The Increased Risk of Intimate Partner Violence for Women with Disabilities:
A Systematic Review of Barriers and Obstacles to Safety

Le risque accru de violence conjugale pour les femmes handicapées :
Une revue systématique des barrières et obstacles à la sécurité

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Abstract

The literature on intimate partner violence (IPV) identifies women with disabilities as being at a higher risk for experiencing abuse than non-disabled women. The current systematic review used both a critical disability lens and the social ecological model to classify the various barriers and obstacles that exist for disabled women attempting to navigate abusive relationships. Fourteen articles were selected for the analysis based on a set of criteria. The obstacles that are present for disabled victims on the individual, relationship, community, and societal levels are identified and discussed. The components that make up a woman's abuse experience do not occur in a vacuum and are shown to interact both within and across levels of the model, making existing barriers more difficult to navigate. Identifying obstacles and barriers for disabled women will create more accessible violence prevention and intervention.

Résumé

Selon la littérature sur la violence conjugale, les femmes handicapées sont davantage à risque de subir des abus que les femmes non handicapées. La présente revue systématique a utilisé à la fois une perspective critique du handicap et le modèle socioécologique pour classer les différentes barrières et obstacles rencontrés par les femmes handicapées qui tentent de faire face à des relations abusives. Quatorze articles ont été sélectionnés pour l'analyse en fonction d'un ensemble de critères. Les obstacles présents pour les victimes handicapées aux niveaux individuel, relationnel, communautaire et sociétal sont énumérés et discutés. Les éléments qui composent l'expérience d'abus d'une femme ne se produisent pas en vase clos. Ils interagissent plutôt à différents niveaux du modèle, rendant les barrières existantes plus difficiles à franchir. Identifier les obstacles et barrières pour les femmes handicapées permettra de créer des stratégies de prévention et d'intervention contre la violence plus accessibles.

Keywords

Disability; Intimate Partner Violence; Domestic Violence; Barriers to Safety, At-Risk Populations

Mots-clés

Handicap; violence conjugale; violence domestique; entraves à la sécurité; populations à risque

Introduction

Physical, psychological, or sexual aggression by a romantic partner or ex-partner, also known as intimate partner violence, is considered an offense against women and their rights by the World Health Organization (WHO, 2011). Existing research on partner violence victimization has identified several risk factors that increase the chances of experiencing IPV; these include low education levels, experiencing childhood abuse, and unemployment (Capaldi et al., 2012). In a Canadian context, victim vulnerability has been identified as a risk factor for intimate partner violence in 43% of the 329 cases reviewed by Ontario's Domestic Violence Death Review Committee (Office of the Chief Coroner, 2019, p. 3). An individual may be considered vulnerable to partner violence if they face difficulties reaching out for assistance (e.g., new immigrants), or if they have a lifestyle that puts them at an increased risk for experiencing violence (e.g., sex work; Office of the Chief Coroner, 2019). Based on this interpretation, women with disabilities are considered more vulnerable to partner violence than non-disabled women. The WHO defines 'disability' as an "...umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)" (WHO, World Bank, 2021, p. 4). In Canada, one-in-five individuals over the age of 15 report having at least one disability. Moreover, compared to men, women were more likely to report having a disability (Statistics Canada, 2018). Different types of impairments may involve physical, intellectual, developmental, behavioural, sensory impaired disorders,

and/or mental health related disabilities. In a post hoc examination of 183 cases of domestic homicide that took place between 2002 and 2012 in Ontario, 16.4% of cases had a victim with a diagnosed mental health illness. In 12.6% of the cases, the victim had a disability (e.g., physical impairment; Musielak et al., 2019). Despite statistical evidence, the public and many service professionals erroneously believe that having a disability serves as a protective factor against partner violence (Nosek et al., 2001). This may be due to the inaccurate stereotype that disabled people are not sexual (Gibson & Mykitiuk, 2012). While the epidemic of partner violence remains a serious concern for non-disabled women, having a disability increases vulnerability to abuse (García-Cuéllar et al., 2022). Women with disabilities face barriers in their everyday lives when trying to navigate the ableist society around them (e.g., limited accessible housing options). These hardships are further amplified when a woman with a disability faces abuse by a current or former intimate partner.

Research continues to show that women with disabilities are at an increased risk for partner violence victimization when compared to their non-disabled counterparts (e.g., Son et al., 2020 and Hahn et al., 2014). However, prevalence rates continue to be inconsistent across studies. In a recent examination of articles that involve women with disabilities and the prevalence of partner violence, García-Cuéllar and colleagues (2022) found that there was a greater chance of being a victim when the woman had a disability. However, an inverse relationship was found with the severity of violence and the victim being disabled. Martin et al. (2006) also reported a similar finding, indicating that disabled

women were no more likely to face physical violence than non-disabled women. Less

severe violence being used against a disabled victim could be interpreted as the offender

needing less physical force to subdue the victim due to an already existing impairment.

Conversely, studies done with disabled women in Africa and Asia report an increased level

of violence when the disability level increases for all forms of violence (Chirwa et al., 2020).

This pattern was also evident in a study by Brownridge (2006) where severe violence was

associated with the victim having a disability. However, the prevalence of violence

between disabled and non-disabled women was not significant over a 1-year period but

was significant over a 5-year period. These mixed findings could be in part due to scholarly

research using standard violence assessment tools to identify or categorize abuse. More

accurate rates of the prevalence of abuse amongst women with disabilities would be

better achieved if assessment tools included unique forms of violence faced by women

with disabilities; for example, an abuser controlling access to medication or assistive

devices (Russell, 1995). The aim of the present review is to examine how women with

disabilities are impacted by IPV at different levels of their environment. Further, the

literature on specific barriers that may be unique to certain types of disabilities (e.g.,

physical) will be explored.

Critical Disability Studies

Previously acknowledged models of disability such as the medical model view the

adversities faced by people with disabilities as a direct result of their diagnoses. Prior to

the 1980s, disability was often viewed as a pathology that needed to be remedied. Only in

recent decades has there been a larger movement to include disability considerations in

policy work and everyday life. Further, embracing disability has led to a dynamic pride-filled subculture, on top of culturally relevant notions of disability (Baar, 2017). In disability studies, critical disability theory has emerged as a way for individuals to consider how one's environment interacts with individual abilities (Schalk, 2017). The theory posits that the limitations faced by someone with a disability are a consequence of barriers existing in society, rather than within the individual. In other words, how someone moves through the world and exists in everyday life is the result of how well suited their environment is to their needs.

As the critical disability studies field developed, a binary model emerged where the distinction between 'impairment' and 'disability' needed to be made. An impairment refers to a specific biological limitation that one may have, whereas a disability is a socially constructed limitation based on one's environment (Meekosha & Shuttleworth, 2009). Critics of the social model claim that defining disability purely as a social construct leads to the neutralization of disability. They maintain that disability is not equal to other social differences such as ethnicity or race which are socially constructed. The biological experiences of those with disabilities should not be ignored and are imperative in understanding their everyday life experiences. Therefore, it is critical to examine both the biological and social impacts, as well as the interaction between the two on individuals with disabilities (Anastasiou & Kauffman, 2013). In the case of IPV, the discrimination faced by individuals with disabilities in their day to day lives results in a range of social, political, economic, psychological, and physical obstacles that they are forced to navigate (Muster, 2021). The relationship between context and the individual is important for

determining how to best address cases with a disabled IPV victim. For instance, the severity of the victim's disability, their psychological traits, and how they feel about their impairment should be considered. On the other hand, contextual or external factors may include the accessibility of one's environment or societal and cultural attitudes towards disability (Ballan & Freyer, 2017). Thus, the interaction between internal and contextual factors that relate to one's disability may influence how successful they may be when trying to leave an abusive relationship.

Social Ecological Framework Theory

The ecological model put forward by Bronfenbrenner (1979) remains one of the most widely recognized theories that applies to human development. It illustrates the dynamic between internal (e.g., attitudes and beliefs) and external factors (e.g., family environment) that influence an individual. The framework allows for a visual understanding of how each of the components of one's environment interact to impact development. (Ali & Naylor, 2013). The first component is the individual or intrapersonal influences on a person. These may be defined as psychological or physical factors, and in the case of a disability, one's limitations. The purpose of identifying the vulnerabilities in this component is not to victim-blame, but rather to describe a set of barriers that may be amenable to alterations significant enough to decrease the risk of abuse. Next, the relationship or interpersonal component is described as how one's interpersonal relationships influence an individual. In the context of partner violence, this could relate to the relationship with one's abuser or their connections to friends or family. The third component of the ecological model is one's community. Examples of community

influences include workplaces, schools, or accessible services. Finally, at the most distal

level is societal or cultural factors. This could be existing norms or attitudes toward

disabilities in general (Terry, 2014). All of these components work in tandem to shape how

a disabled woman may navigate escaping an abusive relationship. The difficulties of

leaving a violent relationship are compounded by barriers that exist at every level, thus

making women with disabilities a high-risk population.

The Current Study

As evidenced by previous literature, women with disabilities are at a greater risk for

experiencing intimate partner violence, or not being able to escape abusive situations due

to the barriers and vulnerabilities created by the interaction between internal and

contextual factors. The aim of the present systematic review is two-fold. First, to identify

factors that put women with disabilities at risk for experiencing partner violence. Second,

to investigate the literature on barriers unique to specific disabilities. Throughout the

duration of the analysis *disability* will be defined using the WHO definition, and will include

any physical, intellectual, developmental, behavioural, and sensory impairment disorders,

and/or mental health related disabilities. Intimate partner violence will be defined as a

romantic or ex-romantic cisgender male partner using any of the following forms of abuse

against a cisgender female partner: economic, physical, psychological, sexual, and/or

emotional. The findings of the review based on these objectives will be organized based on

the previously mentioned social ecological framework theory components (i.e., individual,

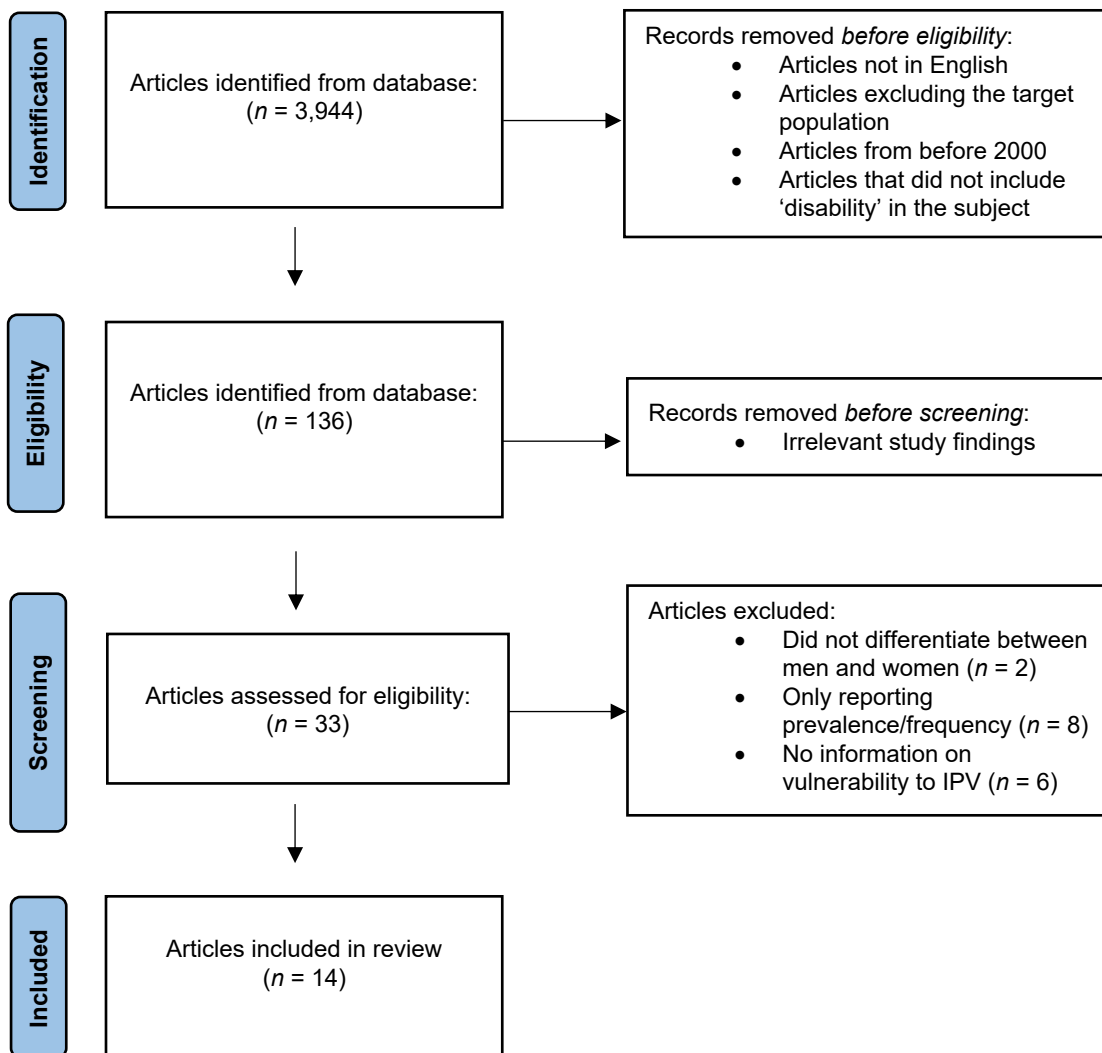relationships, community, and society) and examined through a critical disability lens.

Methods

An initial search of the terms: 'disability', 'intimate partner violence', and 'women' yielded 3,944 articles in the *Western University Libraries* search portal which contains 787 databases. Alternative synonyms (i.e., domestic violence, abuse, service seeking, handicap, barrier) were used to better capture all relevant studies. In order to further narrow down the search criteria, article abstracts were screened to see if they met the following inclusion criteria: Published articles in English from the year 2000 to present that contain any information relating to women (18+) with a disability who have been partner violence victims, or articles relating to service providers who have served the same population. Articles that discussed any type of domestic abuse and any type of disability, including mental illness, were included. Additionally, stipulating that the articles included 'disability' in the subject or a variation of the term (e.g., disabled, disabilities) was used to further refine the search. From these criteria, articles were picked for further analysis. Sixteen articles were excluded because they only reported on the prevalence or frequency of violence against women with disabilities, they did not differentiate between women and men in the study findings, or they did not contain any information regarding how women with disabilities may be more vulnerable to partner violence. Finally, 14 articles were selected for the final review (see Figure 1). Of the articles reviewed, all but two focused only on women and the majority of the studies were from the United States (71%). In terms of participant sexuality, only 3 studies had information about the sexuality of participants, with the majority in each identifying as heterosexual (Bonomi et al., 2018; 66.6%, Hassouneh-Phillips and McNeff, 2005; 66.7%, and Nichols et al., 2018; 94%). Finally, 5 studies mentioned the race or ethnicity of participants, with the majority in each study

being Caucasian (Bonomi et al., 2018; 66.6%, Curry et al., 2001; 70%, Hassouneh-Phillips and McNeff, 2005; 67%, Nichols et al., 2018; 66.7%, and (Nosek et al., 2001; 82%).

Figure 1

Article Inclusion Flowchart

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┌──────────────┐   ┌─────────────────────────────┐   ┌──────────────────────────────────────┐
│ Identification│   │ Articles identified from     │   │ Records removed before eligibility:  │
│              │   │ database:                    │ → │   • Articles not in English          │
│              │   │ (n = 3,944)                  │   │   • Articles excluding the target    │
│              │   │                              │   │     population                        │
│              │   │                              │   │   • Articles from before 2000        │
│              │   │                              │   │   • Articles that did not include    │
│              │   │                              │   │     'disability' in the subject      │
└──────────────┘   └─────────────────────────────┘   └──────────────────────────────────────┘
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Identification	Articles identified from database: (*n* = 3,944)	Records removed *before eligibility*: • Articles not in English • Articles excluding the target population • Articles from before 2000 • Articles that did not include 'disability' in the subject
Eligibility	Articles identified from database: (*n* = 136)	Records removed *before screening*: • Irrelevant study findings
Screening	Articles assessed for eligibility: (*n* = 33)	Articles excluded: • Did not differentiate between men and women (*n* = 2) • Only reporting prevalence/frequency (*n* = 8) • No information on vulnerability to IPV (*n* = 6)
Included	Articles included in review (*n* = 14)	

Synthesis

Individual

Employment

According to Statistics Canada (2023), the rate of employment for disabled individuals in 2022 was 65.1%. When compared to the rate of employment for non-disabled individuals, which was 80.1%, the comparison is stark. Moreover, as the severity of the disability increases, the rate of employment decreases. In an IPV context, the lack of financial independence has often left disabled women no choice but to depend on an abusive partner for survival (Ruiz-Pérez et al., 2018). Five studies identified ways in which employment status was affected by one's disability.

In a study with 49,756 women who identified as disabled, Smith (2007) identified a lack of employment as a risk factor for physical and sexual partner violence. The financial consequences of not having employment can negatively affect how one seeks assistance. Nichols and colleagues (2018) found that a lack of finances kept disabled college students from pursuing formal assistance after an incident of partner violence. Additionally, victims who are unemployed are often at a greater risk for losing their homes, children, or pets (Cramer & Plummer, 2009; Curry, 2001). The increased risk of poverty, loss of shelter, and a lack of financial independence highlight barriers created by unemployment for disabled women who are experiencing IPV (Ruiz-Pérez et al., 2018). While disability on its own has been linked to a lack of unemployment, it is important to consider issues of additional discrimination that are often present. For example, from their study with employment service providers for IPV survivors Tarshis et al. (2022) report that racism and other forms of discrimination are so deeply embedded in the job-seeking process that it is near impossible to tease apart.

Internalized Stigma

The stigma disabled people experience on every level has led them to be excluded, rejected, and devalued. The views society has on what is considered acceptable or the 'norm' shape how someone with a disability might experience the world (Scambler, 2009). Often, this stigma is turned inward and has been shown to shape the lives of even those as young as school-aged children (Chatzitheochari & Butler-Rees, 2023). Several studies found that the embodiment of stereotypes and negative ideas that exist in society about disabled people cause women to lower their standards in romantic relationships. Hassouneh-Phillips and McNeff (2005) found that women IPV victims who were visibly impaired were more likely to view themselves as unattractive. In addition, their internalized ableism meant that they valued romantic relationships with non-disabled men compared to disabled men. Further, the fear of being alone and having to settle for less in a partner kept disabled women in abusive relationships. One woman commented:

> I've had relationships with people that I really wasn't all that attracted to and probably wouldn't have before my accident...setting my standards lower thinking that as a woman with a disability, I would not be a partner or seen as a woman who is worthy...there were times when I was involved with people that had criminal histories and stuff or were just, just not somebody I would have been involved with before my accident. I think that had a lot to do with some of the abuse. (p. 236-237)

This finding that disabled women were settling for less out of the fear of being alone was also evident in Cramer and Plummer's (2009) study, as the women carry the assumption that they will not find another partner who will find them attractive due to their impairment.

Stern et al. (2020) report that sadness, anxiety, and humiliation occur as a result of the internalized ableism. In some cases, disabled women felt so ashamed of their impairment that they did not participate in violence prevention programs. Additionally, this shame led to a feeling of powerlessness to do anything about the abusive situation that the women were in. While internalized stigma is categorized on an individual level, it is important to note that it stems from the views of an ableist society. Further, internalized stigma does not occur in a vacuum and there are often other forms of discrimination at play. As an example, disabled youth in Chatzitheochari and Butler-Rees' (2023) study who came from a middle or higher social class were better able to overcome ableist barriers compared to their counterparts that belonged to a lower socio-economic status and faced a lack of resources and structural discrimination.

Disability Related Factors

Several studies identified certain obstacles that were related to a victim's disability that impeded them from either identifying or escaping abuse. One study reported women's physical limitations (e.g., limited range of movement) were used to the advantage of their abuser to keep them subdued; this was especially the case with abusive husbands sexually assaulting their wives (Nosek et al., 2001). Additionally, the stress of the abuse sometimes exacerbated already existing disability symptoms (i.e., stress induced seizures; Cramer & Plummer, 2009). Several studies identified disability-related issues that arose when victims attempted to recognize abuse or seek help. For instance, women with cognitive or speech impediments have been misidentified as being drunk or high on the phone when calling for help. In other cases, women may not be able to use a traditional

telephone independently to call for help, or they may not be able to physically leave the situation (Curry et al., 2001). One study identified how certain disabilities influence how a victim may understand or recognize abuse. One service professional respondent from Ruiz-Pérez and colleagues' (2018) study reported that "It's hard enough for any woman to wake up to the fact that she is being abused. And when you add a problem like this, and in this case I'm talking about an intellectual problem, well it makes it much worse" (p. 1062). This quote emphasizes the need for service professionals to better tailor their practices to be more accessible to disabled women.

Relationships

Dependence on Abuser

Due to the many systematic barriers women with disabilities face when navigating IPV situations, they may have no choice but to depend on their abuser for survival. Four articles identified women not being able to leave a violent relationship because their abuser also acted as a caregiver. Women often felt that in order to secure care for themselves and their children they had to endure the abuse (Stern et al., 2020). Also, it was reported in the studies that many disabled women who require expensive orthotic devices and medications have to economically depend on their abuser for potentially life-saving needs. Difficulties with regard to securing professional assistance outside of the home can force women to not report abuse and continue living in silence (Curry et al., 2001; Nosek et al., 2001). In focus group discussions Curry et al. (2003) found that in 44% of cases the abuser was responsible for the victims' personal care, and in 60% of cases a back-up

caregiver was not an option. Additionally, some disabled women required daily help which gave their abusers opportunity to be in control of their lives.

Isolation

Internalized stigma and discrimination from society may contribute to the increased rates of isolation that individuals with disabilities face. Social isolation and withdrawal create the opportunity for abuse as the victim is secluded from friends, family, or professionals who could validate signs of abuse (Curry et al., 2001). Stern and colleagues (2020) state that participants reported exclusion and social isolation due to their disability. One respondent reported that she was regularly ignored and not taken seriously by those around her. Participants reported feelings of frustration, anxiety, as well as having a lack of support from not having close meaningful relationships.

Disability-Specific Abuse

Emotional abuse that targets a woman's disability was seen in four articles. Participants in Stern et al. (2020) and Hasan et al.'s (2014) studies reported that their abusive partner called them names and belittled them and their disability. One participant said she would rather her partner use physical violence against her rather than use her disability to insult her. Participants in Bonomi et al.'s (2018) research described partners who used diagnoses against the victim as a way to carry out emotional abuse. Offenders seemed to play on internalized undesirability by claiming the victim was lucky to be in the relationship, or they used offensive terms when referring to the victims' mental illness (i.e., too cold, too broke, crazy). One respondent in Ruiz-Pérez et al.'s (2018) study claimed her husband taunted her often with threats about what would happen if she reported the

abuse: "Go to a lawyer! Report me! Report me! You're useless! What are going to do? What are you going to do, work as a cleaner? How...?" (p. 1061). Having a caregiver as an abuser creates additional opportunities for injury and maltreatment for disabled victims, as abusers can exploit and manipulate care (Curry et al., 2001). Curry and colleagues (2003) found that amongst their disabled participants who reported partner violence, many experienced neglect, having their equipment taken away or dismantled, or medications manipulated by an abuser. In other studies, survivors reported that they were left alone, without assistance and with their assistive devices hidden by an abuser (Ruiz-Pérez et al., 2018; Nosek et al., 2001). In terms of disability-related physical abuse, Nosek and colleagues (2001) found that abusers take their frustrations out on the victim when caretaking (e.g., handling them roughly). One woman recounted "Once he pushed me out of my wheelchair and left the house; I laid on the floor for five hours until a neighbor came to help" (p. 184). As shown in these studies, an abuser targeting a woman's disability allowed for them to control the situation while keeping the women subjugated.

Community

Inaccessible Services

Despite the evident need for accessible domestic violence services, American statistics show that only 6% of shelters are equipped to handle a partner violence survivor that requires assistance due to a disability (Ortoleva & Lewis, 2012). Issues arise when women require accessible transportation to shelters as paratransit options require advance booking and do not run consistently (Cramer et al., 2004). In pressing circumstances failure to account for women's limitations has had dire consequences,

such as in Cramer and Plummer's study (2009) where a woman was unable to deliver order of protection papers due to disability-related circumstances.

Additionally, reporting structures are lacking as some women are not able to use non-adapted telephones, or shelters are unaware of communication-assisted relay systems that help women who are speech or hearing impaired communicate (Gilson et al., 2001). Articles also identified several architectural and policy barriers to domestic violence shelters. In some cases, disabled children or guide dogs cannot be accommodated in shelters (Ortoleva & Lewis, 2012). Chang et al. (2003) identified a lack of funding as the main reason why shelters cannot be structurally converted to meet the needs of disabled women. This puts limitations on services for disabled women as many shelters do not have the space for medical equipment or assistants. Further, due to lack of funding, construction could not be done to accommodate rooms on main floors, make washrooms more accessible, or install ramps.

Lack of Service Provider Training

Many of the respondents in the articles reviewed mentioned a lack of concern and professionalism when dealing with service providers at every level of seeking assistance. Disabled women often described situations where they felt devalued by service professionals who often saw them as a homogenous group and failed to recognize how disabilities would facilitate abuse (Cramer et al., 2004; Ruiz-Pérez et al., 2018). In addition, a lack of finances was given as a reason why there was limited staff with knowledge of disability issues or training with assistive devices. A lack of professionalism by service providers was also evident in Nichols et al.'s (2018) study with women with mental

illnesses. After incidences of violence, women often had to wait long periods of time to see a therapist, and when they finally did there were experiences of the therapist being late, focusing too much on the violence rather than the reasons for seeking help (i.e., mental health symptoms), and general incompetence. Additionally, the lack of awareness of disability-related abuse leads healthcare providers to assume women are aware of when they are being abused; healthcare providers should identify women who are at a greater risk for IPV and ensure they are knowledgeable about when they may be in an abusive relationship (Ruiz-Pérez et al., 2018). It was also noted that there needs to be consistent training of service providers from reporting abuse right through to the court system (Ruiz-Pérez et al., 2018). Finally, in cases with immigrant women, services were not able to cater to language and cultural needs or views, adding to existing barriers for disabled IPV survivors (Cramer & Plummer, 2009). While the studies did not address whether sexual orientation played a role in how disabled women approached service providers it is important to note that same-sex IPV is vastly underreported. Individuals who are facing IPV from a same-sex partner resist seeking help due to fear of police homophobia, heteronormative ideas about IPV, and having to reveal their sexual identities (Banks, 2003).

Society

Attitudes Towards Disabilities

Many of the articles reviewed discussed how women with disabilities are consistently devalued by society. Discriminatory acts like not being paid for work or being excluded from daily life added to the internalized stigma for individuals with disabilities

(Stern et al., 2020). On a broader level, societies treatment of disabled women ensures their low socio-economic status (Curry et al., 2001) which can have extensive consequences for an IPV survivor.

Cultural Factors

A woman's culture may play a significant role in how instances of abuse and their disability interact, not to mention how their community sees IPV will have an impact in their experience. For example, mistrust and a history of racism by formal resources has resulted in the Black community to be at a greater risk for experiencing IPV (Vil et al., 2022). In a study with IPV data from 190 countries it was found that the two main drivers of IPV were colonialism and patriarchal views. These two factors are deeply connected as colonialism introduced a more patriarchal society that minimizes women. In addition, the structural inequalities that have been ushered in by colonialism have had a lasting impact, creating issues such as mental health disorders and substance use (Brown et al., 2023)

In cultures where gender roles are well defined it may be difficult for some women to adhere to a caregiver role when they themselves need assistance for daily tasks (Curry et al., 2001). In Stern et al.'s (2020) study respondents reported that there is a cultural stigma of being single, and women compared to men, are more likely to be forced to settle when it comes to finding a partner due to family expectations. Cramer and Plummer (2009) also reported a significant effect on how women navigate culture and abuse. Women reported not wanting to divorce their husbands as the practice is looked down upon in their cultures. As with Stern and colleagues' findings, incidences of ostracism over one's disability by their family and a push to find a husband kept women in abusive relationships.

Table 1

Social ecological model components and subthemes summary table

Component	Subtheme	Vulnerability
Individual	Employment	-Cannot support dependants -Keeps them reliant on abuser and others -Lack of finances to get help
	Internalized stigma	-Shame/self-esteem -Settling for less -Fear of being alone
	Disability-related factors	-Difficulty resisting abuse -Difficulty identifying/communicating abuse
Relationships	Dependence on abuser	-Need day to day help -Economic dependence -No alternate caregiver
	Isolation	-Nobody to validate abuse -Negative emotions
	Disability-specific abuse	-Emotional abuse based on disability -Playing on internalized negative feelings -Maltreatment and neglect
Community	Inaccessible services	-Physical barriers to shelters -Lack of adapted equipment -Lack of accessible transportation
	Lack of service provider training	-Lack of training on assistive devices -Lack of training on how to address disability
Society	Attitudes	-Discrimination -Devaluation
	Cultural factors	-Family obligations -Adhering to gender roles

Discussion and Implications

Women with disabilities have been consistently identified as being an at-risk group

for experiencing various forms of intimate partner violence (García-Cuéllar et al., 2022).

Using the social ecological framework, the present systematic review identified several barriers that are unique to women with disabilities when trying to navigate the experience of abuse. Based on the articles reviewed, factors that impeded women from escaping violence exist from the abuse itself right through to a lack of accessible professional help services. On the individual level, a lack of employment, internalized stigma, and disability-related circumstances were all identified as obstacles that exist for disabled IPV survivors. On an interpersonal or relationship level, subthemes that were identified were dependence on the abuser, isolation, and disability-specific abuse. On a community level, inaccessible services and a lack of service provider training were subthemes that emerged from the literature on barriers for disabled women. Finally, attitudes towards disabilities and cultural factors made up subthemes that were present on the societal level.

The social ecological model suggests that the different levels of the model interact with each other to shape a woman's experience of abuse and create compounding barriers for women with disabilities (Terry, 2014). For instance, on a societal level the devaluation of disabled individuals may lead to them internalize negative views and therefore settle in romantic relationships. This was evident in Hassouneh-Phillips and McNeff (2005) and Cramer and Plummer's (2009) studies where women feared being alone, and not finding a partner due to their disability. Devaluation on the societal and community levels also created additional vulnerabilities for disabled women on the individual and interpersonal levels. Issues with finding employment and accessible services in their daily lives often led to women to rely on their abuser. The discrimination faced by individuals with disabilities affects their employment opportunities and the benefits that go with having a steady

income (Stern et al., 2020). Employers not wanting to create an accessible environment and thus excluding disabled individuals from the workforce creates risk for victimized women.

In Ontario, the Ontario Disability Support Program (ODSP) is meant to supplement income for individuals with disabilities. However, the amount of money that is received is based on several aspects of one's life circumstances, specifically their relationship status. A marriage or common-law relationship means that individuals get less income from the program, as they are meant to rely on their spouse. This creates a dynamic where disabled women who may be in abusive relationships have to rely on their partner for income and an abuser is responsible for controlling finances and other aspects of a victims' life.

Across Canada, a similar issue exists for individuals with disabilities when it comes to income support. In British Columbia people with disabilities are cut off from financial support if their partner makes more than a certain amount monthly (Van Vloten, 2021). This ensures a lack of financial freedom for disabled people and forces some to hide their relationships in fear of losing economic independence. As one woman put it "When I got married, I lost all of my disability monies. When my husband became abusive, I could not leave and had no money as he controlled it all" (Van Vloten, 2021). Fostering independence in disabled women is important for self-determination as well as combating the existing societal stigma around disabilities. The Disabled Women Network of Canada offers several camps and skills training sessions that cater to the needs of women with disabilities (DAWN Canada, n.d.). Making these programs widespread and including information about healthy relationships, warning signs of impending abuse, and sexual

education may help form positive relationship attitudes early on in the lives of disabled people.

The lack of training for professionals when engaging with disabled survivors of domestic violence was determined to be a barrier for women trying to leave abusive relationships. The lack of funding for domestic violence services secures assistance for the needs of the majority, however the disabled minority are at-risk because they are not able to access these same services (Chang et al., 2003). As disabled women have been identified as an at-risk population, healthcare professionals should be equipped to deal with their elevated risk of abuse. Research has shown that knowing about violence helps one escape the violence (Barranti et al., 2008). Healthcare providers should therefore ensure that their clients and patients are knowledgeable about what is and isn't violence and how disabilities may foster specific forms of abuse. In the same vein, current methods of assessing abuse are heavily geared towards non-disabled women. As presented in this study, unique forms of abuse exist for disabled women that are not accounted for in many risk assessment tools. Gauging an individual's capacity and assessing reporting structures will make for more tailored assessments and safety plans (Gilson et al., 2001).

Limitations and Future Directions

While this review did identify subthemes and interactions of barriers and obstacles for disabled women as victims of domestic violence, there are ways in which the current research can be expanded on. As evidenced by previous literature, women with disabilities are identified as an at-risk group for experiencing IPV, therefore they are labeled as vulnerable. While this review uses vulnerability as a basis for understanding disability and

IPV, it is important to mention that disability is not always analogous to vulnerability. When examining vulnerability, one must consider how it effects an individual on macro and micro levels. For example, disabled people who require more time to complete tasks on a daily basis appear to be more patient and equipped to deal with unexpected circumstances than their non-disabled counterparts (Sparf, 2016). The second aim of this study was to identify certain obstacles that may be present for specific types of disabilities. Cognitive disabilities were linked to victims not fully understanding abuse and not being able to communicate with service providers. In addition, physical disabilities were linked with lower self-esteem. Studies had varied definitions of 'disability' and included various methods of categorizing specific diagnoses. Even in the case of participants identifying with specific types of impairments (e.g., physical, cognitive) there are a wide range of associated impairments, making one diagnosis appear different based on the individual. One method of addressing this would be to analyze disabilities based on more specific criteria.

The present study focused solely on disabled women as victims of domestic violence. However, disabled men and gender non-conforming individuals also experience domestic violence. Traditional male gender roles such as providing for one's family are often impacted by a disability. As a result, men may experience feelings of shame from their community or family creating isolation similar to that of female victims (Stern et al., 2020). The paucity of research on and resources for victims that don't identify as women is further impeded by their experience as disabled individuals. Mitra and Mouradian (2014) report that in the United States among people who indicated ever experiencing partner

violence, disabled men were more likely than non-disabled men *and* women to report

violence in the past year.

Another consideration is that many of the articles in this analysis did not include

information on race or ethnicity, and many focused on heterosexual relationships.

Disabled abuse victims encounter additional obstacles to leaving abusive situations when

they have intersecting identities that have historically been devalued. Survivors may be

constrained by language barriers or experiences of discrimination by service providers. The

findings in this analysis suggest that on its own, accessible help is difficult to obtain as a

victim of domestic abuse. However, in the case of multiple devalued intersecting

identities, such as a disabled woman who may also be an immigrant and speak another

language, the opportunity to find assistance may seem non-existent (Sasseville et al.,

2020; Violence Against Women Learning Network, 2015). These circumstances are the

reality for many women, and this may warrant additional research into how these added

obstacles further impede disabled victims.

Conclusion

Disabled women experience a wide variety of obstacles in their everyday lives.

These barriers are often due to the discrimination and stereotypes that society places on

disabled individuals. The current literature on disabled victims of intimate partner violence

suggests that there are vulnerabilities for this population that make them more susceptible

to experiencing violence. Further, existing vulnerabilities are shown to interact on different

levels compounding their effects. The term "disability" is complex and broad in its

definition. Its meaning will vary depending on someone's personal circumstances as well

as how they interact with their environment. However, existing violence resources need to

consistently evolve in order to better serve the people that depend on them. By

acknowledging the unique needs of disabled women as victims of partner violence,

communities can work to become more accessible and reduce the risk of violence that

having a disability currently creates.

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