



Federal Ministry for  
Family Affairs, Senior Citizens,  
Women and Youth

# Life situations of and pressures on disabled women in Germany

**Short version**



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**Drafted by the University of Bielefeld and the cooperation partners on behalf of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth**

**Dr. Monika Schröttle**, Interdisciplinary Centre for Women and Gender Studies (IFF), University of Bielefeld (project management)

**Prof. Dr. Claudia Hornberg**, Bielefeld School of Public Health/Interdisciplinary Centre for Women and Gender Studies (IFF), University of Bielefeld (project management)

**Dr. Sandra Glammeier**, Interdisciplinary Centre for Women and Gender Studies (IFF), University of Bielefeld (research assistant)

**Dr. Brigitte Sellach**, Society for Women and Gender Research in the Social Sciences (GSF e.V.), Frankfurt (cooperation partner)

**Prof. Dr. Barbara Kavemann**, Freiburg Institute for Women's Research in the Social Sciences (SOFFI.F, office Berlin), Berlin (cooperation partner)

**Dr. Henry Puhe**, SOKO Institut GmbH, Social Research and Communication, Bielefeld (cooperation partner)

**Prof. Dr. Julia Zinsmeister**, Cologne University of Applied Sciences, School of Applied Social Sciences, Institute of Social Law (cooperation partner)

**Bielefeld, Frankfurt, Berlin, Cologne February 20<sup>th</sup> 2012**





## Foreword

The study commissioned by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth centred on the task of questioning a representative group of disabled women on their life situations, the pressures they face, on discrimination and on experiences of violence in childhood and adult life for the first time in Germany.

By embarking on this study, the researchers involved, as well as the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, have sent out an important signal in order to bring the topic of disabled women, who are affected by violence and discrimination into the focus of both policy-makers and researchers. A next important step will now be to continue to systematically open up the area of action defined by the UN Convention on the Rights of Persons with Disabilities and to address further recommendations for precise intervention, support and prevention to the policy fields concerned.

Particular thanks go at this juncture to all participants, who have contributed to drawing up this extensive study. The willingness of the many women who were surveyed to add their comments, the extremely high level of professional and personal commitment of the interviewers, as well as of the experts who actively contributed their knowledge both in the planning stage, and particularly during the study, have been extremely important and have formed the central foundation for this investigation. However the study also could not have been carried out to this extent without the activities and support of many associations and institutions, and not lastly of the researchers involved. Through their sound, critical expertise and their high level of interest, they have all made a vital contribution towards the success of the study and helped to lend precise shape to topical areas and action needing to be taken beyond disciplinary boundaries, providing structure and demonstrating where action needs to be taken and pointing out where the action taken is insufficient.

We would also like to thank the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which made the study possible through its financial support. Special thanks go to Angelika Diggins-Rösner, Dr. Doris Jansen-Tang, Tanja Leeser and Ursula Seidel-Banks, who made a vital contribution towards the success of this study through their expertise and their willingness to engage in debate.

Particular thanks are also due to the women of the *Weibernetz network*, the *Hesse Network of Disabled Women*, the *ForUM Association*, the *Mensch zuerst – Network People First Deutschland*, the *German Federation for the Deaf*, the *Berlin Network of Disabled Women* and the *Network of Women and Young Females with Disabilities/Chronic Disorders in North-Rhine Westphalia*, in particular Brigitte Faber, Martina Puschke, Rita Schroll, Bärbel Mickler, Ricarda Kluge, Sabine Fries, Bettina Herrmann, Monika Pelkmann and Dr. Sigrid Arnade, without whose advice and support the study could not have been properly achieved. We would furthermore like to express our sincere thanks to Dr. Birgit Buchinger, Prof. Dr. Theresia Degener, Katja Grieger, Heike Herold, Prof. Dr. Cornelia Helfferich, Dr. Marianne Hirschberg, Dr. Helga Kühnel, Dr. Anke Langner, Dr. Astrid Libuda-Köster, Teresa Lugstein, Eleonora Muradova, Victoria Nawrath, Cornelia Neumann, Dr. Mathilde Niehaus, Gabriele Pöhacker, Viktoria Przytulla, Gertrud Puhe, Prof. Dr. Christian Rathmann, Patricia Schneider, Dr. Rosa Schneider, Petra Stahr, Heike Wilms and Dr. Aiha Zemp, who provided us with academic and professional advice.

The considerable interest which the study attracted during the planning stage, as well as during its implementation, but particularly after the results had been presented, can be taken as a promising sign of a broad interest in the topic. The results lead one to expect a major impetus for further national and international debate.

**Dr. Monika Schröttle (project management) and Prof. Dr. Claudia Hornberg on behalf of the entire research team**  
**February 2012**

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# I.

## The methodical approach of the study

A **representative group of disabled women** was surveyed within this study **for the first time** in Germany about their life situations, the pressures they face, on discrimination and on their experience of violence in childhood and in adult life. The survey questioned a total of **1.561 women** aged from 16 to 65, **with and without a disability pass**, living **in households and institutions**, who have severe, permanent impairments and disabilities.

**800 disabled women** were reached via a **representative household survey**. The selection was carried out using an extensive preliminary survey of 28.000 households selected at random in 20 locations nationally (rural districts, as well as towns and cities), which were also selected randomly (random route). It was first of all ascertained using a **screening questionnaire** whether a woman lives in the household who in her own estimation has severe, permanent impairments and disabilities, and/or uses institutions of assistance for disabled people and/or has a pass for severe disabilities. If this was the case, the woman was asked to take part in a main interview, lasting between 1.5 and 3 hours.

A total of **420 women** were surveyed in the 20 locations nationwide within the **representative survey of women living in residential institutions**, also carried out according to a systematised random procedure. These were:

- **318 women with** learning difficulties/intellectual disabilities, who were surveyed in simplified language by specifically-trained interviewers using a comparable questionnaire;

■ **102 women most of whom had mental health problems, in a small number of cases women with severe physical disabilities or with multiple disabilities**, who were surveyed using the general questionnaire.

Furthermore, a **non-representative additional survey** was carried out in households in order to include adequate case numbers of some important survey groups in the study. The vast majority of the **341 visually-impaired women, hearing-impaired women and women with severe physical disabilities/multiple disabilities** surveyed for this purpose were recruited by making appeals in newspapers and magazines, as well as via lobbying associations and multipliers, and in some cases via the pension offices. These were:

■ **128 blind/visually-impaired women,**

■ **130 women with severe physical disabilities and with multiple disabilities,** and

■ **83 deaf/hearing-impaired women**, who were surveyed in German sign language by a team of interviewers all of whom were deaf, and who were coordinated and trained by researchers who were also deaf.

In addition to these quantitative surveys carried out with a structured questionnaire, **31 disabled women affected by violence in households and institutions** were surveyed in a subsequent **qualitative study** with an open interview manual in order to obtain more detailed information on their individual experience of violence and their experience with and expectations of support.

The central results of the representative survey in households and institutions and of the additional survey, are documented and the results of the qualitative study are summed up below.

## II.

### An overview of impairments/ disabilities and the life situations of the women surveyed

#### 2.1 Impairments and disabilities

Most of the women in all the survey groups have **multiple impairments and disabilities**. In the case of the vast majority of women, physical impairments (in the additional survey also sensory impairments) are highly significant, followed by mental impairments and problems. The last group occurs to a considerable degree in almost all survey groups – in most cases in addition to other impairments. They may be connected with the disabilities/health impairments, but also with other stressful experiences in the women's lives. The extent and diversity of the disabilities and impairments reported by the women indicate an overall high level of pressures in all survey groups of the study (see table 1).

**Table 1: Type of impairment (multiple answers possible)**

<b>Basis: all respondent women</b>						
	<i>Representative surveys of women in households and institutions</i>			<i>Non-representative additional survey</i>		
	<i>Households</i>	<i>Institutions/ general language</i>	<i>Institutions/ simplified language</i>	<i>Additional deaf women</i>	<i>Additional blind women</i>	<i>Additional women with physical disabilities</i>
	<i>N=800 (%)</i>	<i>N=102 (%)</i>	<i>N=318 (%)</i>	<i>N=83 (%)</i>	<i>N=128 (%)</i>	<i>N=130 (%)</i>
<i>Physical impairments</i>	92	82	84	23 <sup>1)</sup>	72	100
<i>Mental impairments</i>	68	88	-- <sup>1)</sup>	75	58 <sup>2)</sup>	66
<i>Learning difficulties<sup>3)</sup></i>	17	31	78	34	13	25
<i>Visual impairments</i>	14	25	7	-- <sup>1)</sup>	100	32
<i>Speech impairments</i>	8	13	33	52 <sup>4)</sup>	2	19
<i>Hearing impairments</i>	19	20	13	100	16 <sup>2)</sup>	13

**1)** The information cannot be directly compared because of the simplified/abbreviated form of the questions. **2)** 5–8% left this section blank. **3)** These are not medically-diagnosed learning difficulties in the classical sense, but other problems were also referred to that relate to ability to learn and to concentrate, as well as understanding in everyday life. The actual question was: “Do you have difficulties which cause you severe, permanent restrictions when it comes to learning or understanding in everyday life?”

**4)** The hearing-impaired women were asked how well they were able to speak standard German. 52% stated that they could not do so, or not very well, 42% stated that they spoke it well or very well. 6% stated that this “varies”, or did not complete this section.

The majority of the women in the survey of women in institutions and in the non-representative additional survey had a **disability pass** (73–100%).<sup>1</sup> By contrast, more than 60% of the women in the representative household survey did not have a disability pass, despite their severe, permanent, and high pressures characterised by multiple functional impairments and disorders. This indicates that the study was able to shed light on an important grey area of women without a disability pass, who as a rule are not reached by other surveys of disabled persons.

The disability did not occur until adult life in many instances. This was the case with almost two-thirds of the women in the representative household survey, and in each case of slightly fewer than half of the women who were surveyed in institutions in general language and of the women with severe physical disabilities/multiple disabilities in the additional survey. This percentage was much lower in the other survey groups, at 6–18%. A **disability/impairment from birth, childhood or youth** was described by the majority of blind and deaf women in the additional survey (81–89%), but also of women who were surveyed in institutions in simplified language (64%)<sup>2</sup> (see table 2).

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- 1 73% of the women surveyed in general language in institutions, 93% of the women surveyed in simplified language in institutions and 98–100% of the women in the additional survey stated that they had a disability pass.
  - 2 The percentage might in fact be much higher in the last group because almost 30% of these women did not comment on it or did not know exactly when their disability had occurred

**Table 2: Time of occurrence of the disability**

Basis: all respondent women						
	Representative surveys of women in households and institutions			Non-representative additional survey		
Had disability since	Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
birth	16	22 <sup>1)</sup>	49 <sup>2)</sup>	64 <sup>1)</sup>	54	30
childhood and youth	19	24 <sup>1)</sup>	15 <sup>2)</sup>	25 <sup>1)</sup>	27	23
adulthood	64	49 <sup>1)</sup>	6 <sup>2)</sup>	6 <sup>1)</sup>	18	46

**1)** 5–6% of the women did not complete this section. **2)** 17% of the women did not complete this section, and another 12% stated that they did not know how long they had had their disability.

## 2.2 Sociostructural characteristics

Disabled women living in households differ less obviously from the average female population in terms of sociostructural characteristics such as education, work/gainful employment and family/partnership status than women living in institutions and the women in the non-representative additional survey. By comparison, women who live in residential institutions are much less likely to have completed school qualifications and received vocational training. The vast majority of them work in workshops for disabled persons, and they were more frequently unmarried and childless. Some of the women in the non-representative additional survey differed from the average female population (see Schröttle/Müller, in: Federal Ministry for

Family Affairs, Senior Citizens, Women and Youth 2004)<sup>3</sup>. Whilst the deaf women who were surveyed were younger on average, but showed considerable similarities to the average female population with regard to gainful employment, partnership and family ties, blind women/severely vision-impaired women and women with physical disabilities/women with multiple disabilities in the study were more frequently older (roughly 70% of them being more than 40 years old), not in gainful employment, unmarried and childless. At the same time, they had a higher-than-average level of education, which might also be caused by the specific, non-representative selection of the women in this group.<sup>4</sup> At the same time, visually-impaired women and women with physical disabilities most frequently had not completed a qualified apprenticeship or vocational training, which however the respondent deaf women had done more frequently. A large proportion of the deaf women in this study (slightly more than two-thirds) were in gainful employment, whilst only roughly one-third of the respondent blind women and women with physical disabilities were working, despite their higher level of education. Although the deaf women in the study were more likely to be in gainful employment and less likely to be single, and more likely to have children to look after, they most frequently had very low household incomes, down to less than 1.500 € net (36% vs. 16–22% in the other survey groups).

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3 See Schröttle, Monika/Müller, Ursula (2004): Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland. Eine repräsentative Untersuchung zu Gewalt gegen Frauen in Deutschland. On behalf of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Berlin. The short version can be downloaded at: <http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/wpublikationen,did=110360.html> (retrieved on February 20<sup>th</sup> 2012), long version: <http://www.bmfsfj.de/RedaktionBMFSFJ/Abteilung4/Pdf-Anlagen/langfassung-studie-frauen-teil-eins.property=pdf,bereich=bmfsfj,sprache=de,rwb=true.pdf> (retrieved on February 20<sup>th</sup> 2012).

4 With regard to schooling and vocational training, the data of the additional survey cannot be generalised for deaf and blind women and women with physical disabilities living in Germany since recruitment via magazines and associations may have led to women being reached who have a higher level of education.

An overview of impairments/disabilities and the life situations of the women surveyed

**Table 3: Selected sociostructural variables**

<b>Basis: all respondent women, multiple answers possible</b>							
	<i>Average population</i>	<i>Representative surveys of women in households and institutions</i>		<i>Non-representative additional survey</i>			
	<i>(BMFSFJ 2004)</i>	<i>Households</i>	<i>Institutions/ general language</i>	<i>Institutions/ simplified language</i>	<i>Additional deaf women</i>	<i>Additional blind women</i>	<i>Additional women with physical disabilities</i>
	<i>N=8,445<sup>1)</sup></i>	<i>N=800</i>	<i>N=102</i>	<i>N=318</i>	<i>N=83</i>	<i>N=128</i>	<i>N=130</i>
	<i>(%)</i>	<i>(%)</i>	<i>(%)</i>	<i>(%)</i>	<i>(%)</i>	<i>(%)</i>	<i>(%)</i>
<b>Partnership and children</b>							
<i>Currently in partnership</i>	75	72	34	42 <sup>2)</sup>	69	58	58
<i>Previously in partnership</i>	52	64	71	48 <sup>2)</sup>	77	60	70
<i>Ever married (incl. divorced/widowed/separated)</i>	73	78	42	8	70	58	55
<i>Currently married</i>	57	55	4	5	46	38	37
<i>Percentage of women with children</i>	71	73	39 <sup>3)</sup>	6 <sup>2)</sup>	71	41	42



An overview of impairments/disabilities and the life situations of the women surveyed

**Table 3: Selected sociostructural variables**

<b>School and training</b>							
Intermediate school-leaving certificate/higher education/entire qualification/higher education graduation (expressed together)	69	63	47	2 <sup>2)</sup>	64	80	77
Women who did not complete apprenticeship/vocational training	17	19	49	79 <sup>3)</sup>	13	20	24
<b>Gainful employment</b>							
Percentage of working women	57	49	50 (44% in workshop)	88 (84% in workshop)	69 (0% in workshop)	37 (0% in workshop)	32 (8% in workshop)
Percentage of women in full-time employment	31	18	0	-- <sup>3)</sup>	28	18	18

**1)** In order to ensure comparability with the women of this study, only women aged up to 65 were included here. **2)** 6–9% of the women did not complete this section. **3)** Question was not asked.

The vast majority of the women in the additional survey live in their own private households with no connection to an institution. Twice as many blind women and women with physical disabilities as deaf women stated that they lived alone in the household. This may be related to the higher age group spread, but also to the greater social isolation and weaker family involvement of blind women and women with physical disabilities/with multiple disabilities.

**Table 4: Current accommodation situation (only women of the non-representative additional survey)**

<b>Basis: all respondent women, multiple answers possible</b>			
	<i>Additional deaf women</i>  N=83 (%)	<i>Additional blind women</i>  N=128 (%)	<i>Additional women with physical disabilities</i>  N=130 (%)
<b>Current accommodation situation</b>			
<i>Own apartment not linked to institution</i>	86	89	83
<i>Own apartment linked to institution</i>	12	6	16
<i>Accommodation group or room in institution</i>	(1) <sup>1)</sup>	6	(1) <sup>1)</sup>
<b>Co-habitation in a private household (multiple answers possible)</b>			
<i>Lives alone in household</i>	19	42	39
<i>with partner</i>	57	44	45
<i>with own children</i>	51	16	18

1) *Less informative due to low case numbers*

# III.

## Psychological, physical and sexual violence

The disabled women who were surveyed in the study were **subject to all forms of violence much more frequently** in the course of their lives than women in the average population who had been surveyed within the 2004 representative women's study (see Schröttle/Müller 2004)<sup>5</sup>. Particularly striking is the high level of strain, specifically caused by sexual violence in the respondents' childhood, youth and adult lives. Women with mental disorders that live in institutions are the group within the representative surveys that was worst affected by violence during their lives. Among the women of the additional survey, deaf women were by far the most frequently affected by, in particular, sexual violence in childhood, youth and adult life.

The study reveals the connection **between violence and health impairments/disability** in women's lives. Disabled women are not only at a greater risk of being confronted with violence, but also (previous) experiences of violence in the women's lives in many cases contribute to health and mental impairments as well as to disabilities later on.<sup>6</sup> For instance, a large percentage of the respondent women – including those whose disabilities had not occurred until adult life – had already

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5 see footnote 3.

6 This has already been documented by large numbers of national and international studies documenting the connection between health and violence in women's lives. See for an overview: Hornberg/Schröttle/Bohne et al. (2008): Gesundheitliche Folgen von Gewalt. Themenheft der Gesundheitsberichterstattung des Bundes, Robert-Koch Institute. Themenheft GBE 42 on the Internet at: [http://www.rki.de/cln\\_234/nn\\_968104/DE/Content/GBE/Gesundheitsberichterstattung/Themenhefte/gewalt\\_\\_inhalt.html](http://www.rki.de/cln_234/nn_968104/DE/Content/GBE/Gesundheitsberichterstattung/Themenhefte/gewalt__inhalt.html) (retrieved on February 20<sup>th</sup> 2012).

been subjected to a considerable level of **violence by parents and other-persons in childhood and youth**. They had often experienced more frequent (and more severe) physical violence, but particularly much more rates of psychological violence on the part of parents than the average female population. Moreover, depending on the investigation group, they were between twice and three times more likely to have been subject to **sexual abuse in childhood and youth**.

### 3.1 Violence in childhood and youth

Within the study it was possible to identify the following extent of violence in the childhood and youth of the respondents:

- Depending on the investigation group, **psychological violence and psychologically-hurtful acts committed by parents** have been experienced by roughly 50–60% of the respondent women in childhood and youth (in comparison to 36% of the average female population).<sup>7</sup>
- 74–90% of disabled women were affected **by physical violence on the part of parents** in childhood and youth (in comparison to 81% of the average female population).
- **Sexual abuse in childhood and youth committed by adults** was experienced by 20–34% of disabled women. They were therefore affected by it roughly two to three times more often than the average female population (10%). If **sexual abuse by other children and juveniles** is included, in addition to sexual abuse by adults, depending on the investigation group one in two to one in four women in the study experienced sexual abuse in childhood and youth, headed by deaf women (52%), who were noticeably frequently affected by it in

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<sup>7</sup> Women who were surveyed in simplified language here and with other forms of violence in childhood and youth reported violence roughly as frequently (with physical violence less frequently) than the average female population. However, the noticeably large share of women who did not comment or who cannot remember (15–35%) leads one to conclude that there is a considerable grey area here.

institutions and (boarding) schools,<sup>8</sup> followed by blind women (40%), women with a mental disorder (36%), women with physical disabilities/with multiple disabilities (34%) and the women of the representative household survey (30%). 25% of the women with learning or intellectual disabilities in institutions reported that they had been sexually abused in childhood and youth. One may however presume that there is a considerable grey area here, since many of these women were no longer able to remember and/or did not comment on this. Furthermore, it must be assumed that in particular women with very serious learning or intellectual disabilities and considerably restricted ability to articulate could not be reached by the survey study, or only inadequately, and are particularly at risk of having experienced sexual abuse.

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8 Some 57% of the deaf women who were affected by sexual abuse in childhood and youth named offenders from school and training (incl. specialist schools). The rates were much smaller in the other survey groups of the additional survey, at 22% and 26% respectively (as against 9–15% in the representative surveys of the women in households and institutions). By contrast, 45–50% of the blind and women with physical disabilities/with multiple disabilities, who were affected by abuse, but only 24% of the deaf women affected by it, reported that the offenders belonged to their families (representative surveys of women in households and institutions: 44–46%).

**Table 5: Physical, psychological and sexual violence in childhood and youth<sup>1)</sup>**

Basis: all respondent women, multiple answers possible							
Experienced at least one situation	Average population (BMFSFJ 2004)	Representative surveys of women in households and institution		Non-representative additional survey			
	(%)	Household (%)	Institutions/ general language (%)	Institutions/ simplified language (%)	Additional deaf women (%)	Additional blind women (%)	Additional women with physical disabilities (%)
<b>1. Physical and/or psychological violence by parents</b>							
Physical and/or psychological attacks by parents	83	88	93	58	90	83	82
Physical attacks by parents	81	85	90	55	83	77	74
Psychological attacks by parents	36	53	61	34	59	63	52
<b>2. Sexual abuse</b>							
By children, juveniles or adults	-- <sup>2)</sup>	30	36 <sup>3)</sup>	25 <sup>3)</sup>	52 <sup>4)</sup>	40	34
By adults	10	24	31 <sup>3)</sup>	20 <sup>3)</sup>	34 <sup>3)</sup>	34	25
By children/juveniles	-- <sup>2)</sup>	11	10 <sup>3)</sup>	9 <sup>3)</sup>	36 <sup>3)</sup>	17	14

**1)** Varied case basis. In section 1 (violence committed by parents): all respondents who grew up entirely/partly with their parents. In section 2 (sexual abuse): all respondents. **2)** Question not asked. **3)** 10–16% no comment **4)** 5% no comment

Moreover, the study revealed that women who grew up entirely or partly in institutions during their childhood were subjected to a considerable level of psychological and physical violence there. Taken together, almost half (48%) of those women surveyed in simplified language who had grown up entirely or partly in homes/boarding schools stated that they had experienced psychological violence there. More than one-third of the women (35%) furthermore reported experiencing physical attacks in institutions in which they were accommodated in their childhood/youth. The large shares of women who did not comment on this (approx. 10–15%) suggest that there is a large grey area here also. The information does not reveal by whom the physical and psychological attacks in the institutions in childhood and youth were carried out.

### 3.2 Violence in adult life

The large numbers of disabled women who were affected by violence in childhood and youth are frequently similarly affected in adult life. For instance, in the study:

- I 68–90% of the disabled women reported suffering **psychological violence and psychologically-harmful acts in adult life** (in comparison with 45% of the average female population); deaf and blind women and women with a mental disorder were affected by this most frequently, at 84–90%. The acts ranged from verbal insults and humiliation through discrimination, marginalisation and repression, to threats, blackmail and psychological terror.
- I **Physical violence** in adult life was reported by 58–75% and therefore almost twice as many women in this study compared with the average female population (35%). Deaf women and women with a mental disorder were affected most frequently (at 73% and 75%, respectively).

I Depending on the investigation group, **coercive sexual acts in adult life** were reported by 21–43% of disabled women. They were hence also affected by sexual violence in adult life roughly two to three times more frequently than the average female population (13%). Once more, deaf women (43%) and women with a mental disorder (38%) were worst affected by this.

It should be taken into account when reading the table below, which documents the degree to which the respondents were affected by violence in adult life, that the violence reported by women living in institutions was not always actually experienced within the institutions, but was also perpetrated by individuals outside the institutions or in the time prior to their stay in the institution (see section 3.3 for more details on contexts of the offences and offenders).



**Table 6: Psychological, physical and sexual violence in adulthood**

Basis: all respondent women, multiple answers possible							
	Average population	Representative surveys of women in households and institutions			Non-representative additional survey		
	(BMFSFJ 2004)	Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
	N=8.445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
<b>Psychological violence</b>	45	77	90	68	84	88	78
Psychological violence by partner	13 <sup>1)</sup>	25	28 <sup>2)</sup>	(4) <sup>2)</sup>	45 <sup>2)</sup>	33 <sup>2)</sup>	28 <sup>2)</sup>
<b>Physical violence</b>	35	62	73	58	75	66	59
Physical violence by partner	13 <sup>1)</sup>	29	36	(6)	41	22	25
<b>Sexual violence<sup>4)</sup></b>	13	27	38	21 <sup>3)</sup>	43	29	29
Sexual violence by partner	4 <sup>1)</sup>	13	20	6 <sup>2)</sup>	19	13	14

1) Only relates to information provided by the women in the oral questionnaire, which is comparable with this study. The figures in the additional written questionnaire are much higher, but are not comparable with the values of the study among disabled women. 2) 6–10% no comment.

3) 16–23% no comment. 4) Narrow definition: coercive sexual acts.

**Deaf women** are worst affected by physical and sexual violence: Three-quarters of deaf women (75%) have experienced physical violence since the age of 16; 43% were affected by sexual violence in adult life, and 84% by psychological violence and psychologically-harmful acts. Together with women with a mental disorder in institutions, they were the group in this study most frequently affected by violence in adult life.<sup>9</sup> It may be that previous experience of the overstepping of boundaries, particularly also of sexual boundaries, in childhood and youth increased the risk of violence in later life. In the assessment of experts on the deaf, the moreover very high extent to which deaf women are affected by physical violence on the part of a partner (related to current and/or previous partners in a relationship), at more than 40%, can also indicate a link with gender relations and violence in the deaf community<sup>10</sup>. Furthermore, isolation from those who can hear, as well as limited support available to deaf women because of the communication barriers could have increased the risk of victimisation.

The subjective perception of the threat of violent situations and the feeling of not being able to adequately defend themselves was described in considerable detail by women with physical disabilities, but also by the blind women in the additional survey. They also associated the violence that they had experienced with their own disability to a much greater extent than other survey groups did.

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9 The respondents of the additional survey are not a representative selection, but there is no reason to presume that selectivity suggests that the women are more affected as a result of the respondents having been recruited via newspapers and lobby groups. On the contrary, one may presume that women affected by violence are more socially isolated, and hence are also more difficult to reach via these specific channels.

10 Only roughly one deaf woman in six in this study stated that she was currently living in a couple relationship with a partner that could hear. And the current groups of friends of the women very largely consisted of people, who were deaf and hard of hearing.

### 3.3 Contexts of violence and offenders

As with the average female population violent **offenders** are largely to be found **in the immediate social** partnership and family **environment**, and hence **in the domestic context**. The study shows that disabled women are much more often affected by psychological, physical and sexual violence committed by partners than the average female population (see table 6).

Moreover, physical/sexual violence carried out by fellow residents and/or colleagues, as well as psychological violence by other fellow residents and/or colleagues, took on a particular role among women living in **institutions** (see tables 7 and 8). With regard to the **offender-victim contexts** of physical and sexual violence in adult life, blind and deaf women, and women with severe physical disabilities/women with multiple disabilities in the **additional survey**, were most frequently affected by violence committed by partners or ex-partners, as were the other survey groups. At the same time, their risk of experiencing violence was also much higher in all other areas of life, for instance, committed in public places by offenders, whom they did not know, or whom they hardly knew, in their own group of friends and acquaintances, in family relationships and to a considerable degree also at work, in training and at school.

With reference to psychological violence in adult life, particularly the women in the additional survey, as well as the women of the representative surveys of women in households and institutions, often reported having been treated badly or in a psychologically-harmful way in **offices, by authorities**, and within **health care**. This affected roughly one in two or three women in the additional survey and roughly one woman in five in the representative surveys of women in households and institutions (see *ibid.*).

**Table 7: Contexts of offences in case of psychological violence in adulthood**

<b>Basis: all respondent women, multiple answers possible</b>							
	Average populations	Representative surveys of women in households and institutions			Non-representative additional survey		
	(BMFSFJ 2004)	Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
	N=8.445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
<b>Public places/strangers</b>							
<i>Yes</i>	18	25	37 <sup>1)</sup>	(8) <sup>2)</sup>	46	56 <sup>1)</sup>	49
<i>frequently/occasionally</i>	5	11	21	--	19	30 <sup>1)</sup>	29
<b>Work/school/training</b>							
<i>Yes</i>	30	35	45 <sup>1)</sup>	(13) <sup>2)</sup>	61	61 <sup>1)</sup>	45 <sup>1)</sup>
<i>frequently/occasionally</i>	16	23	29	--	40	41 <sup>1)</sup>	32 <sup>1)</sup>
<b>Health care</b>							
<i>Yes</i>	--	23	22	(1) <sup>2)</sup>	36	41	40
<i>frequently/occasionally</i>	--	13	10	--	23	23	25

Psychological, physical and sexual violence

**Table 7: Contexts of offences in case of psychological violence in adulthood**

<b>Institutions/services</b>							
<b>Yes</b>	--	<b>14</b>	<b>31<sup>1)3)</sup></b>	<b>(24)<sup>2)3)</sup></b>	<b>33<sup>1)</sup></b>	<b>31<sup>2)</sup></b>	<b>27</b>
frequently/occasionally	--	6	20	--	13 <sup>1)</sup>	16 <sup>2)</sup>	13
<b>Authorities/offices</b>							
<b>Yes</b>	--	<b>23</b>	<b>20<sup>2)</sup></b>	<b>(0)<sup>2)</sup></b>	<b>52</b>	<b>44</b>	<b>46</b>
frequently/occasionally	--	14	12	--	35	29	37
<b>Friends/acquaintances/neighbours</b>							
<b>Yes</b>	<b>14</b>	<b>26</b>	<b>42<sup>1)</sup></b>	<b>(7)<sup>2)</sup></b>	<b>53</b>	<b>49</b>	<b>39</b>
frequently/occasionally	5	12	29	--	24	25	18
<b>Partnership</b>							
<b>Yes</b>	<b>13</b>	<b>25</b>	<b>28<sup>2)</sup></b>	<b>(4)<sup>2)</sup></b>	<b>45<sup>1)</sup></b>	<b>33<sup>2)</sup></b>	<b>28<sup>2)</sup></b>
frequently/occasionally	8	18	21	--	25 <sup>1)</sup>	19 <sup>2)</sup>	15 <sup>2)</sup>
<b>Family members</b>							
<b>Yes</b>	<b>13</b>	<b>30</b>	<b>40<sup>2)</sup></b>	<b>(13)<sup>2)</sup></b>	<b>54</b>	<b>49<sup>1)</sup></b>	<b>42</b>
frequently/occasionally	7	20	27	--	33	34 <sup>1)</sup>	29

**1)** 4–5% no comment. **2)** 6–10% no comment. Figures in brackets are not directly comparable since they were recorded in an open question and not by asking from lists. **3)** Workshops and hostel staff/fellow residents particularly frequently mentioned here

**Table 8: Offenders in case of physical and sexual violence in adulthood**

Basis: all respondent women, multiple answers possible						
Average population (BMFSFJ 2004)	Representative surveys of women in households and institutions			Non-representative additional surveying		
	Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
N=8.445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
<b>Offenders grouped</b>						
<b>Offenders in case of physical violence</b>						
Unknown	4	12	12	(6)	12	17
Virtually unknown	3	6	8	(2)	25	8
Work/school/training	4	11	10	(9)	19	13
Partnership	13	29	36	(6)	41	22
Family members	8	24	27	(11)	21	29
Friends/acquaintances/ neighbours	3	5	11	(3)	10	9
Health care sector	1	2	3	(0)	4	2
Institutions/services	--	2	8	(20) <sup>2)</sup>	13	2
Offices/services	--	1	1	(0)	0	1
Other	1	2	1	(2)	1	2

**Table 8: Offenders in case of physical and sexual violence in adulthood**

Offenders in case of physical violence										
	1	4	10	4 <sup>1)</sup>	10	3	10	3	3	3
<i>Unknown</i>	1	4	10	4 <sup>1)</sup>	10	3	10	3	10	3
<i>Virtually unknown</i>	1	0	10	3 <sup>1)</sup>	13	10	13	10	7	7
<i>Work/school/training</i>	1	3	4	2 <sup>1)</sup>	12	5	12	5	5	5
<i>Partnership</i>	4	13	20	6 <sup>1)</sup>	19	13	19	13	14	14
<i>Family members</i>	1	4	3	3 <sup>1)</sup>	4	2	4	2	4	4
<i>Friends/acquaintances/ neighbours</i>	1	4	8	1 <sup>1)</sup>	16	2	16	2	10	10
<i>Health care sector</i>	0	1	0	0 <sup>1)</sup>	2	1	2	1	1	1
<i>Institutions/services</i>	--	0	2	6 <sup>1)2)</sup>	2	1	2	1	2	2
<i>Offices/services</i>	--	0	0	0 <sup>1)</sup>	0	0	0	0	1	1
<i>Other</i>	0	0	0	2 <sup>1)</sup>	2	1	2	1	0	0

1) 9% no comment. 2) Vast majority fellow residents, with sexual violence almost exclusively fellow residents and workshop colleagues

### 3.4 Multiple experience of violence in childhood, youth and adult life

It had already emerged from the evaluations of previous studies on violence against women in the average of the population that multiple experiences of violence in childhood and its continuation in adult life may have a particularly severe effect on women's mental and physical health.<sup>11</sup> Table 9 below makes it clear that disabled women have not only experienced individual forms of violence in childhood/youth and adult life more frequently, but also had **continued and multiple** experience of violence in childhood, youth **and** adult life much more frequently than the average female population. Thus, depending on the investigation group, approx. 30–40% of disabled women have experienced **several forms** of violence in childhood/youth **and** adult life, which only applies to 7% of the average female population. Lower percentages of women with learning or intellectual disabilities reported multiple experiences of violence here (16%), which might however be caused by the fact that they were more frequently unable to remember such situations in their childhood and youth. Moreover, they refrained from commenting on experienced violence more often than other respondents, in particular on questions of sexual violence. This gives rise to assumption that a considerable grey area exists here.

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11 See RKI-Themenheft, footnote 6, and Schröttle/Khelaifat (2008): Gesundheit – Gewalt – Migration. Eine vergleichende Sekundäranalyse zur gesundheitlichen und sozialen Situation und Gewaltbetroffenheit von Frauen mit und ohne Migrationshintergrund in Deutschland. Research project on behalf of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Internet: <http://www.bmfsfj.de/RedaktionBMFSFJ/Broschuerenstelle/Pdf-Anlagen/gesundheits-gewalt-migrationkurzfassung-studie.property=pdf,bereich=bmfsfj,rwb=true.pdf> (February 20<sup>th</sup> 2012).



**Table 9: Multiple experiences of violence (psychological, physical and sexual violence) in childhood/youth and in adulthood**

Basis: all respondent women, multiple answers possible							
	Average population (BMFSFJ 2004)	Representative surveys of women in households and institutions		Non-representative additional survey			
		Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
	N=8.445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
Multiple forms of violence in childhood/youth and adulthood <sup>2)</sup>	7	27	37	16 <sup>1)</sup>	42	33	30

1) Smaller percentages among women with learning or intellectual disabilities because they were more frequently unable to remember violence from their childhood and more of them did not complete this section. 2) Including women who experienced two or three different forms of violence in childhood/youth and adult life (5–6 types mentioned with regard to the three forms of violence each in childhood/youth and adulthood).

# IV.

## Discrimination and structural violence

Within this study, discrimination is both **related to individuals**, for instance, when it comes to directly discriminatory conduct on the part of individuals towards disabled women, and within the meaning of **structural violence**, in which discriminatory social structures and social/political practices are primary to dealing with disabled persons. The last becomes particularly pronounced when it comes to discrimination in educational and training opportunities, the low level of participation in working life, low incomes and poverty, as well as in the social and family situation of disabled women, which were already documented in section 2.2.

### 4.1 Direct discrimination by individuals/institutions

Almost all of the disabled women surveyed in the study (81–99%) have experienced direct discriminatory acts perpetrated by individuals and institutions in connection with their disability. Blind and deaf women and women with severe physical disabilities/women with multiple disabilities were affected by this particularly often. Such acts included specific discrimination by people or institutions and not being taken sufficiently seriously, as well as being harassed, patronised, ignored or presumed upon (e.g. use of the familiar form without permission, touching or staring).

All in all, deaf and blind women, and women with severe physical disabilities/women with multiple disabilities in the **additional survey**, described experiencing discrimination in institutions and on the part of people in their social environment, at work and in public much more frequently than women in the representative household survey. Besides, they were subject to a broader spectrum of restricting discrimination and discriminatory situations. They felt that their personal freedom was restricted by rules or conditions more than twice as often as women in the representative **household survey**. They reported much more frequently that they had been refused help or given too much help. Moreover, they reported discriminatory conduct in everyday life significantly more often, such as being stared at, use of the familiar form without permission or not being taken seriously. Furthermore, like the women living in institutions, they were more frequently touched without being asked or in an unpleasant manner (blind women in particular), experienced a considerable degree of aggression and abuse (deaf women most frequently) or were harassed, ignored or discriminated against in their surroundings because of their disability, both by persons close to them and by people who did not know them well or hardly knew them at all (see table 10).

**Table 10: Subjectively-experienced discrimination**

Basis: all respondent women, multiple answers possible							
	Average population (BMFSFJ 2004)	Representative surveys of women in households and institutions		Non-representative additional survey			
		Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
	N=8.445 (%)	N=777 <sup>(1)</sup> (%)	N=100 <sup>(1)</sup> (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
Experienced at least one of the situations mentioned	--	81	89	84	99	95	99
<b>Situation experienced</b>							
Conditions/rules restricting freedom or decisions	--	28	42	38 <sup>(2)</sup>	72	71	77
Help denied or too much help	--	33	39	36 <sup>(2)</sup>	48	83	77
Other harassing, patronising or discriminating conduct	--	31	38 <sup>(3)</sup>	33 <sup>(2),(4)</sup>	65	64	64

## Discrimination and structural violence

**Table 10: Subjectively-experienced discrimination**

<i>Discrimination by other people or institutions</i>	--	34	48 <sup>2)</sup>	27 <sup>2)</sup> 5)	86	80	72
<i>being stared at</i>	--	31	52 <sup>3)</sup>	43 <sup>3)</sup>	71	70	87
<i>use of familiar form without permission</i>	--	29	44 <sup>2)</sup>	35 <sup>2)</sup>	35	55	56
<i>not being taken seriously</i>	--	50	62 <sup>3)</sup>	42 <sup>2)</sup>	82	70	74
<i>being ignored</i>	--	36	46 <sup>3)</sup>	--	75	71	66
<i>being touched without permission</i>	--	19	41 <sup>3)</sup>	39 <sup>3)</sup>	39	71	55
<i>being touched in an unpleasant way</i>	--	19	31 <sup>3)</sup>	38 <sup>2)</sup>	39	62	46
<i>being abused</i>	--	19	46 <sup>3)</sup>	46 <sup>3)</sup>	60	47	37
<i>inconsiderate behaviour</i>	--	--	--	32 <sup>2)</sup>	--	--	--
<i>other unpleasant experience</i>	--	33	33 <sup>2)</sup>	--	57	44	45
<i>bad treatment</i>	--	--	--	28 <sup>2)</sup>	--	--	--

1) Only women who were filtered into this group of questions and stated that they have impairments. 2) 7–10% no comment. 3) 4–6% no comment.

4) Wording slightly different here: “Do other people do something which bothers you or that you find unpleasant, for instance, unpleasant feelings from doctors or at offices?” 5) Wording slightly different here: “Was there unfair treatment?”.

In addition to discrimination because of gender, the women in the additional survey considered that they were subject to discrimination because of their disability to a much greater degree than the women of the representative household survey. For instance, 57–69% of the women in the additional survey, but only 15% of the women in the representative household survey, agreed in the questions on psychological violence with the statement that they had suffered discrimination or poor treatment, or that their potential to perform had been ignored because they had disabilities or impairments (survey of women in institutions general language: 32%).

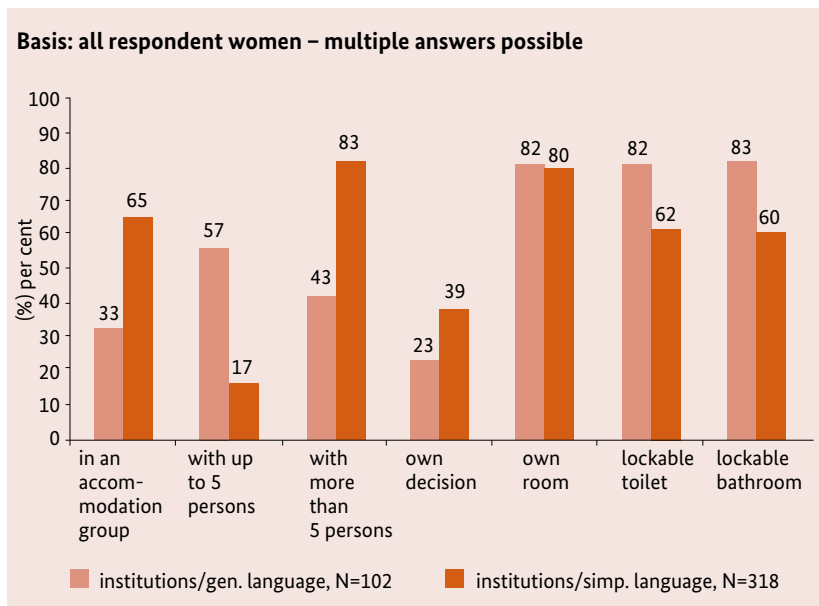
## 4.2 Restrictions caused by living in an institution

The results of the surveys in institutions suggest that, according to those concerned, **living in an institution** entails considerable restrictions for disabled persons when it comes to living in a self-determined manner and maintaining personal privacy. The living conditions were described by many women as burdensome and regimented:

- Very few women in institutions had their own apartment there (10–15%).
- One-third of the women largely having mental disorders and two-thirds of the women with learning or intellectual disabilities lived in accommodation groups, the last living comparatively more often in accommodation groups with five people and more.
- One-fifth of women living in institutions (20%) did not have a room of their own. Many women furthermore claimed not to be able to determine with whom they lived and stated that they would like more opportunities to be alone.
- One-fifth of the women largely having mental disorders and two-fifths of the women with learning or intellectual disabilities in institutions stated that they did **not** have access to washing and toilet rooms that could be locked.

- Many women in institutions felt that their freedom was restricted by the regimentation of their everyday lives and patronisation, and described the life situations in the institution as burdensome, for instance, due to noise and psychological/verbal and physical attacks by other residents.
- The lives of disabled women in institutions are furthermore affected much more seriously by restrictions in participation and by social marginalisation (for instance, with regard to attending cultural events, to friendships or to working in organisations) than those disabled women in private households

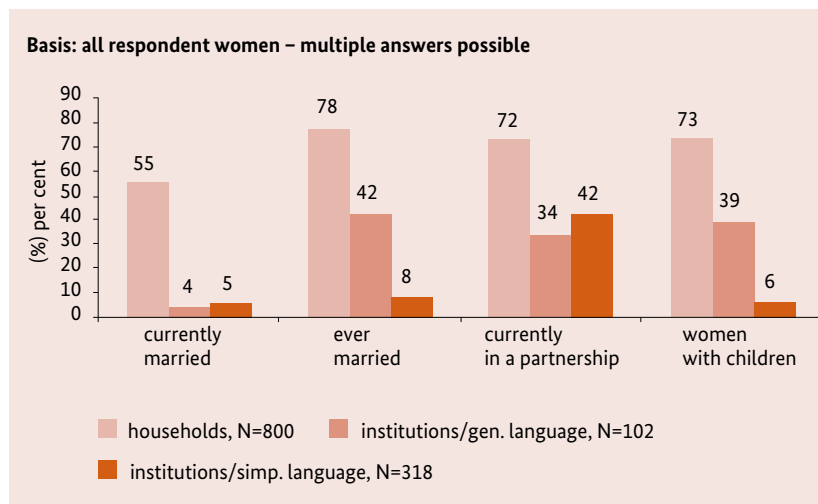
**Diagram 1: Living in a facility – Women in the survey carried out in institutions**



The lack of opportunities for co-determination and choices in the lives of many women living in institutions, but also frequently inadequate protection of privacy, and the lack of protection against psychological, physical and sexual violence, have crystallised in this study as major aspects in connection with discrimination against disabled women.

Equally critical is the fact that many of the women living in institutions do not have a **partnership** and refer to the lack of close, trusting relationships as a problem. Life in institutions accordingly appears in many cases not to be reconcilable with living together as established couples and/or starting a family. Particularly women with learning or intellectual disabilities only very rarely have children of their own (6% vs. 39% of the women largely having mental disorders in institutions and 73% of the average female population, see diagram 2).<sup>12</sup>

**Diagram 2: Partnership and children – Women in the surveys of women in households and institutions**



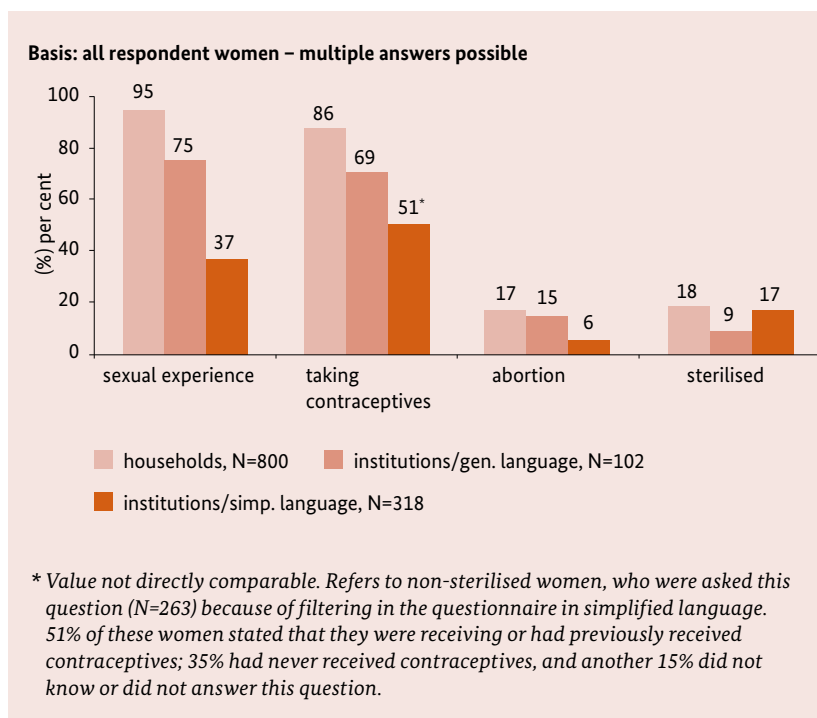
Whilst almost all women in the household survey and three-quarters of women in the survey of women in institutions in general language reported having sexual experience, only 37% of the women in institutions, who were surveyed in simplified language had ever been sexually active. It is all the more surprising that they stated as frequently as women in the household survey that they had been sterilised.

<sup>12</sup> The picture is more heterogeneous among the women in the additional survey: At 71%, deaf women had children roughly equally frequently, whilst blind women and women with severe physical disabilities, at roughly 40%, more rarely had children of their own than the average female population (see table 3 in section 2.2).



The abortion rate and particularly the use of contraceptives (mostly the 3-month depots), are also surprisingly high in this light among women with learning or intellectual disabilities. The result shows that contraceptives are regularly used on these women albeit they themselves state that they are not and have not been sexually active. The high level of childlessness among women in the survey of women in institutions in simplified language appears to tend towards a combination of sexual abstinence, paired with relatively abundant use of contraceptives, sterilisation and frequent abortions – in relation to the low number of pregnancies.

**Diagram 3: Sexuality and reproduction**



### 4.3 Financial need and loss of livelihood

Considerable fear of **financial need and loss of livelihood** was expressed by more than half the women living in households and by one in three to four of the women in the representative survey living in an institution. This problem strongly indicates structural violence, which is shown markedly among **women living in households**. Blind women and women with severe physical disabilities/women with multiple disabilities in the non-representative additional survey were particularly often affected (at 60–67%). Many disabled women report that the financial means available to them are not sufficient to ensure their livelihood (peculiarly often with deaf women, at 60%). Above all the additional expenditure caused by the disability is frequently unaffordable (stated by 46-66% of disabled women, most frequently by women with severe physical disabilities/multiple disabilities in the additional survey).

**Table 11: Fear of losing livelihood and difficulties caused by the economic situation**

Basis: all respondent women, multiple answers possible							
	Average population (BMFSFJ 2004) N=8.445 (%)	Representative surveys of women in households and institutions			Non-representative additional survey		
		Households N=800 (%)	Institutions/ general language N=102 (%)	Institutions/ simplified language N=318 (%)	Additional deaf women N=83 (%)	Additional blind women N=128 (%)	Additional women with physical disabilities N=130 (%)
<i>Fear of financial need/loss of livelihood</i>	-- <sup>1)</sup>	55	39	25 <sup>2)</sup>	(39) <sup>3)</sup>	60	67
<i>Income insufficient for everyday needs</i>	-- <sup>1)</sup>	39	42	13	60	25	37
<i>Income insufficient for additional expenses because of disability</i>	-- <sup>1)</sup>	49	56	-- <sup>1)</sup>	46	49	66

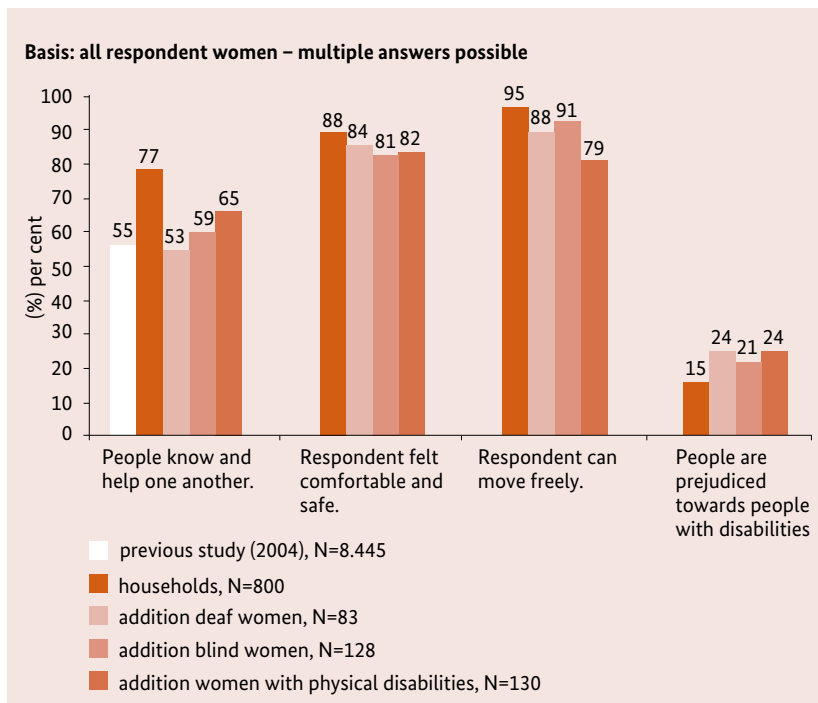
1) question not asked. 2) 12–16% no comment. 3) Results not comparable because of a filtering error.

## 4.4 Housing environments and barrier-free environments

**The lack of barrier-free environments**, either because of a lack of space and infrastructure or of a lack of support through aids and services (such as sign language interpreters to ensure communication with the hearing), or also because of structural discrimination and structural inconsideration when coming into contact with offices and authorities, was a very important topic, both in the representative household survey and in the additional survey of deaf and blind women and women with physical disabilities.

The diagram below, which refers to women in the representative household survey and in the non-representative additional survey living in households, shows that some of the disabled women perceive the people in their living environment as highly prejudiced and unwilling to help, do not feel comfortable and safe there and are unable to move around free of barriers in all places (see diagram 4).

**Diagram 4: Residential environment and barrier-free environment – Women in the survey of women in households and in the additional representative survey<sup>1)</sup>**



<sup>1)</sup> Comparable data for the population average are only available for the first question on the helpfulness and anonymity in the residential area (of white bar on the left in the diagram).

## 4.5 Feeling of safety

The women in the additional survey have a limited **feeling of safety in relation to physical integrity** in the social environment and in public areas, as is the case among women in the surveys of women in households and institutions, but much more pronouncedly in some groups. A **reduced feeling of safety in everyday situations** in public areas was particularly found among women with physical disabilities/women with multiple disabilities, as well as among women with mental disorders in institutions. More than 50% of the respondents from these

groups reported considering specific situations unsafe or avoiding them altogether, such as being in public places alone in the evening or at night (see table 12). Other survey groups, such as deaf women and women in the representative household survey, showed less restricted feelings of being safe in these situations.

With the women living in institutions, a restricted feeling of safety played a role with regard to being alone with nursing staff, but particularly with regard to being together with other residents (see table 12). Roughly one woman in four to five in the survey of women in institutions did not feel safe being alone in contact with nursing staff/support persons. More than half to three-quarters of the women living in institutions stated that they felt less safe when they were alone with other residents of the institution (see *ibid.*).

**Table 12: Feeling of safety in everyday situations**

Basis: all respondent women, multiple answers possible							
	Average population	Representative surveys of women in households and institutions		Non-representative additional survey			
	(BMFSFJ 2004)	Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
<b>Very safe/safe</b>	N=8.445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
walking home alone on dark evenings or at night	34 (13 "I don't do that")	39 (4 "I don't do that")	28 (25 "I don't do that")	39 <sup>1)</sup>	49 (0 "I don't do that")	30 (16 "I don't do that")	31 (21 "I don't do that")
being alone with long-term carer/other support person	-- <sup>2)</sup>	5 (63 "I don't do that")	73 <sup>3)</sup>	82 <sup>3)</sup>	-- <sup>4)</sup>	-- <sup>4)</sup>	-- <sup>4)</sup>
being alone with fellow residents in the institution	-- <sup>2)</sup>	-- <sup>2)</sup>	56 <sup>3)</sup>	74 <sup>3)</sup>	-- <sup>4)</sup>	-- <sup>4)</sup>	-- <sup>4)</sup>

**1)** Response categories different in simplified language; instead of 6-point scale only 3 alternatives to the question: "Are you scared if ...": Yes, No, sometimes; "No" category documented here. **2)** question not asked. **3)** 6–13% no comment. **4)** Only 2 deaf women, 21 blind women and 43 women with physical disabilities answered the question on the situation of being alone with a long-term carer or other support person to whom this question related, so that no statistical evaluation was carried out. The vast majority of these women however stated that they felt safe or very safe (all deaf women and 95% of the blind women and women with physical disabilities).

## 4.6 Social inclusion and integration

The differences between the survey groups with regard to social relationships appear to reflect less the quantity of visits or leisure activities than the quality of social relationships and the feeling of emotional acceptance in these relationships. The survey indicates that a large percentage of disabled women living in households and institutions considers that there are shortcomings in this field. These impact the women's circumstances, mental well-being and health, and can be one of the causes of health complaints and psychological problems.

In comparison to the average population, all disabled women who were surveyed in the study stated much more repeatedly that they missed having close, trusting relationships which imparted warmth, acceptance and well-being. While the women living in households in this study agreed with statements such as "I miss people with whom I feel comfortable", "I miss having a really good friend", "I miss acceptance and warmth" or "I often feel let down" roughly twice as often as the average female population, the share among the women living in institutions was roughly three to four times as large. The women in the additional survey were active outside the house and involved in society to a considerable degree. This result may however also have been being caused by selectivities in the choice and recruitment of these respondents via lobby associations, the media and multipliers. Nonetheless, many missed being involved in close, trusting social relationships and a lot felt socially isolated and left alone, this particularly affecting deaf women. For instance, one-third of blind women and women with physical disabilities, and more than half of deaf women, reported not having close, trusting, reliable relationships.



Looking at the results together reveals that roughly one-third of the women living in households and approximately half of the women living in institutions, who were surveyed in general language, as well as about one woman in two to three in the additional survey, missed having relationships imparting closeness and acceptance.

**Table 13: Assessment of own social relationships**

Basis: all respondent women, multiple answers possible							
	Average population (BMFSFJ 2004)	Representative surveys of women in households and institutions			Non-representative additional survey		
		Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional blind women	Additional women with physical disabilities
<b>Agreement with the following statement</b>	N=8,445 (%)	N=800 (%)	N=102 (%)	N=318 (%)	N=83 (%)	N=128 (%)	N=130 (%)
<i>There is always someone around with whom I can discuss everyday problems.</i>	92	86	85	84 <sup>1)</sup>	77	90	79
<i>I miss people I feel comfortable with.</i>	16	31	53	(7) <sup>2)</sup>	61	27	30
<i>There are enough people who would help me if I had problems.</i>	90	85	83	81 <sup>3)</sup>	66	84	82
<i>I miss having a really good friend.</i>	17	30	40	18 <sup>3)</sup>	48	25	32
<i>I often feel let down.</i>	10	23	37	38 <sup>3)</sup>	24	19	23
<i>I know a lot of people I can rely on.</i>	82	72	71	76 <sup>3)</sup>	55	74	72
<i>I miss closeness and warmth.</i>	13	28	54	(13) <sup>2)3)</sup>	53	31	32

## Discrimination and structural violence

**Table 13: Assessment of own social relationships**

<i>I find my group of friends and acquaintances too small.</i>	20	28	46	-- <sup>4)</sup>	51	35	31
<i>There are enough people I feel close to.</i>	84	74	66	-- <sup>4)</sup>	76	77	77
<i>My friends are always there for me when I need them.</i>	89	82	77	78 <sup>1)</sup>	63	81	75
<i>I miss having a really close relationship.</i>	16	24	46	-- <sup>4)</sup>	49	27	34
<i>I need more time to be completely alone.</i>	-- <sup>4)</sup>	44	30	59 <sup>1)</sup>	68	30	36

**1)** 6–8% no comment. **2)** Answer may not be directly comparable because question worded differently. **3)** 10–13% no comment.

**4)** No answer available.

The corresponding responses that could be given by the women surveyed in simplified language cannot be directly compared with the answers of the women who were surveyed in general language, so that it is unclear whether they also have such problems to the same degree. The greater satisfaction of these women with families, with partners and with friendships also found in the study might suggest that the respondents are less likely to have serious problems in this sphere of life, or that they subjectively regarded their own social relationships as less problematic. However, 38% of the women who were surveyed in simplified language also stated that they felt being left alone. A much larger problem in comparison to other survey groups of the women, who were surveyed in simplified language, however, appears to lie in the lack of space in which to be alone. 59% of them stated that they needed to spend more time alone, in comparison to 30% of the women who were surveyed in general language in institutions and 44% of those who were surveyed in households. This is likely to also be connected in some cases with the large number of other residents in the accommodation groups and institutions for people with learning or intellectual disabilities.

#### 4.7 Discrimination in childhood and youth

The majority of women in the additional survey have had their disability since birth, childhood or youth. Many of them experienced considerably greater pressures in their childhood and youth than the average female population and those included in the household survey of this study. Above all, deaf women have partly or largely grown up in institutions very much more commonly than the other survey groups (38% vs. 14% of blind women and only 4% of women with physical disabilities; household survey and average of the population 2004: 0-1%). Some of them experienced discriminatory treatment in the institutions, where they were excluded and presumed upon, as well as from parents and in their own families of origin. The result that roughly two-fifths of

deaf women (39%), and one woman with physical disabilities in three or four, felt less accepted or not accepted at all in their own families as a child, and that all in all roughly twice as large percentages of women in the additional survey than in the average of the population describe their own childhood as less happy or unhappy (38 % vs. 19%) indicates a considerable need for support for children with disabilities and their parents.

The fact that many disabled women grew up with only one parent additionally indicates conflicts between parents and a strained family situation.

**Table 14: Conduct of parents in case of disability in childhood or youth**

Basis: women who had disabilities from childhood/youth and who grew up with one or both parents – multiple answers possible							
Conduct of parents	Average population (BMFSFJ 2004)	Representative surveys of women in households and institutions			Non-representative additional survey		
		Households	Institutions/ general language	Institutions/ simplified language	Additional deaf women	Additional deaf women	Additional women with physical disabilities
	N=8,445 (%)	N=267 (%)	N=39 (%)	N=250 (%)	N=75 (%)	N=92 (%)	N=63 (%)
supported me	--	70	59	76	77	76	83
gave me special encouragement	--	35	36	(61) <sup>1)</sup>	60	48	60
ignored/denied my disability	--	29	26	-- <sup>1)</sup>	15	25	25
tried to hide my disability from the outside world	--	15	15	17	13	16	22

Discrimination and structural violence

**Table 14: Conduct of parents in case of disability in childhood or youth**

<i>persuaded/forced me to undergo treatment/therapy I didn't want</i>	--	10	10	6	25	9	29
<i>were rough and unloving with me</i>	--	24	36	12	19	14	21
<i>gave me the feeling of being a normal young female and that I would become a normal woman</i>	--	73	59	-- <sup>1)</sup>	83	65	71
<i>supported me in becoming an independent person</i>	--	71	59	70	79	70	75

1) Question not asked (in this form) and/or deviation in question in simple language, partly reducing comparability

# V.

## The results of the qualitative study

The 31 women who had experienced violence who were surveyed in greater detail within the qualitative study were more likely to have already been disabled from birth than women in the representative quantitative survey. Ten women lived in an institution for disabled persons, three of them having a learning/intellectual disability. The others had mental disorders. Grouped according to their primary form of disability, eight women had physical impairments, eight women impaired vision, six women mental and learning impairments, five women chronic disorders and four women intellectual disabilities.

### **The particular vulnerability of disabled women**

The qualitative interviews confirm the particular vulnerability of and the risks encountered by young females with disabilities, the destructive consequences for their self-perception and ensuing risks over their lives. The statements made by the women surveyed show a direct link between disability and sexual abuse in childhood and youth. A high level of sexual abuse – especially in the family of origin – was reported here. There was a direct link between sexual abuse and forms of impairment necessitating assistance in personal hygiene, on the one hand, coupled with the restricted physical defence that women were able to put up as a result of physical disability, on the other. Moreover, it was possible to identify a link with a specific socialisation of the women and undemandingness and defencelessness.



### **Violence in intimate partner relationships**

Those concerned felt the causes of intimate partner violence to lie both in the structures of the gender relationships and in the context of disability. Many of the women surveyed did not find loving relationships and sexual relations easy. The great need of the women, the desire for attention and closeness, to feel that they belonged to someone, partly seen in connection with experiences of deprivation in childhood, made them vulnerable to violence and to be dominated by their partners. Some describe major difficulties upon deciding to separate from a violent partner because their specific problems were an obstacle in forming a new relationship. In a similar way to parental violence, the partner's violence was justified by their being overtaxed by coping with the disability. The greatest problem for self-assertion in the relationship was the feeling of inferiority that had been instilled in them from childhood in the sense of not being able to make any demands, to have to accept what they are given.

### **Violence committed by strangers or passing acquaintances**

Reports in the interviews on violence committed by strangers or passing acquaintances were heterogeneous as regards the danger and intensity of the violence. What they had in common was the deliberate exploitation of the disability. The disdain expressed towards the victim, not only as a woman, but as a disabled woman, formed a background for the offenders' justifying actions.

### **Violence and discrimination in an institutional context**

Many persons concerned found violence and discrimination in an institutional context difficult to discuss. The institutions provided virtually no protection and there were hardly any opportunities to complain. Dependencies reinforce the lack of protection. Assaults carried out by staff in institutions or inpatient services were exclusively described in hindsight. This may indicate that it is often not possible to reveal recent attacks because of the dependency relationships. Assaults and violence committed by other residents, classmates or colleagues

were reported more repeatedly, by contrast. Areas of work which overstep the boundaries of privacy, such as physical hygiene, living close together in the institution and the subjectively-perceived inferiority and need, played a major role for the experience of violence, in addition to dependence on staff as representatives of the institutional hierarchy. Getting used to the overstepping of the privacy boundaries in care and treatment could be misused, and constituted an obstacle to seeking assistance.

Women with learning or intellectual disabilities were faced with the particular problem that they were unable to go outside and seek help independently if violence had been done to them. Women working in workshops for disabled persons reported that they were not protected against harassment and assaults from others working there. The descriptions – told by the older women in particular – show a structural lack of consideration and a lack of interest on the part of the school as an institution, as well as a lack of consideration for the special needs of pupils with disabilities. Women with physical or mental impairments were not regarded as being equally qualified and able to perform at work, even if they had received the same training.

### **Access to support**

Support was not available to the vast majority of women, or was badly matched to the target groups, was not available on a low-threshold basis or did not meet the needs arising. This experience was linked with the impairments, but was also independent of it. The reactions experienced if they had reported violence, and the support which they had received in childhood and youth, exerted an effect on whether or not support was sought in adulthood. Consequently, it was possible for a strained relationship between daughters and parents to prevent support being provided by the family in case of violence and discrimination on the part of third parties. This had far-reaching consequences for identity development and socialisation later on. The respondents themselves saw their childhood experience as the starting point for subsequent nega-

tive developments, in particular for mental disorders. The interviewees' search for support was made more difficult in more than one way in some cases by dependencies and by problems related to self-worth. A specific obstacle in seeking support was, moreover, the limited range of social contacts available.

Women living in residential institutions for disabled persons faced difficulties when seeking help. They had no opportunity to actively try to find support themselves or to assert their rights independently. Additionally, women with learning disabilities or mental disorders faced the problem that they were regarded as being less credible or able to make a statement. In addition to the individual factors that have been described, the structures prevailing in accommodation facilities can be identified as risk factors. The interview contributions revealed very clearly that they were relatively closed systems, with the associated risk of assaults not being discovered.

A problem for many of the respondents was also that it was often difficult to obtain access to women's counselling services and women's refuges. If they had learned of the existence of these offers, in many cases they only reached the answering machine or did not immediately receive a place or an appointment. Referring them to institutions further afield was not helpful for them in such cases. These problems constitute particular obstacles in seeking support for women whose mobility is restricted and for women with communication barriers.

# VI.

## Conclusion and outlook

The high level of experience of violence among all the survey groups in this study makes it clear that disabled women have so far been inadequately protected against physical, sexual and psychological violence and as well exposed to many forms of discrimination and structural violence. Activities need to be stepped up in order to provide low-threshold, barrier-free protection and support for disabled women. Medical professionals can play a major role in providing information and support for women affected by violence. But future violence prevention should also pursue the goal of consistent protection and prevention of violence towards disabled women and young females living in institutions. As the study shows, direct personal violence against disabled women is embedded in a system of structural discrimination and violence. Thus, violence prevention can only be effective if it is accompanied by a consistent reduction in discrimination and structural violence against disabled women and young females. The rights of disabled persons, as they are set out in the UN Convention on the Rights of Persons with Disabilities, should be actively asserted in this context. Measures are also needed to additionally enhance the self-assurance and self-awareness of disabled women. This includes promotion and support of inclusive participation in education, vocational participation and establishment of families. Furthermore, disabled persons should be treated with respect and in a spirit of solidarity in offices, authorities and health care, as well as by society and social environments as a whole. Awareness, awareness should be heightened in situations of long-term care, support and other dependency situations in which boundaries may be overstepped. Particularly also

against the background of the circumstances that are very frequently experienced by women even in childhood and youth where boundaries are overstepped through sexual and psychological violence. This also includes respecting privacy and self-determination for those who live in institutions and long-term care situations.

Early violence prevention in connection with health promotion needs to start already in childhood and youth. And can include both offers to strengthen the physical and mental self-awareness of disabled young females, and reaching out to parents and family members of disabled children. They also target professional groups within education and early learning, who should also engage in violence prevention and encouraging and promoting disabled young females.

Against the background of the results of this study, target group-specific prevention, intervention and support measures should be developed that help to sustainably reduce violence and discrimination towards disabled women.

This brochure is part of the public relations work of the Federal Government; it is made available free of charge and is not intended for sale.

**Published by:**

Bundesministerium  
für Familie, Senioren, Frauen  
und Jugend  
Referat Öffentlichkeitsarbeit  
11018 Berlin  
www.bmfsfj.de

**Available from:**

Publikationsversand der Bundesregierung  
Postfach 48 10 09  
18132 Rostock  
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Fax: +49 180 5 778094\*  
Telephone service for deaf people: [gebaerdentelefon@sip.bundesregierung.de](mailto:gebaerdentelefon@sip.bundesregierung.de)  
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**Article number:** 4BR108

**As of:** July 2013, 1st edition

**Designed by:** [www.avitamin.de](http://www.avitamin.de)

**Printer:** Zarbock GmbH & Co. KG, Frankfurt am Main

\* Each call from a German landline phone is charged with 14 cents per minute; a maximum of 42 cents per minute from mobile networks.

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