

## Exploring Intimate Partner Violence against Women with Disabilities through the Lens of Gender Relations

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### ABSTRACT

Inequity of power between women with disabilities and intimate partner has been one of the causes leads to different types of violence in women with disabilities. Some of violence incidents have been kept and become an unspoken scar for women with disabilities. This study objected to disclose those incidents that being kept via the following objectives of the study which were 1) natures of the problem about intimate partner violence against women with disabilities, 2) forms of violence being done by the intimate partners presented by recategorized the data into various facets to see the whole picture of the situation.

The methodology of the study used the self-reported questionnaires to the 138 participants who were the women with physical disabilities who were the members of Association of the Physically Handicapped of Thailand aged between 18 – 45 years old. A survey sample size was calculated by a statistical program called G\*Power in which power of the test was set as 95%. The sample size had been selected by convenience sampling method. The questionnaires which had been passed over the provincial representor to the women with physical disability in the provinces and posted back after completed.

Results of the study showed that in past 12 months the women with disabilities had been experienced emotional and psychological violence the most which were 47.1 percent. More than one fifth of the woman had experienced one type of violence. The data also showed that more than half of the women with disabilities had been experienced at least one form of violence from their intimate partner. Recognizing inequity of gender relations between women with disabilities and the intimate partners could raise some social awareness to eliminate causes lead to violence, make the problem being seen and eventually being solved.

**Keywords:** Intimate Partner Violence, Women with Disabilities

### 1. INTRODUCTION

Thirty years ago, violence against women was not consider as issue worthy of international attention or concern. Victims of violence suffered in silence, with little public recognition their plight. This began to change in the 1980s as women's groups organized locally and internationally to demand attention to the physical, psychological and economic abuse of woman. Gradually, violence against women has come to be recognized as a legitimate human rights issue and as a significant threat to women's health and well-being (Ellsberg & Heise, 2005).

Women with disabilities rank issues of violence as their most important research and health priorities (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001). Despite an apparent

consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem. To be more specific, violence, especially intimate partner violence, has also been recognized as a major public health concern.

A study of Cohen et al. (2006) has mentioned that women with disabilities are a group of people which is vulnerable and more likely to experience abuse by their intimate partner. They experience the same types of abuse from intimate partners as women without disabilities do. However, their disabilities may place them additional risks, and the barriers to end the abuse can be much greater than women without disabilities.

In the United States, Nosek (1996) conducted individual interviews with 31 women with physical disabilities, twenty-five participants reported some experience of abuse in their lifetimes. Altogether, there were a total of 55 separate incidents, which included 15 sexual, 17 physical, and 23 emotional acts of abuse. Participants also described several disability-related factors that increased their vulnerability. These included not being able to physically escape an abuse situation due to architectural inaccessibility, dependence on perpetrators for essential caregiving such as eating, taking medications, and transfers from bed to wheelchair, lack of adaptive equipment in shelters, and social stereotypes of vulnerability.

Another survey study in United States has compared the physical, emotion and sexual abuse suffered by women with and without physical disabilities and found that 62% of the women in both groups had been exposed to one or more of these types of abuse. The finding also showed that the women with physical disabilities had experienced physical and sexual abuse over longer period of time than the women without disabilities. In addition, the survey confirmed that women with physical disabilities were significantly more exposed to abuse from health and social care personal and attendants than women without disabilities (Olsvik, 2006).

A report from the conferences of Disabled People's International Asia Pacific Region (2014) had gathered candidates of all types of women with disabilities to discuss experiences of violence of which a candidate of person with physical disability has mentioned about her experiences that she was told by a woman with physical and visual disabilities that she has been beaten and been verbally violated by her drug-abused husband, but she could not leave the violence due to the love she has for him.

Another qualitative study from Jutamas (2015) conducted with 15 persons with disabilities. The study showed causes of being violated as lacking the knowledge to get themselves away from harm, unacknowledged of rights, no life skills and dependency on the care takers whom were, sometimes, as perpetrators such as their parents, children or husband.

In Thailand, the research about violence against women with disabilities is quite limited. So, it is necessary for Thailand to examine this issue, for the outcome of this research will be benefit to the women with disabilities in the future. This study is a quantitative study aims to study natures and forms of intimate partner violence against women with physical disabilities also the relationship between gender relations and intimate partner violence against women with physical disabilities.

This research provides the current situations of intimate partner violence against women with physical disability, and the research results can be used as suggestions and guidelines for individuals to understand the matter of intimate partner violence against women with physical disability, and it could be further acknowledgement about forms and types of abuse to the public, care providers, family members, employers, especially to person with disabilities themselves to be consciously aware of the abuse itself.

## 2. CONCEPT OF GENDER RELATIONS

To figure out why women with disability experienced violence by intimate partner, the study used a concept related to power relations to explain dominated power on women with disability that was gender relations which explained power relations between men and women in the household.

### 2.1 Inequity in gender relations

Natruedee (2011) has mentioned gender relations as power relations between men and women which were constructed by the society. These relations have been called as femininity and masculinity. The power relations between men and women were conceptually determined by lived-and-learned experiences of women and men. The experiences that women and men have learned from came from expectations, practices, and responses to the particular social expectations, the differentiations of beliefs and practices was depended on the very timing and social conditions. Patterns of power which was dominated by masculinity over femininity could be seen in reproductive works such as unpaid housework's, the work that has been expected to be done by the women, unequal wages given to male and female workers, the experiences of various types of violence in private and public spheres, and unavoidably sexual harassment that happened in both spheres.

Gender relations were not bounded only in masculinity and femininity, but it also bounded in social classes, nationalities, ethnics, religions and ages. Even within the feminine themselves the relations was also being differentiated and classified by social classes, and probably higher than masculine in some spheres.

In conclusion, power relations masculinity and femininity were defined by the society which could be various in different spheres. These powers were constructed and dominated until they were transformed to ideology and power system that masculinity was placed on the top and femininity was placed down below. (Natruedee Denduang, 2011, p.4-5) Hence, when it applied into the schemes of relationship between women with disabilities and their intimate partner the theory could interestingly present another facet of intimate partner violence in women with disabilities.

### 2.2 Gender Analysis

During the development of gender relations, roles between men and women were used as a principle to analyze the gender development. So, this studied also applied the concept to explained gender roles into four categories as follows:

#### 2.2.1 Productive and reproductive tasks

Social construction in gender roles and gender relations has brought division of roles between genders. The roles between women and men were clearly divided into 2 tasks. Firstly, the reproductive household part belonged to women's responsibility. Secondly, the productive and paid tasks was socially defined to be the responsibility of the men. However, roles division of women and has been taken differently, women's works are not only limited within the household. The tasks were divided into 2 types:

**2.2.1.1 Productive tasks** are the tasks done by both men and women that could be rewarded into cash. They are the reward due to labor or services exchange in a labor market. These tasks could be done in the household, industries, shops, or farms, which is most commonly included in

national product statistics. Both women and men perform productive works, but not all of this is valued or rewarded in the same way.

**2.2.1.2 Reproductive tasks** are the tasks include childbearing responsibilities, and domestic tasks done by women such as cooking, laundry, house cleaning, care taking. It required to guarantee the maintenance and reproduction of the labor force. It includes not only biological reproduction but also the care and maintenance of the work force in male partner and working children and the future work force such as infants and school-going children (ILO, 1998). The tasks would cost some money if it was given to the third party to be done. On the other hand, there were neither rewarded in cash nor valued as much as productive work when it has been done by any women in the family.

### **2.2.2 Access and control to resources**

There are 2 main points that need to be concerned of in the context of gender relations; 1) who could access to the resources, and 2) who has power to control the resources. Both of women and men seemed to be able to access to the resources, however, women tended to have less opportunity to access important resources such as land and education. In the case that the resources were limited, men tended to have more power to access and control over those resources.

### **2.2.3 Basic and structural needs of men and women**

Most of the women have less opportunity to get their needs. Most of the power within the household dominated by men, domestically, career, society. And women had less power to negotiate. The less women had less power, the more they loss the opportunity to meet their needs. The need of women and men could be divided into 2 types:

**2.2.3.1 Basic Needs** were bonded with the role as a mother, a wife, with the responsibilities to take care of the household. The needs include basic education, general skills, income, food and clean water, secure place to live, career that give the income, health services such as family planning, rights for pregnancy, safe sexuality etc. These needs are very important rights that every woman should access especially the women in vulnerable groups such as women in poverty, migrations, or ethnic groups.

**2.2.3.2 Structural Needs** included Social, economic, political and cultural structure took a very important part to define women status in the society. Such as the rights to access equal economic and social status in the society. The women need to have equal rights at the workplace such as skills training, wages structure, rights to own the land and assets, to elected into politics, to form, support and participate in any social, political, and economic group.

### **2.2.4 Opportunity and social exclusion**

The sphere of opportunity and social exclusion is the most complex. The exclusion and elimination were constructed from various economic, political and cultural conditions. For example, the belief that the housework is for the women or women are men's property have led them to be eliminated the opportunity to have a proper education and career.

Hence, to advocate the women to have more power to have a control over their own life. To have the rights in owning essential resources, do not be dominated by a dominant ideology, to

be independent and participate in sustainable development and free from discrimination (Nartruedee Denduang, 2011, p.6-11).

### **3. METHODOLOGY**

#### **3.1 Research Design**

Quantitative method used in this study. The study examined relationship between gender relations, and five types of violence, which are emotional and psychological violence, physical violence, sexual violence, socio-economic violence and violence related to disability, that women with physical disabilities had been experienced within 12 months until the date of data collection. The research was conducted among a representative sample of 138 women with physical disabilities aged between 18 - 45 years old. The questionnaire survey approach therefore was deemed appropriate method to obtain the answers. The women with physical disabilities participated the collecting data by self-report questionnaires which only been done by the participants themselves, the researcher did not directly interact with participants, and the participants would not have to discuss the experiences with the researcher during the data collection, unless there were any issues about comprehensive answering process. Duration of data collection took 6 months between October 2017 until March 2018.

#### **3.2 Participants**

The participants in this research were women with physical disabilities who were the member of the Association of the Physically Handicapped of Thailand. The population in this research were 9,650 women with physical disability, who were the members of Association of the Physically Handicapped of Thailand. Sampling group consisted of 138 women with physical disabilities, who were the members of Association of the Physically Handicapped of Thailand. A survey sample size was calculated by a statistical program called G\*Power version 3.1.9.2 which is a program used for power analysis and sample calculations to test the relationship between the studied factors. The effect size of the research was set as 0.3 (moderate level). Statistical significance value ( $\alpha$ ) was set as 0.05. And, power of the test was set as 95% with the sample size of 145 people. The data collection had made 138 people which calculated as 95.1% of the calculated sample size.

The sample size had been selected by convenience sampling method due to the member's data given by Association of the Physically Handicapped of Thailand could only give just number of the members. As the consequent, data collection needed to be adapted due to the condition. So, the researcher contacted the deputy secretary of the Association of the Physically Handicapped of Thailand for the suggestions on the means of data collection. And the best way to get into the participants was to attend the meetings, conferences, and activities where the women with disabilities also participated. The best way to get into the participants was to attend the meetings, conferences, and activities where the women with disabilities also participated. The questionnaires which were passed over the provincial representor of women with disabilities to the women with physical disability in the particular provinces; in the envelope contained the questionnaires, an empty stamped envelope with name and address of the researcher in order to post back after completed the form, contact number of the researcher and the major advisor in case of any doubts about the questionnaires, and a paper to clarify inclusive criterias of the research. The questionnaires would be done as a self-report, after that it would be posted back to the researcher for checking over and further analysis.

The criteria of selecting participants has been mentioned as follows:

- 1) Being in a woman the range of 18 - 45 years old
- 2) Being diagnosed by the doctor as a person with physical disabilities. Especially, the participants must not have other kinds of disabilities apart from physical disabilities for example, being physical disabilities together with being visual, hearing, speech, mental, or intellectual impaired.
- 3) Being a member of the Association of the Physically Handicapped of Thailand
- 4) Currently have a heterosexual relationship, if being divorced or separated the period of separation must not more than 12 months
- 5) Having good conscious and being literate
- 6) Voluntary to participate in the research

The data would be excluded when the questionnaires were not answered completely and would be terminated in the case that the researcher incapable to continue the research by getting an accident or being ill or any causes due to researcher's health issue, or the research has been completed in all process.

### **3.3 Data Analysis**

**Analyze the data using SPSS program referred to objectives of the study which were**

1) Natures of the problem about intimate partner violence against women with physical disabilities will be provide under participants' basic information into ratio and percentage. 2) Forms of intimate partner violence against women with physical disabilities will be analyzed by the repetition of abused acts that had happened to each participant. Then the data will be ranked from most to least repetitive, after that it will be re-categorized into various facets to see the whole picture of the situation.

## **4. RESULTS AND DISCUSSIONS**

### **4.1 Demographic characteristics of women with physical disabilities**

The finding showed that 60.8% of the women with physical disabilities were age between 40-49 years old, and the median age was 41 years. There were 43.5% had the duration of disabilities more than 30 years. 42.8% had the highest education in elementary level. 55.1% were married and 27.5% were cohabitated. Socioeconomic status of the women with disabilities presented that 68.8% of the women with disabilities were employed, and 52.2% of income per month was between 5,000 – 9,999 THB; the income's median was 8,800 THB/month, while the intimate partner income was slightly higher at 9,000 THB/month. 37.7% did not have any saving and 29.7% did not have sufficiency income with some debts.

### **4.2 Types of violence women with disabilities experienced had been from their intimate partner**

Numbers of women with disabilities who had been experienced violence from her intimate partner classified by types of violence which are emotional and psychological violence, physical violence, sexual violence, socio-economic violence and violence related to disability.

In order to explore the number of types of violence that the women with disabilities have been experienced in past 12 months. The data showed that women with disabilities had been experienced emotional and psychological violence the most which were 47.1%, sexual violence

28.3%, socio-economic violence 25.4%, Physical violence 21.7%, and violence related to disability 18.8%. This could describe that majority of the women with disabilities had been mistreated emotionally and psychologically, almost one-third had experienced sexual violence, and more than one quarter reported their experiences in socio-economic violence.

**Table 1** Types of violence women with disabilities experienced had been from their intimate partner

<b>Types of Violence</b>	<b>YES (n)</b>	<b>NO (n)</b>	<b>Total</b>
Emotional and psychological violence	47.1 (65)	52.9 (73)	100.0 (138)
Sexual violence	28.3 (39)	71.7 (99)	100.0 (138)
Socio-economic violence	25.4 (35)	74.6 (103)	100.0 (138)
Physical violence	21.7 (30)	78.3 (108)	100.0 (138)
Violence related to disability	18.8 (26)	81.2 (112)	100.0 (138)

#### **4.3 Number of types of violence women with disabilities experienced**

According to five types of violence used in the study, the researcher explored how many types of violence that a woman with disabilities had experienced in past 12 months. The data showed that more than one fifth of the woman had experienced one type of violence (21.3%). And 10.9% has experienced two types and five types of violence each. It could describe that almost half of woman with disabilities has experienced at least one type of violence.

**Table 2** Number of types of violence women with disabilities experienced in past 12 months

<b>Number of types of violence</b>	<b>Percent</b>	<b>(n)</b>
Never been mistreated	44.3	61
1 type	21.7	30
2 types	10.1	14
3 types	7.2	10
4 types	5.8	8
5 types	10.9	15
<b>Total</b>	<b>100.0</b>	<b>138</b>

#### **4.4 Forms of violence that women with physical disabilities had been mistreated by intimate partner**

Table no.3 showed forms of violence that women with physical disabilities had been mistreated by their intimate partner in past 12 months. The data reported that almost half of the

women with physical disabilities had been yelled or shout at by their intimate partner (43.5%), been given fault accusations (25.4%), been accused of having affairs (19.6%), been expected to conform a role (18.1), and 15.2% of intimate partner of women with physical disabilities had multiple sexual partner, etc.

More than one tenth of women with physical disabilities had been refused to assist her daily routines' tasks such as taking bath or travelling (14.5%), Degradation (13.8%), ignored the illness or injury (13.8%), refused to take her for medical check-up or other necessary medication (13.8%), thrown things or objects at (12.3%), rude to her friends or relatives (11.6%), squeezed her hand or twisted her arm(s) (10.9%), force-feeding (10.9%), controlled what she does, who she sees and talks to, what she reads and where she goes (10.9%), been made to feel bad with her disabilities, such as took her for granted, alienated her from other family's members (10.9%), taken her money without permission (10.9%), manipulated (10.1%), challenged or provoked her to start physical violence (10.1%), and not been supported her for her pregnancy (10.1%).

**Table 3** Forms of violence experienced by women with physical disabilities

No.	Forms of violence experienced by women with physical disabilities	YES % (n)	NO % (n)	Total % (n)
1.	Had been yelled or shout at	43.5 (60)	56.5 (78)	100.0 (138)
2.	Fault accusations	25.4 (35)	74.6 (103)	100.0 (138)
3.	Accusations of having affairs	19.6 (27)	80.4 (111)	100.0 (138)
4.	Expecting to conform to a role	18.1 (25)	81.9 (113)	100.0 (138)
5.	The partner had multiple sexual partners	15.2 (21)	84.8 (117)	100.0 (138)
6.	Had been refused to assist her daily routines' tasks such as taking bath or travelling	14.5 (20)	85.5 (118)	100.0 (138)
7.	Degradation	13.8 (19)	86.2 (119)	100.0 (138)
8.	Had been ignored the illness or injury	13.8 (19)	86.2 (119)	100.0 (138)
9.	Had been refused to take her for medical check-up or other necessary medication	13.8 (19)	86.2 (119)	100.0 (138)
10.	Had been thrown things or objects at	12.3 (17)	87.7 (121)	100.0 (138)

#### 4.5 Numbers of violence forms women with disabilities experienced

The table no.4 showed numbers of violence forms women with disabilities experienced within 12 months. It described that more than half of the women with disabilities (55%) had been experienced at least one form of violence from their intimate partner. One third of women with physical disabilities experienced 1-5 forms of violence from the intimate partner. Moreover, there were 8.7% of women with disabilities experienced 6 - 10 forms of violence, 5.1% experienced 11

– 15 forms of violence, 6.5% experienced 16 – 20 forms of violence, and 1.4% of women with disabilities experienced more than 20 forms of violence.

**Table 4** Numbers of violence forms women with disabilities experienced

Numbers of violence form(s)	Percent	(n)
Never been mistreated	45.0	62
1-5 forms	33.3	46
6-10 forms	8.7	12
11-15 forms	5.1	7
16-20 forms	6.5	9
More than 20 forms	1.4	2
Total	100.0	138

#### 4.6 Discussion

Roles and tasks of women and men is more complex in the present context. Presently, women also work in productive sectors as the man does. However, the women have still being expected to work parallel in both productive and reproductive tasks. Conflict happened when the expectation did not come to meet the reality. Additionally, when it comes to the issue of disability, the problems become more vulnerable due to the limitations of body's function of women with disabilities. Condition of being a person with disabilities, a wife, and a mother; the complexity of roles within the persons that could not be fulfilled and completed can bring misunderstood and argument within the family. And, the study tried to explore how the problem was when it has been looking through the lens of gender relations.

Refer to the concept of gender relations, women and men have social expectations in conform the roles and responsibilities led by their belonged society. A woman was expected to take a responsibility in reproductive tasks such as housework, childbearing, care taking tasks which were the task without income. The man was put into productive sphere and responsible for a job that get paid. However, the social context in the present has been changed, women tend to have more roles in productive sphere. So, when concerning at the women with disability, the role of the women has been misfunctioned due to the limitation of the body that made them unable to fulfill their duty as a mother or a wife.

Additionally, the study of Harpur and Douglas (2014) also mentioned that the person with disabilities has more difficulties to report the violence; they might encounter the obstacles to call for help, to travel to police station or access to any assistive services without being support by the care taker. The same study also mentioned that in the family, women with disabilities can also depend on the partner who is the perpetrator himself. So, as they could not reach out for available services, the violence situation to the family is not quite possible to have a solution for them.

Results of the study showed that in past 12 months the women with disabilities had been experienced emotional and psychological violence the most which were 47.1 percent. More than one fifth of the woman had experienced one type of violence. The data also showed that more than half of the women with disabilities had been experienced at least one form of violence from their intimate partner. Recognizing inequity of gender relations between women with disabilities and the intimate partners could raise some social awareness to eliminate causes lead to violence, make the problem being seen and eventually being solved.

## 5. CONCLUSIONS

The study showed that intimate partner violence is an unavoidable issue to take it seriously due to the portion of women with disabilities being violated is might be only the top of the iceberg. In Thailand, there some studies had initiated this area of study to broaden the scope and to reach out the closest to the onset situation. As the study show women with disabilities has been mistreated in all types of violence, such as emotional, physical, sexual, social and economic, and unavoidably violence base on the disabilities. As the demographic data showed that more than 63% of women with disabilities were being employed, their income was still lower than the minimum wage. Together with their partner in come was only slightly higher than the women with disabilities. Additionally, results of the study showed that in past 12 months the women with disabilities had been experienced emotional and psychological violence the most which were 47.1 percent. More than one fifth of the woman had experienced one type of violence. The data also showed that more than half of the women with disabilities had been experienced at least one form of violence from their intimate partner.

There were many barriers for women with disabilities to attain a good quality of life referring to the economic conditions, body's limitations, accessibility to equal healthcare, educations, jobs, etc. Hence, it is important that the issue of violence against women with disabilities should not be taken for granted. It must be carefully concerned, advocated and educated to women with disabilities to be aware of their situation. The study could initially be a source of knowledge for women with disabilities and people without disabilities to develop a better response to the issue and minimize size of the problem which would eventually decrease the violence prevalence in Thailand.

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