



Women and Disability: In Context to Violence against Specially Abled Women

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ABSTRACT

The roles undertaken by women and men in society are determined by factors such as culture, values, laws, religion, personal and private relationships between men and women in the society. Women are assumed to have a passive role in society whereas men assume active roles. Although men and women with disabilities experience devaluation, marginalisation, isolation and discrimination, but the two stigmatized statuses converge in the lives of women with disabilities which further diminishes their already devalued gender status. Violence against women and girls is rooted in gender-based discrimination, social norms and gender stereotypes which perpetuate violence. Women with disabilities around the world experience much higher levels of physical, sexual, and psychological violence, for longer periods of time and with worse physical and mental outcome as a consequence of violence than women without disabilities. Disabled women are at a higher risk of suffering physical, verbal or sexual abuse such as rape, molestation, sexual harassment as well as physical torture, isolation, beating etc. Women with mental disabilities, mental illness and hearing impairments are most vulnerable as they find it difficult to identify and speak up against the perpetrators at home and outside. For the present paper 30 working women with disabilities were interviewed in Jammu city. Thus the present paper will focus disabled women and the on the violence faced by disabled women.

KEYWORDS: Violence, Disability, Discrimination, Abuse.

INTRODUCTION

Disability as a social label on a person describes a characteristic of that person which prevents or disables a person's ability to meet his/her daily needs. In the Indian context certain factors such as the systemic barriers, negative attitudes and exclusion describe who is disabled or not in a particular society (Queen, 2016)¹. Throughout centuries persons with special needs have been socially, educationally and economically disadvantaged and neglected in almost all the societies. They constitute a section of population which is least served, backward and marginalised.

The world report on disability (2011)² describes women with disabilities as the most marginalised and excluded group in the society as the prevalence of disability is higher among women than men. Disabled women are considered to be highly vulnerable, less powerful, weak and in a subordinate position. Addhalaka (2013)³ views disabled body as a source of shame and embarrassment, discomfort and ill being and contributing to a sense of alienation with the environment.

Women with disabilities are doubly disadvantaged economically, socially and psychologically. Disabled women are unable to access opportunities for education due to the gender and disability constraints and thus are hardly ever referred for vocational training programs. Further disabled women have less access to the benefits to be gained from government and other organizations and are more likely to be unemployed, engaged in unskilled labour that also pay less. Disabled women have less access to rehabilitation services like health care, education, vocational training opportunities because of their social and cultural isolation. Thus disabled women often experience 'Rolelessness' or the absence of sanctioned social roles and the institutional means to achieve them.

Women with disabilities are disadvantaged because women's work is seen as secondary to men's. A woman's main role in most communities is still to be a wife, mother, and homemaker while the man is the main decision maker and income earner and as a result a woman with disability is perceived as one who is unable to perform her traditional roles of wife, mother and home-maker because of her disability and is perceived as one in need of physical assistance in self care and grooming, and is usually unable to carry out the day to day domestic tasks that require mobility and physical labour.

Due to these negative attitudes and stereotypes about what women with disabilities can or cannot do, many disabled women consider themselves as 'non-persons' who have no rights or privileges to claim, no duties or functions to perform and no aim in life to achieve.

Most of the decisions about the lives of women in India are taken by their fathers, husbands, brothers and sons. Disabled women have to struggle for the recognition of their status in society as decision makers. Thus, women and girls with disabilities are subject to multiple layers of discrimination. Based on their gender and disability status they often face double discrimination.

Disabled women use wheelchairs, scooters, crutches, canes, braces, sign language interpreters, captioned videos, audio descriptions, communication devices, personal assistants, readers, note takers, life equipped vans. Women with disabilities are denied their right to freedom from exploitation, violence and abuse- they experience alarmingly high rates of all forms of violence and abuse. They continue to be assaulted, raped and abused at a rate of at least two times greater than other women and are at a greater risk of severe forms of intimate partner violence.

Thus the term Gender-based violence refers to violence that targets individuals or groups on the basis of their gender. It is an expression of the power inequality between genders and how women and girls are perceived in their society. Gender-based violence fuels gender inequality by keeping women and girls subordinate and under the control of men.

The main factors for the additional vulnerability of women and girls with disabilities are:

- 1) **Patriarchal attitudes:** Attitudes towards women in patriarchal societies combined with vulnerabilities related to the impairment itself.
- 2) **Powerlessness:** The perceived powerlessness of women and girls with disabilities who are less able to defend themselves or seek support because of their isolation e.g. they may be hidden away, the nature of impairment leaves them isolated, or they may not recognise that what is happening is unacceptable and not their fault.
- 3) **Access to services:** Their inability to access legal protection and redress because services are not accessible, because there is lack of awareness of the issues that women and girls with disabilities face in regard to their vulnerability.

A study conducted by Mohanty and Mohapatra (2005)⁴ on domestic violence against women with disabilities in 12 districts of Orissa argues that women are victim of double discrimination. Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace. Disabled women also tend to be relatively easy targets of sexual exploitation, particularly if they are mentally retarded. Women with physical disabilities appear to be at risk for emotional, physical and sexual abuse to the same extent as women without physical disabilities. Parents, husbands and close family members were the most common perpetrators of emotional or physical abuse.

Curry M. & Hassouneh (2002)⁵. 'Abuse of Women with Disabilities' argues that Women with disabilities are at increased risk for emotional, physical, and sexual abuse. They are also at risk for experiencing disability-related abuse from multiple sources.

Margaret A., Howland, and Mary Ellen Young. (1997)⁶ "Abuse of Women with Disabilities Policy Implications." 62% of a national sample of women with physical disabilities reported having experienced emotional, physical, or sexual abuse. The most common perpetrators of abuse were husbands and parents for both women with and without disabilities.

Abuse or Harassment

Type of Abuse	No of Respondents	Percentage (%)
Physical	4	13.3
Sexual	0	0
Verbal	11	36.7
Physical, Verbal	1	3.3
All	3	10
None	11	36.7
Total	30	100

It was found that women with disabilities have always been portrayed as less than the able bodied individuals with regard to the contributions they make in the society. Disabled women are usually at a higher risk of abuse/harassment. In the present paper the above table shows various forms of abuse (physical, sexual, verbal) encountered by women in their homes, work place, public etc. The table shows that 36.7% i.e. 11 out of 30 respondents have mostly faced verbal abuse in their life such as criticism, insult, calling names, screaming being put down by someone in family or office.

During interviews with these respondents, women reported incidents during which their family members especially in laws used abusive language, use of words like 'bechari', 'dependent', 'uneducated', 'she cannot do anything', weak. Around 13.3% respondents i.e. 4 out of 30 face physical abuse such as a slap, hitting, and physical injury and being pushed or touched specially while travelling in buses and matadors.

Some women reported physical and mental torture by their husbands and in laws. There were 3 out of 30 women respondents i.e. 10% who have faced all types of abuse. Divorced women encountered all the types of abuse. These women reported abuse from their husband's side such as threats, misuse of money, damaging property, humiliation, emotional abuse and isolation. Around 36.7% respondents i.e. 11 out of 30 reported that they never faced any sort of abuse in their life. They were always respected by their family, friends, and society.

Women with disabilities, however, were significantly more likely to experience emotional and sexual abuse by attendants and health care workers. In addition to the types of abuse experienced by all women, women with physical disabilities are sometimes abused by equipments (wheelchairs, braces), medications, transportation, or essential assistance with personal tasks, such as dressing or getting out of bed.

Due to the disability women face negative stereotypes about their reproductive life, sexuality and health. The myth related to sexual defectiveness that “disability breeds disability” prevents disabled women from reproducing and thus, women with disabilities are denied their right to bodily integrity, to control their own bodies and to be free from interventions- evidenced by the practices of forced sterilisation, menstrual suppression, forced contraception and coerced abortion. Compared to other women, disabled women are less likely to receive appropriate health services and are significantly more likely to face medical interventions to control their fertility.

Women with disabilities are more likely to be unlawfully sterilised than their male counterparts. They are less likely to have children, more likely to experience marriage breakdown and divorce, and more likely to be single parents. They are often stereotyped as passive, asexual, dependent, compliant, sick, child like, incompetent and helpless, powerless or insecure. When women with disabilities work, they often experience unequal hiring and promotion standards, unequal access to training and retraining, unequal access to credit and productive resources, unequal pay for equal work and occupational segregation, and they rarely participate in economic decision making.

CONCLUSION

Thus in order to reduce and stop violence against specially abled women it is important to develop training and support programmes to empower families and caregivers of women and young persons with disabilities to care for them in community-based homes or in their own home, Create programmes that support women and young persons with disabilities to build relationships, friendships, and community based support networks, Develop training programmes targeted at women and young persons in institutional settings to assist them with learning about their rights and creating awareness.

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