76 violence against women with mental disabilities: the invisible victims in CEE/NIS countries

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People with mental disabilities[1] face discrimination and abuse around the world. Children and adults with mental disabilities have been routinely and arbitrarily detained in psychiatric facilities, social care homes, orphanages, and other closed institutions throughout Central and Eastern Europe and the Newly Independent States (CEE/NIS). Out of public view, they are subject to some of the most extreme forms of inhumane and degrading treatment. Even within communities, stigma and discrimination result in segregation, isolation, and disempowerment of people with disabilities. These factors leave people with mental disabilities both vulnerable to all forms of violence and abuse, as well as excluded from protective mechanisms and services available to other members of society.

Women labelled with a mental disability are subject to three distinct levels of discrimination, which compound and reinforce one another in creating risk factors for victimization. First is the *gender* discrimination experienced by all women, particularly in historically patriarchal societies. Second is discrimination due to *disability*, which is often driven by societal approaches to segregate people with disabilities from 'normal' society. At the Fourth World Conference on Women in 1995, the *Beijing Platform for Action on Violence against Women* recognized that 'some groups of women, such as . . . women in institutions . . . [and] women with disabilities, are particularly vulnerable to violence'.[2] Finally, in society, and even within the disability community, people with *mental* disabilities are frequently discriminated against, as the stigma associated with the label of a mental disability is significantly greater than the stigma attached to physical or sensory disabilities. People with mental disabilities are often the most marginalised and dehumanised members of society. As a consequence, *women with mental disabilities* may well be the most vulnerable sub-group of all, when it comes to violence and other forms of abuse. Moreover, they are often regarded as the least credible when reporting abuse, so that violence against women with mental disabilities is often minimised, ignored, or undiscovered. Society often attaches blame to victims of violence, and this is even more common among this sub-group of women.

[1] Mental disabilities include both *psychiatric* disabilities and *intellectual* disabilities. In various societies, intellectual disabilities are sometimes referred to as developmental disabilities, cognitive disabilities, or learning disabilities. This includes individuals historically labelled with 'mental retardation'.

[2] Paragraph 116. Previously, the *United Nations Declaration on the Elimination of Violence against Women* (1993) had defined this violence as including 'physical, sexual or psychological harm or suffering ... occurring in the family, ... occurring within

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Within psychiatric and social welfare systems in CEE/NIS countries, community support services are often unavailable, and care is often provided in in-patient or residential facilities for women labelled with a mental disability. In such settings, they are subject to a horrific array of physical and sexual violence (including violence at the hands of those entrusted with their treatment and care) and other forms of systematic abuse, including medication and contraception without informed consent, forced abortion, and even sterilisation.

the general community,... [and] perpetrated or condoned by the State, wherever it occurs. Articles 1 & 2.

Additionally, in many CEE/NIS countries, women are often caught in a vicious cycle between victimization and the label of mental disability. When community-based, psychosocial trauma services are scarce, unavailable or discriminatory, women who experience trauma as a result of violence or other abuse are often identified as mentally disabled. Their symptoms are then labelled as psychiatric, they are inappropriately medicated, and they may be hospitalised on psychiatric wards or confined to institutional facilities. This then leads to new risk factors for victimisation, often resulting in retraumatisation, which reinforces the original label or diagnosis. This cycle also occurs when psychological, environmental, or socio-economic problems are medicalised. These women, as well as other women carrying the mental disability label, may then be abandoned by their families and communities, lose custody of their children, and be shut out from opportunities for education and employment. Society often views this as a consequence of the mental disability, when it actually highlights the ways in which the system has failed women with this label.

recommendations

Legal protection must meet international human rights standards and should include, but not be limited to:

- anti-discrimination legislation that includes gender and all forms of disability;
- general anti-violence legislation, covering domestic violence, assault, rape, and all other forms of physical and sexual abuse;
- marital and family legislation that addresses marriage, divorce, reproductive rights, and child custody, as well as marital rape, child abuse, incest, and all other forms of domestic violence;
- rights-protective mental health laws (including those governing involuntary placement, involuntary treatment, and guardianship).

Community-based support services must be established to support women who experience psychological, environmental, or socio-economic difficulties in their lives. Such services should include, but not be limited to:

- individual, marital, and family counselling;
- temporary shelter arrangements;
- education and training;

- vocational training and support;
- social welfare assistance.

Assessment for domestic violence, rape, and other forms of trauma should be routine in all gateways to health, mental health, and social welfare systems. The goal of such assessment must include, but not be limited to:

- offering appropriate psychosocial services;
- preventing unnecessary medication, hospitalisation, or institutionalisation;
- forming a decision-making partnership with service providers regarding the reporting of physical or sexual abuse.

Medical, psychological, legal, and social welfare services must be available to all women, regardless of disability or any other discriminatory exclusion criterion. Many service and advocacy organisations fail to protect or serve women labelled with mental disabilities who have been victims of violence, on various pretexts (e.g., inadequate resources, experience, or expertise). Sensitisation, education, and training are essential for all service providers.

Mainstream human rights, women's rights, and disability rights organisations must be supported to accommodate and address individual needs without discrimination across these groups. Women's mental disability rights are, by definition, subsumed by all of their mandates.

Complaint mechanisms and procedures must be non-discriminatory and rights-protective. Reasonable accommodations must be made for women with special needs. Active, independent oversight and monitoring may well be necessary, particularly in segregated or closed systems, in which women may fear reprisals for coming forward with allegations of abuse. Criminal prosecution must be a viable option, without endangering victims of violence.

Ultimately, it is the integration of women labelled with mental disabilities in all aspects of society which is the key to reform. Women must unite to achieve the goal of eliminating violence against *all* women.

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