



## **SURVIVORS WITH DISABILITIES**

People with disabilities are more likely to experience intimate partner violence (IPV) than are people without disabilities. Unfortunately, one study found that only 15% of women with a disability had ever had a medical professional inquire about potential IPV victimization.

Patients with cognitive disabilities may be at a particular disadvantage in relation to IPV, as the victim may not fully understand that he or she is being abused, may have a more difficult time accessing resources, and may be particularly susceptible to a manipulative partners control tactics. It further exacerbates the situation when health care providers fail to believe that the patient who discloses abuse. Abusive partners are often well aware that their victim may not be believed and may exploit their relative advantage.

Abusive partners use common tactics to gain power and control, as well as other unique forms of coercion such as:

- *Denying access to disability-related resources in the community and/or to health care appointments*
- *Causing a temporary or permanent disability*
- *Removing or destroying a person's mobility devices (e.g., wheelchairs, scooters, walkers)*
- *Denying access to and/or taking prescribed medications*
- *Forcing someone to take medication against their will*
- *Preventing access to food*
- *Inappropriately touching a person while assisting with bathing and/or dressing*

### **PREVALENCE**

- Women with disabilities are significantly more likely to have experienced IPV as compared with those without disabilities (33.2% and 21.2%, respectively).
- Compared to women without a disability, women with a disability were significantly more likely to report experiencing rape, sexual violence other than rape, physical violence, stalking, psychological aggression and control of reproductive or sexual health by an intimate partner.
- Compared to men without a disability, men with a disability were significantly more likely to report and psychological aggression by an intimate partner.

### **EFFECTS**

- Female survivors of IPV with disabilities are 35% less likely to report their health as good to excellent.
- Female survivors of IPV with disabilities are 58% more likely to report an unmet health care need owing to cost than other women with disabilities who are not experiencing IPV.



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### **INTERVENTIONS**

- It is imperative to convey a non-judgmental attitude. Be mindful of making assumptions about ability and skill.
- Specific disabilities may not allow the survivor/patient to communicate in traditional formats. Health care providers should become familiar with alternative formats (e.g. written notes, interpreters, sign language, pictograph, etc.) to ensure safe communication.
- Screen all patients, including those with disabilities in a private setting. Survivors with disabilities may depend on abusive partners for transportation, communication, or mobility assistance, so creative options for securing privacy may be crucial.
- Educate your patients about IPV and its health effects.
- Refer anyone who screens positive for IPV for appropriate help in the community. Ask about immediate safety, have the local Hotline and IPV service provider information available.

### **RESOURCES**

- <http://www.nln.org/professional-development-programs/teaching-resources/ace-d/additional-resources/communicating-with-people-with-disabilities> — The National League of Nursing offers communication recommendations for patients with disabilities.
- <https://www.vera.org/securing-equal-justice/ensuring-access-for-people-with-disabilities-and-deaf-people>—Vera Institute for Justice provides resources, tipsheets, and professional guidance for professionals serving survivors with disabilities.

### **REFERENCES**

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