Perception of the Experience of Domestic Violence
By Women with a Physical Disability

by

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I, Jennifer Mays, declare that the work contained in this thesis is to the best of my knowledge and belief, original, except as acknowledged in the text and that the material has not been submitted, either in whole or part, for a degree at this or any other university.

Signed: __________________________
Date: __________________________
Abstract

The disability movement drew attention to the struggle against the oppression of people of disability. The rise of disability activism contributed to increased awareness of the need for a social theory of disability, in order to account for the historical, social and economic basis of oppression. Emerging studies of disability issues by disability theorists, such as Sobsey (1994), highlighted the higher prevalence and nature of violence against people with a disability, in comparison to the general population. However, the limited research concerning women with a physical impairment experiencing domestic violence contributes to this social problem being underestimated in the community. Contemporary theoretical conceptualisations of both domestic violence and disability fail to explain the causal framework that leads to women who have a disability experiencing violent situations. Similarly, by explaining domestic violence as a solely socially constructed gender inequality and power differential, feminism provides insufficient recognition of the structural dimension of disability.

As a preliminary inquiry, this study draws on the premises of historical materialism, and feminism to explain disability and investigates disabilism as a means to examine the experience of domestic violence by women with a physical impairment. The research design incorporated the use of qualitative methods for data collection and encapsulated critical social science and interpretivist epistemology. This study provided the basis for generating an understanding of the nature of domestic violence against women with a physical impairment within this sample group. From this investigation, causal hypotheses can be advanced for subsequent extended research. This study revealed that disabilism together with the interacting structural dimensions of disability, gender and class operated to marginalise and alienate these women with a physical impairment in a violent relationship. This tended to reinforce and entrench violence against women with a physical impairment. The study provides insight into the way social conditions and disabilism interrelate to maintain this group of women with an impairment in a violent relationship and contribute to the experience of poverty and lower social status upon leaving the relationship.
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Chapter 1

ORIENTATION AND PURPOSE OF THE STUDY

1.1 Hypothesis

The following hypothesis was derived from the literature as a working hypothesis to frame the current research study.

Gender and class dimensions, coupled with disabilism perpetuates domestic violence against women with an impairment.

Whilst the precise wording of the hypothesis appears at the beginning of this thesis, it was not arrived at until late in the data collection phase for testing against the interview data generated from the study. This provided a basis for examining the materialist relations of disability and feminism, and employing some of the grounded theory methodological techniques.

1.2 Introduction and Justification of the Study

An examination of the literature on the relevance of materialism, feminism and domestic violence to disability helped to contextualise the study. A synopsis of the literature surrounding feminism, disability and historical materialism provided the basis for this exploration. Recognising the gendered nature of violence postulated by the feminist perspective; identifying the patterns and features of historically based policy implications surrounding disability, gender relations and domestic violence; and noting the increased attention to the issue of violence against people with an impairment in research undertaken in Canada and the United States of America, all led to the generation of an inquiry which focussed specifically on these topics. Whilst extensive literature, such as Buzawa and Buzawa (1996), Bybee and Sullivan (2002), Ferrante, Morgan, Indermaur and Harding (1996), Gelles and Straus (1979) and Stanko (1985), address the topic of domestic violence, previous psychological and sociological research in this area has failed to recount the experiences of women with a physical impairment in an abusive situation.
The research area draws upon the body of knowledge encompassing sociological and human service disciplines. Few studies are undertaken from a feminist, historical materialist and disability theory position that examines the structural dimensions of domestic violence against women who have a physical impairment. In order to redress research limitations and extend existing theory, this study sought to explore the nature and underlying causal processes of domestic violence against women with a physical impairment. The aim of the study centred on:

a. collecting data from women with a physical impairment about their experiences of domestic violence; and

b. documenting and analysing the data using interpretative and critical social science that draws on qualitative research (historical materialism, feminism, and disability theory and utilises some grounded theory techniques).

An initial exploration of the literature centering on gender and domestic violence enabled the identification of several studies. One such example includes research conducted by the Queensland Domestic Violence Taskforce in 1988, which drew attention to the high incidence of male violence against women in the domestic setting. This research indicated that approximately 95% of women who experienced domestic violence, had it perpetrated by male partners. The difficulty of the study is that it failed to consider the implications of the experience by women with a physical impairment as distinct from women as a whole group.

1.3 Disability, Disabilism and the Disability Movement

Traditional modes of thinking on disability tend to dominate and promote an ableist society, which acts to reinforce the alienation, marginalisation and oppression of people with a disability (Abberley, 1998; Barnes, 1998, 2002, 2003; Barnes & Mercer, 2001; Barnes, Oliver & Barton, 2002; Morris, 1996; Oliver, 1996; Thomas, 1999; Williams, 1998). In opposition to the dominant theories the disability movement proposed an alternative view of social reality by drawing on a materialist social relational account (Abberley, 1998; Barnes, 1998, 2002, 2003; Morris, 1996; Oliver, 1996; Thomas, 1999). The rise of disability activism has been instrumental in countering dominant scientific methods and traditions of social theory. Central to this thesis is generating an understanding of disability in
relation to the question of disabilism and domestic violence and determining the hegemonic notions surrounding disability in order to identify the way these aspects impact upon the experience of disability.

### 1.4 Disability and Violence

Violence against people with a disability attained prominence following research undertaken in Canada by Sobsey (1994) and The Roeher Institute (1990), and in the United States of America (National Battered Women's Law Project, 1991). While demonstrating that people with a disability encounter an increased risk of abuse in comparison to the general population, these studies additionally pointed out the gender implications by reporting that, of those, who experienced violence in a range of settings, for example institutional and domestic, a higher proportion are women with a disability (Sobsey, 1994; The Roeher Institute, 1990). The research conducted by Sobsey (1994) and The Roeher Institute (1990) highlighted the precipitators that increased the incidence of violence against people with a disability and the causal links between historical, social, political and economic dimensions, such as systemic inequality. Nosek, Howland and Young (1997, p. 160) noted the limited range of studies, such as Sobsey (1994), which actually explore the nature and prevalence of violence against women with a disability, yet pointed out the high incidence of abuse experienced by women who have a disability. They drew on the findings from research undertaken by the Canadian DisAbled Women’s Network, which found that of the 245 women with disabilities surveyed, at least 40% had experienced violence. The report additionally indicated that 37% of the perpetrators of violence were the spouses or ex-spouses of women with disabilities.

Several large-scale projects on domestic violence within Australia identified women with a disability as a potentially vulnerable group, for example, Cattalini (1993), New South Wales Department for Women (n.d.), and the Queensland Department of Families, Youth and Community Care (1996). Inquiries such as these tended to focus primarily on incidence, service provision and access barriers. Similarly, theorising on violence against people with disabilities by disability theorists and disability feminist authors remains largely limited to
examining incidence and prevalence, broad conceptualisations of violence (Sobsey & Doe, 1991), barriers to accessing social services and refuges (Buchmueller, 1996; McPherson, 1991; Strahan, 1997; Swift, 1998), and community attitudes (Cattalini, 1993). Additionally, these studies tended to analyse institutionalised abuse, public violence, sexual assault and its relevance to intellectual disability and mental illness (Carmody, 1990; Conway, Bergin & Thorton, 1996; Hayes, 1992; Jilich, 1991; Sobsey, 1994; Thomson, 1994). Clearly, an examination of domestic violence against women with a disability, perpetrated by spouses in the Australian context is overdue.

An emerging body of work by feminist disability theorists can be evidenced in the literature. Within the Australian context, the feminist disability theorists, such as Chenoweth (1993, 1997), Howe (2000) and McMahon, Miles, Sceriha and Townson (1996), Meekosha (1990), Neath (1997), Sceriha (1996) and Wilde (1996), draw attention to the need for formulating a materialist feminist and disability analysis in researching violence against women with an impairment. Howe (2000) and McMahon et al. (1996), pointed out that women with a disability are at an even greater risk of violence in comparison both to the general population and to men with a disability, because of the social, historical and economically based marginalisation and oppression of women with an impairment. McMahon et al. employed the concept of social violence to conceptualise gender relations, disability and oppression. Important to this study is the assertion by Nosek, Howland and Hughes (2001), which identified that few studies examine both disability dimensions and domestic violence:

The study of disability in a social context is relatively young and is still striving to arrive at valid practical measures for relevant variables. Very rarely does the general abuse literature address disability issues. Literature on disability and abuse very rarely references studies on abuse in general. (p. 478)

Neath (1997, p. 220) highlighted the need to undertake research inquiries utilising a feminist disability analysis. The stance provides the basis for an examination that explores patriarchal oppression, structural dimensions of disability, gender
relations and abuse. Neath asserted the “abuse of persons with disabilities is an issue of unquestioned importance to many persons with disabilities” (p. 223).

The limited range of literature that formulates a comprehensive framework for examining the interaction between domestic violence, gender and physical disability, led to the consideration of designing a study that focused on women with a physical impairment. King, Keohane and Verba (1994) and Marshall and Rossman (1989) argued that although limited information can be evidenced on an important topic, investigation remained essential. Frequently, an inquiry that seeks to improve and construct theory comprises features that are relatively unknown and unarticulated (Marshall & Rossman, 1989). Unless a theory, specifically in this instance the materialist feminist explanation of domestic violence, can be empirically tested with new evidence, a degree of uncertainty and speculation remains.

This study employs an interpretivist and critical social science framework. An interpretivist position provides the basis for examining interpersonal patterns and causal processes of domestic violence to understand the ascribed social meanings and interpretations of women with a physical impairment experiencing this abusive situation (Neuman, 2000). A critical perspective with structural assumptions enables the identification and description of underlying structural dimensions, conditions and mechanisms that perpetuate violence against women with a physical impairment.

The primary purpose of this study incorporated:

- determining the perception of women with physical impairment experiencing domestic violence;
- determining the applicability of gender relations within historical materialist, disability and feminist structural theory on domestic violence as a sufficient explanation of the perception and experience of women with a physical impairment;
- exploring the nature and underlying causal processes of domestic violence against women with a physical impairment and the interaction between domestic violence and disability; and
undertaking a preliminary exploratory inquiry to identify variables and causal relationships and generate propositions.

1.5 Contribution of This Study

This study sought to:

a. extend the scope of research into domestic violence to include the experience and perspective of women with a physical impairment;
b. expand the knowledge base of disability, feminist and mainstream research to recognise disability and domestic violence issues;
c. inform policy implementation processes by critically analysing underlying structural dimensions, systems and conditions; and
d. improve theoretical information by publishing relevant outcomes for professional workers, such as domestic violence workers and policy writers.

Objectives of the research program included the following components.

i. Locating, analysing, critically evaluating and synthesising literature relating to physical disability, gender, historical materialism and domestic violence contexts.

ii. Investigating the nature and underlying causal processes of domestic violence as perceived by women with a physical disability experiencing this abuse.

iii. Exploring, analysing and reporting the experiences of women with a physical impairment in domestic violence situations.

1.6 Definition of Key Terms

Historically, a range of oppressive terms was used to describe disability and impairment and these included “imbecile”, “subnormal”, “invalid” and “idiot”. Terms, such as these, act to entrench oppressive notions and practices surrounding disability. In countering the tendency for this, the study employs the concept “people first” and uses the term people with a disability. Additionally, the concept of disability, in accordance with critical social science and historical materialist approaches, is used as an inclusive category and applied universally. From this, disability is taken be a socio-structural construct that reflects the barriers women with a physical impairment have experienced and the structural forms of
oppression and disadvantage of women who have a physical impairment. For the most part, this is the sense in which disability is used in this thesis. However, this does not deny the way disability is interpreted as an individual state. Nor does this rule out that disability is interpreted as a condition or relationship in a similar way that most feminists determine gender is social relational in which the impact of the situation is determined by patriarchal/matriarchal relations.

Feminist scholarship during the 1970s highlighted the prevalence and extent of violence against women and sought to explain violence in terms of gender, power differentials, and historical, social and political structures that create violence against women (Bart & Moran, 1993; Bograd, 1988; Kurz, 1993; Pascall, 1986; Yllö, 1993). Gender relations and dimensions and specific contextual properties are critical to the feminist understandings of women's experiences, particularly in relation to domestic violence. For the purpose of this study, the social relational definition of disability and materialist feminist concept of gender is central to developing an understanding of the nature and experience of domestic violence against women with a physical impairment.

1.7 Outline of the Study

The thesis is organised in 8 chapters. The following chapters develop the theoretical framework by providing a review of the literature. Chapter 2 examines the theoretical implications of Marxism and historical materialism to the current study of women, disability and domestic violence. The chapter draws on the writings of Marx, Engels, and Gramsci about the nature of society and the way it is structured in terms of oppression and alienation. It provides the basis for exploring alienation, marginalisation and the relationship to disability and the question of disabilism. Chapter 3 explores the relevance of material feminism as an analytical tool to explain domestic violence and informs the relationship to disability. It traces the approaches and perspectives of material feminism and identifies gaps in explanations of domestic violence. This chapter highlights the variables being employed in conjunction with feminist concepts and outlines the way feminism and disability can inform the inquiry.
Chapter 4 explores contemporary literature on researching disability and related issues. The chapter outlines the link to Marxist and feminist analysis of the conditions that lead to disabilism (alienation and marginalisation). This section helps explain the rise of disability activism. The relationship of disability to domestic violence is examined. Chapter 5 describes the three major bodies of knowledge on the topic of domestic violence, which include psychology, sociology and feminism. Minor references to economic and medical traditions of research are made. The chapter explores the contributions of these perspectives to the knowledge area of domestic violence and examines the gaps and limitations. The chapter frames the critical structural analysis and further draws out the concepts for study by establishing relevance and linkages to Marxism, feminism and disability.

Chapter 6 outlines the methodological approach and research design underpinning the study. This chapter draws on the theoretical underpinnings taken from the literature review to frame the analysis and methodological procedures. The research design encompasses a critical social science approach utilising some of the qualitative methodological techniques of grounded theory, to examine the perceptions of women who identify as having a physical impairment, women who have a disability yet do not identify as having a disability and women who do not identify as having a disability, in relation to the experience of domestic violence. The issues of validity and reliability are addressed and detailed. Traditional methods of research can further alienate and marginalise the groups involved in the study. This inquiry identified ways to overcome some of the problems of traditional forms of research in this area. An outline of the sample group and data collection methods utilised (interviews and observation) is provided. Political aspects and nature of study are highlighted and explained. Ethical issues were paramount in this study and the author traces ethical considerations, clearance and management. Chapter 7 analyses the results of the study and Chapter 8 reports on the key findings of the research and highlights the implications and direction for further research.
1.8 A Guide to the Theoretical Approach Taken in this Thesis

The initial examination of disability from a gendered interpretation of materialist relations was undertaken to provide a tentative explanation. This was done to provide, at a conceptual level, a consolidation of the researcher’s extensive past experience of both disability and domestic violence. It was also done to acknowledge the researchers past thinking about these issues, rather than pretend that the researcher was able to come to the question of disability and domestic violence as a novice researcher. A full application of grounded theory would have required that the theory would grow out of the data (avoiding any imposition of pre-existing ideas).

Clearly, it was not possible due to the extensive prior experience of domestic violence and disability, to meet the full conditions of grounded theory. The next best step was to recognise the researcher’s prior knowledge, experience and opinions as an explanation, but then to put such explanations to one side in order to utilise some of the methodological techniques of grounded theory as the basis for carrying out the interviews and initial interpretation of the data. From here, the researcher then immerses herself in the data and attempts to let the women themselves speak. Then the researcher attempts to integrate both “theoretical approaches” in order to ground the methodological techniques in a more general explanation, at the same time integrating the more general explanations in a form of grounded theory.
Chapter 2

MARXISM AND HISTORICAL MATERIALISM:
THEORETICAL IMPLICATIONS

2.1 Introduction

Engels writing in 1888 captures the essence of Marx’s fundamental proposition of historical materialism.

In every historical epoch, the prevailing mode of economic production and exchange, and the social organisation necessarily following from it, form the basis upon which is built up, and from which alone can be explained, the political and intellectual history of that epoch; that consequently the whole history of mankind [sic] (since the dissolution of primitive tribal society, holding land in common ownership) has been a history of class struggles, contests between exploiting and exploited, ruling and oppressed classes; that the history of these class struggles form a series of evolution in which, nowadays, a stage has been reached where the exploited and oppressed class – the proletariat – cannot attain its emancipation from the sway of the exploiting and ruling class – the bourgeoisie – without, at the same time, and once and for all emancipating society at large from all exploitation, oppression, class distinction and class struggles. (Marx & Engels, 1998, p. 38)

The key premises of historical materialism are examined to ascertain the nature of disability as oppression. Drawing on the notion that disability can be defined as a social relational phenomenon, as argued by authors such as Gleeson (1997), Oliver (1998) and Thomas (1999, p. 128), the material position within a specific capitalist epoch requires examination in order to develop an explanation that links current social relations of production and reproduction and societal structures to the embedded oppression, structural barriers, and ideological formations surrounding impairment and disabilism.
In theorising about the nature of disability and the effects of disabilism on people with an impairment, particularly women and domestic violence situations, historical materialism provides a starting point for developing conceptual linkages. However, the insights from feminism provide an essential connection for situating disability as a gendered phenomenon.

2.2 Basic Principles of Historical Materialism

Historical materialism recognises the key defining feature of history as being the production and reproduction of social life, for example production of existence, social organisation and family. Shaw (1983, p. 206) explained that Marxist historical materialism can be described as a doctrine that encompasses the central tenet, the materialist conception of history. This body of thought locates the individual and class structures within given material and historical parameters and provides a socio-scientific explanatory framework and method of analysis for understanding historical, social and economic conditions underpinning capitalist society and social change. Further, Shaw (p. 206) suggested that historical materialism remains a social-scientific approach for explaining social phenomena in that it derives from a systematic process for social theory development based on interpretive and empirical observation, rather than solely conjectural assertions and purely theoretical knowledge.

Of central importance to the current study is that historical materialism explains how the mode of production relates to concepts of commodity production, surplus value and labour force potential. This needs to be situated in the context of disability in order to explore the relations between disability and the capitalist mode of production. As these relations within capitalist society remain reliant upon the productive means, a critical point of analysis within this framework would be the social positions relative to ownership of the means (Barbalet, 1983; Fromm, 1992; Long, 1973; Marx, 1990a, 1990b, 1990c, p. 153; Shaw, 1983, p. 208; Worsley, 1990). Specifically, these are the relations based on “those who own” and “those who do not own” the means of production (Cohen, 1982; Fine, 1989, p. 23; Long, 1973; Lorimer, 1999, p. 90; Mandel, 1983; Marx, 1990b, 1990c).
2.3 The Relevance of Historical Materialism to Capitalism and Disability

The importance of relating historical materialism to contemporary society’s treatment of disability is an important component of this study. Historical materialism is a useful analytical tool for examining the relationship of disability to the material conditions. Disability can be understood as a social relational phenomenon, then the inferences generated from materialist premises demonstrate that this is linked to the social forces, social relations of production and reproduction, and more generally, the capitalist mode of production.

The materialist perspective suggests that the economic and social forces, social relations of production and reproduction, inherent in the capitalist system, produce social phenomena and social categories (Abberley, 1998; Barnes, 1998, 2002; Gleeson, 1999; Oliver, 1998; Thomas, 1999). Given this, capitalism becomes the key mechanism that produces the category disability through economic and social forces by the functioning of the labour market and social organization of work (Oliver, 1998, p. 33; Russell, 2001; Thomas, 1999, p. 129).

The form in which disability becomes apparent is contingent on the relationship to the political economy and social forces. This is critical in that, under a capitalist system, disability becomes defined in terms of being a social problem organised around the capitalist mode of production or material endeavours emerging from societal arrangements, for example work (Gleeson, 1997; Oliver, 1998, p.33; Russell, 2001; Thomas, 1999, p. 129). The ultimate expression of the category disability tends to be shaped by these elements, including the changing needs of the labour market and nature of work.

2.4 Conceptualising Disability from a Historical Materialist Perspective

The materialist perspective has been utilised by disability theorists, such as Abberley (1998) and Oliver (1998), as a means to extend the social theory of disability. Although a range of materialist theorists, for example Barton (1998a) and Finkelstein (1980), provide contributions in understanding the nature of disability, the following section focuses on the works of Abberley (1998), Barnes (1998, 2002), Gleeson (1999), Oliver (1998) and Thomas (1999). For Abberley
(1998, p. 61), the concept of disabilism is situated in conjunction with sexism and racism to incorporate the historical dimensions associated with the experience of disability. Significantly, Abberley (1998, p. 68) explored the social and structural barriers that prevent the integration of people with an impairment in social and community life.

Barnes (1998, p. 50) by emphasising the cultural oppression of people with impairments, explained that disability arises from the origins of capitalism in Western society. The key conceptual link for Barnes is connecting the myths produced in society surrounding bodily perfection and the “able bodied ideal” with material and social forces in society. Barnes suggested that the cultural oppression and societal prejudice of people with impairments is culturally produced as a set of belief systems generated by the multifarious interface between the mode of production and central values, ideals and beliefs held by that society.

The transformation of society from feudalism to capitalism led to the labour potential of individuals being measured against norms of average productivity standards in conjunction with notions of worth and status (Gleeson, 1999, p. 15; Oliver, 1998; Thomas, 1999). Workers failing to conform to the ableist standard were devalued, reducing their capacity to sell their labour potential (Abberley, 1998; Oliver, 1998; Thomas, 1999). Given this, people who experience impairment are seen by those who control the means of production as less efficient workers.

As a result, people who own the means of production regard people with an impairment as having less productive potential than able bodied people, therefore they are less sought after in terms of their labour. This relegation to the reserve army of labour marginalises the people with an impairment, that is, the perceived impairment separates the person who experiences the impairment from their productive capacity because the individual is not afforded the opportunity to work. Although acknowledging that many people with an impairment have participated and continue to participate in paid employment, as noted by Sherry (2002, p. 5), it is the relegation of some people with an impairment to the reserve army of labour
which is a form of alienation from the individual’s productive capacity. Thus, it is alienation as oppression.

An historical materialist theoretical approach locates “the problem” within the relations of production, whereas situating the causes of inequality and disadvantage within the individual ignores broader structural inequalities and socio-historic elements of exploitation and oppression. Significant to this study are the consequences for women with an impairment in a violent situation which can be demonstrated in Barnes’s (1998) assertion:

> Although historically this construct [the able bodied ideal] has been interpreted in a variety of ways and finds expression in several different forms, there can be little doubt that it exercises considerable influence on the lived experience of disabled people as well as on other oppressed groups such as women, for example. (p. 57)

Similar to the theorising undertaken by Barnes (1998), Oliver (1998, p. 33) extended these ideas further by utilising an explicit materialist analysis to argue that the oppression of people with impairments is embedded within the social structures of capitalism, which in turn generate disabilism. The conceptual ideas proposed by Oliver (1998) are useful for exploring the way material conditions and the influence of capitalism impact on people with a disability. Oliver integrated other paradigms into his analysis, for exploring changes in the mode of production and traditional “modes of thought” (Thomas, 1999, p. 129).

Oliver (1998) contended that the dominant view of disability centres on individual pathology, ignoring notions generated by the material conditions and social relations within capitalist society. Further, the starting point adopted by Oliver (p. 26) focuses on a materialist account of the creation of disability, not in terms of an individualised and medicalised condition, but rather situated it in the context of the social relations of capitalist production. The social relations encompass the social structures, which permeate the experience in everyday reality through functioning as a central unifying agent of the people within the production process (Shaw, 1983, p. 208; Worsley, 1990, p. 67).
These social relations remain distinct from, and simultaneously co-existent with, the production relations and form a complex set of interrelations between people necessary for enabling and maintaining sustainable material production processes (Shaw, 1983, p. 208; Worsley, 1990, p. 67). For example, Marx posits the role of the family in relation to the worker, as being a necessary element for the reproduction of the labour force (Shaw, 1983, p. 208; Worsley, 1990, p. 67). By drawing on these premises, Oliver (1998) highlighted the nature of the social relations causally linked to the alienation and marginalisation of people with an impairment. He outlined that:

It seemed fairly clear that the mode of production played a crucial role in that with the rise of capitalism and the coming of individualised wage labour in factories, impaired people were at a severe disadvantage. In fact so many were unable to keep or retain jobs that they became a social problem for the capitalist state whose initial response to all social problems was harsh deterrence and institutionalisation. Impaired people became a particular problem because they were unable rather than unwilling to cope with the new demands made on the labour force…. However, because impaired people could not be integrated into the workforce they still had to be controlled. This was done by providing a range of specialist institutions whose overt aim was to provide treatment or shelter from a harsh world rather than punishment. (p. 28)

Oliver asserted that this corresponded with the legitimation of the power and authority of the medical profession in relation to the generation and perpetuation of notions of deserving and undeserving persons. That is, those who “can’t work” and those “who won’t”. People with an impairment were categorised and labelled as sick, ill or an invalid and relegated to institutions.

Thomas (1999) emphasised this by acknowledging that Oliver’s analysis “does suggest that the social oppression of those identified as impaired by those identified as non-impaired in capitalist society might have at its sustaining foundation their disadvantaged position in, and material exclusion from, material production” (p. 130). Yet, Thomas noted that Oliver’s analysis of disability as a social oppression and the relating effects of social and material conditions, tend to focus on an all encompassing, gender-neutral and transhistorical expression of the phenomenon.
Drawing on materialist logic, differing forms of economic structures can be distinguished through the identification of the dominant social production relations, occurring during specific defining economic epochs, which subsequently shape and structure society (Crotty, 1998, p. 118; Fine, 1989; Marx, 1990a, Podosetnik & Spirkin, n.d., p. 24-25; Shaw, 1983, p. 207). The materialist perspective premises that the production relations and means together with the labour potential of the people become central features of society's economic structure. Gleeson (1999) extended these ideas by asserting “if the material organization of everyday life differs widely between specific modes of production then it follows that any social oppression must be seen as historically-and-culturally-relative” (p. 14).

Although Gleeson (1999) similarly adopted the position of Oliver by utilising a materialist perspective, the point of departure is his assertion that disability is a product of social organization and social and production relations contained within historical epochs of that time. The determinant feature for Gleeson (1999) is defining disability in terms of a social oppression connected to particular time periods and localities.

These insights from Abberley (1998), Barnes (1998, 2002), Gleeson (1999), Oliver (1998) and Thomas (1999) provide a conceptual basis for utilising historical materialism to understand the nature of social oppression surrounding people with an impairment, particularly women, and the way disabilism is produced and reproduced in capitalist systems. Additionally, this assists in identifying the historical, social and material basis of the way capitalism operates to marginalise and alienate women with an impairment and to apply the understandings in explaining the social phenomenon of domestic violence.

### 2.5 Theory of Ideology and Hegemony

Understanding historical materialism involves an analysis of the concept of ideology. For Marx, ideology was a critical element in the structural reproduction of class interests in any given industrial society. Accordingly, the Marxist theory of ideology is concerned with higher conceptual values based on broader historical and contemporary experiences. Ideology is about the nature of social
reality, thus represents a complex system of moral, political, and philosophical ideas, views, propositions (untested) and beliefs, which reflect the economic and social tendencies of society and express the positional interests of a specific class, designed in this case, to protect and safeguard the interests of dominant class (Barbalet, 1983; Lenin, 1978; Podosetnik & Spirkin, n.d.; Lorimer, 1999, p. 43, Worsley, 1990). Marx also recognised that ideological interpretation can justify illusions, mystifications and false notions held by the people about the nature of social reality and social relations (Shaw, 1983, p. 209).

Marxism suggests that certain ideas become held by people as commonsense assumptions given that they operate simultaneously as a sanctioning apparatus for reinforcing and embedding existing unequal social relations and thus serve to promote and protect particular class interests. Materialism asserts that the class with the ability to control and protect the production relations necessary for commanding and advancing the productive forces therefore becomes the class with the hegemonic power (Barbalet, 1983; Lenin, 1978; Podosetnik & Spirkin, n.d.; Shaw, 1983, p. 209). As Gramsci (1977) pointed out:

Within the state, the propertied class forges its own discipline and unity, over and above the disputes and clashes of competition, in order to keep intact its privileged position in the supreme phase of competition itself: the class struggle for power, for pre-eminence in the leadership and ordering of society. (p. 74)

Gramsci (1977) used the term hegemony in a way similar to Marx’s superstructure for representing the ideological and cultural domination of one social group over another through structural mechanisms. Institutions promote and reflect the ideas that benefit the ruling class’s maintenance of power and control (Davidson, 1992; Gramsci, 1977). From this stance, hegemony becomes the means to understand the entrenchment, continuation and reproduction of capitalism and the ideological struggle of oppressed class to develop its own alternative ideas or “counter-hegemony”, that is, socialist philosophy and thought (Davidson, 1992; Gramsci, 1977). Gramsci’s concept of hegemony is significant to this study, as it provides a means to understand the nature of the oppression of women with an impairment
and the way the ideas of the dominant group perpetuate and reinforce one form of reality that excludes all other alternatives (Davidson, 1992; Gramsci, 1977).

The emphasis Gramsci (1977) places on the production relations, in which a dominant group holds power based on its position in relation to production, is afforded through the consent of the subordinate class. This assists in understanding the way hegemonic forces operate and impose a particular worldview of social reality, that is the dominant group’s worldview. The struggle for liberation and freedom from oppression represents the constitutive parts of counter-hegemony in which agency and structure are underpinned by unequal struggle and negotiation. The ruling class remain the owners of the means of production. This in turn leads to exploitation and hence alienation. The social oppression of people with an impairment is grounded in such economic and social structures. This leads to the generation and entrenchment of disabilism.

2.6 Hegemony and Disability

Disability theorists utilising a materialist perspective, such as Gleeson (1999), Oliver (1998) and Thomas (1999), draw on the notion of hegemony to explore the nature of disability and examine the assumptions surrounding the category. Historical materialism assists this study by providing a method for examining the dimensions of disability and gender and the way society can be structured and shaped to reflect ideological forms of oppression, and generate the alienation and marginalisation of women who have an impairment. This is useful for generating an understanding of the nature of social oppression for people with an impairment and the way hegemonic forces operate to create and reinforce disabilism within society during specific historical epochs.

2.7 Summary: Integrating Historical Materialism, Feminism and Disability

The starting point for historical materialist theorising centres on class analysis. A person’s class position is primarily dependent upon his/her relationship to material and productive forces (Barbalet, 1983; Lenin, 1978; Podosetnik & Spirkin, n.d.; Shaw, 1983, p. 209; Singer, 1980). Class analysis provides a useful perspective to understand the nature of social relations of capitalist production, including social
divisions of labour and social positions. However, the primacy of class analysis afforded by Marx in his approach to historical materialism, tended to minimise the significance of utilising other structural dimensions for generating social theory, specifically the dimensions of gender and disability. This can be demonstrated in the challenge by feminist scholarship, which highlights the gender-neutral nature of Marxist analysis. Feminists, such as Mutari and Boushey (1997), sought to extend materialist theorising to incorporate the dimension of gender, as a means for examining social relations between women and men and the sexual division of labour.

Whilst disability theorists, for example Abberley (1998), Gleeson (1998, 1999) and Oliver (1998), have contributed to disability theory by utilising the key premises underpinning historical materialism to examine the social relational aspects of disability, few explorations generate starting points to incorporate materialism, disability and gender dimensions.

Disability theorists who adopt feminist and materialist positions, such as Thomas (1999), have drawn attention to the limited theorising around disability and gender from both historical materialist and feminist standpoints. As Thomas (1999) noted “it is unfortunately the case that non-disabled feminists of materialist (and other theoretical) persuasions have ignored disability and the lives of disabled women” (p. 134). In order to develop a conceptual basis for using both perspectives, an examination of materialist approaches of feminism is required. The following chapter explores the relevance of material feminism.
Chapter 3

HISTORICAL MATERIALISM, FEMINISM AND DISABILITY

3.1 Introduction

Feminist scholarship, from a historical materialist perspective, identified the differing historical contexts between men and women in relation to the emergence of capitalism (Mutari & Boushey, 1997, p. 4; Thomas, 1999). These feminist analyses found that historically, women’s lives were inextricably linked to the context of domestic labour, childbearing and reproduction and the domestic arena became the site of social production (unpaid labour) during the nineteenth century (Mutari & Boushey, 1997, p. 4; Thomas, 1999). The previous chapter explored the importance of understanding disability from a historical materialist position. The present chapter reviews feminist theory and examines the significance of material feminism as tool for analysing the relationship between domestic violence, gender and disability.

3.2 Contributions of Feminist Scholarship

Progressive feminist scholarship and activists, during the 1970s, highlighted the historical basis and nature of the oppression of women in capitalist society. Materialist feminist theory informed theorising and social action as a means of influencing theoretical paradigms, government policy directions and women’s agency procedures. Critically, for feminist thought, the personal is political, which situates individual problems within the broader societal context and legitimated the inherently political nature of women’s experiences in everyday life, including labour force and contribution to the household (Stanley & Wise, 1993). The feminist agenda sought to bring about social change by adopting this socio-political agenda, through undertaking research, theorising and social action to conceptually and practically link women’s experience to broader social problems and society (Oakley, 1972; Stanley & Wise, 1993).
Primacy was assigned to the categories of class and gender for examining gender relations and roles, women’s experience of a subordinate social and economic status in relation to men, exclusion from the labour market, inequitable wages and conditions, and sexual divisions of labour (Mutari & Boushey, 1997; Thomas, 1999). Additionally, materialist feminist approaches investigated the way the superstructure operated as a key oppressive mechanism, through its production of the apparatuses of the state and the family institution.

The absence of women’s voice and experience in traditional paradigms led to a new body of thought, theorising, research approaches and social action, which comprised the study of women, gender relations and women’s oppression. Feminist scholarship sought to counter the traditional male-dominated worldviews and the gender-neutral nature of the Marxist and other male centred approaches by utilising the concept of gender as an analytical tool. This provided a basis for advancing alternatives to the traditional models through examining the women’s view of social reality and social phenomena, such as unequal wages and poverty.

Feminist writers, such as Barrett (1988), Jagger (1988), Kuhn and Wolpe (1978) and Mutari and Boushey (1997), argued that the concepts of family and gender appear to be under explored and under utilised in Marxist analysis. They asserted that the Marxist scientific historical approach can be criticised for being economic deterministic and reductionist in failing to draw significant attention to the institution of the family in relation to the gender relations and the sexual division of labour (Jagger, 1988).

3.3 Feminist Theorising on Patriarchy

Subsequent developments in materialist feminist approaches led to the incorporation of the concept of patriarchy for examining the gendered divisions of labour in relation to the material relations of patriarchy, and the ideological formations of society that acted to oppress and subordinate women (Hamilton, 1979; Jagger, 1988; Mutari & Boushey, 1997; Omvedt, 1986; Stanley & Wise, 1993; Thomas, 1999). According to the feminist tradition, societal structures, social systems and dominant values, as in family institutions, ascribed gender
roles and male privilege, can be organised to reflect unequal hierarchical gender relations that perpetuate the domination and discrimination of women (Hamilton, 1979; Horsfall, 1991; Miller & Wellford, 1997; Omvedt, 1986; Schuler, 1992; Yllö, 1993).

In generating an understanding of these developments in feminism, a key distinction needs to be formulated. Radical feminists tend to establish patriarchy as the central determining mechanism in shaping women’s reality and experience of oppression (Hamilton, 1979; Mutari & Boushey, 1997; Stanley & Wise, 1993, p. 63). However, socialist feminists employ the notion that capitalism and patriarchy are clearly separate systems, which require an analysis of the interactions between patriarchy and the impacting historical, social, material and ideological forces (Hamilton, 1979; Mutari & Boushey, 1997). The feminist materialist position outlines the structural, social and economic processes that support and sustain a patriarchal order, defined as systemically derived and institutionalised male power and privilege (Hamilton, 1979; Makepeace, 1997; Miller & Wellford, 1997). Therefore, examining gender relations by integrating patriarchy provides a means to integrate gender dimensions and ideological formations, rather than solely focus on class based analysis. Further, significant to this study is adopting the principles of historical materialism to understand the nature of the relationship and linkage between patriarchy, capitalism and women’s oppression, including the dimension of disability.

3.4 Problematics of Sex and Gender

Feminist writings during the 1970s, for example Oakley (1972), drew attention to the problematic utilisation of the concept sex as a key variable in critical analysis. The difficulty of conceptualising the term sex is the tendency for biological determinism in theoretical formulation. Additionally, the concept of sex fails to account for the structural dimensions underpinning capitalist society and the oppressive nature of social conditions. In recognising these controversies surrounding the conceptualisation of sex and as a means to redress the emerging concerns, feminists, such as Delphy (1993) and Oakley (1972), employed the
social and cultural term gender as the independent variable for analysing social relations between and within gender.

Principally, from this approach, gender can relate to the social division of men and women that originates from biological distinctions (Bradley, 1996; Chodorow, 1995; Delphy, 1993; McDowell & Pringle, 1992; Thompson, 1994; Wearing, 1996). However, this approach to gender conceptualising also subscribes to the recognition and assignment of socially created masculine and feminine characteristics and properties ascribed as appropriate to the sexes (Bradley, 1996; Lundgren, 1995). The attributes and traits forming gender distinctions are learned by individuals or groups, through socially constructed and culturally inscribed classifications of what constitutes masculinity and femininity. This is further perpetuated by the socialisation processes inherent in society and imposed and reinforced through social, institutional and systemic practices.

Gender relates to the properties and elements comprised within every facet of the human experience of social reality, constructed, shaped and reflected through gender identification, gender arrangements, and interactions of social relations (Flax, 1990). The social category gender forms part of structural and systemic barriers in which women have encountered, together with the structural based oppression, disadvantage and marginalisation of women. The structural dimension of gender therefore is a homogenous and unifying classification that takes into account the historical, socio-economic and political implications (Bradley, 1996; Kitzinger & Wilkinson, 1996; Lundgren, 1995; Wearing, 1996).

Drawing on the definition outlined by Lerner 1986 (cited by Davis, 1997) provides insight for this study, in that Lerner argues that gender is the basis of social and power relations inherently linked to the class category. This refers to the social interrelations between women and men and the way class operates as a moderating variable. That is, the position of women relative to men in terms of accessing resources and the means of production, especially if men dominate and control women's access to these resources. This is consistent with the study as Lerner’s conceptualisation recognises that gender can be an analytical tool, shaped and influenced by hegemonic forces, which legitimate social relations, societal
divisions and social arrangements under a capitalist system. Further, several assumptions underpinning the social category gender, are useful for the study. These include:

- Gender emerges as a property of individuals, determined by historical, social, systemic, economic and structural contexts, forces and dimensions.
- Individuals interpret, organise and structure social reality based on gender differences and gender identification, together with historico-social and economic impactors.
- Identity formation derives from the individual identifying the self as a gendered object shaped by societal structures, socialisation processes, social relations and interpersonal experiences.

3.5 The Historical Dimensions of Women’s Oppression

Historically, the “family wage”, designed to ensure the man’s wage adequately supports two adults and children, set a precedence for men’s greater entitlement to income and subsequently, established clear boundaries and role delineations between men and women in domestic and work spheres. For example, in line with the separation of labour from the home under capitalism, household tasks became viewed as women’s work (Pascall, 1997). Similarly, the Beveridge welfare model of social security reflected the family wage system, in that men received benefits or a family allowance for their partners and “dependants” who contributed to the household but did not enter the workforce (Pascall, 1997). Given this, historical models of the family wage and Beveridge system, including the proliferation and development of segregated labour markets, illustrates the institutionalised adjustment between capitalism, productivity notions and exploitation of women with an impairment (Mutari & Boushey, 1997).

Men became idealised and ideologically constructed as the primary “breadwinner” working in arenas separate from domestic spheres; effectively reducing women’s status in employment activities together with decreasing their capacity to access and participate in high-income jobs (Pascall, 1997; Saunders, 1994). In contrast, women were expected to deal with matters in the domestic sphere, for example the family home, for which no pay rates were ascribed. This devaluing of duties
performed in the domestic setting represents a clear demarcation of social relations between men and women, and the response subsequently ascribed greater control and power of material and economical resources to men (Pascall, 1997).

This gender and sex style of analysis can be brought to bear on the concepts of impairment, disability and disabilism. For women with an impairment who are in a spousal relationship, these notions become exacerbated by, not only the inferences associated with women’s roles and their ascribed subordinate status and position, but also with assumptions surrounding disability, such as “incapacity” and “inability” to contribute. Financial management of household incomes can involve both parties, however access to finance and resources may in effect be unequal in cases of institutionalised ideals that reinforce notions of men maintaining the greater control over the household wage, especially its distribution (Pascall, 1997).

In alignment with the advancement of capitalist society, changing patterns in social and economic life have evolved around family institutions, such as increased impermanency of marital relations, diversity in familial formations, growth of women’s employment and transformation of the workforce. During the 1980s, this led to the challenge by feminists to the breadwinner model (Burke & Redmond, 2000).

In countering the predominance of class based feminist analysis, theorists such as hooks (1984) sought to challenge feminist assumptions of the common oppression. This can be demonstrated in her comments:

We resist hegemonic dominance of feminist thought by insisting that it is a theory in the making, that we must necessarily criticize, question, re-examine, and explore new possibilities. My persistent critique has been informed by my status as a member of an oppressed group, experience of sexual exploitation and discrimination, and the sense that prevailing feminist analysis has not been the force shaping my feminist consciousness. (p. 10)

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1 bell hooks prefers to present her name entirely in lower case.
3.6 Theorising Gender, Disability and Materialism

Feminist disability theorists, such as Thomas (1999), point out that disability needs to be considered as a gendered social relational phenomenon. These theorists highlight that disability research tended to exclude women’s experience and represent the experience of men with a disability as reflective of the experience of all people with a disability. Morris (1996) and Thomas (1999) pointed to the establishment of male privileging in the materialist disability analyses of disability theorists, such as Abberley (1998) and Oliver (1998).

Similarly, feminist disability theorists identify that material feminist analyses were useful in developing understanding gender roles and relations, women’s experience, the social and economic basis of oppression, and influence of prevailing ideologies. However, the challenge for feminists and specifically feminist disability theorists became at what point can the dimension of disability conceptually link with gender relations premised on notions of feminism and historical materialism (Morris, 1996; Thomas, 1999).

In response to this limitation, Fine and Asch (1988) adopted a materialist stance with feminism for explicating the social, material and cultural positions of women with a disability in an advanced capitalist society. These authors put forward the proposition that women with a disability were significantly more disadvantaged in comparison to non-disabled women or men with a disability. The theorists explained that the marginalisation of women with a disability in society results from their social position as women, in relation to work and family, social, historical and economic subordinate status and unequal gender relations, through all constituent parts of social, economic and political life.

Similarly, disability theorists examining the implications of gender and disability, such as Begum (1992), Corker (2001), Dowse (2001), Hutchinson (1992), Lloyd (1992), Lloyd, Preston-Shoot, Temple and Woo (1996), Lonsdale (1990), Marks (1999), Meekosha (1990, 1998), Preece (1996), Sheldon (1999), Stone (1995) and Wendell (1996), were instrumental in drawing attention to the need for further conceptual development of gender and disability in feminist scholarship. Thomas
(1999) suggested, “whilst disabled women clearly emerge from this kind of research as a specifically oppressed social group, the theorization of this oppression remains in its early stages” (p. 134).

Morris (1991) pointed out that feminist scholars, such as Elizabeth Spelman, challenge the tendency for the commonalities of women’s experience to be explained by white middle class women who failed to account for other dimensions, for example disability. As Morris noted:

White middle-class women’s experiences have been taken as the norm and other women’s experiences have been treated as ‘different’, as the subject of particular study and analysis. Thus, white middle-class women [sic] reality is the basis of general theory and analysis (in same way that men’s reality was), and the reality of other groups of women is treated as particular, as separate from the general. (p. 6)

Morris (1992a, 1992b, 1996) identified the adoption of concepts of double disadvantage and multiple discrimination in the theorising of disability and gender. Morris rejected notions of disability as a double disadvantage by arguing that utilising this standpoint perpetuates research in terms of an oppressive mechanism. Such a view alerted this researcher of the current study to examine the nature of social research and theorising, particularly as a potentially alienating and oppressive process, which excludes the experiences of people who have an impairment.

Developments in feminist disability theorising attempted to redress these limitations by drawing on a range of perspectives to incorporate gender and disability. Feminist disability theorists, such as Lloyd (1992), Morris (1992a, 1992b) and Thomson (1994), drew on the insights from feminist analysts, for example, Hill Collins (1990), hooks, (1984) and Huggins (1993), to explore the categories of race and gender. While acknowledging the progressiveness of disability and feminist approaches to incorporate the social categories of class and race, Morris (1991, p. 7) critically reflected on the “absence” of other groups in feminist theories by arguing “most non-disabled feminists - left out two important groups, namely older women and disabled women. Disability and old age are
aspects of identity with which gender is very much entwined but they are identities … almost entirely ignored by feminists” (p. 7). Morris (1997, p. 7-8) explained the problem as arising both from the inadequate utilisation of the premise that the personal is political and from limited exploration of the gendered disability experience relative to the mode of social and economic oppression in theorising and research.

Morris (1991) further argued that the influence of the disability movement in developing a social model of disability is an important advancement of disability scholarship. However, Morris contended that the disability movement failed to comprehensively incorporate the personal experience of disability by overemphasising environmental barriers and social attitudes. This can be demonstrated in her contention “there is a tendency within the social model of disability to deny the experience of our own bodies, insisting that our physical differences and restrictions are entirely socially created” (p. 10). For Morris (p. 10) the feminist position addresses these conceptual problems in the social model theorising.

Chenoweth (1996) examined the historical basis for women with an impairment, of oppression and the experience of violence. Chenoweth pointed out that historically women with a disability were viewed as unproductive members of the household and general community. According to Chenoweth, this is a result of the historical based segregation and exclusion of women with an impairment through the state endorsed mechanism of institutionalisation, such as relegating women with an impairment to poor houses and asylums. Clearly, in more recent times women, including women with a disability have become an important part of the labour force.

3.7 Women, Disability and Difference Theory: Conceptual Considerations

The influence of postmodern writers such as Corker (2001), on disability issues is explored as a means for drawing out the usefulness of postmodernist explanations as an elaboration of individual differences and nuances. Postmodernist paradigms
can expand conceptual understanding by providing a more nuanced and complex theoretical engagement and is thus open to explanations of individual difference.

The emergence of postmodernism generated debates within social theory, which were subsequently taken up by disability theorists, such as Corker (2001), Corker and Shakespeare (2002), Erevelles (1996), Scott-Hill (2002), Tremain (2002), Wendell (1996) and Wilson and Beresford (2002). The stance sought to deconstruct grand theories and reconstruct the theories to incorporate a range of viewpoints, and identify differences within categories of binary conceptual systems or dualisms, such as nature/culture, public/social, masculine/feminine (Bellou, 1998; Derrida, 1972, 1992; Ellis & Fopp, 1998; Touraine, 1998). Postmodernism represented a shift from objective meanings to incorporate subjective experiences, which premises that there are no fixed identities, universal truths or bodies of knowledge, that is, knowledge remains relative (Bellou, 1998; Corker & Shakespeare, 2002; Holmes, 1998).

Postmodern and poststructuralist approaches have influenced feminist theorising around women’s experience and the constitutive features of experience. This led to interrogating the concept of gender for revealing variance within and among constructions of gender categories that were previously assumed to hold fixed universal representations. Feminist researchers, such as Gelles (1993), Grosz (1994), Pettman (1991), Preece (1996) and Wearing (1996), argued for the need to investigate dimensions of difference within the category “women”. The key emphasis is on discerning an individual’s distinguishing features and particularities by drawing on the theory of difference, which postulated the recognition of variance within the gender category.

Although feminist writers, such as Bottomley (1991), Gunew (1993), Huggins (1993), Patterson, Cameron and Lalonde (1996) and Pettman (1991), integrated the categories of class and race during difference analysis, few explanations explored the concept of disability. Morris (1991, 1996), Thomson (1994) and Wendell (1996) observed that the feminist studies, including structural analysis, on domestic violence, gender inequality and the oppression of women, disregarded the perspective, experience and social reality of women with a
disability, principally in the conceptual frameworks. According to Morris (1996), Thomson (1994) and Wendell (1996), feminist theory and analyses needed to incorporate the experience of women with a physical disability in their representations. Postmodernist approaches require attention, in order to understand the nuances of other viewpoints to the body of knowledge surrounding the experience of disability (Sheldon, 1999; Thomas, 1999).

In adopting postmodern positions rather than basing their analyses solely on historical materialist approaches, Chenoweth (1996), Corker (1999, 2001) and Lonsdale (1990) argued that, inquiries examining women and disability should incorporate the theory of difference as an assessment criterion during the research process. This, the theorists further asserted, enables the recognition of disability both as a social construction relative to a person’s physical, social and cultural environment, while providing a tool for exploring both similarities and differences within the categories of gender and disability.

3.8 The Limitations of Deconstructing Disability and Research Implications

The logic of difference analysis centres on deconstructing the personal self into multiple forms of identity and representations (Bradley, 1996; Corker & Shakespeare, 2002; Griscom, 1992; Grosz, 1994; Moore, 1994; Sheldon, 1999; Thomas, 1999; Thomas & Corker, 2002; Thompson, 1994). Without careful consideration of structural implications of disability, postmodern approaches may is the tendency to embed liberal pluralist notions through individualising the causes of disability. This is done by situating the locus of change on the individual, therefore reinforcing alienation, marginalisation and the hegemonic notions of disabilism. Postmodern approaches assume that the questions of how and what take precedence over important causal questions of why (Griscom, 1992; Thomas, 1999; Thomas & Corker, 2002). As Chenoweth (1996) and Lonsdale (1990) noted, solely concentrating on the individual without addressing structural issues, may fail to account for the way disability occurs, the existence of a disabbling society and the underlying causes of disabilism in the experience of those with a disability. In developing this further, Bradley (1996), Calhoun (1995), Maynard (1994) and Sheldon (1999) noted that in employing difference
theory recognition of the structural dimensions would assist in the identification of potential similarities and commonalities within the gender category, woman.

Thomas and Corker (2002) highlighted the importance of considering the complexities associated with the interaction between modern and postmodern theoretical positions when undertaking an inquiry. In discussing the difficulties between these somewhat “contested perspectives”, Thomas positions herself as a “material feminist and sociologist”, while Corker identifies herself as a “post-structuralist feminist and sociolinguist” (p. 18). Although both authors acknowledged that “in these areas, we have perhaps identified some of the difficulties of constructing too stark an opposition between modernist and postmodernist perspectives on culture and society” they further identified “in other areas we have struggled over the details of each other’s meanings” (p. 30). Thomas further argued:

Historical materialist or Marxist theory is often characterized as being crudely economic determinist, and of … ignoring … the importance of cultural and/or psychological processes in the shaping in the shaping of social phenomena, whether disabling or anything else. The agency of the individual actor is also often thought to be denied. I do not accept these versions of materialist or Marxist theory. In my view, a materialist perspective has the potential to engage richly with the cultural, ideological and psychosocial (for example, identity). This does not deny, in turn, the value of the insights gained through other theoretical perspectives, for example post-structuralism, postmodernism and psychoanalysis. However, it seems to me that the incompatibilities of the philosophical underpinnings of materialist and post-structuralist … theory has to be acknowledged and understood – these perspectives cannot simply be brought together in any new synthesis. (p. 20)

The foregoing suggests that understanding disability might be advanced by a research agenda that specifically applies historical materialism, feminism and difference to an examination of the gender and disability dimensions relative to women with an impairment experiencing domestic violence. The principles of historical materialism, feminism provide a method for exploring the basis of the:
• social position and status of women with an impairment experiencing domestic violence, relative to the social relations of production and reproduction;
• nature of disabilism and the impacts on women with an impairment in a violent situation;
• entrenchment the category disability in relation to the social relations of production and reproduction; and
• hegemonic formations of society that generate the marginalisation and alienation of women with an impairment, particularly women with an impairment who experience domestic violence.

3.9 Summary

The capacity for women to achieve a decent standard of living through independent means separate from the household, denotes ideals of a society that provides adequate wage provisions in the labour market and appropriate income maintenance support to “all” in society (Beresford, 1996; Burke & Redmond, 2000; Gleeson, 1998; McKay, 2000; Nosek et al., 1997; Pascall, 1997). Additionally, it infers that capitalist societies have achieved full employment and equal access for all to join and participate in employment (Beresford, 1996; Burke & Redmond, 2000; Gleeson, 1998; Nosek et al., 1997; Pascall, 1997). This contradicts the reality and the experience of particular marginalised and oppressed groups within society, specifically women who have an impairment.

Although disability feminist theorists, such as Lonsdale (1990), Meekosha (1990, 1998), Morris (1996), Thomas (1999) and Wight-Felske (1994), acknowledge the limitations of feminist analysis, they point out the usefulness of feminist material theory as an analytical tool for examining the experience of violence against women with an impairment and the implications of disabilism, oppression, marginalisation and alienation. This provides a starting point for integrating historical materialism and feminism into coherent method for a comprehensive analysis of disability, gender and domestic violence. By building in the incorporation of difference (and postmodernism) generally, we lay open the option to utilise grounded theory after the initial consideration of this topic. The
following chapter develops this conceptual linkage further by examining theories of disability and proposes an alternative to the dominant models through a social theory of disability.
Chapter 4

DISABILITY CATEGORIES AND CONCEPTUAL IMPLICATIONS

We are challenging society to take account of us, to listen to what we have to say, to acknowledge us as an integral part of society itself. We do not want ourselves, or anyone else, treated as second-class citizens and put away out of sight and mind. Many of us are just beginning to refuse to be put away, to insist that we are a part of life too. We are saying that being deformed and paralysed [sic], blind or deaf … is not a crime or in any meaningful sense of the words a divine punishment. (Hunt, 1998, p. 17)

4.1 Introduction: Theorising Disability

The previous chapters examined the relevance of historical materialism and feminism to studying disability and social phenomena, such as domestic violence. This chapter explores the major conceptual frameworks employed in disability theorising. Traditional research and social policy surrounding disability in the 20th century, centred on models aligned with bio-medical, psychological and charity paradigms. The common thread was that people with a disability were the objects/subjects of research and theorising, not partners in a struggle for liberation, nor even partners in attempts to cope with impairment. These approaches failed to take into consideration social, economic and political elements, inherent within any social problem. The limited exploration around disability issues resulted in underdeveloped theorising of disability in areas such as, sociology, law, human services and political science (Radford, 1994; Rioux, 1994; Ward & Flynn, 1994).

Whilst it is acknowledged that in examining the literature on disability, a range of conceptualisation’s framing disability, can be identified, such as the “romantic theory” of intellectual disability discussed by Cardno (as cited in Megahey, 1996, p. 21), for the purpose of this chapter, the focus centres on the dominant areas in the existing body of knowledge. These include individual-functional and personal tragedy, eugenics, and charity. From this, the social theory of disability is
examined to understand the way historical materialism, by positing disability causes as originating and influenced by material relations, structures and conditions of society, can be utilised in conjunction with feminist material analysis to design research that is concerned with identifying the social problems within society and the way disabilist notions become entrenched within society and society as a consequence disables people. The concept of disability is used in this study as an inclusive category and applied universally, as a means to analyse the question of domestic violence and to examine structural dimensions. Thus, disability is shown to refer to a socio-structural construct that reflects the barriers and structural forms of oppression experienced by women with a physical impairment.

4.2 Issues Central to Researching Disability

Tracing the shifts in thinking surrounding disability remains important as a means to understand the way dominant modes of thought have ideologically constructed and legitimated a particular worldview of disability as a social problem to be addressed. Ascribing an inferior status to the concept of disability served to reproduce notions of disability in terms of an individual deficiency and defect that requires elimination and amelioration through prevention, rehabilitation and welfare relief. Traditional modes of thinking dominated and promoted an ableist society and reinforced the alienation, marginalisation and oppression of people with a disability. During the 1970s, normalisation provided an alternative viewpoint of social reality, which challenged the orthodox models of disability. Subsequent challenges to the dominant theories, in the 1990s, have included the materialist social relational account. The rise of disability activism has been instrumental in countering these dominant scientific methods and traditions of social theory and research techniques. The starting point for analysis is critical for the development of anti-oppressive research as in, this type of study.

Distinguishing between the differing traditions of the study of disability assists in exploring the way these approaches deal with linking the theory to the research techniques and which of these operate oppressively to marginalise and alienate people with a disability. This provides a basis for understanding the power and
influence of dominant modes in the legitimation of knowledge. The term “paradigm” utilised by Kuhn (1961) is useful for engendering an understanding of these dominating theories and the effects on researching disability issues. Kuhn defined the concept of paradigm as the fundamental orientation to theory and research that encompasses a system of thinking predicated upon assumptions surrounding first, the important questions to be answered, and second, the type of research logic and method to utilise.

Asserting that science can only be understood as a socially and historically situated product, Kuhn (1961) further argued for exploring the nature of changing paradigms in terms of paradigm shifts. With reference to this study, establishing a new social theory of disability requires an understanding of the transition from traditional individual, medical paradigms to alternative paradigms inclusive of materialist accounts.

Generating an awareness of alternative forms of research logic in the design of a study, provides insight into the hegemonic influence and strength of dominant research traditions, social policy and professional practice. This sets the basis for the development of an inquiry that seeks to address the question of disability and disabilism, including the relationship between disability and social oppression. Disability becomes established as a social issue, rather than in terms of deriving from an individual problem or deficiency. Therefore, central to this study, the hegemony of disabilism, alienation and marginalisation, produced and perpetuated within capitalist society, can be examined. Additionally, Kuhn (1961) emphasised drawing on the important questions of:

• what causes disability (epistemology);
• what is the nature of disability (ontology); and
• what are the ways disability is experienced (experiential).

This provides a means to explicate theoretical abstractions and maintain research logic in the study of the phenomenon under examination.

The argument advanced in this study, centres on identifying epistemological and ontological assumptions for exploring the nature and influence of positivist and
interpretative approaches. Epistemology relates to the theory or bodies of knowledge, which assist in generating an understanding of the nature of the social world (Cocks, 1994). Relevant to epistemology, are statements around what constitutes knowledge and the way this knowledge is constructed, conveyed and established as givens. Contrasting epistemological stances, such as positivist and critical social science, propose differing accounts of the social world, social and human actions and activities. Each position promotes a distinct ideal of what represents valid and legitimate knowledge (Cocks, 1994, p. 11).

Kuhn’s model is useful for this study in providing research logic, and for exploring the way traditional theories reinforced hegemonic notions of disability and led to disabilism. While the insights from historical materialism assists in explaining disability and disabilism and the relationship of disability to domestic violence, the approach provided few guidelines for researching disability and gender dimensions relative to their relationship with domestic violence. Thus, incorporated within this study is material feminist theory (as discussed in chapter 3), which is utilised in parallel with historical materialism to generate a research enquiry that addresses the gaps in research and counters the oppressiveness of the traditional forms of research and practices. As Cocks (1994) maintained:

The starting point for developing a critical knowledge of the dominant paradigm of modern formal human services, as it operates for people with disabilities, is to attempt to reflect upon the reality of the life experiences of people with disabilities and their families, friends and advocates. (p. 13)

4.3 Traditional Theories of Disability

Scientificism underpinned dominant research paradigms encompassing individual-functionalist, personal tragedy, bio-medical-eugenicist and charity theories. By drawing on positivist inferences for conceptualising disability, scientificism positioned the individual *pathos* as the key reference point for analysis, policy direction and service provision. Positivism contains several premises that act to reinforce the legitimation of dominant modes. These include, first, that the theoretical logic and methods of the science of the natural world can be applied to the social world; second, that scientific study is value-free; third, that explanations
are causal in nature; and finally, that knowledge derived from research remains independent of researcher bias (Radford, 1994; Rioux, 1994). However, the difficulty underlying the emerging theories, based on positivist inferences of scientificism, is that the perspectives fail to account for the exploration of social, historical and economic dimensions of social problems (Radford, 1994; Rioux, 1994). Given this, causal explanations tend to be framed in terms of addressing disability through prevention and rehabilitation means. Thus, the primary goal of research and rehabilitation, centred on minimising and reducing perceived undesirable conditions, dysfunctional behaviours or malfunctioning biological systems (Oliver, 1989, 1996; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994).

Grounded in psychological paradigms, individual-functional models posit the cause of disability as originating from functional limitations and psychological losses resulting from impairment. Concepts of self, individual identity and behaviours are established as a priori assumptions, denoting essentialist properties surrounding existence, that is “essence of objects”, to be represented as absolute truths (Corker & Shakespeare, 2002; Gleeson, 1997; Oliver, 1989, 1996; Radford, 1994; Rioux, 1994; Scott-Hill, 2002; Ward & Flynn, 1994). This stance emphasises non-material dimensions, such as attitudes, feelings and aesthetics, and personifies the experience of disability in terms of a person’s health and bodily condition. Consequently, disability became defined against established conventions of normalcy, states of being and illness (Gleeson, 1997, p. 183; Oliver, 1989, p. 192, 1996, p. 31; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994). In viewing impairment and disability as deriving from medico-psychological limitations, explanations focussed on an individual’s “deficiencies” and “dysfunctions” (Gleeson, 1997, p. 183; Oliver, 1989, p. 192, 1996, p. 31; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994).

Underpinning individual theories are personal tragedy theories, which problematicised disability as an unfortunate or tragic event manifesting universal experiences of loss, maladjustment and dysfunction (Gleeson, 1997, p. 183; Oliver, 1989, 1996, p. 31; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994). Personal tragedy theories propose that disability is a condition suffered by a person, subsequently requiring rehabilitation for mental and attitudinal adjustment
to the particular state of being. Consequently, research, social policy and interventions were designed on the paternalistic presumption that people with a disability required assistance in dealing with and managing their personal tragedy (Gleeson, 1997, p. 183; Oliver, 1986, 1989, p. 31, 1998, p. 32).

Professionals establishing rehabilitation-based models, tend to locate the responsibility for overcoming impairments within the context of the individual. From this stance, if a person fails to improve, change or achieve the predetermined outcomes prescribed by the professional, then it is a result of an individual’s inadequacy and deficiency in their capacity (Oliver, 1998, p. 21). By failing to question the legitimacy of these assumptions, professional experts effectively reinforce the oppressive values and beliefs (hegemonic power) of traditional paradigms. As a result, the existing dominant social order remains intact and unquestioned.

The medicalisation of disability formed a constituent feature of the individual model, together with psychological and personal tragedy assumptions. Oliver (1999, p. 35) applied the term medicalisation, which suggested that the medical-pathological aspects were incorporated into individual theories. Further, he argued that epistemologically, medicalised approaches established causal linkages between chronic illness and disability to the disadvantage experienced by people with a disability. While Oliver highlighted an important consideration, medical paradigms surrounding disability continue to influence both definitional and conceptual understandings of disability, becoming distinct bodies of knowledge, particularly in the area of rehabilitation. This can be evidenced in the debates explored by Badley (1995), Dickson (1996), Duckworth (1995) and Peters (1995, 1996), who sought to extend the limited definitional framework of the World Health Organisation’s [WHO] International Classification of Impairments Disabilities, and Handicaps [ICIDH] by including phenomenological elements of the subjective experience within the conceptual scheme.

Impairment, as the key determinant for explaining disability, remained at the level of the individual and concerned with the level of performance of activities and functions. The causal nature of disability, situated within the context of chronic
illness and disadvantage dimensions, generated assumptions that multiple
deprivations, loss or abnormality restricts the capacity of an individual to perform
daily activities considered “normal” for the general populus (Barnes, 2002;
Barton, 1998, p. 66; Cocks, 1994, p. 11). The difficulty with grounding the
subjective experience of people who have a disability within the starting point of
medical concepts is the tendency for disability to be defined and operationalised in
terms of the person’s capacity to perform particular categorised activities (Badley,
1995, Barnes, 2002; Dickson, 1996; Duckworth, 1995; Peters, 1995, 1996). This
leads to a perspective that promotes and values optimal states of being and health
as the norm and standard to which a person aspires to achieve, while
simultaneously denigrating any form of impairment, illness or disability.
Assigning an inferior status and position to people with a disability based on their
impairment, fails to consider the basic rights of people who have a disability to
citizenship, participation and social justice.

Notions of illness denote assumptions that people with an impairment and health
related condition will recover and “get better”, particularly through rehabilitative
means and the maximisation of existing abilities. Additionally, it premises that
people with a disability need to become aware of their disability as an undesirable
condition that requires overcoming, in order to adapt to impairment by returning
to maximum health and normal functioning (Oliver, 1998, p. 20). The danger in
failing to delineate the epistemological bases of dominant theories prevents the
identification of the hegemonic forces, which generate disabilist notions, together
with excluding understandings of the ideological and oppressive nature of
traditional methods and resultant practices.

Parallel to individual-medical approaches, interactionist theories situated the
causal linkages of disability in terms of a person’s deviance, therefore exploring
relationships between disability and deviance. These assumptions are predicated
upon the notions of the illness role and aligned with the negative views of
disability established in capitalist economies. This view is underpinned by liberal
ideals of competition, freedom, and individualism, and perpetuates assumptions
that consider people who are unable to participate in the competitive social world
and meet the demands set by the ruling elites, as being deviant or abnormal (Oliver, 1998, p. 21).

The social psychology perspective drew on interactionism to argue that disability resulted from ideological constructs embedded within the negative attitudes and discourses of society. Although social psychology acknowledged, to a limited extent, the effects of social forces, this stance framed the constructs in terms of psychological origins and discourses, at the exclusion of structural dimensions of class, disability, gender, age, locality and race. Therefore, the aesthetic and psychological qualities of impairment and disability, reflected experiences of illness and abnormal states of being relative to resultant social consequences, for example stigma. This is in stark contrast to opposing views that assert disability is a direct consequence of environmental or social conditions (Barton, 1998, p. 66).

The central thesis of Goffman’s *Stigma*, represents an example of social psychology and interactionism. Goffman used the logic of interactionism in his study of people with a disability confined within an institution, to examine the formation of an individual’s personality, attitudes and attributes through basic ritualistic social interactions between actors (p. 183). Building on interactionist theory, Goffman, utilised the term stigma to denote the “moral inferiority” of a particular social group that society “abhorred” and segregated (Oliver, 1998, p. 21). Similar to individual theory, Goffman’s thesis focussed on the individual’s attributes and pathos, and understood stigma as deriving from negative characteristics shaped through disabled personalities, stigmatising experiences, identity forming interactions and basic social situations. This failed to capture the actual causal nature of oppression originating from a structural causation, that is, historical and material dimensions, and denied the basis of the ideological hegemony.

Personalising individuo-psychological theories exclude alternative social realities and experiences. The tendency to relegate primacy to the level of attitudinal and aesthetic constructs, leads to little consideration of oppressive ideas and practices that result, such as exclusion. At a policy level, this leads to an emphasis on perceptual and attitudinal changes through the development of legislation, policies
and practices. Expectations can emerge which contend that people with a disability should obey the rules set by those in power and conform to the standards, norms, and behaviours considered appropriate within society.

Dominant positions suggest that an individual with a disability should adopt the behaviours, characteristics and attributes that are highly regarded as appropriate within society. Psychological approaches tend to reflect notions of, “valorising” or “valuing highly” individual contexts (Marks, 1999, p. 611). This can be evidenced in Wolfensberger’s philosophy and principles of normalisation and valorisation, which emerged in conjunction with the shift toward deinstitutionalisation and community integration during the 1970s. The underlying premises of normalisation and social role valorisation centred on reformist ideals of attitudinal change within mainstream society and improving the provision of services to people with a disability during their transition from institutions to the community (Stella, 1996, p. 93). Normalisation principles proposed that:

- the characteristics and behaviours of individuals with disabilities need to be culturally normative and appropriate; and
- enhancement and promotion of valued social roles and competencies of people with a disability need to occur through culturally valued means (Hartnett, 1997, p. 100; Stella, 1972; Wolfensberger, 1972, 1985).

Drawing on Nirje’s analysis of normalisation, Stella (1996, p. 93) outlined that critical to normalisation is aligning the patterns and conditions of the lives of people with a disability, particularly people with an intellectual disability, to the norms and patterns of mainstream society (Hartnett, 1997; Stella, 1996; Wolfensberger, 1972). The writings of Wolfensberger significantly influenced the area of disability studies, social policy and service delivery. In adopting a materialist position, Abberley (1993) countered Wolfensberger’s assertions by contending that people with a disability remained an oppressed social group, which sought full participation within society and everyday social life, rather than being people who aspired to ascribe to the norms of society.
4.4 Historical Materialism and Relevance to Disability

Central to this inquiry, historical-materialist analysis is a useful tool helping identify the inherent contradiction and dynamic tension contained within the assumptions and beliefs underlying the normalisation and valorisation principles. At the same time as attempts were made to redress exclusion and stigma, and to bring about social change through employing mechanisms such as legislation to change societal-attitudes, other policies dictated that people with a disability needed to change and conform to the rules and standards set by those in power, in order to participate within society as a normal human being. Normalisation and social role valorisation tend to be advanced by their proponents, such as Hartnett (1997, p. 100), as theories to be applied to people with intellectual disabilities and those people at risk of being perceived negatively. However, the central difficulty becomes the standpoint of analysis, in that the focus centres on an individual’s deficits and their need for change to fit the norms and standards of a society fundamentally organised around oppression, inequality and inequity. The result is that the general environment and society continue to remain unchanged. Existing structures of power and authority are maintained and the locus of change is individualised.

In countering the supremacy of normalisation and valorisation as the central organising concepts within disability theory, Gleeson (1997) pointed out that the very notion of normalcy is prescribed by those in positions of power utilising normalising approaches. He further argued that by promoting ‘‘culturally valued means’’ to improve the social position of … [people with a disability] … effectively forecloses on the possibility of their challenging the established norms of society and the embedded material conditions which generated them” (p. 184). This is significant in that assumptions are predicated on an individual’s need to change rather than on addressing change at the structural level. The concept of normalisation rigidly applies culturally significant meanings to social roles as a means of establishing social reality or “realness”, without exploring the changing nature of social relations or the complexities associated with social forces and social conditions within capitalist society.
Historical materialism is a useful tool for exploring the ideological influence of these forms of scientific objectivity, which generated the notion of professionals, researchers, academics, policy-makers and scientists as experts, and reinforced the hegemonic power of ruling bodies and elites, further embedding disabilism and a disabilist society. Hegemony became the basis for ensuring mechanisms and controls could be implemented as a means of protecting the general public. Consequently, traditional paradigms of disability, which reflect ideas, values and norms of the established power elites, presented theoretical conceptualisations as being unquestionable and universally accepted without resistance or criticism (Radford, 1994, p. 9; Rioux, 1994; Ward & Flynn, 1994).

Prevailing ideology underpinning explanations of disability entrenched the assumptions contained within these paradigms and reflected the ideas of the dominant class. These paternalistic suppositions underpinned the design and implementation of research, policy and service delivery, in that preventative measures of intervention were “sold” under the pretext of being for the public good, including the good of people with a disability (Radford, 1994, p. 9; Rioux, 1994; Ward & Flynn, 1994). Professionals, human service workers, academics and policy-makers in the role of expert held the authority on disability and related disability issues. By maintaining the power and interests of the status quo, the experts perpetuated and reinforced the oppression of people with a disability (Oliver, 1996, p. 31).

Gleeson (1999) argued that materialist orientations highlight the basic experience of people with a disability as deriving from material exclusion and marginalisation, rather than discriminatory attitudes and practices. Gleeson (1999) stressed this point by stating, “changing attitudes is a necessary, but on its own, insufficient step towards the realisation of a non-disabling society” and further asserting that “the major policy implication of the materialist view is that disablement which impaired people experience as part of their daily lives will not be eliminated without a major transformation of the physical and social organisation of society” (p. 13). Change directed at the broader systemic and structural level, acknowledges the material and social conditions surrounding the
oppression of people with a disability, in conjunction with the experience of alienation and exclusion.

While this study does not seek broad scale social change, the writings of Lorimer (1999) demonstrate the significance of the need for some form of transformative change imperative underpinning a research study that uses historical materialist logic. Lorimer (1999) highlighted this point by asserting, “the change, for Marx, is generated by an understanding of the intolerable social conditions, injustices and the exploitative nature of the social system, and the increased understanding … of the need for structural, systemic and social change, that is, the transformation of society” (p. 46). By utilising historical materialist methods, epistemological consistency can be attained in the logic of a critical social science enquiry.

Understanding the marginalisation of people with a disability necessitates the incorporation of the concept of alienation. This provides a means to explore the social conditions experienced by people with a disability in everyday life within society. Historical materialism contends that all phenomena and social dimensions, including the way disability is socially organised, remain products shaped by the economic and social forces of the capitalist system. The disability dimension remains dependent upon the way social forces operate and reproduce to form particular social conditions. Disability under capitalism becomes regarded as a social and economic problem, given the changes to the nature of work, needs of the labour market, organisation of work and social relations (Gleeson, 1999; Oliver, 1998, p. 33).

The social and economic relations, social forces, material conditions and organisation of labour have a pivotal role in producing the category disability. The oppression of people with a disability is embedded within the economic and social structures of capitalism, which in turn perpetuates the ideology of disabilism. Studying the hegemonic structures and disabling aspects of society assists in understanding the hegemonic forces of disabilism that results in people feeling oppressed. Szasz (1970, p. 44-47) provided an excellent example of this by drawing distinctions between the approaches adopted by Russia and America in conceptualising mental illness. Szasz explored the way these countries act as
oppressive or promotive agents in the production of the category mental illness
and resultant features.

Social policies in America promote the institutionalisation of people with a mental
illness in which the government remains separate from the ownership or control of
the means of production. The capitalist system within America relies on the
confinement of people who have a mental illness in a hospital or prison setting, to
prevent assumed competition in private enterprise (Szasz, 1970, p. 45). Labour
potential for people with a mental illness becomes reduced to peripheral non-
competitive work that maintains the mental health or prison system. Critically,
valued work tends to be discouraged and idleness becomes highly regarded, yet
stigmatising for the individual and group. Tasks undertaken by people in mental
health hospitals or prisons tend to be menial and undervalued, for example
producing number plates and mopping floors (Szasz, 1970, p. 45). The way
America defines mental illness as a social problem provides a dual socio-
economic function in two major ways.

• The system is reliant on chronic surplus labour. People with a mental illness in
private institutions are deemed incapable of working or unfit for employment
and removed from productive positions in society. Therefore, the actual
national unemployment figure becomes hidden and appears to significantly
reduce.

• The mental health system generates a large proportion of employment
opportunities for professionals, thus establishing and reinforcing their
positions of power and authority and perpetuating the capitalist system.

Comparatively, in the early part of the century, Russian society was organised
around socialist notions of collectivism with the state maintaining control of the
means of production. The political and socio-economic conditions operated to
discourage institutionalisation of people with a mental illness (Szasz 1970, p. 44).
Therefore, the expectation centred on undertaking productive work on a farm or in
a factory. The emphasis by Russia on therapeutic intervention in the form of
“work therapy” is supported on the basis that it is for the good of society and the
community (Szasz 1970, p. 44). Thus, people with a mental illness are maintained
in their positions and compelled to take on a productive role. An important point Szasz (1970, p. 44) highlighted is that, whereas America’s approach is fundamentally about a “chronic surplus of manpower” resulting in people’s enforced “idleness”, for Russia, it relates to a society organised around production and large bureaucracies requiring increased numbers of people to do fewer tasks, thus in effect creating a chronic labour shortage.

4.5 Hegemonic Power of Eugenics Theory

The formation of hegemonic power and oppressive nature of the ideas can be evidenced in the strength and influence of the eugenics movement that emerged during the early 1900s within the United States of America. Traditional theory situated theoretical conceptualisations of disability within the context of biological, social, cultural, pathologies and perpetuated images of dependency and deficiency. The eugenics perspective formed part of an ideological framework that underpinned subsequent social policy directives and social practices. This led to the marginalisation, and alienation of people with a disability and the entrenchment of ableist ideologies.

Arguing that a social groups’ status and position within society, is determined on the basis of their biological heritage, eugenicist theorists suggested that white upper class groupings were assumed to be superior based on their genetic heritage. Eugenicists contended that people who failed to conform to this genetic template, were of an “inferior genetic disposition” and assigned classifications based on “natural” and “predetermined” characteristics, such as disability, race and gender, and were perceived to be “less advanced and more degenerate” (Beresford, 1996, p. 561; Blocks, Balcazar & Keys, 2001; Cocks & Allen, 1996, p. 301; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994).

The eugenics theory remains a form of biological determinism, which draws on the central tenets of Darwin’s theory of evolution, reinforcing Darwinian notions of survival of the fittest, natural selection of appropriate genetic variations and the human struggle for supremacy (Cocks & Allen, 1996, p. 301). The core difficulty of the eugenics and Darwinian perspectives is that the focus remains on the
individual, bio-medical aspects of people, which pathologise particular characteristics of disability, such as categorising people in terms of bodily deficiencies. The eugenics paradigm demonstrates the way scientists, established as leading experts and authorities in the understanding of disability and race, entrenched dominant class ideas and categorisations of normalcy. This led to an increased regulatory and control function by the experts and the State, in which oppressive practices became institutionalised (Blocks et al., 2001; Radford, 1994; Rioux, 1994, p. 1; Ward & Flynn, 1994).

As a means of implementing social policy, proponents of the eugenics model, together with social Darwinism and individual functionalist paradigms, promoted the long-term institutionalisation of people with a disability (Blocks et al., 2001). In their examination of disability theory, Cocks and Allen (1996) found that the role of the State was paramount in the organisation of social control, conformity and social order and argued that “Social Darwinists and the eugenicists in particular looked to the State as having the power to intervene and regulate the reproductive and other ‘health’ aspects of the nation so as to ensure a fit and strong race of people” (p. 302). Therefore, eugenics treatment models endorsed institutionalised practices of segregation, incarceration and sterilisation, leading to professionals adopting oppressive expert and caretaker roles.

Dominant eugenics ideas reinforced through state funded control programs, set up notions of normalcy and superiority and effectively maintained the position of dominant groups within society. An example of this is the sterilisation of women with an intellectual disability in state run institutions. These programs provided a state endorsed mechanism that could be utilised for controlling the reproduction of certain groupings of people who failed to fit the category of normal or genetically appropriate, based on conventional ableist distinctions. A high incidence of these groups involved women with an intellectual disability (Megahey, 1996; Radford, 1994; Rioux, 1994, p. 1; Ward & Flynn, 1994), although Edgerton’s (1967) study involved both men and women with an intellectual disability.

Similar to the United States of America, other countries such as Canada, England and Australia adopted the practice of establishing institutions, poor houses and
asylums, which constituted the justifying mechanisms for perpetuating hegemonic notions of disabilism. This provided an unquestionable platform for the dominant class to remove the so-called “undesirables or deviants of society” (Megahey, 1996; Radford, 1994; Rioux, 1994, p. 1; Ward & Flynn, 1994). Although institutionalisation preceded the eugenics movement, the categorisation of people with a disability according to their deficiencies, formed the basis for determining their occupancy in institutions and the justification for removal from general society. However, the eugenics movement influenced and reinforced the practice of exclusion within these countries. Megahey (1996) and Radford (1994) noted that people with a disability scientifically classified under the oppressive categories of mentally deficient, naturally simple-minded or subnormal, became significantly over-represented in institutions and asylums (Blocks et al., 2001; Megahey, 1996; Radford, 1994; Rioux, 1994, p. 1; Ward & Flynn, 1994).

4.6 Welfare Provision, Social Policy and Charity Based Models

Within Australia, dominant charity models defined disability in terms of welfare provision from conservative needs based approaches that determined eligibility conditions and circumstances for an individual to receive welfare relief, effectively reinforcing representations of people as worthy, unworthy and needy (Taphouse, 2001). Historically, the welfare state emerged as a response to address social and economic disadvantage for people experiencing poverty, marginalisation and inadequate resource provision, for example Poor Laws of 1800s (Blaxter, 1976, p. 2; Taphouse, 2001). The welfare state is situated within the context of a capitalist economy and remains a key mechanism for organising both the transfer (as in social policy aspects) and productive elements of capitalist society, and incorporating its socio-economic institutions, policies and programmes, designed to promote the welfare of people (Goodin, Headey, Muffels & Dirven, 2000).

Philanthropic and charitable systems sought to provide assistance to the most deserving and needy persons in society, for example people classified as deserted widows, the poor, single mothers, the aged, and the infirm or incapacitated (Taphouse, 2001). Consequently, charitable welfare relief focussed on
establishing definitions and categories, which rewarded appropriate types of behaviour and specific circumstances, as a means of determining eligibility and entitlement of those receiving welfare assistance. Essentially a conservativist and residualist approach to welfare provision, the stringent application of selective categories and utilising pejorative terms, such as the idle and dissolute to describe welfare recipients, ensured that persons deemed to be outside approved criteria, would be refused welfare assistance (Blaxter, 1976, p. 4; Taphouse, 2001). Problematically, those in positions of power and control determined and outlined the criteria for entitlement without sufficient understanding of the nature of experience and impactors on people with a disability. Parallel to charity based welfare relief, from the 1900s, an increased role by the government transpired in the planning and implementing of specific social policy responses to redress poverty and disadvantage.

Policy processes and welfare provision systems remain key mechanisms that shape and distort social meanings attached to social reality and organisation. Additionally, these apparatuses impose ideological imperatives that centre on constituent features of valued social identity and appropriate social group formation. Ideological imperatives influence and rationalise resource and wealth distribution and comprise value laden assumptions around the nature and arrangements of society, and the way the social world operates according to commonly held views of everyday reality (Dalton, Draper, Weeks & Wiseman, 1996; Leach, 1993). The normative assumptions inherent in any ideology tend to reflect the governing ideas and values of the ruling or dominant class in society and operate as “taken for granted” assumptions held by the majority of people. Pollard (1992) highlighted this, by acknowledging that policy constructed on government and agency levels, excluded the experience and reality of social groups and individuals, such as people with a disability and women.

The Invalid Pension, instigated in 1909 under the Invalid and Old Pensions Act 1908², was designed to provide people categorised as incapacitated or unable to work due to an impairment, with an income maintenance benefit (Beresford,

² The Invalid Pension was superseded by the Disability Support Pension, in 1991.
Criteria resided within defining medical/physical conditions and psychological factors that prevented any participation in and contribution to the labour market (Beresford, 1996). Underpinning this is the notion that, individual impairments were considered to be attainable measures that reflect reality, whereas social features were viewed as a less precise measure. Given the difficulties in constructing societal categories as absolute measures, categories tended to focus on personal deficiencies and individual attributes or characteristics. Emphasising individual character deficits fails to account for socio-structural implications and gives little consideration to broader socio-economic and labour market features inherent in society. These inferences perpetuate stereotypical and prejudicial assertions surrounding people with a disability, particularly women who have a disability.

Women with a disability became paternalistically viewed by the government of the day, key decision-makers and professionals, as needy or deserving of support. False notions emerged that inferred people with a disability were unable to participate in or contribute to the labour market, comparative to the general population. This can be demonstrated in the historical exclusion of women with a disability from community and societal spheres to institutions, poor houses and sheltered workshops. Specifically, for women who have a disability, these assumptions including the historical ideals of the traditional family with male as breadwinner, exacerbated their marginalisation and exclusion from work environments. An outcome of this is the reduced the opportunity for a valued role, social status and position within society and the general community.

The distinguishing feature of the Invalid Pension is that the categories focussed solely on the “permanent nature of disability” and the presumed incapacity or inability for an individual to return to the workforce and participate in general society. The key inference tends to be that people who have a disability provide no real contribution in the labour market arena and are unable to contribute productively in society (Taphouse, 2001). Consequently, the implications of limited access to employment and inadequate wage differentials, together with broader changes, such as higher levels of unemployment leads to people with a disability being “forced to rely” on government provided welfare assistance. From
this, the welfarised categories, such as dependant spouse, generate notions of women who have a disability as dependent, both within the home environment and the welfare system.

4.7 Emergence of Disability Activism: The Counter Movement

The critical point remains that these traditional notions of disability deriving from individual, psychological, eugenicist and charity models, pathologised people with a disability by focusing on their deficits, defects and abnormalities. This contributed to analyses’ being based on individual deficits, negative attributes or limitations and individual pathology. Causal relations in determining the nature of disability and epistemological aspects, such as what constitutes a disability, circumscribed the key determinants of identity for people with a disability, as well as the determinants of their social status and social position (Clear, 1999a, p. 7; Gleeson, 1999, p. 11; Megahey, 1996, p. 16). The terminology of the traditional bodies of knowledge reflected the imposed values, traditions and norms of the dominant groups in society in relation to people with a disability.

The shift from traditional forms of disability theorising can be identified with the emergence of the disability movement during the late 1960s and early 1970s, which highlighted the inadequacy of the dominant theories in developing a socio-economic and historical understanding of disability. The disabled people’s movement in Britain has been instrumental in politicising the nature of disability and disability oppression through challenging prevailing ideas and bodies of knowledge on the nature of disability by re-defining conceptual understandings of disability.

Disability theorists and activists sought to challenge the way dominant positivist paradigms, including individual, personal tragedy, bio-medical, eugenicist and charity based approaches, purported to be the only valid and legitimate knowledge in relation to understanding the causal nature and experience of disability (Dowse, 2001; Gleason, 1994; Oliver, 1986, 1990, 1992; 1996; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994). Writers on disability issues, such as Abberley (1987, 1996), Armstrong and Barton (1999), Barnes (1992, 1996, 1999, 2002, 2003),

The agenda underpinning disability activism centred on social change imperatives, as a means to generate an understanding of the political nature of disability and redefine disability as social oppression. Disability activism highlighted the notions of disabilism present within existing dominant paradigms by drawing attention to the political, historical and social based oppression underpinning societal systems and structures in conjunction with the role of social, historical and economic conditions. (Abberley, 1996; Dowse, 2001; Drake, 1997; Germon, 1999; Gleason, 1994; Gleeson, 1999; Oliver, 1989, 1992, 1996; Priestley, 1998; Radford, 1994; Rioux, 1994; Ward & Flynn, 1994). Given the reliance on empiricism to generate the dominant modes of thinking surrounding disability, epistemological understandings become critical for discussions on analytical frameworks.

A social definition of disability, that is, the social model of disability, emerged from the struggle by these disability activists, as a means to generate “fundamental principles” of disability and engender a politically based response to extending the study of disability (Barnes, 2002, p. 313; Barnes & Mercer, 2001; Dowse, 2001, p. 127-129; Thomas, 1999, p. 13-14). This became the key starting point for analysing disability related issues. Disability theorists and activists, such as Abberley (1987), Armstrong and Barton (1999), Barnes (1992, 2002, 2003), Barnes and Mercer (2001), Barnes et al. (2002), Barton (1994), Gleeson (1999), Oliver (1989, 1990, 1996) and Thomas (1999) adopted the social model of disability perspective to develop their conceptual frameworks for generating a consistent social theory of disability. Thomas (1999) highlighted the underpinning rationale for the shift in conventional theorising around disability and redefining of the disability concept, by contending that:

When socially disadvantaged individuals and groups to whom a label such as ‘disabled’ has been applied begin to unsettle the status quo by demanding
social justice and equality, the terms which have been unquestioningly used [for example, subnormal] come to be critically scrutinized by those so labelled, and are either rejected or ‘owned’ but radically redefined. (p. 13)

Drawing on an emancipatory framework for investigating social phenomenon of disability, materialist analysis asserts that disability derives from socio-economic conditions imposed on people with a disability, which restricts their citizenship, autonomy, participation and integration within society (Barnes, 1992, 2002; Clear, 1999b; Dowse, 2001; Gleeson, 1999; Oliver, 1990, 1992; 1996; Radford, 1994; Rioux, 1994; Scott-Hill, 2002; Stone & Priestley, 1996; Ward & Flynn, 1994; Zarb, 1992). Employing a materialist stance, Oliver (1996, p. 31) developed his analysis of the social model of disability in order to explain the experience of disability as a broader social problem resulting from the structural oppression of people with a disability, rather than disability as an individual deficit or problem.

Drawing on the Fundamental Principles document, drafted in the 1970s jointly by the Union of the Physically Impaired Against Segregation Disability Alliance, Oliver (1989, p. 192, 1990, 1996, p. 20) formulated his sociological theory on disability. This is significant in that first, the model presents an alternative to the historically stigmatising and oppressive individual models of disability by situating causal relations of disability within the context of broader social problems; second, the shift from individual causative features highlights the restrictive environmental and disabling barriers experienced by people with a disability; and finally, the model politicises disability by challenging the historically ableist paradigms held by professionals and academic in order to present an emancipatory research approach.

Advancing the social model of disability, Oliver explored the distinguishing features between this framework and the individual model of disability. In response to criticism from writers (for example, Williams, cited by Oliver, 1996, p. 35) for failing to account for the concept of impairment, Oliver (1996) further argued that:
Ironically, that is precisely what the social model insists, disablement is nothing to do with the body. It is a consequence of social oppression. But the social model does not deny that impairment is closely related to the physical body. (p. 35)

The underlying premise of the social model appears to be that, rather than an individual’s impairment causing a disability or individual functional limitations creating problems of disability, disability results from the way social arrangements are constructed to impose restrictions and social barriers in the everyday activities of people (Barnes, 2002, 2003; Barton, 1994, p. 15; Batavia, 2001, p. 110; Dowse, 2001, p. 127-129; Thomas, 1999, p. 13). The social model of disability can also be referred to as the social construction of disability and is constitutive of a range of impairments, such as physical, sensory and intellectual (Thomas, 1999, p. 14).

In adopting the historical materialist approach, the starting point for this study, centres on questions exploring the nature of disability and disabilism to explain the marginalisation and alienation of people with a disability, particularly women. Feminist scholars, such as Thomas (1999), outlined concerns with the need to include gender within materialist analysis, which is critical to the current research project. Up to this point, it has been argued that an alternative approach to traditional paradigms requires the inclusion of historical materialism. The following section draws together the ideas put forward in Chapter 3 and advances further the inclusion of understanding gender dimensions, principally informed by feminist materialism.

4.8 Gender and Disability: Feminising Materialist Stances

Feminist disability writers, such as Fine and Asch (1988), Morris (1991, 1992a, 1992b) and Thomas (1999) countered the traditional paradigms and other conceptualisations of disability, as in Abberley (1987) and Finklestein (1998), for their limited potential to explore the gender dimensions and political implications of disability and oppression. While recognising the limitations of the individual, medical, eugenics and charity models, Morris (1991, 1992a, 1992b, 1996) and
Thomas (1999) further argued that the model advanced by Oliver (1996) only partially explains social and material elements. They criticised the explanation for failing to take into consideration other dimensions, such as gender, age and race, including oppressions other than class based, that is, sexism, ageism and racism. Tomlinson (1989, p. 12, 2000) highlighted the importance of acknowledging the dimensions of disability, race, age, locality and class and examining the way these social conditions structure and shape society. Focussing solely on class based explanations of the social forces, which impacted upon society and people with a disability, tends to limit the understanding of the way disabilism is produced and shaped by other dimensions, such as gender.

The interrelations between differing forms of oppression, specifically sexism and disabilism, result in disadvantage, segregation and exclusion being experienced by women who have a disability. Thomas (1999, p. 28) recognised the common elements in the struggle for liberation by both men and women with a disability and the experience of disabilism, such as equal access to education. However, she noted that the literature surrounding disability predominantly remains under representative of women’s experiences of disability and oppression. The contributions by Morris (1991, 1992a, 1992b, 1996) and Thomas (1999) denote the importance of integrating the gendered nature, experiences and political implications of disability.

Asserting the need for further theorising of disability as a social phenomenon inclusive of social, materialist and feminist accounts, Thomas (1999) contended that “many of the issues raised by feminist critics within Disability Studies remain unresolved, reflecting the fact that the development of social theory about disability is still in its infancy” (p. 29). The difficulties of theorising disability as a social phenomenon led the researcher of the present study to explore the gendered nature of disability and disabling experiences. This assisted in designing an inquiry that incorporated these features to examine the social problem of domestic violence.

The experiences of disability in the daily reality of women who have a disability, are structured by the interface between gender relations and the disability
dimension. Material feminist approaches seek to generate new forms of understanding and recognise the influence of the way it is produced. In relation to a social theory of disability, consideration needs to be given to the notion that knowledge is a historically situated social product. Thomas (1999) contended that the works of disability theorists, such as Finklestein (1998) and Oliver (1996), were subject to the same male centred understandings of traditional theorists, therefore redress was sought by disability feminist writers, such as Morris (1996) through drawing on feminism to explore the gender relations contained within structural analysis. The personal is political principle of feminism, gives authority to individual and collective experience. This provides the basis for highlighting the historical privileging of male viewpoints around conceptualising the scientific objectivity of knowledge, occurring most notably in traditional bodies of thought, including disability studies (Dowse, 2001, p. 127; Thomas, 1999, p. 69).

Studying women’s experiences draws attention to the importance of situating women at the forefront of the research endeavour and challenges the epistemological premises of the dominant theories. Traditional perspectives asserted scientific knowledge of the social remains separate from considerations of social conditions, such as cultural, ideological and structural dimensions. However, women’s experience is situated within the broader social structural oppressions, that is, the lived experience is linked to the wider political oppressions of disabilism. In opposition to this assertion, Finklestein (1998) argued against focussing on individual lives and women’s experience in research, stating that this tends to limit the capacity for understanding the socio-structural conditions requiring challenge in research. According to Thomas (1999, p. 79), this significantly demonstrates the masculine centred notions and scientificism, adopted by male disability theorists.

Life histories or experiential narratives are useful for generating a social theory of disability in that the logic provides a means to understand the way the individual (micro) is constitutive of the structural (macro). Experiential approaches assist in identifying the component features of social formation, identity (social status and position), women’s lived experience and the social, material, ideological, discursive and political contexts of social reality (Stanley & Wise, 1993; Thomas,
This provides a tool for understanding and challenging the social world. Historically, emerging writings on feminist knowledge around social reality, such as Stanley and Wise (1993), promote the concept of experience as unproblematic in their representations of women. However, feminist theorists, as Thomas (1999, p. 79) noted, adopted a counter position, which considered this to be a privileging of experience at the expense of theory. Yet, the privileging argument remains limited in that it fails to consider that the challenge to conventional male epistemes through introducing women onto the political agenda is undertaken through the incorporation of experiential approaches as a starting point for analysis.

Utilising a material feminist approach situates the research process to assist in exploring all aspects of the lived experience of disability, and domestic violence understandings of disability are relative to the conditions of production, hence the social theory of disability in terms of a social product. This would highlight the way the researcher impacts on the research process and prevent grandiose knowledge claims of scientific truths (Thomas, 1999, p. 81). Therefore, this provides the opportunity for informed debates that strengthen disability theory building. In the research activity undertaken by researcher of this present study, it becomes important to recognise the significance of the feminist assertion of situated knowledge and the knowledge as social product concept. Knowledge understood in terms of being situated historically, socially and politically, necessitates the development of feminist research tool that addresses the potential for further oppressing women with a disability through using an alienating and exploitative research process. Developing an analysis by drawing on the conceptual framework, logic and methods of feminism and historical materialism provide the basis for this to be devised.

The emphasis of the social theory of disability for generating a socio-political definition of disability and broad transformative societal change assists in linking the transformative change aspects to the individual. One of the core difficulties in designing anti-oppressive research is the need to maintain logical consistency and to ensure that both the individual and societal linkages are established. Central to this premise is that a materialist account contributes to recognising personal worth
and dignity of people with a disability, their collective identity and political organisation.

The stance effectively provides the opportunity for liberating people with a disability from the constraints of individual explanations. Historical materialism and feminism are useful tools for interpreting individual experiences and the way these link to broader societal level. The political implication surrounding the struggle for liberation by women with a disability is securing social, material, economic and political means inclusive of human rights, participation, solidarity, social justice, access and equity, necessary for their continued existence within contemporary capitalist society (Thomas, 1999, p. 17).

In situating this study within its wider social context, the current research employs the dimensions of disability, gender and inter-relational social categories of age, class, race and locality. Thomas (1999) provided insight into developing a social theory of disability by including the gender dimension as the starting point for analysing class, gender and disability dimensions. The concept is central to this analysis, that is, the examination of difficulties surrounding the variables of gender, disability and class and developing an analysis that combines all three dimensions.

### 4.9 Historical Materialism, Feminism and Disability: Forming the Links

Thomas (1999) identified the lack of theoretical development in the study of disability, gender and women's oppression, especially deriving from the logic of historical materialist and feminist stances. Thomas pointed out that:

> In Disability Studies, an explicitly materialist feminist perspective is hardly discernible…. As discussed earlier, there is nothing in the literature … on the historical roots of disabled women’s oppression in the particularities of production and reproduction in the capitalist epoch. There is much empirical research and theorizing to be done here. (p. 143)

Thus, in relation to this study, the insights drawn from feminist theory need to be brought together with historical materialist premises. The difficulty tended to be
that “non-disabled feminists of materialist (and other theoretical) persuasions have ignored disability and the lives of disabled women” (Thomas, 1999, p. 134).

Theorising around the oppression of women with a disability remains at a formative level, particularly within materialist and feminist thought. This thesis adds to understanding the material basis of the oppression of women with a disability. From this discussion it has emerged that here is a need to undertake the theorising of women with a disability through analysing their social relations and position relative to material conditions, production and reproduction. Additionally, the cultural and ideological elements of oppression need to be understood and critically analysed. Further, Thomas indicated that materialism and feminism provided the most appropriate theoretical and analytical approach in conjunction with historical materialism, to understanding and explaining the social relations of women, gender and disability, especially in this case study for application to the area of domestic violence.

From this starting point this study needs to:

- adopt a social and material conception of disability
- explain disabilism and the development of productive forces, social relations of production and reproduction and cultural formations
- identify ideological components surrounding the area of domestic violence that maintain and perpetuate women with a disability as an oppressed and marginalised group.

4.10 Summary

The limitations of materialist explanations can be evidenced in the literature, for example the potential for economic reductionism and dogma driven conceptual frameworks (Mutari & Boushey, 1997). Gleeson (1999, p. 12) pointed out that while Marx’s analysis centred on social and economic oppression and class difference, and alluded to the dimensions of gender, race and disability, for example, in the writings of Marx’s (1976) Capital “the crippling effects of industrialism” (cited in Gleeson, 1999, p. 12), subsequent materialist analyses
developed social theory with the inclusion of issues surrounding disability and disabilism.

Social models of disability have emerged within disability literature and authors such as, Abberley (1987) and Oliver (1996), drew on the historical materialist perspective in order to develop a social theory inclusive of disability. Further, Thomas (1999) extended the materialist approach by incorporating the social features of gender and disability within a class analysis and explored the conceptual difficulties associated with this in theory construction. Thomas’s account of gender and the nature of disability within a capitalist economy is useful for this study.

In examining the way society reacts with small groups and individuals, many earlier disability theorists were forced to interpret particular situations in line with physical and intellectual barriers that provide impediments to attaining an outcome. The relevance of historical materialist interpretations for this study, is that it allows for linking the barriers back to broader societal analysis. The historical materialist perspective enables the examination of disability and issue of disabilism as means for investigating the experience of disability in a domestic violence situation.

Feminist material theory provides a means of informing this study, by ensuring historical materialism explores the categories of gender and disability. This study explores disability and domestic violence in the context of gender. The following chapter examines the central theories of domestic violence and further generates the links between disability, feminist and historical materialist approaches in order to study the experience of domestic abuse against women with a physical impairment.
Chapter 5

DOMESTIC VIOLENCE

5.1 Introduction

The substantive area of this research constitutes domestic violence, gender and impairment from an historical materialist, feminist and disability theoretical approach. This chapter explores the contributions of the three major paradigm approaches to researching domestic violence, that is, psychology, sociology and feminism and develops a conceptual framework for studying domestic violence by linking the relevance of feminism, historical materialism and disability outlined in the previous chapters.

5.2 Historically Situated Theoretical Paradigms of Domestic Violence

A comprehensive range of literature can be identified on the subject of domestic violence. Research during the previous thirty years has tended to focus on defining concepts, and discerning the nature, prevalence and extent of family violence. Geffner, Rosenbaum and Hughes (1988) and Hotaling et al. (1988) pointed to the need for research into:

- patterns of interpersonal violence within the broader societal context; and
- the range of research designs and modes of data collection to diversify approaches.

A coherent theoretical framework shapes and guides the research process and consequently determines the nature of the study, type of research problem to be examined, and the stance adopted by the researcher (Denzin, 1984; Neuman, 2000; Yin, 1994). Conceptual frameworks form an essential element in understanding the meaning and constitutive elements of domestic violence and the behaviours, causal processes and inter- and extra-relationships associated with abuse. Given this, conceptualising domestic violence can be difficult in view of

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the propensity for the complex and multifaceted phenomena associated with it. For example, situational variations exist, such as differing origins, causal processes and forms, including gay and lesbian violence.

Currently, there is no one explanation of family violence that assists in understanding why it occurs. Every discipline area provides a different starting point of analysis. Gelles and Loseke (1993a) highlighted that “each conceptual framework yields a picture of violence as a particular type of problem caused by particular types of behaviours done by particular types of people in particular types of relationships” (p. 3). They (1993b) added that “it is about real people who experience violence and it is about people who do violence to others” (p. xiii).

Historically, the concept of domestic violence tended to be viewed as a sub-set of family abuse, and the research scope was limited to examining intimate familial relationships. This led to early studies emphasising individual psychological features and psychopathological traits or characteristics of specific groups of people, such as people in poverty, people with a mental illness, and people from non-English speaking backgrounds (Barnett, Miller-Perrin & Perrin, 1997; Brown & Herbert, 1997; Edleson et al., 1985; Gelles & Loseke, 1993a, 1993b; Martin, 1981). Little attention was paid to the influence of the context or setting, in which the violence occurred or to the differing social, political and power relation aspects associated with it.

In countering these notions of individual causation of family violence, subsequent studies, such as Gelles (1997, p. 7) and Martin (1981), found that a broad cross-section of the population can experience domestic violence and violence cuts across a range of variables, for example socio-economic status, gender, cultural and class levels, and familial and social groups. Research developments generated further exploration of specific areas of family violence including, elder maltreatment, child to parent violence, sibling abuse, carer violence, interpersonal couple abuse and rape in marital relationships, and dating or courtship violence (Brown & Herbert, 1997; Geffner et al., 1988; Gelles & Loseke, 1993a, 1993b; Herzeberger, 1996; Paterson, Luntz, Perlesz & Cotton, 2002).
The vast range of competing and conflicting perspectives of family violence adds to conceptual difficulties by advancing differing analyses, interpretations and causal explanations. The emergence of a large body of theory and research on family and domestic violence led to an array of interdisciplinary approaches. Although acknowledging a range of disciplinary contributions to understanding family violence, such as anthropology, evolutionary psychology and criminology, the key disciplinary areas, which comprise psychological, sociological and feminist positions, require exploration in order to understand the way theoretical conceptualisations of family violence inform and situate this study.

5.3 Psychology: Individual Psychological/Pathological Theories

Psychological paradigms utilise the term family violence to situate abuse in the context of individual *pathos*, that is personality traits, psychological disorders, family characteristics, dyadic interaction between spouses, and environmental determinants, as in deviant behaviour, male aggression, and female masochism (Barnett et al., 1997; Breines & Gordon, 1983; Dwyer, 1995; Edleson et al., 1985; Family Violence Professional Education Taskforce [FVPET], 1994; Gelles, 1985, 1993a, 1997; Noller, 1994; O’Leary, 1993; Pryke & Thomas, 1998). Approaches that focus on individual pathology, locate interpersonal violence within individual persons, by ascribing the causes of family abuse in terms of a consequence of pathological dysfunction.

These theories utilise concepts, such as behavioural deviancy, pathological behaviour and female masochism. This stance suggests that the perpetrator possesses a predisposition to violence based on pathology (for example, mental illness) and certain personality characteristics and traits (such as, low self-esteem) (Barnett et al., 1997; Edleson et al., 1985; FVPET, 1994; Gelles, 1993a, 1997; Noller, 1994; O’Leary, 1993; Pryke & Thomas, 1998). The research and policy outcomes of these theories centre on the use of family therapy, interpersonal counselling and treatment programs in addressing family violence (Edleson et al., 1985; FVPET, 1994; Gelles, 1993a, 1997; Noller, 1994; O’Leary, 1993). The difficulty of individual psychopathology theories is that the locus of change is individualised and fails to account for broader situational and structural problems.
that entrench violence. Additionally, the victim can be labelled as masochistic, because the primary motivation for remaining in a violent situation becomes based on a victim’s “unconscious need to be abused and mistreated” (Edleson et al., 1985; Ferraro & Johnson, 1983; FVPET, 1994; Gelles, 1993a, 1997; Noller, 1994; O’Leary, 1993). As such explanations by their very narrowness exclude economic, social, kin, fear, religious and other types of reasons, an abused person stays in a relationship.

5.3.1 Single determinant theories and structural stress theory

The causal agents of family violence are situated in environmental elements, such as social stress, alcohol, poverty, unemployment and class. This theory establishes explanations in which environmental factors generate feelings of anger and frustration in the perpetrator, which are unable to be controlled therefore, resulting in the perpetrator using violence against the family (FVPET, 1994; Gelles, 1985, 1993a; 1997). The core proposition is that the environmental elements, such as alcohol, act as a disinhibitor to release violent tendencies in the perpetrator (Gelles, 1997, p. 10; Kantor & Straus, 1987). The assumption is that if the causal agent is treated, then violence can be reduced and relationships improve.

Although there is an associated link between intimate violence and environmental factors, it has been suggested that these features do not cause violence (Dobash & Dobash, 1992, 1998; Gelles, 1985, 1993a; 1997; Kantor & Straus, 1987; Ptacek, 1988). Recent studies, such as Dobash and Dobash (1992) and Gelles (1997, p. 11), pointed out that the theory fails to provide an explanation on the underlying reasons for the occurrence of this violence. Additionally, by focussing on environmental factors, the perpetrator can be absolved of responsibility for the violence.

5.3.2 Social learning/intergenerational theory

Based on Bandura’s social learning analysis of aggression, the social learning theory explains family violence in terms of a “learned phenomena”, that is, the generational link between violence and individuals' learned behavioural role, forming during childhood and established through the process of modelling

Family violence is viewed as a symptom of dysfunctional family relationships and key concepts include learned helplessness, socialized roles and modelling effects. The danger in applying this understanding is the tendency to assume women are helpless victims. Further, this is exacerbated by notions that reduce family violence to a problem of communication between family members and self-esteem issues of women. The difficulty of these assumptions is the tendency to target interventions in the form of couple counselling and family therapy, thus individualising the nature of the problem. Disclosure of violence by a family member during a treatment session may precipitate violence and lead to its escalating once outside the counselling setting.

Both the individual psychological and social learning approaches influenced the direction of research and theorising. This led to bodies of thought pathologising the nature of this form of violence against women.

5.4 Sociological Perspectives

Sociological perspectives examine the social, systemic and structural impact on people and groups, such as social values, norms, processes, and practices that perpetuate violence in the family (Finkelhor & Yllö, 1983; Gelles, 1993b, 1997). Taking into account the way the individual is located in society, sociological explanations emphasise the influence of cultural norms, socialised roles, economic
features and structural dimensions, as key affectors of people and behaviours (1997). The focus on social systems and social arrangements signifies such structural concepts as age, socio-economic position, social status, family structure, race, ethnicity, and family institutions.

Theoretical explanations include general systems, resource, exchange and social control theories. Underpinning sociological explanations are assumptions that social and structural arrangements, dynamics and conditions generate stress, conflict and violence in family systems (Bograd, 1988). Additionally, sociological approaches establish a causal link between the social meanings attached to values, norms and standards and the way these are legitimated through social structures, as in sexism, which promote and embed notions of power and the use of force against family members by the perpetrator (Bograd, 1988).

Exchange/social control theories emphasise the notions of reward and punishment, suggesting that violence emerges in families if the costs fail to prevail over the rewards for non-violence (Bograd, 1988; Breines & Gordon, 1983; Gelles, 1983, 1985, 1993b). The core proposition is that family violence results from a lack of social controls, which generally act to link individuals to the social order (Bograd, 1988; Gelles, 1983, 1985, 1993b). Although power dimensions may be taken into account, gender issues fail to be emphasised or utilised as starting points of analysis, which lends support to the direction of the current study.

5.5 Feminist Frameworks

Progressive feminist scholarship during the 1970s highlighted the prevalence and extent of violence against women. This framework explained violence in terms of gender, power differentials, and historical, social and political structures that create violence against women (Bart & Moran, 1993; Bograd, 1988; Breines & Gordon, 1983; Kurz, 1993; Pascall, 1986, 1997; Walker, 1990; Yllö, 1993; Zweig, Schlichter & Burt, 2002). Feminist scholars criticised the psychological and sociological family violence models for excluding gender dimensions and specific contextual properties presumed to be essential in feminist understanding of

Legitimising an action-oriented approach to research, the feminist discipline sought an alternative framework to the psychological and sociological explanations for addressing gendered violence (Bograd, 1988; Schuler, 1992). As a consequence, the feminist structural theory influenced the direction of research and modes of methodology, which in turn led to informing government and agency policy. From the research outcomes, feminist scholarship identified particular areas that required further study and intervention strategies to be devised (Taylor, 1990; Weeks, 1993).

Critiquing traditional psychological and sociological research on domestic violence for gender neutrality and masculine bias, feminist scholarship argued that the initial point of analysis should concern nature, context, consequence and women's experience (Bart & Moran, 1993; Bograd, 1988; Ferraro & Johnson, 1983). This assumed that social and historic causations needed to be identified on the interpersonal and societal levels and addressed through personal empowerment, social action and political action. Drawing on studies by Dobash and Dobash (1979), which signified the importance of incorporating contextual elements in domestic violence research, Ferraro and Johnson (1983) observed that relevant integral information could be disregarded or omitted through failing to understand and include the interpersonal relationships, abusive circumstances and relative social contexts, encountered by women.

Some feminist analyses highlight that prior research on family and marital violence failed to explore variables in domestic settings, for example non-traditional families and caregiving. Feminist perspectives identify that the concepts concerning individual and family deviance, create victim-blaming ideologies, which tend to ignore the gendered nature of violence against women and the meanings women attribute to the violent action (Knight & Hatty, 1987; Koss, Goodman, Browne, Fitzgerald, Keita & Russo, 1994).
Each of the above perspectives provides a polarised, yet detailed, explanation of domestic violence. Variation in the cause, form and experience of domestic violence contributes to the complexity, making it difficult to attain consensus between these theoretical positions. Whilst psychological, sociological and feminist approaches dominate the traditional research arenas on domestic abuse, and espouse distinctly separate conceptual paradigms, other disciplines areas are engaged in research endeavours (Geffner et al., 1988). These other areas generate significant contributions to the substantive body of knowledge and require some form of acknowledgement. Table 5.1 outlines examples of these diverse fields evidenced in the literature and summarises the key research features.

Table 5.1
Core Interdisciplinary Areas of Inquiry on Domestic Violence

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<th>Discipline</th>
<th>Documented Sources</th>
<th>Study Focus</th>
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<td></td>
<td>Buzawa, Austin &amp; Buzawa</td>
<td>Police policy analysis, recidivism, gender difference</td>
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<td></td>
<td>Ffrench (1994)</td>
<td>Predictors of domestic violence, Vietnam veterans</td>
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<td>Economics</td>
<td>Tauchen &amp; Witte (1995)</td>
<td>Stochastic dynamic model Socio-economic variables,</td>
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This section highlighted the core conceptual explanations of domestic violence. The following section examines feminist conceptualisations in order to signify the relevance of material feminism to the current study and generate the linkages between historical materialism and disability.

5.6 Feminist Theorising on Domestic Violence

During the 1970s, progressive feminist researchers and activists highlighted the nature of oppression for women in capitalist society and posited the starting point
for analysis as class and gender relations, as well as drawing attention to the prevalence and extent of violence against women. This framework explains violence in terms of gender relations, power differentials and historical, social and political structures that perpetuate both violence against women and their oppression (Charles, 1995; Yllö, 1993). Materialist feminist theory influenced the direction of research and practice. These findings informed government policy directions and agency procedures.

5.7 Domestic Violence: Forming Conceptual Linkages

Contained within this conceptualisation of gender violence appears to be the explicit act of domestic violence. By locating the cause of domestic violence in historically and socially derived and maintained gender relations and inequalities, feminism based on a materialist analysis, postulated that violence within the family emerged as a result of these patterned power relations. From this approach, males can be viewed as assuming the right to dominate and exercise coercive control over a female spouse (Bograd, 1988; FVPET, 1994; Horsfall, 1991; Noller, 1994). Elements within the family that support and legitimate violence can be reflected and shaped by structural and social systems. These include notions of traditional family that assumed male dominance within domestic settings; socialisation processes, which defined feminine and masculine attributes, as in ascribed gender roles of female passive caregiver and male dominant provider, and economic disparities evidenced by wage differentials in the workforce (Bograd 1988; FVPET, 1994; Horsfall, 1991; Noller 1994).

Rejecting orthodox traditions, such as functionalism and abstract empiricism, feminist researchers influenced by critical schools of thought, including the Frankfurt School, sought alternative and oppositional approaches as a means to understand and causally explain the phenomenon, domestic violence (Bhavnani, 1993; Morrow, 1994; Yllö, 1988; Yllö, 1993). Employing a critical stance provides the conceptual framework for designing materialist feminist-based research for identifying underlying socio-historical, cultural and structural processes. Additionally, by drawing on the principles underpinning critical theory the approach assists to:
identify ideological distortions of social relations;
resist current forms of male dominated theory building and testing;
provide an impetus for social change; and
outline an alternative reality (Bograd, 1988; Morrow, 1994; Neuman, 2000; Yllö, 1988).

Historical materialist analyses are useful for generating a link between interpersonal and structural levels for interpretation and description of the lived experience and perspective of women (Bograd, 1988; Wearing, 1996; Yllö, 1988). Materialist feminism suggests that the patriarchal system directly and indirectly creates patterns of violence against women on interpersonal and societal levels (Horsfall, 1991; MacKinnon, 1989; Schuler, 1992; Walby, 1990; Yllö, 1993).

Materialist analysis and research within feminism specifically involved theorising and conducting inductive and qualitative explorations into the social phenomenon, domestic violence (Bhavnani, 1993; Yllö, 1988, 1993). For example, the Domestic Abuse Intervention Project devised a power and control model known as the Duluth model (for example, the power and control wheel) that assists in identifying interrelations between violence power and coercive control (Pence & Paymer, 1993; Yllö, 1988, 1993). This initially derived inductively from feminist practice that sought to understand the oppression and victimisation of women through conceptualising domestic violence as a form of coercive control. Subsequent developments of the Duluth model led to the model becoming a standardised approach for developing an integrated community response (Holder, 2001; Pence & Paymer, 1993). Additionally, the model is utilised in “perpetrator programs” as a tool to assist participants recognise their violent behaviour, differentiate between feelings and responses and develop and manage new alternative responses through choice and personal power (Holder, 2001; Pence & Paymer, 1993).

While these qualitative studies of domestic violence generated and provided greater depth, context specific details and symbolic representations, the generalisability beyond an immediate inquiry to the larger population can be problematic (Bersani & Chen, 1988). Feminist scholars who developed
quantitative inquiries on domestic violence encountered criticism within the feminist discipline for subscribing to positivist principles (Bhavnani, 1993; Ylö, 1988, 1993). According to Bhavnani (1993), these approaches failed to acknowledge contextual and experiential dimensions of the social reality surrounding domestic violence situations, including social conditions or structural oppressors. While these insights contribute to informing the material feminist positions, the core difficulty of these critiques remained the tendency to focus on technical aspects of explaining domestic violence, rather than address concerns in relation to epistemological considerations.

The central proposition underpinning material feminism is that the social relations, gender and power relations remain the appropriate object of inquiry and analysis (Wearing, 1996). This perspective, while providing an explanatory framework for understanding the repression of women in male dominant society, simultaneously situates the causes of gender inequality, and violence against women in the context of historical conditions, social structures and social relations, for example class and gender, family institutions and the State (Irwin & Thorpe, 1996; Wearing, 1996). Analysing domestic violence from a critical feminist approach centres on exploring underlying structural determinants that perpetuate and reinforce interpersonal, systemic, institutional and societal violence (Dobash & Dobash, 1988, 1998; Morrow, 1994; Wearing, 1996; Ylö, 1988).

In formulating theories on domestic violence, feminist scholars drew on classical Marxist, socialist, radical and liberal disciplines. Material feminism posits the principal independent structural variables of gender and class, in causal analysis. This was particularly prominent in Marxist socialist and radical feminist studies. Wearing (1996) found that implying the pre-eminence of one central concept ignored the inter-relations between variables, leading to broad explanations. Gelles (1993b) further argued that failing to identify variance consequently limited the explanatory power of the feminist material theory and resulted in a narrow conceptual application. Citing instances of child abuse, elder abuse and women's violence against men, Gelles pointed out that in examining the complex nature of domestic violence, a research inquiry needs to employ a multi-variable analysis.
Feminist materialist theory applied to domestic violence denotes notions of universalism, shared identification and equal positioning in women's experience. As Ang (1995), Charles (1995) and Yeatman (1993) highlighted, the theory asserts a common experience among women of oppression, political solidarity, and shared membership. Universalism signifies the determining and defining characteristics attributed to an encompassing and stable social category, such as woman (Grosz, 1994; Moore, 1994). While these attributions may contain fixed essentialist, biological determinist and natural ontological givens (for example, women’s essence, reproductive functions, God-given traits and female emotional responses) universal social properties are be reflected and employed during feminist material analysis (Grosz, 1994; Moore, 1994).

5.8 Domestic Violence Policy Responses in Australia

Within Australia, feminist theoretical frameworks have dominated and informed policy development and implementation in the area of domestic violence within federal and state governments, and at departmental and human services agency levels (Cattalini, 1993; Cook & Bessant, 1997; Taylor, 1990; Watson, 1995; Weeks, 1994). Policy formulation around domestic violence responses has been situated within the context of social welfare provision, planning and implementation. The implementation of these policies occurred through government funded agencies, such as refuges, shelters, women’s groups and domestic violence centres (Cook & Bessant, 1997; Taylor, 1990; Watson, 1995; Weeks, 1994). The women’s movement was instrumental in placing the issue of violence against women on the policy agenda and arguing for changes in the way government responded to the social problem (Cook & Bessant, 1997; Taylor, 1990; Watson, 1995; Weeks, 1994).

Adopting communitarian notions of resource distribution based on these feminist assumptions, policy officers defined need in terms of access, equity and participation that took little account of race and class features and the real experience of the women (Cook & Bessant, 1997; Taylor, 1990; Watson, 1995). Policy derived interventions for domestic violence therefore tended to be centred on immediacy of need, for example access to safe houses, shelters and refuges,
rather than taking into account other elements and long term realities such as income support provision and poverty dimensions (Cook & Bessant, 1997; Taylor, 1990; Watson, 1995), which would address material and economic dependence issues that are examined in the section.

5.9 Conceptualising Domestic Violence

Domestic violence relates to one person exercising power and control over another within the domestic setting, for example, family home, through the use of coercion, threat and force, subsequently leading to the oppression, disadvantage and harm of the other person (Cook & Bessant, 1997; Yllö, 1993). Relationships within the domestic sphere can comprise same gender relations, carer and person with a disability relations, and gendered relations such as male and female. One form of domestic violence incorporates economic and financial deprivation and enforced dependency by a perpetrator, in order to maintain power and control over the other person (Cook & Bessant, 1997; Yllö, 1993). This creates material dependence and suggests that control, through socio-economic means, can prevent a person from leaving a violent situation. From this stance, notions of power and control within social relations are underpinned by ideological constructs of the traditional family and relate to experiences of limited economic independence and therefore material disadvantage. In view of this disadvantage, there is an increased need for financial security and service support to attain an adequate standard of living and enhanced wellbeing for many enduring domestic violence.

Women without disabilities and women with an impairment similarly encounter the structural problems and conditions associated with occupational inequalities and wage differentials in broader society. Economic disadvantage remains greater for women who have a disability and especially so for women experiencing domestic violence (Beresford, 1996; Gleeson, 1998; Nosek, et al., 2001, p. 480; Sobsey, 1994). This tends to be a result of the social and historical circumstances and features, such as low socio-economic status and institutionalisation, which frequently prevented women with an impairment from accessing and participating in the labour market or educational opportunities.
A significant consequence of the socio-historic and material factors in contemporary capitalist states is the increased marginalisation of people with an impairment, particularly women, and their exclusion from the labour market and labour force (Argyrous & Neale, 2000; Nosek et al., 2001; Thomas, 1999). People with an impairment experience a higher incidence of poverty and unemployment than people without an impairment. This is directly related to historical, social, material and structural causal features underpinning capitalism, such as segregated education, and inaccessible and inflexible work environments (Beresford, 1996; Danek, 1992; Gleeson, 1998; Nosek et al., 2001; Sobsey, 1994). Economic disadvantage and marginalisation remains greater for women who have an impairment and especially so for women with an impairment experiencing domestic violence, than for other women without an impairment (Beresford, 1996; Sobsey, 1994).

Historical antecedents, such as social exclusion, institutionalisation and socio-economic based oppression, significantly reduce the capacity for women with an impairment to access and participate in the labour market (Beresford, 1996; Chenoweth, 1997; Gleeson, 1998; Nosek, Howland & Young, 1997; Sobsey, 1994). Additionally, the poverty of women with an impairment is exacerbated by a domestic violence situation.

A society organised around the imperatives of neo-liberal capitalism, such as in the United States of America and Australia, in contrast to Holland or Scandinavian countries, which adopt social democratic models of social and economic policy, contains serious implications for women with an impairment experiencing domestic violence. Embedded assumptions, for example notions of the traditional family, continue to underpin explanations around family relations and responses to domestic violence. This results in the economic independence of women with an impairment being severely reduced. Without sufficient resources and support provisions, women who have an impairment lack the economic means to leave an abusive situation, consequently increasing the financial dependence on their partners. The entrenched violence, together with ideological constructs of the traditional family and ideological apparatuses, such as the State, form part of the
broader structural and systemic oppression and inequalities experienced by all women, especially women with an impairment (Pascall, 1997).

5.10 Nature and Extent of Violence Against Women with an Impairment

The research on violence and disability, such as that undertaken by Furey (1994), Gilson, DePoy and Cramer (2001), Sobsey (1994), Sobsey and Doe (1991) and The Roeher Institute (1995a, 1995b), indicates that people with a disability experience a greater risk of abuse and violence, in comparison to the general population. Further reports, for example Cattalini (1993), Chenoweth (1996), Howe (2000), McPherson (1991) and the National Battered Women’s Law Project (1991) show that women with a disability encounter a substantially higher incidence of sexual and physical assault compared to women without a disability. Additionally, these studies found that more than 90% of the perpetrators were men who are known by the women. Gilson et al. (2001, p. 418) commented that when compared with non-abused women, women experiencing violence by an intimate partner have an increased risk of developing a disability condition or a condition that impacts on and restricts their daily living activities.

Large studies exploring gender, disability and violence remains developmental and tends to be limited in both qualitative and quantitative aspects of research inquiry (Nosek et al., 2001). Explicating appropriate variables for generating propositions for operationalising in research inquiries is difficult, given the complexities and problems associated with research design and implementation. Nosek et al. (2001) stated that the core difficulties inherent in studies result from the limited consideration of:

- impact of situational factors, consequences and contexts on operationalised measures in relation to the variables of gender, disability and abuse;
- operationalising constructs and global application of variables, for distinguishing between emotional, psychological and physical abuse; and
- sampling procedures, for example, developing comparison samples of people who do not identify as having a disability.
Studies seeking to conceptualise violence against women with disabilities, particularly those utilising quantitative methodological approaches, such as ecological or social-behavioural explanations, tend to represent disability in terms of a special needs population or pathology. This can be seen in the studies conducted by Curry, Hassouneh-Phillips and Johnston-Silverberg (2001), Gilson et al. (2001), Hassouneh-Phillips & Curry (2002) and Nosek et al. (2001). While social or systemic issues may be briefly considered in these analyses, the studies remain limited in that the core examination is on personality characteristics and dysfunctional behaviour, as in dependency, poor self-concept and over compliance. This individualises and pathologises the nature of violence against women with an impairment. Although these features may be influencing factors, emphasising individual traits and features fails to take into consideration the influence and impact of historical, social and material conditions or contexts. This leads to generating assumptions that victim blame, stereotype and marginalise women with an impairment.

Domestic violence against women with an impairment needs to be understood in terms of the relationship to gendered power relations and the historical, social and material conditions that perpetuate and reinforce violence. Disability theorists, such as Chenoweth (1997), Sobsey and Doe (1991) and Strahan (1997), identified that violence against people with a disability, particularly women, is significantly more diverse in nature comparative to the general population. They argued that violence not only encompasses physical, sexual and emotional abuse, as in hitting, rape and verbal abuse, but also incorporates other forms of violence, for example chemical restraint, medical exploitation, institutional abuse or harassment (Howe, 2000).

An emerging body of work by feminist disability theorists can be evidenced in the literature. Within the Australian context, the feminist disability theorists, such as Howe (2000) and McMahon et al. (1996) pointed out that women with a disability are at an even greater risk of violence in comparison to the general population and men with a disability, given the social, historical and economic based marginalisation and oppression of women with an impairment. McMahon et al.
utilised the concept of social violence to conceptualise gender, disability, power relations and the oppression of women with a disability.

In countering ableist notions prevalent in the women’s movement, McMahon et al. (1996, p. 36) argued for an exploration that addressed both similarities and differences on women with and without an impairment. Yet these theorists highlighted that solely focussing on difference tends to reinforce the political categorisation of marginalised groups and to perpetuate social divisions between women. Perhaps the most notable insight useful for this study is that theorising needs to centre on incorporating structural dimensions of violence and power relations. As McMahon et al. stated:

One way to confront these challenges … is to focus on the consequences of oppression rather than to focus on issues about difference and identities. Powerlessness is one such consequence and one that is central in reference to others such as poverty, access to resources, whose voice is heard. (p. 43)

Neath (1997, p. 220) pointed to the need for adopting a feminist and disability analysis that explores patriarchal oppression, gender relations and abuse. Similarly, Howe (2000) argued that:

Further research is required to understand both the incidence and the nature of abuse in relation to gender and particular disabilities…. The literature indicates the failure of theorists in the field of violence against women and in particular feminist discourse to address what appears to be the systematic … abuse of people, and in particular women, with disabilities. (p. 7)

Chenoweth (1993, 1997) draws from government reports on institutional abuse to generate a feminist disability analysis, which examines the issue of sexual and physical violence against women with disabilities. Pointing to the silent and invisible nature of the social problem of violence, Chenoweth (1993, 1997), Sceriha (1996) and Sceriha and Wilde (1996) highlighted the social implications underpinning the vulnerability of women with disabilities, including the associated underlying societal perceptions. These assumptions include the following:

- Women with a disability are unfit for mothering, therefore they are unlikely to be in intimate, sexual relationships.
• Women with a disability should not to be taken seriously.
• Women with a disability are perceived as asexual or alternatively, women with an intellectual disability are viewed as promiscuous (Chenoweth, 1993, 1996, 1997; McMahon et al., 1996).

Sceriha (1996), highlighted the under representation of women with a disability in research on domestic violence by contending that “there is little disability specific data collected in Australia … and even less that is both disability and gender specific” (p. 1). Sceriha refined her analysis to violence in the domestic setting between intimates and developed the link of this type of violence to the hegemony of abilism and sexism.

5.11 Summary

This chapter examined the dominant explanations, that is, psychology, sociology and feminism, of the social problem domestic violence. The key principles and assumptions of these paradigms were also outlined in order to demonstrate the core differences between each approach. The underlying principles and premises of the feminist perspective were further reviewed as a means to outline the relevance of material feminism to the current study.

The insights from material feminist disability theorists are useful for providing a conceptual starting point for linking the personal experiences of violence faced by women with an impairment to the broader structural forms of violence which produce, reinforce and entrench the marginalisation, alienation and oppression of women with an impairment. The next chapter examines the methodology used to investigate the sample group, utilising the some of the methodological techniques of grounded theory. The research design and purpose is outlined to establish research logic and reliability. This provides the basis for an integration of the theoretical analyses in the chapters to this point to develop a coherent framework for data analysis.
Chapter 6

Methodology

6.1 The Study In Context

The researcher employed a qualitative approach based on critical social science and interpretivist epistemology coupled with some of the methodological techniques of grounded theory. The overarching explanation is critical social science epistemology, however the insights provided by postmodernism through the understanding of difference is incorporated with some of the methodological techniques of grounded theory as a means of integrating the data and testing the “emerged” hypothesis. The study sought to explore the nature and underlying structural and causal processes of domestic violence against women with a physical impairment. This chapter outlines the theoretical approaches adopted in this research. Consideration was given to the ethical and political issues surrounding this study. Strategies were devised to manage these ethical issues. The design of the study ensured the validity and reliability of the research findings could be upheld.

6.2 Research Design: Rationale for Qualitative Methods

The nature of the research question being investigated directed the researcher to utilise qualitative methods. This fits with the ideas of Strauss and Corbin (1990) who suggested that “some areas of study naturally lend themselves more to qualitative types of research, for instance, research that attempts to uncover the nature of persons’ experiences with a phenomenon” (p. 19). They go on to assert that “qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little is yet known” (p. 19). This is particularly useful for inductive studies in which the researcher seeks to discover concepts and hypotheses through comparison and analysis (Glesne, 1999; Glesne & Peshkin, 1992; Hughes, 1990; King, Keohane & Verba, 1994; Silverman, 1986). Hakim (1987) argued that “qualitative research can be extremely valuable for identifying
patterns of associations between factors on the ground …” [and] “… other connections between factors” (p. 28).

The study design adopted reflects an exploratory inquiry. The research design constituted developing a study that provided the scope for an in-depth exploration of the perceptions held by women with a physical impairment concerning their experiences of domestic violence. This enabled the examination of relevant patterns, properties leading to domestic violence, interrelationships and meanings ascribed to a violent situation (Berg, 2001; King et al., 1994; Marshall & Rossman, 1989; Miles & Huberman, 1984; Neuman, 2000; O'Day & Killeen, 2002; Silverman, 2000; Strauss, 1987; Strauss & Corbin, 1990).

Formulating the research question provides direction for identifying the appropriate methodology to undertake data collation and analysis (Berg, 2001; King et al., 1994; Neuman, 2000; Silverman, 2000; Strauss & Corbin, 1990). The researcher started with a broad research area of domestic violence, women and disability and refined the research problem for analysis through an extensive review of the literature. This provided both a way to analyse the researchers existing “knowledge” of these general areas and a way to place that knowledge to one side by suspending the use of such general explanations in order to look at the subjects actual experiences. A theoretical framework emerged which subsequently guided the development of research questions. This progression corresponds with qualitative approaches and as Berg (2001) noted in his discussion, “[the research] questions did not just happen spontaneously…. They resulted after the investigator began thinking about what issues were important and how those might be measured” (p. 25).

It is important to note that one of the difficulties in using qualitative approaches is the tendency for researchers to gather an extensive amount of data without first framing the research problem (Strauss & Corbin, 1990). This insight led to narrowing the topic area and framing a research problem to provide both a study focus and the establishment of project boundaries. The questions devised by the researcher and addressed in this study included the following:
• What are the perceptions of women with a physical disability experiencing domestic violence?
• What are the social positions and status of women with an impairment experiencing domestic violence, relative to the social relations of production and reproduction?
• How does the entrenchment of the category “disability” in the social relations of production and reproduction, influence the experience of domestic violence?
• What is the nature of disabilism and the impacts on women with an impairment in a violent situation?
• What are the hegemonic formations of society that generate the marginalisation and alienation of women with an impairment who experience domestic violence?
• How do the structural dimensions of disability, gender and class influence the experience of domestic violence?

6.3 Elementary Hypothesis Generated from the Literature

During the initial phases of the inquiry, a broad hypothesis was formulated following an examination of the literature and generation of research questions. Silverman (2000, p. 78) pointed out that in qualitative research, no specific hypothesis is derived at the start of an inquiry. However, tentative broad hypotheses are generated in these early phases for evaluating validity and testing against interview data and theory. The following working hypothesis was formulated for this purpose. Yet whilst the precise wording of the hypothesis is reflected in this thesis, it was not generated until in the later phases of the study following data collation.

Gender and class dimensions, coupled with disabilism perpetuates domestic violence against women with an impairment.

6.4 Unit of Analysis

Units of analysis refer to the unit or level a researcher draws on for variable measurements (Babbie, 1992; Neuman, 2000; Sjoberg & Nett, 1997, p. 129).
Within this study, the relevant unit of analysis incorporates the individual person and interpersonal action and the social categories of gender and physical impairment. Maintaining the variables of gender, disability and class in context remained critical to the study. Wearing (1996) highlighted the tendency for some feminists to posit the single independent variable of gender as the primary variable, subsequently rendering the disability concept invisible. In studies, such as Mutari and Boushey (1997), Morris (1996), Stanley and Wise (1983) and Thomas (1999), which examined the variables gender and disability, the emphasis was on forming a distinction between gender and disability dimensions during the initial phases of research design to prevent locating gender as the central organising category of analysis.

Emphasising gender and physical impairment as the primary variables within this study can lead to an essentialist position. The assignment of gender potentially perpetuates and reinforces ideological constructions and stereotypical notions of particularly vulnerable groups. This is addressed in the study by maintaining both gender and disability as the key independent variables, while recognising the structural dimensions of race, class, ethnicity, locality and age and emphasising the significance of gender inequalities and marginalisation within the wider societal context (Huber, 1991; Neuman, 2000; Silverman, 1986, 1993, 1997; Stanley & Wise, 1983; Tomlinson, 1989).

6.5 Some Preliminary Questions in Research Design

The sensitive nature of studying a topic area such as domestic violence and vulnerable groups, necessitated that ethical and political implications be addressed in the research design and methods. Prior to the researcher’s gaining entry into the field, ethical clearance was required and obtained from the University Human Research Ethics Committee (Reference number: QUT1264H). From this, a package was developed that included an introductory letter on nature of the research and ethical consent form (refer to Appendix A) and an information sheet on safeguards for participants.
In order to develop safeguards, consideration was given to the appropriateness of conducting an inquiry that remained inherently sensitive, controversial and potentially threatening to participants. Support to persist with the study was found in the work of Lee (1993) and Kirby and McKenna (1989), who pointed out that in refraining from undertaking research on sensitive topics such as domestic violence, the complexity of the phenomenon may never be redressed or the issues remain hidden. Several core considerations were incorporated into the research design:

- **Duration of absence from source of violence:** In order to minimise the potential for threats to the participants and researcher, it was determined that any person participating in the study be absent from threatening situations and relationships. As a means to minimise the probability of response bias, perceptual distortion and inaccurate recall, the specified time period for absence was between six months and four years (Foddy, 1996; Yin, 1994).

- **Interview frequency and duration:** The researcher drew on qualitative research logic to undertake semi-structured interviews in a format that enabled the interview to be guided by the interviewee. The interview length approximated from one and a half to four hours. In order to minimise potential threats to interviewee and researcher safety, the study methodology involved undertaking only one face-to-face interview. To further minimise risks the researcher negotiated to conduct one follow-up interview with each interviewee by telephone.

- **The term interviewee is applied to the study for describing participants symbolically interacting with the researcher during the interview process.** Creative interaction in interviews entails utilising a procedure that assists the inquiry to move beyond basic conversation to a comprehensive interaction of information exchange or disclosure by the interviewee (Berg, 2001, p. 68; McNeill, 1990, p. 120).

- **Safeguards included avoiding the use of identifying terms, such as domestic violence, on written documentation distributed to potential participants, providing the opportunity for debriefing sessions and implementing interventionary measures for addressing crisis during the research process, for example a resource list.**
6.6 Justification for Multiple Comparison Group

Specific and contextual features of the research study led to the design consideration of a multiple comparison group, in order to explore and draw out commonalities and subtle differences of experience. The exploratory nature of the study led to the decision to employ a small sample size. The main group in the final sample comprised seven women who have an acknowledged physical impairment, with comparison groups (four women who experienced domestic violence, yet identify as not having a disability; and four agency representative from domestic violence and human service organisations, women’s groups, disability services and government agencies, and who do not identify as having been in a domestic violence situation).

Due to unforeseen events, two women who initially agreed to be interviewed withdrew from the study prior to participating in the interview process and one withdrew following the initial interview session. One support group, comprising eight women with a physical impairment, contacted the researcher, however although they supported the study, due to the potentially threatening nature of their current situation, the women decided not to proceed to the interview phase.

The small number of cases contained within this study was not designed to be representative of the general population. Qualitative research is inherently different from quantitative approaches in that it does not seek to make broad generalisations (Babbie, 1986, 1992; Hammersley, 1995; Neuman, 2000; Silverman, 2000, 2001; Taylor & Bogdan, 1984). Qualitative methods aim to generate insight and an in-depth, rich understanding of particular social contexts in order to develop hypotheses and propositions. Silverman (2000) argued that “generalizability is a standard aim in quantitative research and is normally achieved by statistical sampling procedures” to generate representativeness “for making broader inferences” (p. 103). The current researcher acknowledges that the small size of the case remains a limitation in endeavouring to extrapolate findings from the research to the broader community, a factor noted by Silverman (2000, 2001).
Even the use of the term sampling can present problems in qualitative research, as this approach should not be governed by quantitative sampling protocols that require and stipulate representativeness. Yet, this does not mean that the researcher undertakes a sampling process based on haphazard, accidental or convenience selection approaches (Neuman, 2000; Silverman, 2001). As Neuman (2000) contended “such samples are cheap and quick; however, the systematic errors that easily occur make them worse than no sample at all” (p. 198). The study redressed the tendency for this to occur by utilising purposive, snowball and theoretical techniques for identifying and selecting interviewees.

The exploratory study focus necessitated that interviewees were selected utilising purposive sampling techniques. Neuman (2000) stated that purposive sampling is relevant in small qualitative studies and in-depth inquiries for identifying “members of a difficult-to-reach, specialized population” (p. 198). Information and assistance was sought from women with a physical impairment and a range of professionals, to identify and clarify specific interviewees for inquiry that aligned with the intent of the research inquiry. This corresponds with this study’s focus, which centres on researching women with a physical impairment, women who did not acknowledge or identify as having a physical impairment and agency representatives.

Parallel to the use of purposive sampling was drawing on snowball techniques. Snowballing is a method for identifying cases in an existing network to generate a wider selection base (Silverman, 2000). This was relevant to the study and occurred through professional interactions at interagency networks and ministerial advisory body meetings. Several distinctly separate mediums utilising snowball techniques were adopted in this study. These included:

- Explanatory letters forwarded to domestic violence services, disability agencies, women’s support groups and centres and welfare-legal organisations.
- Researcher participation in a media broadcast through radio interview by telephone with an interstate community based station.
• Publication of an article on the research project in a national disability magazine.
• Poster display of the research at a state disability expo.

Within each of these approaches, an outline of the research project components and an invitation to participate was provided. These approaches to sampling contributed to the snowball effect and led to several interstate women’s services contacting the researcher. This resulted in five interviews being conducted in an interstate location (that is, four women with an impairment and one agency representative).

Another technique informing the selection of participants was theoretical sampling. This involved identifying participants, informed by theoretical frameworks to assist in illustrating features, such as structural dimensions or determinants, from particular topics that are theoretically significant (Miles & Huberman, 1994; Neuman, 2000; Silverman, 2000, 2001). This fits with the study in which the theoretical orientations of historical materialism and feminism guided the selection of interviewees based on gender and disability categories.

6.7 Protocols for Entry into the Field

Entry into the field, that is the process of gaining access to the target group, was problematic in this study. The sensitive and controversial nature of the study topic including the political and ethical implications, restricted the capacity to access study participants. Difficulties encountered by researcher included the:

• High level of gate keeping and agencies closing ranks or mediating the interview process.
• Limited number of women with a physical impairment seeking intervention from generic services, such as domestic violence services and women’s legal agencies, which tended to restrict the representativeness of the interview group.
• Limited control over the impact of every-day social realities and events on the data collection plan implementation (Kellehear, 1989; Kimmel, 1988; Neuman, 2000).
A letter (see Appendix B) outlining the nature of the study and requesting support in establishing contact with potential participants was sent to appropriate domestic violence, women’s, generic and disability agencies, groups and professional networks. The researcher negotiated with the agencies to establish contact with potential participants. In order to protect privacy and confidentiality of the interviewees, it was stipulated that the potential interviewees contact the researcher directly, rather than the agency. It was determined that the contacting agency possessed no information or record of interviewee involvement following initial contact.

Initial contact with the researcher by potential interviewees occurred by telephone. However, a difference occurred in the out of state research interviews. Six potential interviewees requested that the agency representative act as facilitator and provide the researcher with the contact details. The researcher was able to establish contact with five of the six women with an impairment. The agency representative and four women with an impairment participated in the study. Due to extraneous circumstances, the fifth person was unable to participate during the specified timeframe.

### 6.8 Data Collection Methods

The core data collection methods undertaken by the researcher incorporated in-depth face-to-face interviewing; telephone follow-up interviewing and use of secondary sources, such as policy and record analysis, fieldnotes and participant personal documents. This enabled the exploration of a range of key topic areas, such as the nature, impact and consequences of domestic violence. Semi-structured in-depth interviewing formed the main method of data collection for this study as means to increase valid explication of the interviewees’ reality and perception and salient features of their experience. This method provided a tool for generating theoretical insight into social reality and the problem under study and enabled information to be elicited from a range of different perspectives (Blaxter, Hughes & Tight, 1996; DeVault, 1990, 1999; Foddy, 1996; Fontana & Frey, 1998; Jones, 1991; Lee, 1993; Marshall & Rossman, 1989; Minichiello, Aroni, Timewell & Alexander, 1995; Oakley, 1981; Reinharz, 1992; Rubin &
Rubin, 1995; Taylor & Bogdan, 1984, p. 83). The broad topic area guided the actual interview process and questions posed, yet the mode in which these questions were put forward, conformed to unstructured interview approaches for eliciting greater flexibility in direction and depth of information (Alasuutari, 1998, p. 141; Foddy, 1996; Minichiello et al., 1995, p. 65; Rubin & Rubin, 1995; Taylor & Bogdan, 1984).

In-depth interviewing complimented the qualitative nature of the research study as interviewers conduct research in a purposively arranged setting. Taylor and Bogdan (1984) highlighted that “in-depth interviewing is called for when one wishes to study past events or cannot gain access to a particular type of setting or people” (p. 80). This corresponded with the study requirements of maintaining the safety and integrity of the interviewees, researcher and research inquiry.

One of the limitations of this thesis is that although qualitative in-depth interviewing is dependant upon “repeated face-to-face interviewing [by which] we mean repeated face-to-face encounters between the researcher and informants (Taylor & Bogdan, 1984, p. 77), the use of multiple interview techniques in this study was not appropriate. This was a result of the following factors:

- Undertaking multiple interviews can further increase the risk of violence against participants by perpetrators, even if the relationship has ended. This consideration of safety is recognised by the Women’s Coalition Against Domestic Violence (1994).
- Conducting interviews in a number of states resulted in the researcher being able to only undertake one interview. Given this, it was not possible to return interstate for subsequent interviews.
- Conducting more than one interview within Queensland could have skewed the research results.

6.9 Interview Schedule Design

The interviewer drafted an interview schedule (refer to Appendix C) relevant to the research question under investigation. This schedule provided boundaries for data collation, direction for questioning and clarity in interview purpose (Berg,
It was tested in two pilot interviews to gauge its effectiveness and appropriateness. The feedback from the test interviews led to the re-drafting of several questions to capture subtle features of the violence and remove ambiguity. Additionally, a plain English version of the interview schedule was developed to increase research accessibility and enhance schedule versatility and usability without comprising standardisation protocols. Berg (2001) noted that in semi-structured interviews “if questions are to be standardized, they must be formulated in words familiar to the people being interviewed (in the vocabularies of the subjects)” (p. 71).

In order to obtain a reflexive and intimate understanding of women’s perceptions and experiences, a flexible method was adopted. The flexibility of semi-structured interviews and the interview schedule provided the medium for rich text detail to emerge. Semi-structured approaches are useful for preventing the direction being solely determined by the interviewer (Berg, 2001, p. 73). Several interviewees preferred to track through each question in order of questioning whilst reading the schedule, whereas others preferred an approach that moved across issues. If specific areas were not covered, the researcher then returned to the questions.

Although a degree of structure underpinned the interview session, the interviewees were encouraged to lead. As the study involved asking interviewees to recall events that could have strong and painful emotional associations, in instances that an interview question prompted the recall of painful memories, the interviewee directed the level of response and degree of information disclosure.

The interview content encompassed questions exploring a range of key topics that were consistent between women with a physical impairment and women who identified as not having a physical disability (for example, the nature of violence and impact of abuse). In maximising the accuracy and consistency of the information derived from the interviews, the researcher remained aware of the potential for response bias by participants, that is, selective and inaccurate recall (Foddy, 1996; Yin, 1994). Crosschecking information with the subject assisted in reducing the potential for this bias.
The researcher was sensitive in understanding circumstances surrounding women with a physical impairment and in eliciting possible subtle properties and interrelationships between domestic violence, gender and disability (Finkelhor 1988). Therefore, some differing questions were posed to women with a physical impairment (such as, do disability support services represent the particular needs of women with a physical impairment who have experienced domestic violence?).

One face-to-face interview was conducted with each interviewee in their home setting as this provided a safe, neutral environment for information disclosure. This was negotiated between the interviewer and interviewee, prior to the interview session and during initial contact by the interviewee. The duration and frequency of the interview session was informed and determined by the nature and impact of the interviewees’ impairment together with the emotive nature of the research questioning. Berg (2001) noted that “in some instances, a single lengthy interview may yield sufficient information to produce answers to research question(s)” (p. 226).

The high level of intensity associated with this topic area and type of interview method adopted, necessitated that the interview session be halted from time to time. During these times, the interviewer and interviewee would debrief or engage in a general topic discussion. This meant that most interviews covered a time span between three and four hours. These small discussions often elicited richer detail in the researcher’s understanding.

An exception to conducting interviews in the home setting occurred in one interstate interview, when the session was held in the researcher’s motel room. Although the interviewee had been absent from the violent situation for more than six months, the nature of the interviewees’ situation necessitated a safe, anonymous and neutral environment for the interview setting. Domestic violence may be an unresolved and therefore an ongoing threat to study participants. The Women’s Coalition Against Domestic Violence (1994) found that “leaving often doesn’t stop the violence, and may in fact exacerbate it – it is often after leaving that women and children are killed by their ex-partners and fathers” (p. 51).
Financial reimbursement of travel expenses was offered and provided to the interviewee to prevent any material disadvantage.

The use of multiple methods of data collection supplemented the interview material. Data, theory and methodological triangulation assisted in developing convergent lines of inquiry. This provided multiple measures of similar phenomena as a means to maximise construct validity of the study (Patton, 1990, p. 467; Stake, 1995, p. 107; Yin, 1994). The primary sources of documentary evidence drawn on during this phase included fieldnotes, direct observation notes and published poetry readings (Calvert, 1991; Yin, 1994). The secondary sources of data utilised encompassed personal drawings and unpublished poetry, archives (for example, court orders), personal documents (such as, journals) and agency policies (Yin, 1994).

6.10 Ethical Considerations During Interview Sessions

Ensuring a high standard of ethical and professional conduct, during and following negotiations with participants and agencies, remained an imperative in this study. As consent to proceed with data collection was required from each participant; a written consent form (including a plain English version) was drafted and approved by the university ethics committee. During the initial contact by the interviewee, the researcher discussed ethical issues concerning the study, including study conditions and ethical requirements.

Prior to the start of each interview session, the researcher provided interviewees with a detailed explanation of the research inquiry, including project aims, process of data collection, strategies to maintain confidentiality and possible intervention measures. Following this, the researcher obtained a copy of the signed ethical consent form for audit trail purposes. In line with University ethical requirements, the interviewees had the opportunity to utilise a pseudonym to protect their anonymity and privacy or have their names blanked. All participants requested that their names be deleted from transcript material.
6.11 Recording Interviews

The techniques of data collection relevant to this study included the use of audiotape recorders and fieldnotes during the interview process. All of the interviews were recorded using a battery operated audiotape recorder. Permission was requested from the interviewees to utilise this equipment. The use of audio taping assisted in:

- Attaining a comprehensive and accurate record of the interview sessions.

Interviewees were afforded the opportunity to stop the recording of or withdraw from the interview any time during the session. Prior to the start of each interview session, permission was sought and obtained for the transcription of audiotape data onto computer disk by an external person. All interviews were confidentially transcribed from the original tape by an external audio typist. Back up copies of these audiotapes were made and stored by the researcher in a safe place. An agreement was negotiated and established with participants to store data following completion of the study, in a locked cabinet within a secured building for five years, as required by the University ethics clearance.

Following transcription of the data, the researcher prepared and formatted transcript files to facilitate analysis and coding data by arranging sentences into paragraphs around topic areas and central ideas and incorporating dialogue descriptions, such as symbols for intonation, syntactic structure and changes in thought direction (Dexter, 1970; Minichiello et al., 1995; Strauss, 1987; Taylor & Bogdan, 1984). Accuracy checks were undertaken to ensure the transcription reflected the actual content of the interview.

Another method employed in conjunction with audio taping interviews was writing fieldnotes. These constitute a written record of the interview discussion, observations surrounding everyday actions and procedures for data collation (Minichiello et al., 1995; Silverman, 2000). Direct observation during interviews
enabled the contextual dimensions and conditions to be discerned, as in interviewees’ language (Yin, 1994).

All of the interviewees were afforded the opportunity to review the written notes from the interview session and add any comments, remove information or make amendments. Fieldnotes and critical reflections were recorded onto research memos and contact summary sheets within two hours after the interview (Layder, 1998; Miles & Huberman, 1994). The researcher acknowledges the limitations surrounding fieldnotes. Silverman (2000) pointed out that overemphasising the categories emerging from fieldnotes can lead to “assuming any one-to-one correspondence between … categories and the aspects of ‘reality’ which they purport to describe” (p. 147). Therefore, fieldnotes should supplement not replace the actual data collated from interviews. The contact summary sheets provided a means to systematise the fieldnotes, improve reliability and validity of the data and generate analytical thinking. Subsequently, all of the fieldnotes were transcribed and typewritten and prepared for thematic and categorical coding.

6.12 Grounded Theory and Qualitative Research

The study was conducted through the use of qualitative methods; on the basis that a rich description and analysis of the subjects’ lived experience would assist in understanding the nature of the experience of disabilism, domestic violence and women’s lives. In countering positivist methods, as noted by Merton (1957, 1967), for establishing a priori assumptions about the nature of social reality, Glaser and Strauss (1967) put forward a method known as grounded theory. Deriving from symbolic interactionism, grounded theory enables the exploration of the perceptions, ascribed meanings, constructs of social reality and actions of women with physical disability (Bryman, 1988; Layder 1993, 1998; Taylor & Bogdan, 1984). Strauss and Corbin (1990) noted that:

A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a
theory, then prove it. Rather, one begins with an area of study and what is
relevant to that area is allowed to emerge. (p. 23)

This study adopted some of the grounded theory methodological techniques as
one strategy for directing data collection, data analysis and theory formulation.

A complete application of grounded theory would have required that the theory
would grow out of the data in order to avoid any imposition of pre-existing ideas.
Clearly, this was not possible given the extensive prior experience of domestic
violence and disability to meet the full conditions of grounded theory. The
researcher, while recognising her own prior knowledge and experience as an
explanation, tried consciously to put these to one side for utilising some of the
methodological techniques of grounded theory. This formed the basis for carrying
out the interviews and initial interpretation of the data. From this, the researcher
immersed herself in the data in order to let the women themselves speak. Both
“theoretical approaches” were integrated in order to ground the methodological
techniques in a more general explanation.

Whilst acknowledging aspects of positivist science, theory and ideology identified
in the review of the literature, such explanations are in large part put to one side
during the data collection and analysis phase of this research. The literature
review framing this study provided the basic theoretical framework for designing
a study that moves away from positivism and aligns with the aims and objectives
of historical materialism, feminism and the disability movement. In contrast to
positivist paradigms, qualitative methodology provides the research strategy for
this study.

Grounded theory methodological techniques are useful in helping to counter the
positivist explanations in relation to research. Morris (1992a) advanced the idea
that research as alienated knowledge “comes from theory and research which treat
us as objects”(p. 159). One grounded theory methodological technique emphasises
the centrality of the role of the interviewee during an inquiry. This study adopts
Morris’s position of grounding research in concrete settings and developing a
theory embedded in the reality and experience of the interviewee and expressed in
ways that are valid and comprehensible to people who are integral to the study. As
Barton (1998a) asserted, “challenging disabilist oppression is a necessary step in the struggle to eradicate all forms of oppression” (p. 10).

Some grounded theory methodological techniques provide a set of systematic procedures for devising an inductive approach in the study of the specific phenomenon of domestic violence and women with a physical impairment (Bulmer, 1984; Glesne, 1999; Hakim, 1987; Layder, 1993, 1998; Strauss & Corbin, 1994; Taylor & Bogdan, 1994). According to Strauss and Corbin (1994), theory can be discovered, subsequently developed and verified through data collection and analysis. In generating theory, the researcher selects comparison groups aligned to theoretical appropriateness to develop emerging categories and properties (Glesne, 1999; Layder, 1993, 1994, 1998; Neuman, 2000; Taylor & Bogdan, 1984; Warwick & Osherson, 1973).

As this study progressed, it became evident that the initial focus on exploring the perceptions and experiences of women with a physical impairment needed to incorporate the postmodernist explanations of difference. While the flexibility of qualitative methodology assisted in the refinement of the research question and development of a coherent theoretical framework, a tension existed between the use of grounded theory methodological techniques and the prior explanation of historical materialism described in the earlier chapters.

Layder (1993, 1994, 1998) highlighted the importance of ensuring the researcher does not become paradigm bound and blinkered by one favoured sociological theoretical school of thought, for example grounded theory, Marxism or feminism. Layder contended that in producing sociological theory, rather than solely rely on one dominant paradigm, research needs to derive from ideas generated across a range of theoretical frameworks.

### 6.13 Resolving the Tension Between Grounded Theory and Historical Materialism

The critical point for this study is integrating grounded theory methodological techniques with the methods of historical materialism and feminism, in order to
understand the perception of women with an impairment in relation to the home (relations of production and reproduction), gender relations and the influence of wider societal structures, systems and dimensions. The danger in failing to address this issue is the tendency for data collection and data analysis to become merely a “shopping list” of concepts and themes or solely a thematic representation and articulation of the subjects’ worldview (Silverman, 2001). The researcher undertakes to interpret the data from the starting point of the subjects, by attaching social meaning and translating this into understandable concepts. Potentially, the participants’ understandings would then become the meaning to which they assign significance.

The tension between grounded theory methodological techniques and historical materialist explanations to account for rich text derives from the tendency for methods to explore for commonalities and look for rich text. Yet this study seeks to overcome this by explicating and making coherent the connections and analysing the data against the literature. This study finally takes the interpretation of data and links it to the conceptual theoretical framework of historical materialism, feminism, difference and disability. This corresponds with the assertion by Layder (1993, 1998) of the need to align emerging data with a number of sociological frameworks relevant to the study.

Similarly, Silverman (1986) argued that “if one wants to say something about concepts like ‘alienation’, then it is essential to grasp the theory in which they are embedded” (p. 77). He further acknowledged that “there is an urgent need to synthesise both approaches” through the use of two propositions, that is “social structures are real, constraining and enabling forces and social structures are the condition of social action and are reproduced and changed by it” (p. 77-78).

Strauss and Corbin (1990) highlighted the importance of having “some background in the technical literature” as a means to “stimulate theoretical sensitivity by providing concepts and relationships that are checked against the actual data” (p. 50). They further argued that some theoretical knowledge can provide insights for “approaching and interpreting data” (p. 51). The authors qualified this by further asserting that:
A Marxist might seek to determine the structure of economic exploitation in a situation. If one is interested in extending an already existing theory, then one might begin with the existing theory and attempt to uncover how it applies to new and varied situations, as differentiated from those situations to which it was originally applied. (p. 51)

While some measure of redress is provided by Glaser and Strauss’s (1967) suggestion that grounded theory recognise structure, this was limited to the interviewees’ direct environment (Layder, 1993, 1998). Thus, if the relevance of structural analysis is minimised then the inquiry is at risk of failing to account for the connections between data and theory. As Layder (1993) stated, unless generating some form of “fit” between paradigms, then:

Such proscriptions are misplaced and have the effect of impoverishing social research. Social research, and GT (Grounded Theory) [sic] in particular, needs to expand its resources base by incorporating the insights of other types of theory which bear different relations to the social world. (p. 62)

This study recognises the implications of linking emergent theoretical concepts with macro structures; structural features of society and wider settings; historical, social and economic conditions; and the way these are interconnected with behaviour, meaning and the social reality of participants (Huber, 1990; Layder, 1993, 1998).

6.14 Data Analysis

The constant comparative and theoretical sampling methods proposed by Glaser and Strauss (1967) for generating grounded theory, were combined to form the analysis strategy of the study. In utilising a constant comparison approach, the researcher “simultaneously codes and analyses data” as a means to generate concepts, properties and categories (Layder, 1998; Strauss, 1987; Taylor & Bogdan, 1984, p. 126). During the study, the researcher additionally utilised the strategy of theoretical sampling to “to expand on or refine the concepts and theory that have already been developed” (Taylor & Bogdan, 1984, p. 126). This assisted in identifying patterns, establishing relationships among the data, coding
the data and testing against emerging categories and the theoretical framework of literature review (Huberman & Miles, 1998; Layder, 1998; Miles & Huberman, 1994, p. 321; Silverman, 2001; Strauss, 1987; Taylor & Bogdan, 1984).

The analysis needed to finally develop linkages between categories and wider theoretical framework of the study. A set of filters developed by Glaser (1978), referred to as theoretical codes, was useful for organising the categories and generating conceptual links between the categories and wider theory. The theoretical codes utilised included: causes, contexts, contingencies, consequences, covariances and conditions.

6.15 Summary

This chapter contextualised the study in terms of outlining the methodological approach and use of qualitative methods to highlight the way this method was relevant to the research focus and question under investigation. The procedures employed in the study corresponded with the aims and purposes of qualitative research. The use of grounded theory methodological techniques remained the key approach to data collection and analysis. The tensions between grounded theory and historical materialism were recognised and explored to devise strategies that addressed the methodological concerns and issues of validity and reliability.

The following chapter puts forward an integrated approach from the grounded perspective of women’s experience. It makes a comparison across three groups, that is, women who identify as being disabled, women who have a severe chronic medical but do not identify as having a physical impairment and women who do not identify as being disabled, against historical materialism. This assisted the exploration of the complexities of multiple perspectives, namely of having a disability and being a woman together with experiencing domestic violence, that leads to the perpetuation of domestic violence against women with an impairment.
Chapter 7

RESULTS

7.1 Introduction

This chapter presents the voices of the participants and seeks to combine their stories with the theoretical analysis in an effort to gain a clear understanding of the relationships between experiencing a disability and domestic violence. The findings in the chapter are presented as two separate sections. The first section examines the data in relation to women who identify as being disabled. The term respondent is used to identify women with a physical impairment. A pseudonym has been assigned to differentiate between each of the seven women with a physical impairment who were interviewed. The second section comprises the comparison group women, which includes:

- Two women who have a severe chronic medical condition but who do not acknowledge they have a disability/illness. The range of disability conditions includes Myalgic Encephalomyelitis, and spinal injury, chronic fatigue syndrome, trigeminal neuralgia and otosclerosis.
- Two women who do not identify as having a disability, yet may have presence of illness and do not believe this is serious enough to constitute disability, for example psychiatric disability.

In this study the comparison group of women have been established as a form of control group to compare against the findings from women who have identified as being disabled. For these four women from the control sample who participated in the study, the term interviewee has been applied and the following symbols, A, B, C and D, have been assigned, as a means of distinguishing between each of their responses. Emergent concepts, themes and issues are introduced.

This chapter addresses the central question underpinning the study, what are the perceptions of women with a disability experiencing domestic violence? The interview data collected took into consideration the aspects of the research questions relevant to the social positions and status of women with a physical
impairment experiencing domestic violence. This thesis has also explored the way in which the entrenchment of the category disability in relation to the social relations of production and reproduction, influences the experience of domestic violence. The thesis also examined the nature of disabilism and the impacts on women with a physical impairment in a violent situation and the hegemonic formations of society that generate the marginalisation and alienation of women with a physical impairment who experience domestic violence.

The following working hypothesis guided the analysis:

Gender and class dimensions, coupled with disabilism perpetuates domestic violence against women with an impairment.

The research was conducted with women who had left the matrimonial home and were not currently experiencing domestic violence.

Thomas (1999) provided insight into the dynamics of disabilism in relation to interpersonal, social and cultural dynamics and broader structural dimensions and they way these interconnect:

The ‘inner world’ dimension of disablism is closely bound up with socio-cultural processes which generate negative attitudes about impairment and disability, and sustain prejudicial meanings, ideas, discourses, images and stereotypes. These impact upon disabled people in diverse ways and can lodge themselves in their subjectivities, sometimes with profoundly exclusionary consequences by working on their sense of personhood and self-esteem. The agents or ‘carriers’, of this disablism may be people ‘close’ to us: husbands … partners, parents, other family members; or they may be individuals with whom we have direct contact, such as health and social care professionals and workers. They also include unknown individuals and disembodied others in the … wider culture…. My argument is that such ‘personal’ consequences of living in a disabling society should not be thought of as either the ‘natural’ consequence of ‘being impaired’ (as in the medical model of disability), or as ‘private troubles’ of living with disability…. Rather, they should be thought of as part and parcel of disability itself, and an important dimension of disablism in society which needs to be challenged. (pp. 47-48)
7.2 Women with a Physical Impairment and Domestic Violence

The following section investigates the data concerning women who identify as being disabled.

7.2.1 Definition and perception

The generation of domestic violence has tended to be analysed in terms of a complex set of interrelating factors and socio-economic and historical conditions. The combination of these factors was viewed as a mechanism for generating and reinforcing violence in their relationship. All women with a physical impairment subscribed to the notions of the gendered nature of domestic violence against women based on their experience with a male partner. The findings highlighted the way gender became a critical component in the way the nature of this form of violence was conceptualised and articulated. For example, Wendy reflected:

Because it’s a male you will give way because that is what you have been conditioned to ... men stick together ... Priests [for example] haven’t a clue what it’s like. Particularly not from a woman’s point of view.

The data revealed some level of theorising of the violence was undertaken by respondents as a means to make sense of their social world and reality and identify strategies to maintain the marital relationship. The consequences of the violent incident often led to a fragmented social reality in which respondents attempted to determine an underlying cause of the violence. Wendy supported this by arguing that:

It’s good that somebody understands on the same intellectual basis. Cause you’re ... always looking for a reason why ... [to] solve the problem.

The data further revealed that women with a physical impairment recognised the implications of power differentials between genders and the subordination of women. Wendy commented:

Bit like being caught in a web ... I have this vision of the ram with the horns butting against a brick wall and blood coming out ... and feeling, [that] I’d been hitting my head up against a brick wall. In my life, as a disabled person ... [I] didn’t think of it as domestic violence. I saw it as a turbulent marriage.

Fiona stated:
Horrible way to live…. When he would hit me I couldn’t move…. And [I got] very depressed and I hid away … I used to feel safer walking the streets at night.

Sarah said:

The whole thing was just a numb bog to be got through somehow.

Perhaps the most salient explanation comes through in the following statement by Susan:

Because you’ve been so dominated in the physical sense you’re unaware of any strength at all, let alone that, your mind can take control and say “no, you’re not going to do that to me!” You can’t do that because the dominance is so total and they take over your mind as well as your body. And it is a violent thing too because … it’s smothering you as a person. I’ve always thought of myself as being very weak … I’d been told that all my life. Not just after marriage, but before marriage and so I was sort of into that mind-set that I would bend with whatever the dominant person I was with wanted. Because it’s insidious … just grows over the years until it takes over completely … you learn to react to body language … it’s a form of defence mechanism. Because [it] tells you how far you’ve gone and if you’ve gone over that line, look out! The line … varies from day to day according to his mood … it was abuse of me as a person…. It’s a very powerful and negative influence on you and on the way you think and … act, it’s a type of fear.

In these instances, there is an underlying assumption that the male perpetrators possess an inherent right to dominate women and exercise some form of control to maintain them in their place, that is a subordinate position and of an inferior status.

7.2.2 Dimensions of power and control

In describing their experience of domestic violence, the respondents consistently pointed to the use of power and control as a key defining feature of and mechanism for domination. Discussion with Sarah on this factor revealed that:

There was a lot of controlling behaviours … economic abuse, personal abuse, emotional. I remember when I had the accident and it would have been in the first
couple of months and I was looking at a photo album when I started crying. And he told me don’t be stupid. I was never allowed to see a counsellor.

The notion of control is inferred by Fiona who said that:

I didn’t recognise it as violence at the time when I met him … one particular night I was late to meet him and he really did hit me around.

Susan reinforced this by likening the experience to being:

Virtually a prisoner on the farm … this is a control thing and abuse because you are totally and utterly dependent.

The threat of violence was pervasive for the respondents and any direct efforts to assert their power and counter the violence, for example leaving the relationship or seeking intervention, tended to exacerbate and intensify the abuse from their partner or result in harmful consequences, as in physical injury. This was indicated in the following statement by Ann:

If you confronted him, the worse it got. I stopped learning to talk to him very early in the piece because it would just aggravate him. I became withdrawn [and] to try and keep the peace … not say anything.

Sarah said:

I’ve tried everything, I’ve tried to be the best person I can be … tried to argue and to leave. There were whole years of my life when I didn’t argue back.

Molly stated:

Everything came crashing down. [I thought] I just can’t do this anymore. And I guess part of it was that, all of those years that I’d been putting off the inevitable, I’d been putting off getting out, because I was scared what he would do. But even then he was doing all those mind games … his behaviour escalated too in the last few years we were together.

### 7.2.3 Factors central to the nature of domestic violence

The respondents experienced at least one of the following forms of domestic violence, including physical, sexual, verbal, psycho-emotional, social, and economic. The outcomes of these forms of violence tended to result in feelings of powerlessness and subordination, diminished sense of worth and sense of exploitation, together with experiences of marginalisation, alienation and poverty. This was represented in comments by Sarah who said:
I [was] really trapped because I’ve got nowhere else to go. I’m really in this unloved space. The whole world is threatening … I don’t know who’s threatening me, who’s not…. After seeing the horror of being dirt poor, after not knowing anyone, we went out to socialise, then it happened … we were invited to these people’s place and we were drinking and he got fairly violent with me that night and he started hitting me…. We had to move interstate, I’d left whatever friends I had behind. I was very shy of making new friends. My life was very much just centred on him. He was my whole window on the outside world.

Fiona said:

I was always put down all the time and he used to say, “well it’s no good you leaving me because you’ll never meet another man. No body would want you, so don’t go,” which is very mentally [and] … psychologically abusive…you lose your confidence and don’t feel worthwhile. You don’t feel that you’re good enough to meet anybody else and have a happy relationship…. He did whack … the tiny scar was where he punched me … it went through to my teeth.

Particularly significant is that while variation occurred in the duration (response ranging from daily, weekly to ongoing) and frequency (nine times a year, ongoing, persistent), further discussion revealed that most respondents experienced an intensification of the violence over time, or consistency in the use of violence. Sarah commented that:

The behaviour escalated over time … he smashed my nose in pretty bad and I went to the local doctor. But, I suppose you’d call it mild violence. Persistent but mild … it was consistent along with him, the fights that he’d … stir up.

The highly controlled environment led the experience of poverty, alienation and marginalisation, which was attributed to the violence. Further discussion of these issues revealed that the social factors of social isolation, financial deprivation, limited capacity to access employment and romanticised notions of gender roles were a key component in respondents remaining in an abusive situation or returning to the violent relationship. Sarah commented:

It was very hard. I couldn’t get a house to rent, because I didn’t have the references … no prior rental history. It was very hard to go anywhere else. So I moved back into his house … after 6 months of being out. He started being
violent within the first week. Grabbing me by the arms and swinging me around. If I had any power before I certainly didn’t have any now. I used to take the kids to kindy and come home and sit on the bed and just cry.

Susan said:
If I had left … with the children, there is no way I could have raised and educated three children, because I had no skills at that stage. I had secretarial skills but they needed upgrading to computers …[and] with my physical deterioration … I had no choice, I had to stay that extra ten years.

7.2.4 Power, control and perceptions of disability: disabling effects

Variation occurred in the range of physical disability experiences. These were categorised in the following age range as being from birth (cerebral palsy), onset mid teens (degenerative cancer and spinal injury and polio) and onset post twenty (physical, and three degenerative neurological and genetic conditions). The ages of the women with a physical impairment ranged from 25 years to 60 years.

The interview data collected on the experience of domestic violence in relation to physical disability revealed that the presence of disability heightened and exacerbated violent episodes and the notions surrounding disability, were a contributing factor in the reinforcement of domestic violence, power and control and male domination by the perpetrator. Thus, “disabling effects” tended to operate as an oppressive mechanism to further legitimise and entrench violence against the women with a physical impairment and increase their level of dependency on the perpetrator. This issue of disability was viewed as a key contributor, treated as a separate issue or dealt with as a confounding factor. That is, most respondents acknowledged the interplay between the structural dimension of disability and abuse, and viewed disability as a causal feature. Additionally, disability implications and disabling attitudes were recognised as mechanisms used by the perpetrator to reinforce their power and control. Ann stated:

I was on morphine at the time because I had a back problem. But the sicker I got with that the worse he became. When he would abuse me … he’d stamp his feet if he didn’t get his own way and then he would kick the glass cabinet and break stuff.
Fiona viewed the presence of disability as not relevant to the issue of domestic violence, yet the interaction between disability and gender was inferred. Fiona responded:

I can’t lift my arm at all…. I did get jobs later on…. He couldn’t handle that…because I was up in front of people … and that was not on. There’s nothing that I can’t do…. I mean now it’s getting harder because it is pretty painful. No, it [violence] didn’t affect my arm, but it’s a very humiliating awful thing to be slapped around by a man that you love. Very degrading, depressing and you just go more and more into a shell and hide away.

This signifies the range of responses in linking issues surrounding gender and disability to domestic violence and the impact of disabilism.

### 7.2.5 Perfectionism, normality measures and disabilism

Factors emerging from the interview data comprised the search for perfection, idealised healthy body, socially accepted norms of body image and normality measures. The pervasiveness of the ideology surrounding disability became evident in the data. Physical well being and capacity were viewed by the perpetrator as prized and valued attributes and this was linked to notions surrounding their social status and position within the general community and society in general. Several respondents defined and measured whether they considered themselves to be a successful person who contributed a valued role and function to society. Power and control tended to be exercised over the respondents, which not only reinforced the perpetrator’s dominant status, but also was used to reaffirm the value, worthiness and goodness of the perpetrator.

Wendy summarised the issue by stating:

I couldn’t understand why he reacted like he did … used to call himself the perfect [partner]. He used to say how fit he was … he’d make out to people that he was this kind and caring person, but behind it was this underlying thing that was going on … [as] he’d had a mother who was very fit…. It was that they just couldn’t handle illness…. He used to say that my sickness, my illness were the causes of the problems in the marriage. That I was manufacturing these illnesses to get attention…. He also had a theory that if you were sick you were mentally ill. Over the years, having met other women who have a disability and talked with them and how their husband’s reacted to their illnesses … very often they’d [say]
… how their husband reacted in the very same way … the same as your own reason that…these men on the whole … had an inability to cope with sickness.

Ann commented:
I hadn’t recovered from the surgeries and I fell over and I was crying uncontrollably … it didn’t stop him … he’s still screaming and coming at me. When you’re as sick as I am you need a lot of understanding and a lot of support and I didn’t get it.

Molly supported this by stating:
He used the [previous experience of sexual abuse] as well [as] the fact that I had the physical problems. Things like if [child] was naughty it would be, “your mum will let you get away with that but I won’t … your mum’s not strong enough to stop you from doing this, but I am.” So he would play on the fact that physically as my [child] got bigger, I was less able to restrain [child] from doing things [like] trying to run on the road…. But it wasn’t an issue for me and my [child]. It was his [perpetrator] power issue of I’m the big powerful person and the mother is the weak disabled person.

Disabling attitudes and socialisation processes of the family were identified in the interplay between notions of disability and the patriarchal and paternalistic way disability experiences were perceived by dominant males in the family and interpersonal relationships. Susan redefined disability notions to explain the interaction between the structural dimensions of disability and related social conditions, inappropriate societal beliefs and norms and impact on personhood. The perception of health and their examination of the perpetrator’s values in this instance equated with physical and mental strength, endurance and capacity. Ideals of perfection in a healthy functioning body became a standard to which the perpetrator aspired. Any manifestations to the contrary challenged the ideological assumptions and tended to embed violence in the relationship. Susan said:
In a recognised sense of disability, I just knew I didn’t have the physical strength that he did and I knew that I was losing the strength that I did have. So yes I was aware I was disabled, if not in the way that you normally think of disabled. I knew I was at a disadvantage, rather than that I was disabled. It makes you feel very vulnerable because you know you can’t physically stand up for yourself.
And when you’re in that situation, you don’t know what sort of mental strength you’ve got to combat it. He exploited the fact that I was weaker physically, but the one thing led to the other, because the physical weakness led to mental control. It was just he lived in a physical world.

Yet, for Sarah the interaction between disability and domestic violence and disabling attitudes was expressed in terms of her partner utilising “controlling behaviours” to present an image of martyrdom and sainthood. The consequence of this for her was enforced dependency and social isolation.

For respondents, the onset of disability became a tool used to justify the perpetrator’s position and personal worth, and led to the intensification of the violence. The interplay between disability notions and gender dimensions generated increased reliance on male partners. Sarah commented that:

Seventeen years I was married for; I actually cohabitated with him for 19 years. When I had the [industrial] accident, it was a feeling of gratitude that he stayed with me. Because I was imperfect now, I was only 22 years old, very much into clothes, even though I was married ... you’re very body conscious at 22.... I can see now a lot of controlling behaviours when I was in hospital. The nurses weren’t allowed to wash to me. He used to. A lot of that he blamed on me. And I took that blame and internalised that blame. So, I was in a pretty powerless position in the relationship. I should be grateful that he stood by me ... that he did the amount of personal care that he did. He didn’t ask me ... it really eroded my dignity. The disability made me even more dependent ... it was very much [about] him being a good person.

7.2.6 Professional power

The interview data collected on the interaction between domestic violence and disability indicated a link to the reinforcement of violence and perpetuation of disabling attitudes through the use of institutionalised professional power. In these instances, disability was individualised and equated with mental illness and psychological problems. Consequently, victim-blaming attitudes were generated and legitimised. For Wendy, the professional categorisation of disability exacerbated the experience of disempowerment:
I’ve never seen myself as disabled, I recognised it when I couldn’t walk anymore and … was screaming out in pain. And the OT [Occupational Therapist] came out and said, “you’re disabled … you’re officially disabled!”

Ann reached a similar conclusion in the experience of receiving medical intervention and stated that:

I don’t want to have another pump put inside me. I don’t want to have doctors controlling me again. I need to have that control. My husband had it and the doctors had it. [In receiving medical intervention] you lose all dignity with the tests.

The complexity in explaining the interplay between professional power, domestic violence and disability is exemplified in the following statement by Susan:

I was controlled as a child … in the marriage [and] … by this man [Specialist], not just with the medication, but the medication made me very docile and very malleable. Therefore, he [Specialist] could control … the way I was thinking. Which was “ [go] back to my husband and be a good little girl and behave yourself”…. He [husband] convinced the Doctors [that I was bunging it on]. It’s the control thing. He couldn’t admit that his wife was less than perfect. It was very difficult for me because in that time he convinced the doctors that I really was lazy…. [He used the role of] concerned husband, and he talked to the doctor … I was hoping that the doctor would talk to me later, but he never did. I was sent to a psychiatrist. I’ve got a hole in my heart … I kept saying “but there’s something more.” And they kept patting me on the head, “never mind dear, we’ll look after you, it’s all in your mind.” I looked so normal. Not only was I fighting the doctors to believe me, but I was fighting him.

Not all respondents directly implicated disability with domestic violence, yet the response by Fiona’s General Practitioner demonstrates the notions surrounding domestic violence and assumptions underpinning disability. Fiona said:

When I actually went to see my doctor, which was our doctor, to ask for a letter of recommendation … to get the [disability] pension, he got very upset about it. Before that he used to say, “do you fight, I’ve got other … [ethnic] friends, the men throw things around the house.” When I actually went to … get a letter he did not want to do it.
For Fiona, the emphasis on cultural values and norms in relation to domestic violence by the medical practitioner, highlighted the way domestic violence can be constructed as a normalised experience while simultaneously minimising the implications of disability dimensions. Professionalism may operate to reinforce power of male perpetrators against women with a physical impairment. This was related to the tendency to normalise both the disability and violent experience, further contributing to the factor, measures of normality. Sarah reported that during discussions with a counsellor, the issue of disability was minimised:

Anyway he [partner] decided that I better go and get the Disability Support Pension, so that he could get the Carer’s Pension…. They said, “do you want to be rehabilitated?” So they sent me along to the Commonwealth Rehabilitation Service. I actually saw a counsellor and … we talked very little about disability and … more about what was going on at home.

The very use of the term rehabilitation suggests that disability remains something to be “fixed” and normalised, together with establishing standards around normality.

So strong is the ideology of the search for perfection, that some of the respondents became strategic in concealing disability effects in an attempt to be viewed as a normal partner and adequately functioning member of society, that is, passing off as normal. The concept of passing off as normal is similarly recognised in the findings of Edgerton (1967). The respondents perceived this as an important component in terms of personal and public image and preventing the exacerbation of domestic abuse. For example, the following were typical responses, “[tried to lead a] really active life…. It [disability] just didn’t stop you from doing what you wanted to do”; “you learn to go with it, and yet to camouflage it at the same time” and “I used to make the girls’ tracksuits on an overlocker … just to prove that I could do it”.

Any requests for additional assistance and support in completing household duties tended to be met with rebukes and potentially intensified the violence. Failure to undertake generally ascribed responsibilities, for example household duties, as in cooking and cleaning, tended to be associated with idleness and hopelessness, thereby impacting on the respondent’s sense of worth. For example typical
comments included being told that they were “useless” and “lazy.” This is demonstrated in the comments by Susan:

I used to get everyone else to do these sorts of things for me [for example, opening jars for cooking]. That also brought comments of, “why the hell don’t you do it yourself, you’re always asking other people to do these things for you?”

Sarah stated:

It was very much “no other man would want you, you’re not physically attractive. You’re lucky I still find you attractive”…. And it impacted very much on my behaviour because I was out to prove that I could do … anything to prove that I was capable of doing something.

Ann said:

I needed help inside with meals, dishes and the ironing and he wouldn’t help me. I just got out of hospital and I asked him if he could do the sandwiches for work…. And I was crying doing the dishes. I said if you can do your sandwiches that would be a big help. He just stared at me and walked out and went down to his mum’s place.

These insights revealed the assumptions and values underpinning the concept of disability and its relationship to domestic violence. The next section indicates the influence of ascribed gender roles, public image and conformity implications in the experience of domestic violence.

### 7.2.7 Socialised gender roles: the dutiful wife

The socialisation of gender roles through the family appeared to be a strong factor in the perpetuation and reinforcement of domestic abuse against women with a physical impairment. The interview data revealed that this operated on three levels; individual interpersonal (perpetrator), group (family and friends, professional) and macro (community, institutional and systemic levels). The originating source of the socialisation process of gender roles tended to occur within the family system. Social arrangements, ideological apparatuses (legal, welfare, Police) and community and professional norms, ideals and perceptions tended to reinforce the notions associated with gender roles and responsibilities.
For respondents, the experience of domestic violence tended to become exacerbated by the interaction between the ideology of the family and disability.

All of the respondents revealed that during their childhood they had experienced one of the following forms of violence within their family; physical, sexual, verbal and psychological. The materialist feminist literature, for example Horsfall (1991), MacKinnon (1989) and Yllö (1993), highlights that particular features within the family act to maintain and legitimize the violence. Molly stated that:

I’d been sexually abused as a child … and he [partner] used that throughout the relationship as well … I had problems with men because of my history.

Susan said:

It’s all part of the pattern you see … and that is how you get yourself into this situation … because my father totally dominated my mother.

7.2.8 Romanticised ideation of the family

Adherence to notions of the family and a desire for being in a relationship together with maintaining the family system was strong. Molly said:

I kept hoping that we would have the happy family type thing … for my son.

Sarah said:

I’d always wanted a family home and I’d always wanted children … [it’s the] women’s job to emotionally see to everyone else’s needs.

While this may not be considered a negative association, it tended to be the influence of the ideology and pressures to conform to societal norms, social standards and normality measures that exacerbated the experience of domestic violence for respondents. For example, the respondents argued that the presence of disabling effects contributed to the reinforcement of the ideology, intensification of violence and increased pressure to conform. This was evident in the statement by Sarah who said:

It was very much a normalising front. I suppose I felt martyred more than anything … felt that it was my lot in life.

Conformity pressures were indicated in comments about notions of the family by respondents. Susan said:
I thought that I had no will of my own. I thought that I had nothing to offer anyone ... I was totally coward. I was a poor excuse for a female. He couldn’t cope with illness ... he was a countryman, he was used to doing very hard work. He was very, very strong. He had married me believing that I was good breeding stock and we would find a dynasty together, and this really shocked him because all of a sudden he realised “oh gee whiz, may be we will only end up with one kid” and that was a girl.

Wendy recounted being told:
   “Women are nothing and it’s the male’s that are everything”.

Wendy added that she viewed her experience as:
   An oppressive marriage situation, which he just controls everything.

Sarah statement supports this:
   You stay in a marriage, wives submit yourselves unto your husbands as the church does unto the Lord…. [It’s] this discourse of what a happy family does.

Fiona observed:
   The woman does everything, you know breakfast, you wait on them, you mother them, all that sort of thing … [partner] says “my wife doesn’t work, she stays home,” so I just gave it all up like that!

These statements reflect the loss of identity and sense of self worth experienced by the women with physical impairment, in conforming to the ascribed gender roles.

7.2.9 Conformity pressures and the impact of era

The data revealed that increased community pressure to conform to community standards operated as an influencing factor in the respondents ascribing to gender roles and staying in the abusive relationship. Four respondents pointed to the relevance of the time period being contributing factors in conformity pressure. For these respondents, the 1960s and 1970s together with locality dimensions, shaped and influenced their experience as a young woman. This is highlighted in Susan’s comment:

   I’d sit there like a dutiful little wife…. You know, put your hands together and sit back, and just look from one to the other and listen and I would say whatever was appropriate! But I wouldn’t participate in the conversation from then on, because I knew if I did, I was running the risk of a lot of abuse once that person had gone. I didn’t really have time to think about what was happening, so it was a very
slow, controlled, but developed subservience. I would do anything to keep the peace because, when I married, I married for life. I mean things were so different in those days … we’re talking about the sixties, a different world from today. [People have] no idea [how] restricted it was back then … [you had to] leave home legitimately … the accepted thing was marriage. You would really go beyond the pale if you lived with somebody. I mean you’d be thrown out of your family and if you dared to have a child … you’d be forced to put it out for adoption … I remember frustration … [at] always having to get permission….

Even before I went nursing I had to get my father’s written consent. From that moment, I had no power at all to not buckle under…. He [partner] has told me since that he married because he thought he could mould me into what he wanted. Which was the society country matron … his dream. Right from birth, I was very much the inferior, I was just a girl, I didn’t get the education opportunities. Been told all my life that I was weak and stupid…. No use for very much at all except to bring up kids and feed the man and run after the cows.

While the historical era remains a key component in generating gendered socialisation roles and ideas, the interview data revealed an inconsistency with this being solely viewed as an historical construct. For example, Sarah, a younger respondent, recalled one time living in a rural locality and explained that:

Another baby came along…. I wanted to put up the lacy curtains, to have a child’s bedroom…. I felt very dependent and my fight was going into keeping the dream of what I wanted alive. I wanted the family home. God help me, I wanted to go to Parents and Friends. That’s what I wanted.

This may signify the romanticism underpinning notions of the family and community. The interview data indicated support for concepts, such as the patriarchal family. These were exemplified comments “be a good dutiful daughter”; or “dutiful wife”.

The pressures to conform to societal rules, regulations and standards, that is, the conventions of society that were ascribed to, were exacerbated by the need to present as a normal non-violent, non-disabled functioning family unit. Respondents discussed the inferred expectation that they undertake dual responsibilities and workloads, for example managing household duties and
outdoor tasks, while simultaneously raising the children. In these instances the male considered their role to be that of primary provider. Susan said:

I was doing stuff on the farm as well as my own house … and he wouldn’t so much as do the dishes … [and if I worked] … he looked on it … as a reflection on him, that he couldn’t provide for his family. But I mean there’s the social pressures. I’m still in love with him! And he made me feel that it was my weakness that made things so much harder for him. It was never my illness making things difficult for me. It was always my illness making things difficult for him. Because I couldn’t carry out my duties properly … it was just never good enough. I really lost my identity … became … a tool he used in whatever way he wanted to use me…. [On return from hospital, I was expected to] set to and clean up the kitchen … and as exhausted as I was … he came in expecting his meal on the table, and when it wasn’t there ready, he let fly with the abuse…. I’m sorry now that I didn’t have the courage to walk back out again and keep walking. Because that was … my accepting his dominance.

Ann said:

It was all on me. I had to do everything, the washing, the lot. On that farm I helped. I did my part; I took in pigs and raised them. And I thought I shouldn’t have been treated the way I was, because I was doing stuff on the farm as well as my own house.

Any violations by women with a physical impairment of the societal code tended to be met with further violence and professional or community condemnation.

Sarah reported:

There was a lot of shame. If it wasn’t going well, it was your fault for not being a good mother, not being a good wife. [I’d think] there must be something more that I can do to make it go right. Well most of the people that I knew were either locals, like sheep farmer’s wives, who I wanted to be accepted. You know, I wanted to live in this community. I wanted my children to go to this school. I wasn’t going to do anything that made it seem that I was more unusual than what I already was compared to them.

Wendy replied:

He wanted a male to carry on the heir … and [partner wanted] somebody who he was able to physically be a lot stronger than me … he was the sort of person that
needed that sort of woman in order for him to be able to be right. [When this was contradicted] the idea was to get the kids [off me] and get me … blame the mother, this is the standard convention.

For the respondents, the consequences of not subscribing to societal codes and expectations of the community were linked to further social isolation and increased marginalisation.

7.2.10 Public image

Linked strongly to the socialised expectations and responsibilities was the issue of personal and public image. The interview data pointed to the interplay between notions of disability, women’s roles, community status and social position and the silencing and reinforcement of violence against women with a physical impairment. Susan noted:

   It was all about the image thing. When we went out … it would be to things that were, you know, socially important in the district and that first person would come out and he would be interested and enjoy it…. And you see that was playing into his hands. People have the perception that ours was a very happy fulfilled partnership. And of course it wasn’t! It was all the image! In a way I guess I’ve perpetuated the myth, but that was self-preservation.

Other contributing factors indicated in the discussions incorporated measures of family normality, invisibility of disability, and myth of normality (both gendered and disabilist). Considerable value was afforded to the non-visibility of disability, outward appearance, and presenting the perfect image, that is, perpetuating the norm. Susan reported:

   My husband couldn’t cope with my daughter’s disability. He wouldn’t be seen with her in a wheelchair. I was very angry with him because I knew what was happening to me. I knew I would end up in a wheelchair and I knew he would never cope and I knew I couldn’t cope with that … because that would have put a much bigger burden on me. He could not cope with disability.

Sarah said:

   I was physically dependent on him, and the [violence] didn’t allow that structure or that form or pretence of there being a happy family life. He came out sparkling clean and [would say] “I’ve never done anything wrong”. And that he used to stay at home and look after the children because he had this poor disabled wife
who couldn’t do anything. He wouldn’t leave the framework of a normal family house there. He had to disrupt that. He wouldn’t just confine his abuse to me. He would disrupt the whole function of the house.

Wendy said:

The underlying issue was … [he] just couldn’t handle illnesses and [he] would rather deny that there was any illness there … than confront it.

These respondents emphasised the interaction between public image, perpetrator perceptions of body perfection and entrenched beliefs about disability equating with non-ability.

7.2.11 The family, friends and neighbours dynamic

There was strong support for the influence of social relations and arrangements and social conditions in the reinforcement of gendered violence, women’s roles and disabilist notions, identified by respondents. Factors that impacted included employability status, poverty and access to low cost housing. Wendy reported:

I felt at that stage, even though I was in my early thirties, that being a Catholic I wouldn’t be able to get an annulment and … there is great pressure from the family to keep everything together … a lot of things around that caused you to stay, you just didn’t have the freedom [to leave].

Sarah said:

There were two things that kept me in the relationship at that stage. One, everyone saying like or how lucky you are. We bought this house in the country up on top of a hill…. And no one wanted to know that it wasn’t going well. I had very visible bruises, but no-body wanted to see them … [yet because] he was in a lot of trouble with the police … we were totally stigmatised in the area. It was very hard to go anywhere else. [My mother also said I was an] unfit mother … it is a fundamentalist principles of society that your mother loves you. I went and stayed with my mother … she brought in the welfare department. I stopped [going to counselling] when my mother called the welfare in, because, you didn’t know who was connected with who … which part of the system was working for you and which part [was] … against you. When you’re threatened by the system … it was a very direct threat. She was in a very powerful position over me … she could decide whether I was a good mother or not.

Ann stated:
I was on two walking sticks and he was going off the deep end, so I went down to his mum and asked for her help and she just looked at me and she just said “well if you did as you were told he wouldn’t get like this.” And that was yes sir, no sir. That was the attitude that I should have lived by. I went to her for help and didn’t get any.

In contrast, Ann’s blood family provided support in her leaving:
I couldn’t take any more and I just burst into tears at mums. And she didn’t know what was going on, so I told her … and said to [partner] “I’m not going home” … I never went back.

Fiona recalled the contradictory nature of perceptions and attitudes by family members:
I remember my mother saying, “you look so anxious since you’ve met him.”
[It’s] the most degrading thing. I think my mother, who had violence at home, she used to try and get me away from [perpetrator]…. She used to say to me “obviously women that stay, locked in this type of association means that when you make up with him, then that’s very exciting, the sexual side of it.” I said, “It’s nothing like that at all mum.” I could never ever understand … that if he’s abused you physically and mentally, that that would help any sexual side of any marriage whatsoever…. I think that’s probably an older belief, that there must be some aspect of excitement in it … the old theory that you liked being hit. She’d say “you must like it, you stay,” I’d say “I hate it Mum.” But, I couldn’t see my way out … he was a very controlling man. I had friends then and … they would do everything to get me away. It’s very hard for other people to understand that … self esteem is so low that, you feel you can’t leave…. It was actually my sister who heard about it [refuge, and helped me leave].

Molly drew out the difficulty in managing conflicting ideals by suggesting:
I was trying to work out what am I going to do about the whole situation [stalking and harassment]. And everybody was saying “take a restraining order out.” I said “I don’t want to … he’s my son’s father, there must be a different way of dealing with this.” But there wasn’t. [With friends] there is a distance there that wasn’t there before. You know it’s like they’ve had to protect themselves and I’ve also done the same. Other friends I’ve just lost all together. They just didn’t cope.
Clearly, the differences in perceptions and values across family and friends noted in this section generate differing responses to domestic violence situations by the respondents and their family.

7.2.12 Community expectations of maintaining the norm

The respondents summarised the complexity involved in the implications of disability, public image and domestic violence. Susan said:

The image!… He couldn’t acknowledge [to the community] that anyone of his - and see, we were possessions … was less than perfect.

The interview data on community perceptions revealed the hidden nature of disability and domestic violence as a means to maintain the appropriate family image to the community. All respondents reported that this was a factor in the silencing of the issue. Emily stated:

Anyone who has been disadvantaged … up to now it has been kept under cover…. My days for speaking are over now … no one seems to be listening and you go away feeling hurt and sad … some people don’t want to hear the truth.

This appeared to be further complicated by the dimensions of locality and four of the respondents reported that this factor interrelated with those of lack of specialised services in rural remote areas, community cohesion and community norms, which tended to exacerbate the abusive situation. This is summarised in the comment by Susan:

In a small country town because everybody knows everybody … and the grapevine … confidentiality just forget it … because the Doctors have to support each other. The Doctors all knew their patients. It was the whole picture that helped create just his strength. There wasn’t that closeness or support that I needed. I had to talk to the doctors, because that’s all you have in a country town, you don’t have any Social Workers. There was nowhere I could go.

For Susan, the influence of rural locality and the limited range of choice in specialised services contributed to her remaining in the violent relationship. Underpinning the notion is the threat of further violence if support is sought from the family medical practitioner. Wendy explained this as “mud sticking” and said:
[Partner] was hiding what he was doing … but he had the whole town up against me and really believing that it was really in my mind. They [the community] sort of threw it on you and shunned you … the tendency is … if they can’t find a cause for why things are happening … they blame the mother [with the disability] … and that was the way the town thought … it does leave a stigma. You…think, well I should know better … I think the community does the same…. They’re [men] afraid of the stigma and afraid that somebody might find out. So it’s still the old thing of secretly hiding. The skeleton in the closet. Be quiet or the neighbours might hear you, sort of thing. He used to say he didn’t care what the neighbours thought. But then he’d say things where, [he] cared a great deal what people thought.

The interview data revealed an insight into the way respondents understood the notions surrounding disability and interactions with prejudicial attitudes. Susan summarised this by recounting:

An elderly man said to me [in a public place] “you’ve got no right to be in here in that thing [scooter] … you ought to be at home where you belong.” But this is the attitude and this is what you’ve got to cope with. I should be in a home I shouldn’t be living on my own. I should be out of sight out of mind…. I should be doing it in an environment where I’m not visible … not forcing people to look at disability differently. They find that very threatening.

Emily said:

It would be easier to put me in a Nursing Home but I would have deteriorated more. [I] get into trouble for laughing sometimes … at least here [own home] I am a bit unhappy, but I can get over it. It is not easy … being the odd one out. I feel out of place.

This provided insight into the interrelationship between the negative notions about disability and the effect of marginalising attitudes on these respondents.

7.2.13 Capacity for intervention

The discussions on the range of interventions sought, revealed that respondents tended to be restricted by a range of interacting factors, which comprised limited support for decision-making, professionalism and social conditions, as in access to low cost housing and the labour market. This appeared to legitimate notions
surrounding gender, disability and domestic violence and maintain the respondents in violent situations. Sarah said:

I thought he wouldn’t follow me [interstate] and he went into the bank and asked where the last withdrawal on my bank account was made. And the bank told him … so he was threatening. He found me in a shelter on the weekend. He got [a charity organisation] to ring up the women’s shelter. They said, “we’ve got this poor man here.” And heaping all of the responsibility onto me. He was doing things about threatening to turn up at my son’s school. I was very angry that the shelter workers wouldn’t let me keep my son at home. They insisted that he had to go to school. It was only for a period of a few days…a very institutionalised environment … a lot of your decisions are taken out of your own hands. They tell you what’s the right thing and what’s the wrong things to do … [and] I was ineligible for a lot of government assistance. Very over stretched services.

You’ve really got to be in crisis. So I moved back into his house. He started being violent within the first week. [But] when I was in the shelter … you were always very aware that this is their job…. You didn’t really feel with the workers, that you were really a person in your own right. You were a tenant in room number three … there wasn’t the deep emotional bonding or empathy or counselling or empowerment. That didn’t come from the workers that came from the other women. They [the workers] were … professional, but they weren’t human.

Four respondents viewed the situation as unchanged. Sarah further stated:

The disability made me even more dependent and closed off my avenues to outside information. Of course that was expected because I did come from a very fundamentalist Christian upbringing. We’re all pretty sinful and nasty little people, who were so grateful that God loved us. Again this gratitude … and [yet] a sense of unworthiness. We were invited to [this] place and we were drinking and he got fairly violent with me that night and he started hitting me and I left. I took my son to a lady’s house [and was told to go] and I left and I was walking around the streets and didn’t know where to go or what to do and a taxi driver picked me up and let me stay at his place that night. Couldn’t get into any of the shelters. Because at that time they were only funded for weekdays. I had to hang around with no food and no money and nowhere to go.

Sarah exemplified the factors of breaches in confidentiality and professional controls in relation to her experience of seeking support and intervention.
In contrast, Molly reported a positive experience with the support agency and legal institutions, based on factors that legal representatives witnessed and experienced overt displays of violence by her partner, in a public place.

He [partner] harassed the prosecuting guy so much, that by the time, [it had to] go into court for it to be heard. There was a week [in] between and [partner] rang [the prosecutor] quizzing him to the point that when I met the [prosecutor] on the way up to the interviewing room, he said to me, “he’s become such a problem that I was thinking of getting a restraining order myself.” When [the Prosecutor] went back to Court he slapped more into the restraining order.

Three respondents felt that in contemporary society, information about the experience of domestic violence and types of intervention to access, is increasingly accessible to the general community, workers in refuges, women’s centres or legal agencies and professionals, such as the Police. Fiona argued:

I think now it’s different. They’re [Police] more educated as to domestic violence. It’s been brought out more. But in my time, going back 12 or 13 years ago, they were not. The Police would come to our house and I’d be crying and I’d say “well he did this” and they said, “well you’ve been drinking.”

Four of the respondents were from South Australia and the interview data indicated a variance in responses across the states. The model adopted in South Australia centres on providing low cost housing through state based initiatives. Three respondents in South Australia had access to a housing trust. The capacity to access this assistance provides an opportunity for achieving an adequate standard of living and socio-economic well being. This was exemplified in the following “I went to the shelter and they got me the unit through the trust”; and “I stayed [at the shelter] for some time until I got into a housing trust unit … shelters are very stressful, but you’re out of [options]”.

7.2.14 Redefining resistance: tactics for resisting domestic violence and disabilism

The psycho-emotional dimensions of disabilism, refer to socially based and imposed forms of “restricted activity,” as in limited access to the labour market. This operates in conjunction with socially created “restrictions” on the personal
level and imposed limits on the psycho-emotional well-being of individuals, such as “feeling ‘hurt’ by the reactions and behaviours of those around us, being made to feel … of lesser value … hopeless” (Thomas, 1999, p. 47). Yet, Thomas (1999) specified that people with a disability are not “passive recipients or ‘victims’ of this disabilism” (p. 47). Further, Thomas highlighted that “they [people with a disability] exercise agency and resist” (p. 47). All respondents demonstrated some form of resistance against the gendered nature of domestic violence and disabilism. The very fact that respondents survived and left the violent relationship, demonstrates resistance to the perpetrators, social structures, oppressive ideologies and alienating systems.

7.2.15 Language of resistance

The issue of resistance was identified in the interview discussions with respondents by concepts such as “personal strength”; “taking back control” and “fighting against violence”.

7.2.16 From personal to social action: countering domestic violence and disabilism

Further discussions with respondents on the resistance strategies undertaken pointed to the following. Susan, through intellectualising and writing about her experience of domestic violence, argued that the feminist disability perspective adopted, resulted from her:

Personal experience of male domination. I wanted to tell my story [as a means] of representing women with a disability who have not been heard and attack the systemic inequalities against women with a physical disability. [Need to have a] belief in your spirit, if strong, you won’t have fear. I am feminist, not radical, but I have the power to admit to being feminist, I am a woman and proud of it!

Wendy said:

I had to really fight for that [children’s education], but I did. I fought tooth and nail, and I got there. But … everyday things, I would let him have his way … I didn’t realise just the strength that I’d shown … at the time I just knew that I had to do it … I knew it was right … I’ve got an incredible sense of humour, a bit like Monty Python, look on the bright side of life.

Sarah recalled:
You’re still up and fighting. You’ve got something to fight against [when returning]. Even though I was still so dependent … and powerless in the relationship, I was still up and fighting trying to recover how much capability that I could.

Fiona referred to the need for community awareness and social change:

I think the media is probably the better way, because people do sit and watch television. When I did leave for the last time, it [the violence] had got a lot worse … [but now I am] back singing … and I started to live again.

Sarah attended university and reported:

It was absolutely terrifying for me at the time to turn up at the exam with bruises … the end of the year exams he’s hanging shit on me. He’s going, “you’re so stupid” … really laying me down. I walked out with a distinction.

Ann said:

I thought, “well I’m in a wheelchair and a lot of able-bodied people can’t really say they can’t do it, because I can do it.” I’ve got a crook back … and [in referring to the garden] it’s not a professional job … but in the heat of the summer … it was really pretty out there. I used to sit out there … and say “I did that.”

Emily reported that she writes on issues of disadvantage and disability and said:

[I] keep self-occupied on the computer … people don’t want to know … people are good at telling me I don’t understand shit … but I am aware and creative.

This section provided a definition of the perception of women who identify as being disabled in their experience of domestic violence. The data revealed that for respondents, disability was a viewed as key contributor in the exacerbation of domestic abuse. The key factors of power and control, disabling affects, and measures of normality, together with socialised gender roles, romanticised ideation of the family, public image and social conditions (such as, poverty), acted to maintain respondents in the violent relationship. The following section examines the data in relation to the comparison group women who have a severe chronic medical condition but who do not acknowledge they have a disability and women who do not identify as being disabled.
7.3 Sample Comparison Group

The women who did not acknowledge or identify as being disabled were assigned to a type of control group for this study in an attempt to separate the dimensions of domestic violence and disability. Each of the interviewee’s responses are represented through the use of the symbols A, B, C and D as a means of distinguishing between them and the respondents. This section examines in turn the definitions and perceptions of domestic violence, dimensions of power and control factors central to domestic violence, socialised gender roles and gender conformity pressures and community perceptions, capacity for intervention and resistance against gendered violence.

7.3.1 Definition and perception

Discussions with interviewees revealed support for the gendered nature of violence in their experience with a male partner. All interviewees perceived the experience of domestic violence similar to the respondents and recognised the implications of power differentials between genders and the subordinate status of women. Interviewee A noted that:

> It’s really horrific and really scary and you can’t believe that a person would do something like that. Even his mates would get mad at me. They were in the club, the women bashers club.

Central to interviewees’ definition of domestic violence were the factors, power and control, in which women tended to be viewed as subordinate to males. Interviewee A said:

> Nasty and scary … everything was normal … normal in an abusive person and [I was] absolutely terrified. [It was akin to] Alcatraz … the big rock! Whenever the big arguments and the violence started, I sort of curl up in a ball and hope he don’t kill me.

Interviewee C observed:

> It was just like living in a vacuum. It’s just part of the manipulation game. Anything to hurt me…with his powers of manipulation and money and influence. Power and control … this is what domestic violence was about.

Interviewee B said:
You never quite knew where he was or where he was going to get you next…. It was like walking on eggshells all the time. He [was] yelling, ranting and raving and slamming doors … I’d be rooted to the spot. I tend to feel … with guys, inferior. I still feel inferior. It was all control me emotionally and mentally. Couldn’t go shopping and if I did, he had to be with me. Took all my money off me. I became alienated from the kids, family and friends. I was virtually a prisoner in the house. It sort of got to the point where I couldn’t think for myself anymore … I was so dependent on him. I kept having him back and that whole process would go over again.

The pervasiveness of violence was a key factor for interviewees. The attempts undertaken by interviewees to prevent violent episodes or seek intervention tended to result in an exacerbation of the abuse and harm. Interviewee A stated that:

When they [the Police] left, he beat the crap out of me again … I got another beating for ringing them up. I wish I could have done something about it.

Interviewee D replied:

There’s pushing around. If he became violent, and [if] I still didn’t do what he wanted … he resorted to trying to kill my cat.

7.3.2 Nature and form of domestic violence

The interviewees experienced at least one of the following forms of domestic violence, including physical, sexual, verbal, psycho-emotional, social, and economic. Only one interviewee did not experience physical or sexual abuse, however Interviewee B noted that the presence of multiple forms of psychological, verbal, social and economic violence led to similar consequences and impacts on personhood:

I think emotional, mental abuse is harder to explain than a punch in the mouth. Personally, I’d prefer a punch in the mouth, that heals, move on. But emotional, I still suffer emotionally from him.

Similar to the experience of the respondents, there was variation in the duration (daily, weekly or ongoing) and frequency (throughout the year, ongoing, persistent) of the violence. The violent episodes tended to escalate over time. Interviewee A said:

I was in a violent situation for many years … and … it did get worse. At first he was a heroin addict … then later on … he turned into an alcoholic. I could get
bashed up a couple of times a day, but verbal abuse happened every day without fail. I just used to wait for it … a hit … [and think] what is he going to do, kill me this time?

Interviewee C said:

It’s just been consistent, it just kept going. I was in a violent relationship for many years. And over the years it got worse.

In contrast, Interviewee D claimed that no change ensued over the duration of the relationship:

No, it was more or less the same … didn’t last any longer … just the same physical violence, it happened for the same amount of time and it just stayed like that for the rest of the time we were together.

The nature of the highly controlled environment tended to result in interviewees’ experiencing poverty, alienation and marginalisation. The discussions with interviewees revealed that this was attributed to the violent situation. Further discussion of the issues of poverty and social isolation revealed that the social factors of social isolation, financial deprivation, capacity to access employment and notions of gender roles were key factors for interviewees’ remaining in an abusive situation or returning to the violent relationship. For example, Interviewee B said:

I was always paranoid that he was there watching. That’s how he controlled me, through fear. He didn’t like me to talk to people or anything. It’s not that easy just to chuck somebody out and start all over again. Particularly seeing as I can’t work anymore. If you’ve spent 8 years in isolation, it is really hard to go out and do those sorts of things.

Interviewee C said:

And I guess that I … sort of started to feel … the restrictions that he was placing on me, I couldn’t use the car to drive to work. He had a work car, and of course he was not giving me any money. I left him … but then of course I was persuaded to go back to him.
7.3.3 Power and control implications

The interview data collected on the experience of domestic violence revealed that for the two interviewees B and C who had an illness or disabling condition, yet did not identify with having a disability, the presence of illness and disabling condition acted as a confounding variable that heightened and exacerbated violent episodes and entrenched power and control. This led to an increased dependency on the perpetrator. For women who do not identify as having a disability, this issue of disability and illness was viewed as non-relevant. Interviewee B noted that:

It [the control] wasn’t too bad before I got sick. I don’t know whether he saw the opportunity to dominate or control the situation even better. When he discovered I was sick he got worse. I think because it was easier to control me. I couldn’t do the housework and stuff, so it was, “well you’re lazy.” I began to think that I was useless…. He considered himself perfect.

7.3.4 Socialised gender roles: gender dimensions and domestic violence

The socialisation of gender roles through the family system tended to be a key component in the way domestic violence was perpetuated and legitimated against interviewees. The interview data revealed factors similar to those identified for the respondents, however this was limited solely to the gender dimension. The socialisation process in relation to gender roles tended to occur through the family system. Interviewees reported that they all had experienced one of the following forms of violence within their family during childhood, namely physical, sexual, verbal and psychological. The socialisation process, nature of the gender roles of the family and social arrangements tended to be contributing factors in the socialisation of their violence experience in later life. Interviewee A said:

My mum hit me once … I think I even swore at her. I was like twelve and I said, “I got beaten every day from my Dad and I don’t need you to hit me.”

Interviewee D said:

My father also bashed me. I was beaten all my life by my mother and then … my mother gave permission for my brother to beat me.

The assumptions and values underpinning expected gender roles was linked to socialised notions of the traditional family.
7.3.5 Romanticised ideation of the family

The discussions with interviewees revealed that the adherence to notions of the family and the romanticised ideal of male/female relationships were interacting factors in the legitimating gender dimensions and domestic violence. Interviewee A said:

I was caught in there. I couldn’t get out of it. I was there to take care of him. Be his mother I suppose. I’ve always been a person to help people, but to help the wrong people. He didn’t love me … if he did he wouldn’t have beaten me.

Interviewee C observed:

I’d had all the expectations of what I should be doing as the role of the wife, but I was getting nothing as far as his role of husband and father. I was the one that was always there.

Interviewee D replied:

I moved in with him straight away … I thought … my situation is better at least, I’ve got a good looking guy who’s got a car, who looks after me. You know because the alternative was just horrible.

Gender roles and dependency became key factors in domestic violence situation. The interview data indicated this with comments from the comparison group. Interviewee A replied:

Thought I loved him and thought I’d get no one else.

Interviewee B supported this by stating:

Remember I was so dependent on this guy, if he leaves I’ve got nothing.

Interviewee D said:

I was far too vulnerable. My parents didn’t give me the proper skills at all to go out into life properly, so I was very dependent on him.

7.3.6 Gender and conformity pressures

The interview data revealed some support for the pressures to conform to societal norms and social standards, yet the key component of this was gender roles. Interviewee A reported:

He always wanted everything his own way and if he didn’t get it, he showed it through violence. In the beginning they [family] were blaming me, “you must be doing something for him to be doing that to you.”
The interview data collected indicated a link between the notions of perfection by male partners and the factors of idealised gender roles and responsibilities that women should undertake in the family home and the way they should contribute to the functioning of the family unit.

The impact of continuity between past and present, that is impact of time period in relation to gender role socialisation, was not strong for interviewees. Interviewee A replied that within the last ten years the:

Police [still] don’t take much notice. I got them to come out and … they had a talk to him in the room and a talk to me. They believed his story and said “wake up to yourself woman, you’ve got a good man there.”

The data indicated support for the concept of the patriarchal family, as indicated in comments by Interviewee C:

It got worse because it was seen that I wasn’t this little dumb little creature that was falling apart. The more that was shown to be, the harder he fought, he wanted to cause more pain. Again he showed his power, his ego … [part of the] the boys club.

Interviewee D stated:

[My father] used to say things like “if you won’t fear me, you won’t fear anybody.” I probably didn’t have a father properly and I fell into this [violent] relationship and stayed there for 3 years. I guess I was worried that nobody else would want me.

The data indicated limited support for the concepts pressures to conform to societal rules and standards, in presenting as a normal non-violent, functioning family unit, yet some degree of pride existed in maintaining the family system. Interviewee A said:

I was a good mother … kept a clean house, … cooked well and I’d done everything perfect…. I managed everything. I took care of the kids.

The interview data revealed that interviewees were expected to engage in dual responsibilities and workloads. Interviewee C said:

That’s basically how it [the violence] started and because I was not providing what was expected of me. Washing, ironing, all those sort of things … I was
forced into attempting to do everything. He believed I should do it. He used to say “knuckle under woman.”

Interviewee D stated:

Submissive, I agreed to his forcefulness, he just wanted me to stay home and do all the housework and I submitted. I just did everything for him.

Any violations by interviewees of the ascribed societal code were similarly met with further violence. Interviewee A said:

After a while I realised he was going to beat me up a few times for not going to do it. I used to get into trouble … he’d start a big argument … [and] hit me.

Interviewee B reported:

Everything I did was just wrong to him. Doing the housework, hanging up the clothes … everything had to be done to a specific way, you couldn’t do anything you wanted. If I did anything wrong when he was with me, there was definitely a punishment afterwards.

In this instance the issue of perfectionism is related to the factors of reward and punishment, that is, any failure to meet the standards set by their male partner and the community resulted in the exacerbation of the abusive situation.

7.3.7 Public image, community perceptions and gendered norms interaction

The interview data indicated some support for gender roles being linked to public image, community status and social position, which tended to result in silencing and reinforcement of violence against women. Interviewee B said:

But there’s no outsiders, as in friends, family…. No-one else wants to know about it. People tend to think everything is black and white. If you can’t see it then they don’t want to know about it … too complicated. If you don’t fit … then you’re a misfit and nobody wants to know about you.

Interviewee C said:

The next thing that goes on from this wrecked image, his [idealised] image … of me, I’m being told that I’m mad, crazy. It’s … the lying, self-deception and trying to influence people to believe what he sees as being the accurate picture. It’s a hidden thing.
7.3.8 The family, friends and neighbours dynamic

There was strong support for the influence of social relations and arrangements and social conditions in the reinforcement of gendered violence and women’s roles. Interviewee A recalled that her neighbour said:

Go back with him … he’ll get over it. He’s a good father. And I went back … because of the family thing, she was [a] … keep the family together type person.

With her saying to stay there, I thought she must know he would get better.

The discussions further revealed that the factors of employability status, poverty and access to low cost housing were contributing components. Interviewee C observed:

I should have several qualifications at this stage of my life. I feel so deprived and disadvantaged because … I should have the security of a very good job.

Interviewee D replied:

I was from a lower socio economic group … working in a factory at the time. I worked harder than most normal people work. [After I left and started studying] … I didn’t have enough money for food … after paying all my bills … I was depending on people.

7.3.9 Capacity for intervention

The discussions with interviewees on intervention indicated a limited support for the institutionalised and restrictive nature of intervention. Interviewee A reported:

It’s a good refuge, they’re really good with the kids, there’re no men, all ladies. Going to a refuge they help you straight off. If you go into a place of your own, you will more than likely go back … because all that sort of support is gone.

Interviewee B said:

I see a counsellor in town … and he is incredible … I do have some trust with him. I’ve been seeing him for 18 months. And we’re only just starting to scratch the surface. I can talk to him … I don’t feel inferior.

7.3.10 Resistance against gendered violence

All interviewees indicated that they engaged in some form of resistance against the gendered nature of domestic violence. The interviewees utilised strategies such as, writing poetry, undertaking shelter work, relocating to new premises and
increasing family activities. Thomas (1999) pointed out that even “not surrendering to thoughts of suicide is an expression of resistance” (p. 47).

Interviewee A provided support to other women experiencing domestic violence:

   I don’t get paid for it … all this free work I do for everyone, but it helps people out and gives me something more to do. I’d like to get a book together … called the good, the bad and the ugly.

Interviewee C, in theorising the domestic violence experience and social change said:

   It’s obviously really [about] enlightening people within the legal system. Looking at people’s rights, what’s acceptable, what isn’t acceptable … outcomes of fairness…. This is justice.

Interviewee D observed:

   You know after the episode, I’d just think suicidal. Once [I tried to], but not properly, I had a few sleeping tablets, nowhere near enough to even get me sick. I’m a totally different person now. I wouldn’t stand for it.

The data indicated that while interviewees engaged in some form of resistance, this was contained within the acknowledgement of gender implications in relation to domestic violence.

7.4 Summary

This chapter explored the way the participants of this research perceived and understood the nature of domestic violence, and provided definitions that emerged from the data. The analysis revealed that for respondents, disability was perceived as a contributor while for the two interviewees who have a severe chronic medical condition/illness, but did not identify as being disabled, the issue of disability and illness was a confounding variable. For interviewees who did not identify as being disabled, the disability implications were not applicable. This revealed the implications in relation to dominance and subordination and entrenchment of violence. The research showed the similarities of the experiences between groups which included power and control together with socialised gender roles, social arrangements, ideological apparatuses (institutions) and social conditions (locality, poverty, lack of qualifications) all of which operated to maintain both
respondents and interviewees in a violent situation, or position of vulnerability and disadvantage upon leaving.

While similarities between the groups were identified, such as power and control factors, the differences in the way the women with an impairment experienced domestic violence were drawn out. The research showed that respondents accounted for domestic violence differently, due to the interaction between disability, gender and class dimensions together with social arrangements, ideological apparatuses and social conditions. The issue of disability was considered by respondents in terms of being a contributing factor in the exacerbation of a violent situation and as a reinforcer of power and control mechanisms to entrench male dominance and female subordination within the martial relationship.

A key category emerging from the interview data, that is romanticised ideation of the family, and its core properties of disabling effects, socialised gender roles, public image, conformity pressures, passing off as normal, revealed the interaction with these factors. This was linked to the factors, perfectionism, professionalism, normality measures and martyrdom. The research showed the contextual factors of maintaining the norm and presenting a personal and public image of a non-violent functioning family unit and non-disabled as being tied to social status and position within society. Any deviation from the norm resulted in an exacerbation and reinforcement of the domestic abuse and condemnation by the community, such as “mud sticking”, dependency, invisibility, social isolation and marginalisation which generated a sense of hopelessness and unworthiness in the respondents.

The research combined the participants’ voices with the theoretical analysis in order to gain a deeper understanding of the interrelationships between experiencing a disability, gender dimensions and domestic violence. The following chapter integrates these findings with the wider literature and whole.
Chapter 8

DISCUSSION AND CONCLUSION

8.1 Introduction
This study examined gender, disability, domestic violence and class dimensions and explored the nature and underlying structural and causal processes of domestic violence against women with a physical impairment. The research aimed to extend substantive knowledge around the experience of domestic violence by women with a physical impairment. This chapter explores the findings of the study and examines their implications in terms of both theoretical and practical relevance. Some directions for further research are suggested.

8.2 The Nature of Disabilism, Materialism, Gender and Domestic Violence
The following hypothesis guided this study:

Gender and class dimensions, coupled with disabilism perpetuates domestic violence against women with an impairment.

The study provides a rich in-depth insight into the experience of domestic violence by this sample of women with a physical impairment. This research exemplified both the commonalities and differences in the experience of domestic violence by women who identified as being disabled and women who do not identify as being disabled. A core category reflecting the similarities was the relevance of gender implications in the domestic abuse situation. Both women who identified as being disabled and women who do not identify as being disabled viewed gender and gendered relations as a key element in the generation and perpetration of domestic violence in their relationship. Several other similar features included the perpetrator use of power and control mechanisms and impact of socialised gender roles.

The research found that the marital relationships were based on gendered social relations and traditional models of the family, that is male and female intimate
partnerships. The study’s subjects used metaphors, such as caught in a web; numb bog; [he] was my whole window on the outside world, totality of dominance; [he] was part of the woman bashers club and living in a vacuum, by women with a physical impairment and women who do not identify as having a physical impairment, suggesting the oppressiveness of the experience of domestic abuse and gendered implications. Similar findings were reported by Horsfall (1991) and Yllö (1993).

8.3 The Domestic Violence Interaction with Disabilism

While these similarities of the gendered nature of violence and power and control dimensions are important, it is the differences in experience reported on in the present research study, which assists in understanding the way, the women who identified as being disabled account for domestic violence situations. The findings revealed that although the gendered nature of violence was an important feature in the analysis of the abuse by women who have a physical impairment, their accounts of the experience were inextricably connected to the structural dimension of disability. For example, in Susan’s narrative she often identified her position as feminist and made reference to the pride and strength associated with defining her identity in relation to being a woman and having a disability. Acknowledging the gender dimension of domestic violence, assisted the women with a physical impairment in making sense of their social world, the way gender is situated within the wider social context and how the gender and violence interaction informed their lives. This provided a basis for being able to explain their experience of domestic violence. Thomas (1999) reported that the personal narratives of women with an impairment contain indications of gender locations, features of social formations and notions about “what it means to be a woman” (p. 85). Barton (1998a) stated that women with a physical impairment situate their explanations of lived experiences in relation to gendered social relations and disability dimensions.

Wendy referred to the socialisation processes of the family and education, encountered by women during their childhood (for example, patriarchal father and subservient mother), and experiences of domestic abuse in adulthood, as deriving
from the way society is structured around unequal power differentials between men and women and gendered social arrangements. Such an explanation was noted by Schechter in 1982. Wendy further reported that gendered norms, unequal gender arrangements and social relations within the family and society reflected this oppression and led to a limited understanding by men of the issue of domestic abuse from a woman’s standpoint, a finding identified in the feminist literature, for example Schechter (1982), Walby (1990) and Yllö (1993). Such findings have the potential to explain the multifaceted nature of oppression and the way it is connected to male domination, disability and gender and the experience of domestic violence (see also Barton, 1998a; Meekosha, 1998; Thomas, 1999).

8.4 Constitutive Features of Domination and Domestic Violence

This research indicated the interplay between gender, disability and class dimensions, and the way disabilism influenced the perpetuation of domestic violence against women with a physical impairment. The presence of disability was reported to be a causal factor in the exacerbation of violent incidents against the women who identified as being disabled. For example, Ann referred to the association between the onset and degenerative nature of the disabling condition and the intensification of violent incidents by her male partner.

Yet it is the distinction reported by the women with a physical impairment in their definition of disability that separates the concept from dominant explanations of domestic violence. For example, while Susan identified herself as disabled, disability was explained in terms of disadvantage, exploitation and a heightened sense of vulnerability. The structural dimensions of disability and its interaction with gender and abuse were particularly relevant as the women with a physical impairment described disability as a structural concept connected to both interpersonal (domestic violence) and broader experiences of social oppression (social marginalisation and inferior status) (See also Barton, 1998a; Morris, 1996; Oliver, 1996; Thomas, 1999). For Susan, her experience of domestic violence was situated in relation to gender and disability based forms of oppression and disadvantage in which the presence of disability was used as a mechanism to reinforce perpetrator power, social position, personal worth and dominance. Susan
said that one form of exploitation (physical control) led to the experience of another form of exploitation (mental control), resulting in female subjugation.

The interaction between disability and gender dimensions became contributing factors in the reinforcement of domestic violence, male domination and perpetrator power and control. From Susan’s perspective male dominance and violence was threatening as it permeated all facets of her sense of womanhood, body image and identity. The use of power and control were central to the perpetrator reinforcing and maintaining domination over the women with a physical impairment. The women with a physical impairment said that perpetrator power and strength contains ideological assumptions about the category of disability together with notions of perfectionism and normality, which acted to influence the perpetrators dominance (strength and power) over women with a physical impairment in the violent relationship. For example, Sarah noted the patterned use of coercive control by the perpetrator, that is, preventing contact with family and friends, through controlling behaviours, such as threats and intimidation, as a means to maintain power. This feature was also observed by Irwin and Thorpe in 1995.

Sarah described the interplay between disability, domestic violence and disabling attitudes in the control exerted by her partner during his provision of personal assistance while she was in hospital. Sarah’s account highlighted that the consequence of this is the internalisation of blame (internalised subordination) for having a disability in which she was expected to be grateful for any personal support received from her partner. This led to disability being equated with non-ability, an erosion of personal dignity and increased levels of dependency on the perpetrator. This observation is supported in the literature (for example, Chenoweth, 1997; Fraser, 1996; Gleeson, 1997; Sobsey, 1994; Thomas, 1999). In Sarah’s situation the concept of disability was underpinned by assumptions of personal tragedy in which the perpetrator was subsequently constructed as a martyr (See also, Gleeson, 1997; Oliver, 1996; Radford, 1994; Rioux, 1994; Thomas, 1999). Susan said that remaining in the violent relationship formed part of the internalisation of subordination and entrenchment of perpetrator dominance (See also, Fraser, 1996).
This study revealed several key factors underlying notions of disability and disabling effects, that is search for perfection, idealised healthy body, socially accepted norms of body image and normality measures contributed to the reinforcement of perpetrator power and control. Wendy and Susan reported that their partners viewed themselves to be perfect based on established standards of what is considered normal and valued. Physical strength and capacity were used as measures of normality by the perpetrator to reaffirm their personal worth, perpetuate abuse and reinforce male dominance. This was connected to the perpetrators social status and position within the general community. Any deviations from the norms led to the exacerbation of violence and notions of disability equating with weakness and mental illness (See Meekosha, 1998). For example, the women with a physical impairment said that perpetrators used the labels of lazy, useless and unattractive as a mechanism to victim blame and denigrate their sense of self. This generates assumptions that non-ability is associated with a subordinate status and denotes connotations of the women with a physical impairment as being of a lesser value. This becomes an oppressive mechanism utilised to perpetuate and maintain male dominance and control over women with a physical impairment within a domestic abuse situation. Thomas reported similar findings in 1999.

This research further showed that these interrelating factors of disabilism and gendered relations together with socio-economic forces, historical conditions, social reality and productive relations operated as mechanisms to maintain women with a physical impairment in a violent situation, or to place them in positions of vulnerability and disadvantage upon leaving. These factors constitute the alienating and marginalising effect of the domestic violence experience. Molly said that the threat of further violence, risk of physical harm and exercise of power and control by her male partner, through intimidation tactics, social isolation and financial deprivation prevented her from leaving the abusive relationship. This is a finding reported frequently in the literature (For example, Ferrante et al., 1996; Horsfall, 1991; Schechter, 1982; WCAFV, 1994).

The gender, class and disability implications detailed in the study highlighted the pressures to conform to societal ideals surrounding family relations, personal and
social image and ascribed gender roles. Central to this are the societal expectations that women with a physical impairment will be productive functioning members of the family and society, while simultaneously presenting a normalised front to the community. The women with a physical impairment said that notions of power and strength within gendered social relations are underpinned by ideological constructs of the both disability and the traditional family. Romanticised ideations of the family in which women with a physical impairment aspired to the ideals of the traditional family, that is socialised role of mother, and to be considered as the “perfect mother” who could manage household duties, for example cleaning and raising children. Ann reported an underlying expectation in her role of wife by the perpetrator incorporated managing dual workloads within the family home and on the rural property, such as household duties (cooking and care providing) and external yard tasks (mowing) (For example, see Morris, 1991; Thomas, 1999).

Sarah said that the ideal in which she aspired to was the notion of the traditional family home. This was explained in terms of the dream family home. For Sarah, the ideal constituted one accepted way of being considered a participating member of the community and society generally. Chenoweth (1996) reported that the myths surrounding women with a physical impairment incorporate notions of asexuality and inability to be an adequate care provider to children. Susan, Fiona, Sarah and Wendy said that the underpinning values ascribed the role of wife central to the perpetrators and communities’ ideals of the perfect family was explained in relation to being a dutiful wife, that is, being subordinate to their male partner. This was the dominant and socially accepted belief surrounding women’s role in the family and community (See also Schechter, 1982), which influenced the perpetuation of domestic abuse against women with a physical impairment.

Any deviation from the norm constituted a violation of the community codes and perpetuated and reinforced disabilist notions. This further led to the intensification and entrenchment of the domestic abuse, community exclusion, social isolation, enforced dependency, invisibility, psycho-emotional effects (particularly a sense of unworthiness) and sexual exploitation. For example, Susan reported that as her
disabling condition degenerated, the pressure to subscribe to societal conventions increased, that is, presenting a public image of a normal, non-disabled, functioning family unit. This led to the silencing of domestic violence and disabling effects. Wendy, Sarah, Fiona and Ann reported that members of the community overlooked incidences of obvious physical harm, yet assumptions became generated within the community, which centred on notions of being an unfit mother and wife. Chenoweth noted similar findings in 1996.

8.5 Resisting Disabilism and Domestic Violence

The capacity to resist disabilism, gender stereotypes and domestic violence was perceived by women with a physical impairment as central to not only personal empowerment, but also to recognising the basis of their oppression as social in origin. For example, the women who identified as being disabled used the language of resistance in relation to countering the restrictions imposed in domestic abuse experience, as in fighting against violence and regaining control of the violent situation. The activities of women who identified as being disabled represented an engagement in the struggle against the hegemony of disability, gender and violence.

The women with a physical impairment explained the basis of their social oppression and acts of resistance, in terms of the disability and gender dimensions. These findings provide insight into understanding the way resistance operated for the women with a physical impairment, as they did not consider themselves to be passive recipients or sufferers of domestic violence. Similar notions can be found in Thomas (1999). For the women with a physical impairment, resistance against domestic violence and repression was reflected in their writing, language, activities and hobbies and study. Thomas (1999) reported similar findings by reporting that people with a disability do resist against disabilism in various ways, including valuing self worth and connecting with other people who are experiencing similar social problems.
8.6 Implications of the Study

These findings have important implications for feminist and disability theorists, policy-makers and direct service workers in that domestic violence against women with a physical impairment needs to be considered in terms of an ideological, structural and social problem. Thus, the starting point for analysis centres on situating the individual experience of domestic violence within the broader socio-political, structural, cultural, economic and historical contexts. Disabilism operating as an oppressive mechanism that entrenches violence against women with a physical impairment underlines the need for a changed response by policy-makers and grassroots workers. An analysis needs to take into account the struggle to end oppression and disabilism while assisting in furthering the understanding of the way domestic violence serves to alienate and marginalise women with a physical impairment. For grassroots workers, the struggle is to engage with women who have a physical impairment on their terms, rather than just doing things for them. Domestic violence against women with a physical impairment is a specific social problem that requires attention.

This study extends the understanding of the nature and experience of domestic abuse against women with a physical impairment. It provides a basis to expand the theorising about domestic violence so as to take account of the issue of disability in violent situations. The findings for the present study provide clear insight into the need for public campaigns to increase community awareness of the problems faced by women with a physical impairment and people with a disability. Several target areas provide some direction for working on broader structural change. These could include:

- expanding community-oriented responses and services, as in community based child-care centres, public housing, women’s health or legal centres, domestic violence agencies and women’s services;
- the use of mediums, such as advertising campaigns through television networks, to promote broad coverage of issues central to women with a physical impairment experiencing domestic violence;
- devising information campaigns for these professional areas to establish community norms of gender equality in public and domestic settings; and
• implementing education programs in schools about appropriate social roles and responsibilities within families and a greater awareness of the need for gender equality between partners.

The findings of the present study suggested that poverty, a diminished social status, and limited access to employment opportunities tended to be exacerbated as a result of experiencing domestic violence. Few provisions exist for a woman with a physical impairment’s rights surrounding adequate work conditions, appropriate wage levels, employment opportunities and equal employment status together with equal access to resources, such as low cost housing schemes. Demands for increased participation in work, access to meaningful employment and the attainment of an adequate standard of living together with social and economic well being, can become a component feature in the struggle against alienation and marginalisation.

The findings revealed variance in responses across the states and territories in the provision of low cost housing. South Australia adopted a model, which provides low cost housing through state based initiatives. The lack of universal access to public housing and low cost alternatives restricts the options and choices of women with a physical impairment. Fiona indicated that her housing needs are better met in independent living, rather than in a shelter. However, it is important to remember that this perception was given several years after the fact, when she was absent from the violent relationship. Additionally, at the time that Fiona accessed the shelter, this form of intervention may have been required to prevent her from remaining in the violent situation. The provision of universal access to housing initiatives would provide the opportunity for women with a physical impairment to leave domestic abuse relationships and achieve an adequate standard of living.

8.7 Limitations of the Study

There are some limitations of generality of this research and these are detailed in the methodology chapter. The strategies used to redress methodological concerns were also outlined in methodology section. Further research on a larger scale,
using the propositions generated from this study, would assist in increasing representativeness. Particularly relevant would be explicating further the causal links between domestic violence, disabilism, gender and disability dimensions and the consequences of poverty. Yet, in seeking scientific generalisations there is a tendency to reinforce the very oppression of women with a physical impairment that research, such as this study, aims to overcome. Perhaps the most salient implication for this study is as Thomas (1999) argued in relation to her research:

Perhaps my correspondents are very unrepresentative? In a strictly statistical sense this is, of course, true, and yet among them there is huge variation in the type of impairment, severity of impairment effects, forms and degrees of disabilism experienced, as well as in age and social circumstance…. But these differences of emphasis testify to the importance of … the dangers of over-generalization …; and the need for more detailed empirical research which starts out from what disabled women say about their own lives. (p. 99)

The significant point from this statement is developing a research agenda that takes into account the differences within disability experiences, disabilism and women with an impairments’ narratives and personal experience. This involves being committed to undertaking an anti-oppressive approach and engaging in the struggle against disabilism. Utilising alternative forms of research logic in research design contributes to generating an understanding of the hegemonic influence of traditional research paradigms and social policy.

In some situations, qualitative researchers, for example Taylor and Bogdan (1984), value the use of multiple interviews. For this research understanding the experience of domestic violence by women with a physical impairment, relied on the depth and quality of the interview content and insight obtained, rather than the number of interview sessions. The ethical requirements of the university stipulated that the interviews be conducted after the fact of the domestic violence relationship, that is the participants are absent from the abusive situation. Given this, it is important to note that in the recall of the domestic violence experience, the researcher only gets a picture of events based on what the participant recalls.
8.8 Conclusions

The experience of domestic violence can have a severe and profound impact on people from a range of backgrounds. For women with a physical impairment, this impact is further compounded by the hegemony of disabilism. Examining the perception of women with a physical impairment experiencing domestic violence, contributes to generating an understanding of the way disabilism, operates to perpetuate and entrench domestic abuse against women with a physical impairment and provides a greater understanding of domestic violence generally.

Increased attention has been drawn the issue of domestic violence against women with a physical impairment. Clearly, the development of conceptual clarity around the nature and impact of disabilism and the interplay between disability and gender dimensions in the experience of domestic violence by women with a physical impairment, provides an opportunity for responsive policy and practice, social change and interventions. Consideration needs to be given to redressing structural inequalities inherent within our society, the oppressive nature of domestic abuse and consequences of poverty, unemployment and limited access to low cost housing initiatives to prevent the alienation and marginalisation of women with a physical impairment in a domestic violence relationship. As Susan wrote in her reflections about the hegemony of disability, domestic violence and social change:

- May we…
- Listen to the spirit and follow its direction;
- Listen to the difference and find tolerance;
- Listen to the pain and share its burden;
- Listen to the dream and change the world. (Excerpt from her poem)
REFERENCES


& J. Western (Eds.), TASA Conference Proceedings: Refashioning sociology: Responses to a new world order (pp. 167-173). Brisbane: TASA.


Appendix A

INTRODUCTORY LETTER AND CONSENT FORM

Researcher: Jennifer Mays
Contact Number: 07 3203 2207
Supervisor: Dr John Tomlinson
Contact Number: 07 3864 4528
School: Human Services

Project: Perceptions of women with a physical disability who have experienced domestic violence

I am conducting research on the perception of domestic violence experienced by women with a physical disability. This is a part of my postgraduate studies in the Master of Arts program at Queensland University of Technology.

You are invited to participate in this research project. The study seeks to explore the nature and underlying causes of domestic violence against women with a physical disability. It is expected that the study will assist in providing a clearer understanding of this experience and contribute toward better informed support systems and services in the field. As I understand that for many women recalling the event of domestic violence can cause distress, measures will be implemented to manage any distress. Maintaining your confidentiality is essential. Ways of ensuring this confidentiality are suggested below. Should you agree to participate, I would like to interview you either in person, or by telephone. Please note, participation in the project is voluntary. If you choose to be involved, you have the right to refuse to answer any interview questions and to withdraw from the study at any point in time without comment or penalty. Currently you must be absent from a violent and threatening situation. To ensure confidentiality and anonymity:

• the contacting agency will have no knowledge of your involvement in the study
• you may choose to use a pseudonym rather than your real name
• no identifying data will be used - names of people and locations will be changed or omitted from interview records
• information collected by the researcher will be stored in a locked cabinet within a secured room and building
• I will need your permission for the transcription of data from tape to computer by another person
• excerpts of the interview may be included in the final research report, however under no circumstances will your name or identifying features be included
• in the event of this report being published, at no point will you be identified
• security of interview data storage following completion of the study will be discussed.

Should you agree to participate in this study, please contact me by telephone on: 07 3247 5950 [w] or 07 3203 2207 [a/h].

Following initial contact, it would be appreciated if you would complete and return the form below. If you have any queries about the ethical conduct of this research, please contact the Secretary of the University Research Ethics Committee on 07 3864 2902.

Jennifer Mays
Consent Form

I have read the letter dated..................requesting consent to participate in the research study conducted by Jennifer Mays.

a. I have been given an opportunity to discuss these details and understand my involvement in the study.
b. I understand I have the right to decide not to answer any interview questions.
c. I understand that I have the right to withdraw from the study at any time without comment or penalty.
d. I understand that my information will be kept in the strictest confidence.
e. I understand that in recalling events of domestic violence I may suffer from distress.
f. I give permission for transcription of data by a confidential typist.
g. I give my consent to participate under the conditions specified.

Signature ........................................................................................[Participant]
Date ..........................................................

Signature ..............................................................................................[Researcher]
Date ..........................................................
Appendix B

INTRODUCTORY LETTER FOR ORGANISATIONS

Contact Details of Researcher

Organisation Name and Address

Dear Title/Name

Project: Perceptions of women with a physical disability who have experienced domestic violence

I am conducting research on the experience of domestic violence involving women with a physical disability. This is part of my post-graduate studies in the Master of Arts [Research] program at the Queensland University of Technology. The study seeks to explore the nature and underlying causal processes of domestic violence against women with a physical disability. It is expected that the study will assist in providing a clearer understanding of this experience and contribute toward better informed support systems and services in the field. Previous research on domestic violence has failed to identify particular needs and experiences and backgrounds of women with a physical disability in this situation.

Given the sensitive nature of domestic violence and the implications surrounding this experience including the need to guarantee confidentiality and safety, I would appreciate, with permission and assistance from your Association, the opportunity in accessing and establishing contact with women and women who have a physical disability and who may care to participate in the research project. Details of the project comprise the following:

a. Participants

Women who identify as having a physical impairment and women who do not identify as having a physical impairment above the age of eighteen years who
have experienced domestic violence, and are currently absent from a violent and threatening situation.

b. Sample Group
As the study is primarily exploratory, it is anticipated that ten women who identify as having a physical impairment will comprise the sample group.

A comparison group of five women who do not identify as having a physical impairment will be incorporated in the sample.

c. Type of Involvement
Participation in semi-structured interviews conducted by the researcher. Interview length should approximate one and a half to two hours.

A follow-up interview is planned to explore emerging themes.

d. Interview Content
Questions exploring a range of key topics, such as the nature, impact and consequences of domestic violence will be utilised.

e. Duration of Interview Phase
Approximately September xx to June xx

f. Location
The researcher will negotiate with the participants the location of interview settings within a safe, neutral environment.

g. Confidentiality
Participants will be offered a choice of using a pseudonym during and following the study. Safeguarding personal information obtained during the study remains an imperative. The researcher will regard all information as confidential and adopt safeguards to protect participant privacy and anonymity.

h. Agency Involvement
Establish contact with potential participants; outline nature of study and guarantee of anonymity; request direct contact with researcher.

Informal discussions and interviews with representatives of the organisation.

i. Agency Documentary Sources
Policy documents and related sources such as mission statements, organisational goals and objectives, type of service provision, organisational structure, philosophical and theoretical frameworks and agency linkages.
j. Final Report

Following completion of the thesis manuscript, a report on the findings will be distributed among relevant organisations and disciplines.

I would appreciate your assistance in this process. Your Association may wish to further discuss the study and I would welcome the opportunity to meet with you at your convenience. I am available to travel interstate for meetings, research interviews and discussion groups. Enclosed are flyers on the study for distribution.

Yours sincerely

Jennifer Mays
Appendix C

OUTLINE OF INTERVIEW SCHEDULE

Entry and Rapport Building

- Thank respondent for agreeing to be interviewed
- Reveal purpose in completing the study and usefulness of outcomes information
- Check participant understands confidentiality: “you may recall on the letter confidentiality issues; would you like me to explain further?”
- Indicate that recalling past events may be painful; invite respondent “to pass” on questions or to withdraw at any time from the study
- Seek permission to tape-record and suggest that names not be used, e.g. use the term “partner”, rather than name
- Obtain permission for note taking and offer option of checking interview notes for accuracy
- Outline proposed course of interview - very broad - purpose to explore in general
- Ask respondent if she has any expectations/questions not already covered
- Reaffirm that bringing up painful issues and feelings can be painful.

Outline of the Typical DV Situation

- You have experienced domestic violence in your relationship. How would you describe it? (What was the nature of this violence?)
- Type (that is, physical, sexual, social); source and origin; duration (length of violent episode; over time); intensity (degree of subjective experience); frequency and variation in degree of violence.
- How did this make you feel?
- Reactions and responses of self; own beliefs/values; self identity; attitudes, feelings, behaviours, source of feelings.
- What happened to you following an episode of violence? (First, mid, most recent, over time)
• Did you notice any changes over time in the way you saw the violence?
• Did you notice any changes over time in the way your partner saw the violence?
• Did you notice any changes over time in the way others (friends, siblings) saw the violence?
• What typically led to the outburst of violence? (Contributing factors, triggers, source, origin)
• What was the impact of the violence on you? (As a woman with a physical disability?)
• Reactions and responses of partner? (Values/beliefs, feelings, behaviours, attitudes, partner identity)

**Possible Causes**

• What do you consider to be the causes of the violence you experienced? (Reasons, way perceived, process, why incident happens)

**Intervention**

• Did you seek any help at any time? (At what point, from whom, family, friends, disability groups and services, women's groups, domestic violence organizations, police service, medical profession)
• What were you aware of that was available? What actions did you take? What help did you receive? What difficulties did you encounter?
• Do women’s organisations (such as domestic violence groups, legal services, women's disability groups) represent the particular needs, perspectives, interests and issues of women with a physical disability who have experienced domestic violence?
• Do disability support services represent the particular needs, interests, perspectives and issues of women with a physical disability who have experienced domestic violence?

**Outcomes**

• What were the outcomes for you?
Networks

- What support networks do/did you have? Social support (family, friends, neighbor, carer), or agency support

Future

- What do you regard as your future aspirations? (Aims, goals, interpersonal relationships, feelings, perceptions of self, feelings, perceptions of violent experience)

Demographic Details

- First name/pseudonym, age, sex, type of relationship, length of relationship

Closure

- Is there anything else you would like to discuss or share before we complete the interview?
- Summary