

Partner abuse has been front and center in the news lately. We asked our two columnists to address the issue for people with disabilities.

Dr. Olkin addresses male to female partner abuse in heterosexual relationships:

If you are being abused by a partner, I want to say two things to you right at the start: (a) You are not alone; (b) It is not your fault. And the third thing is that there is help and hope, but you have to take the first step.

Let's back up and discuss what we know about partner abuse. There are early warning signs: he came on strong at first, with lots of romance; isolating you from friends and family; being suspicious of you and your whereabouts; getting angry over small things; calling you names or putting you down; speaking disparagingly of women in general and previous partners specifically; he is possessive and jealous; he does favors for you that put you in his debt; he pressures you or forces you to have sex; he treats you one way in public and another way in private; nothing is ever his fault. Abuse never stops on its own, and the level of abuse tends to escalate over time. Women are more likely to be killed by a partner than a stranger (this is not true for men).

There are many reasons women stay, though studies indicate that they do eventually leave, usually by a five-year follow-up. Why do they stay? When this question was posed publicly (#whyistayed) after press about the NFL, 121,000 women posted responses. In contrast, only 40,000 posted to #whyileft. Women stayed due to feeling powerless, for fear of further and worse abuse, because he swore it was the last time, because of the children, for financial

constraints, because they loved him. And why do women leave? Because of the effect of witnessing violence on the children, because the abuse was now directed at the children, because the abuse was escalating, because someone offers a lifeline, because it's no way to live.

Abuse carries specific risks for women with disabilities. She is more easily injured, injuries can take longer to heal, the sum total of disability plus injury can be more debilitating than without the disability. She may need assistance in activities of daily living, safe houses might not be wheelchair accessible, she may depend on the health insurance of her spouse. Additionally, there are types of abuse specific to women with disabilities, such as dismantling an automatic door opener, taking the battery out of an electric wheelchair or scooter, refusing to help her with necessary tasks, breaking assistive devices, removing car adaptations.

The main thing that allows abuse to continue is silence. It happens in secret. The woman feels ashamed, embarrassed, at fault. But see paragraph #1! Make a plan to survive: (a) Do not tell your partner you are leaving, as that tends to increase the level of violence and attempts to hold you at all costs. (b) Pack a bag with your important things (cash, keys, personal documents). (c) Share a secret safe word with those you trust to signal that you need help. (d) Get a restraining order. (e) Call the National Domestic Violence Hotline: 800-799-



Rhoda Olkin, PhD

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She is a polio survivor and single mother of two grown children.

SAFE (7233) or 800-787-03224 (TTY for the deaf and hard of hearing).

About two weeks ago a female student shared for the first time that she had been living with an abusive husband for ten years. As she told me I could see the anxiety, the shame, the fear of my judgment. But yesterday she came back to tell me that sharing her story with me lifted a huge weight off her, that she was so much better, knowing she was moving on. This could be you.

Dr. Machell addresses female to male and same sex partner abuse:

Intimate partner violence (IPV) isn't just about male perpetrators and female victims. Men can be abused by a female partner. And in same-sex relationships men are abused by men and women are abused by women.

Abuse can be physical, sexual, emotional, psychological or economic. Withholding of medication, assistive devices or care; keeping someone from medical appointments; or threatening nursing home placement, competency evaluation or the removal of their children are forms of abuse too. Abuse, regardless of the form it takes or the gender of perpetrator and victim, is always about power and control. The cycle of abuse and the blaming of the victim by the perpetrator are also the same.

Given the level of underreporting, I believe the statistics on the frequency of men abused by female partners are meaningless. It is wrong to assume

that such abuse is primarily emotional or psychological. Regardless of size or physical strength differentials, women can and do physically and sexually abuse men.

No matter what form the abuse takes, men abused by women report feeling shame and isolation. They may question their masculinity, or believe that others would, especially if as often happens the abuser states or implies this is why the abuse is occurring. When male victims disclose abuse, they may experience or fear they will experience skepticism and ridicule. And even without false accusations by the abuser, many people, including police and judges, assume the abuse must be mutual.

In the recent past, abuse in same-sex relationships has been more openly acknowledged. In spite of this, in my own practice I have seen gays and lesbians who are connected with their own communities and comfortable with their identities – nevertheless experiencing ambivalence about leaving abusive relationships. It is much harder for those who are less comfortable and/or who live in less enlightened parts of the country. If they are not out, their perpetrators may threaten to out them. Reporting the abuse, even telling a friend or family member, may out them anyway. Police and others may not take abuse between same-sex partners seriously. Even if they do leave, victims may not be able to access shelters or protective orders. And a closeted victim may have few or no supports among family or friends.

continued on page 10



Stephanie T. Machell, PsyD

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Her father was a polio survivor.

Looking for Volunteers!

The RRTC on Promoting Healthy Aging for People Aging with a Long-Term Physical Disability

For the last 5 years, our research group has followed 389 polio survivors who are experiencing the late effects of polio or post-polio syndrome. This group of volunteers has filled out a survey for us about every year or every few years. You may already be one of our very valued volunteers – thank you for your participation!

Now, we have new funding and we're looking for a small number of new volunteers to join the survey. We'd like every voice to be heard and counted in our survey – and especially those from underrepresented or minority backgrounds. For that reason, we are launching a new effort to enroll new individuals to our team of survey volunteers. We are currently looking for individuals with post-polio syndrome (or late effects of polio) who identify themselves as African American, Hispanic, Asian American or Native American. Men (of all backgrounds) are also especially encouraged to participate.

What's the skinny on the surveys?

- 3 surveys over the next 5 years.
- Paper surveys mailed out to your home filled out with a pen.
- About 45 minutes to fill out.
- Questions ask about quality of life, resilience, coping and symptoms you may experience, like pain or fatigue. We will also ask a set of questions about your health care.
- We will send you a check for \$25 for each survey you fill out and return to us.

Interested? Contact us! 1-866-928-2114 or agerrtc@uw.edu

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Promoting Positive Solutions

continued from page 9

Some men in same-sex relationships report being told that leaving shows they aren't really gay or that they believe gay relationships are wrong because men are naturally violent and this is a natural part of sexuality between men. Men who are conflicted about being in a same-sex relationship may even believe that the abuse is punishment that they deserve.

Women abused in same-sex relationships often feel especially isolated, especially if they believe that women are never perpetrators of abuse. Because lesbian communities are small and interconnected, it may be difficult for the victim to escape her perpetrator without disconnecting from her support systems. Women in same-sex relationships who don't identify as lesbians may feel additional confusion and shame.

All people with disabilities are twice as likely to be victims of IPV as those who are temporarily able-bodied. While being

targeted due to physical weakness or vulnerability seems obvious, many people with disabilities are at high risk for emotional and psychological abuse due to poor self-image. For example, an abuser can exploit or reinforce a polio survivor's belief that he or she is less attractive or desirable and therefore lucky that anyone would want them. Individuals who have experienced trauma or who have attachment issues may also be more vulnerable to all forms of IPV. And if the abuser also provides care, transportation or income for the victim, it becomes even more difficult to leave.

If IPV is happening to you, no matter what the perpetrator tells you, it isn't your fault. You don't deserve it. And you can leave.

The recommendations for leaving safely and the phone numbers in Rhoda's response will work for you too. Use them. Be safe. ■