abuse), as well as higher rates of emotional abuse both by strangers and other family members.¹³

In other words, women with disabilities experience forms of abuse that women without disabilities do not.¹⁴ In addition to the overt acts of gender-based violence described above, there are more subtle ones which stem from attitudinal discrimination against person with disabilities. Lack of respect for their personhood and discrimination against persons on the basis of their physical or mental disabilities is an act of violence in itself, and generates intense frustration in the person who experiences the discrimination. When we factor in discrimination on the grounds of gender, the extent of discrimination and violence perpetrated against women with disabilities is unacceptable and intolerable.

Violence against women with disabilities is part of the larger issue of violence against persons with disabilities in general and includes violence accomplished by physical force, legal compulsion, economic coercion, intimidation, psychological manipulation, deception, and misinformation, and in which absence of free and informed consent is a key analytical component. Violence may include omissions, like deliberate neglect or lack of respect, as well as overt acts that harm a person's physical or mental integrity.

The following actions and attitudes constitute violence against women with disabilities¹⁵:

¹⁰ "Violence and women with disability", M. Iglesias, AIES, Spain, 1998; "Men's Violence against Women with Disabilities", Swedish Research Institute for Disability Policy, Sweden, 2007

¹¹ First National Study on Crime against Persons with Disabilities, Department of Justice, Office of Justice Programs, US, 2009.

¹² Young, M., M. Nosek, C. Howland, G. Chanpong, and D. Rintala.(1997) "Prevalence of abuse of women with physical disabilities". *Archives of Physical Medicine and Rehabilitation*, 78, Supplement: s34-8.

¹³ Young et al., op.cit; Nixon , J. (2009) "Domestic violence and women with disabilities: locating the issue on the periphery of social movements" *Disability & Society*, 24 (1), 77 – 89.

¹⁴ Nixon, op. cit.

¹⁵ Ibid

- forced isolation, confinement, and being hidden in the family home
- forced and coerced administration of psychotropic drugs or putting drugs in the food
- forced and coerced institutionalization
- restraint and isolation in institutions
- creating pretextual situations to make the woman appear violent or incompetent in order to justify institutionalization and deprivation of legal capacity
- labelling anger and self-assertion by women as behavior that is “mentally ill and dangerous” (especially if the woman has been previously institutionalized)
- withholding medication that the person uses voluntarily, medical and mobility aids, or communication equipments
- denial of necessities and purposeful neglect
- threats to neglect children or pets
- verbal abuse and ridicule
- physical abuse or threat of it
- being left in physical discomfort or embarrassing situations for long periods of time
- threats of abandonment
- violations of privacy
- being ignored
- financial abuse
- restraint, strip searches, and solitary confinement that replicate the trauma of rape
- rape by staff and other inmates/residents of institutions
- forced abortion
- forced sterilization

Some forms of violence against women with disabilities are not immediately visible as violence because they are in fact legal and accepted in society. This is particularly true of forced psychiatric interventions and institutionalization. These acts of violence are done under the legal authority of the state, and in pursuance of wrong and discriminatory state policy, and there is no possibility of redress, emphasizing the message of all violence that tells the victim she is powerless.

There is anecdotal evidence from women with disabilities that, relative to men with disabilities, women with disabilities have less access to qualified medical care and rehabilitation, are provided with less expensive medications, assistive devices and other treatments, and have less access to social supports, higher education and opportunities for employment. A consequence of this inequity is that women with disabilities are deprived of their right to social inclusion and are often forced to live in poverty.

Women with disabilities have also reported experiencing abuse of longer duration and feeling as though they had fewer alternatives for escaping or ending the abuse.¹⁶ Indeed, while women with disabilities share the barriers that any other woman has to face to escape or end violence (emotional and financial dependency on the abuser, unwillingness to be stigmatised, worries about being a single parent or fear of losing

¹⁶ Saxton et al, op. cit.

contact with children, concerns that they will not be believed or helped when they disclose abuse, reluctance to take any action that will escalate the violence), there are other barriers that specifically affect women with disabilities:

- Increased dependence (physical, financial or both) on the abuser for care,
- Difficulty in making contact with refuges or other intervention services,
- Lack of access to information about available services,
- Difficulties in accessing transportation,
- Fear of being institutionalised, and
- Fear they will not be believed, either because some professionals do not recognise the capacity of women with disabilities for sexual and intimate relationships or because professionals may fail to understand and identify forms of abuse they experience and instead shift the focus to the impairment, thereby obscuring the abuse.
- When the violence is perpetrated by personal assistants, family members and/or friends, it is often considered to be a problem that can be addressed by the social service system rather than considered to be a crime that should be addressed by the police and/or the criminal justice system.

2. WHY ARE WOMEN WITH DISABILITIES TARGETS OF VIOLENCE?

Violence against women with disabilities occurs primarily as a result of attitudes towards women in patriarchal society coupled with vulnerability from the conditions that result from the disability itself, such as:

- Being physically less capable of defending themselves;
- Difficulty in reporting maltreatment due to the lack of accessible forms of communication;
- Inaccessibility of information and counselling services due to barriers in the physical environment and due to the lack of accessible forms of communication;
- Lower self-esteem due to not being seen as a woman but only as a person with a disability, or even worse – only as her disability;
- The lack of opportunity to fill traditional roles usually available to women (such as motherhood).
- A greater amount of dependence on other people for care;
- Fear of reporting the abuse, as it might result in the breaking of bonds and loss of the care they may require;
- Being more exposed to violence as a result of living in institutions, residences and hospitals;
- Less credibility when reporting violence in institutions;
- Less risk of discovery as perceived by the perpetrator;
- Failure of others to believe some survivors;
- Less education about appropriate and inappropriate sexuality;
- Legalization of some forms of violence (such as institutionalization, solitary confinement and restraint, forced drugging and electroshock, forced abortion and sterilization) so that there is little or no possibility of effective self-defense;

- Long-lasting effects of electroshock and some psychiatric drugs that can impair women's ability to defend themselves against any form of violence and abuse;
- Denial of human rights that results in experience of powerlessness.

Girls, older women, and indigenous women with disabilities face additional barriers and violence as a result of even more complex intersectional forms of discrimination.

In spite of the severity of the discrimination, the strength of the societal prejudice against women with disabilities, and the evidence of their own experiences, violence against women with disabilities is not recognized. It is hidden and ignored, and this fact increases their exposure to violence.

The following factors contribute to this invisibility:

- Referring to “people” with a disability rather than “men and women” with a disability contributes to a gender-neutral concept of disability that ignores women with disabilities, renders their needs invisible, and contributes to their isolation.
- There is a lack of a broad definition of violence which embodies all forms of violence that women with disabilities suffer.
- Some forms of violence against women with disabilities are permitted by law and carried out under the authority of the state.
- Professionals, relatives, friends, etc. are unable to discern circumstances resulting from violence against women with disabilities because they think they are circumstances “inherent” to their disability.
- Researchers, policy-makers, etc. rarely identify situations, such as physical abandonment or psychological cruelty as maltreatment.
- There is a lack of credibility accorded to women who require assistive communication or reasonable accommodation in communication.
- It is easy for others to say a woman is “making it up”, particularly if she has already been labelled with a psychiatric diagnosis or an intellectual disability.
- It is difficult for a progressive society to admit that a woman with a disability has been the object of violence or abuse.

3. CONCLUSIONS

- Many women with disabilities see themselves as victims of maltreatment and abuse, while society ignores the problem. However, some women with disabilities may not see themselves as victims of violence because they consider their situations habitual and associated with disability.
- In some situations society refuses to recognize that certain acts constitute violence, and the women who experience them may or may not consider themselves as victims. This is particularly true with respect to acts authorized under domestic law, such as forced psychiatric interventions with mind-altering drugs, electroshock or psychosurgery, institutionalization, restraints and isolation, which are practiced primarily on women with psychosocial disabilities and women with intellectual disabilities.

- Violence against women with disabilities shares common characteristics with violence against women in general, but has unique dimensions as well.
- Being a women and having a disability increases the likelihood of experiencing violence as compared to the risk for women in general.
- Women with sensory, learning, and communicative disabilities are particularly vulnerable to suffering abuse and violence.
- Women labelled with psychosocial disabilities are likely to be silenced and ignored when speaking out or attempting to defend themselves, particularly when the violence is authorized by law or committed in a context where the woman is deprived of her legal capacity and/or freedom. These women and the forms of violence practiced against them are also likely to be ignored in studies of violence against women with disabilities.
- Not having opportunities to function in traditional female roles, as well as having either conformity or resistance to traditional female roles labelled as a psychosocial disability, contributes to lower self-esteem and increases vulnerability, which can be contributing factors to becoming targets of violence.
- Professionals who work with women who have experienced abuse often do not recognise that women with disabilities are in the same situations, either because they do not have the information or because they do not recognize acts they believe to be associated with disability, including forced institutionalization and forced interventions, as acts of violence.
- Depending on others to cope in daily life increases the risk of being targets of violent actions. This risk can be reduced when proper training is provided to the people who are providing personal assistance, and by ensuring that women with disabilities can retain their legal capacity and freedom.
- Violence against women with disabilities is often an act that is perpetrated against what is perceived to be a “faulty being” and is a demonstration of a socially acceptable form of power and control over a woman’s body and mind.

4. RECOMMENDATIONS

A broad range of actors have important roles to play in ensuring the rights of women with disabilities against violence. These stakeholders include: national and local governments, the United Nations (particularly UN Women and the UN Population Fund), service providers, donors and civil society (including women’s organizations, human rights groups, HIV organizations, and disabled persons’ organizations).

- Promote the inclusion of women with disabilities in mainstream efforts to address violence against all women by ensuring that women with disabilities can physically access programs and services, by arranging transportation or support,

or by providing sign language interpretation, among other efforts, and by ensuring that such programs do not exclude any woman on the basis of her disability (including psychosocial disability).

- Recognize the heterogeneity of disability and ensure that women with all types of experiences of disability are included in all measures concerning women with disabilities, and that such measures are of equal value to all women with disabilities.
- Take measures to fight stigma, discrimination and all forms of violence against women and girls with disabilities, for example through awareness campaigns and community discussions.
- Create accessible channels for distributing information, consulting, and reporting about all forms of violence against women and girls with disabilities.
- Collect data on the number of women with disabilities who access services and programs for preventing violence against women and serving victims of such violence and use this data to develop more inclusive initiatives.
- Educate women and girls with disabilities about their human rights.
- Provide women with disabilities with information and counselling on sexual and reproductive health issues.
- Disseminate information in formats that are accessible to people with learning and sensory disabilities, such as through Braille, sign language, and easily understood language.
- Investigate the causes of all forms of violence against women with disabilities and specifically on the needs of elderly women, single women, indigenous women and women who live in rural areas with regard to the isolation and victimization that can contribute to violence in such circumstances.
- Ensure that all research, actions, and advocacy related to violence against women with disabilities incorporates the forms of violence identified by women with psychosocial disabilities, including psychiatric assault, and fully investigates the experiences of these women.
- Adopt laws and policies recognizing that all actions that violate the right to bodily integrity of women with disabilities are illegal, including psychiatric assault and forced institutionalization, and should be considered acts of violence.
- Develop advocacy, information, and support services for women with disabilities who are survivors of all forms of violence.
- Educate parents, partners, nurses, caregivers and other health care service providers to deal respectfully with disability and offer quality care when their help is required. Train communities on how to include and communicate with

people with different types of disabilities to avoid isolation of women and girls with disabilities.

- Actively include diverse women with disabilities in developing and implementing programs, policies and protocols for service providers, law enforcement officers, and other personnel who work with women with disabilities.
- Train women with disabilities to organise and manage support services efficiently, to develop skills and abilities for economic self-sufficiency, and to use technological aids that lead to greater independence.

BIBLIOGRAPHY AND REFERENCES

TITLE: Forgotten sisters a global review of violence against women with disabilities.

WWDA Violence Against Women With Disabilities RESOURCE MANUAL

AUTHOR(S): Women With Disabilities Australia (WWDA)

COUNTRY: AU

DATE: 2007

ABSTRACT: This booklet aims to provide a global picture of violence against women with disabilities—a human rights issue that has been identified as a ‘global epidemic of crisis proportions’ (Nosek 2003) and one that is largely ignored in efforts to address violence against women.

LINK: <http://www.wwda.org.au/dowsedv07.htm>

LANGUAGE: EN

TITLE: Making the links. Disabled women and domestic violence. Final report

AUTHOR(S): Gill Hague, Ravi K. Thiara, Pauline Magowan

COUNTRY: UK

DATE: October 2007

ABSTRACT: This is the final report on the first ever national UK study of the needs of women with disabilities experiencing domestic violence and of the services available to meet these needs. For many years, Women’s Aid, together with many women with disabilities and some disability organisations, has recognised the lack in the UK both of national research and of systematic services and policies on disability and domestic abuse. In attempting to address this issue, however, it proved very difficult over a long period in the 1990s and 2000s to raise any national funding at all, in either the academic or the policy fields.

After several years of effort, Women’s Aid was finally able to secure funding in 2005, through the generous sponsorship of the Big Lottery Fund, to conduct this study on the needs of women with disabilities who have been abused and on the effectiveness of services provided. The Violence Against Women Research Group at the University of Bristol and the Centre for the Study of Safety and Well-being at the University of Warwick were commissioned to conduct the research. Both of these UK research groups work on issues of gender violence within an activist and feminist framework, and attempt, whenever possible, to raise the voices and views of women survivors and their children.

LINK: <http://www.womensaid.org.uk/domestic-violence-articles.asp?itemid=1722&itemTitle=Making+the+links%3A+disabled+women+and+domestic+violence§ion=00010001002200080001§ionTitle=Articles%3A+disabled+women>

LANGUAGE: EN

TITLE: Men's Violence against Women with Disabilities

AUTHOR(S): The Swedish Research Institute for Disability Policy, HANDU AB

COUNTRY: SV

DATE: May, 2007

ABSTRACT:

– "If you have once crossed the line, it won't be there any more."

– "The Equal Opportunities Ombudsman shouldn't prevent us from trying to get assistants of the same gender."

The investigation of "Men's Violence against Women with Disabilities" included 1063 women in total (here, exclusive of women with intellectual disabilities). The great majority of these women have either a mobility impairment or a visual impairment that makes it difficult for them to flee, move quickly, or find their way in order to escape a violent situation. 33 percent of the women who answered the questionnaire state that they have experienced threats, violence, or sexual abuse by men. Half of those women (14 percent of those who responded) have, on at least one or more occasions, been physically injured by the men as a result of violence and/or sexual assault.

LINK: <http://www.wwda.org.au/swedishstudy1.doc>

LANGUAGE: EN AND SV

TITLE: METIS Report: Violence against Women with Disabilities; and accompanying Guide on Violence against Women with Disabilities

AUTHOR(S): Marita Iglesias and contributions from: G. Gil Brocate, Aneli Joneken, Barbel Mickler and J. Sander Knudsen

COUNTRY: ES

DATE: 1998

ABSTRACT: The report provides a general overview of a long-standing issue that has been quite neglected that affects a significant number of women with disabilities; that of being targets of violence.

The report has been structured to accomplish two objectives:

-To increase public awareness of the dimension, fundamental characteristics and complex circumstances that are involved when women with disabilities are the targets of violence.

-To provide information to those who are responsible for developing plans and tools for protecting women with disabilities from violence.

The classification of the types of violence can be useful to professionals who work in the field of disability and/or provide support to women with disabilities because the majority of violent acts perpetrated against women with disabilities are generated differently and have different consequences than those inflicted against non-disabled women.

LINK: http://www.asoc-ies.org/violencia/docs/metis_report.pdf; http://www.asoc-ies.org/violencia/docs/metis_guide.pdf (EN)

<http://www.asoc-ies.org/violencia/docs/guia%20metis.pdf> (ES)

LANGUAGE: ES AND EN

TITLE: METIS Guide on Violence against Women with Disabilities

AUTHOR(S): Marita Iglesias and contributions from: G. Gil Brocate, Aneli Joneken, Barbel Mickler and J. Sander Knudsen

COUNTRY: ES

DATE: 1998

ABSTRACT: Guide for identification of violence against women with disabilities

LINK: http://www.asoc-ies.org/violencia/docs/metis_guide.pdf (EN)

<http://www.asoc-ies.org/violencia/docs/guia%20metis.pdf> (ES)

LANGUAGE: ES AND EN

TITLE: Violence means death of the soul. Information Kit. DPI-UEC (Disabled Peoples' International - European Union Committee)

AUTHOR(S): Dinah Radtke - Bifos Germany, Rita Barbuto - DPI Italia, Emilia Napolitano - DPI Italia, Marita Iglesias - IES Spain

COUNTRY: IT

DATE: 2003

ABSTRACT:

LINK: http://www.asoc-ies.org/violencia/docs/infokit_spanish.pdf (ES)

http://www.asoc-ies.org/violencia/docs/infokit_english.pdf (EN)

LANGUAGE: EN, IT, G, ES

TITLE: Electroshock is a form of violence against women (Speech, audio version)

AUTHOR(S): Bonnie Burstow

COUNTRY: CA

DATE: 2006

ABSTRACT: Contrary to popular belief, "electroconvulsive therapy" or ECT is not on the decline. In fact, its use is actually increasing. And, in every jurisdiction where electroshock is used, women are shocked two to three times as often as men. Dr. Burstow explores electroshock as a form of violence against women. She is a senior lecturer at the Ontario Institute for Studies in Education at the University of Toronto, Canada. She is a feminist therapist, an anti-psychiatry and anti-fascist activist. She is also the former co-chair of the Ontario Coalition Against Electroshock and is the author of Radical Feminist Therapy: Working in the Context of Violence.

LINK: <http://www.radio4all.net/index.php/program/6545>

LANGUAGE: EN

TITLE: The United Nations Convention of the rights of persons with disabilities and the right to be free from nonconsensual psychiatric interventions

AUTHOR(S): Tina Minkowitz

COUNTRY: USA

DATE: 2007

ABSTRACT: It is the contention of this paper that forced psychiatric interventions violate the universal prohibition of torture. The Convention on the Rights of Persons with Disabilities (CRPD) lays the basis for this argument to be developed in a series of steps, starting from its recognition of equal legal capacity and free and informed consent of persons with disabilities, and equal right to respect for physical and mental integrity, as well as the freedom from torture and cruel, inhuman or degrading treatment or punishment. These obligations, contained in Articles 12, 25, 17, and 15 respectively, will require immediate cessation of forced psychiatric interventions. But there is a need to go further, and examine the serious nature and consequences of forced psychiatric interventions as a violent assault, in most cases sanctioned if not perpetrated by the state, affecting every aspect of a person's life: the body, the mind, the personality, the social relationships, and the spiritual values or higher meaning. Based on an examination of these factors, and the internationally accepted definitions of torture, I will argue for recognition of forced psychiatric interventions as a grave violation of human rights, necessitating criminalization of perpetrators and reparations for victims and survivors

LINK: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1481512

LANGUAGE: EN

TITLE: First National Study on Crime against Persons with Disabilities

AUTHOR(S): Department of Justice, Office of Justice Programs

COUNTRY: US

DATE: October 1, 2009

ABSTRACT: Presents the first findings about nonfatal violent and property crime experienced by persons with disabilities, based on the National Crime Victimization Survey (NCVS). The report includes data on nonfatal violent victimization (rape/sexual assault, robbery, aggravated and simple assault) and property crime (burglary, motor vehicle theft, theft) against persons with disabilities in 2007. It compares the victimization experience of persons with and without disabilities, using population estimates based on the Census Bureau's American Community Survey (ACS). Data are presented on victim and crime characteristics of persons with and without disabilities, including age, race and gender distribution; offender weapon use; victim injuries; and reporting to the police.

Highlights include the following:

Persons with disabilities were victims of about 47,000 rapes, 79,000 robberies, 114,000 aggravated assaults, and 476,000 simple assaults.

Age-adjusted rate of nonfatal violent crime against persons with disabilities was 1.5 times higher than the rate for persons without disabilities.

Females with a disability had a higher victimization rate than males with a disability; males had a higher rate than females among those without a disability.

LINK: <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2022>

LANGUAGE: EN

Journal articles

TITLE Domestic violence and women with disabilities: locating the issue on the periphery of social movements

AUTHOR(S): J. Nixon

JOURNAL: *Disability & Society*, 24 (1), 77–89.

ABSTRACT: Women with disabilities, like non-disabled women, are at risk of experiencing abuse perpetrated by those closest to them. This paper reviews what is known about the domestic abuse of disabled women, explores some of the dynamics of that abuse and considers why this issue has not been high on the agenda of either the movement against domestic violence or the disabled people's movement in the UK, taking into consideration several points that disabled women have raised. In doing so it focuses on the concept of compound oppressions as a potential explanation for the failure of this problem to have widespread recognition as a social issue.

LANGUAGE: EN

TITLE: "Bring my scooter so I can leave you"

AUTHOR(S): M. Saxton, M. Curry, L. Powers, S. Maley, K. Eckels, and J. Gross.

JOURNAL: *Violence against Women*, 7, (4), 393–417.

ABSTRACT: This study investigated the perceptions and experiences of women with physical and cognitive disabilities related to abuse by formal and informal personal assistance providers. Focus groups and individual interviews were conducted with 72 women to explore how women define personal assistance abuse, the barriers they face in handling abuse, and strategies they recommend to prevent and/or stop abuse. Key themes that emerged included (a) the role of social and personal boundary confusion and power dynamics within the personal assistance relationship; (b) expanded forms of abuse experienced by women with disabilities; (c) the complexity of using family and friends as providers; (d) personal, social, and systematic barriers that impede women's response to abuse; and (e) the benefits of supports that validate women's experiences and bolster their capacities to prevent and manage abuse.

LANGUAGE: EN

TITLE: "Prevalence of abuse of women with physical disabilities"

AUTHOR(S): M. Young M. Nosek, C. Howland, G. Chanpong, and D. Rintala

JOURNAL: *Archives of Physical Medicine and Rehabilitation* 78, Supplement: s34–8.

ABSTRACT: Emotional, physical, and sexual abuse of women with physical disabilities is a problem largely unrecognized by rehabilitation service providers. This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities. A sample of 860 women, 439 with physical disabilities and 421 without physical disabilities, was compiled from women responding to a national sexuality survey. The women were asked if they had ever experienced emotional, physical, or sexual abuse. If they answered yes, they were asked to identify the perpetrator(s) of the abuse and when the abuse began and ended. Sixty-two percent of both groups of women had experienced some type of abuse at some point in their lives. Women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. Women with physical disabilities are more at risk for abuse by attendants or health care providers. They are also more likely to experience a longer duration of abuse than women without physical disabilities.

LANGUAGE: EN

USEFUL LINKS RELATED TO WOMEN WITH DISABILITIES AND VIOLENCE

www.wvda.org.au/viol2006.htm (EN)

www.asoc-ies.org/violencia/index.html (ES)