

**INTIMATE PARTNER VIOLENCE AGAINST WOMEN WITH
PHYSICAL DISABILITIES**



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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS
(REHABILITATION SCIENCE FOR PERSONS WITH DISABILITIES)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

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was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Arts
(Rehabilitation Science for Persons with Disabilities)

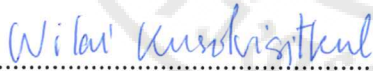
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ACKNOWLEDGEMENTS

This research accomplishment was such a challenging path for me. I had been through many lessons that drove me to this point of success. Fortunately, I have many wonderful people who have done great supports that pushed me through my hard times. There are a lots of life lessons I have learned during the time spent in Mahidol University.

First, there are two amazing persons who always have my back along the pathway of my study, Mr. Thanongsak and Mrs. Pranee Nunjamong, my beloved dad and mom. Both of you have always been my one and only unconditional love I could ever have. Both of you are my truest blessing and miracles in my life. I love you unconditionally and both of you will always be my priority throughout. Your name deserves to be inscribed here in this thesis, where the knowledges within it will be published to be seen by the next graduate generations.

My dearest sister, Ms. Phannika Nunjamnong, another blessing in my life. We have been through lots of ups and down. You are one of the most important persons in my life. During the time I had been stumbling upon this journey, it is you who always stand right there and pat my back. I love you to the moon and back. My relatives who are behind this success, may all the acknowledgement, harmony, and integrity this research would bring be reflect to all of you.

Assoc. Prof. Nartruedee and Assoc. Prof. Dr. Supot Denduang, your unconditional love has taken me where I am today. You guided me to be content in every role in my life, as a human being, a woman, a daughter, and a researcher. Asst. Prof. Dr. Pimpa Kachorndham, you always believe in me and my ambitions through my study and research topic I have chosen and have given me opportunities and time to explore the stories behind my research. Assoc. Prof. Wilai Kusolvisitkul, your kindest heart and ultimate generosity you provided is the greatest. This research could not be done perfectly without your highly devotion and patience you have given. And Dr. Warangkana Ratchatawan, for your support and understanding.

Ms. Arunwadee Limaungkoon and every woman with physical disabilities who participated in the research. All of you are a part of this accomplishment. This research is devoted all the woman with disabilities in Thailand and all over the world.

Many more thanks to Asst. Prof. Dr. Dollaporn Phuakkong who gave me a wonderful opportunity to be a part rehabilitation work. Dr. Suchitra Keawsri for your kind support. Dr. Chaiyan Sakulsriprasert, Dr. Ronnapoom Samukkeekarom, and Asst. Prof. Dr. Penchan P. Sherer for questionnaires developing guidance. Dr. Wilawan Chada and my best friends Joy, who always beside me pushing and kicking, your genuineness of heart is unquestionable!

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INTIMATE PARTNER VIOLENCE AGAINST WOMEN WITH PHYSICAL DISABILITIES

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ABSTRACT

This is a quantitative study aimed to explore prevalence of intimate partner violence (IPV) against women with physical disabilities (WPDs) and the relationships between inequity between gender relations and experience of intimate partner violence against WPDs. The participants used in this study was 138 women with physical disabilities by convenient sampling method. Close-ended self-report questionnaire were used for the study. Descriptive statistics and chi-square test were applied for analyzing the data.

Results of the study shows that 1) WPDs about 60.2 percent have experienced intimate partner violence. The women experienced emotional and psychological violence the most at 47.1 percent. About 11.6 percent of WPDs experienced every type of IPV. Moreover, WPDs about 3.6 percent experienced IPV between 21–30 forms. 2) WPDs experienced gender inequity in the low level at 68.1 percent, and the type of gender inequity that WPDs experienced the most was access and control over resources. 3) Chi-square analysis found that acquired disability and income insufficiency were significantly associated with experience of IPV against WPDs. 4) Chi-square analysis also found that experience of gender inequity was significantly associated with IPV against WPDs. 5) Chi-square analysis presented that experience of gender inequity was significantly associated with intimate partner violence in every characteristic of WPDs, including birth conditions, educational levels, employment status, sources of income, income sufficiency, and roles in the community.

Gender inequity deprives negotiation power from WPDs. It caused them surrender to violence caused by their intimate partner. Building gender equity for women with disabilities by raising awareness of human rights, providing proper education, having accessible assistive service and occupational training, and enforcing practical laws and policies can reduce the risk of intimate partner violence against women with physical disabilities.

KEY WORDS: INTIMATE PARTNER VIOLENCE / WOMEN WITH PHYSICAL
DISABILITIES / GENDER INEQUITY / GENDER RELATIONS

136 pages

ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว

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บทคัดย่อ

งานวิจัยชิ้นนี้เป็นงานวิจัยเชิงปริมาณ มีวัตถุประสงค์เพื่อศึกษาปัญหาความรุนแรงจากคู่เพศสัมพันธ์ในสตรีพิการและศึกษาความสัมพันธ์ระหว่างไม่เป็นธรรมระหว่างความสัมพันธ์เชิงอำนาจหญิงชายกับความรุนแรงจากคู่เพศสัมพันธ์ในสตรีพิการ กลุ่มตัวอย่างที่ศึกษาในครั้งนี้เป็นกลุ่มสตรีพิการทางการเคลื่อนไหวในประเทศไทย จำนวน 138 คน คัดเลือกกลุ่มตัวอย่างแบบไม่เจาะจง (Convenient sampling) เครื่องมือที่ใช้เก็บข้อมูลเป็นแบบสอบถามปลายปิดแบบรายงานตนเอง (Self-report questionnaire) โดยวิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาและการทดสอบไคสแควร์

ผลการวิจัยพบว่า 1) สตรีพิการทางการเคลื่อนไหวร้อยละ 60.2 เคยถูกกระทำความรุนแรงจากคู่เพศสัมพันธ์ โดยชนิดความรุนแรงที่พบมากที่สุด คือ ความรุนแรงทางด้านอารมณ์และจิตใจ ซึ่งพบ ร้อยละ 47.1 สตรีพิการทางการเคลื่อนไหวร้อยละ 11.6 เคยประสบความรุนแรงครบทั้ง 5 ด้าน นอกจากนี้ สตรีพิการร้อยละ 3.6 เคยถูกกระทำความรุนแรงกว่า 21-30 รูปแบบ 2) ในส่วนของประสบการณ์ด้านอำนาจความสัมพันธ์ระหว่างสตรีพิการและคู่เพศสัมพันธ์ พบว่า สตรีพิการร้อยละ 68.1 ต้องเผชิญกับอำนาจไม่เป็นธรรมระหว่างหญิงชายในระดับต่ำ โดยด้านที่ต้องเผชิญมากที่สุดคือด้านการเข้าถึงและการควบคุมทรัพยากร 3) การวิเคราะห์ความสัมพันธ์ระหว่างคุณลักษณะของสตรีพิการกับประสบการณ์ความรุนแรงจากคู่เพศสัมพันธ์ พบว่า ความพิการในภายหลังและการมีรายได้ไม่เพียงพอต่อค่าใช้จ่ายในครอบครัวมีความสัมพันธ์กับการถูกกระทำความรุนแรงจากคู่เพศสัมพันธ์ 4) ความไม่เป็นธรรมระหว่างหญิงชายมีความสัมพันธ์กับประสบการณ์ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหวอย่างมีนัยสำคัญทางสถิติ 5) เมื่อศึกษาความสัมพันธ์ระหว่างความไม่เป็นธรรมระหว่างหญิงชายและประสบการณ์ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการ โดยจำแนกตามคุณลักษณะของสตรีพิการ พบว่า ไม่ว่าสตรีพิการจะมีคุณลักษณะเช่นไร หากเคยประสบปัญหาความไม่เป็นธรรมระหว่างหญิงชายแล้ว จะมีแนวโน้มที่จะเผชิญความรุนแรงจากคู่เพศสัมพันธ์ด้วยเช่นกัน

เมื่ออำนาจของความเป็นชายครอบงำระบบความคิด ความเชื่อ และโครงสร้างทางสังคมที่ทำให้สตรีพิการขาดอำนาจในการต่อรอง และต้องยอมจำนนต่อการถูกกระทำความรุนแรงและคู่เพศสัมพันธ์ ดังนั้นการมีมาตรการป้องกันความรุนแรงต่อสตรีพิการจึงมีความสำคัญอย่างยิ่ง อาทิ ระบบการช่วยเหลือและป้องกันที่เข้าถึงง่ายและทันทั่วทั้ง ระบบสาธารณสุขที่รักษาเยียวยาร่างกายและจิตใจของสตรีพิการ การให้การศึกษาศึกษาและสร้างอาชีพแก่สตรีพิการ กฎหมายและนโยบายที่ปกป้องและคุ้มครองสตรีพิการ สิ่งเหล่านี้จะสามารถสร้างอำนาจในการต่อรองและลดความเสียหายจากความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการได้

คำสำคัญ: ความรุนแรงจากคู่เพศสัมพันธ์ / สตรีพิการทางการเคลื่อนไหว / ความไม่เป็นธรรมระหว่างอำนาจ
ความสัมพันธ์หญิงชาย

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CHAPTER I

INTRODUCTION

1.1 Background and Problematic Signification

Violence against women with disabilities has been prioritized as a major health problem, it violates human rights and the act caused by gender inequity (WHO, 2019). Many of world organizations are working on strengthening women's empowerment and diminishing violence against women with disabilities such as article no.16 of Convention on the Rights of Persons with Disabilities (CRPD) that focus on freedom from exploitation, violence and abuse of women with disabilities (UN General Assembly, 2007), and goal no.6 of Incheon Strategy that focus on ensuring gender equality and women's empowerment (UNESCAP, 2012).

In Thailand, there are policies and strategies aiming to protect the rights of women with disabilities from the violence which is strategy no.3 of Thailand Development Strategies for Women with Disabilities 2017-2021 that focus of empowering and protecting children and women with disabilities from violence and sexual exploitation (Department of Empowerment of Person with Disabilities, 2017). Even though this issue is being remarked worldwide as a crucial issue, there are many aspects of violence against women remains understudied (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001).

Regarding to violence against women with disabilities, Cohen et al. (2006) mentioned that women with disabilities (WWDs) is a vulnerable group and more likely to experience the violence. About 30 percent of the women who have been in a relationship has been reported of experiencing violence, and the most common perpetrators are the intimate partner (WHO, 2019).

The estimated prevalence of intimate partner violence ranges from 23.2% in high-income countries, 24.6% of intimate partner violence (IPV) found in Western Pacific region, 37% in Eastern Mediterranean countries, the highest prevalence rate found in South East Asian countries at 37.7% (WHO, 2013). Interestingly, intimate

partner prevalence in low-income countries was reported higher than the high-income countries. Hence, it is questionably income could be one of the important factors that can indicate the risk of intimate partner violence.

A study of Curry et al. (2001) reported that the women with disabilities experienced intimate partner violence physically, emotionally, and sexually. However, the disability have caused them some additional forms of violence, some forms may or may not been recognized by the health or social service providers, advocates, or the WWDs themselves as it is violence; such as, removing wheelchair's batteries, demanding kiss as a return of assisting with a bath or transfer, or withholding important medical treatments (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001), which could lead the WWDs to experience a higher risk of intimate partner violence.

There are various of inequity between women with disability and their intimate partner that trigger intimate partner violence. The following factors have covered the area of private and public life sphere that have caused the violence to WWDs. WHO (2019) and Cohen (2006) mentioned some of the reasons related to WWDs' experiences of abuse, 1) their dependency to a long-term assistance and care to the partner, 2) WDDs are being seen as a powerless or less likely reliable that may lead to communication difficulty being believed, 3) the partner might have thought there is less chance that the violence will be known, 4) the isolation from the society and do not have anyone to inform the abuse and get help can increase more chance to violence, 5) lack of education or knowledge may prolong the violence, 6) WWDs may have been unknowingly holding some attitudes and norms that accepting violence and gender inequity, 7) the partner have the power over WWDs to control their life, and 8) some mental health conditions such as low self-esteem can extend and increase level of violence to WWDs.

Several studies had mentioned experiences of abuse among women with physical disability (WPDs). The first study conducted by Riddington (1989) surveyed 245 women with physical disability in Canada. The result showed that WPDs had been abused (40%), and raped (12%). The study also mentioned that spouses and ex-spouses were the most common perpetrators (37%), parents (15%), service providers (10%), and dating partners (7%). It showed that most of the perpetrators are close to WPDs and lives within the same domestic area, which implied that the repetitive of violence can happen more often and unavoidable for some of WPDs.

A qualitative study from Nosek (1996) conducted individual interviews from 31 women with physical disabilities in the United States. The study presented that 25 of WPDs experienced abusive experiences throughout their lifetime, included 15 forms of sexual abuse, 17 forms of physical abuse, and 23 forms of emotional abuse. Moreover, they disclosed some of violence related disability that have multiplied their helplessness of WPDs, including unable to escape the violence due to architectural inaccessible areas, dependency to the partners for essential routine tasks such as meal preparations, medical homecare, bed and/or wheelchair transferred, absence of assistive technology at home, and social stereotypes as a vulnerable person. The WPDs had to challenge themselves in the internally and external wars, which seems to be endless for them.

A study from Olsvik (2006) compared the prevalence of abuse between women with and without disabilities in the United States and found that women in both groups exposed to one type of abuse or more included physical, emotional and sexual abuse. However, the WPDs suffered physical and sexual violence in a longer period than women without disabilities. Even though, WPDs can experience the violence as same as the women without disabilities, their disability can increase additional risks and more barriers to leave or end the abusive situations.

In Europe, studies about domestic violence against persons with physical disabilities had been done accordingly. The first one conducted by Sørheim (1998) interviewed 37 Norwegian women with different types physical disabilities. The study showed that 8 out of 37 WPDs had been sexually abused by the persons they had trusted and depended on (Sørheim, 1998 as cited in Olsvik, 2006). Another similar study performed by Finndahl (2001) portrayed that the violence occurred to 12 Swedish women with physical disabilities took place in many arenas including, domestic, institutional, and public area. Most of the violence was emotional violence, followed by physical and some of financial violence. The violence had been done either a man in the family and/or healthcare staffs which whom WPDs were dependent (Finndahl, 2001 as cited in Olsvik, 2006). Similarly, a qualitative study by Viemero (2004) had interviewed 20 Finnish women with physical disabilities who experienced physical, emotional, sexual, and financial violence. The study found that the perpetrators were WPDs' services provider, family members, and intimate partner (Viemero, 2004 as cited in Olsvik, 2006).

In Asia, Rahman et al. (2013) explored whether gender inequity increases the risk of intimate partner violence to the women. The study found that the women who were employed and had economic decision autonomy are less likely to experience intimate partner violence. It was reported that violence is related to lower economic decision making, lack of independency, and being tied with social norms that women had to conform a role of good wife and good mother, being disobeyed to the husband is violently challenging the social norms and unacceptable to the family and society.

A report from the conferences of Disabled People's International Asia Pacific Region (2014) had gathered candidates of all types of women with disabilities over Thailand to discuss experiences of violence. A candidate with physical and visual disabilities mentioned about her experiences of intimate partner violence that she has been beaten and verbally violated by her drug-abused husband. Nevertheless, she could not leave the violence due to the love she had for him. Another qualitative study from Jutamas (2015) conducted with 15 persons with disabilities. The study showed risk factors of violence against women with disabilities as lacking the knowledge to escape from harmful situations, unacknowledged of rights, lack of survival skill set and dependency on the care takers who were, sometimes, as perpetrators themselves such as parents, children or husband.

In Thailand, the number of people with disabilities registered until April 30th, 2020 was at 2,027,500 people. The data showed that 1,058,405 (52.20%) are males and 969,095 (47.80%) are females. The number of people with physical disability ranked the highest, at 1,002,083 people; 511,948 (51.09%) are males and 490,135 (48.91%) are females. Although there are a huge number of persons with physical disabilities, the literature in the field of violence against person with physical disabilities in Thailand are quite limited (Department of Empowerment of Persons with Disabilities, 2020). Therefore, it is necessary for the researcher, healthcare sectors, and related health workers to explore some more facets of the violence related to person with disabilities.

This study aimed to disclose situation of violence against women with disabilities. It is a quantitative study which objected to study the association between socioeconomic characteristics, inequity related to gender relations and experience of intimate partner violence against women with physical disabilities. It provided some

demographic characteristics, and experiences of gender inequity related to intimate partner violence against women with physical disabilities.

This research represented the situations of women with physical disabilities whose voice is hardly to be heard and their struggles could not find enough words to express more. Furthermore, the outcome of this study can use as a situational report of intimate partner violence against women with physical disabilities for individuals, students, researchers, social workers, healthcare workers, and the people with disabilities to acknowledge the situation of intimate partner violence in Thailand. Finally, results gained from this study could be a guideline for further research to explore more about the topic with various perspectives, to make the problem being seen and solved, accordingly and effectively.

1.2 Research Questions

- 1) What are characteristics of women with physical disabilities?
- 2) What is prevalence of intimate partner violence against women with physical disabilities?
- 3) What is prevalence of gender inequity between women with physical disabilities and their intimate partner?
- 4) Are there any relationships between characteristics of WPDs and experience of intimate partner violence against women with physical disabilities?
- 5) Are there any relationships between gender inequity and experience of intimate partner violence against women with physical disabilities?
- 6) Are there any relationships between gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities?

1.3 Objectives of the Study

- 1) To study characteristics of women with physical disabilities.
- 2) To study prevalence intimate partner violence against women against physical disabilities.

3) To study gender inequity between women with physical disabilities and their intimate partner.

4) To study relationships between characteristics of WPDs and experience of intimate partner violence against women with physical disabilities.

5) To study relationships between gender inequity and experience of intimate partner violence against women with physical disabilities.

6) To study relationships between gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities.

1.4 Hypothesis of the Study

The hypothesis of the study explored the relationship between three factors which are characteristics of women with physical disabilities, experience of gender inequity, and experience of intimate partner violence against WPDs. The study attempted to explore that, whether experienced gender inequity is associated with experience intimate partner violence. The hypothesis was “there are relationships between gender inequity and intimate partner violence against women with physical disabilities”.

1.5 Conceptual Framework

This study was a quantitative study to explore the problem about intimate partner violence against women with physical disabilities in Thailand. The rational of this study was based on the concept of inequity related to gender relations between women with physical disabilities and their intimate partner.

1.5.1 Inequity related to gender relations

Gender relations being mentioned by Denduang (2011) as the power relations between men and women which were socially constructed. These relations have been called as femininity and masculinity. The power relations between men and women were conceptually determined by lived-and-learned experiences of women and

men. Such the experiences came from expectations, practices, and responses to the particular social expectations, the differentiations of believes and practices was depended on the very timing and social conditions. Patterns of power which was dominated by masculinity over femininity could be seen in cases of unpaid housework, which has been expected to be done by the women, unequal wages given to male and female workers, the experiences of various types of violence in private and public spheres, and unavoidably sexual harassment that also happened in both spheres.

Gender relations were not bounded only in masculinity and femininity, but it also bounded in social classes, nationalities, ethnics, religions and ages. Even within the feminine themselves the relations was also being differentiated and classified by social classes, and probably higher than masculine in some spheres.

In conclusion, power relations masculinity and femininity were defined by the society which could be various in different socio-cultural context. These powers were constructed and dominated until they were transformed to ideology and power system that masculinity was placed on the top and femininity was placed down below Denduang (2011). Hence, when it applied into the schemes of relationship between women with disabilities and their intimate partner, the theory could interestingly present another facet of intimate partner violence in women with disabilities.

1.5.2 Gender Analysis

During the development of gender relations, roles between men and women were used as a principle to analyze the gender development. So, this studied also applied the concept to explained gender roles by Denduang (2011) into four categories as follows:

1) Productive and reproductive tasks

Social construction in gender roles and gender relations has brought division of roles between genders. The roles between women and men were clearly divided into 2 tasks. Firstly, the reproductive household part belonged to women's responsibility. Secondly, the productive and paid tasks was socially defined to be the responsibility of the men. However, roles of women are not only limited within the household task.

1.1) Productive tasks are the tasks done by both men and women that could be rewarded into cash. The rewarding system is based on labor or services exchange in a labor market. These tasks could be done in the household, industries, shops, or farms, which is most included in national product statistics. Both women and men could perform productive works, but not always valued or rewarded in the same way.

1.2) Reproductive tasks are the tasks include childbearing responsibilities, and domestic tasks done by women such as cooking, laundry, house cleaning, care taking. It requires to guarantee the maintenance and reproduction of the labor force. It includes not only biological reproduction but also the care and maintenance of the work force in male partner and working children and the future work force such as infants and school-going children. The tasks would cost some money if it was given to the third party to be done. On the other hand, there were neither rewarded in cash nor valued as much as productive work when it has been done by any women in the family.

2) Access and control to resources

There are two main points that need to be concerned of in the context of gender relations; 1) who could access to the resources, and 2) who has power to control the resources. Both of women and men seemed to be able to access to the resources, however, women tended to have less opportunity to access important capital resources such as land and education. In the case that the resources were limited, men tended to have more power to access and control over those resources.

3) Basic and structural needs of men and women

Most of the women have less opportunity to get resources in respond to their needs. Most of the power within the household dominated by men, domestically, career, society. And women had less power to negotiate. The less power women had, the more they loss the opportunity to meet their needs. The need of women and men could be divided into 2 types:

3.1) Basic Needs were bonded with the role as a mother, a wife, with the responsibilities to take care of the household. The needs include basic

education, general skills, income, food and clean water, secure place to live, career that give the income, health services such as family planning, rights for pregnancy, safe sexuality etc. These needs are very important rights that every woman should access especially the women in vulnerable groups such as women in poverty, migrations, or ethnic groups.

3.2) Structural Needs included social, economic, political and cultural structure took a very important part to define women status in the society. Such as the rights to access equal economic and social status in the society. The women need to have equal rights at the workplace such as skills training, wages structure, rights to own the land and assets, to elected into politics, to form, support and participate in any social, political, and economic group.

4) Opportunity and social exclusion

The sphere of opportunity and social exclusion is the most complex. The exclusion and elimination were constructed from various economic, political and cultural conditions. For example, the belief that the housework is for the women or women are men's property have led them to be eliminated the opportunity to have a proper education and career.

Hence, advocating the women to have a control over their life and not being manipulated by social ideology or norms will lead women to live free from discrimination and could pursue a good quality of life independently either in domestic or public sphere (Denduang, 2011).

This study will explore natures of the problem about intimate partner violence against women with physical disabilities through the concept of power relations between the women with physical disabilities and her intimate partner. The study would object to explore the relationship between gender relations and types of intimate partner violence against women with physical disabilities which are emotional and psychological violence, physical violence, sexual violence, socio-economic violence, and violence related to disability.

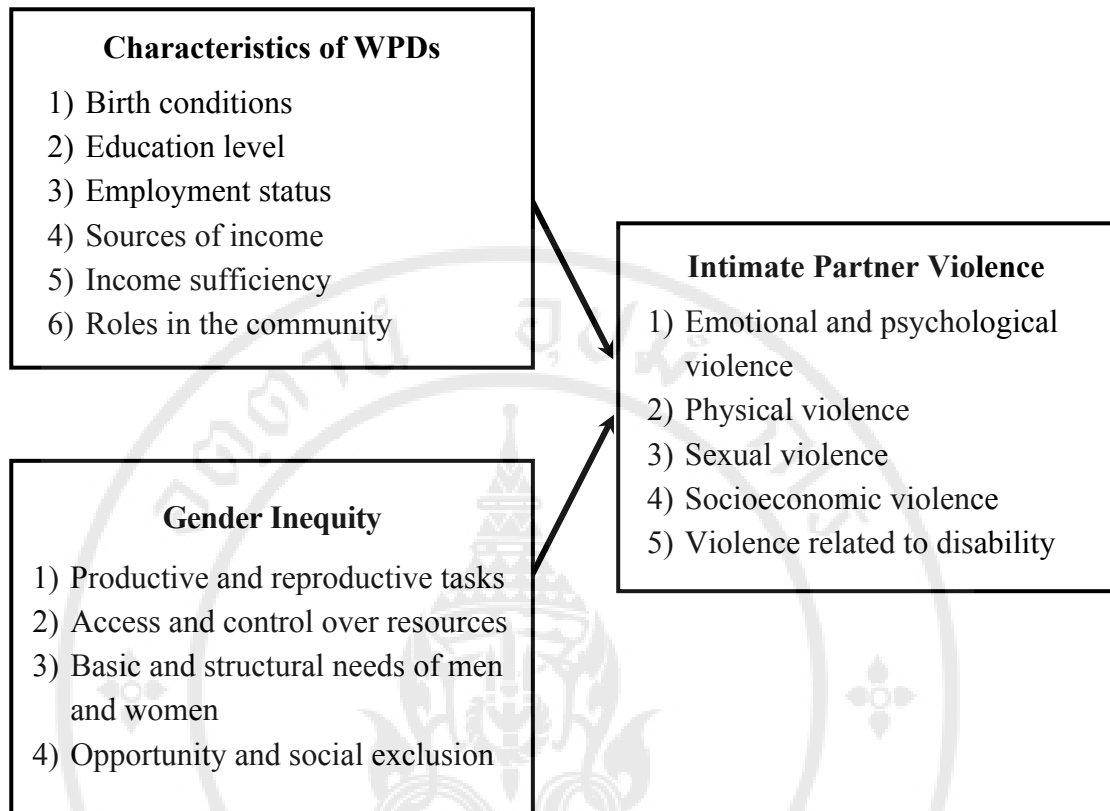


Figure 1.1 Conceptual framework

1.6 Scope of the Study

1.6.1 Population and Sample

The population in this research were 9,650 women with physical disabilities who was the member of the Association of the Physically Handicapped of Thailand.

The selection criteria according to the study showed as follows:

- 1) Being in a woman age between 18–45 years old
- 2) Being diagnosed as a person with physical disabilities
- 3) Being a member of the Association of the Physically Handicapped of Thailand
- 4) Currently have a heterosexual relationship, if being divorced or separated the period of separation must not more than 12 months
- 5) Having good conscious and being literate

6) Voluntary to participate in the research

Sampling group consisted of 138 women with physical disabilities who were the members of the Association of the Physically Handicapped of Thailand.

1.7 Definitions and Terms Used in the Study

1) **Gender relations:** the social relationships between men as a sex and women as a sex. Gender relations are concerned with how power is distributed between the sexes. They create and produce systemic differences in men's and women's positions in any given society includes: 1) productive and reproductive tasks, 2) access to and control over resources, 3) basic and structural needs of men and women, and 4) opportunity and social exclusion.

2) **Intimate Partner Violence (IPV):** a self-reported experience of one or more forms of emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and/or violence related to disability by a current or former partner of women with physical disabilities within a year of data collection. It includes 5 types of violence presenting as follows:

2.1) Emotional and psychological violence: being yelled or shouted, given her any fault accused, expected her to conform a role, degraded, manipulated, and challenged or provoked her to start arguments lead too physical violence.

2.2) Physical violence: being ignored her illness or injury, thrown things at, squeezed her hand or twisted her arm, force-fed, kicked, punched, pulled, or pushed, and hit or whipped her with any objects.

2.3) Sexual violence: being accused on her about having affairs, cheated by the partner for multiple sexual affairs, criticised her sexual ability, forced her to have sexual activities when she was sick, forced her to pose for pornography photos, and sexually criticised her in public.

2.4) Socioeconomic violence: being verbally treated her friends or her relatives poorly, controlled on what she did, who she met and talked to, what she read, and where she went, taken her money without permission, dictated her in public, disallowed her to participate any outdoor activities with friends, and discouraged her from getting a job.

2.5) Violence related to disability: being refused to assist her daily routines tasks such as taking bath or travelling, refused to take her for medical check-up or other necessary medication, made her feel bad with her disability such as took her for granted, alienated her from the family members, did not support her for pregnancy, mocked her disability, and trapped or kept her in any specific place.

1.8 Expected Outcomes

- 1) The acknowledgement of intimate partner violence against women with physical disabilities in Thailand.
- 2) The acknowledgement of various forms of intimate partner violence experience occurring to women with physical disabilities.
- 3) To acknowledge characteristics of WPDs that related to intimate partner violence among women with disabilities in Thailand.
- 4) To use the research results as suggestion and guidelines for individuals to understand the matter of intimate partner violence against women with physical disabilities.
- 5) To provide the acknowledgement about forms and types of abuse to the public, care providers, family members, employers, especially to person with disabilities themselves to be consciously aware of intimate partner violence.

CHAPTER II

LITERATURE REVIEWS

The review literature concerning intimate partner violence against women with disabilities, the researcher has been reviewed relating articles and had categorized them into 4 categories as follows:

- 2.1 Concepts of gender analysis.
- 2.2 Types and forms of intimate partner violence against women with disabilities.
- 2.3 Inequity related to gender relations causing intimate partner violence to women with disabilities.
- 2.4 Consequences of intimate partner violence against women with disabilities.

2.1 Concepts of Gender Analysis

To figure out why women with disability experienced violence by intimate partner, the study used a concept of gender related to power relations to explain the domination of power on women with their disability were significant superimposing factor. However, there are some definitions needed to be distinguished, which are sex, gender, gender analysis, and gender relations. Those concepts had been mentioned as follows:

2.1.1 Sex

Sex is the biological difference between men and women. The differences are focused on men's and women's bodies. Men generate sperms; women bear and breastfeed children. Sexual differences are the same all through humans.

2.1.2 Gender

Gender refers to experience of being male or female varies radically from culture to culture. The concept of gender is used by sociologists to explain socially given traits, roles, interests, and duties bound to be a male or a female in each culture. Gender identity determines how we are perceived, and how we are expected to think and act as women and men, because the way society is organized.

Gender is the structure of social relations that focuses on the reproductive sphere, and the sets of traditions that create reproductive divisions between bodies into social practices. It is complexly connected to sex, though there are various ideas about how sex is usually comprehended as relating to the biological and physiological body. Gender is often recognized as the cultural interpretation of sexed bodies, implanted in the whole system of a society's roles and norms. Thus, a sex/gender binary is set up parallel to that of nature or culture. Gender, as a relationship between sexes in societies, is usually viewed as functional hierarchically—men are more powerful and dominant, while women are less powerful and weaker. These power relations create stereotypes of masculinity and femininity—traits and behavior that are expected of men and women. Role expectations of women as the nurturer, men as breadwinner define favored ways to achieve gender (Connell, 2002).

2.1.3 Gender relations

These are the social relationships between male and female according to biological appearance. Gender relations are concurrently relations of collaboration, context, and mutual support, and of conflict, disconnection, and competition, of difference and inequality. Gender relations are focused on how power is allocated between the sexes. They generate and produce systemic differences in men's and women's positions in each culture. They identify the way in which duties and assertions are distributed and the way in which each is given a value. Gender relations vary according to time and place, and between different groups of people. They also vary according to other social relations such as class, race, ethnicity, disability, etc.

2.1.3.1 Inequity of power in gender relations

Denduang (2011) has defined gender relations as power relations between men and women which were socially constructed. These relations have been

called as femininity and masculinity. The power relations between men and women were conceptually determined by lived-and-learned experiences of women and men. Such the experiences came from expectations, practices, and responses to the particular social expectations, the differentiations of believes and practices was depended on the very timing and social conditions. Patterns of power which was dominated by masculinity over femininity could be seen in cases of unpaid housework, which has been expected to be done by the women, unequal wages given to male and female workers, the experiences of various types of violence in private and public spheres, and unavoidably sexual harassment that also happened in both spheres.

Gender relations were not bounded only in masculinity and femininity, but it also bounded in social classes, nationalities, ethnics, religions and ages. Even within the feminine themselves the relations was also being differentiated and classified by social classes, and probably higher than masculine in some spheres.

In conclusion, power relations masculinity and femininity were defined by the society which could be various in different socio-cultural context. These powers were constructed and dominated until they were transformed to ideology and power system that masculinity was placed on the top and femininity was placed down below (Denduang, 2011). Hence, when it applied into the schemes of relationship between women with disabilities and their intimate partner, the theory could interestingly present another facet of intimate partner violence in women with disabilities.

2.1.4 Gender analysis

It is an analysis explores and underlines the relationship of women and men in society, and the inequalities in those relationships, by asking: Who does what? Who has what? Who decides? How? Who gains? Who loses? When we pose these questions, we also asked: Which men? Which women? Gender analysis try to explain the gap between the private sphere and the public sphere. It looks at how power relations within the household interrelate with those at the international, state, market, and community level.

The concept of gender analysis used in this study was divided into four categories which are work, access and control over resources, basic and structural needs of men and women, and Opportunity and social exclusion which has been explained as follows:

1) Work

In all cultures, men and women are designated responsibilities, activities, and tasks according to their sex. The gender division of labor differs from one to another culture, and within each culture. It also shifts with external conditions and over time. Because in most cultures, gender power relations are tilted in favor of men, different values are credited to men's tasks and women's tasks.

Among all tasks done by men and women, a difference can be made between productive tasks and reproductive tasks:

1.1) Productive tasks: This include the production of goods and service revenue or sustenance. It is the task that primarily recognized and valued as work by persons and societies, and which is most involved in national product statistics. Women and men perform productive tasks. However, not all these tasks are valued or rewarded accordingly.

1.2) Reproductive tasks: This includes the care and maintenance of the household and its members, such as cooking, washing, cleaning, nursing, childbearing, and housing maintenance. This is a necessary task, yet it is hardly considered in the same value as productive task. It is usually unpaid and is not counted in conventional economic statistics and mostly done by women. The task includes not only biological reproduction but also the care and maintenance of the work force in male partner and working children and the future work force such as infants and school-going children (ILO, 1998). These tasks would cost some money if they were given to the third party to be done. On the other hand, there were neither rewarded in cash nor valued as much as productive work when it has been done by any women in the family.

2) Access and control over resources

When considering how resources are allocated between women and men within the household, it is important to look at the difference between access to the resources and control over them.

There are two main points that need to be concerned of in the context of gender relations; 1) who could access to the resources, and 2) who has power to control the resources. Both of women and men seemed to be able to access to the

resources, however, women tended to have less opportunity to access important capital resources such as land and education. In the case that the resources were limited, men tended to have more power to access and control over those resources.

3) Basic and structural needs of men and women

Most of the women have less opportunity to get resources in respond to their needs. Most of the power within the household dominated by men, domestically, career, society. And women had less power to negotiate. The less power women had, the more they loss the opportunity to meet their needs. The need of women and men could be divided into two types:

3.1) Basic Needs were bonded with the role as a mother, a wife, with the responsibilities to take care of the household. The needs include basic education, general skills, income, food and clean water, secure place to live, career that give the income, health services such as family planning, rights for pregnancy, safe sexuality etc. These needs are important rights that every woman should access especially the women in vulnerable groups such as women in poverty, migrations, or ethnic groups.

3.2) Structural Needs included social, economic, political, and cultural structure took an especially important part to define women status in the society. Such as the rights to access equal economic and social status in the society. The women need to have equal rights at the workplace such as skills training, wages structure, rights to own the land and assets, to elected into politics, to form, support and participate in any social, political, and economic group.

4) Opportunity and social exclusion

The sphere of opportunity and social exclusion is the most complex. The exclusion and elimination were constructed from various economic, political, and cultural conditions. For example, the belief that the housework is for the women or women are men's property have led them to be eliminated the opportunity to have a proper education and career.

Hence, advocating the women to have a control over their life and not being manipulated by social ideology or norms will lead women to live free from

discrimination and could pursue a good quality of life independently either in domestic or public sphere (Denduang, 2011).

In conclusions, many of these questions try to understand violence against women with disabilities by the intimate partner. The simple binaries have become complicated as we learn more about the social construction of bodies, and the biological influences on human behaviors. Gendered analysis of disability has been particularly valuable in showing the web of social and biological factors that disabled people, not just women. Gender analysis addresses the processes through which both femininity and masculinity are established, and the implications of these processes for people with disabilities. (Meekosha, 2004)

2.2 Types and forms of intimate partner violence against women with disabilities

2.2.1 Types of abuse

People with disabilities experience forms of violence and abuse similar to people without disabilities, such as physical violence, sexual violence, emotional violence, and economical violence. However, the people with disabilities also experience unique forms of violence, such as the violence relating to disability, manipulating medications, or refusal to provide important personal assistance. (Powers & Oswald, 2017).

Violence against people with disabilities comes in many forms and may have more severe consequences. Situations such as being dependent on one person throughout for all of one's support, inaccessible to communicative devices or a transportation to independently go outside, or being isolated from social interactions can increase the risk of violence for people with disabilities. As same as the violence against people without disabilities, these forms of violence involve the perpetrator exercising power and control over the people with disabilities (Powers & Oswald, 2017).

In this study, types of violence had been differentiated into 5 types which are emotional and psychological violence, physical violence sexual violence, socioeconomic violence, and violence related to disabilities. The description and forms of violence had been provided as follows:

1) Emotional and psychological violence

Psychological and emotional abuse can be divided into two categories which are 1) abuse and humiliation include non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival. 2) Confinement includes isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement (UNHCR, 2003). Forms of psychological and emotional abuse has been showed as follows:

Table 2.1 Forms of emotional and psychological violence

| Forms of emotional and psychological violence | | |
|---|---|--|
| <ul style="list-style-type: none"> - being forced to do illegal things - false accusations - name calling, finding fault - verbal threats - yelling - intimidation - accused of being stupid - playing on emotions - disbelieving - bringing up old issues - treatment as though a child—saying one thing, meaning another - denying/taking away responsibilities - failure to keep commitments - threats with the loss of immigration status | <ul style="list-style-type: none"> - inappropriate expression of jealousy - degradation - brainwashing - mockery - silence - refusal to do things - insistence on always being most important - neglect - expectation to conform to a role - forced to drop charges - tells jokes that belittle or indicate hatred toward disabilities - refusal to deal with issues - minimizes work or contribution - puts pressure on person with disability to stay while drugs or alcohol are being abused | <ul style="list-style-type: none"> - real or suggested involvement with other women/men - invoking a sense of guilt - certain mannerisms, such as finger snapping - threats to get drunk or stoned unless treat them something - manipulation - argumentative - withholding of affection - punishment by not sharing in household chores - never forgiving, holding grudges - lying - possesses pictures that indicate hate or violence against person with disability - egging person with disability on, challenging them to engage in physical violence - friendship or support of men who are abusive |

Table 2.1 Forms of emotional and psychological violence (cont.)

| Forms of emotional and psychological violence | | |
|--|---|--|
| <ul style="list-style-type: none"> - deliberate creation of a mess for person with disability to clean up - ridicules their food preferences - puts them on a pedestal - demands an accounting of time and routine | <ul style="list-style-type: none"> - not coming home - coming home drunk or stoned - takes advantage of person with disability fear of something | |

2) Physical violence

Physical abuse includes physical assault which are beating, punching, kicking, biting, burning, maiming, or killing, with or without weapons; often used in combination with other forms of sexual and gender-based violence (UNHCR, 2003). The forms of physical violence are being showed as follows:

Table 2.2 Forms of physical violence

| Forms of physical violence | | |
|--|--|--|
| <ul style="list-style-type: none"> - have done any unwanted physical contact - kicks, punches, pinches, pulls, pushes - slaps, hits, shakes - cuts, burns - pulls hair, head butts - squeezes hand, twists arm - chokes, smothers | <ul style="list-style-type: none"> - spits on - throws or throws things at - hits with objects, whips - restrains in any way - urinates on - breaks bones - knives, shoots - threatens to kill/injure - force-feeds | <ul style="list-style-type: none"> - ignores the illness or injury - denies/restricts food or drink, pressures/tricks into alcohol or drug use - stands too close/intimidates - hides/withholds necessary medication |

3) Sexual violence

There are many types of acts in sexual violence includes rape and marital rape, sexual abuse itself, sexual exploitation, forced prostitution, sexual harassment, and sexual violence as a weapon of war and torture (UNHCR, 2003). The description of each type has been provided as follows:

Rape and marital rape: the invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent.

Sexual abuse: actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

Sexual exploitation: Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another); Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

Sexual harassment: any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favors, sexual innuendo or other verbal or physical conduct of a sexual nature, display of pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

Table 2.3 Forms of sexual violence

| Forms of sexual violence | | |
|--|--|---|
| <ul style="list-style-type: none"> - any unwanted sexual contact - forces to have sex - forces to have sex with others, with animals - utters threats to obtain sex - pinches, slaps, grabs, pulls breasts or genitals - forces sex when person with disability is sick, after childbirth or surgery - sleeps around - knowingly transmits sexual diseases | <ul style="list-style-type: none"> - pressures to pose for pornographic photos - displays pornography that makes person with disability feel uncomfortable - uses sex as the basis or solution for an argument - criticizes person with disability's sexual ability - unwanted fondling in public - purposely does not wash and expects sex - treats person with disability as a sex object | <ul style="list-style-type: none"> - degrades person with disability body parts - tells sexual jokes or makes sexual comments in public - demands sex for drugs or alcohol, as payment or trade - administers drugs or alcohol for sexual advantage - insists on checking the body for sexual contact - name calling (whore, slut, frigid, bitch) - accusations of affairs |

4) Socioeconomic violence

Socioeconomic violence, the forms of violence includes discrimination and/or denial of opportunities and services, social exclusion/ostracism based on sexual orientation and obstructive legislative practice. Example of each type had been showed as follows:

Discrimination and/or denial of opportunities, services: exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.

Social exclusion/ ostracism based on sexual orientation: denial of access to services, social benefits or exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

Obstructive legislative practice: denial of access to exercise and enjoy civil, social, economic, cultural and political rights, mainly to women.

Table 2.4 Forms of socioeconomic violence

| Forms of socioeconomic violence | | |
|---|---|--|
| <ul style="list-style-type: none"> - controls what person with disability does, who he/she sees and talks to, what he/she reads and where he/she goes - fails to pass on messages - puts her down/ignores them in public - blocks access to family or friends - interferes with him/her family or friends - change of personality with others | <ul style="list-style-type: none"> - habitually chooses friends, activities or work rather than being with her/him - makes a “scene” in public - makes his/her account for themselves - censors his/her mail - treats him/her like a servant - dictates his/her behavior - refuses to give him/her space or privacy - pressures/controls him/her working conditions | <ul style="list-style-type: none"> - takes his/her money - forges his/her name - gives his/her false receipts - cancels his/her insurance - sabotages his/her efforts to attain economic freedom - withholds money - spends money foolishly or beyond means - pressures him/her to take full responsibility for finances - does not pay fair share of bills |

Table 2.4 Forms of socioeconomic violence (cont.)

| Forms of socioeconomic violence | | |
|--|--------------------------------------|--|
| - being rude to his/her friends or relatives | - keeps family finances a secret | - does not spend money on special occasions |
| - insists on accompanying him/her into the doctor's office | - prevents him/her from taking a job | - spends money on addiction, gambling, sexual services |

5) Violence Related to Disability

People with disabilities have often been seen without gender and has been put as the otherness to the society. According to that it might be assumed that for people with disabilities gender has some comportment. However, the image of people with disabilities might be strengthened by gender among the women, a sense of being passive and helplessness, for men a masculinity entitled with compulsory dependence. Moreover, these images can influence more actual consequences in terms of education, employment, living arrangements, and personal relationships, victimization, and abuse. Then return in being emphasize the images in the public sphere. The gendered experience of disability represents constant forms of difference between men and women. For people with disabilities gendering is conditional. Age of onset combined with the type of disability leads to gender expectations (Gerschick, 2000).

Forms of violence related to disability are presenting by the following patterns of public and private dimensions.

Table 2.5 Forms of violence related to disability

| Forms of violence related to disability | |
|---|---|
| Public arena | Private and familial arena |
| - Women with disabilities are much more likely to live in poverty than men with disabilities. - Women with disabilities achieve lower educational outcomes than men. | - Women with disabilities are more likely to be divorced and less likely to marry than men with disabilities - Women with disabilities are more vulnerable to domestic violence. |

Table 2.5 Forms of violence related to disability (cont.)

| Forms of violence related to disability | |
|--|---|
| Public arena | Private and familial arena |
| <ul style="list-style-type: none"> - Women are often being expected to head the households, disabled women can be seen as malfunctioned. - Women with disabilities are less likely to be in the paid workforce than either men with disabilities, if so, they would have lower incomes. - Women with disabilities are less likely to have access to rehabilitation. - Women with disabilities are more likely to experience public spaces as intimidating and dangerous. | <ul style="list-style-type: none"> - Women with disabilities are more likely to face medical interventions to control their fertility. - Women with disabilities who are sexually abused are likely to have few if any social supports or options. - Women with disabilities are likely to find their access to education. |

2.2.2 Time Perspectives of Violence

The time perspective is a factor that needs to be concerned in the aspect of the violence, especially regarding the severity of the consequences of the violence. It made a difference whether the violence occurred during the woman’s childhood or adulthood, and whether it was a single incident or was repetitive over a longer period.

Olsvik (2006), mentioned various examples of violence happened during the childhood period of women with disabilities. Two of the women with disabilities had been sexually abused at an early age, while others had experienced physical and emotional violence in childhood by their parents and siblings. Moreover, some had experienced physical and emotional violence during their stays in hospitals both as children and adults either by unnecessary painful treatments or by poor medical treatments.

It is also critical for the outcomes of the violence whether the violence was a single incident or was repetitive over an extensive period. For instance, four of the women with disabilities experienced the violence as a single incident; three of them were of a sexual character, while the fourth was a physical kidnapping of a woman in her wheelchair. The remaining nine women had been subjected to violence that had lasted for longer periods of time.

In conclusion, the earlier the abuse happens, the more serious are the consequences of the abuse. The same seems to be true regarding the duration of the abuse. Considering the serious consequences of early and long-term abuse (Olsvik, 2006). Even for women who can escape abusive relationships, the outcomes often continue long after the violence has ended, and in some incidents persist through the woman's lifetime (Curry et al., 2001).

2.3 Inequity related to gender relations causing intimate partner violence to women with disabilities

There are many causes that have formed the belief systems, attitudes of people in the society and the environment around life of women with disabilities to evolved with violence. Many studies have mentioned those reasons and it has mentioned as follows:

2.3.1 Low educational level and low payments

A study of Smith (2008) has commented on causes of abuse precisely on women with disabilities. Women with disabilities shared the problems of lower pays and occupational exclusion compare to the men, and that put women without disabilities in the challenge. However, compared with women without disabilities and men with disabilities, women with disabilities still have greater economic disadvantage, and that increases more vulnerability of entering and remaining in abusive relationships. In addition, women with disabilities also tend to have a lower educational level. The more education resources a woman with disabilities has relative to her partner, the more power she should have in relationship. Women with disabilities with fewer relative education resources maybe more dependent, less powerful, and would be more chance of risk to be experience violence. In addition, the women with disabilities who are younger than 40 years old were more likely than older women to experiences physical abuse (Smith, 2008).

2.3.2 Inaccessibility to resources to leave abusive situations

There are many barriers prevent person with disability leaving the perpetrators of abuse. People with disability may feel that they cannot leave a perpetrator because of the dependence on them for personal and medical care, housing or financial security (Dockerty, C., Varney J. and Jay-Webster R., 2015).

Women with disabilities frequently have fewer resources to leave violence situations than women without disabilities. The reasons for unable to leave the incidents includes problem of inaccessible shelter, home and community environments and lack of alternative attendant services for abused women. Many of women with disabilities, leaving an abusive relationship tends to move forward to more independency. According to the women with disabilities, leaving the violence might means that they lose their independency and the risk of institutional care. Women with disabilities may not only be leaving a home environment that has been specially modified to assist for their condition, yet they may be giving up the ability to care for their children as well. Thus, women with disabilities who experienced violence are often encountered with the challenging decisions between either having necessary health or personal needs met or experiencing violence. Even though the women with disabilities are able to look for help, they may not have access information about existing services for victims of violence, they may not be able to contact these services if they do not have communication devices that fits for their disabilities. Moreover, they may be afraid of being misunderstood or not believed (Smith, 2008).

2.3.3 Patriarchal attitudes controlled over women with disabilities belief system

Conditions resulting from the disability itself, together with attitudes toward women in patriarchal societies, put women with disabilities at increased risk for violence. Many women with disabilities see themselves as victims of maltreatment and abuse, while society overlooks the problem. However, some women with disabilities may not see themselves as victims of violence because they consider their situation habitual and associated with disability. In some situations, society refuses to recognize the certain acts as a violence, and the women who experience violence may, or may not consider themselves as a victim as well (Fiduccia, 2011).

A woman with disabilities might experience lower self-esteem when she is not seen as a woman but only a person with disability, or even worse – only as her disability. Lacking opportunity to fill the expected traditional roles for women, for example as a mother, the women with disabilities could be devalued by the living society. There is a further threat to her trustworthiness when professionals fail to recognize that women with disability also have sexual and intimate relationships or fail to understand and recognize a situation as a form of violence – instead of shifting the focus to the women's disability and therefore obfuscating or overlooking the fact that the women with disabilities were being mistreated (Fiduccia, 2011).

2.3.4 Women with disabilities are incapacity to identify the violence

A primary factor to identify the violence, women with disabilities need to be able to recognize the unique forms of violence. The women with disabilities may excluded from criminal justice definitions of physical abuse, such as a definition of physical violence, those who are being abused by control and restraint, mechanisms that may appear to service providers to be less harmful in the people with disabilities than direct abuse. Example of the situations include withholding access to medications, controlling assistive devices, and refusing to communicate using assistive devices.

Unable to recognize the violence may isolate women from accessing services and supports that could potentially decrease or eliminate the violence and provide a supportive environment that women with disabilities can live safely and productively. Moreover, women with disabilities have reported that the violence assessment is impractical to identify the types and extent of violence happening in the relationship. Therefore, the instruments are not potentially identify enough cases or situations as domains for intervention (Cramer, Gilson & Depoy, 2008).

2.3.5 Women with disabilities have less access to information about how to protect themselves

Women with disabilities may also have less access to information about how to protect themselves against violence. Physical conditions of women with disabilities is the main factor for them to protect themselves. The perpetrators tend to believe that the situations will not be exposed, and women with disabilities are often

not perceived to be reliable persons. Women with disabilities are more dependent on other people for physically and/or financially assistive. The women with disabilities may fear of reporting the violence as it might result in breaking a bond and the loss of assistive that they may later require. Sometimes, lacking accessible forms of communication is an obstacle to report the violence. Women with disabilities often fear of being institutionalized if they take any action that may escalate the violence or if they leave their homes (Fiduccia, 2011).

2.3.6 Women with disabilities are at greater risk of exposure violence when reporting violence

Women with disabilities are at greater risk of exposure to violence as a result of living in societies, homes and hospitals and have less trustworthiness when reporting violence occurring in institutions. There is little possibility of effective self-defense when some forms of violence such as forced institutionalization, solitary confinement, and restraint, forced drugging and electroshock, forced abortion and sterilization are legal in many countries. And some forms of violence that occurred to women with disabilities could lead to another form of violence which caused from incapable self-defensed in women with disabilities (Fiduccia, 2011).

2.3.7 The denial of a woman's human rights resulting powerlessness to women with disabilities

A study of Fiduccia (2011) talked about the human rights of women with disabilities has been denied resulting in powerlessness, that it was related to the discrimination, the strength of prejudice in the society against women with disabilities, and the evidence of their own experiences. Violence against women with disabilities is not fully recognized, aware and various factors that make the violence invisible. For instance, lacking enough definition of violence which identify all forms of violence against women with disabilities, some forms of the violence are legal and being authorized in some countries. Moreover, professionals, relatives, friends, and others are unable to differentiate circumstances resulting from violence against women with disabilities because of the misinterpretation that the circumstances are innate to the disability. Furthermore, researchers and policy makers rarely identify situations,

such as isolation or psychological abused, as violence. In addition, if an intervention is made in a situation where the violence was perpetrated by a personal assistant, a family member or a friend, the incident is often addressed only by the police and/or the criminal justice system. There is a lack of credibility accorded to women with disability who need a different assistive technology due to protect the violence against themselves.

2.3.8 Negative attitudes toward women with disabilities

A study of Cramer, Gilson and DePoy (2014) has mentioned on negative attitudes toward women with disabilities. Women with disabilities note that they are sometimes disbelieved when they disclose the abuse to service providers, this comes from the societal myths that see the women with disability as asexual, unlikely to be in a relationship and/or unlikely to be abused due to the reason that others would take pity on them instead of harming them.

Another study from Howe (2000) has mentioned about negative attitude toward acknowledgement of the broader social structure that predispose women with disabilities to violence, there appears to be a pathologizing of the victim which Howe has referred Carlson's study as "a number of personal characteristics that are reported to be typical of those with development disabilities and that might predispose one to being abuse include high levels of dependency on others, lack of assertiveness, overcompliance and low self-esteem or poor self-concept" Carlson also commented that "dysfunctional characteristic" may be internalized as a result of negative societal stereotyping.

2.3.9 Inaccessibility of services

Domestic violence resilience services may locate in inaccessible settings, the material of assistive service information may unavailable in alternative format, lack staff proficient in the use of specific disability, and lack of training to provide service on multiple cognitive reception and expressive levels. Some services operate on a limited office schedule and require advanced appointment for transport request, and shelter programs are sometimes unable to provide modified vehicles or accessible transportation. Moreover, women with disabilities who might need transportation support are being limited in accessing to crisis and/or after-hours safety and support

services. Domestic violence programs might be unable to provide or coordinate personal assistance for the women with disabilities to leave abusive situations (Cramer, Gilson & DePoy, 2014).

2.3.10 Consideration of power due to cultural characteristics of institutions

Feminist perspective mentioned one of the factors related to violence against women with disabilities with a consideration of power. Cultural characteristic of institutions has encouraged a repressive and violent environment that is institutions are generally structured hierarchically with clear definitions of power and authority and personality traits. So, the environment of violence serves as a mean of social control where the basic aim, of treater is the imposition and possibly the forcing of one set of beliefs upon another person who may hold a different set of beliefs (Howe, 2000).

2.3.11 Sexuality in women with disabilities has been denied

Women with disabilities are being devalued to perceive asexual and being denied also the sexual identity. This is a so called extreme marginalization within the disability and women's movement, exposes women to grave risk of emotional, physical and sexual abuse and when this occurs they are likely to be ignored by both the disability and violence-related support systems (Howe, 2000).

A study of Nosek, Foley, Hughes and Howland (2001) had characterized the experience of women with disabilities as having fewer opportunities to learn sexual likes and dislikes and to set a pleasing boundary. According to frequent denial or overprotection, women with disabilities might not date, go to parties, or engage in age appropriation sexual activities. Their first sexual experience might come much later in life. They are possibly to perceive celibacy or violent sexual encounters as their only options, believing nobody to love or get attracted to anybody. Some also believe that they deserve what they have got, and the hurtful feelings is better than never received any feeling related to love. There is often dissociation of the self from the parts of the body being assaulted, rooted in frequent pain inflicted by doctors and the so called "helper," where privacy has been denied, nakedness is the norm, and women are treated as if they are inhuman.

2.3.12 Lack of economic independence

Another critical risk factor mentioned by Nosek, Foley, Hughes and Howland (2001) that lacking economic independence of women with disabilities could increase the vulnerability of them being abused. Women with disabilities and women without disabilities share the problems of low wages and occupational segregation. However, women without disabilities and men with disabilities have greater economic disadvantage compared to women with disabilities, that could increase women with disabilities the vulnerability to entering and remaining in abusive relationship. Women with disabilities have 33% participation in the labor market, it drops to 13% for full-time work compared with 69% for men (Danek, 1992; Nosek, Foley, Hughes & Howland, 2001). The low level of employment caused by lower educational level women without disabilities. Even college-educated women with disabilities are less successful in being employed than college men with disabilities or non-college-educated women without disabilities (Nosek, Foley, Hughes & Howland, 2001).

Of all above have showed the risk factors in domestic violence against persons with disabilities which include social and cultural view of gender and disability, isolation and dependence that make it more difficult for persons with disabilities to leave the abusive situation, an unrecognition of violence according to the impairment, less information to protect themselves, fear of reporting violence due to the dependency, experiencing low self-esteem, denial of human rights in person with disabilities, negative attitude toward persons with disabilities, inaccessibility of services, the denial of sexuality and lack of economic independence. Therefore, it is important to concern more about the issue of violence against person with disabilities, because knowing the risk factors could lead to the right point of solving problems in violence against persons with disabilities.

2.4 Consequences of intimate partner violence against women with disabilities

2.4.1 Health consequences

The consequences of the violence against the women with disabilities were mostly physical and emotional violence. Bruises on the body and torn clothes were often be the physical consequences of the women with disabilities being bullied, while fractures and cuts were the results of violence done by intimate partners. Injuries to the neck because of choking attempts or to the pelvis as a result of rape were also reported. The most extreme physical consequences were suicide attempts and self-harm (Olsvik, 2006).

A consequence that is more serious of having been physically abused was a damaged relationship to their own bodies. A woman with disabilities, who had been through many invasive medical treatments, said that she has learned that everybody could do anything they want with her body. Another woman with similar experiences, said that she does not own her body. In fact, she had donated her body to the healthcare institutions a long time ago. A third woman had for a long time been nervous of men as a result of violence by her intimate partner, and a fourth one who had been sexually mistreated in her young age, still had problems with engaging in sexual contact with men (Olsvik, 2006).

The emotional consequences of the violence were also various and serious. One of the women, who has been was exposed to violence by her husband for many years, said that she became “brain washed”. Other women who experienced the same kind of violence, said that; in the end, there was nothing left of her. A third one described the emotional violence as “psychic terror”. Other emotional consequences were sleeping disorders, and one of the women still had nightmares because of a long-lasting violence at school. Panic attacks and depression were also mentioned, and problems with alcohol and drugs were also quite common (Olsvik, 2006).

The consequences from abusive incident could cause many kinds of health consequences, such as physical, mental, and emotional consequences. However, persons with disabilities are vulnerable to experiencing low self-esteem, self-blame, increased health problems, drug and alcohol abuse, depression, and anxiety. However,

these conditions are also more serious with people with disabilities, making it more likely that health providers will assume the symptoms are related to disabilities rather than exploring for other causes, such as abuse. Furthermore, women with disabilities are at additional risk for secondary injury, exacerbation of their disability, or both. For example, a neglect skin sore can escalate to a lesion requiring hospitalization; failure to regularly empty urinary catheter bag can result in a kidney infection; and withholding medication can exacerbate a seizure disorder. Because women with disabilities are more likely to be low-income, unemployed, and socially isolated, they are especially vulnerable to the increase risk of poverty, social withdrawal, and repeated victimization. Finally, suicidality, which has been identified as risk of nondisabled battered women, may pose an even greater threat to women with disabilities, who may be dependent on their abuser for essential care and may not have any external validation that what they are experiencing is abuse (Curry et al., 2001).

A single abuse can cause more one type of consequences; however, the health consequences can differentiate into four types which are physical, sexual, psychological, and psychiatric health effect (RNAO, 2012). The detail of each health effect has provided as follows:

Table 2.6 Emotional and psychological health effects

| Emotional and psychological health effects | |
|---|--|
| <ul style="list-style-type: none"> - low self-esteem - self-abusive behavior - difficulty in forming and maintaining healthy relationships - dysfunctional parenting - acute anxiety - frequent crying - lack of appropriate boundaries - sexual dysfunction/fear of sexual intimacy - broken bones: wrist, rib, ring finger, jaw, clavicle, cheek | <ul style="list-style-type: none"> - passivity - self-degradation - uncommunicative - unusual or pronounced fear responses - chronic stress - uncontrolled or rapid anger responses - insomnia - flashbacks - phobias - memory loss - loss of concentration and productivity - chipped or lost teeth |

Table 2.7 Physical health effects

| Physical health effects | |
|---|---|
| <ul style="list-style-type: none"> - bruises: bilateral or multiple contusions, arms, leg, buttocks, breasts, chest, abdomen, head, eyes, lips, cheeks, neck, back - burns: cigarette burns, scalding, burns from stove/fireplace, acid - cuts and stab wounds: anywhere on body - abrasions: scrapes, friction burns, fingernail scratches or punctures, ring imprints, mouth cuts - bites: often on breasts and other sexual areas, arms, legs, neck - lacerations: on skin over bony areas, internal tearing | <ul style="list-style-type: none"> - loss of hair - internal injuries - chronic gastro-intestinal pain/discomfort - irritable bowel syndrome - chronic back, neck or other musculoskeletal pain - chronic headache - hypertension - chronic hip or knee pain - scarring - detached retina - voice box injuries - firearm wounds - substance abuse problems - perforated ear drums |

Table 2.8 Sexual health effects

| Sexual health effects | |
|---|---|
| <ul style="list-style-type: none"> - sexually transmitted diseases, such as HIV - miscarriages - chronic pelvic pain, chronic vaginal or urinary tract infection - bruising or tearing of the vagina or anus - female genital mutilation | <ul style="list-style-type: none"> - frequent pregnancies (when contraindicated or unwanted) - vaginismus - early hysterectomy - chronic genital or pelvic pain - sexually addictive behavior - infertility |

2.4.2 Disability-specific consequence

The health impact of intimate partner abuse is likely to be much worse for disabled people. This may be due to underlying co-morbidities, significantly higher rates of domestic abuse and the severity and length of the abuse experienced by disabled people. Disabled women who have experienced domestic abuse are approximately 35% less likely to report good to excellent health than disabled women who have not experienced domestic abuse. Those with disabilities are more likely to

report that abuse led to anxiety, depression or panic attacks than those who without a disability. The abuse can negatively impact a women's ability to manage her primary physical disabilities and lead to the onset of debilitating secondary conditions. Intimate partner abuse is significantly associated with delayed entry into antenatal care for disabled women (Public Health England, 2015).

2.4.3 Economic consequences

The economic costs related to violence against women are staggering and place a tremendous burden on society, both with respect to lost productivity and increased demands on health and social services. In a report published by Health Canada (2002) it was estimated that the measurable health-related costs of violence against women in Canada exceed \$1.5 billion a year. These costs include short-term medical and dental treatment for injuries, long-term physical and psychological care, lost time at work, and use of transition homes and crisis centers (Day, 1995).

Although abuse does not explicitly prevent women from being employed, there is some evidence that women who have experienced violence have diminished earnings and greater difficulty maintaining steady employment. Research in the United States has demonstrated that women with a history of abuse have more frequent periods of unemployment, lower personal incomes, greater job turnover, more physical and mental health problems that affect job performance, and were more likely to receive public assistance as compared to women who had not experienced abuse (Lloyd & Taluc, 1999).

In addition to the direct economic costs associated with woman abuse, indirect costs include the increased utilization of health care services in the immediate and long-term aftermath of abuse. Women who have experienced physical or sexual assault, either during childhood or adulthood, have a greater number of surgeries, visits to health providers, hospital stays, and mental health consultations than those who have not been similarly victimized (Leserman et al., 1996).

Intimate partner violence profoundly impacts upon the lives of women with disabilities. As mentioned all above, women with physical disabilities are more vulnerable and being at a greater risk to violence of not having their needs addressed. So, this topic is crucially needed to be paid attention on and not take it for

granted by starting to examine from a small unit like intimate partner as such. Therefore, this research will have a great benefit to ignite the focus of women with disabilities in Thailand.



CHAPTER III

RESEARCH METHODOLOGY

This study was a survey research from women with physical disabilities in Thailand. It aimed to explore relationship between experience of gender inequity and intimate partner violence against women with physical disabilities. There were five types of intimate partner violence against women with physical disabilities used in this study; including emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability. The following are steps of methodology used in the study.

- 3.1 Research Design
- 3.2 Participants
- 3.3 Variables used in the Study
- 3.4 Research Instrument
- 3.5 Validity and Reliability
- 3.6 Research Ethics
- 3.7 Data Collection
- 3.8 Data Analysis

3.1 Research Design

This study used quantitative method and a cross-sectional design to examine the relationships between characteristics, experiences of gender and intimate partner violence against women with physical disabilities. Data was gathered from a sample of 138 women with physical disabilities aged between 18–45 years old. The study used self-report questionnaires for data collection. The participant answered the questionnaires privately and the researcher did not guide, conveyed, or directly interact with participants while they were answering the questionnaires. The participants did not discuss the answer with the researcher during the data collection.

3.2 Participants

The participants in this research were women with physical disabilities who were the member of the Association of the Physically Handicapped of Thailand.

3.2.1 Population and sample

The population in this research were 9,650 women with physical disabilities, who were the members of Association of the Physically Handicapped of Thailand.

Sampling group consists of 138 women with physical disabilities, who were the members of Association of the Physically Handicapped of Thailand. The sampling was selected by convenient sampling.

FA survey sample size was calculated by a statistical program called G*Power (version 3.1.9.2 from <http://gpower.hhu.de>) which is a program used for power analysis and sample calculations. The effect size of the research was set as 0.3 (moderate level). Statistically significant value (α) was set as 0.05. Power of the test was set as 95% with the sample size of 145 people and the example has been done from 138 people which is 95.2% of the sample size. Criteria of selecting participants is mentioned as follows:

3.2.2 Inclusion criteria

- 1) Being in a woman the range of 18–45 years old.
- 2) Being diagnosed by the doctor as a person with physical disabilities.
- 3) Being a member of the Association of the Physically Handicapped of Thailand.
- 4) Currently have a heterosexual relationship. In the case of being divorced or separated, the period of separation must not more than 12 months.
- 5) Having good conscious and being literate.
- 6) Voluntary to participate in the research.

3.2.3 Exclusion criteria

The data will be excluded if the questionnaires were not answered completely.

3.2.4 Termination criteria

The data collection of each participant could be terminated in any of these cases:

- 1) The participants had completely answered all the questionnaires.
- 2) The participants have no longer want to continue answering the questionnaires.

3.3 Variables Used in the Study

There were three variables used in the study which were socioeconomic status of women with physical disabilities, experience of inequity related to gender relations and types of intimate partner violence against women with physical disabilities.

3.3.1 Independent variables

- 1) Experience of gender inequity
 - 1.1) Productive and reproductive tasks
 - 1.2) Access to and control over resources
 - 1.3) Basic and structural needs men and women
 - 1.4) Opportunity and social exclusion

3.3.2 Dependent variable

- 1) Types of intimate partner violence against women with physical disabilities.
 - 1.1) Emotional and psychological violence
 - 1.2) Physical violence
 - 1.3) Sexual violence
 - 1.4) Socioeconomic violence
 - 1.5) Violence related to disability

3.4 Research Instrument

The instrument used in this study were close-ended questionnaires, developed from comprehensive review of articles related to gender relations and intimate partner violence against women with disabilities. The questionnaires comprise three sections as follows:

Section 1: checklist open-ended questionnaires about personal information of women with physical disabilities contained 17 items:

- 1) Current age
- 2) Duration of disability
- 3) Education of women with physical disabilities and their intimate partner's
- 4) Marital status
- 5) Employment status of the women with physical disabilities and their intimate partner
- 6) Income of women with physical disabilities and their intimate partner
- 7) Income sufficiency
- 8) Social participation within community of women with physical disabilities
- 9) Numbers of family member
- 10) Number of family member without income
- 11) Person who take charge in household expenses

Section 2: checklist questionnaires about experience of inequity related to gender relations of women with physical disabilities by their intimate partner, the questionnaires could be answered into the checklist "YES = 1" or "NO = 0". The questionnaires in this section has represented the concept of inequity related to gender relations between the women with physical disabilities and their intimate partner, contained 13 items:

Part 1: Productive and reproductive tasks (1 item)

- 1) Responsibility on housework.

Part 2: Access to and control over resources (3 items)

- 1) The partner ownership of resources and assets.
- 2) The hardener controlled older household expenses.
- 3) Responsibility on household expenses.

Part 3: Basic and structural need of men and women (6 items)

- 1) The women with physical disabilities unable to have safe sexual activities.
- 2) The partner always enjoys nightlife.
- 3) The women with physical disabilities had been experienced physical and verbal violence from the partner.
- 4) The partner had rejected to take any household responsibilities and childcare.
- 5) The women with physical disabilities unable to refuse unsafe sexual activities from the partner.
- 6) The women with physical disabilities had experienced partnership infidelity.

Part 4: Opportunity and social exclusion (3 items)

- 1) The women with physical disabilities had been eliminated from politics activities.
- 2) The women with physical disabilities had been eliminated from workplace activities.
- 3) The women with physical disabilities had been eliminated from self-development activities.

Section 3: checklist questionnaires about intimate partner violence in women with physical disabilities that they had been experienced within 12 months, the questionnaires could be answered into the checklist “YES = 1” or “NO = 0”. This section contained 30 items:

Part 1: Emotional and psychological violence (6 items)

- 1) The partner had yelled or shouted at her.
- 2) The partner had given her any fault accused.
- 3) The partner had expected her to conform a role.
- 4) The partner had been degraded her.
- 5) The partner had been manipulated her.
- 6) The partner had challenged or provoked her to start arguments lead too physical violence.

Part 2: Physical violence (6 items)

- 1) The partner ignored her illness or injury.

- 2) The partner had thrown things at her.
- 3) The partner had squeezed her hand or twisted her arm.
- 4) The partner had force-fed her.
- 5) The partner had kicked, punched, pulled, or pushed her.
- 6) The partner had hit or whipped her with any objects.

Part 3: Sexual violence (6 items)

- 1) The partner had accused on her about having affairs.
- 2) The partner had multiple sexual partners.
- 3) The partner had criticised her sexual ability.
- 4) The partner had forced her to have sexual activities when she was sick.
- 5) The partner had forced her to pose for pornography photos.
- 6) The partner had sexually criticised her in public.

Part 4: Socioeconomic violence (6 items)

- 1) The partner had verbally treated her friends or her relatives poorly.
- 2) The partner had controlled on what she did, who she met and talked to, what she read, and where she went.
- 3) The partner had taken her money without permission.
- 4) The partner had dictated her in public.
- 5) The partner had been disallowed her to participate any outdoor activities with friends.
- 6) The partner had been discouraged her from getting a job.

Part 5: Violence related to disability (6 items)

- 1) The partner had refused to assist her daily routines tasks such as taking bath or travelling.
- 2) The partner had refused to take her for medical check-up or other necessary medication.
- 3) The partner had made her feel bad with her disability such as took her for granted, alienated her from the family members.
- 4) The partner did not support her for pregnancy.
- 5) The partner had mocked her disability.
- 6) The partner had trapped or kept her in any specific place.

3.5 Validity and Reliability

The validity and reliability of the study has been shown as follows:

3.5.1 Validity

The questionnaires were conducted by the researcher to help answering the research questions. The researcher had done literature review from many articles that related to intimate partner violence against women with physical disabilities. It also had been reviewed and supervised by 3 experts in psychology, health and social sciences, and gender violence.

3.5.1.1 Content validity

The questionnaire used in the study aimed to measure the situation of intimate partner violence against women with physical disabilities by two variables which are 1) gender inequity as an independent variable and 2) intimate partner violence as a dependent variable.

3.5.1.2 Construct validity

The construct validity used for the questionnaires comprised the information as follows: 1) It includes the questions related to productive and reproductive task, access to and control over resources, basic and structural needs men and women and opportunity and social exclusion to measure the concept of gender inequity, 2) It includes the questions contain forms of intimate partner violence in five types which are emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability to measure the concept of intimate partner violence against women with disability.

3.5.2 Reliability

The internal consistency of the questionnaire had been assessed by using reliability analysis. The methods of reliability estimated consistency of test items and the stability over time in the measuring the same domain.

The questionnaires were pre-tested at the Foundation of Independent Living, Nakhon Pathom. The president of the foundation had been asked for cooperation. After the permission was granted, the researcher went to the foundation to interview the sample group.

There were two main issues that vitally needed to be assured for using the questionnaire; 1) whether all items in the questionnaires were well understood by the participants and 2) whether there were any items too sensitive or inappropriate to be asked. The questionnaires were tried out with 35 women with physical disabilities. Then, the completed questionnaires had been brought to tested for internal consistency by using Cronbach's alpha coefficient of rating scale. The results of the internal consistency of the questionnaires scores was 0.928.

3.6 Research Ethics

Ethical approval for the study had been approved by Center of Ethical Reinforcement for Human Research, Mahidol University (IRB). The ethical consideration had been aware as follows:

1) Both of information sheet and consent form were performed into proper Thai language and written in the way that was easily understood, to ensure that it was accessible to all participants. The purpose of the study and methodology were informed on the first page of the questionnaires that had been sent altogether through mail delivery and had been asked for the permission from the participants.

2) A consent form had been used to ensure that the participants had volunteered willingly and had been informed the consent. The consent form included the right of the participants to withdraw at any time during the study without giving any reason. This would not affect their status or services in any way. All participant will be given a consent form before starting the questionnaires. The participants will be assured that the confidentiality will always be maintained by using a number. If any personal data of the participants needed to be disclosed in any uses of the research, the participants would be asked to consent before the researcher could disclose it to any third party.

3) All data had been coded by number and had been stored as password-protected files on researcher's personal computer. The given emails and phone numbers had also been used only in the study.

4) According to the sensitivity of research topic, some of the questionnaires contained sensitive questions, the participants might had possibly felt uncomfortable

or stressed while participating, the researcher, as a rehabilitation counseling student under the supervisor from co-advisor Dr. Warangkana Ratchatawan, an expert in rehabilitation counselling and a counsellor at Rehabilitation Counseling Center, Ratchasuda College, could provide initial counselling to the participants. If there were any further help needed, the researcher had given contact information of Rehabilitation Counseling Center at Ratchasuda College located in Ratchasuda College, Mahidol University, where the expertise in rehabilitation counsellor include Dr. Warangkana Ratchatawan and other experts were standby. The given contact number was 02-8895315 and the participants could make a call at the given office hours (Mon.– Fri.: 9.00 am. – 4.00 pm.). The rehabilitation center provides free counseling service for person with disabilities that keeps client's profile confidentially. After the office hours, if the participants need any help, the contact could be made through personal mobile number of the co-advisor and the researcher given in the consent form that had provided on the first page of the questionnaire. Moreover, the center and the researcher could provide more information if the participants need any further help.

3.7 Data Collection

There were 138 women with physical disabilities who were the member of the Association of the Physically Handicapped of Thailand participated in the research. Data collection processes had been done in the following steps:

- 1) The researcher contacted and asked for the permission of data collection from the Association of the Physically Handicapped of Thailand and asked for numbers of female's member of the association which later has been informed as 9,650 members in 2018.

- 2) The sample size was calculated by using a statistical program called G*Power which is a program used for power analysis and sample calculations.

- 3) Procedure of data collection started by contacting a committee of the Association of the Physically Handicapped of Thailand and to give introduction about research proposal including research objectives and to inform the group of participants needed in the research.

4) After the introduction process had been made and the committee of the Association of the Physically Handicapped of Thailand had well-understood and the participants had been willing to participate. Contact number of the key person had been given for further procedures. The given key person was Miss Arunwadee Lim-Angkul who was the deputy secretary of the Association of the Physically Handicapped of Thailand and the president of Don't Drive Drunk Foundation, Nontaburi Province, Thailand to advice appropriate means of collecting data. She suggested that the most efficient way to get into the participants was to attend the meetings, conferences, and activities where the women with physical disabilities would be participated.

5) Data collecting period was scheduled between November 2017-January 2018, the meetings and conferences to attend was being hold within the months, they took place at 1) The Legacy Hotel, Nontaburi (2 times); 2) The Riverside Bangkok Hotel (2 times); 3) Don't Drive Drunk Foundation, Nontaburi (3 times).

6) In each meeting and conference, the researcher was given the time before the tea break to have a self-introduction, the objections of the study, and to give research, and questionnaires details and inclusion criteria to the participants who were being willed to participate the study, then the participants would have the time during the tea break to fill in the questionnaires.

7) The researcher would be introduced by Miss Arunwadee Lim-Angkul who was the deputy secretary of the Association of the Physically Handicapped of Thailand and the president of Don't Drive Drunk Foundation, Nontaburi Province, Thailand to the participants who were the provincial representor of women with physical disabilities to extend the questionnaires to women with physical disabilities in the particular provinces where the representor come from which were Satun, Sisaket, Nan, Yasothon, Sa Kaeo, Nontaburi, Surin, Leoi, Pra Nakhon Si Ayutthaya and Bangkok. In this case, the researcher asked for the estimate of time that the questionnaires would be completed. Name and address of the provincial representative was asked to follow up the questionnaires, which would be made twice or until finishing.

8) The questionnaires were passed over the provincial representative of women with physical disabilities to the women in the particular provinces; within the envelope contained the questionnaires, an empty stamped envelope with name and

address of the researcher in order to post back after completed the form, contact number of the researcher and the major advisor in case of any doubts about the questionnaires, and a document to clarify inclusive criteria of the research.

9) The questionnaires had been done as a self-report, after that it would be posted back to the researcher for checking over and further analysis.

3.8 Data Analysis

3.8.1 Data cleaning and entering

Data has assigned into numeric values to each item and established a codebook for listing variables and variable numbers. Then the missing data had been rechecked until found no missing. Then, all data were input into a statistical analysis software for further analysis.

3.8.2 Analyzing data

In the study, hypothesizes had been tested by using Chi-square goodness of fit analysis. The analyses had been undertaken to test the relationship between each factor in two sections, which were experience of gender inequity and experience of intimate partner violence. The statistical analysis software that had been used to analyze the data referred to hypothesizes of the study and steps of data analysis has been done as follows:

Part 1: Characteristics of women with physical disabilities and their intimate partner including age, duration of disability, marital status, number of family member, number of children, education level of WPDs, employment status, sources of income, income sufficiency, and roles in the community had been reported by using descriptive statistics, including percentage, median, and standard quartile deviation.

Part 2: Intimate partner violence experienced by women with physical disabilities including prevalence of intimate partner violence and problem size of the intimate partner violence had been reported by descriptive statistics using percentage.

Part 3: Gender inequity experienced by women with physical disabilities, including prevalence of gender inequity in four categories which are productive and reproductive tasks, access and control to resources, basic and structural needs of men and women, and opportunity and social exclusion had been reported by descriptive statistics using percentage.

The data gathered from part 2 and part 3 was divided into two groups as YES = 1 and NO = 0. Then the prevalence of each type of intimate partner violence and experience of gender inequity were calculated into frequency to present problem size of the violence. After that the frequency in part 2 and part 3 had been categorized evenly into four groups as in none, low, moderate, and high level to generate the levels of violence and prepare the data for further Chi-square analysis.

However, at first analysis, the expected frequencies in moderate and high level which less than 5 are more than 20 percent. So, the researcher needed to collapse moderate and high level into one level as in moderate/high to not violate the Chi-square assumptions that all expected frequencies are 1 or greater and most 20% of the expected frequencies are less than 5.

Part 4: Chi-square test was applied to analyze the relationships between characteristics of women with physical disabilities and experience of intimate partner violence.

Part 5: Chi-square test was applied to analyze the relationships between levels of gender inequity and experience of intimate partner violence against women with physical disabilities.

Part 6: Chi-square test was applied to analyze the relationships between experience of gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities.

CHAPTER IV

RESULTS

This chapter includes the results of the study concerning intimate partner violence (IPV) against women with physical disabilities (WPDs), the data has been presented as following categories:

4.1 Characteristics of women with physical disabilities and their intimate partner including age, duration of disability, marital status, number of family member, number of children, education level of WPDs, employment status, sources of income, income sufficiency, and roles in the community.

4.2 Intimate partner violence experienced by women with physical disabilities including prevalence of intimate partner violence and problem size of the intimate partner violence

4.3 Gender inequity experienced by women with physical disabilities, including prevalence of gender inequity in four categories which are productive and reproductive tasks, access and control to resources, basic and structural needs of men and women, and opportunity and social exclusion

4.4 Relationships between characteristics of women with physical disabilities and experience of intimate partner violence

4.5 Relationships between levels of gender inequity and experience of intimate partner violence against women with physical disabilities

4.6 Relationships between experience of gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities

4.1 Characteristics of women with physical disabilities and their intimate partner

The analytical sample in table 4.1 consists of 138 women with physical disabilities (WPDs) aged between 18–45 years old, who had experienced of intimate partner violence (IPV) in past 12 months during the time of data collection. The results have been provided as follows:

4.1.1 Age, duration of disability, and birth conditions

Women with physical disabilities were aged between 40–44 years old, and the median age was 41 years old. WPDs about 23.2 percent of WPDs had the duration of disabilities between 30–39 years. There were 27.5 percent of women with congenital disability and 72.5 percent of women with acquired disability.

4.1.2 Marital status

The WPDs about 55.1 percent were married, and 27.5 percent were cohabitated without getting married. The WPDs about 8.0 percent were separated from the intimate partner, 5.1 percent was a widow, and 4.3 percent has been divorced.

4.1.3 Family members

The WPDs about 24.0 percent cohabitated with their intimate partner. There were four (21.0%) and three (18.8%) people who lived in the family. The maximum family member was eight people. The WPDs about 24.0 percent had 2 children, and the maximum children WPDs had was 5 children in the family (1.4%).

4.1.4 Family members who need financial support

The data showed that WPDs had 1–4 persons without income to support financially. WPDs about 32.0 percent had one person to take care of. The maximum was four people under the financial responsibilities of WPDs.

4.1.6 Educational level

The data in table 4.2 presented that WPDs about 37.0 percent had the highest education at upper elementary school level. The intimate partners about 42.8 percent also had the highest education at upper elementary level as same as WPDs, yet

in the higher proportion. The WPDs about 10.0 percent were unschooled which is more than twice compared to the intimate partner.

4.1.7 Employment status

The data presented that the women with physical disabilities about 31.2 percent were unemployed and about 68.8 percent were employed, while the partner had higher proportion of employment at 81.9 percent.

4.1.8 Sources of income

The WPDs about 38.4 percent only received disability allowance from the government about 800 THB/month, and about 61.6 had other means of income. However, the range of WPDs income is still low.

4.1.9 Income

The data showed that about 52.2 percent had income between 5,000 to 9,999 THB/month, and the income's median was 8,800 THB/month. The intimate partner had slightly higher income's median at 9,000 THB/month. However, there was a large proportion of WPDs at 42.0 percent who earned less than 5,000 THB/month.

4.1.10 Income sufficiency

According to income sufficiency, WPDs about 37.7 percent had sufficient income without any savings, 19.6 percent had enough income with some savings, 29.7 percent did not have enough income with some debts, and the WPDs about 13.0 percent did not have enough income with lots of debts.

4.1.11 Roles in the community

The WPDs about 35.5 percent had a role in their community such as be a member of any groups in the community, while 64.5 percent of WPDs did not have any roles in the community.

Table 4.1 Number and percentage of women with physical disabilities' characteristics

| Characteristics | Numbers n = 138 | Percentage |
|--|--------------------|------------|
| Age (years) | | |
| 15 – 19 | 1 | 0.7 |
| 20 – 24 | 7 | 5.1 |
| 25 – 29 | 9 | 6.5 |
| 30 – 34 | 11 | 8.0 |
| 35 – 39 | 26 | 18.8 |
| 40 – 44 | 58 | 42.0 |
| 45 – 49 | 26 | 18.8 |
| Median = 41, QD = 4.0, Min – Max = 18 – 45 | | |
| Duration of disabilities (years) | | |
| 1 – 9 | 29 | 21.0 |
| 10 – 19 | 27 | 19.6 |
| 20 – 29 | 22 | 15.9 |
| 30 – 39 | 32 | 23.2 |
| 40 – 49 | 28 | 20.3 |
| Median = 24.5, QD = 14.0, Min – Max = 1 – 45 | | |
| Birth Conditions | | |
| Congenital disability | 38 | 27.5 |
| Acquired disability | 100 | 72.5 |
| Marital Status | | |
| Married | 76 | 55.1 |
| Cohabitation | 38 | 27.5 |
| Separated | 11 | 8.0 |
| Widowed | 7 | 5.1 |
| Divorced | 6 | 4.3 |
| Number of family members | | |
| 1 | 12 | 8.7 |
| 2 | 33 | 24.0 |
| 3 | 26 | 18.8 |
| 4 | 29 | 21.0 |
| 5 | 22 | 15.9 |
| 6 | 11 | 8.0 |

Table 4.1 Number and percentage of women with physical disabilities' characteristics (cont.)

| Characteristics | Numbers n = 138 | Percentage |
|--|--------------------|------------|
| Number of family members (cont.) | | |
| 7 | 3 | 2.2 |
| 8 | 2 | 1.4 |
| Number of children | | |
| No Children | 51 | 37.0 |
| 1 | 31 | 22.5 |
| 2 | 34 | 24.6 |
| 3 | 12 | 8.7 |
| 4 | 8 | 5.8 |
| 5 | 2 | 1.4 |
| Number of family members who need financial support | | |
| None | 49 | 35.5 |
| 1 | 44 | 32.0 |
| 2 | 26 | 18.8 |
| 3 | 13 | 9.4 |
| 4 | 6 | 4.3 |
| The person who take main responsibility of household expenses | | |
| Women disabilities | 66 | 47.8 |
| Intimate partners | 44 | 32.0 |
| Other family members | 28 | 20.2 |
| Highest educational level of WPDs | | |
| Unschoolled | 14 | 10.1 |
| Lower Elementary | 8 | 5.8 |
| Upper Elementary | 51 | 37.0 |
| Lower Secondary | 24 | 17.5 |
| Upper Secondary | 26 | 18.8 |
| Diploma | 8 | 5.8 |
| Bachelor | 6 | 4.3 |
| Higher than Bachelor | 1 | 0.7 |

Table 4.1 Number and percentage of women with physical disabilities' characteristics (cont.)

| Characteristics | Numbers n = 138 | Percentage |
|--|--------------------|------------|
| Highest educational level of WPDs' intimate partner | | |
| Unschooler | 6 | 4.3 |
| Lower Elementary | 5 | 3.6 |
| Upper Elementary | 59 | 42.8 |
| Lower Secondary | 19 | 13.8 |
| Upper Secondary | 29 | 21.0 |
| Diploma | 11 | 8.0 |
| Bachelor | 9 | 6.5 |
| Employment status of WPDs | | |
| Employed | 95 | 68.8 |
| Unemployed | 43 | 31.2 |
| Employment status of WPDs' intimate partners | | |
| Employed | 113 | 81.9 |
| Unemployed | 25 | 18.1 |
| Sources of income | | |
| Only get disability allowance | 53 | 38.4 |
| Had other means of income | 85 | 61.6 |
| Income of women with disability (THB) | | |
| < 5,000 | 58 | 42.0 |
| 5,000 – 9,999 | 72 | 52.2 |
| 10,000 – 19,999 | 7 | 5.1 |
| 20,000 | 1 | 0.7 |
| Median = 8,800, QD = 4,562.5, Min – Max = 800 – 20,000 | | |
| Intimate partner's income (THB) | | |
| Not answered | 17 | 12.3 |
| Answered | 121 | 85.9 |
| < 5,000 | 22 | 18.2 |
| 5,000 – 9,999 | 60 | 49.6 |
| 10,000 – 14,999 | 27 | 22.4 |
| 15,000 – 19,999 | 6 | 4.9 |
| ≥ 20,000 | 6 | 4.9 |
| Median = 9,000, QD = 4,000, Min – Max = 0 – 40,000 | | |

Table 4.1 Number and percentage of women with physical disabilities' characteristics (cont.)

| Characteristics | Numbers n = 138 | Percentage |
|-----------------------------------|--------------------|------------|
| Income sufficiency of WPDs | | |
| Sufficient but no savings | 52 | 37.7 |
| Sufficient with some savings | 27 | 19.6 |
| Insufficient with some debts | 41 | 29.7 |
| Insufficiency with lots of debts | 18 | 13.0 |
| Roles in the community | | |
| No | 89 | 64.5 |
| Yes | 49 | 35.5 |

4.2 Intimate partner violence experienced by women with physical disabilities

This section provided the data about intimate partner violence against women with physical disabilities into three categories as follows:

4.2.1 Prevalence of intimate partner violence against women with physical disabilities.

4.2.2 Problem size of intimate partner violence against women with physical disabilities.

4.2.3 Levels of intimate partner violence against women with physical disabilities.

4.2.1 Prevalence of intimate partner violence against women with physical disabilities

The data below showed prevalence of intimate partner violence (IPV) against women with physical disabilities that they experienced during the past 12 months of data collection. UNHCR (2003) has categorized gender-based violence into three categories including emotional and psychological violence, physical and sexual violence. The latter two categories which are socioeconomic violence, and

violence related to disability had been added by the disability are from gendering concept by Gerschick (2000). The prevalence of IPV has presented as follows:

4.2.1.1 Prevalence of emotional and psychological violence in WPDs

Data in table 4.2 showed that women with physical disabilities experienced all forms of emotional and psychological violence from their intimate partner. The data showed that the forms of emotional and psychological violence that the WPDs experienced the most was being yelled or shouted by their intimate partner at 43.5 percent, had been false accused in the issue they have not done at 25.4 percent. Almost one fifth of the women (18.1%) had been expected from the partner to conform a role, as a wife or a mother. Moreover, the women had been manipulated and challenged or provoked to start arguments that could lead to physical violence at 10.1 percent.

Table 4.2 Percentages of WPDs who experienced emotional and psychological violence from their intimate partner

| No. | Forms of emotional and psychological violence | Yes | No | Total |
|-----|---|------|------|-------|
| 1. | Yelled or shouted | 43.5 | 56.5 | 100.0 |
| 2. | Fault accused in the issue they have not done | 25.4 | 74.6 | 100.0 |
| 3. | Expected her to conform a role as a wife or a mother | 18.1 | 81.9 | 100.0 |
| 4. | Degraded her self-value | 13.8 | 86.2 | 100.0 |
| 5. | Manipulated | 10.1 | 89.9 | 100.0 |
| 6. | Challenged or provoked her to start arguments lead to physical violence | 10.1 | 89.9 | 100.0 |

4.2.1.2 Prevalence of physical violence in WPDs

Data in table 4.3 showed that women with physical disabilities experienced all forms of physical violence by their intimate partner. The partner had ignored their illness and injury at 13.8 percent, thrown things at her at 12.3 percent, was squeezed their hand and twisted their arms at 10.9 percent, and forced-feeding at 10.9 percent. The WPDs were kicked, punched, pinched, pulled or pushed at 5.8 percent, and hit or whipped her with any objects by their intimate partner at 2.2 percent.

Table 4.3 Percentages of WPDs who experienced physical violence from their intimate partner

| No. | Forms of physical violence | Yes | No | Total |
|-----|---|------|------|-------|
| 1. | Ignored her illness or injury | 13.8 | 86.2 | 100.0 |
| 2. | Thrown things at her | 12.3 | 87.7 | 100.0 |
| 3. | Squeezed her hand or twisted her arm | 10.9 | 89.1 | 100.0 |
| 4. | Force-feed | 10.9 | 89.1 | 100.0 |
| 5. | Kicked, punched, pinched, pulled, or pushed | 5.8 | 94.2 | 100.0 |
| 6. | Hit or whipped her with any objects | 2.2 | 97.8 | 100.0 |

4.2.1.3 Prevalence of sexual violence

The data in table 4.4 showed that women with physical disabilities experienced sexual violence from their intimate partner in many forms. They had been accused of having affairs with other people at 19.6 percent. The data also showed that the intimate partner also had multiple sexual partners at 15.2 percent. The partner about 5.1 percent had criticized her sexual ability. The women with physical disabilities about 3.6 percent were forced to have unwanted sexual activities when she was sick or not willingly to do so. The WPDs about 1.4 percent were forced to pose for pornographic photos, and the WPDs about 1.4 percent had been sexually criticized in public by the intimate partner.

Interestingly, the data presented that women with physical disability had experienced sexual violence by the intimate partner not only domestic area but also in public area.

Table 4.4 Percentages of WPDs who experienced sexual violence from their intimate partner

| No. | Forms of sexual violence | Yes | No | Total |
|-----|--|------|------|-------|
| 1. | Accused her about having affairs | 19.6 | 80.4 | 100.0 |
| 2. | The partner had multiple sexual partners | 15.2 | 84.8 | 100.0 |
| 3. | Criticized her sexual ability | 5.1 | 94.9 | 100.0 |
| 4. | Forced her to have sexual activities when she was sick | 3.6 | 96.4 | 100.0 |
| 5. | Forced her to pose for pornographic photos | 1.4 | 98.6 | 100.0 |
| 6. | Sexually criticized her in public | 1.4 | 98.6 | 100.0 |

4.2.1.4 Prevalence of socioeconomic violence

Data in table 4.5 presented that women with physical disabilities experienced many forms of socioeconomic violence. The WPDS were verbally treated poorly by their intimate partner at 11.6 percent. The intimate partner also controlled on what she did, who she met and talked to, what she read and where she went, and took her money without permission at 10.9 percent. Another form of violence that had similar rate was that the WPDS were dictated in the public and disallowed to participate any outdoor activities with friends at 8.7 percent, the partner discouraged her to get a job at 5.1 percent.

Table 4.5 Percentages of WPDS who experienced socioeconomic violence from their intimate partner

| No. | Forms of socioeconomic violence | Yes | No | Total |
|-----|---|------|------|-------|
| 1. | Verbally treated her friends or relatives poorly | 11.6 | 88.4 | 100.0 |
| 2. | Controlled on what she did, who she met and talked to, what she read and where she went | 10.9 | 89.1 | 100.0 |
| 3. | Took her money without permission | 10.9 | 89.1 | 100.0 |
| 4. | Dictated her in public | 8.7 | 91.3 | 100.0 |
| 5. | Disallowed her to participate any outdoor activities with friends | 8.7 | 91.3 | 100.0 |
| 6. | Discouraged her from getting a job | 5.1 | 94.9 | 100.0 |

4.2.1.5 Prevalence of violence related to disability

Data in table 4.6 found that women with physical disabilities experienced various forms of violence related to disability by their intimate partner. The form of violence that the women experienced the most was being refused to assist her daily routines tasks such as taking bath or travelling at 14.5 percent, refused to take her for medical check-up or other necessary medication at 13.8 percent, made her feel bad with her disabilities such as took her for granted or alienated her from other family members at 10.9 percent, not being supported for her pregnancy at 10.1 percent, mocked at her disability at 5.8 percent, and trapped or kept her in a specific place at 1.4 percent.

Table 4.6 Percentages of WPDs who experienced violence related to disability from their intimate partner

| No. | Forms of violence related to disability | Yes | No | Total |
|-----|---|------|------|-------|
| 1. | Refused to assist her daily routine tasks such as taking bath or travelling | 14.5 | 85.5 | 100.0 |
| 2. | Refused to take her for medical check-up or other necessary medication | 13.8 | 86.2 | 100.0 |
| 3. | Made her feel bad with her disability such as took her for granted, alienated her from other family members | 10.9 | 89.1 | 100.0 |
| 4. | Did not support her for pregnancy | 10.1 | 89.9 | 100.0 |
| 5. | Mocked her disability | 5.8 | 94.2 | 100.0 |
| 6. | Trapped or kept her in a specific place | 1.4 | 98.6 | 100.0 |

4.2.2 Problem size of intimate partner violence against women with physical disabilities

4.2.2.1 Percentage of intimate partner violence by experience of WPDs

Table 4.7 presented percentage of women with physical disabilities who have and have not experience intimate partner violence. It showed that WPDs about 39.8 percent never experienced the violence from their intimate partner, while WPDs about 60.2 percent have experienced the violence from their partner.

According to five types of violence used in the study, table 4.7 showed that the women with physical disabilities about 21.3 percent had experienced one type of violence, while the experiences of two and three types of intimate partner violence were at 13.8 and 12.3 percent, respectively. Interestingly, about 59.2 percent of WPDs had experienced intimate partner violence in all types of violence, including emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability. More than half of the women with physical disabilities used to experience at least one type of intimate partner violence.

Table 4.7 Percentages of WPDs who experienced intimate partner violence and number of violence types

| IPV Experience | Percentage |
|---------------------------------|------------|
| IPV Experience | |
| Never experienced IPV | 39.8 |
| Have experienced IPV | 60.2 |
| Total | 100.0 |
| Number of violence types | |
| 0 | 39.8 |
| 1 | 16.7 |
| 2 | 13.8 |
| 3 | 12.3 |
| 4 | 5.8 |
| 5 | 11.6 |
| Total | 100.0 |

4.2.2.2 Set type of intimate partner violence experienced by a woman with physical disabilities

Table 4.8 presented experience of intimate partner violence that a woman with physical disabilities have experienced from 1 to 5 types. The results showed that WPDs experienced all types of IPV including emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability.

According to five types of intimate partner violence, WPDS experienced emotional & psychological violence the most at 47.1 percent. The 2-type set of IPV that WPDs experienced the most was emotional and psychological violence together with sexual violence at 26.8 percent. The 3-type set of IPV that WPDs experienced the most was emotional and psychological, physical violence together with violence related to disability at 21.0 percent. The 4-type set of IPV that WPDs experienced the most was emotional and psychological violence, physical violence, sexual violence, and violence related to disability at 14.5 percent. Moreover, about 11.6 percent of WPDs that have experienced all 5 types of IPV altogether.

Interestingly, emotional psychological violence would be included in all set type of intimate partner violence that women with physical disabilities have experienced. It is notably that every types of intimate partner violence of which WPDs have experienced would have affected WPDs emotionally and psychologically in one way or another.

Table 4.8 Percentages of WPDs who experienced intimate partner violence by set type of IPV

| Set type of intimate partner violence experienced by WPDs | | | | | Percent |
|---|----------|--------|---------------|--------------------|---------|
| Emotional & Psychological | Physical | Sexual | Socioeconomic | Disability Related | |
| ✓ | | | | | 47.1 |
| | ✓ | | | | 21.7 |
| | | ✓ | | | 28.3 |
| | | | ✓ | | 25.4 |
| | | | | ✓ | 25.4 |
| ✓ | ✓ | | | | 20.3 |
| ✓ | | ✓ | | | 26.8 |
| ✓ | | | ✓ | | 26.1 |
| ✓ | | | | ✓ | 21.0 |
| | ✓ | ✓ | | | 15.9 |
| | ✓ | | ✓ | | 17.4 |
| | ✓ | | | ✓ | 16.7 |
| | | ✓ | ✓ | | 21.0 |
| | | ✓ | | ✓ | 14.5 |
| | | | ✓ | ✓ | 14.5 |
| ✓ | ✓ | ✓ | | | 17.4 |
| ✓ | ✓ | | ✓ | | 16.7 |
| ✓ | ✓ | | | ✓ | 21.0 |
| ✓ | | ✓ | ✓ | | 14.5 |
| ✓ | | ✓ | | ✓ | 15.2 |
| ✓ | | | ✓ | ✓ | 14.5 |
| | ✓ | ✓ | ✓ | | 11.6 |
| | ✓ | ✓ | | ✓ | 14.5 |
| | ✓ | | ✓ | ✓ | 12.3 |
| | | ✓ | ✓ | ✓ | 14.5 |
| ✓ | ✓ | ✓ | ✓ | | 11.6 |
| ✓ | ✓ | ✓ | | ✓ | 14.5 |
| ✓ | ✓ | ✓ | ✓ | ✓ | 12.3 |
| | ✓ | ✓ | ✓ | ✓ | 11.6 |
| ✓ | ✓ | ✓ | ✓ | ✓ | 11.6 |

4.2.2.3 Numbers of intimate partner violence’s forms women with physical disabilities experienced

The data in table 4.9 presented numbers of violence’s forms that women with physical disabilities experienced from the intimate partner in past 12 months ranked in orders. The type of violence that majority of women with physical disabilities had experienced the most was emotional and psychological violence. The women with physical disabilities experienced all six forms of violence within this category. Physical violence and violence related disability ranked the second, WPDs experienced the highest at five forms of violence within these categories. Sexual violence and socioeconomic violence ranked the third, when WPDs experienced the highest at four forms of violence.

As we study about violence, the more details of violence we can pursue from the study, the clearer of problematic picture we see. For example, when a woman with disability experienced only one type of violence, but if that one type contains many forms of violence, the severity from the problem also gets higher.

Table 4.9 Percentages of intimate partner violence that WPDs has experienced by number of forms in each type of violence

| Types of violence | Number of IPV forms | | | | | | | Total |
|-----------------------------|---------------------|------|------|------|-----|-----|-----|-------|
| | None | 1 | 2 | 3 | 4 | 5 | 6 | |
| Emotional and psychological | 52.9 | 12.3 | 12.3 | 10.9 | 8.0 | 2.2 | 1.4 | 100.0 |
| Physical | 78.3 | 8.0 | 3.6 | 3.6 | 2.9 | 3.6 | 0.0 | 100.0 |
| Sexual | 71.7 | 14.5 | 10.1 | 3.0 | 0.7 | 0.0 | 0.0 | 100.0 |
| Socioeconomic | 74.6 | 8.7 | 7.2 | 5.1 | 4.4 | 0.0 | 0.0 | 100.0 |
| Disability related | 74.6 | 11.6 | 4.3 | 2.2 | 5.8 | 1.5 | 0.0 | 100.0 |

4.2.2.4 Forms of intimate partner violence by orders

Forms of intimate partner violence (IPV) occurred in women with physical disabilities has been found in various forms. The study found 30 different forms of IPV, and the forms which had the highest proportion was at 43.5 percent and the least proportion was at 1.4 percent (Table 4.10).

The forms of intimate partner violence that WPDs experienced was categorized into five different types, including emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability. The forms of IPV that women with physical disabilities experienced the most was being yelled or shouted at 43.5 percent, being fault accused in the issue they have not done at 25.4 percent, accused her about having affairs at 19.6 percent, expected her to conform a role as a wife or a mother at 18.1 percent, and their partner had multiple sexual partners at 15.2 percent.

The women with physical disabilities also has been refused to assist her daily routine tasks such as taking bath or travelling at 14.5 percent, degraded her self-value at 13.8 percent, ignored her illness or injury at 13.8 percent, refused to take her for medical check-up or other necessary medication at 13.8 percent, thrown things at her at 12.3 percent, verbally treated her friends or relatives poorly at 11.6 percent, squeezed her hand or twisted her arm at 10.9 percent, force-feed at 10.9 percent, controlled on what she did, who she met and talked to, what she read and where she went at 10.9 percent, took her money without permission at 10.9 percent, made her feel bad with her disability such as took her for granted, alienated her from other family members at 10.9 percent, manipulated her at 10.1 percent, challenged or provoked her to start arguments lead to physical violence at 10.1 percent, and did not support her for pregnancy at 10.1 percent.

The forms of intimate partner violence that proportion less than 10 percent include the WPDs has been dictated in the public at 8.7 percent, disallowed to participate any outdoor activities with friends at 8.7 percent, kicked, punched, pinched, pulled, or pushed at 5.8 percent, mocked her disability at 5.8 percent, criticized her sexual ability at 5.1 percent, discouraged her from getting a job at 5.1 percent, forced her to have sexual activities when she was sick at 3.6 percent, hit or whipped her with any objects at 2.2 percent, forced her to pose for pornographic photos at 1.4 percent, sexually criticized in public at 1.4 percent, and trapped or kept in a specific place at 1.4 percent.

According to the forms of intimate partner violence which had proportion less than 10 percent. It is notable that even though the proportion was low, those forms of violence are severer. Moreover, the act of violence could lead to serious

physical injuries and long term mental health problem such as being kicked or punched, hit or whipped with any objects, forced to have sexual activities or pose for pornographic photos, and trapped or kept in a specific place.

Table 4.10 Percentages of WPDs who experienced intimate partner violence by forms of IPV

| No. | Forms of intimate partner violence | Percentage |
|-----|---|------------|
| 1. | Yelled or shouted (E) | 43.5 |
| 2. | Fault accused in the issue they have not done (E) | 25.4 |
| 3. | Accused her about having affairs (S) | 19.6 |
| 4. | Expected her to conform a role as a wife or a mother (E) | 18.1 |
| 5. | The partner had multiple sexual partners (S) | 15.2 |
| 6. | Refused to assist her daily routine tasks such as taking bath or travelling (D) | 14.5 |
| 7. | Degraded her self-value (E) | 13.8 |
| 8. | Ignored her illness or injury (P) | 13.8 |
| 9. | Refused to take her for medical check-up or other necessary medication (D) | 13.8 |
| 10. | Thrown things at her (P) | 12.3 |
| 11. | Verbally treated her friends or relatives poorly (SE) | 11.6 |
| 12. | Squeezed her hand or twisted her arm (P) | 10.9 |
| 13. | Force-feed (P) | 10.9 |
| 14. | Controlled on what she did, who she met and talked to, what she read and where she went (SE) | 10.9 |
| 15. | Took her money without permission (SE) | 10.9 |
| 16. | Made her feel bad with her disability such as took her for granted, alienated her from other family members (D) | 10.9 |
| 17. | Manipulated (E) | 10.1 |
| 18. | Challenged or provoked her to start arguments lead to physical violence (E) | 10.1 |
| 19. | Did not support her for pregnancy (D) | 10.1 |
| 20. | Dictated her in public (SE) | 8.7 |
| 21. | Disallowed her to participate any outdoor activities with friends (SE) | 8.7 |

Table 4.10 Percentages of WPDs who experienced intimate partner violence by forms of IPV (cont.)

| No. | Forms of intimate partner violence | Percentage |
|-----|--|------------|
| 22. | Kicked, punched, pinched, pulled, or pushed (P) | 5.8 |
| 23. | Mocked her disability (D) | 5.8 |
| 24. | Criticized her sexual ability (S) | 5.1 |
| 25. | Discouraged her from getting a job (SE) | 5.1 |
| 26. | Forced her to have sexual activities when she was sick (S) | 3.6 |
| 27. | Hit or whipped her with any objects (P) | 2.2 |
| 28. | Forced her to pose for pornographic photos (S) | 1.4 |
| 29. | Sexually criticized her in public (S) | 1.4 |
| 30. | Trapped or kept her in a specific place (D) | 1.4 |

(E) = Emotional and psychological violence, (P) = Physical violence, (S) = Sexual violence, (SE) = Socioeconomic violence, (D) = Violence related to disability

4.2.3 Levels of intimate partner violence against women with physical disabilities

Table 4.11 showed three levels of intimate partner violence experienced by WPDs. The women with physical disabilities about 39.9 percent never experienced any forms of violence. However, almost half of the WPDs experienced IPV at low level at 47.8 percent, which contains 1–10 forms, about 8.7 percent of the women experienced IPV in moderate level contains 11–20 forms. Moreover, the WPDs about 3.6 percent experienced IPV in high level which contains 21–30 forms.

Even though WPDs that have experienced high level of intimate partner violence in less extent, it should be concerned that this group of WPDs are in a higher risk and can consequently get higher severity according to mental health, physical health, and sexual health conditions compare to other groups.

Table 4.11 Percentages of WPDs who experienced IPV by levels of violence

| Levels of IPV | Numbers of forms | Percentage |
|---------------|------------------|------------|
| None | 0 | 39.9 |
| Low | 1 – 10 | 47.8 |
| Moderate | 11 – 20 | 8.7 |
| High | 21 – 30 | 3.6 |
| Total | | 100.0 |

4.3 Gender inequity experienced by women with physical disabilities

4.3.1 Gender inequity experienced by WPDs

The following data presented prevalence of gender inequity that women with physical disabilities (WPDs) experienced during the past 12 months of data collection. Denduang (2011) had been categorized gender inequity into four categories including: 1) productive and reproductive tasks, 2) access and control to resources, 3) basic and structural needs of men and women, and 4) opportunity and social exclusion.

4.3.1.1 Productive and reproductive tasks of WPDs

1) Responsibility for household expenses

The data in table 4.12 showed that about 47.8 percent of WPDs took main responsibilities of household expenses which was higher than the intimate partner who took the responsibilities of family expense at 32.0 percent.

Table 4.12 Percentages of the person who take main responsibility of household expenses

| The person who take main responsibility of household expenses | Percent |
|---|---------|
| Women disabilities | 47.8 |
| Intimate partners | 32.0 |
| Other family members | 20.2 |
| Total | 100.0 |

2) Employment status

The data in table 4.13 presented that the women with physical disabilities about 31.2 percent were unemployed. However, the proportion of employment status of WPDs was somehow lower than the partner. About 68.8 percent of WPDs were employed, while the partner had higher proportion of employment at 81.9 percent.

Table 4.13 Percentage of WPDs' employment status

| Employment status | Intimate Partner (%) | WPDs (%) |
|-------------------|----------------------|----------|
| Employed | 81.9 | 68.8 |
| Unemployed | 18.1 | 31.2 |
| Total | 100.0 | 100.0 |

3) Sources of income

Data in table 4.14 showed that WPDs about 38.4 percent only received disability allowance from the government about 800 THB/month, and about 61.6 had other means of income. However, the range of WPDs income is still low.

Table 4.14 Percentage of WPDs' sources of income

| Sources of income | Percent |
|--------------------------------------|---------|
| Only get disability living allowance | 38.4 |
| Had other means of income | 61.6 |
| Total | 100.0 |

4) Income

Data in table 4.15 showed that the women about 52.2 percent had income range between 5,000–9,999 THB/month, and 42.0 percent of WPDs earned less than 5,000 THB/month and only 5.8 percent of WPDs had income more than 10,000 THB/month. Most of the intimate partner's income was in the same range with WPDs and more than one third of them earned more than 10,000 THB/month.

Table 4.15 Percentages of WPDs and their intimate partner's income

| Income (THB) | WPDs (%) | Intimate Partner (%) |
|-----------------|----------|----------------------|
| < 5,000 | 42.0 | 18.2 |
| 5,000 – 9,999 | 52.2 | 49.6 |
| 10,000 – 19,999 | 5.1 | 27.3 |
| 20,000 | 0.7 | 4.9 |
| Total | 100.0 | 100.0 |

5) Productive and reproductive tasks

Regarding productive and reproductive tasks, data in table 4.16 showed that about 37.0 percent of WPDs solely took care of household tasks and childbearing and the women about 10.1 percent were refused from the intimate partner to take care of the household and children.

Table 4.16 Percentages of WPDs who experienced inequity in productive and reproductive tasks within the household

| Productive and reproductive tasks | Yes | No | Total |
|---|------|------|-------|
| 1. The women with physical disabilities solely took care of household tasks and childbearing. | 37.0 | 63.0 | 100.0 |
| 2. The intimate partner refused to take care of the household and children. | 10.1 | 89.9 | 100.0 |

4.3.1.2 Access and control to resources

In the part of access and control to resources, about one third of WPDs solely took care of family's expenses and debts at 33.3percent, about 31.2 percent of the intimate partner was a decision maker in most of family expenses, and most of the resources in the family had owned by the intimate partner at 27.5 percent (Table 4.17).

Table 4.17 Percentages of WPDs who experienced inequity in access and control to resources within the household

| Access and control to resources | Yes | No | Total |
|--|------|------|-------|
| 1. The women with physical disabilities solely took care of family's expenses and debts. | 33.3 | 66.7 | 100.0 |
| 2. The intimate partner was a decision maker in most of family expenses. | 31.2 | 68.8 | 100.0 |
| 3. The intimate partner owned most of the resources in the family. | 27.5 | 72.5 | 100.0 |

4.3.1.3 Basic and structural needs between men and women

According to basic and structural needs of men and women, about 13.0 percent of the women with physical disabilities had been physically and verbally abused by their intimate partner. WPDs about 12.3 percent had been cheated from the partner. The intimate partner had forced her to have unwanted sex when she was not willingly to do so at 8.0 percent, the WPDs were refused to have safe sexual activities at 5.8 percent, and the partner always went out to enjoy nightlife at 4.3 percent (Table 4.18).

Table 4.18 Percentages of WPDs who experienced inequity in basic and structural needs between WPDs from their intimate partner

| Basic and structural needs | Yes | No | Total |
|--|------|------|-------|
| 1. The intimate partner had physically and verbally abused her. | 13.0 | 87.0 | 100.0 |
| 2. The intimate partner had cheated on her. | 12.3 | 87.7 | 100.0 |
| 3. The intimate partner had forced her to have unwanted sex when she was not willingly to do so. | 8.0 | 92.0 | 100.0 |
| 4. The intimate partner refused to have safe sexual activities. | 5.8 | 94.2 | 100.0 |
| 5. The intimate partner always went out to enjoy nightlife. | 4.3 | 95.7 | 100.0 |

4.3.1.4 Opportunity and social exclusion

In the part of opportunity and social exclusion, WPDs were not being supported by their intimate partner when they wanted to participate activities arranged by their workplace at 10.1 percent, they were not being supported by their

intimate partner when they wanted to take any self-development programs at 6.5 percent, and WPDs were not being supported to participate any social movements at 5.8 percent (Table 4.19).

Table 4.19 Percentages of WPDs who experienced opportunity and social exclusion between from their intimate partner

| Opportunity and social exclusion | Yes | No | Total |
|---|------------|-----------|--------------|
| 1. The women with disabilities were not being supported by their intimate partner when they wanted to participate activities arranged by the workplace. | 10.1 | 89.9 | 100.0 |
| 2. The women with disabilities were not being supported by their intimate partner when they wanted to take any self-development programs. | 6.5 | 93.5 | 100.0 |
| 3. The women with disabilities were not being supported by their intimate partner when they wanted to participate any social movements. | 5.8 | 94.2 | 100.0 |

4.3.2 Forms of gender inequity experienced by WPDs

The problem of gender inequity happened in many forms. Each form has different proportion. Women with physical disabilities experienced the highest proportion of gender inequity at 37.0 percent and the lowest was at 4.3 percent (Table 4.20).

The forms of gender inequity that WPDs experienced the most related to tasks and roles of women and men, household responsibilities, and ownership of properties and resources. The women with physical disabilities solely took care of household tasks and childbearing at 37.0 percent and solely took care of family's expenses and debts at 33.3 percent. The intimate partner was a decision maker in most of family expenses at 31.2 percent, owned most of the resources in the family at 27.5 percent.

Moreover, the ones that had less proportion are more about social exclusion and participation, needs of women and men that could not be fulfilled, and some violence forms against WPDs such as being physically and verbally abused at 13.0 percent, being cheated at 12.3 percent, the intimate partner refused to take care of the household and children at 10.1 percent, not being supported by their intimate partner when they wanted to participate activities arranged by the workplace at 10.1

percent, being forced to have unwanted sex when she was not willingly to do so at 8.0 percent, not being supported by their intimate partner when they wanted to take any self-development programs at 6.5 percent, being refused to have safe sexual activities at 5.8 percent, not being supported by their intimate partner when they wanted to participate any social movements at 5.8 percent, and the intimate partner always went out to enjoy nightlife at 4.3 percent.

Table 4.20 Percentages of WPDs who experienced gender inequity by forms of gender inequity

| No. | Forms of gender inequity | Percent |
|-------|--|---------|
| 1. | The women with physical disabilities solely took care of household tasks and childbearing. | 37.0 |
| 2. | The women with physical disabilities solely took care of family's expenses and debts. | 33.3 |
| 3. | The intimate partner was a decision maker in most of family expenses. | 31.2 |
| 4. | The intimate partner owned most of the resources in the family. | 27.5 |
| 5. | The intimate partner had physically and verbally abused her. | 13.0 |
| 6. | The intimate partner had cheated on her. | 12.3 |
| 7. | The intimate partner refused to take care of the household and children. | 10.1 |
| 8. | The women with disabilities were not being supported by their intimate partner when they wanted to participate activities arranged by the workplace. | 10.1 |
| 9. | The intimate partner had forced her to have unwanted sex when she was not willingly to do so. | 8.0 |
| 10. | The women with disabilities were not being supported by their intimate partner when they wanted to take any self-development programs. | 6.5 |
| 11. | The intimate partner refused to have safe sexual activities. | 5.8 |
| 12. | The women with disabilities were not being supported by their intimate partner when they wanted to participate any social movements. | 5.8 |
| 13. | The intimate partner always went out to enjoy nightlife. | 4.3 |
| Total | | 100.0 |

4.3.3 Levels of gender inequity experienced by WPDs

According to percentages of gender inequity experienced by WPDs presented in Table 4.20, data in table 4.21 has categorized the prevalence into 4 groups. The table showed numbers and percentages of gender inequity that WPDs had experienced by their intimate partner. The WPDs about 23.2 percent never experienced gender inequity, 56.5 percent experienced the gender inequity at low level, 16.7 percent experienced gender inequity at moderate level, and the women 3.6 percent experienced gender inequity in high level. In conclusion, most of the women with physical disabilities experienced about 1–4 forms of gender inequity by intimate partner which was categorized in low level.

Even though WPDs that have experienced gender inequity are in the lesser amount, it must be critically noted that those WPDs are in a higher challenge in violence situation and possibly at the higher risk of getting severer consequences compare to other groups.

Table 4.21 Percentages of numbers of gender inequity's form by levels of gender inequity

| Levels of gender inequity | Numbers of forms | Percent |
|---------------------------|------------------|---------|
| None | 0 | 23.2 |
| Low | 1 – 4 | 68.1 |
| Moderate | 5 – 8 | 6.5 |
| High | 9 – 13 | 2.2 |
| Total | | 100.0 |

4.4 Relationships between experience of intimate partner violence and gender inequity by characteristics of WPDs

This part of the study explored the relationships between experience of intimate partner violence and gender inequity by characteristics of women with physical disabilities. The results had been provided as follows:

4.4.1 Relationships between experience of intimate partner violence by characteristics of WPDs

The study in this part examined relationship between six characteristics of WPDs which were birth conditions, education levels, employment status, sources of income, income sufficiency, and roles in the community, and intimate partner violence against WPDs.

Even though the results in table 4.22 showed that there was no relationship between education level, employment status, income, and roles in the community and the experience of intimate partner violence. However, it presented that birth conditions and income sufficiency of WPDs are associated with their experience of intimate partner violence.

The result showed significant relationship that WPDs with acquired disability are more likely to experience intimate partner violence in the moderate/high level, compared to women with congenital disability (29.0% vs 21.1%, p -value = 0.026, $C = 0.230$). The women with insufficient income are more likely to experience IPV in the higher level than WPDs who had sufficient income (37.3% vs 19.0%, p -value = 0.014, $C = 0.249$).

In conclusion, this could be implied that the WPDs with acquired disability who had insufficient income are more likely to experience intimate violence than the women with congenital disability who had sufficient income. Hence, it could be implied that the women with disabilities who has financial autonomy and has income sufficiency within the family are less likely to expose to intimate partner violence.

Table 4.22 Relationships between levels of intimate partner violence by characteristics of WPDs

| Characteristics of WPDs | | Levels of Intimate Partner Violence | | | | | p-value | |
|-----------------------------|--------------------------------------|-------------------------------------|-----------|---------------|----|-------|---------|----------|
| | | None | Low | Moderate/High | df | C | | χ^2 |
| Birth Conditions | Acquired disability | 33 (33.0) | 38 (38.0) | 29 (29.0) | 2 | 0.230 | 7.303 | 0.026* |
| | Congenital disability | 22 (57.9) | 8 (21.1) | 8 (21.1) | | | | |
| Education Level | Uneducated/Elementary | 32 (43.8) | 18 (24.7) | 23 (31.5) | 2 | 0.198 | 5.390 | 0.068 |
| | Secondary/Higher | 23 (35.4) | 28 (43.1) | 14 (21.5) | | | | |
| Employment Status | Employed | 35 (40.7) | 32 (37.2) | 19 (22.1) | 2 | 0.147 | 2.965 | 0.227 |
| | Unemployed | 20 (38.5) | 14 (26.9) | 18 (34.6) | | | | |
| Sources of income | Only get disability living allowance | 18 (34.0) | 15 (28.3) | 20 (37.7) | 2 | 0.195 | 5.233 | 0.073 |
| | Had other means of income | 37 (43.5) | 31 (36.5) | 17 (20.0) | | | | |
| Income Sufficiency | Sufficiency | 39 (49.4) | 25 (31.6) | 15 (19.0) | 2 | 0.249 | 8.572 | 0.014* |
| | Insufficiency | 16 (27.1) | 21 (35.6) | 22 (37.3) | | | | |
| Have roles in the community | Yes | 17 (34.7) | 21 (42.9) | 11 (22.4) | 2 | 0.150 | 3.115 | 0.211 |
| | No | 38 (42.7) | 25 (28.1) | 26 (29.2) | | | | |

* Statistical Significance at 0.05

4.4.2 Relationships between experience of gender inequity by characteristics of WPDs

This part of the study explored relationship between six characteristics of WPDs which were birth conditions, education levels, employment status, sources of income, income sufficiency, and roles in the community, and experience of gender inequity of WPDs.

Despite the fact in table 4.23 showed that employment status, sources of income, and roles in the community are not associated with the experience of gender inequity in WPDs. However, it stated that birth conditions, educational level, and income sufficiency of WPDs are associated with experience of gender inequity.

The result showed significant relationship that WPDs with acquired disability are more likely to experience gender inequity compared to women with congenital disability at low (74.0% vs 52.6%) and moderate/high level (9.0% vs 7.9%).

The women who was uneducated and had elementary school level are more likely to gender inequity at high level than women who had secondary and higher school level at 15.1% vs 1.5%.

The women with insufficient income are more likely to gender inequity in the higher level than WPDs who had sufficient income at low (76.2% vs 62.0%) and moderate/high level (9.0% vs 7.9%).

In conclusion, this could be implied that the WPDs with acquired disability who are more likely to experience gender inequity than the women with congenital disability. Moreover, when the WPDs get higher educational level, they are less likely to experience gender inequity from the intimate partner. Additionally, the WPDs who had insufficient income are more likely to expose to gender inequity more than the WPDs who had sufficient income.

Table 4.23 Relationships between levels of gender inequity by characteristics of WPDs

| Characteristics of WPDs | | Levels of Gender Inequity | | | | | p-value | |
|-----------------------------|--------------------------------------|---------------------------|-----------|---------------|----|-------|---------|----------|
| | | None | Low | Moderate/High | df | C | | χ^2 |
| Birth Conditions | Acquired disability | 17 (17.0) | 74 (74.0) | 9 (9.0) | 2 | 0.239 | 7.882 | 0.019* |
| | Congenital disability | 15 (39.5) | 20 (52.6) | 3 (7.9) | | | | |
| Education Level | Uneducated/Elementary | 15 (20.5) | 47 (64.4) | 11 (15.1) | 2 | 0.241 | 8.022 | 0.018* |
| | Secondary/Higher | 17 (26.3) | 47 (72.3) | 1 (1.5) | | | | |
| Employment Status | Employed | 22 (25.6) | 58 (67.4) | 6 (7.0) | 2 | 0.099 | 1.354 | 0.508 |
| | Unemployed | 10 (19.2) | 36 (69.2) | 6 (11.5) | | | | |
| Sources of income | Only get disability living allowance | 8 (15.1) | 42 (79.2) | 3 (5.7) | 2 | 0.189 | 4.907 | 0.086 |
| | Had other means of income | 24 (28.2) | 52 (61.2) | 9 (10.6) | | | | |
| Income Sufficiency | Sufficiency | 26 (32.9) | 49 (62.0) | 4 (5.1) | 2 | 0.287 | 11.343 | 0.003** |
| | Insufficiency | 6 (10.2) | 45 (76.3) | 8 (13.6) | | | | |
| Have roles in the community | Yes | 9 (18.4) | 37 (75.5) | 3 (6.1) | 2 | 0.119 | 1.950 | 0.377 |
| | No | 23 (25.8) | 57 (64.0) | 9 (10.1) | | | | |

* Statistical Significance at 0.05, ** Statistical Significance at 0.01

4.5 Relationships between gender inequity and intimate partner violence experienced by women with physical disabilities

This part explored relationships between levels of gender inequity and intimate partner violence experienced by women with physical disabilities. The analysis was divided into two sections, the first section presented relationships between levels of gender inequity and intimate partner violence experienced by WPDs, and the second one presented relationship between levels gender inequity and intimate partner violence by types.

4.5.1 Relationships between levels of gender inequity and intimate partner violence experienced by WPDs

The table 4.24 showed a significant relationship between levels of inequity related to gender relations and intimate partner violence (p -value < 0.001 , $C = 0.437$). The data showed that the WPDs who did not experienced gender inequity, they would experience the lower level of IPV. Relatively, when the WPDs experienced gender inequity in moderate/high level, they would also experience a higher proportion of intimate partner violence as well.

Inequity of power within the relationship is associated experience of intimate partner violence among the women with disability. The imbalance of the power leads one to have a higher power to control, while another becomes the one who is under the control. In this scenario, if the WPDs experience higher level of gender inequity, they are more likely to experience the violence from their intimate partner.

Table 4.24 Relationships between experienced of intimate partner violence of WPDs by levels of gender inequity

| Levels of gender inequity | Experience of intimate partner violence by WPDs | | Total |
|---------------------------|---|------------|------------|
| | No | Yes | |
| None | 24 (75.0) | 8 (25.0) | 32 (100.0) |
| Low | 31 (33.0) | 63 (67.0) | 94 (100.0) |
| Moderate/High | 0 (0) | 12 (100.0) | 12 (100.0) |

$\chi^2 = 26.295, df = 2, C = 0.437, p\text{-value} < 0.001^{**}$

** Statistical Significance at 0.01

4.5.2 Relationships between levels of gender inequity and intimate partner violence by types

This section presents relationships between levels of gender inequity and 5 types of intimate partner violence, which are emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability. The data in table 4.25 shows the conclusion of the data in table 4.26–4.30 that presented relationships between levels of gender inequity and experience of IPV by types.

The first three types of violence that had the highest statistical significant value were the relationships between levels of gender inequity and physical violence (p-value < 0.001, C = 0.423), emotional and psychological violence (p-value < 0.001, C = 0.340), and disability related violence (p-value = 0.001, C = 0.315). The latter two which are socioeconomic violence and sexual violence also presented statistic significant in the following orders (p-value = 0.001, C = 0.331 and p-value = 0.009, C = 0.261).

The result showed that when WPDs experienced none or low level of gender inequity, they would also have experienced less intimate partner violence. In contrary, if the level of gender inequity is moderate/high, the WPDs would experience a higher proportion of intimate partner violence as well.

Table 4.25 Relationships between gender inequity and experience of intimate partner violence in WPDs by types

| Types of IPV experienced by WPDs | Gender inequity | | | |
|----------------------------------|-----------------|----|-------|-----------|
| | χ^2 | df | C | p-value |
| Emotional and psychological | 15.966 | 2 | 0.340 | < 0.001** |
| Physical | 24.650 | 2 | 0.423 | < 0.001** |
| Sexual | 9.382 | 2 | 0.261 | 0.009** |
| Socioeconomic | 15.137 | 2 | 0.331 | 0.001** |
| Disability related | 13.651 | 2 | 0.315 | 0.001** |

** Statistical Significance at 0.01

The following table 4.26–4.30 demonstrated how gender inequity associated with intimate partner violence by each type of violence, including emotional and psychological violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability.

4.5.2.1 Relationships between levels of gender inequity and psychological violence

Table 4.26 presented a significant relationship between levels of inequity related to gender relations and emotional and psychological violence (p-value < 0.001, C = 0.340). The result showed that WPDs who never experienced gender inequity, had experienced emotional and psychological violence from their intimate partner about 25.0 percent. On the other hand, WPDs who experienced gender inequity in moderate/high level, they also had experienced emotional and psychological violence in a higher proportion at 91.7 percent.

The equity of the power between WPDs and the intimate partner is an important factor to determine possibility of intimate partner violence against WPDs. The data in table 4.26 showed that the more of gender equity being violated, the more WPDs would be challenged in emotional and psychological violence.

Table 4.26 Relationship between experience of emotional and psychological violence in WPDs by levels of gender inequity

| Levels of gender inequity | Emotional and psychological violence | | Total |
|---------------------------|--------------------------------------|-----------|------------|
| | No | Yes | |
| None | 24 (75.0) | 8 (25.0) | 32 (100.0) |
| Low | 48 (51.1) | 46 (48.9) | 94 (100.0) |
| Moderate/High | 1 (8.3) | 11 (91.7) | 12 (100.0) |

$\chi^2 = 15.966, df = 2, C = 0.340, p\text{-value} = 0.001^{**}$

** Statistical Significance at 0.01

4.5.2.2 Relationships between levels of gender inequity and physical violence

Table 4.27 showed a significant relationship between levels of gender inequity and physical violence ($p\text{-value} < 0.001, C = 0.423$). The result showed that WPDs who never experienced gender inequity has experienced physical violence from their intimate partner at 6.2 percent. On the contrary, WPDs who experienced gender inequity in moderate/high level had experienced physical violence in a higher proportion at 75.0 percent.

It could be interpreted that gender inequity are associated with physical violence that WPDs had experienced from the intimate partner. If the power relations within the relationship are not balanced, the violence is more likely to occur. This case represents inequity of gender relations between WPDs and the intimate partner, it shows that the higher of inequity level is, the more WPDs would experience physical violence from the intimate partner.

Table 4.27 Relationship between experience of physical violence in WPDs by levels of gender inequity

| Levels of gender inequity | Physical violence | | Total |
|---------------------------|-------------------|-----------|------------|
| | No | Yes | |
| None | 30 (93.8) | 2 (6.2) | 32 (100.0) |
| Low | 75 (79.8) | 19 (20.2) | 94 (100.0) |
| Moderate/High | 3 (25.0) | 9 (75.0) | 12 (100.0) |

$\chi^2 = 24.650$, $df = 2$, $C = 0.423$, $p\text{-value} < 0.001^{**}$

** Statistical Significance at 0.01

4.5.2.3 Relationships between levels of gender inequity and sexual violence

Table 4.28 presented a relationship between levels of gender inequity and sexual violence ($p\text{-value} = 0.009$, $C = 0.261$). The result showed that WPDs who never experienced gender inequity, has experienced sexual violence from their intimate partner about 12.5 percent. On the other hand, the WPDs who experienced gender inequity in moderate/high level, they experienced sexual violence in a higher proportion at 58.3 percent.

Levels of gender inequity are associated with proportion of intimate violence WPDs has experienced. The data in table 4.29 showed that when the power of gender relations is not well-balanced, it is more likely that the women with physical disabilities to experienced sexual violence from the intimate partner.

Table 4.28 Relationship between experience sexual violence in WPDs by levels of gender inequity

| Levels of gender inequity | Sexual violence | | Total |
|---------------------------|-----------------|-----------|------------|
| | No | Yes | |
| None | 28 (87.5) | 4 (12.5) | 32 (100.0) |
| Low | 66 (70.2) | 28 (29.8) | 94 (100.0) |
| Moderate/High | 5 (41.7) | 7 (58.3) | 12 (100.0) |

$\chi^2 = 9.382, df = 2, C = 0.261, p\text{-value} = 0.009^{**}$

** Statistical Significance at 0.01

4.5.2.4 Relationships between levels of gender inequity and socioeconomic violence

Table 4.29 presented a relationship between levels of gender inequity and socioeconomic violence (p-value = 0.001, C = 0.331). The result showed that WPDs who never experienced gender inequity, they tended to experience socioeconomic violence from their intimate partner about 9.4 percent. Additionally, the WPDs who experienced gender inequity in moderate/high level, they tended to experience socioeconomic violence in a higher proportion at 66.7 percent.

Gender inequity is associated with socioeconomic violence. The higher of equity level women with physical disabilities experienced IPV from the intimate partner, the more they are likely to experience socioeconomic violence.

Table 4.29 Relationship between experience of socioeconomic violence in WPDs by levels of gender inequity

| Levels of gender inequity | Socioeconomic violence | | Total |
|---------------------------|------------------------|-----------|------------|
| | No | Yes | |
| None | 29 (90.6) | 3 (9.4) | 32 (100.0) |
| Low | 70 (74.5) | 24 (25.5) | 94 (100.0) |
| Moderate/High | 4 (33.3) | 8 (66.7) | 12 (100.0) |

$\chi^2 = 15.137$, $df = 2$, $C = 0.331$, $p\text{-value} = 0.001^{**}$

** Statistical Significance at 0.01

4.5.2.5 Relationships between levels of gender inequity and violence related to disability

Table 4.30 presented a significant relationship between levels of gender inequity and violence related to disability ($p\text{-value} < 0.001$, $C = 0.315$). The result showed that WPDs who never experienced gender inequity, they tended to experience violence related to disability from their intimate partner about 12.5 percent. Moreover, WPDs who experienced gender inequity in moderate/high level, they tended to experience violence related to disability in a higher proportion at 66.7 percent.

The imbalance of power among the relationship can lead to intimate partner violence. Data in table 4.31 presented that if the WPDs experience high level of gender inequity, they are more likely to experience the violence related to disability in higher proportion as well. Disability itself is the major obstacle for WPDs to escape the violence occurring within the relationship, but inequity within the relationship could make it harder for WPDs to terminate the violence.

Table 4.30 Relationship between experience of violence related to disability in WPDs by levels of gender inequity

| Levels of gender inequity | Violence related to disability | | Total |
|---------------------------|--------------------------------|-----------|------------|
| | No | Yes | |
| None | 28 (87.5) | 4 (12.5) | 32 (100.0) |
| Low | 71 (75.5) | 23 (24.5) | 94 (100.0) |
| Moderate/High | 4 (33.3) | 8 (66.7) | 12 (100.0) |

$\chi^2 = 13.651$, $df = 2$, $C = 0.315$, $p\text{-value} = 0.001^{**}$

**Statistical Significance at 0.01

Result presented that women with disabilities who experienced gender inequity are more likely to experience intimate partner violence in all types which are physical violence, violence related to disabilities, emotional and psychological violence, socioeconomic violence, and sexual violence. Therefore, the result of the study has confirmed that gender inequity is associated to intimate partner violence among women with physical disabilities. If gender relations are not violated, it is less likely that WPDs would experience violence from the intimate partner.

4.6 Relationships between experience of intimate partner violence and experience of gender inequity by characteristics of WPDs

This section includes analysis of three variables which are 1) experience of intimate partner violence by types, 2) experience of gender inequity, and 3) characteristics of WPDs. Results of the analysis has been provided into 6 topics as follows:

4.6.1 Relationships between experience of intimate partner violence and experience of gender inequity by birth conditions of WPDs

4.6.2 Relationships between experience of intimate partner violence and experience of gender inequity by educational levels of WPDs

4.6.3 Relationships between experience of intimate partner violence and experience of gender inequity by employment status of WPDs

4.6.4 Relationships between experience of intimate partner violence and experience of gender inequity by sources of income of WPDs

4.6.5 Relationships between experience of intimate partner violence and experience of gender inequity by income sufficiency of WPDs

4.6.6 Relationships between experience of intimate partner violence and experience of gender inequity by roles in the community of WPDs

4.6.1 Relationships between experience of intimate partner violence and experience of gender inequity by birth conditions of WPDs

Table 4.31 showed relationships between intimate partner violence and experience of gender inequity by birth conditions of WPDs.

Regarding to the group of acquired disability, the results showed that there was no relationship between experience of gender inequity, and experience of intimate partner violence. However, the study presented that experience of gender inequity is associated with experience of intimate partner violence in the group of women with congenital disability.

In the group of congenital disability, the study presented statistical significance between experience of gender inequity, and four types intimate partner violence. Experience of gender inequity are significantly associated with emotional and psychological violence (p -value < 0.001 , $C = 0.582$), physical violence (p -value = 0.029 , $C = 0.384$), sexual violence (p -value 0.006 , $C = 0.450$), and socioeconomic violence (p -value = 0.013 , $C = 0.417$) accordingly (Referred to Appendix table A.1–A.5).

In conclusion, gender inequity affected the women with congenital disability experience intimate partner violence. It could be implied that the longer the women are in the status of dependency, they tend to experience more violence from the intimate partner.

Table 4.31 Relationships between experience of intimate partner violence and experience of gender inequity by birth conditions of WPDs

| Birth Conditions | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | Total |
|-----------------------|----------------------------|---------------------------|------|----------|------|---------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| Acquired Disability | No | 52.9 | 47.1 | 88.2 | 11.8 | 76.5 | 23.5 | 82.4 | 17.6 | 76.5 | 23.5 | 100.0 |
| | Yes | 47.0 | 53.0 | 74.7 | 25.3 | 68.7 | 31.3 | 71.1 | 28.9 | 68.7 | 31.3 | 100.0 |
| | p-value | 0.791 | | 0.346 | | 0.727 | | 0.549 | | 0.727 | | |
| | C | - | | - | | - | | - | | - | | |
| Congenital Disability | No | 100.0 | 0.0 | 100.0 | 0.0 | 100.0 | 0.0 | 100.0 | 0.0 | 100.0 | 0.0 | 100.0 |
| | Yes | 43.5 | 56.5 | 69.6 | 30.4 | 60.9 | 39.1 | 65.2 | 34.8 | 78.3 | 21.7 | 100.0 |
| | p-value | < 0.001** | | 0.029* | | 0.006** | | 0.013* | | 0.136 | | |
| | C | 0.582 | | 0.384 | | 0.450 | | 0.417 | | - | | |

* Statistical Significance at 0.05

** Statistical Significance at 0.01

4.6.2 Relationships between experience of intimate partner violence and experience of gender inequity by educational levels of WPDs

Data from table 4.32 showed relationships between, experience of gender inequity and experience of intimate partner violence by educational level of WPDs.

The results did not show any association between experience of gender inequity, and experience of intimate partner violence against WPDs in the group of secondary or higher education level.

However, the data presented that in the group of WPDs who was uneducated and had elementary level of education, there was a significant association between experience of gender inequity and experience of intimate partner violence by emotional and psychological violence (p -value = 0.043, $C = 0.271$) (Referred to Appendix table A.6–A.10).

In conclusion, the group of women who had low educational level who experienced gender inequity, tend to experience of emotional and psychological violence by their intimate partner. Therefore, education is another factor to give WPDs fundamental knowledge as a power to bargain with inequity within the relationship. It could be the key factor to initiate the WPDs to leave or negotiate with violence situations. Recognized the violence is the beginning of solving problem of IPV, in which a kind of violence that mostly happen under the shelter.

Table 4.32 Relationships between experience of intimate partner violence and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | Total |
|-------------------------------|----------------------------|---------------------------|------|----------|------|--------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| Uneducated & Elementary Level | No | 80.0 | 20.0 | 86.7 | 13.3 | 86.7 | 13.3 | 86.7 | 13.3 | 86.7 | 13.3 | 100.0 |
| | Yes | 46.6 | 53.4 | 69.0 | 31.0 | 72.4 | 27.6 | 65.5 | 34.5 | 69.0 | 31.0 | 100.0 |
| | p-value | 0.043* | | 0.211 | | 0.330 | | 0.205 | | 0.211 | | |
| | C | 0.271 | | - | | - | | - | | - | | |
| Secondary & Higher Level | No | 70.6 | 29.4 | 100.0 | 0.0 | 88.2 | 11.8 | 94.1 | 5.9 | 88.2 | 11.8 | 100.0 |
| | Yes | 45.8 | 54.2 | 79.2 | 20.8 | 60.4 | 39.6 | 75.0 | 25.0 | 72.9 | 27.1 | 100.0 |
| | p-value | 0.141 | | 0.052 | | 0.071 | | 0.157 | | 0.317 | | |
| | C | - | | - | | - | | - | | - | | |

* Statistical Significance at 0.05

4.6.3 Relationships between experience of intimate partner violence and experience of gender inequity by employment status of WPDs

Data from table 4.33 showed relationships between experiences of intimate partner violence and experiences of gender inequity by employment status of WPDs.

The results did not show showed significant relationship between experience of gender inequity and experience of intimate partner violence in the group of unemployed WPDs.

However, the data presented significant relationships between experience of gender inequity and intimate partner emotional and psychological violence (p -value = 0.048, $C = 0.240$) in the group of employed WPDs (Referred to Appendix table A.11–A.15).

To be employed is an opportunity for WPDs to access to financial autonomy. It initiates a chance to control over their resources and working is indirectly forming a network which decrease an isolation of WPDs. As the results presented that the women with physical disabilities who were employed, used to experience gender inequity, tend to experience emotional and psychological violence from their intimate partner. It is noticeable that type of violence that WPDs experienced are not severe. Hence, it can imply that to be employed and have social network can decrease a chance to WPDs to encounter intimate partner violence.

Table 4.33 Relationships between experience of intimate partner violence and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | Total |
|-------------------|----------------------------|---------------------------|------|----------|------|--------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| Employed | No | 77.3 | 22.7 | 90.9 | 9.1 | 90.9 | 9.1 | 86.4 | 13.6 | 81.8 | 18.2 | 100.0 |
| | Yes | 50.0 | 50.0 | 75.0 | 25.0 | 71.9 | 28.1 | 76.6 | 23.4 | 71.9 | 28.1 | 100.0 |
| | p-value | 0.048* | | 0.139 | | 0.126 | | 0.544 | | 0.523 | | |
| | C | 0.240 | | - | | - | | - | | - | | |
| Unemployed | No | 57.1 | 42.9 | 100.0 | 0.0 | 71.4 | 28.6 | 100.0 | 0.0 | 100.0 | 0.0 | 100.0 |
| | Yes | 38.9 | 61.1 | 75.0 | 25.0 | 66.7 | 33.3 | 61.1 | 38.9 | 69.4 | 30.6 | 100.0 |
| | p-value | 0.427 | | 0.314 | | 1.000 | | 0.076 | | 0.163 | | |
| | C | - | | - | | - | | - | | - | | |

* Statistical Significance at 0.05

4.6.4 Relationships between experience of intimate partner violence and experience of gender inequity by sources of income of WPDs

Data from table 4.34 showed relationships between intimate partner violence and gender inequity by sources of income of WPDs.

The study did not find any association between experience of gender inequity and experience of intimate partner violence in the group of WPDs who only get disability living allowance from the government.

However, it showed the significant association between experience of gender inequity and intimate partner violence in the group of WPDs who had other means of income. The data presented statistical significance between experience of gender inequity and three types of IPV which were emotional and psychological violence (p -value = 0.032, $C = 0.259$), physical violence (Fisher's exact test p -value = 0.005, $\Phi = 0.290$), and socioeconomic violence (Fisher's exact test p -value = 0.033, $\Phi = 0.235$) from the intimate partner in the group of WPDs who had other means of income (Referred to Appendix table A.16–A.20).

In conclusion, as the results of association between women with physical disabilities who had other means of income and had experienced gender inequity, they tend to experience emotional and psychological, physical violence, and socioeconomic violence from their intimate partner.

It showed that the issue of intimate partner violence against WPDs is not a one-dimensional problem. Giving a chance for the women with disabilities alone to have some earning is a solution. In patriarchal domestic environment, when the woman earns more while the man earns less, together with when average income of the family is low, violence could be a mean for the man to maintain his power in the relationship.

Table 4.34 Relationships between experience of intimate partner violence and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | Total |
|---|----------------------------|---------------------------|------|----------|------|--------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| Only get Disability Living Allowance | No | 62.5 | 37.5 | 75.0 | 25.0 | 75.0 | 25.0 | 75.0 | 25.0 | 75.0 | 25.0 | 100.0 |
| | Yes | 40.0 | 60.0 | 71.1 | 28.9 | 57.8 | 42.2 | 62.2 | 37.8 | 66.7 | 33.3 | 100.0 |
| | p-value | 0.272 | | 1.000 | | 0.455 | | 0.696 | | 1.000 | | |
| | C | - | | - | | - | | - | | - | | |
| Had Other Means of Income | No | 79.2 | 20.8 | 100.0 | 0.0 | 91.7 | 8.3 | 95.8 | 4.2 | 91.7 | 8.3 | 100.0 |
| | Yes | 50.8 | 41.2 | 75.4 | 24.6 | 73.8 | 26.2 | 75.4 | 24.6 | 73.8 | 26.2 | 100.0 |
| | p-value | 0.032* | | 0.005** | | 0.128 | | 0.033* | | 0.128 | | |
| | C / Phi | 0.259 | | 0.290 | | - | | 0.235 | | - | | |

* Statistical Significance at 0.05

** Statistical Significance at 0.01

4.6.5 Relationships between experience of intimate partner violence and experience of gender inequity by income sufficiency of WPDs

Data from table 4.35 showed relationships between intimate partner violence and experience of gender inequity by income sufficiency of WPDs.

The results did not show association between experience of gender inequity and intimate partner violence income in the group of WPDs with insufficient income.

However, in the group of WPDs who had sufficient income, the study presented significant association between experience of gender inequity, and three types of intimate partner violence which were emotional and physical violence (Fisher's exact test p -value = 0.002, Phi = 0.339), sexual violence (Fisher's exact test p -value = 0.043, Phi = 0.252) and socioeconomic violence (Fisher's exact test p -value = 0.016, Phi = 0.270) (Referred to Appendix table A.21–A.25).

Inequity of power relations among the relationships can possibly cause IPV to every relationship. Among the relationship that gender equity has been violated, could trigger any forms of violence among the WPDs and the partner. According to the results of the group of WPDs who had sufficient income showed a significant association between experience of gender inequity and experience of physical violence, sexual violence, and socioeconomic violence from their intimate partner. It could be implied that financial stability alone may not be the only factor to decrease chances of intimate partner violence. Therefore, establishing gender equity altogether with financial stability among the relationship could be the solution of violence against women with disability.

Table 4.35 Relationships between experience of intimate partner violence and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | Total |
|---------------------|----------------------------|---------------------------|------|----------|------|--------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| Sufficient | No | 80.8 | 19.2 | 100.0 | 0.0 | 92.3 | 7.7 | 96.2 | 3.8 | 92.3 | 7.7 | 100.0 |
| | Yes | 56.6 | 43.4 | 71.7 | 28.3 | 69.8 | 30.2 | 73.6 | 26.4 | 77.4 | 22.6 | 100.0 |
| | p-value | 0.063 | | 0.002** | | 0.043* | | 0.016* | | 0.127 | | |
| | Phi | - | | 0.339 | | 0.252 | | 0.270 | | - | | |
| Insufficient | No | 50.0 | 50.0 | 66.7 | 33.3 | 66.7 | 33.3 | 66.7 | 33.3 | 66.7 | 33.3 | 100.0 |
| | Yes | 35.8 | 64.2 | 75.5 | 24.5 | 64.2 | 35.8 | 66.0 | 34.0 | 64.2 | 35.8 | 100.0 |
| | p-value | 0.661 | | 0.638 | | 1.000 | | 1.000 | | 1.000 | | |
| | C | - | | - | | - | | - | | - | | |

* Statistical Significance at 0.05

** Statistical Significance at 0.01

4.6.6 Relationships between experience of intimate partner violence and experience of gender inequity by roles in the community of WPDs

Data from table 4.36 showed relationships between intimate partner violence and experience of gender inequity by roles in the community of WPDs.

The data showed significant relationships between experience gender inequity and intimate partner violence in both groups of WPDs who had and did not have roles in the community.

Regarding the group of WPDs who did not had roles in the community. The study presented statistical significance of the relationship between experience of gender inequity, and experience of sexual violence (Fisher's exact test p-value = 0.022, Phi = 0.330) that WPDs experienced from the partner.

Moreover, results of the study also presented statistical significant relationship between experience of gender inequity and experience of emotional and physical violence (Fisher's exact test p-value = 0.003, Phi = 0.340) and disability related violence (Fisher's exact test p-value = 0.043, Phi = 0.243) by the intimate partner in the group of WPDs who had roles in the community (Referred to Appendix table A.26–A.30).

It is noticeable that the women with physical disabilities who did not have roles in the community and have experienced gender inequity, tend to experience severer type of violence which is sexual violence, while the WPDs who had roles in the community experience emotional and psychological violence and disability related violence from their intimate partner.

Having roles in the community is a kind of social participation that bring the WPDs away from social isolation. Social networking together with gender equity could connect WPDs to the society. The more connection WPDs have, the less chances they will encounter intimate partner violence.

Table 4.36 Relationships between experience of intimate partner violence and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Intimate Partner Violence | | | | | | | | | | |
|------------------------|----------------------------|---------------------------|------|----------|------|--------|------|---------------|------|--------------------|------|-------|
| | | Emotional & Psychological | | Physical | | Sexual | | Socioeconomic | | Disability related | | Total |
| | | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | |
| No | No | 66.7 | 33.3 | 100.0 | 0.0 | 100.0 | 0.0 | 88.9 | 11.1 | 77.8 | 22.2 | 100.0 |
| | Yes | 57.5 | 42.5 | 77.5 | 22.5 | 60.0 | 40.0 | 72.5 | 27.5 | 77.5 | 22.5 | 100.0 |
| | p-value | 0.720 | | 0.179 | | 0.022* | | 0.420 | | 1.000 | | |
| | Phi | - | | - | | 0.330 | | - | | - | | |
| Yes | No | 78.3 | 21.7 | 91.3 | 8.7 | 82.6 | 17.4 | 91.3 | 8.7 | 91.3 | 8.7 | 100.0 |
| | Yes | 39.4 | 60.6 | 71.2 | 28.8 | 71.2 | 28.8 | 68.2 | 31.8 | 66.7 | 33.3 | 100.0 |
| | p-value | 0.003** | | 0.095 | | 0.425 | | 0.057 | | 0.043* | | |
| | Phi | 0.340 | | - | | - | | - | | 0.243 | | |

* Statistical Significance at 0.05

** Statistical Significance at 0.01

Results of the study in this part represented that which characteristics of women with physical disabilities tends to experience intimate partner violence. The study found that birth conditions, and income sufficiency are associated with intimate partner violence. And birth conditions, educational level, and income sufficiency are associated with experience of gender inequity in WPDs.

Regarding to literature review mentioning that lack of income sufficiency, being unemployed, and social isolation lead the WPDs to experience intimate partner violence. Hence, these characteristics had been brought to a further analysis to explore whether they are associated with experience of gender inequity and experience of intimate partner violence. The result of the analysis showed that every characteristics of WPDs; including birth conditions, educational level, employment status, sources of income, income sufficiency, and roles in the community, if the WPDs used to experience gender inequity, they tend to experience intimate partner violence as well.

In conclusion, solving intimate partner violence could be done by supporting education, increase job employment, and encourage social participation to increase power of negotiation to WPDs. However, to get rid of violence against WPDs, raising social awareness of gender inequity is also necessary.

When the women with disability can access to control over the resources, attend a proper education, have participation in the society, and has been treated equally without being discriminated in both productive and reproductive spheres, the problem of intimate partner violence against WPDs will be lessen too.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

This chapter provided conclusions of the study, discussions, and recommendations according to intimate partner violence against women with physical disabilities. The content of this chapter has been provided as follows:

5.1 Conclusions

5.1.1 Characteristics of women with physical disabilities and their intimate partner

The study collected data from 138 women with physical disabilities, aged between 18–45 years old who was in a relationship with an intimate partner during the period of data collection. Most of the women were at the late adult stepping into middle age, aged between 40–44 years old. Most of them had duration of disability between 30–39 years, about 27.5 percent were the women with congenital disability and 72.5 percent were the women with acquired disability. We can imply that they have lived, learned, and struggled through a life as a person with disabilities for more than three decades. Most of the WPDs lived with the intimate partner as a married couple or cohabitant partner, some of them have got some children to take care of, and some of them also have the responsibility to take care of other family members and give them financial support.

Regarding to productive role of women with physical disabilities. The highest education level that most of the women had was upper elementary level, while as same as the intimate partner. The WPDs about 68.8 percent were employed with an average income about 8,800 THB/month. The WPDs about 37.7 percent had sufficient income without any savings, while 29.7 percent of them did not have enough income and have some debts. Moreover, the WPDs about 35.5 percent had some roles within the community.

5.1.2 Prevalence of intimate partner violence

The data showed that women with physical disabilities about 39.8 percent never experienced the violence from their intimate partner, while WPDs about 60.2 percent have experienced the violence from their partner. Most of the WPDs experienced IPV at low level which is about 1–10 forms of violence. Among the forms of IPV, the WPDs either experienced basically emotional and psychological violence or mixed with other types of violence.

The WPDs experienced emotional and psychological violence the most at 47.1 percent which included being yelled or shouted at 43.5 percent. Sexual violence ranked the second at 36.2 percent while WPDs about 19.6 percent had been accused from the intimate partner about her having affair. Interestingly, women with physical disabilities did not only experience sexual violence in domestic area, but also experienced it in the public by being sexually criticized by the intimate partner too.

Moreover, WPDs about 25.4 percent experienced violence related to disability; WPDs about 14.5 percent was refused from the intimate partner to assist her daily routine tasks such as taking bath or traveling. Finally, the WPDs also experienced physical violence about 21.7 percent. Even though this type of violence ranked the last, but as the number showed one-fifth of WPDs had experienced it, it could mean that this amount of number should also be well-concerned.

5.1.3 Prevalence of gender inequity

Examining the prevalence of gender inequity between women with physical disabilities and their intimate partner. The data showed that WPDs has been challenging on productive and reproductive tasks the most. The WPDs about 37.0 percent had to take care of all the household tasks and childbearing alone and had been refused by the intimate partner to assist at 10.1 percent.

Moreover, about one-third of WPDs also took care of family and debts alone while the challenge was that the intimate partner still be the one were the decision maker of the family at 31.2 percent and about 27.5 percent of the partner had a full power to control over resources. Some of WPDs challenged in basic and structural needs as they could not fulfilled the sexuality needs of the intimate partner. According to that, it caused the problem about infidelity at 12.3 percent, and they had

been physically or verbally abused at 13.0 percent. Finally, physical difficulty and dependable conditions of the WPDs has excluded them from opportunities and society such as not being supported from the intimate partner to participate activities hosted by their workplace at 10.1percent, not being supported to participate self-development program at 6.3 percent and not being supported to participate social movement at 5.8 percent.

Even though WPDs that have experienced gender inequity is in the lesser amount, it must be critically noted that those WPDs are in a higher challenge situation and possibly at the higher risk of getting severer consequences compare to other groups.

5.1.4 Relationships between characteristics of women with physical disabilities and experience of intimate partner violence

Unbalanced of gender relations between women with disabilities and intimate partner is significantly associated to intimate partner violence against WPDs. The study showed that the women with acquired disability are more likely to experience intimate partner violence than women with congenital disability in low level (38.0% vs 21.0%) and moderate/high level (29.0% vs 21.0%). Additionally, the woman with physical disabilities who had insufficient income are more likely to experience IPV than WPDs with sufficient income in low level (35.6% vs 31.6%) and moderate/high level (37.3% vs 19.0%).

5.1.5 Relationships between levels of gender inequity and experience of intimate partner violence against women with physical disabilities

The structure of gender inequity used in this study had 4 pillars, including 1) productive and reproductive tasks, 2) access and control over resources between men and women, 3) basic and structural needs of men and women, and 4) opportunity and social exclusion. The result of the study found that the relationship between gender inequity and intimate partner violence against women with physical disabilities was relatively significant ($C = 0.437$ p-value < 0.01). When explored into each type of violence, the result also indicated that gender inequity was significantly associated with all types of intimate partner violence. It could be implied that the tendency of intimate partner violence relatively depends on the level of gender inequity. If the

gender inequity is low, the IPV tends to be in the low level. And when the level of gender inequity is high, the IPV violence also tends to be relatively higher as well.

5.1.6 Relationships between experience of gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities

The study in this part presented relationships between experience of gender inequity and experience of intimate partner violence by characteristics of women with physical disabilities. It found that the women with congenital disability and women who were employed, had more means of income, had sufficient income, and had roles in the community tended to experience more intimate partner violence. The higher of gender inequity WPDs have experienced, the more intimate partner violence is relatively increased in all types including, emotional violence, physical violence, sexual violence, socioeconomic violence, and violence related to disability. The financial autonomy of WPDs alone was not enough to leverage patriarchal power between WPDs and their intimate partner.

5.2 Discussions

5.2.1 Problematic size of intimate partner violence in Thailand

Most of the research about intimate partner violence in Thailand studied in a small scale. However, the results retrieving from the studies presented that women in Thailand are facing high prevalence of intimate partner violence. For example, 1) A study of Atchara (2541) found that women in Bangkok about 21.0 percent experienced physical violence from the intimate partner, 2) In rural area of Sa Kaeo province, about 87.0 percent about the women experienced physical violence, sexual violence, and emotional violence from the intimate partner.

Archavanichkul, et. al (2547) mentioned that intimate partner violence is a generally happened all over Thailand. However, most of the studies were inconsistency recorded, lack of clear definitions, and the sampling groups used in those studies could not represent the situation of intimate partner violence in macroscale. So, Archavanichkul, et. al have conducted a macroscale research about

intimate partner violence against women in Thailand. The study found that the women in Bangkok experienced physical and sexual violence from the intimate partner during the past year about 8.0 vs 17.0 percent, while prevalence of IPV the women in rural area were slightly higher at 13.0 vs 16.0 percent.

In this study, the prevalence of intimate partner violence against women with physical disabilities showed that WPDs about 21.7 percent experienced physical violence and about 28.8 percent experienced sexual violence from the intimate partner. From the results, it can be implied that prevalence of intimate partner violence against WPDs is higher than women without disabilities.

However, there are many more facets of intimate violence against women with disabilities to be explored and the cause of the violence can be varied. In accordance to this study inequity of power relations are associated intimate partner violence. To explore more into the causes of problem would be benefit for WPDs to attain a better quality of life and live free from the violence.

5.2.2 Gender ideology over life's sphere of women with disabilities

Intimate partner violence against women with disabilities reflects gender inequity within the household of WPDs. As the results showed that the violence has been continuing for a year and predictably that it is possibly to be continued, unless both women with disability and the intimate partner can pursue gender equity within the relationship. If patriarchal system still controls over life of women with disability in both private and public spheres, the violence continues.

Disability, femininity, and gender inequity led the women with disability to difficult conditions. They had been isolated, undignified, and depowered. Help is needed throughout the routine tasks. Life is dependable and vulnerable to encounter the violence in every spheres. So, life of women with disability is intertwined by many status (women with disability, wife, mother, etc.). Each role was embedded by its ideology within WPDs herself.

Gender inequity is influenced by historical and structural power imbalance between women and men. It can increase the risk of violence by men against women. For instance, traditional beliefs men have a right to control women make women vulnerable to violence by men (Heise, L., & Garcia-Moreno, C., 2002). Regarding the

relationships between roles of WPDs in the community, it is notified that the women who did not have any role in the community have significantly experienced sexual violence including sexuality forced, infidelity, and/or forced to post for pornographic pictures. While the WPDs who have roles in the community experienced lighter violence as in emotional and psychological violence. It could be implied that isolation leads the women into a severe and prolonging violence, while community network can indirectly prevent WPDs from experiencing violence from the intimate partner.

In highly patriarchal societies, such as Bangladesh, where traditional gender paradigms exist, women, in both custom and have remained subordinates to men in almost all aspects of their lives. A woman's freedom to exercise her own judgement in her own interest is greatly restricted (Khan, M, 2002 & Kabeer, N., 2005). The family is the central focus, and women are identified as mother and rather than as individuals in her own right. The ongoing perception is of men's responsibility to be the sole breadwinner and placement of restrictions on the behaviour and mobility of women (Hadi, A., 2001). These inequalities can increase the risks of abuse, violence in the relationships and exploitation of women.

5.2.3 Gender inequity over productive and reproductive tasks of women with disabilities

The results emphasized that the partner had controlled and owned most of household resources such as house, land, and other properties while the reproductive tasks belonged to the responsibility of WPDs. Some of the intimate partner did not take household's tasks to his responsibility. Women with disability has been living under the ideology of a good wife and good mother under the power of gender relations. The WPDs has been expected to conform roles as a wife, a mother, and/or a daughter in law. However, conditions of disability cause those roles not to be done perfectly. The intimate partner violence occurred in accordance to unfulfillment of those expectations.

Women with disability received the income about 8,800 THB/month while the partner had a slightly higher income at 9,000 THB/month. However, some of the WPDs still responsible for household tasks, childbearing, and family expenditures while the partners refused to assist. Although some of them reported that the family

income is sufficient, it is debatable whether these amounts of earnings are sufficient for the family to pursue a good quality of life.

Unexpectedly results of the study presented the relationships between income and intimate violence against women with physical disabilities. It showed that WPDs with income tended to experience IPV more than WPDs who only received living allowance from the government. Hence, if financial independency is not a significant factor to decrease intimate partner violence against WPDs, then gender inequity must be a major one.

The women with disability who experienced gender inequity tended to experience more intimate partner violence. However, gender inequity between WPDs and the intimate partner could not be sustainably solved only by giving financial support to the WPDs. It is also important that both of WPDs and their intimate partner have financial autonomy altogether. Income insufficiency and debts are significantly stimulating to trigger the violence within the family. Coping these issues based on gender inequity must be challenging because imbalanced of the power relations could possibly cause intimate partner violence against WPDs.

In conclusion, dimensions of gender inequities were significant predictors of experiencing IPV among WPDs. Effective interventions can reduce IPV, and gender inequities needs to be considered as important culture determinants. It is important to have strategies, programs, and policies that aim to improve women's access and control over financial and non-financial resources through different types of empowerment programs. The potential of WPDs that will be enhanced by the empowered programs will lead to reduce IPV in women with disabilities (Schuler, S. R., & Hashemi, S., 1994). Governments should implement laws to provide more equitable access to assistant services and technology, to improve women's economic status and thus strengthen their quality of life. Moreover, supporting women to have access and control over their resources and economic situation is also vital. The weaknesses in existing laws to prevent IPV need to be identified. Families and community should be educated regarding the importance off a woman's autonomy regarding all aspects of life. More to that, this is important to raise awareness among women with disabilities about their rights to enhance their ability to challenge existing norms (Rahman, M., et al., 2013) and pursue a good quality of life by having a better socioeconomic status and live the life with equity in all aspects.

5.3 Recommendations

1. Solving intimate partner violence against women with disabilities, a clear comprehension of how the power between women with disabilities and the intimate partner constructed and what ideologies that influencing their life is important. To strengthen the identity for women with disabilities could be a solution for them to go against the power of social construction that have controlled over their life spheres. Hence, research that present problematic situation of intimate partner violence is necessary. It is important to know that what are the types and forms of violence, how large the problem size is, and what caused violence. To strengthen the identity and depowered gender inequity construction, it is important to realize about equity, and rights to live with a good qualitative of life for everyone.

2. There are some inaccuracy beliefs that the victims of intimate partner violence can easily leave the abusers and get effective help to address the abuse. According to the isolation and dependency experienced by intimate violence victims who have disabilities make it even more difficult for them to terminate the relationship and to get help. Isolation is an obstacle for the women with disability to inform the violence. It is more difficult to the WPDs to stop and escape the violence situation. Dependency conditions that needed someone to assist the routine tasks such as shower or meals preparation in severe cases and need assistance while travelling. Leaving a violence may have led them to meet more obstacles. So, the surveillance system is essential to play important part of rescuing, cure, and provide solutions for women with disabilities to attain a good quality of life.

3. Leaving abusive intimate partner, for example, presumes that women with disabilities have other and care option available. However, a research from Plummer and Findley (2012) found that some domestic violence shelters and agencies lack access to various disability resources such as sign language interpreter. Friends and relatives of the victim may lack of the space, time, and knowledge to take on care giving responsibilities, or victim may resist burdening them in this way. Victims with disabilities may also be afraid that reporting abuse or leaving the abuser may also increase their social isolation, given that their social networks may already be limited, and the abuser may reinforce this vulnerability (Gilson, et al., 2001 & Hassouneh-Phillips, 2005).

4) To begin resolving this issue, the high prevalence of intimate partner violence against women with disability need to be highlighted beyond services and it is important that all related sectors need to be working simultaneously on preventing the violence from happening at the first place. Structural and underlying causes and risk factors should be addressed to prevent intimate partner violence against women with disability. Additionally, multisectoral services, programs, and responses intimate partner violence against women with disability must be strengthen (WHO, 2013).

5) The factors about economic and sociocultural need to be addressed. Promising prevention programs exist, particularly on intimate partner violence, need to be tested and scaled up. Interventions for prevention include: challenging social norms that support male authority and control over women and that condone violence against women with disability; reducing level of exposure to violence; reforming discriminatory family law; strengthening women's economic rights; eliminating gender inequalities in access to formal wage employment and secondary education also point to the need to address social and cultural norms around masculinity, gender power relationship and violence (WHO, 2013). Further investigation the causal link between multidimensional aspects of gender inequity and IPV will be critical to developing interventions to reduce the risk of IPV and should be considered a public health research priority (Rahman, M. et al., 2013).

6) The help system should be available online, and the accessibility to it should be user friendly, such as Facebook page, Twitter, Line, or on other well-known platform where the women with disabilities can easily access.

7) Women with disabilities need professional workers to assist in every particular way to get them away from the abuser, while they can possibly get to the place where they can attain a good quality of life and have the secure community to live in, without being isolate from the society. Especially, the help should be located in accessible area or at least the surveillance should form the network with other professional workers such as local police, hospital, social workers, occupational training centers, relatable organizations; working as a network to give a full support for the people with disabilities who is in need of help.

8) All types of violence that the women with disabilities has experienced will affect them either physically or mentally. To cure that, rehabilitation counsellor

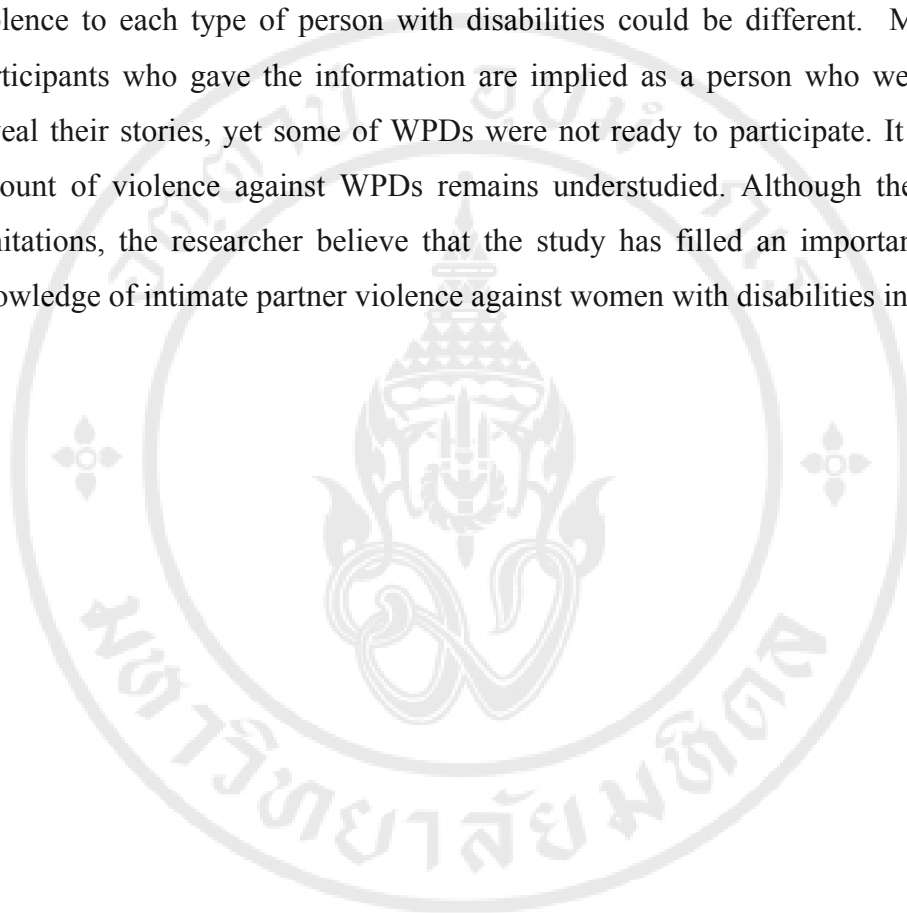
will have an important role to heal and help them. As in the process of rehabilitation covers emotional and psychological counselling to help the victims get over from past abusive experiences, occupational counselling to help the people with disabilities to find out the job related to their interest or give them the opportunity to train and practice new skills to be able to work and have their own income, or assist them to get a job in any organizations. Moreover, rehabilitation counsellor will also follow up and keep up with the employer to make sure if the people with disabilities are well-adapted to the new environment.

9) Moreover, empowerment counselling programs also needed to be provided to WDDs. The program should be designed for WDDs who experienced the violence to gain or restore their sense of power and control, which is severely diminished by repeated abuse. Other types of counselling and therapeutic practices, such as cognitive behavioral therapy, meditation and relaxation therapies, therapeutic horticulture, and art therapy, may also be used alone or in conjunction with empowerment counselling, depending on victims' individual needs (Miller-Perrin, C. L., et al., 2018).

10) According to methodology of the study, this study focused on making an initial prevalence of intimate partner violence against women with physical disabilities in Thailand. However, there are some gaps of the study that should be consider for further studies. 1) Regarding each type of the disabilities has different point to concerned in accordance with intimate violence issue for example the people with intellectual disability have more possibility to have sexual violence, etc. So, study about intimate partner violence by types of disabilities will give a clearer pictures of violence situation in Thailand. 2) The pros of quantitative method give a clear information about problematic size; however, it lacks life's context and emotional participation. So, mixed method methodology is an option to make the research richer in the essence of violence experiences. 3) Having a study related to the part of the perpetrators is also an important part. Acknowledge the causes of performing violence can be a good way to prevent the violence against women with disability. Moreover, extending to inequity caused by other care takers, healthcare professionals, and government officers can also give a bigger picture of violence situation in Thailand.

5.3 Limitations of the Study

There are some limitations applied to the study; the samples used in the study could not be a representative of the populations. Regarding to the various types, severity of disabilities, exclusion of non-completed questionnaires and specification of violence to each type of person with disabilities could be different. Moreover, the participants who gave the information are implied as a person who were willing to reveal their stories, yet some of WPDs were not ready to participate. It means some amount of violence against WPDs remains understudied. Although there are some limitations, the researcher believe that the study has filled an important gap in the knowledge of intimate partner violence against women with disabilities in Thailand.



BIBLIOGRAPHY

- Archavanitkul, K., Kanchanachitra, C., Im-em, W., & Lerdsrisuntad, U. (2005). *Intimate Partner Violence and Women's Health in Thailand*. Institute for Population and Social Research, Mahidol University.
- Cohen, M. A., Forte, T., Mont, J. D., Hyman, I. & Romans, S. (2006). Adding insult to injury: intimate partner violence among women and men reporting activity limitations. *Annals of Epidemiology*, 16, 644–651.
- Cramer, E. P., Gilson, S. F. & Depoy, E. (2004) Women with Disabilities and Experiences of Abuse, *Journal of Human Behavior in the Social Environment*, 7(3–4), 183–199, DOI: 10.1300/J137v07n03_11
- Curry, M. A., Hassouneh-Phillips, D. and Johnston-Silverberg, A. (2001). Abuse of women with disabilities: An ecological model and review. *Violence against Women*, 7, 60–79.
- Connell, R. (2002). *Gender*. Cambridge, Polity.
- Danek, M. M. (1992). The status of women with disabilities revisited, *Journal of Applied Rehabilitation Counseling*, 23, 7–13.
- Day, T. (1995). *The health related cost of violence against women in Canada: The tip of the iceberg*. London, Ontario. Centre for research on violence against women and children.
- Department of Empowerment of Person with Disabilities. (2017). *Thailand Development Strategies for Women with Disabilities 2017–2021*. Ministry of Social Development and Human Security, Bangkok.
- Department of Empowerment of Persons with Disabilities. (2020). สถานการณ์คนพิการ: เมษายน 2563. (Situational report of persons with disabilities, April 2020, not available in English). Retrieved from <http://dep.go.th/Content/View/6113/1>.
- Denduang, N. (2011). อำนาจและความขัดแย้งบนร่างกายผู้หญิง สิทธิการเจริญพันธุ์และเพศสัมพันธ์ของวัยรุ่นหญิง: แนวคิดสตรีนิยม (Power and Conflicts on Women's Body Reproductive Rights and Sexuality of Female Adolescents: Feminism Perspective). Bangkok. Running Prepress System.

- Disabled People's International Asia Pacific Region. (2014). สรุปสถานการณ์ความรุนแรงต่อสตรีพิการ. (Summary of violence situation against women with disabilities, not available in English). Retrieved from http://www.dpiap.org/upload/2014-10-06_12-37-42.pdf.
- Dockerty, C., Varney J. and Jay-Webster R. (2015). *Disability and domestic abuse: Risk impacts and response*. Public Health England. London: Wellington House.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., & Edwards, V. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading cause to death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Fiduccia, B. F. W. (2011). *Violence against women with disabilities*. The International Network of Women with Disabilities.
- Gerschick, T. J. (2000). *Towards a theory of disability and gender*. *Signs* 25(4): 1263-1269.
- Gilson, S. F., Depoy, E., & Cramer, E. P. (2001). Linking the assessment of self-reported functional capacity with abuse experiences of women with disabilities. *Violence Against Women*, 7, 418-431.
- Hadi, A. (2001). Effects of the productive role of Bangladeshi: women on their reproductive decisions. *Asia Pacific Populations Journal*, 16: 1-14.
- Health Canada. (2002). *Violence against women*. Retrieved from <http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/violence-eng.php>.
- Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. In: Krug EG, Dahlberg, L. L., Mercy, J.A., Zwi, A. B., & Lozano, R., *World Report on Violence and Health*. Geneva, Switzerland: World Health Organization.
- Howe, Keran. (2000). *Violence against women with disabilities: An overview of the Literature*. Retrieved from <http://wwda.org.au/issues/viol/viol1995/keran>.
- Jutamas, S. (2015). โครงการศึกษารูปแบบการกระทำความรุนแรงต่อสตรีพิการและแนวทางการพัฒนาคุณภาพชีวิตสตรีพิการ (The study on forms of violence and pathway to develop quality of life in women with disabilities, not available in English). Retrieved from https://www.m-society.go.th/download/article/article_20150825112620.pdf.

- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third millennium development goal. *Gender and Development* 13: 13–24.
- Khan, M., Islam, K., Saha, K. K., Nazmul, S., & Desmet. M. (2002). *Gender inequality in health and healthcare in rural Bangladesh: Role of a health insurance program in reducing gender-gap*. Paper presented at the 130th Annual Meeting of the APHA.
- Leserman, J., Drossman, D. A., Zhiming, L., Toomey, T. C., Nachman, G., & Glogau, L. (1996). Sexual and physical abuse history in gastroenterology practice: How types of abuse impact health status. *Psychosomatic Medicine*, 58, 4–15.
- Lloyd, S. & Taluc, N. (1999). The effects of male violence on female employment. *Violence Against Women*, 5, 370–392.
- Meekosha, H. (2004). Gender and disability. *Sage Encyclopedia of Disability*, (1–14).
- Miller–Perrin, C. L., Perrin, R. D, & Renzetti, C. M. (2018). *Violence and maltreatment in intimate relationships*. California: SAGE Publications.
- Nosek, M. A. (1996). *Sexual abuse of women with disabilities*. In D. M. Krotoski, M. A. Nosek, & M. A. Turk (Eds.), *Women with physical disabilities: Achieving and maintaining health and well-being* (pp. 153–173). Baltimore: Paul H. Brookes.
- Nosek, M. A., Howland, C. A., & Hughes, R. B. (2001). The investigation of abuse and women with disabilities: Going beyond assumptions, *Violence Against Women*, 7, 477–499.
- Nosek, M. A., Foley, C., Hughes, R. and Howland, C. (2001). Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability*, 19(3), 177–189.
- Olsvik, V. M. (2006). Vulnerable, exposed and invisible: A study of violence and abuse against women with physical disabilities. *Scandinavian Journal of Disability –Research*, 8(2–3), 85–98.
- Plummer, S., & Findley, P. A. (2012). Women with disabilities' experiences with physical and sexual abuse: A review of the literature and implications for the field. *Trauma, Violence & Abuse*, 13(1), 15–29.
- Powers, L. and Oschwald, M. (2017). Violence and Abuse against People with Disabilities: Experiences, Barriers and Prevention Strategies. Retrieved from http://www.disabilities.temple.edu/programs/justice/docs/bibliographyScans/Powers_Oschwald.pdf.

- Public Health England. (2015). *Disability and domestic abuse: Risk, impact and response*. London, Wellington House.
- Rahman, M., Nakamura, K., Seino, K., & Kizuki, M. (2013). Does gender inequity increase the risk of intimate partner violence among women? Evidence from a national Bangladesh sample. *PLoS ONE* 8(12): e82423. <http://doi.org/10.1371/journal.pone.008423>.
- Registered Nurses' Association of Ontario (RNAO). (2012). *Woman abuse: Screening, identification and initial response*. Retrieved from <http://www.rnao/bestpractices>.
- Riddington, J. (1989). *Beating the "odds": Violence and women with disabilities* (Position Paper2). Vancouver, Canada: DisAbled Women's Network.
- Schuler, S. R., & Hashemi, S. (1994). Women's empowerment and contraceptive use in rural Bangladesh. *Stud Family Plann*, 25: 65–76.
- Smith, D. L. (2008). Disability, gender, and intimate partner violence: relationships from the behavioral risk factor surveillance system. *Sex Disability*, 26, 15–28.
- United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). (2012). *Incheon Strategy to 'Make the Right Real' for Persons with Disabilities in Asia and the Pacific* (pp. 1–55). Available from: <http://www.maketherightreal.net/>
- UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution/* adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <https://www.refworld.org/docid/45f973632.html>
- United Nations High Commissioner for Refugees (UNHCR). (2003). *Sexual and Gender-based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response*. United Nations High Commissioner for Refugees.
- UNWOMEN. (2011). *Programming Module on Working with the Health Sector to Address Violence against women and girls*. Retrieved from <http://www.endvownow.org>.
- U.S. Census Bureau. (2012). *American with disabilities, 2010*. Washington, DC: Author.
- WHO. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO.

WHO. (2019). *Violence against women: intimate partner and sexual violence against women*. Geneva: WHO. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/329889/WHO-RHR-19.16-eng.pdf?ua=1>

WHO. (2002). *World report on violence and health* (E. G. Krung, L. L. Dahlberg, J. A. Mercy, A. B. Zwi & R. Lozano Eds.). Geneva: WHO.





APPENDIX A
APPENDIX TABLES

1. Relationships between experience of intimate partner violence and experience of gender inequity by characteristics of WPDs

1.1 Relationships between experience of intimate partner violence and experience of gender inequity by birth conditions of WPDs

Table A.1 Relationships between experience of emotional and psychological violence and experience of gender inequity by birth conditions of WPDs

| Birth conditions | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Acquired Disability | No | 9 (52.9) | 8 (47.1) | 17 (100.0) |
| | Yes | 39 (47.0) | 44 (53.0) | 83 (100.0) |
| df = 1, Fisher's exact test p-value = 0.791 | | | | |
| Congenital Disability | No | 15 (100.0) | 0 (0.0) | 15 (100.0) |
| | Yes | 10 (43.5) | 13 (56.5) | 23 (100.0) |
| $\chi^2_c = 10.498, df = 1, C = 0.582, p\text{-value} < 0.001^{**}$ | | | | |

** Statistical Significance at 0.01

Table A.2 Relationships between experience of physical violence and experience of gender inequity by birth conditions of WPDs

| Birth conditions | Gender inequity experience | Experience of physical violence | | Total |
|---|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| Acquired Disability | No | 15 (88.2) | 2 (11.8) | 17 (100.0) |
| | Yes | 62 (74.7) | 21 (25.3) | 83 (100.0) |
| df = 1, Fisher's exact test p-value = 0.346 | | | | |
| Congenital Disability | No | 15 (100.0) | 0 (0.0) | 15 (100.0) |
| | Yes | 16 (69.6) | 7 (30.4) | 23 (100.0) |
| df = 1, Phi = 0.384, Fisher's exact test p-value = 0.029* | | | | |

* Statistical Significance at 0.05

Table A.3 Relationships between experience of sexual violence and experience of gender inequity by birth conditions of WPDs

| Birth conditions | Gender inequity experience | Experience of sexual violence | | Total |
|--|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| Acquired Disability | No | 13 (76.5) | 4 (23.5) | 17 (100.0) |
| | Yes | 57 (68.7) | 26 (31.3) | 83 (100.0) |
| $\chi^2_c = 0.121, df = 1, p\text{-value} = 0.727$ | | | | |
| Congenital Disability | No | 15 (100.0) | 0 (0.0) | 15 (100.0) |
| | Yes | 14 (60.9) | 9 (39.1) | 23 (100.0) |
| df = 1, Phi = 0.450, Fisher's exact test p-value = 0.006** | | | | |

** Statistical Significance at 0.01

Table A.4 Relationships between experience of socioeconomic violence and experience of gender inequity by birth conditions of WPDs

| Birth conditions | Gender inequity experience | Experience of socioeconomic violence | | Total |
|---|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| Acquired Disability | No | 14 (82.4) | 3 (17.6) | 17 (100.0) |
| | Yes | 59 (71.1) | 24 (28.9) | 83 (100.0) |
| df = 1, Fisher's exact test p-value = 0.549 | | | | |
| Congenital Disability | No | 15 (100.0) | 0 (0.0) | 15 (100.0) |
| | Yes | 15 (65.2) | 8 (34.8) | 23 (100.0) |
| df = 1, Phi = 0.417, Fisher's exact test p-value = 0.013* | | | | |

* Statistical Significance at 0.05

Table A.5 Relationships between experience of violence related to disability and experience of gender inequity by birth conditions of WPDs

| Birth conditions | Gender inequity experience | Experience of violence related to disability | | Total |
|--|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Acquired Disability | No | 13 (76.5) | 4 (23.5) | 17 (100.0) |
| | Yes | 57 (68.7) | 26 (31.3) | 83 (100.0) |
| $\chi^2_c = 0.121$, df = 1, p-value = 0.727 | | | | |
| Congenital Disability | No | 15 (100.0) | 0 (0.0) | 15 (100.0) |
| | Yes | 18 (78.3) | 5 (21.7) | 23 (100.0) |
| df = 1, Fisher's exact test p-value = 0.136 | | | | |

1.2 Relationships between experience of intimate partner violence and experience of gender inequity by educational levels of WPDs

Table A.6 Relationships between experience of emotional and psychological violence and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Uneducated and Elementary Level | No | 12 (80.0) | 3 (20.0) | 15 (100.0) |
| | Yes | 27 (46.6) | 31 (53.4) | 58 (100.0) |
| $\chi^2_c = 4.099, df = 1, C = 0.271, p\text{-value} = 0.043^*$ | | | | |
| Secondary and Higher Level | No | 12 (70.6) | 5 (29.4) | 17 (100.0) |
| | Yes | 22 (45.8) | 6 (54.2) | 48 (100.0) |
| $\chi^2_c = 2.171, df = 1, p\text{-value} = 0.141$ | | | | |

* Statistical Significance at 0.05

Table A.7 Relationships between experience of physical violence and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Experience of physical violence | | Total |
|--|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| Uneducated and Elementary Level | No | 13 (86.7) | 2 (13.3) | 15 (100.0) |
| | Yes | 40 (69.0) | 18 (31.0) | 58 (100.0) |
| $df = 1, \text{Fisher's exact test } p\text{-value} = 0.211$ | | | | |
| Secondary and Higher Level | No | 17 (100.0) | 0 (0.0) | 17 (100.0) |
| | Yes | 38 (79.2) | 10 (20.8) | 48 (100.0) |
| $df = 1, \text{Fisher's exact test } p\text{-value} = 0.052$ | | | | |

Table A.8 Relationships between experience of sexual violence and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Experience of sexual violence | | Total |
|---|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| Uneducated and Elementary Level | No | 13 (86.7) | 2 (13.3) | 15 (100.0) |
| | Yes | 42 (72.4) | 16 (27.6) | 58 (100.0) |
| df = 1, Fisher's exact test p-value = 0.330 | | | | |
| Secondary and Higher Level | No | 15 (88.2) | 2 (11.8) | 17 (100.0) |
| | Yes | 29 (60.4) | 19 (39.6) | 48 (100.0) |
| $\chi^2_c = 3.261, df = 1, C = 0.261, p\text{-value} = 0.071$ | | | | |

Table A.9 Relationships between experience of socioeconomic violence and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Experience of socioeconomic violence | | Total |
|---|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| Uneducated and Elementary Level | No | 13 (86.7) | 2 (13.3) | 15 (100.0) |
| | Yes | 38 (65.5) | 20 (34.5) | 58 (100.0) |
| df = 1, Fisher's exact test p-value = 0.205 | | | | |
| Secondary and Higher Level | No | 16 (94.1) | 1 (5.9) | 17 (100.0) |
| | Yes | 36 (75.0) | 12 (25.0) | 48 (100.0) |
| df = 1, Fisher's exact test p-value = 0.157 | | | | |

Table A.10 Relationships between experience of violence related to disability and experience of gender inequity by educational levels of WPDs

| Education levels | Gender inequity experience | Experience of violence related to disability | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Uneducated and Elementary Level | No | 13 (86.7) | 2 (13.3) | 15 (100.0) |
| | Yes | 40 (69.0) | 18 (31.0) | 58 (100.0) |
| df = 1, Fisher's exact test p-value = 0.211 | | | | |
| Secondary and Higher Level | No | 15 (88.2) | 2 (11.8) | 17 (100.0) |
| | Yes | 35 (72.9) | 13 (27.1) | 48 (100.0) |
| df = 1, Fisher's exact test p-value = 0.317 | | | | |

1.3 Relationships between experience of intimate partner violence and experience of gender inequity by employment status of WPDs

Table A.11 Relationships between experience of emotional and psychological violence and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Employed | No | 17 (77.3) | 5 (22.7) | 22 (100.0) |
| | Yes | 32 (50.0) | 32 (50.0) | 64 (100.0) |
| $\chi^2_c = 3.917, df = 1, C = 0.240, p\text{-value} = 0.048^*$ | | | | |
| Unemployed | No | 4 (57.1) | 3 (42.9) | 7 (100.0) |
| | Yes | 14 (38.9) | 22 (61.1) | 36 (100.0) |
| df = 1, Fisher's exact test p-value = 0.427 | | | | |

* Statistical Significance at 0.05

Table A.12 Relationships between experience of physical violence and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Experience of physical violence | | Total |
|---|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| Employed | No | 20 (90.9) | 2 (9.1) | 22 (100.0) |
| | Yes | 48 (75.0) | 16 (25.0) | 64 (100.0) |
| df = 1, Fisher's exact test p-value = 0.139 | | | | |
| Unemployed | No | 7 (100.0) | 0 (0.0) | 7 (100.0) |
| | Yes | 27 (75.0) | 9 (25.0) | 36 (100.0) |
| df = 1, Fisher's exact test p-value = 0.314 | | | | |

Table A.13 Relationships between experience of sexual violence and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Experience of sexual violence | | Total |
|--|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| Employed | No | 20 (90.9) | 2 (9.1) | 22 (100.0) |
| | Yes | 46 (71.9) | 18 (28.1) | 64 (100.0) |
| $\chi^2_c = 2.343$, df = 1, p-value = 0.126 | | | | |
| Unemployed | No | 5 (71.4) | 2 (28.6) | 7 (100.0) |
| | Yes | 24 (66.7) | 12 (33.3) | 36 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |

Table A.14 Relationships between experience of socioeconomic violence and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Experience of socioeconomic violence | | Total |
|---|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| Employed | No | 19 (86.4) | 3 (13.6) | 22 (100.0) |
| | Yes | 49 (76.6) | 15 (23.4) | 64 (100.0) |
| df = 1, Fisher's exact test p-value = 0.544 | | | | |
| Unemployed | No | 7 (100.0) | 0 (0.0) | 7 (100.0) |
| | Yes | 22 (61.1) | 14 (38.9) | 36 (100.0) |
| df = 1, Fisher's exact test p-value = 0.076 | | | | |

Table A.15 Relationships between experience of violence related to disability and experience of gender inequity by employment status of WPDs

| Employment status | Gender inequity experience | Experience of violence related to disability | | Total |
|--|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Employed | No | 18 (81.8) | 4 (18.2) | 22 (100.0) |
| | Yes | 46 (71.9) | 18 (28.1) | 64 (100.0) |
| $\chi^2_c = 0.408$, df = 1, p-value = 0.523 | | | | |
| Unemployed | No | 7 (100.0) | 0 (0.0) | (100.0) |
| | Yes | 25 (69.4) | 11 (30.6) | (100.0) |
| df = 1, Fisher's exact test p-value = 0.163 | | | | |

1.4 Relationships between experience of intimate partner violence and experience of gender inequity by sources of income of WPDs

Table A.16 Relationships between experience of emotional and psychological violence and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Only get Disability Living Allowance | No | 5 (62.5) | 3 (37.5) | 8 (100.0) |
| | Yes | 18 (40.0) | 27 (60.0) | 45 (100.0) |
| df = 1, Fisher's exact test p-value = 0.272 | | | | |
| Had other means of income | No | 19 (79.2) | 5 (20.8) | 24 (100.0) |
| | Yes | 31 (50.8) | 30 (41.2) | 61 (100.0) |
| $\chi^2_c = 4.604, df = 1, C = 0.259, p\text{-value} = 0.032^*$ | | | | |

* Statistical Significance at 0.05

Table A.17 Relationships between experience of physical violence and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Experience of physical violence | | Total |
|--|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| Only get Disability Living Allowance | No | 6 (75.0) | 2 (25.0) | 8 (100.0) |
| | Yes | 32 (71.1) | 13 (28.9) | 45 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |
| Had other means of income | No | 24 (100.0) | 0 (0.0) | 24 (100.0) |
| | Yes | 46 (75.4) | 15 (24.6) | 61 (100.0) |
| df = 1, Phi = 0.290, Fisher's exact test p-value = 0.005** | | | | |

** Statistical Significance at 0.01

Table A.18 Relationships between experience of sexual violence and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Experience of sexual violence | | Total |
|--|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| Only get Disability Living Allowance | No | 6 (75.0) | 2 (25.0) | 8 (100.0) |
| | Yes | 26 (57.8) | 19 (42.2) | 45 (100.0) |
| df = 1, Fisher's exact test p-value = 0.455 | | | | |
| Had other means of income | No | 22 (91.7) | 2 (8.3) | 24 (100.0) |
| | Yes | 45 (73.8) | 16 (26.2) | 61 (100.0) |
| $\chi^2_c = 2.320$, df = 1, p-value = 0.128 | | | | |

Table A.19 Relationships between experience of socioeconomic violence and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Experience of socioeconomic violence | | Total |
|---|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| Only get Disability Living Allowance | No | 6 (75.0) | 2 (25.0) | 8 (100.0) |
| | Yes | 28 (62.2) | 17 (37.8) | 45 (100.0) |
| df = 1, Fisher's exact test p-value = 0.696 | | | | |
| Had other means of income | No | 23 (95.8) | 1 (4.2) | 24 (100.0) |
| | Yes | 46 (75.4) | 15 (24.6) | 61 (100.0) |
| df = 1, Phi = 0.235, Fisher's exact test p-value = 0.033* | | | | |

* Statistical Significance at 0.05

Table A.20 Relationships between experience of violence related to disability and experience of gender inequity by sources of income of WPDs

| Sources of income | Gender inequity experience | Experience of violence related to disability | | Total |
|--|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Only get Disability Living Allowance | No | 6 (75.0) | 2 (25.0) | 8 (100.0) |
| | Yes | 30 (66.7) | 15 (33.3) | 45 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |
| Had other means of income | No | 22 (91.7) | 2 (8.3) | 24 (100.0) |
| | Yes | 45 (73.8) | 16 (26.2) | 61 (100.0) |
| $\chi^2_c = 2.320$, df = 1, p-value = 0.128 | | | | |

1.5 Relationships between experience of intimate partner violence and experience of gender inequity by income sufficiency of WPDs

Table A.21 Relationships between experience of emotional and psychological violence and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|--|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Sufficient | No | 21 (80.8) | 5 (19.2) | 26 (100.0) |
| | Yes | 30 (56.6) | 23 (43.4) | 53 (100.0) |
| $\chi^2_c = 3.458$, df = 1, p-value = 0.063 | | | | |
| Insufficient | No | 3 (50.0) | 3 (50.0) | 6 (100.0) |
| | Yes | 19 (35.8) | 34 (64.2) | 53 (100.0) |
| df = 1, Fisher's exact test p-value = 0.661 | | | | |

Table A.22 Relationships between experience of physical violence and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Experience of physical violence | | Total |
|--|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| Sufficient | No | 26 (100.0) | 0 (0.0) | 26 (100.0) |
| | Yes | 38 (71.7) | 15 (28.3) | 53 (100.0) |
| df = 1, C = 0.339, Fisher's exact test p-value = 0.002** | | | | |
| Insufficient | No | 4 (66.7) | 2 (33.3) | 6 (100.0) |
| | Yes | 40 (75.5) | 13 (24.5) | 53 (100.0) |
| df = 1, Fisher's exact test p-value = 0.638 | | | | |

** Statistical Significance at 0.01

Table A.23 Relationships between experience of sexual violence and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Experience of sexual violence | | Total |
|---|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| Sufficient | No | 24 (92.3) | 2 (7.7) | 26 (100.0) |
| | Yes | 37 (69.8) | 16 (30.2) | 53 (100.0) |
| df = 1, Phi = 0.252, Fisher's exact test p-value = 0.043* | | | | |
| Insufficient | No | 4 (66.7) | 2 (33.3) | 6 (100.0) |
| | Yes | 34 (64.2) | 19 (35.8) | 53 (100.0) |
| $\chi^2_c = 0.000$, df = 1, p-value = 1.000 | | | | |

* Statistical Significance at 0.05

Table A.24 Relationships between experience of socioeconomic violence and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Experience of socioeconomic violence | | Total |
|---|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| Sufficient | No | 25 (96.2) | 1 (3.8) | 26 (100.0) |
| | Yes | 39 (73.6) | 14 (26.4) | 53 (100.0) |
| df = 1, Phi = 0.270, Fisher's exact test p-value = 0.016* | | | | |
| Insufficient | No | 4 (66.7) | 2 (33.3) | 6 (100.0) |
| | Yes | 35 (66.0) | 18 (34.0) | 53 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |

* Statistical Significance at 0.05

Table A.25 Relationships between experience of violence related to disability and experience of gender inequity by income sufficiency of WPDs

| Income sufficiency | Gender inequity experience | Experience of violence related to disability | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| Sufficient | No | 24 (92.3) | 2 (7.7) | 26 (100.0) |
| | Yes | 41 (77.4) | 12 (22.6) | 53 (100.0) |
| df = 1, Fisher's exact test p-value = 0.127 | | | | |
| Insufficient | No | 4 (66.7) | 2 (33.3) | 6 (100.0) |
| | Yes | 34 (64.2) | 19 (35.8) | 53 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |

1.6 Relationships between experience of intimate partner violence and experience of gender inequity by roles in the community of WPDs

Table A.26 Relationships between experience of emotional and psychological violence and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Experience of emotional and psychological violence | | Total |
|--|----------------------------|--|-----------|------------|
| | | No | Yes | |
| No | No | 6 (66.7) | 3 (33.3) | 9 (100.0) |
| | Yes | 23 (57.5) | 17 (42.5) | 40 (100.0) |
| df = 1, Fisher's exact test p-value = 0.720 | | | | |
| Yes | No | 18 (78.3) | 5 (21.7) | 23 (100.0) |
| | Yes | 26 (39.4) | 40 (60.6) | 66 (100.0) |
| $\chi^2_c = 8.811, df = 1, C = 0.340, p\text{-value} = 0.003^{**}$ | | | | |

** Statistical Significance at 0.01

Table A.27 Relationships between experience of physical violence and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Experience of physical violence | | Total |
|--|----------------------------|---------------------------------|-----------|------------|
| | | No | Yes | |
| No | No | 9 (100.0) | 0 (0.0) | 9 (100.0) |
| | Yes | 31 (77.5) | 9 (22.5) | 40 (100.0) |
| df = 1, Fisher's exact test p-value = 0.179 | | | | |
| Yes | No | 21 (91.3) | 2 (8.7) | 23 (100.0) |
| | Yes | 47 (71.2) | 19 (28.8) | 66 (100.0) |
| $\chi^2_c = 2.786, df = 1, p\text{-value} = 0.095$ | | | | |

Table A.28 Relationships between experience of sexual violence and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Experience of sexual violence | | Total |
|---|----------------------------|-------------------------------|-----------|------------|
| | | No | Yes | |
| No | No | 9 (100.0) | 0 (0.0) | 9 (100.0) |
| | Yes | 24 (60.0) | 16 (40.0) | 40 (100.0) |
| df = 1, Phi = 0.330, Fisher's exact test p-value = 0.022* | | | | |
| Yes | No | 19 (82.6) | 4 (17.4) | 23 (100.0) |
| | Yes | 47 (71.2) | 19 (28.8) | 66 (100.0) |
| $\chi_c^2 = 0.638$, df = 1, p-value = 0.425 | | | | |

* Statistical Significance at 0.05

Table A.29 Relationships between experience of socioeconomic violence and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Experience of socioeconomic violence | | Total |
|--|----------------------------|--------------------------------------|-----------|------------|
| | | No | Yes | |
| No | No | 8 (88.9) | 1 (11.1) | 9 (100.0) |
| | Yes | 29 (72.5) | 11 (27.5) | 40 (100.0) |
| df = 1, Fisher's exact test p-value = 0.420 | | | | |
| Yes | No | 21 (91.3) | 2 (8.7) | 23 (100.0) |
| | Yes | 45 (68.2) | 21 (31.8) | 66 (100.0) |
| $\chi_c^2 = 3.628$, df = 1, p-value = 0.057 | | | | |

Table A.30 Relationships between experience of violence related to disability and experience of gender inequity by roles in the community of WPDs

| Roles in the community | Gender inequity experience | Experience of violence related to disability | | Total |
|---|----------------------------|--|-----------|------------|
| | | No | Yes | |
| No | No | 7 (77.8) | 2 (22.2) | 9 (100.0) |
| | Yes | 31 (77.5) | 9 (22.5) | 40 (100.0) |
| df = 1, Fisher's exact test p-value = 1.000 | | | | |
| Yes | No | 21 (91.3) | 2 (8.7) | 23 (100.0) |
| | Yes | 44 (66.7) | 22 (33.3) | 66 (100.0) |
| $\chi^2_c = 4.080, df = 1, C = 0.243, p\text{-value} = 0.043^*$ | | | | |

* Statistical Significance at 0.05

APPENDIX B

RESEARCH QUESTIONNAIRES

แบบสอบถาม

เรื่อง: ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว (Intimate partner violence against women with physical disabilities)

ผู้วิจัย: นางสาวฉัตรานี นุ่นจันทน์

คำชี้แจง: แบบสอบถามชุดนี้ใช้เป็นส่วนหนึ่งในการทำวิทยานิพนธ์ เรื่อง “ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว โดยมีวัตถุประสงค์ 1) เพื่อศึกษาข้อมูลประชากรและสถานะทางสังคมและเศรษฐกิจของสตรีพิการทางการเคลื่อนไหว 2) เพื่อศึกษาอัตราการเกิดความรุนแรงอันเกิดจากความไม่เป็นธรรมระหว่างเพศและความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว 3) เพื่อศึกษาความสัมพันธ์ระหว่างสถานะทางเศรษฐกิจและสังคม และความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว และ 4) เพื่อศึกษาความสัมพันธ์ระหว่างความไม่เป็นธรรมระหว่างเพศและความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว รายละเอียดเกี่ยวกับแบบสอบถามมีดังนี้

ส่วนที่ 1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม

คำชี้แจง กรุณาทำเครื่องหมาย / ลงใน () หรือเติมข้อความลงในช่องว่างที่ตรงกับคำตอบของท่านมากที่สุด

1. ท่านอายุ ปี
2. ระยะเวลาที่ท่านเกิดความพิการ ปี
3. ระดับการศึกษาสูงสุดของท่าน
 - () 1. ไม่ได้เข้าเรียนในโรงเรียน
 - () 2. ประถมศึกษาตอนต้น (ป.1 – ป.3)
 - () 3. ประถมศึกษาตอนปลาย (ป.4 – ป.6)
 - () 4. มัธยมศึกษาตอนต้น (ม.1 – ม.3)
 - () 5. มัธยมศึกษาตอนปลาย (ม.4 – ม.6)
 - () 6. ประกาศนียบัตรวิชาชีพ (ปวช.)
 - () 7. ประกาศนียบัตรวิชาชีพชั้นสูง (ปวส.)
 - () 8. ปริญญาตรี.....
 - () 9. สูงกว่าปริญญาตรี
 - () 10. อื่นๆ (โปรดระบุ)
4. ระดับการศึกษาของสามี/แฟนท่าน
 - () 1. ไม่ได้เข้าเรียนในโรงเรียน
 - () 2. ประถมศึกษาตอนต้น (ป.1 – ป.3)
 - () 3. ประถมศึกษาตอนปลาย (ป.4 – ป.6)
 - () 4. มัธยมศึกษาตอนต้น (ม.1 – ม.3)
 - () 5. มัธยมศึกษาตอนปลาย (ม.4 – ม.6)
 - () 6. ประกาศนียบัตรวิชาชีพ (ปวช.)
 - () 7. ประกาศนียบัตรวิชาชีพชั้นสูง (ปวส.)
 - () 8. ปริญญาตรี
 - () 9. สูงกว่าปริญญาตรี
 - () 10. อื่นๆ (โปรดระบุ).....

5. สถานภาพการสมรสของท่าน
- () 1. โสดแต่อยู่กินกับคู่รัก/แฟน () 2. แต่งงานอยู่กินกับสามี () 3. หย่าร้าง
 () 4. แยกกันอยู่แต่ยังไม่ได้หย่าร้าง () 5. หม้ายเนื่องจากสามีเสียชีวิต
6. สถานภาพการจ้างงานในปัจจุบันของท่าน
- () 1. ลูกจ้างรายวัน () 2. ลูกจ้างรายเดือน () 3. ลูกจ้างเหมาช่วง
 () 4. ไม่ได้ทำงาน () 5. อื่นๆ (โปรดระบุ)
7. สถานภาพการจ้างงานในปัจจุบันของแฟน/สามีท่าน
- () 1. ลูกจ้างรายวัน () 2. ลูกจ้างรายเดือน () 3. ลูกจ้างเหมาช่วง
 () 4. ไม่ได้ทำงาน () 5. อื่นๆ (โปรดระบุ)
8. ปัจจุบันท่านมีรายได้หรือไม่
- () มีรายได้จากเบี้ยคนพิการ () มีรายได้จากการทำงาน (ถ้ามี กรุณากรอกรายละเอียดข้อ 8.1 – 8.5)
 () ไม่มีรายได้ (ข้ามไปตอบข้อ 9)
- 8.1 ค่าจ้าง บาท/เดือน
 8.2 ค่าจ้างล่วงเวลา..... บาท/เดือน
 8.3 ค่าทำงานพิเศษอื่นๆ (โปรดระบุ) เป็นจำนวนบาท/เดือน
 8.4 ชั่วโมงในการทำงานปกติของท่าน..... ชั่วโมง/วัน
 8.5 ชั่วโมงการทำงานล่วงเวลาของท่าน ชั่วโมง/วัน
9. รายได้ปัจจุบันของแฟน/สามีท่าน
- 9.1 ค่าจ้าง บาท/เดือน
 9.2 ค่าจ้างล่วงเวลา..... บาท/เดือน
 9.3 ค่าทำงานพิเศษอื่นๆ (โปรดระบุ)..... เป็นจำนวน.....บาท/เดือน
10. ท่านคิดว่ารายได้ที่ท่านและแฟน/สามีของท่านได้รับในปัจจุบัน เพียงพอสำหรับใช้จ่ายในชีวิตประจำวันหรือไม่
- () 1. พอกินพอใช้แต่ไม่เหลือเก็บ () 2. พอใช้และมีเหลือเก็บบ้าง () 3. ไม่พอและมีหนี้สินเล็กน้อย
 () 4. ไม่พอและมีหนี้สินมาก () 5. อื่นๆ (โปรดระบุ)
11. ท่านเป็นสมาชิกของสมาคมคนพิการใดๆ หรือไม่
- () 1. เป็น (โปรดระบุชื่อสมาคม)
 () 2. ไม่เป็น เนื่องจาก
12. ท่านได้รับเงินเดือน/ค่าจ้าง หรือ เบี้ยเลี้ยงคนพิการตามที่กฎหมายกำหนดทุกครั้ง
- () 1. ได้ทันที () 2. ได้แต่ล่าช้า () 3. ไม่เคยได้เลย
13. ท่านมีบทบาทในการเป็นผู้นำหรือทำหน้าที่ใดในชุมชนของท่านหรือไม่
- () 1. มี (โปรดระบุ)..... () 2. ไม่มี
14. ในครอบครัวของท่าน มีสมาชิกในครอบครัวจำนวน.....คน

15. ท่านมีบุตรหรือไม่

() มี จำนวน คน () ไม่มีบุตร

16. ในครอบครัวของท่าน มีสมาชิกในครอบครัวที่ไม่มีรายได้ที่ท่านต้องดูแลเรื่องค่าใช้จ่ายจำนวน..... คน

17. ในครอบครัวของท่าน ผู้รับผิดชอบค่าใช้จ่ายหลักของบ้าน คือ

ส่วนที่ 2 แบบสอบถามเกี่ยวกับอำนาจความสัมพันธ์จากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว

คำชี้แจง กรุณาทำเครื่องหมาย (/) ลงในช่องที่ตรงกับประสบการณ์ของท่านมากที่สุด

| ข้อ | คำถาม | ใช่ | ไม่ใช่ |
|-----|--|-----|--------|
| 1. | ท่านเป็นผู้รับภาระการทำงานบ้านและเลี้ยงดูบุตรเพียงผู้เดียว | | |
| 2. | สามี/แฟนของท่านเป็นผู้ควบคุมค่าใช้จ่ายในครอบครัว | | |
| 3. | สามี/แฟนของท่านเป็นเจ้าของทรัพย์สิน เช่น บ้าน รถยนต์ หรือรถมอเตอร์ไซด์ | | |
| 4. | ท่านเป็นผู้รับภาระค่าใช้จ่ายและหนี้สินของครอบครัว | | |
| 5. | สามี/แฟนของท่าน ไม่สนับสนุนท่านเมื่อท่านต้องการเข้าร่วมกิจกรรมต่างๆ กับที่ทำงาน | | |
| 6. | สามี/แฟนของท่าน ไม่สนับสนุนท่านเมื่อท่านต้องการอบรมพัฒนาตนเอง | | |
| 7. | สามี/แฟนของท่าน ไม่สนับสนุนท่านเมื่อท่านต้องการแสดงออกในกิจกรรมทางสังคม เช่น การร่วมชุมนุม การเป็นสมาชิกชมรมหรือสมาคมต่างๆ | | |
| 8. | สามี/แฟนของท่านเคยนอกใจท่านไปมีเพศสัมพันธ์กับผู้หญิงอื่น | | |
| 9. | สามี/แฟนของท่านเที่ยวกลางคืนเป็นประจำ | | |
| 10. | สามี/แฟนของท่านเคยใช้ความรุนแรงกับท่านทั้งทางร่างกายและวาจา | | |
| 11. | สามี/แฟนของท่านไม่สนใจเมื่อท่านร้องขอให้อยู่ดูแลบ้านหรือบุตร | | |
| 12. | ท่านไม่สามารถขอให้สามี/แฟนใช้ถุงยางอนามัยได้ แม้จะมีเพศสัมพันธ์ที่ไม่ปลอดภัย เช่น เพื่อป้องกันการตั้งครรภ์หรือเพื่อป้องกันการติดต่อโรคทางเพศสัมพันธ์ | | |
| 13. | ท่านไม่สามารถปฏิเสธการมีเพศสัมพันธ์กับสามี/แฟนได้ แม้ท่านจะไม่พร้อมหรือไม่สบาย | | |

ส่วนที่ 3 แบบสอบถามเกี่ยวกับประสบการณ์ความรุนแรงจากคู่เพศสัมพันธ์ต่อสตรีพิการทางการเคลื่อนไหว

คำชี้แจง กรุณาทำเครื่องหมาย (/) ลงในช่องที่ตรงกับประสบการณ์ของท่านมากที่สุด

3.1 ประสบการณ์ความรุนแรงด้านจิตใจและอารมณ์

| ข้อ | ในระยะเวลา 12 เดือนที่ผ่านมา..... | เคย | ไม่เคย |
|-----|--|-----|--------|
| 1. | สามี/แฟนของท่าน เคยกล่าวหาท่านในสิ่งที่ไม่เป็นความจริง | | |
| 2. | สามี/แฟนของท่าน เคยตะคอกใส่ท่าน | | |
| 3. | สามี/แฟนของท่าน เคยพูดกล่าวร้ายให้ท่านเสื่อมเสีย | | |
| 4. | สามี/แฟนของท่าน เคยหว่านล้อมให้ท่านหลงเชื่อในเรื่องต่างๆ | | |
| 5. | สามี/แฟนของท่าน เคยบอกให้ท่านเชื่อฟังคำสั่งของเขา | | |
| 6. | สามี/แฟนของท่าน เคยทำร้ายหรือข่มขู่ท่านให้เกิดการทำร้ายร่างกาย | | |

3.2 ประสบการณ์ความรุนแรงด้านร่างกาย

| ข้อ | ในระยะเวลา 12 เดือนที่ผ่านมา..... | เคย | ไม่เคย |
|-----|---|-----|--------|
| 1. | สามี/แฟนของท่าน เคยเตะ ต่อย ชก หยิก จิกผม ดึงหรือผลักท่าน | | |
| 2. | สามี/แฟนของท่าน เคยบีบมือ หรือบิดแขนท่าน | | |
| 3. | สามี/แฟนของท่าน เคยบังคับให้ท่านรับประทานอาหารที่ท่านไม่ต้องการ | | |
| 4. | สามี/แฟนของท่าน เคยขว้างปาข้าวของใส่ท่าน | | |
| 5. | สามี/แฟนของท่าน เคยใช้สิ่งของทุบตีท่าน | | |
| 6. | สามี/แฟนของท่าน เคยละเลยอาการป่วยหรือบาดเจ็บของท่าน | | |

3.3 ประสบการณ์ความรุนแรงทางเพศ

| ข้อ | ในระยะเวลา 12 เดือนที่ผ่านมา..... | เคย | ไม่เคย |
|-----|---|-----|--------|
| 1. | สามี/แฟนของท่าน เคยวิพากษ์วิจารณ์ท่านในเรื่องกิจกรรมทางเพศ | | |
| 2. | สามี/แฟนของท่าน เคยบังคับให้ท่านมีเพศสัมพันธ์โดยที่ท่านไม่ยินยอม | | |
| 3. | สามี/แฟนของท่าน เคยมีคู่นอนหลายคน | | |
| 4. | สามี/แฟนของท่าน เคยกล่าวหาว่าท่านนอกใจ | | |
| 5. | สามี/แฟนของท่าน เคยบังคับให้ท่านถ่ายรูปโป๊เปลือย โดยที่ท่านไม่เต็มใจ | | |
| 6. | สามี/แฟนของท่าน เคยแสดงออกอย่างไม่เหมาะสมในเรื่องเพศกับท่านในที่สาธารณะ | | |

3.4 ประสพการณ์ความรุนแรงด้านสังคมและเศรษฐกิจ

| ข้อ | ในระยะเวลา 12 เดือนที่ผ่านมา..... | เคย | ไม่เคย |
|-----|--|-----|--------|
| 1. | สามี/แฟนของท่าน คอยควบคุมว่าท่านจะทำอะไร พบหรือพูดคุยกับใคร ท่านอ่านอะไร หรือท่านจะไปไหน | | |
| 2. | สามี/แฟนของท่าน เคยพูดจาหยาบค้ายกับเพื่อนหรือญาติของท่าน | | |
| 3. | สามี/แฟนของท่าน เคยบอกให้ท่านทำตามคำสั่งของเขาเมื่ออยู่ในที่สาธารณะ | | |
| 4. | สามี/แฟนของท่าน ไม่สนับสนุนให้ท่านเข้าร่วมกิจกรรมต่างๆภายนอกบ้าน | | |
| 5. | สามี/แฟนของท่าน เคยเอาเงินของท่านไปโดยที่ท่านไม่ยินยอม | | |
| 6. | สามี/แฟนของท่าน ไม่สนับสนุนท่านในการหารายได้ | | |

3.5 ประสพการณ์ความรุนแรงที่เกี่ยวข้องกับความพิการ

| ข้อ | ในระยะเวลา 12 เดือนที่ผ่านมา..... | เคย | ไม่เคย |
|-----|--|-----|--------|
| 1. | สามี/แฟนของท่าน เคยล้อเลียนความพิการของท่าน | | |
| 2. | สามี/แฟนของท่าน เคยกล่าวปฏิเสธที่จะทำสิ่งต่างๆให้แก่ท่าน เช่น ช่วยเหลือท่านในการทำกิจวัตรประจำวัน การทำธุระส่วนตัวของท่าน หรือการเดินทาง เป็นต้น | | |
| 3. | สามี/แฟนของท่าน เคยกักขังหน่วงเหนี่ยวท่าน | | |
| 4. | สามี/แฟนของท่าน เคยนำยาหรืออุปกรณ์ช่วยความพิการของท่านไปซ่อนหรือทำลาย | | |
| 5. | สามี/แฟนของท่าน เคยถอดแบตเตอรี่รถเข็น หรือกระทำการใดๆที่ทำให้ท่านไม่สามารถใช้อุปกรณ์ช่วยความพิการของท่านได้ | | |
| 6. | สามี/แฟนของท่าน เคยทำให้ท่านรู้สึกแย่กับร่างกายของตนเอง เช่น มองข้ามหรือไม่เห็นความสำคัญของท่าน เห็นท่านแปลกแยกจากสมาชิกคนอื่นในครอบครัว | | |

หมายเหตุ: วิธีการคิดคะแนน เคย = 1, ไม่เคย = 0

BIOGRAPHY

| | |
|-----------------------------|--|
| NAME | Miss Chatranee Nunjamnong |
| DATE OF BIRTH | 11 November 1987 |
| PLACE OF BIRTH | Surat Thani, Thailand |
| INSTITUTION ATTENDED | Silpakorn University, 2006 – 2010 Nakhon Pathom, Thailand Bachelor of Arts, (B.A., 2 nd Class Honors) (Social Sciences for Development) |
| SCHOLARSHIP RECEIVED | Ratchasuda College Scholarship |
| HOME ADDRESS | 26/3, M.2, Sriwichai Subdistrict, Phunphin District, Surat Thani, 84130 email: nath.nunjamnong@gmail.com |
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