

## Chapter 2

# Bronfenbrenner's Theoretical Framework Adapted to Women with Disabilities Experiencing Intimate Partner Violence

J. Ruth Nelson and Emily M. Lund

Women with disabilities (WWDs) share how isolating it can be experiencing the effects of abuse in silence or living in the aftermath, trying to avoid a violent abuser. And yet how do WWD become isolated by their partner when they are nestled in concentric circles of influential systems? These systems may include their immediate and extended family systems; close friends; possibly a job, school, or church system; a socioeconomic system; a neighborhood system; and a community and state system to name just a few. To understand and better serve WWD who are experiencing gender violence, helping professionals and faith leaders need to carefully examine environmental influences on the initiation and sustainment of intimate partner violence (IPV) as these can play pivotal roles in system interventions (see also Beyer, Wallis, & Hamberger, 2015, for meta-analytic review of the role of environments and a helpful conceptual model relating individual, social, and ecological factors to IPV). This chapter will examine how Bronfenbrenner's (2005, 1979) applied bioecological model of systems, integrated with current research on WWDs with disabilities experiencing IPV, can help practitioners understand the dynamics of WWDs leaving the abuse or maintaining the silence. Efforts to support women to safety and out of isolation will not be as effective unless practitioners carefully consider WWD's entire ecological context as a person with a disability and the consequences of reciprocal interactions between these various systems. Bronfenbrenner's (2005, 1979) comprehensive bioecological framework can help define, describe, and illustrate the intersectional influences to consider when responding to WWDs experiencing IPV.

---

J. Ruth Nelson (✉)

Department of Psychology, Bethel University, St. Paul, MN, USA

e-mail: [rnelson@bethel.edu](mailto:rnelson@bethel.edu)

E.M. Lund

Center for Psychiatric Rehabilitation, Boston University, Boston, MA, USA

e-mail: [emily.m.lund@gmail.com](mailto:emily.m.lund@gmail.com)

## Bronfenbrenner's Bioecological Framework Adapted

Developmental psychologist Urie Bronfenbrenner (2005, 1979) created a developmental model to explain how human beings grow and change in the context of multiple systems. This model also provides a framework for how reciprocal interactions with various systems can become more enduring processes over time. Bronfenbrenner's (2005) last update to his Process-Person-Context-Time (PPCT) model included four components: (1) the developmental *process* of interactions between the person and their environment; (2) the *person*, with her or his individual biological, cognitive, behavioral, and emotional characteristics; (3) a *context* of multiple, nested levels or systems influencing development; and (4) various types of *time*, such as historical time and its influences. In the following sections, the authors will describe each of these components and how they may apply to WWDs who are experiencing IPV (see Tudge, Mokrova, Hatfield, & Karnik, 2009, for uses and misuses of Bronfenbrenner's bioecological model).

## Proximal Processes

According to Bronfenbrenner and Morris (1998), *process* refers to "particular forms of interaction between organism and environment, called proximal processes, that operate over time and are posited as the primary mechanisms producing human development" (p. 994). Proximal processes can be thought of as enduring forms of interaction in the environment. In the context of IPV, these can be applied to interactions with a partner, with children, with bystanders, and within oneself.

*Interactions with partners* Some processes may be repeated until they become entrenched. This may refer to verbal aggression, such as patterns of disrespect, accusatory statements, "you" statements, lack of attention, not listening, goading, nagging by perpetrator or victim, and yelling. These processes may also include patterns of physical abuse, such as hitting, shoving or slamming one into a wall, and head butting. Other consistent processes may include emotional abuse patterns such as making fun of WWD and their personal characteristics, including one's disability and effects of the disability (Copel, 2006; Nosek, Foley, Hughes, & Howland, 2001; Saxton et al., 2001). They may be told no one would want them because of their disability. Emotional abuse may also be more general, such as (1) telling them they are worthless, (2) saying that no one would believe them, (3) telling them they deserve this or are to blame for their abuse (victim blaming), (4) blaming them for events for which they have no control over, or (5) controlling their environment so that they cannot leave home or only leave for a short period of time (Copel, 2006; Nosek et al., 2001; Saxton et al.). Other forms of emotional abuse may include humiliation and degradation, discounting and negating, domination and control, judging and criticizing, accusing and blaming, emotional distancing, and the "silent treatment" (Engel, 2002). Perpetrators are known for isolating their partners as a

means of control and maintaining a facade of a healthy relationship. Some may endure a demeaning process of the perpetrator trying to care or make up for their abuse to the victim, but for some with physical disabilities, no honeymoon may occur (Copel, 2006; Walker, 2000).

*Bidirectional interactions with children* Effects of IPV can extend to interactions with one's children and impact children's development and children's actions can impact the victim (Graham-Berman & Levendosky, 2011; Katz, 2015). Victims may be highly anxious, not knowing when the perpetrator may attack next and can pass along this anxiety to their children. For example, Levendosky, Huth-Bocks, Shapiro, and Semel (2002) found that adolescents living in homes with gender violence were more likely to demonstrate depression and trauma symptoms when their mothers were also working through depression and trauma-related difficulties. Additionally, victims may become controlling and worried about the safety of the children, limiting their own and their children's social interactions in an effort to protect them. Their fears are not unfounded; McCloskey (2001) found that 65% of abusive male partners also threatened to harm their children, usually in efforts to harm or control the wife or partner.

Children may feel intense fear or lack of safety in expressing their needs and desires and lack of nurturance because the parent must focus on the survival and safety of themselves and their children (Overlien, 2013; Staf & Almqvist, 2015; Swanston, Bowyer, & Vetere, 2014), although it is important to note that children see their abused parent as providing all the care for them and neglected by the abusive parent (Cater & Forsell, 2014). Furthermore, an abused woman may react with increased levels of authoritative parenting in response to increased IPV in a stressful family microsystem (Greeson et al., 2014). Greeson et al. found that authoritative parenting mediated higher levels of IPV, resulting in less child problem behaviors. However, if authoritarian parenting strategies are used, this could limit communication between the woman and the child and may support a code of silence. A child may approach their parent with concerns or questions, but the abused mother, under stress and highly anxious, may send messages that close that conversation. She may deny the existence of abuse or may recognize abuse, but feel trapped by financial circumstances, physical, emotional, or disability-related dependence on the perpetrator or a lack of accessible services due to living in a rural location with no nearby services or accessible transportation. Levendosky et al. (2002) and Greeson et al. (2014) have begun to show empirically in cross-sectional and longitudinal data that many mothers may respond more with increased levels of authoritative parenting to compensate for the abusive partner's neglect and physical violence. Authoritative parenting promotes high communication, responding to emotional needs, and sets limits and expectations for the child's behavior (Baumrind, 1966).

In an extensive literature review of 47 studies, Onyskiw (2003) found that experiencing gender violence puts children at risk for a wide range of adjustment difficulties, both externalizing and internalizing. Hunt, Martens, and Belcher (2011) found that in a sample of 257 African American children and teens, being female and experiencing gender violence were associated with more PTSD symptoms. Parents' mental health disability was not associated with an increased risk for PTSD symptoms

(Hunt et al.). Yet, many children exposed to violence also adapted to their difficult situations likely through protective factors of support (Onyskiw). Researchers are acknowledging that children and teens can be agentic and provide support and actions to the victim (typically their mother) (Mullender et al., 2002; Overlien & Hyden, 2009). Recent research (Fusco, 2015) continues to support that children's socio-emotional functioning is impacted as second generation mothers in the child welfare system had less education, more anxiety and depression, and higher rates of IPV. Close to half or 42% of Fusco's sample of 336 mothers were second generation child welfare intervention recipients. Yet these outcomes can be mediated by mother-child attachment, overall family functioning, individualized therapy for depression and anxiety, and level of mother's emotional support within her community.

*Interactions with bystanders* An abused woman with a disability may have more supportive interactions with bystanders in which the abuse is acknowledged and resources, practical help, and emotional support are offered. She may also experience negative interactions where bystanders condone, minimize or ignore the abuse, encourage abusive behavior, block access to resources or support, or engage in victim blaming. These bystanders could be family (e.g., siblings, parents, cousins), close friends, neighbors, acquaintances, faith leaders, or coworkers.

*Intrapersonal processes* Abused WWD may feel doubt, shame, and guilt over the abuse and may believe the abuse is their fault due to actions, perceived personal weaknesses, or disability characteristics (Saxton et al., 2001). They may engage in internalized victim blaming or may experience feelings of helplessness or inferiority due to society's prejudiced responses to those with disabilities or from repeated processes of demeaning interactions with her partner. An abused woman may also feel that IPV is inevitable due to having experienced multiple abusive relationships or other previous abuse.

Each of these four types of proximal processes (interactions with partners, bidirectional interactions with children, interactions with bystanders, and intrapersonal processes) can become entrapping routines and lived reality. While proximal processes contribute to IPV, a WWD has personal characteristics that can impact or influence IPV and their own responses to IPV. Bronfenbrenner and Morris (1998) theorized that three types of "Person characteristics... affect the direction and power of proximal processes through the life course" (p. 995). Personal characteristics such as visibility of the disability play a role in the pathway of abuse.

## Personal Characteristics

Personal characteristics are subdivided into three types: demand, resource, and dispositions (Bronfenbrenner & Morris, 1998).

*Demand* These are characteristics that invite or discourage reactions from the social environment or those that elicit as an immediate stimulus, such as age,

gender, skin color, or physical appearance (Bronfenbrenner & Morris, 1998). These types of characteristics may influence initial interactions because of the expectations formed immediately. For example, a mobility or sensory impairment is usually noticed quickly. The perpetrator may see the partner as more vulnerable as a result of a disability (Petersilia, 2001). The partner may see the victim as less able to leave (Copel, 2006) and thus “easier” to trap into an abusive relationship. Service providers may be less willing to believe or listen to a victim with a disability (Oschwald et al., 2014).

*Resource* Resource characteristics are not immediately apparent, but refer to abilities, experience, knowledge, and skills required for proximal processes to occur (Bronfenbrenner & Morris, 1998). It can include past experiences as well as social and material resources such as access to food, housing, caring parents, and educational opportunities (Tudge et al., 2009). In this model applied to WWD experiencing IPV, it could be those invisible characteristics such as a learning disability; an intellectual disability; mental health issues such as anxiety, depression, and PTSD; and health issues. It could be an impairment that worsens over time. It could be past experiences of abuse or traumatic experiences. One could have grown up in an abusive family situation (parent abused another parent, parents abused each other, and/or parent abused the child/teen) and may lack awareness of what is abuse and healthy family interactions and conflict-solving skills.

It also may include living in poverty or low socioeconomic (SES) status with little access to material resources – food, transportation, health care, and education. One may have limited access to job opportunities or transportation due to inaccessibility or discrimination for having a disability. They may also be socially isolated by extended family (e.g., parent). They may not be able to depend on a parent due to a number of complicating issues. The behaviors of the parent(s) may not be safe for the abused woman or her children (e.g., cannot provide reliable or safe child care or care for the victim). The abused woman with a disability may also not be employed due to the abuse situation and so lack work relationships and support and outside feedback. Situations of low SES status and unemployment and underemployment are described in Chap. 9 of this volume (Nelson & Lund).

*Dispositions* Dispositions are individual characteristics that include differences in temperament, motivation, and persistence. These can continue to sustain or discontinue certain proximal processes. An abused woman may have varying levels of motivation, which plays a crucial role in effective change and choosing intervention or treatment options. Sometimes an abused woman with disabilities can develop learned helplessness and low self-efficacy due to the ongoing trauma of IPV and from her prior and current experiences of how she is received in the social environment with a disability. Some of those with intellectual disabilities, due to prior exclusive experiences, may be looking for intimacy and belonging and move into any type of relationship, even if they know some behaviors may not be appropriate (Pestka, 2014). Some disability characteristics may also impact motivation. For example, depression may negatively impact motivation and feelings that one can improve their situation or anxiety can make it difficult to plan or act on a plan

(American Psychological Association [APA], 2013). Abuse may worsen psychiatric symptoms of depression, and one may develop post-traumatic stress disorder, especially if they had experienced childhood abuse as well (Brown, Burnette, & Cerulli, 2014).

Individual differences in persistence and temperament may partially explain an abused women's ability to seek out and receive services despite prior poor experiences with helping services or bystanders. The resiliency of some women with disabilities is noteworthy, even after poor interactions with a clergy member or advocate. Some victims continue to keep seeking and persisting to find services that can change their trajectories. Temperament differences such as positivity and differences in personality (e.g., passive, assertive) likely play a role in the victim's response to IPV and seeking help.

## Context

The context in Bronfenbrenner's model (2005) are the various systems one is a part of, and spends much, less, or little time within, but nonetheless are still influenced by all systems in these ongoing interactions between the biopsychosocial person and their ecological environment of nested spheres.

*Microsystems* For example, one spends much time in the tight microsystems and likely influence an individual on a daily basis (e.g., microsystems of immediate family, school, faith community, and/or work). One's relationship with a partner and her relationship with her children would be two microsystems of influence. The partner relationship may be perceived as inequitable by the perpetrator, and the partner may inappropriately believe that the woman with a disability is less than and that she should be thankful for the relationship – whatever form it is. There may be other prejudices on the part of the perpetrator who may use that to defend the abuse. The victim and/or partner may experience moderate or high stress in their parenting role raising their child or multiple children, even more so if the ages of the children are very young and physically demanding (e.g., waking during the night, needing constant attention and helping to ensure safety, and negotiating conflict with siblings in infancy, toddlerhood, and beyond) or if dealing with stressful parenting situations of elementary children or vacillating emotions of the preteen and teenager. Parenting relationships and situations can directly affect the partner relationship and IPV via stress and coping skills.

Extended family would be another microsystem or exosystem, depending on whether they have direct or indirect influence. If one's extended family is perceived as not being available or able to help provide emotional or practical support, these family members may be perceived as an exosystem with indirect effects. One may have grown up with a history of abuse perpetration, victimization, or both in their family. Sometimes extended families pull away and engage in victim blaming saying, "They brought this on themselves" or "They are engaging in wrongful behavior

so this is just the natural consequences.” Unfortunately, those of faith may be even more likely to engage in this victim blaming, not first looking at the safety factor for this WWD, regardless of what has or has not been done. A family may have been negative toward this partner from the beginning of the relationship, and the abused woman may not reach out for support due to that disengagement. The victim may also not want to admit the partner is harming her due to prior “warnings” by family members.

The microsystem of work influences an abused woman with a disability. She may not want to disclose IPV for fear of losing her position. She may fear that already due to her disability status, this IPV may place her in double jeopardy. The WWD may also fear losing her job due to absenteeism, being physically unable to work for a period of time, and being socially anxious trying to get to work and explaining to supervisors or coworkers why she missed work.

The victim could also experience high and/or moderate stress at work, and due to that, not feel like she has the emotional resources to deal effectively with the partner's inappropriate treatment. The victim may feel she doesn't have the time or energy to put toward the partner relationship, and symptoms of mental health disabilities may shortcut efforts to confront the IPV. For example, feelings of helpless, hopeless, and low self-worth are symptomatic of depression (APA, 2013) and may make it more difficult for a woman who is being abused to make a safety plan that would allow her to leave the violent situation.

Another microsystem of direct influence is the school – whether that's middle or high school or a college setting. A student (teen, young adult, adult) may miss school, do poorly on assignments or college coursework, and avoid utilizing resources at the school (such as counseling, academic support, student life advocates) as they do not want to share what is happening due to shame, embarrassment, and more shame if religious beliefs are involved. For example, if friends or parents questioned the partner's religious beliefs and whether they were similar to the victim's, the abused woman may also blame herself for a poor choice. Roommates in a college setting may not understand what is going on and yet see the victim as unreliable and socially isolating her/himself from social events and activities at school or on campus.

A faith community can have strong influence on a regular basis. The microsystem of the church may encourage or discourage sharing about IPV or may or may not be welcoming environments for WWDs. Those within the church – parishioners and faith leaders – may engage in victim blaming. IPV may not be talked about from the pulpit, or sacred passages are explicated in a literal way without taking the context and entirety of the sacred writings into consideration of when a marriage covenant is broken. Faith providers can provide an emotional support resource in the form of listening, referral to counseling services, and practical support of housing and food. Religious beliefs of Christian evangelical women may be very comforting and provide the support to courageously leave the situation (Wang, Horne, Levitt, & Klesges, 2009). The above microsystems have the greatest influence on WWD on a regular basis, but there are also indirect influences from exosystems.



*Exosystems* Exosystems are the “...processes taking place between two or more settings, which at least one of which does not ordinarily contain the developing person, but in which events occur that influence proximal processes within the immediate setting” (Bronfenbrenner, 2005, p. 80). In the situation of an abused woman with disabilities, this could be indirect effects from her partner’s workplace that affect the IPV at home against her. The stressful job of the perpetrator could indirectly influence and/or instigate an abusive episode.

The legal system may also indirectly influence WWD experiencing IPV as orders for protection are not observed by the perpetrator and many of the consequences are suspended for victims (court fines, jail time, and probation; Bruley, Hatfield & Markel, 2012). In a rural study in North Dakota, a nonexperimental study demonstrated that a lack of consistency in enforcement led to the vast majority of perpetrators not having to fully serve their jail time nor fully pay their fines (Bruley et al.). Additionally, 29 of 31 excluded cases in which the perpetrator plead not guilty were dismissed; in 21 of these 29 dismissed cases, the victim requested a trial, and again, 20 were dismissed and only one was acquitted. In a Texas sample of over 800 men, prior criminal court involvement for domestic violence-related charges was positively associated with the risk of recidivism (Cosimo, 2011). The social learning by perpetrators through these reduced consequences may encourage them to reoffend, and it likely discourages WWD from taking legal actions despite harm to self and/or children or from fear of losing their child(ren). The indirect influences of exosystems are impactful on the victim (and perpetrator).

Another indirect influence of the legal system pertains to reporting IPV. Women with disabilities are fearful that their children may be taken from them and complicate their decision-making in regard to seeking support (Meyer, 2011). In a large demographic study of former clients from the *Secret Garden*, a disability-specific IPV center, WWD commonly had children (76%; 60% had children in common with the abuser), and nearly 20% of these women did lose custody of their children (Ballan et al., 2014). Perpetrators make accusations that the victim is a poor parent due to her disability and its effects (Ortoleva & Lewis, 2012). Unfortunately, there is still discrimination against parents with disabilities within the judicial system. The National Council on Disability (NCD, 2012) summarized that 70–80% of parents with psychiatric disabilities lost custody of their children, 40–80% of those with intellectual disabilities lost rights, and 13% with physical disabilities experienced discrimination in parenting their children. Furthermore, the NCD found that deaf and blind parents had extremely high removal rates. These results can lead WWD to choose not to report their situation and is an indirect effect of the legal system, an exosystem.

Another exosystem would be the indirect effects of one’s neighborhood and geographical setting (e.g., rural, urban, suburban). Peek-Asa et al. (2011) compared urban and rural prevalence of IPV and found that it was higher for women in rural areas than for women living in urban areas, that the violence reported was significantly more severe, and that the mean distance to the nearest IPV resource was three times greater than it was for women living in urban areas. If an abused woman with disabilities is residing in a rural setting, there may be a lack of accessible, affordable



transportation to health care, especially mental health-care services; a lack of significant, satisfying social support and relationships; and limited specialized services for women with disabilities (e.g., services for deaf women and for women with sensory and mobility disabilities).

*Macrosystem* The last system of influence is the macrosystem which is “an overarching pattern of ideology and organization of the social institutions common to a particular culture” or a “societal blueprint” (Bronfenbrenner, 2005, p. 81). These various set of value systems are felt in at least two microsystems. It may be cultural attitudes toward disability and females and IPV. It may include cultural attitudes toward male/female roles in society, parenting, and/or marriage. It could include biblical or faith influences on perceptions of disability and/or cultural themes of US culture such as independence or do it yourself as opposed to interdependence. It could be faith influences on perceptions of disability (a gift, a punishment, test, source of spiritual growth, or way to show God’s glory may be possible evangelical protestant perspectives) (Wang, Nelson, & Haagenson, in press).

Another example of a macroinfluence would be the mass media and messages about women and gender violence (e.g., Lloyd & Ramon, 2017). Lloyd and Ramon reviewed newspaper headlines in the UK over a 10-year span; while one newspaper had a respectful stance toward women and IPV, the other had visual and textual techniques that supported blaming the victim and sexualizing violence leading to perceptions of “deserving” and “nondeserving” women. Violence against women is advertised constantly in selling products, sending messages of silencing women, seeing women as objects, equating women with animals, and dismembering parts of women’s bodies in ads (check out the *Killing Us Softly* dvd series with Jean Kilbourne; *Killing Us Softly 4*, Kilbourne, 2010). Women with disabilities are also marginalized, entrapped in roles, pitied, lifted on pedestals, given lowered expectations, paternalized, infantilized, and viewed as objects at times (Smart, 2016). Other messages include life with a disability is horrible and not worth living if you have a disability which are found in several movies as well as empirical research (e.g., *Million Dollar Baby*, Eastwood, 2004; Lund, Nadorff, Winer, & Seader, 2016). Lund et al. found the majority of individuals of their survey sample of 500 endorsed suicide as being more acceptable when a hypothetical suicidal individual had a disability. The macrosystemic influence on perceptions about being a woman and a woman with disabilities is quite negative, inaccurate, and yet, unfortunately, very widespread through the powerful effects of mass media. These perceptions affect the actions of the perpetrator and victim and the dynamics of the IPV. Macro-, exo-, and microsystems directly and indirectly contribute to the gender violence used against women with disabilities.

## Time

The last component of the PPCT model is time which Bronfenbrenner rarely mentioned in his initial formulation of an ecological model for human development (Bronfenbrenner, 1979). In subsequent writing (e.g., Bronfenbrenner & Morris, 1998),

he described three types of time that affect the ongoing bidirectional influences of proximal processes in multiple contexts and influences on the biopsychological individual. The first type is *microtime* which refers to “continuity versus discontinuity within ongoing episodes of proximal process” (Bronfenbrenner et al., p. 995). In IPV, it may refer to how long certain processes have begun or stopped (e.g., name calling, escalation, and continuation of aggressive behaviors and abuse). Many times women may think that it will stop and the abuse was a one-time event. However, more often than not, these abusive patterns tend to repeat and continue until the partner leaves the situation for a period of time. An example of discontinuity in time is that any kind, loving overtures or responses once made toward women with disabilities are no longer given at all. Walker has documented that for most women experiencing IPV, there tends to be a honeymoon period as illustrated in her Violence Cycle (2000), but in the case of those with physical disabilities, Copel (2006) discovered in her sample that there was no honeymoon stage or contrition phase after the abuse incident.

The second type of time, *mesotime*, measures processes across greater intervals of time (weeks, months, years). Mesotime is the “periodicity of these [proximal process] episodes across broader time intervals, such as days or weeks” (Bronfenbrenner & Morris, 1998, p. 995). The last type of time is *macrotime* which “focuses on the changing expectations and events in the larger society, both within and across generations...” (Bronfenbrenner et al., p. 995). Societal expectations have changed in regard to gender violence since the late 1970s and 1980s when domestic violence was defined and seen culturally as inappropriate and dealt with through legal avenues. Older norms held by some in the 1970s and 1980s were that men could treat women like property within marriage, and few intervened in such situations. Fortunately, society has become more aware of intimate partner violence and how it can manifest itself between partners with different backgrounds and diverse characteristics through research efforts and training provided to service providers and advocacy efforts of educating the general public.

Another macrosystemic change that may impact IPV is employment. For WWD, more are underemployed or unemployed than those without disabilities, and even more likely to be unemployed if experiencing IPV. Typically work can bring income that stabilizes a family system, and lack of work can bring financial stress and poverty. However, if one is underemployed, working but not being paid well, there can be stress when both are working but their wages are low and/or below the poverty line. This can bring stress in wondering when the next meal will come, homelessness at times, or continuous mobility which can also bring about unwanted sexual assault.

Positively society has made strides in social justice since the passage of disability civil rights and education laws for those with disabilities (e.g., ADA, 1990; ADA, 2008; IDEA, 2004). Disabilities are more acknowledged and identified. Better information and awareness of the variety of effects of disabilities (e.g., traumatic brain injury) exist and what may be needed. Inaccurate myths are being exposed. Women with disabilities are more likely to have been served through school systems through accommodations and taught to use assistive technology and

other resources. Society has changed in the past two to three decades as more infants and children with serious health conditions are surviving and growing up to become adults with disabilities due to better medical technology. WWDs are participating in disability advocacy organizations (e.g., National Federation of the Blind, PACER, TASH) and demanding appropriate accommodations through domestic violence shelters and faith organizations. Yet, our society still sees disability typically in a dichotomous fashion with only negative perceptions. Clearly *time* effects also influence the dynamics of gender violence against WWD.

Bronfenbrenner's bioecological Process-Person-Context-Time model provides a helpful analysis tool to identify and examine the systems and factors that contribute to and maintain IPV among WWD as well as to navigate systemic change in response to IPV.

When designing effective interventions and comprehensive education and awareness efforts, Bronfenbrenner's ecological model highlights pivotal points of communication and messages that could be changed between the micro-, exo-, and macrosystem that influence the life of the woman with disabilities. The message from bystanders to the WWD can be one of listening, affirming, and referring her to culturally sensitive professional care – domestic violence advocates and psychological service providers aware of disability needs and IPV. The messages in our media need to change to empower individuals with disabilities without pity. WWDs need to be seen as fully capable and shown equal respect and access in all contexts – from work, faith communities, the family, and support through IPV. Legal system providers also need disability awareness and training when making complex decisions about the perpetrators and the survivors and children. A systematic ecological framework would help judicial representatives make more informed choices when working with perpetrators and survivors and could change the way IPV is handled through the court and police systems. This theoretical framework can powerfully help researchers and providers rethink each aspect that contributes to or helps derail the IPV aimed at WWDs. This model, combined with current empirical data on various outcomes and dynamics of IPV, provides for a thorough examination of interlocking systems that can be reinvented to become fluid, malleable systems of support for the WWD to sustain her through the challenging pathway of healing.

## References

- ADA Amendments Act of 2008, Pub. L. No. 110-325, 122 Stat. 3553 (2008).
- American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: Author.
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
- Ballan, M. S., Freyer, M. B., Marti, C. N., Perkel, J., Webb, K. A., & Romanelli, M. (2014). Looking beyond prevalence: A demographic profile of survivors of intimate partner violence with disabilities. *Journal of Interpersonal Violence*, 29(17), 3167–3179. doi:[10.1177/0886260514534776](https://doi.org/10.1177/0886260514534776).
- Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development*, 37(4), 887–907.

- Beyer, K., Wallis, A. B., & Hamberger, L. K. (2015). Neighborhood environment and intimate partner violence: A systematic review. *Trauma, Violence, & Abuse, 16*(1), 16–47. doi:[10.1177/1524838013515758](https://doi.org/10.1177/1524838013515758).
- Bronfenbrenner, U. (1979). *Ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (2005). *Making human beings human*. Thousand Oaks, CA: Sage Publications, Inc..
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (Eds.), *Theoretical models of human development* (vol. 1, pp. 993–1028). New York: Wiley.
- Brown, J., Burnette, M. L., & Cerulli, C. (2014). Correlations between sexual abuse histories, perceived danger, and PTSD among intimate partner violence victims. *Journal of Interpersonal Violence, 30*(15), 2709–2725. doi:[10.1177/0886260514553629](https://doi.org/10.1177/0886260514553629).
- Bruley, C., Hatfield, J., & Markel, P. (2012). Rural court sentencing as a predictor of re-arrest rates in domestic violence offenders. *Rural Mental Health, Spring/Summer*, 18–23.
- Cater, A., & Forsell, A. M. (2014). Descriptions of fathers' care by children exposed to intimate partner violence (IPV) – Relative neglect and children's needs. *Child and Family Social Work, 19*, 185–193. doi:[10.1111/j.1365-2206.2012.00892.x](https://doi.org/10.1111/j.1365-2206.2012.00892.x).
- Copel, L. C. (2006). Partner abuse in physically disabled women: A proposed model for understanding intimate partner violence. *Perspectives in Psychiatric Care, 42*(2), 114–129.
- Cosimo, S. D. (2011). *Domestic violence: Legal sanctions and recidivism rates among male perpetrators*. El Paso, TX: LFB Scholarly Publishing LLC.
- Eastwood, C. (Director). (2004). *Million dollar baby* [Motion picture]. Burbank, CA: Warner Brothers.
- Engel, B. (2002). *The emotionally abusive relationship*. Hoboken, NJ: John Wiley & Sons.
- Fusco, R. A. (2015). Socioemotional problems in children exposed to intimate partner violence: Mediating effects of attachment and family supports. *Journal of Interpersonal Violence, 1*–18. doi:[10.1177/0886260515593545](https://doi.org/10.1177/0886260515593545).
- Graham-Bermann, S. A., & Levendosky, A. A. (2011). *How intimate partner violence affects children: Developmental research, case studies and evidence-based intervention*. Washington, DC: American Psychological Association.
- Greeson, M. R., Kennedy, A. C., Bybee, D. I., Beeble, M., Adams, A. E., & Sullivan, C. (2014). Beyond deficits: Intimate partner violence, maternal parenting, and child behavior overtime. *American Journal of Community Psychology, 54*(1), 46–58. doi:[10.1007/s10464-014-9658-y](https://doi.org/10.1007/s10464-014-9658-y).
- Hunt, K. L., Martens, P. M., & Belcher, H. M. E. (2011). Risky business: Trauma exposure and rate of posttraumatic stress disorder in African American children and adolescents. *Journal of Traumatic Stress, 24*(3), 365–369.
- Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).
- Katz, E. (2015). Domestic violence, children's agency and mother-child relationships: Towards a more advanced model. *Children & Society, 29*, 69–79. doi:[10.1111/chso.12023](https://doi.org/10.1111/chso.12023).
- Kilbourne, J. (Creator & Author), & Jhally, S. (Director). (2010). *Killing us softly 4: Advertising's image of women*. [DVD]. Northampton, MA: Media Education Foundation.
- Levendosky, A. A., Huth-Bocks, A., Shapiro, D. L., & Semel, M. A. (2002). Adolescent peer relationships and mental health functioning in families with domestic violence. *Journal of Clinical Child & Adolescent Psychology, 31*(2), 206–218.
- Lloyd, M., & Ramon, S. (2017). Smoke and mirrors: UK newspaper representations of intimate partner domestic violence. *Violence Against Women, 23*(1), 114–139. doi:[10.1177/1077801216634468](https://doi.org/10.1177/1077801216634468).
- Lund, E. M., Nadorff, M. R., Winer, E. S., & Seader, K. (2016). Is suicide an option?: The impact of disability on suicide acceptability in the context of depression, suicidality, and demographic factors. *Journal of Affective Disorders, 189*, 25–35.
- Mccloskey, L. A. (2001). The “Medea Complex” among men: The instrumental abuse of children to injure wives. *Violence and Victims, 16*, 19–38.
- Meyer, S. (2011). ‘Acting in the children's best interest?': Examining victims' responses to intimate partner violence. *Journal of Child & Family Studies, 20*, 436–443. doi:[10.1007/s10826-010-9410-7](https://doi.org/10.1007/s10826-010-9410-7).

- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E., & Regan, L. (2002). *Children's perspectives on domestic violence*. London: Sage.
- National Council on Disability. (2012). Rocking the cradle: Ensuring the rights of parents with disabilities and their children. Washington, DC: Author. Retrieved May 18, 2016: [http://www.ncd.gov/sites/default/files/Documents/NCD\\_Parenting\\_508\\_0.pdf](http://www.ncd.gov/sites/default/files/Documents/NCD_Parenting_508_0.pdf)
- Nelson, J. R., Wang, M., & Haagensohn, L. (in press). Inclusive, culturally competent practices for Christian faith leaders in responding to IPV survivors with disabilities. In A. J. Johnson, J. R. Nelson, & E. M. Lund's (Eds.) *Religion, Disability & Interpersonal Violence*. New York, NY: Springer Science.
- Nosek, M. A., Foley, C. C., Hughes, R. B., & Howland, C. A. (2001). Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability*, 19(3), 177–189.
- Onyskiw, J. E. (2003). Domestic violence and children's adjustment. In R. Geffner, R. Spurling Igleman, & J. Zellner (Eds.), *The effects of intimate partner violence on children* (pp. 11–46). Binghamton, NY: Haworth Maltreatment & Trauma Press.
- Ortoleva, S., & Lewis, H. (2012). Forgotten sisters – A report on violence against women with disabilities: An overview of its nature, scope, causes, and consequences (*Northeastern Public Law and Theory Faculty Research Papers Series No. 104–2012*). Retrieved from [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2133332](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2133332)
- Oschwald, M., Leotti, S., Raymaker, D., Katz, M., Goe, R., Harviston, M., et al. (2014). Development of an audio-computer assisted self-interview to investigate violence and health in the lives of people with developmental disabilities. *Disability and Health Journal*, 7, 292–301.
- Overlien, C. (2013). The children of patriarchal terrorism. *Journal of Family Violence*, 28, 277–287. doi:[10.1007/s10896-013-9498-9](https://doi.org/10.1007/s10896-013-9498-9).
- Overlien, C., & Hyden, M. (2009). Children's actions when experiencing domestic violence. *Childhood*, 16(4), 479–496.
- Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*, 20(11), 1743–1749. doi:[10.1089/jwh.2011.2891](https://doi.org/10.1089/jwh.2011.2891).
- Pestka, K. (2014). Belonging: Women with intellectual disabilities and experiences of domestic violence. *Disability & Society*, 29(7), 1031–1045.
- Petersilia, J. (2001). Crime victims with developmental disabilities: A review essay. *Criminal Justice & Behavior*, 28(6), 655–694.
- Saxton, M., Curry, M. A., Powers, L. L., Maley, S., Eckels, K., & Gross, J. (2001). Bring my scooter so I can leave you: A study of disabled women handling abuse by personal assistance providers. *Violence Against Women*, 7(4), 393–417. doi:[10.1177/10778010122182523](https://doi.org/10.1177/10778010122182523).
- Smart, J. (2016). *Disability, society, and the individual* (3rd ed.). Austin, TX: Pro-Ed.
- Staf, A. G., & Almqvist, K. (2015). How children with experiences of intimate partner violence towards the mother understand and relate to their father. *Clinical Child Psychology and Psychiatry*, 20(1), 148–163. doi:[10.1177/1359104513503352](https://doi.org/10.1177/1359104513503352).
- Swanston, J., Bowyer, L., & Vetere, A. (2014). Towards a richer understanding of school-age children's experiences of domestic violence: The voices of children and their mothers. *Clinical Child Psychology and Psychiatry*, 19(2), 184–201. doi:[10.1177/1359104513485082](https://doi.org/10.1177/1359104513485082).
- Tudge, J. R. H., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1(4), 198–210. doi:[10.1111/j.1756-2589.2009.00026.x](https://doi.org/10.1111/j.1756-2589.2009.00026.x).
- Walker, L. E. (2000). *The battered woman syndrome* (2nd ed.). New York: Springer.
- Wang, M. C., Home, S. G., Levitt, H. M., & Klesges, L. M. (2009). Christian women in IPV relationships: An exploratory study of religious factors. *Journal of Psychology and Christianity*, 28(3), 224–235.



<http://www.springer.com/978-3-319-56900-0>

Religion, Disability, and Interpersonal Violence

Johnson, A.; Nelson, J.R.; Lund, E. (Eds.)

2017, XXIII, 230 p. 4 illus., Hardcover

ISBN: 978-3-319-56900-0