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Multiple and Repeat Victimization of Women with Physical Disabilities

Paper presented at the 11th European Conference on
Traumatic Stress (ECOTS), Oslo, June 15-17 2009

av

Vigdis Mathisen Olsvik

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The main topics of this paper which was presented at the 11th European Conference on Traumatic Stress (ECOTS) in Oslo on June 15-17 2009 are to explore the concepts of multiple and repeat victimization with regard to violence suffered by women with physical disabilities; and to understand why some groups of people are victimized more frequently than others. In part one of this paper, I introduce the concept of multiple victimization, poly-victimization and repeat victimization together with a typology of violence grounded in the collective experience of the women in my qualitative study. I then illustrate my use of these concepts with some cases from this study. In part two, I explore different ways of understanding this type of violence with a specific focus on the theoretical perspective of intersectionality and on the value of using this concept in the analysis of power relations in abusive situations. I end the paper with some concluding remarks.

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Foreword

This paper was presented at the 11th European Conference on Traumatic Stress (ECOTS) in Oslo on June 15-17 2009. Due to demand and for easier accessibility this paper is now published at Eastern Norway Research Institute. This paper is part of my Ph.D. work on violence and abuse of women with physical disabilities at the Department of Social Work and Health Science at the Norwegian University of Science and Technology (NTNU), Trondheim. It was made possible with funding mainly from the Norwegian Centre for Violence and Traumatic Stress Studies, and I especially want to thank Head of Research Unit Ole Kristian Hjemdal for useful comments on an earlier draft. I also want to extend heartfelt thanks to my colleagues both at the Norwegian Centre for Violence and Traumatic Stress Studies and at the Eastern Norway Research Institute together with my supervisor Kristjana Kristiansen at NTNU for their kind support of my work.

Lillehammer, August 2010


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Contents

Introduction 7

Part I. The concepts of violence and multiple and repeat victimization..... 8

Part II. Understanding multiple and repeat victimization..... 12

Concluding remarks 16

References 17

Introduction

Past victimology studies have often failed to identify certain groups of multiple and repeatedly victimized people who may be at a particular risk for violence or crime. One of the groups that so far has received little attention within the field of victimology is people with disabilities. This paper wants to draw the attention of the field to specific groups such as women with disabilities who are vulnerable and at risk of multiple and repeat victimization. This study is part of my ongoing Ph.D. work related to violence against women with physical disabilities, and consists of in-depth interviews with women who have physical disabilities and talk about their subjective experience of abuse and violence (Olsvik 2006). In the exploratory part of this study, I have compiled victimization profiles of 13 women with mobility and sensory impairments in order to demonstrate the entire range of multiple and repeat victimization in the form of violence and abuse.

The main topics of this paper are:

- 1) To explore the concepts of multiple and repeat victimization with regard to the types and extent of violence suffered by women with physical disabilities; and
- 2) To try to understand why some groups of people are victimized more frequently than others using the concept of intersectionality and looking at the power relations primarily related to the social dimensions of gender, age and disability.

In part one of this paper, I introduce the concept of multiple victimization, poly-victimization and repeat victimization together with a typology of violence grounded in the collective experience of the women in my qualitative study. I then illustrate my use of these concepts with some cases from this study. In part two, I explore different ways of understanding this type of violence with a specific focus on the theoretical perspective of intersectionality and on the value of using this concept in the analysis of power relations in abusive situations. I then end the paper with some concluding remarks.

Part I. The concepts of violence and multiple and repeat victimization

In this part of the paper, I will take a closer look at the concepts of violence and multiple and repeat victimization before illustrating my use of the concepts with some cases from my qualitative study.

A broad perspective on violence

Traditionally, most of the studies within the field of victimology have dealt with multiple crime-type victimization which are often divided into personal victimization and property victimization (Hope et al. 2001; Lasley and Rosenblum 1988). Other researchers such as Finkelhor et al. (2007) have examined children's experience of violence clustered into the following six groups: sexual victimization, physical assault, peer/sibling victimization, indirect victimization, child maltreatment and property victimization. We find all these types of violence in the present study with the exception of property victimization.

The violence mentioned by the women I interviewed involved several types and degrees of violence resulting in a broad perspective on violence including both direct or personal violence committed by individuals. This is best exemplified by domestic violence and indirect or structural violence appearing, e.g. as "institutional violence" which Sobsey (1994) defines as "neglectful, psychological, physical or sexual abuse that takes place in the managed institutional care of human beings" (p. 90). One main factor in the latter type of violence is what I call "professional power" which refers, for instance, to the unequal power relations between patient and doctor, or between student and teacher. Both personal and structural violence include several dimensions of violence such as physical, emotional and sexual abuse in addition to neglect, meaning that the fundamental needs of the individual are not met or are unnecessarily delayed. In this paper, the concept of violence encompasses all types and degrees of violence including harassment and abuse. The various types and dimensions of violence will be illustrated by the cases presented at the end of part one.

Multiple and repeat victimization

The concept of multiple victimization refers to victims who have suffered two or more types of crime or violence within a specific reference period. We shall look at two somewhat different definitions of multiple victimization. The most commonly used definition is found in a study on multiple crime-type victimization by Hope et al. (2001) who defined multiple victimization as "the extent to which some households or persons are victims of more than one kind of offence over a given period" (p. 595). A more specific definition is found in a study by Finkelhor et al. (2007) who introduced the concept of poly-victimization in reference to children who had experienced at least four different types of violence in the previous year. They further divided this category into "low poly-victims" who had suffered four to six different types of violence, and "high poly-victims" who had experienced at least seven different types of violence.

In addition to focusing on multiple victimization, we also have to take into account the extent of the repetition for each type of violence. According to Hope et al. (ibid.), repeat victimization is “a time-ordered sequence of similar events suffered by the same individual victim or target” (p. 596), while Finkelhor et al. (ibid.) call those who have suffered more than one episode related to one type of violence “chronic victims”. They both concluded that we need to take a look at the long-term repetition of events and include both multiple and repeat victimizations in our work. In the present study, we find the entire range of types and degrees of both single and repeat incidents of violence and, therefore, cases of multiple victimization, poly-victimization and repeat victimization.

Life time victimization

Studies on multiple victimization have mostly limited their attention to short-term reference periods due to the fact that most of them have typically conducted surveys for the previous year. There has been an increasing awareness however of the need for a longer time perspective and for longitudinal studies. One example of this is a second study by Finkelhor et al. (2007b) in which they extended their earlier work on poly-victimization by adding a longitudinal dimension. Their new study was based on a sample of youths for whom they had two years of mental health measures as well as recent and lifetime victimization assessments. Another example is the study by Hope et al. (ibid.) which looked at crime-type victimization over a five-year reference period. The authors claim that the likelihood of victimization is significantly affected by a relatively longer term than the usual one-year reference period. They therefore call for longitudinal data, but also add that in their absence, we have to pay greater attention to using recalled information gathered through interviews. In the present study, we look retrospectively at events of violence which have occurred throughout the entire life course of the women we studied. Consequently, the concept of life time victimization shows us the cumulative experience of violence of a person’s entire life course. This study shows us that we obtain a very limited comprehension of violence by only focusing on the previous year, and that to acquire a long-term perspective of victimization there is a need for a triangulation of longitudinal surveys and qualitative studies.

Cases of multiple and repeat victimization

In the present study, we find cases of both multiple victimization and repeat victimization spanning extensive periods of time and even entire life courses.

Case no. 1 - The first case is that of a 66-year old woman who, due to hospital malpractice, had lost her ability to speak and sustained damage to her mobility and eyesight when she was in her mid-forties. Before that happened, she had already suffered from years of domestic violence at the hand of her husband although after being severely disabled, the physical and emotional violence got worse. Ten years later her husband died and her two adult sons who had witnessed the violence by their father continued the violence, which consisted mainly of aggressive behavior and threats of physical harm. Due to a dispute over some property at the time of the interview, the violence had increased to the point where she feared for her life and felt compelled to go to the police. The case was settled out of court and resulted in a written agreement which she hoped would be the beginning of a better life for herself and her family. In addition to this long-term domestic violence,

she had also experienced physical and emotional abuse including neglect and malpractice during her many stays at hospitals and rehabilitation centers.

This case is an example of long-term multiple and repeat victimization including both domestic violence by her husband and sons and institutional abuse in various hospital settings, as well as a case of malpractice which left her severely disabled. In spite of all the violence this woman had suffered, she had found her own inner strength and worked patiently to heal herself and her family from the debilitating effects of violence.

Case no. 2 - The second case concerns 33-year old woman who is mobility impaired and has used a wheelchair since early childhood. She was sexually molested by a friend of her family from the age of five until the age of 16. As a child, she did not understand what had happened and only knew that it made her feel terrible. At the age of 15, she saw a movie dealing with incest and for the first time in her life she found the words for what she was experiencing. Immediately after she finished secondary school, she moved away from her family and their friend. In addition to this 11-year long period of repeated sexual violence, she also suffered from bullying and social isolation throughout her entire elementary school in the form of the physical bullying of pushing her wheelchair to the ground and to emotional abuse in the form of gossiping and social isolation by the other students. She also had to deal with institutional neglect since the school did not make the necessary adaptations for her disability which were both physical and cognitive. All of this led to serious consequences for her both as a person and in terms of her education. She told about the countless incidents of physical and emotional abuse coupled with neglect during her frequent stays at hospitals, as well as her dealings with the centers for the allocation of aid devices, which due to their long delays put her life on hold for unnecessarily long periods of time.

This case illustrates multiple victimization, both in the form of sexual violence, bullying and social isolation, together with institutional neglect at the elementary school, hospitals and allocation centers. All these incidents were examples of repeat victimization occurring over an extended period of time. After psychiatric treatment and detoxification, she was able to free her herself from the trauma and eventually became an activist for people with disabilities.

Case no. 3 - The third case is that of a 59-year old woman who in her mid-30s became progressively mobility impaired, and has had to use a wheelchair ever since. She endured domestic violence for several years by her husband who was an alcoholic, and was physically, emotionally and sexually violated by him and some of his friends. This extensive violence resulted in serious physical damage and frequent visits to the emergency room at the local hospital. It was not until one of the employees at the emergency room took the initiative to file a complaint against her husband that the violence stopped. She explained that she was so “brainwashed” that she could not manage to end the marriage by herself. In addition to years of severe domestic violence, she also told of numerous incidents of institutional abuse over the last two decades on her visits to hospitals, rehabilitation centers and while receiving home care every morning and evening. This abuse was both physical in the form of unnecessarily harsh treatment, and emotional in regard to the lack of respect and politeness which included severe cases of neglect in personal care. She told as well about the endless delays and bad treatment that she received from the allocation centers that made

her life more difficult than it needed to be. She protested mostly in vain during the entire experience, and at the time of the interview felt exhausted and disillusioned.

This is yet another example of multiple victimization embracing both severe domestic violence and institutional violence due to her disability which required frequent visits to different hospitals. In this case, the violence also included physical, emotional and sexual violence and neglect in addition to repeat victimization over a period of several decades.

Case no. 4 - The last case concerns a 33-year old woman who has been mobility impaired since birth and has had to use a wheelchair since her early childhood. As a consequence of her impairment, she has been in and out of hospitals from her first year up until the present time. She first told me about being sexually harassed at the age of 15 during one of her many stays at a hospital. She woke up one night and discovered that the elderly night watchman had taken off her bed cover and sat staring at her. Since she was not able to leave on her own, she was horrified at being alone in a hospital room in the middle of the night with this man and feared the worst. After what seemed to her to be an eternity, someone finally called for the night watchman and he left without a word. Even if this was a single incident, it was the first time she realized how vulnerable she indeed was. This discovery was a huge shock to her and upset her emotionally. She went on to tell about other incidents of institutional abuse which she had been exposed to over the years, including the most recent incident of life threatening blood poisoning which had happened due to hospital neglect for which she was suing the hospital. She summed up her experience by saying that she had learned at an early age that she did not own her body, and felt that long ago she had involuntarily donated her body to medicine and the medical staff.

This case illustrates how even one single incident can cause great damage and negatively influence a person's life forever. The recollection of this event was followed by several other incidents which also happened within various hospitals settings. In this case, we find one incident of sexual harassment along with other repeat incidents of institutional abuse, including both physical and emotional abuse together with neglect.

Part II. Understanding multiple and repeat victimization

The early victimologists focused their attention on victim proneness, victim precipitation and victim lifestyle, and were interested in the extent to which victims contributed to their own victimization. Later on, radical victimologists saw victimization as a product of risk and vulnerability in relation to the most geographically and socially vulnerable groups in society. Victim surveys confirm that there is a close correlation between the risk of personal victimization and variables such as age, gender and race which demonstrate that those most likely to be victimized by crime or violence are the most marginalized groups of society.

According to Finkelhor et al. (ibid.), assessing multiple types of victimization may be important for distinguishing among the groups for whom victimization is a more of a “condition” than an “event”. They may be “chronic victims” by virtue of a predisposition toward risk factors acquired early on, such as women with physical disabilities, which render them persistently vulnerable to victimization by the repetition of abusive experiences over a period of time. This abuse becomes a defining part of their daily existence from which they find it difficult to remove themselves without assistance. Such a life course approach implies that there would be victims who carry risk with them throughout their entire lives and who are therefore “life course victims”.

More studies have progressively focused on the unequal distribution of victimization in relation to social inequality and how victimization is experienced differently by various groups and individuals. The central organizing theme of the book “Victims, Crime and Society” by Davies et al. (2007) is the nature and unequal distribution of victimization in relation to social divisions. Each chapter deals with the major social divisions of gender, age, class and race, but the authors admit that they could not include a chapter on disability because this area still remains under-researched.

Since we lack studies with a specific focus on disability and victimization, we have to look at other studies that deal with similar social categories, e.g. age and what they have in common. People with disabilities are in much the same situation as the young and elderly victims of various types of violence, particularly domestic violence and institutional violence. The relative powerlessness of both groups has placed them at potential risk of personal victimization by caretakers in both the domestic and institutional spheres. They are often identified as groups of people who are socially and economically vulnerable to victimization and who lack the physical strength to resist it. However, the structures of class, gender, ethnicity and disability are the key determinants of how people with disabilities experience their lives. It may often be inappropriate to isolate disability as the primary factor in the victimization process, but instead to look at the intersections of disability in conjunction with other social categories, as contributing factors as well.

Young people with disabilities are exposed to domestic violence by parents just as much as other children are. We tend, however, to be unaware and even deny the extent of such parental abuse and neglect. Additionally, these children suffer physical and emotional abuse in the form of bullying in schools and may witness parental violence in the home, thereby becoming “indirect victims”. Children are also under protected and may become victims of institutional violence, i.e. abuse by those who are caregivers at different institutions such as hospitals, rehabilitation centers and special

residential homes, where they may suffer different types of intentional or unintentional systematic violence by the residential staff. In fact, just the experience of being “in care” seems to imply a potential risk for vulnerable groups. The nature of domestic spaces, including the family home and care institutions, provides conditions in which both older people and people with disabilities experience a lack of power in which abuse may go undetected and unpunished. The frailty and dependency of some of the elderly and other people with disabilities are often not the only risk factor involved since we know that women are at much greater risk than men.

According to Walkite (2007), there exists some tension between feminism and victimology, especially with regard to the definition of victim. It is not the definition of victim itself that concerns feminists, but rather the passivity and powerlessness associated with being a victim and a female which does not encapsulate how women resist their structural powerlessness and how they survive. Thereby, feminists have been keen to document women’s strategies of survival and resistance by focusing on the concept of survivor rather than victim. The latter emphasizes passivity in contrast to an active resistance to violence which makes women survivors. According to Walkite, we may talk in terms of both active or passive victims and survivors, as these concepts better capture different dimensions of the same process as well as being rooted in women’s own experiences of their lives. She argues for a “gender-wise victimology” that does not take gender as a salient variable, but which also includes how other structural variables may intersect in people’s everyday lives.

Like women, youth and the elderly, people with disabilities tend to be defined by their physical characteristics and identified with dependency which underlies the assumption that they are especially vulnerable to crime and violence. As is proposed here, a number of issues concerning young people, the elderly and people with disabilities can be theorized in terms of unequal power relations. Our lives consist of power relations that shape our daily lives. They are connected to social dimensions which are part of our identities and include gender, class, ethnicity, sexuality, age and ability. These social identities are not fixed, but rather change over time and place. In other words, they are situated historically, culturally and economically and are also not just given, but are established and maintained by specific social processes. It is therefore imperative to recognize the overlapping of the various social dimensions and to be aware how they interact and interlock (Daly 1997). We should take explicit account of disability but do so alongside of, rather than separate from, other social identities using an intersectional perspective.

Power relations and the concept of intersectionality

The concept of intersectionality refers to the interaction of different social identities such as gender, ethnicity, class, sexuality, age and disability. It emphasizes how different power relations affect each other by reinforcing, weakening, supporting or competing against each other in a dynamic interplay. This concept was introduced by Crenshaw (1994) in her study on how race and gender interplayed in situations of violence against women of color. More researchers have progressively developed the concept of intersectionality such as Collins (1998), who used an intersectional perspective to explore how race, gender and

class operate together in people's lives. She points out that at times one can be experienced as more significant than another, but that they all overlap and influence each other in a dynamic interaction. Race, class and gender are the most visible social identities with the most direct socio-economical consequences and overshadow the "newer" identities of age, religion, sexual identity and disability. According to Collins, social inequality cannot be quantified in the form of a threefold oppression of race, gender and class as in the so-called additive model of explanation. By looking at these identities as additive, one loses the social and structural relations between them, especially in regard to the understanding of how they influence the experience of the individual. The intersectional model stresses however how these social identities relate to each other, not by investigating each one separately or summing them up, but by examining how they are interwoven and can change in a mutual interplay.

My use of the concept of intersectionality has been influenced by the way the two Swedish researchers, de los Reyes and Mulinari, have developed this concept in their research on power relations and inequality (2005). In their book, they depict intersectionality as a theoretical perspective that shows how varying historically and situationally dependent power relations are constructed by the mutual interaction of gender, class and ethnicity. To the authors, it is as equally important to make visible the exercise of power against women as it is to show the differing types of resistance by them. It is only in this way that we are able to detect how "the unstable construction of power" can be challenged, resisted and eventually neutralized.

As the authors underline power, power relations are increasingly regarded as being constituted by the social interaction between human beings instead of being considered a result of constant and unchangeable structures that govern the lives of human beings. Social dimensions such as class, gender and ethnicity have long been prominent in the analysis of power, but other dimensions such as age have recently received increased attention, while disability has so far received far less attention as a constituting dimension for power analysis. The authors ask in what way the social dimensions of gender, class and ethnicity differ from dimensions such as sexual identity, disability and age. Historically, all these categories have resulted in exclusion, marginalization and stigmatization although some of them differ by being connected to what the authors call "constitutive forms of inequality". While social dimensions like class, gender and ethnicity are linked to constant structural relations of exploitation and oppression, dimensions such as age and disability are not. For example, age and generational differences follow the life cycle, and the subordination that one experiences in childhood is temporarily reversed in adulthood only to reappear in old age. The appearance of disabilities may happen at any stage in the life cycle and the diversity of degrees and types of disabilities is very wide. Accordingly, the subjective experiences of these social identities are both highly individual as well as a collective experience of the disabling barriers of society. The dimensions of age and disability differ

from the dimensions of class, gender and ethnicity in that they represent a subordination that may accompany one all of one's life. At the same time, the latter dimensions constitute the supporting pillars of our society and, consequently, also the allocation of economic and symbolic resources. Therefore, the analysis of the intersection between the individual, institutional and structural levels are, according to the authors, fundamental to comprehending how differing structures of oppression or violence are articulated and how they strengthen each other.

More remains to be done though in regard to disability and victimization, particularly regarding the type of resistance women have used in reaction to the violence they have suffered. According to de los Reyes and Mulinari, it is as important to point out the resistance to the abuse as it is to make visible the abuse itself. Only by analyzing both factors can we expose what they term "the unstable construction of power". The women in my study were by no means passive victims, and reacted to violence in different ways. Some sought help from private or public agencies, while others filed complaints or applied for compensation for malpractice by hospitals or because of a lack of adequate instruction in schools. Others became support persons in self-help groups or activists in women's networks with the intent of helping other women who had suffered a similar type of violence. In addition, their motivation to join the study was the result of a wish to draw attention to violence against women with disabilities, in order that their own experiences could serve a purpose.

By using the concept of intersectionality as developed by de los Reyes, Mulinari and others and by illustrating this use by showing cases from my study, I have, in an earlier paper tried to show how different power relations related to gender, age, disability and professional power play varying roles in different abusive situations (Olsvik 2008). I have also shown how social dimensions have shifted from being the dominant dimension to often interacting with another dimension while either strengthening or weakening each other. So far, disability has not been the prominent social dimension that I had expected it would become. Disability has however played a role as an important factor in contributing to situations in which women are exposed and vulnerable to violence, and where other social dimensions are free to interplay and create potentially abusive situations.

Concluding remarks

This study shows that women with physical disabilities may, to a great extent, be exposed to multiple victimization by suffering several types of violence in several social contexts and that some may even fall into the category of poly-victimization. In addition, they are also likely to suffer repeat victimization since some of the types of violence that they are exposed to, such as domestic violence and institutional abuse, often go on for extended periods of time.

Due to their disabilities, we have seen how the women in this study were also particularly exposed to institutional abuse dominated by “professional power” which refers to the unequal power relations between, e.g. patients and doctors as well as students and teachers. We may all be exposed to this type of violence, but people with disabilities are more exposed than others due to their dependency on daily personal care and frequent stays in hospitals and rehabilitation centers.

This study also suggests that we need to take a look at the long-term repetition of abusive events, especially the cumulative effects of life time victimization. As Finkelhor et al. (ibid.) have pointed out, we need to search more carefully for potential cumulative and interactive effects among different types of victimization. In particular, our research also needs to better identify the pathways to victimization of those who have become poly-victims. We also need to examine the vulnerability of victims in addition to their resistance and resilience in relation to multiple victimization, which makes them not only victims but survivors as well.

Finally, I want to argue for a more holistic approach to victimization including a triangulation of both qualitative and quantitative methods. We very much need more qualitative descriptions of the experience of violence from the victim’s and survivor’s point of view to get beyond the mere appearance of events in order to fully understand the lived realities of both victims and survivors. To attain this goal, we need both qualitative and comparative studies together with longitudinal surveys.

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In part one of this paper, I introduce the concept of multiple victimization, poly-victimization and repeat victimization together with a typology of violence grounded in the collective experience of the women in my qualitative study.

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