Cumulative Contexts of Vulnerability to Intimate Partner Violence Among Women With Disabilities, Elderly Women, and Immigrant Women

PREVALENCE, RISK FACTORS, EXPLANATORY THEORIES, AND PREVENTION

Summary

Women with disabilities, elderly women, and immigrant women (DEI) are more vulnerable to intimate partner violence (IPV). Yet, their experiences with IPV have been largely unstudied. The limited existing research on IPV affecting DEI women tends to focus on individual identities rather than consider how women with multiple DEI identities may be exposed to a heightened risk of IPV. Sasseville and colleagues reviewed and synthesized the literature to analyze the compounding contexts of vulnerability that expose DEI women to IPV. The research team addressed the similarities and differences in the forms and consequences of IPV, the risk factors for IPV, explanatory theories, as well as methods for IPV prevention.¹

Methods

To perform the critical literature review, key words were used to search several databases. The criteria for selection were [1] focus on the issue of IPV experienced by DEI populations, [2] be supported by empirical data obtained through a structured research methodology, [3] be written in French or English, and [4] document a context similar to that of Western country. 56 of 1,466 articles met the selection criteria and were analyzed for emergent themes.



Results

- Several studies found that compared to the general population, prevalence of IPV was higher among women with disabilities and potentially lower among immigrant women, although the prevalence may be underestimated among elderly and immigrant women.
- Older women with disabilities are more likely to have experienced multiple instances of IPV over their lifetime, increasing the risk of developing chronic IPV.
- Certain risk factors were found to be unique to particular DEI identities. For immigrant women, for example, language barriers, precarious immigration status, and changes in socioeconomic status were found to be drivers of conflict that contributed to the presence of IPV.
- Risk factors associated with an increased risk of IPV for DEI women include exposure to abuse over the life course, contextual susceptibilities like social isolation, illness, and disability, cultural norms that promote tolerance or complacency regarding violence, and cumulative contexts of vulnerability.

Key Takeaways

- DEI women experience IPV in various ways that are associated with their specific contexts of vulnerability
- Belonging to more than one DEI group exposes women to the cumulative effects of IPV
- IPV affects certain subgroups of DEI women in greater proportions
- Exposure to multiple contexts of disadvantage and oppression makes it difficult for DEI women to escape the cycle of violence
- Strategies for preventing IPV in DEI women include early detection and targeting health determinants as social isolation and poverty that exacerbate risk factors associated with IPV in DEI women

Implications for Practice

Programs and services for DEI women should take an intersectional perspective to avoid a fragmented response that focuses on singular identities. Directed initiatives involving employment, transportation, and legal aid, can enable social integration of DEI women. More research is needed to accurately measure prevalence of IPV in DEI women, particularly women with multiple DEI identities, and evaluate current interventions and prevention strategies.





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