



## GUIDELINES FOR PHYSICIANS ON THE ABUSE OF WOMEN WITH DISABILITIES\*

DISPELLING THE MYTH: "No one would ever abuse a woman with a disability."

A recent national study by the Center for Research on Women with Disabilities shows that women with physical disabilities experience about the same rate of emotional, physical, and sexual abuse as women without disabilities. About 55% of each group had experienced physical or sexual abuse. The women with disabilities, however, were more likely to experience the abuse over longer periods of time. The most common perpetrators were husbands or live-in companions. Women with disabilities were more likely to experience abuse by medical professionals and by parents than women without disabilities. Abuse has a more severe negative effect on the self-esteem of women with physical disabilities than those without disabilities. Disability is associated with fewer economic resources, thereby increasing the risk of abuse. It also limits the woman's options for escaping abusive situations or accessing battered women's programs. The study identified a new dimension of abuse, called disability-related abuse, in which perpetrators withhold needed orthotic equipment (wheelchairs, braces), medications, transportation, or essential assistance with personal tasks, such as dressing or getting out of bed.

### WHY PATIENTS DON'T TELL THEIR DOCTORS ABOUT ABUSE

- She may fear of retribution if the perpetrator er learns the violence has been disclosed.
- She may feel shame and humiliation that this is happening to her.
- She may think she deserved the abuse. She may think that, because of her disability, she cannot hope for better treatment.
- She may feel protective of her partner. She may have been told that no one else would have her or take care of her because of her disability.
- She may not fully comprehend her situation. She may not recognize that what she is experiencing is abuse, especially if she has been exposed to it most of her life.
- She may think her doctor is not knowledgeable or does not care about abuse.
- She may think her doctor is too busy to spend time talking about this problem.
- She may think her doctor couldn't help her with this problem.

### REASONS PHYSICIANS DON'T ASK ABOUT ABUSE

- They believe that abuse doesn't occur in the population of women with disabilities.
- The patient is tearful and uncooperative, or she is intoxicated from alcohol or other drugs, making it difficult to get the history.
- They think the woman provoked or deserved the abuse.
- They believe what happens in the home, in terms of domestic violence, is a private matter and therefore should not be discussed.
- They think she can just leave if she wants to.
- They know the assailant and believe he or she is incapable of abuse.
- They don't know what to do if they uncover the abuse or they believe it is the job of other professionals, such as social workers.
- They know what to do, but believe it won't help--"she just goes back to him anyway."

## CLUES FROM THE MEDICAL HISTORY

- A description of the incident that is not consistent with the kind of injury.
- A time delay between injuries and presentation.
- An "accident"-prone history.
- Suicide attempts or depression.
- Repetitive psychosomatic complaints or recurring physical complaints with no physical signs of organic disease, including: headaches, chest pains, heart palpitations, choking sensations, numbness and tingling, nervousness, dyspareunia, pelvic pain.
- Emotional complaints, including anxiety, panic attacks, sleep disorders, nervousness, depression, difficulty coping with parenting, or nonspecific complaints of marital problems.
- Signs and symptoms of alcoholism and drug abuse.
- Injury during pregnancy, or "spontaneous" abortions, premature labor, low birthweight babies, and fetal injuries.
- Other pregnancy-related problems, such as substance abuse, poor nutrition, depression, and late or sporadic access to prenatal care.
- Signs and symptoms of post-traumatic stress syndrome: increased arousal, sleep difficulties, irritability, difficulty concentrating, and hypervigilance.

## CLUES FROM THE PHYSICAL EXAMINATION

- Examine the entire body, noting areas of tenderness as well as areas with visible injuries.
- Injuries due to abuse may have a "central pattern," that is, injuries to the face, neck, throat, chest, breast, abdomen, and genitals.
- Bear in mind that some injuries tend not to happen accidentally.
- Be suspicious of injuries suggestive of a defensive posture, such as bruises to the ulnar aspect of the forearm.
- Multiple injuries in various stages of healing suggest physical violence occurring over a period of time.
- Any injury during pregnancy should be explored to determine if it was sustained as a result of domestic violence.

- In persons who have difficulty communicating because of cognitive impairment, examine the genital area for signs of hematomas, bleeding, or the insertion of foreign bodies.

## WHAT PHYSICIANS CAN DO FOR AN ABUSED PATIENT

- Talk with her directly and privately about the suspected abuse.
- Assess the degree of danger she is experiencing.
- Help her develop a safety plan, including emergency shelter, transportation, supplies, medication, cash, keys, etc.
- Document the incident in her medical record, including your suspicions of abuse.
- Plan for follow-up care.
- Give her information on resources that could help her:

Houston Area Women's Center, 528-6798

Texas Department of Human Resources, Adult Protective Services, 767-2000

Advocates for Victims of Domestic Abuse, 224--9911

Lawyer Referral Service, 237-9439

Gulf Coast Legal Foundation, 652-0077

Houston Police (family violence division), 535-7900

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\* Developed by the Center for Research on Women with Disabilities, Margaret A. Nosek, Ph.D., Director, based on Patricia R. Salber, M.D. and Ellen Taliaferro, M.D., *The Physician's Guide to Domestic Violence* (Volcano, CA: Volcano Press, 1995).