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Women with Disabilities' Experience with Physical and Sexual Abuse: Exploring International Evidence

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While studies suggest that the rate of abuse of women with disabilities is similar or higher compared to the general population, there continues to be a lack of attention to this issue. Women with disabilities are at particularly high risk for abuse, both through typical forms of violence (physical, sexual, emotional) and those that target one's disability. There are some studies that evidence the issue, but there are nearly no studies on the international front that address this issue, particularly China where domestic violence rates exceed one-third of households. In an effort to highlight the need for increased attention to this issue internationally, this article reviews the currently available peer-reviewed research in this field. The authors outline recommendations for future research goals.

KEY WORDS: abuse, women with disability, physical disabilities, domestic violence

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Introduction

Over the past three decades there has been ever increasing attention to the abuse of women, yet there continues to be a dearth of research on the abuse of women with disabilities. The voices and experiences of this population have largely been missing in the research focused on violence against women. This lack of representation as research participants has further slowed the creation of adequate policies and accessible service provision for this population in the field of violence and abuse. This is true across the international front, particularly China, work is being focused on women overall, but not on women with disabilities and abuse.

The scarcity of information about abuse of women with disabilities suggests a continued reluctance of society to acknowledge that violence towards this population may be occurring. This is compounded by the overall devaluation of those with disabilities, and the categorizing of women with disabilities as dependent and asexual (Coyle & Santiago, 2002). Historically, attitudes towards people with disabilities have been negative, dismissive, resulting in marginalization and oppression (Anonymous, 2001; Wackerbarth, Peters, & Haist, 2001). Researchers suggest that cultural biases and negative societal views towards those with disabilities that include such behaviors as dehumanizing, depersonalizing, and devaluating adds to the continuation of abuse of these individuals (Diab & Johnston, 2004; Sobsey, 1994; Wackerbarth et al., 2001). Due to the absence of attention to the abuse of women with disabilities, those who want to reach out for assistance are met with little to no support, resistance, and even insensitivity by law enforcement, social services, and the healthcare system in general (Coffield et al., 2001).

Research in this area has shown some pockets of activity around the United States, but the topic is not a leading agenda item despite the fact that it is known, from earlier limited research, that women with disabilities experience abuse at similar or increased rates as compared to the general population (DeVoe, Fryer, Phillips, & Green, 2003; Gans et al., 1993; Gans, Mann, & Becker, 1993; Gill & McClellan, 1998; Klingbeil, Baer, & Wilson, 2004; Tataryn, 2005; Zorowitz, Gross, & Polinski, 2002). Using a large national database, the United Kingdom reports life time violence again women to be 23.8% (Khalifeh, Hargreaves, Howard, & Birdthistle, 2013), but this included all women and not women with disabilities. A small study focused on 17 women in Bangladesh explored violence against women with maternal disabilities (i.e. impairments that result from childbirth and can deter future pregnancy and/or intimate relations with her partner) (Naved et al., 2012) which generally reported on the health and social implications of violence and abuse again these women. With respect to China, there too, little to no work has been completed there on violence against women, let alone violence against women with disabilities (Xu, Zhu, & O'Campo, 2005). Although, there are several articles written in this area that are only available in Chinese, thus making them difficult to include in this current study. It is known that violence against women in China, by their husbands, is generally overlooked or ignored since the relationship between a husband and his wife is private and protected from society. In fact, in 1995, it was reported that nearly 20% of wives in China had been abused by their husbands (US State Department, 1995). More recently, a national survey in China found that one-third of the households in China experience domestic violence on both the physical and psychological level and reported that 85% of the victims were women (Chelala, 9/13/2010). However, none of these newer studies focus on women with disabilities and violence.

In an effort to gather a broad perspective of the work that has been done, this current study is a comprehensive literature review of studies focused on the issue of violence against women with disabilities. This review of both the quantitative and qualitative research within this field sheds light on commonly derived themes and research findings focused on the US where the work is most broad, but then the international scene will be explored.

Methodology

Search Protocol

A search for relevant articles was made using the following databases: Psychinfo (including PsyARTICLES), Sociological Abstracts, Pubmed, Social Science Index, Medline, Social Work Abstracts, Social Science Full Text, Criminal Justice Abstracts, Family and Society Studies World Wide, and Google Scholar. The search words included combinations of “physical abuse”, “sexual abuse”, “domestic violence”, “women and disabilities”, “women with physical disabilities”, “women with physical limitations”, “women with cognitive disabilities”, and “women with cognitive limitations”. Articles were reviewed and the reference sections of the pertinent articles were combed for additional articles of relevance. Both the United States and international settings, particularly China were searched.

The definition of disability for the purposes of this study was restricted to one that reflects the intent of the Americans with Disabilities Act defini-

tion of disability (The americans with disabilities act of 1990, 1990)

> The term "disability," with respect to an individual, is defined as (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

This is very similar to the definition of disability used by the World Health Organization (2013):

> Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

Thus, we used a broad definition that would allow the individual to define their limitations rather than a definition that is part of program policy, which defines disability as it relates to a specific social function, such as inability to work, as does the Social Security Administration (Bloch, 2004) but more broadly as the World Health Organization does(World Health Organization & The World Bank, 2011; World Health Organization, 2013)

Inclusion and Exclusion Criteria

Our review focused on women and on studies that were completed in the United States with subjects/data from the United States as well as other countries, with a specific focus on China. We restricted our studies to those with acquired disabilities rather than congenital. We felt this was important since these are two very different populations in how they may experience having a disability. Moreover, while there have been some studies of individuals with developmental and intellectual disabilities and their experience with violence and abuse (Sobsey, 1994; Freeborn, 2009; Carlson, 1997; Thompson, 1997; Barger, 2009), the lack of reliable and valid measures of abuse and trauma in individuals with intellectual disabilities makes any comparisons or grouping difficult with those with physical disabilities (Hoke, 2001; Zebrack, Casillas, Nohr, Adams, & Zeltzer, 2004). The field of research in the area of violence against individuals with disabilities is fairly new. Therefore we did not limit our search to solely randomized controlled trials, as the field has not advanced to that level of science. It is clear that there is much more to be learned, therefore, we reviewed both quantitative and qualitative studies of varying research design to broaden the perspective as possible on the current state of the science in this area

Analysis

After collecting all relevant articles, the studies were categorized into qualitative and quantitative research methodologies. The current study's two authors reviewed the studies based on their strength of methodological focus (i.e. quantitative vs. qualitative). Careful cataloguing of the studies by study design, sample as well as source of that sample, study objectives, and the results was made. An evaluation of the discussion and implication for practice was also reviewed for each of the studies.

Results

We reviewed all of the articles and excluded ones that did not fit our criteria. We excluded ones that were more theoretically focused (Andersen, Kiecolt-Glaser, & Glaser, 1994; Manne et al., 2007; Schover et al., 2004; Yonemoto, Tatezaki, Ishii, & Hagiwara, 2003), discussed policy recommendations (Fryer GE, Dovey SM,Green LA, 2001; http://www.meps.ahrq.gov/Puf/PufDetail.asp?,Agency for Healthcare Research and Quality, June 2003), or used samples from outside of the US population (e.g., (Duffy, Allen, & Clark, 2005; Kristjanson, Chalmers, & Woodgate, 2004; Yonemoto et al., 2003; Zorowitz et al., 2002). We present the findings in Table 1 that provides the listing of the articles reviewed that met our inclusion criteria. To aid in the presentation of the findings we reviewed and categorized the findings by methodological focus (i.e. qualitative vs. quantitative). No studies were found to explore the issue of violence against women with disabilities in China, yet one was found that did address intimate partner violence in general (Xu et al., 2005).

Prevalence of Abuse

Overall, women with disabilities experience abuse at similar or increased rates compared to the general population (Fryer, Dovey, & Green, 2001; Gans et al., 1993; Gill & McClellan, 1998; Klingbeil et al., 2004; Macdonald, Bruce, Scott, Smith, & Chambers, 2005; Tataryn, 2005). One study

comparing rates of lifetime prevalence of emotional, physical and sexual abuse of women with disabilities to women without disabilities found that that 62% of both groups had experienced such abuse. The proportion of women with disabilities to women without disabilities who reported emotional abuse was 51.7% versus 47.5%, for physical abuse 35.5% versus 35.6%, and for sexual abuse it was 39.9% versus 37.1% (Gans et al., 1993). In this study, significant differences were not found in the percentage of women abused, whether or not the individual had a disability, nor by type of abuse. In a more recent study comparing risk of physical and sexual assault prevalence among women with and without disabilities, the authors found that women with disabilities experienced similar rates of physical abuse, and were four times more likely to have experienced a sexual assault (Gill & McClellan, 1998). In a study of 1,152 women interviewed at family practice clinics, women who reported experiencing some type of abuse (physical, sexual, emotional) in their current relationships were more than twice as likely to report having a disability (Stange, Fedirko, Zyzanski, & Jaen, 1994).

Additionally, women with disabilities suffer from multiple forms of abuse, including disability related abuse and neglect such as withholding medications, denying access to mobility devices, neglecting personal care, and preventing attendance at doctor's appointments (Copel, 2006; Klingbeil et al., 2004; Moore, Chamberlain, & Khuri, 2004; Wehbi, 2007; Yeo & Moore, 2003). Abuse can also be contextual, as Cramer, Gilson, and DePoy (2003) point how legislative and social service agencies differ in how they define abuse, and how difference translates into differences in assistance that can be offered to these women with disabilities who have experienced abuse. Studies also suggest that women with disabilities experience abuse for longer periods of time compared to individuals without disabilities (Fryer, Dovey, Green, 2001; Gans et al., 1993).

Potential Risk Factors

Gilson, et al. (2001) suggests that in general, any limitation to one's ability to tend to daily activities of living (ADLs) severely increases the risk for abuse and neglect. Further, researchers have identified a number of specific factors as possible contributors to the increased risk of abuse of individuals with disabilities. Some of these factors include increased risk of isolation (Fried, Bandeen-Roche, Kasper, & Guralnik, 1999; Klingbeil et al., 2004), contact with multiple potential perpetrators (Fryer GE, Dovey SM,Green LA, 2001), increased physical, emotional and economic dependency as a result of a disability (Agency on Healthcare Research and Quality, 2012; Coffield et al., 2001), the incorporation of learned helplessness (Yeo & Moore, 2003), difficulties identifying disability related abuse (Yeo & Moore, 2003), and cultural/societal barriers that impede their ability to find and obtain assistance (Coffield et al., 2001; Fryer, Dovey, Green, 2001; Harris et al., 2001; Rimmer, 1999; Wehbi, 2007).

Isolation

Increased risk of abuse has been attributed to a lack of accessibility, lack of mobility and social isolation (Fried et al., 1999; Klingbeil et al., 2004; Wehbi, 2007). In a study of 415 women with physical disabilities, Nosek et al. (1999) found participants who were less mobile and more socially isolated had a higher likelihood of having experienced abuse. Gilson et al., (2001) identify isolation as factor that could intensify the abuse and further restricts the victim's ability to respond to the abuse. Individuals may be isolated through multiple forms including restrictions to communication devices such as phone, TTY, and the Internet, rendering a person incapacitated and unable to reach out for help.

Role of Perpetrators

Women with disabilities are exposed to multiple potential abusers, including intimate partners, family members, health care provides, and personal assistance service workers (PAS) (Coyle & Santiago, 2002). Although the most commonly identified perpetrators of abuse against this population are husbands, live-in partners, and men (Chan et al., 1999) (Centers for Disease Control and Prevention, 2003; Gans et al., 1993; Yeo & Moore, 2003), abuse by personal assistance providers remains a significant issue due to its prevalence and impact (Yeo & Moore, 2003). Individuals with disabilities are in a unique and potentially dangerous position of being in physical contact with many different professionals, of various responsibilities and experience, on a daily or weekly basis. These individuals will likely be at higher risk of abuse, compared to the general population, just by the sheer increased number of interactions necessitated by medical care for their disability. In a cross sectional study of women with and without disabilities, those who identified as having a disability were found to be more likely to be abused by health care providers (Fryer, Dovey, Green, 2001). Further, environments that provide services to individuals with disabilities, such as large hospitals, institutions, and group homes, offer multiple opportunities for interactions with potential perpetrators (Fryer, Dovey, Green, 2001).

Furthermore, the very nature of the relationship between a PAS provider and women with the disability is

also viewed as a risk factor. Due to the ongoing contact (many hours spent in the individuals' home) and intimate nature of that contact (bathing, toileting, feeding) the risk of abuse in the form of infantilism and boundary confusion is common (Saxton, et al. 2001). Boundaries can also waver when friendship and a business relationship are unclear, or when touching through caretaking is highly personal and intimate. Saxton et al. (2001) investigated perceptions and experiences of abuse by (PAS) of disabled women. Seventy-two women between the ages of 19 and 70, diagnosed with physical disabilities or physical and cognitive disabilities who utilized PAS services at least three times a week were interviewed. Findings revealed that the participants experienced continued abuse at the hands of their personal care assistants. Similarly, Powers et al. (2002) utilized information from previous research to further identify the incidence of abuse by PAS workers and the barriers to obtaining assistance. The sample of 200 women with either physical disabilities or combined physical and cognitive disabilities, reported a lifetime rate of physical abuse at 67%, and a lifetime rate of sexual abuse at 53%.

Individuals with disabilities may also be a target by perpetrators due to perceived vulnerabilities. Certain predatory individuals may view a romantic or professional relationship with a person with a disability as an opportunity for exploitation, mistreatment and abuse. Perpetrators of abuse may intentionally seek out women with physical and cognitive impairments with the assumption these individual may be easily overpowered physically or manipulated emotionally (Martin, et al., 2006). Some women with disabilities seem to be aware of this risk and increased vulnerability. Utilizing focus group interviews, Thomas, et al. (2008) found that women who had experienced intimate partner violence in their relationships reported they believed their chronic health conditions actually made them more vulnerable to abuse.

Dependency

Physical, emotional and financial dependency on an abuser has also indicated increased risk for individuals with disabilities. A diagnosis of a disability has been found to lead to increased dependency on an abuser due to a sheer need for assistance (Agency on Healthcare Research and Quality, 2012; Coffield et al., 2001; Fryer GE, Dovey SM,Green LA, 2001; Gill & McClellan, 1998). Perpetrators of abuse are not only partners of the victim, but can also be the primary caregiver. The perpetrator may be responsible for cooking, cleaning and attending to the victim's daily living needs (i.e. bathing, toileting, etc), thus creating a dichotomous relationship of abuser and caregiver. Leaving an abusive relationship or alerting the authorities to abuse and neglect may lead to a loss of one's primary caregiver. This perpetrator/caregiver relationship adds an additional layer of dependence, leaving a victim likely concerned about the source of continued care. This type of relationship might also place an individual in a situation in which she feels she needs to compromise or accept the abuse in order to obtain the positives or benefits she might obtain as a result of this relationship (Diab & Johnston, 2004). Intimacy, being in a relationship and having one's daily needs cared for may outweigh the experiences of abuse. Finally, women with disabilities are less likely to be financially independent, often relying on their partner for economic stability. Women with disabilities who are unemployed have been found to be at increased risk for all types of abuse (Tataryn, 2005).

Another type of dependence that has been identified as a potential risk is the integration of learned helplessness and over compliance as a result of one's disability. Individuals with disabilities are often taught to comply with other's wishes and demands; this compliance is then often generalized by the individual to various situations and environments. Lifetime incorporation of behaviors that typify being overly agreeable and accommodating can create an atmosphere of fear and a reluctance to "rock the boat" when attempting to state one's needs and wants (Yeo & Moore, 2003). They may either stop trying to fight or resist abuse, because their attempts offer no results due to the power of the abuse or the disability itself may limit one's ability to defend oneself (Centers for Disease Control and,Prevention, 2003; Fryer GE, Dovey SM,Green LA, 2001). Lifetime experiences of abuse by multiple perpetrators may instill in victims a belief that abuse is an expected part of one's life (Fried et al., 1999).

Lack of Identification

Women with disabilities and service providers do not always recognize abuse and neglect due to its insidious nature, often perpetrated through the exploitation of one's particular disability (Wehbi, 2007). Often the abuse experienced by individuals with disabilities exploits specific disabilities, and are actions that are not necessarily defined as abuse by state law. Behaviors such as removing the battery from an electronic scooter, or moving furniture around so an individual with limited sight might fall are not actions that will result in arrest or an order of protection. Others may fear being met with disbelief if they come forward with their experiences of abuse. Addi-

tionally, the perpetrator is often in a position of power and authority that may be viewed as a trustworthy and caring person who provides support and help to the very person who is accusing them. The individual with the disability may be fearful to report abuse due to a dependent relationship that is born from a perpetrator/ caregiver relationship, fear of not being believed, or the uncertainty of where she might live if she leaves an abuser. They also report a lack of knowledge about victimization and how to report such experiences (Yeo & Moore, 2003).

System and Cultural Barriers

Women with disabilities who want to reach out for services are met with a lack of accessible resources (Centers for Disease Control and Prevention, 2003; Coffield et al., 2001; Diab & Johnston, 2004; Harris et al., 2001). Those individuals that do attempt to report abuse are often met with insensitive behavior by service providers and first responders (Coffield et al., 2001). In a study of 36 Independent living centers (ILC), staff reported referral for assistance when abuse was indicated and was restricted due to a lack of ADA compliance by domestic violence shelters and agencies. Accessibility was further impaired by a lack of coordination by agencies to obtain personal care assistance and sign language interpreters at these facilities (Coffield et al., 2001). Lack of attention to abuse in the disabled population on all levels, including policy, theory, and practice, causes an environment that not only creates barriers to services, but actually enables the abuse of individuals with disabilities (Wehbi, 2007).

Oppression and devaluation of women with disabilities adds to the increased risk of abuse (Diab & Johnston, 2004; Rimmer, 1999; Yeo & Moore, 2003). Women with disabilities have been oppressed and marginalized due to society's ableist and sexist view points. The impact of societal negative valuations about those with a disability is clear. Women born with disabilities are consistently reminded of their limitations, while simultaneously being prepared for lifelong dependence, and those individuals disabled in adulthood have unconsciously accepted lifelong messages of disability stereotypes that are entrenched in society Fryer, Dovey, Green, 2001).

Furthermore, cultural factors such as societal discrimination may be internalized by the individual, translating into self-devaluation, poor self esteem, and feelings of self-blame related to the abuse (Diab & Johnston, 2004). The use of stereotypes (women with disabilities are asexual and undesirable) negatively impacts disabled women's self esteem and body image (Diab & Johnston, 2004). Women with disabilities have expressed high rates of low self esteem (Wehbi, 2007), which may translate into a fear of being alone and strong doubts they will find another partner who would accept their disability (Agency on Healthcare Research and Quality, 2012) or even blaming themselves for the abuse (Yeo & Moore, 2003). Lack of self esteem, fear of being alone or unable to find another partner, compounded by the risk factor of physical dependency, may impact a woman's decision to stay with an abuser. Women with disabilities have expressed overwhelming thoughts of being unworthy of a relationship, and lack of feeling sexually desired (Diab & Johnston, 2004). These thoughts and feelings could propel an individual to stay in a relationship they know is abusive, tolerating actions and behaviors out of fear of being abandoned and alone.

International Implications

Whereas this study has focused on studies based on work completed in the United States due to the lack of studies from other countries that focus on violence again women with disabilities, implications for women within international fronts do exist. China's Law on the Protection of Persons with Disabilities contains language to prohibit domestic violence against individuals with disabilities (People's Republic of China, 2011). The United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006), the document developed to protect the human rights of these individuals, specifically prohibits abuse of women with disabilities:

> q. Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation.

The United Nations Convention on the Rights of Person with Disability has 158 signing countries who have agreed to uphold its itemized list of rights, with some minor variation by signing country, yet none have disavowed the provisions stated about the prohibition against abuse.

Future Directions/Suggestions for Research

Scholars in this field continue to ask the same or similar research questions – what is the prevalence of abuse among women with disabilities? As the research in the field began its inception back in the mid to late 1990's starting with the seminal article by Young, et al. (1997), we continue today to pose the same question, how often does abuse occur in this population compared to individuals without disa-

bilities? While research in this field is still in its infancy we need to continue to identify prevalence rates in the United States, but they are almost non-existent on an international front. In the United States, studies are needed to stretch beyond general occurrence and begin to focus on specific sub populations and/or groups within the disability community, across the world studies are needed to document the prevalence in general. For example, are the provisions of the United Nations Convention on Persons with Disabilities being applied consistently to deter abuse of women with disabilities?

Researchers must explore whether specific groups are at higher risk of abuse. For example, are individuals with traumatic brain injury at higher or lower risk for abuse compared to individuals with spinal cord injury? And if so what makes them more at risk? Are they at risk for specific kinds of abusive and neglectful acts by perpetrators? To date there are no studies that have compared experiences of abuse among individuals with specific types of disabilities. Only two studies have compared the experience of abuse by disability subgroup. Nannini (2003) included comparisons among disability groups when she studied their experiences of sexual assault and help seeking behaviors after an assault, and Martin, et al. (2006) similarly compared prevalence rates of physical and sexual abuse utilizing data from the NC –BRFSS survey of 2000-2001. While this is an important first step, the categories of disability were largely general (i.e. physical disability, cognitive disability/impairment, and mental health, etc.) and overly encompassing. Notable though was Nannini's inclusion of subgroups that have been largely ignored in this field: the hearing and visually impaired.

It is our estimation that prevalence rates have actually not been clearly established. Current rates of abuse have been based primarily on questions that only inquire about general types of abuse (physical and sexual) previously established as commonly experienced by individuals without disabilities. Most recent studies such as Martin, et al. (2006), Casteel, et al. (2008), and Coker, et al. (2005) have established equal or high rates of sexual assault and physical abuse amongst this population, but all have neglected to include items specifically targeting disability related abuse. It is in our estimation that studies that include disability related abuse tactics will actually suggest vastly higher rates of abuse. This hypothesis is supported by the results presented by McFarlane, et al. (2001), in which only the use of two disability-related abuse items.

Furthermore, through qualitative research participants have described in detail their experiences of abuse that goes beyond what has been historically measured by scales that are albeist in nature. Narratives that include descriptions of abusers targeting particular disabilities clearly support the need for disability centered and disability sensitive measures. Inclusion of these items will greatly improve research ability to identify the true severity and frequency of abuse of this population. Neglecting to incorporate items that address abuse tactics targeting specific disabilities, "will invalidate the lived experience of many women with disabilities and result in an underreporting of the problem" (Coyle & Santiago, 2002). It is also recommended that disability related abuse items should be tailored to the specific population that is being studied and focus on the identified vulnerabilities of that disability. Additionally, items inquiring about the relationship between victim and perpetrator should be inclusive and expansive. Women with disabilities are most commonly abused by their intimate partner/significant other, but remain at high risk of assault and neglect by other potential perpetrators such as doctors, PAS workers, nurses and strangers. It is essential to include a range of potential perpetrator choices when asking about abuse. Discussions with individuals with various disabilities about potential disability related abuses would provide a great amount of information and guidance when constructing these items.

Identifying Risk and Protective Factors

Although prevalence rates need to be established among certain groups as mentioned, the field of abuse and disabilities must take steps to go beyond the incidence rates and begin to address this issue by identifying risk and protector factors. This will result in much needed information in order to offer prevention and intervention strategies to those who work in the disability field. Studies need to include and test suggested risk factors that have thus far been largely anecdotal. Factors reported in both qualitative and quantitative studies need to be tested with multiple disability populations, settings and contexts in order to confirm or reject their saliency. To date the only risk factors that have been identified quantitatively include, unemployment (Tataryn, 2005), isolation, age, education and mobility (Fried et al., 1999). Nosek et al (2006) found individuals who are younger, more highly educated and less mobile were at a higher risk for abuse.

One step towards identifying this population in order to better list risk and protective factors is the implementation and study of universal screening for this population. Although screening tools to identify

abuse are available and easy to use, most women in contact with the health care system are not asked about abuse (Harris et al., 2001). Yet research suggests that the regular use of a screening tool encourages disclosure of abuse as compared to relying on self initiated discussions of abuse (Harris et al., 2001). The use of a screening tool created specifically for individuals with disabilities will promote the identification of disability related abuse (Coyle & Santiago, 2002; Gill & McClellan, 1998; Wehbi, 2007). The creation and use of instruments to identify disability specific abuse tactics will better establish prevalence and detection of abuse among this population. A screening tool will increase the awareness and knowledge of what constitutes abuse of women with disabilities, thereby possibly increasing their safety and reducing risk of continued abuse (Harris et al., 2001). Furthermore, disclosure will provide the necessary communication that will begin the process of referral to services for safety planning, emotional support, and other concrete services.

Mainstream abuse screening scales do not incorporate disability related abuse tactics, therefore a number of researchers have created disability specific instruments to address this need. Believing the current abuse assessment scales were lacking in ability to identify the range of abuse experienced by women with disabilities, McFarlane et al. (2001) created the first disability abuse scale, titled the Abuse Assessment Screen-Disability (AAS-D). This instrument includes four items total: two standard abuse questions taken from the AAS, and two disability related questions (has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices, and has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, getting dressed, or getting food or drink?). Curry et al (2003) created an 8 item scale that combines the AAS with 6 disability related abuse items. Finally, Oschwald, et al. (2009) created a program called the Safer and Stronger Program (SSP) that utilized computer-assisted self interviews (A-CASI) to both educate and screen for abuse among women with disabilities. The abuse screening section included 18 yes/no items, assessing the women's experiences with physical, sexual, and disability related abuse. These scales confirm Gilson, DePoy & Cramer (2001) recommendations for the development and utilization of an assessment tool that identifies both abuse and level of functioning or activities of daily living (ADL) to better address the uniqueness of this issue. Researchers can collaborate with local hospitals, physical rehabilitation centers, medical offices, etc. to test the impact of screening and referral on rates and experiences of abuse. Furthermore, these scales would need to be adapted and validated in international settings.

Consequences of Abuse

To date little research has been completed on the health effects of abuse on women with disabilities. Some suggest that abuse and violence against women with disabilities may exacerbate current health issues or cause additional injuries. This may be a as a direct result of the violence and abuse or due to partner interference with needed health care (Thomas, et.al, 2008) or through personally decreased attention to health issues (Powers, et al, 2002). Psychological effects that have been identified include depression, anxiety, increased feeling of stress, and suicidal ideation (Housseneth-Phillips, 2005). Negative physical effects of abuse include physical injury and overall decrease in physical functioning (bowel, skin and nutritional issues) (Housseneth-Phillips, 2005). Longitudinal studies to examine the potential impact of abuse on the participant's physical and mental health would provide insight in the effects of physical, sexual and disability related violence.

Include Disability in all Domestic Violence and Sexual Assault Studies

Finally we strongly encourage the inclusion of disability as a category in all future domestic violence and sexual assault research studies to enable the field to truly recognize the significance of this issue. Whereas studies did exist on the international stage to examine abuse again individuals with disabilities-both physical and mental-(e.g., Alhabib, Nur, & Jones, 2010; Howard, Trevillion, & Agnew-Davies, 2010; Khalifeh et al., 2013; Xu et al., 2005), they did not specifically address women with disabilities. Social workers involved and knowledgeable about the field of domestic violence and sexual assault must collaborate and initiate research in this field. The majority of research in the field of domestic violence and sexual assault and individuals with disabilities has been largely done by those in the field of nursing, barring the work of Gilson, Depoy and Cramer, Grossman & Lundy, and Oktay & Tompkins, who are from the field of social work. Utilizing social work values, theories and ethics, our profession can provide a unique perspective to understand this important and often ignored issue. This would be an important step not only in identifying risk and protective factors but may assist in the creation of a theoretical base to view this issue. Some previous researchers and scholars have framed the issue by placing partial culpability onto the victims and provided excuses or explanations for abusers' behaviors

We suggest the use of the empowerment perspective, strengths perspective, and feminist theory to frame this issue. Additionally, much of the scholarship that is published is presented by the same groups of individuals who have dominated this field. Although previous work has been a positive step towards uncovering this issue, articles that restate the same or similar information does not encourage progression and innovation.

Limitations

We sought to examine a wide range of literature in our study from ten separate search engine/databases. There are many instances of less rigorous information being disseminated as advocacy groups, such as independent living organizations, try to bring this issue to the forefront (Stineman et al., 1996). In the process of reviewing the literature we found researchers that reused a single dataset for multiple articles (i.e. Coyle & Santiago, 2002; Harris et al., 2001; Klingbeil et al., 2004). Therefore, much of the scholarship written on abuse and individuals with disabilities is repetitive and redundant.

Conclusion

Although statistics vary, it is clear that at the very least women with disabilities experience abuse at the same rate as non disabled individuals and at worst they experience higher rates of abuse, incidents of disability related violence, and sexual assault. Consistently, studies suggest that individuals with disabilities are abused for extended periods of time, are at greater risk for abuse by multiple types of perpetrators, and experience abusive tactics that target one's disability. The risk of abuse and neglect of women with disabilities has been attributed to a number of identified factors. These risk factors include increased risk of isolation, abuse by multiple potential perpetrators, dependency as a result of disability, difficulties identifying and naming disability related abuse, and cultural/societal barriers.

It should also be noted that the discipline and background of researchers doing this type of work is not necessarily in social scientists (i.e. social workers); the majority of research appears to be completed by nurses. Whereas nursing has the training to work with victims of domestic violence as well as social workers, social workers are trained in the interventions for longer term care needs and ongoing adjustment issues. This presents an opportunity for creating an agenda for social work for a more comprehensive inclusion of curriculum directed at the prevention and treatment of domestic violence, particularly for those with disabilities, as well as the opportunity for the inclusion of ongoing research in this area. Furthermore, it was noted in the location of the published research the pockets of research going on within the US. This begs the question of how does this fragmentation affect service provision? This is another area where social work and other community-level workers could address the lack of services as well as the training of service providers in regions that are not as well developed.

Finally, the role of cognitive abilities of the individuals with disabilities needs to be considered in how research and training being conducted. In fact, the definition of "disability" itself and how the term is used needs discussion in the field of domestic violence. There is an abundance of literature in the rehabilitation field that addresses disability from a strengths-based perspective that promotes community integration and reduction of physical and social barriers(World Health Organization, 2001), whereas the medical field frequently views disability from the medical model with the individual exhibiting deficit (Lin, 2003). The approach of the worker with the individual with disability should include exploration of the workers understanding and feelings regarding disability to address myths or misunderstandings that do not support a strengths-based perspective. Future research will offer guidance to relevant interventions and policies that need to be introduced to protect these individuals both in the United States as well as internationally.

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Table 1: Review of the Literature: Violence against Women with Disabilities

Author (Year of Publication)	Study Design	Sample	Study Objectives	Study Results
Curry, Renker, Hughes, Robinson-Whelen, Oschwald, Swank, & Powers. (2009)	QT	Community sample of women who utilized social services (n=305)	The purpose was to develop measures to assess violence and abuse among women with disabilities and to characterize their perpetrators. This was based on the Safer Stronger Program (SSP) (an audio-computerized self-administrated interview) with audio computer-assisted self-interview program, which was created for women with disabilities	Latent class analysis revealed four distinct classes of abuse experiences: sexual abuse, physical abuse, multiple forms of abuse, and minimal abuse. Three classes of perpetrator risk characteristics were also identified including: controlling characteristics, non-controlling characteristics, and minimal risk characteristics.
Oschwald, Renker, Hughes, Arthur, Powers, & Curry (2009)	QT	Community sample of women who utilized social services (n=305)	This article includes a description of the development and evaluation of the Safer and Stronger Program (SSP), an audio computer-assisted self-interview program, which was created for women with disabilities. It was compared in a randomized comparison with a Health Awareness module.	Most of the participants preferred answering questions about abuse via a computer mechanism than directly to a health care provider, or family and friends. Some difficulties with reaching individual who have hearing loss were noted.
Powers, Renker, Robinson-Whelen, Oschwald, Hughes, Swank, & Curry (2009)	QT	Community sample of women who used social services (including disability services and domestic violence services) (n=305)	The Safer Stronger Program (SSP) (an audio-computerized self-administrated interview was created for women with disabilities) was used to assess safety promoting behaviors of women with disabilities and the characteristics of their perpetrators.	Most participants (36%) learned about abuse safety behaviors from books, magazines, radio and television. Ninety-two percent reported they had someone they could speak to about abuse. An exploratory factor analysis of safety behavior items revealed factors related to seeking abuse-related safety information, building abuse related safety promoting skills, using relationship support, planning for emergencies, taking legal action, and managing safety in personal assistance relationships.

Casteel., Martin,, Smith, & Kupper, (2008)	QT	National Violence Against Women Survey 1995-1996 (n=6,273)	Examine whether individuals with disabilities are more likely to be victims of physical and sexual assault.	Women with severe physical disabilities were four times more likely to report sexual assault than women without disabilities.
Grossman & Lundy (2008)	QT	Individuals (male/ female, adult/child) who sought assistance from state-funded coalitions against sexual assault (Illinois) (n=1,093)	The goal was to expand the knowledge of the experiences of individuals with disabilities who experience violence.	Individuals with disabilities were more likely to be victims of assault, less likely to be self-referred to the rape center, and more likely to receive social services than those without disabilities
Smith & Strauser (2008)	QT	Secondary data (2005 BRFSS) (n=4,574)	The goal was to examine the effect of physical and sexual abuse on employment patterns of women with disabilities in the United States.	This study used data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) to explore the significance of the relationship between the experience of abuse and employment status for women with disabilities. These researchers found that women with disabilities who have been abused had higher levels of unemployment than women without disabilities who were not abused. They also found that women with disabilities who have been abused have higher levels of unemployment than women without disabilities who have not been abused. Over, they found that being physically and sexually abused increases the likelihood of unemployment for women with disabilities.
Thomas, Joshi, Wittenberg, & McCloskey (2008)	QL	Community sample of women who had experienced physical and emotional abuse in last 12 months (n=40)	Explore the impact of abuse on women's health, the risks and vulnerabilities for women with pre existing health conditions, and how women describe the impact of abuse on their health	Researchers suggest that IPV leads to adverse health effects (including physical disability, chronic pain and health conditions, impaired mobility disfigurement, anxiety, and relapse). IPV worsens already compromised health and illness (due to stress and partners who undermine treatment) and disability increase dependency on abusive partners (fear of not finding another partner, dependency on partner for caretaking, financial dependence, and fear of relapse).

Copel (2006)	QL	Community sample (n=25)	The purpose of the study was to create a model to depict the abuse experience of women with disabilities through a comparison with Walker's Cycle of Violence theory.	Five themes emerged through qualitative interviews, including: accumulation of stressors, stress exceeds ability to cope, abuse episodes, separation and distraction periods, return to superficial normal. A cyclical model for understanding IPV of women with disabilities was proposed utilizing these 5 themes.
Martin, Ray, Sotres-Alvarez, Kupper, Moracco,., Dickens, Gizlice (2006)	QT	North Carolina Behavioral Risk Factor Surveillance System (NC-BRFSS) (n=5,326)	Comparison of a statewide representative sample of non-institutionalized women with and without disabilities in terms of the prevalence of physical and sexual assault perpetrated by a variety of individuals (e.g., intimate partners, other persons known by the victim).	.Women's violence experiences were classified into three groups: no violence, physical assault only (without sexual assault), and sexual assault (with or without physical assault). Multivariable analysis revealed that women with disabilities were not significantly more likely than women without disabilities to have experienced physical assault only within the past year; however, women with disabilities had more than 4 times the odds of experiencing sexual assault in the past year compared to women without disabilities. Young women were more likely than older women to have experienced both physical assault only and sexual assault, non-White women were more likely than White women to have experienced sexual assault and women who were not married were more likely than married women to have experienced physical assault only.
Nannini (2006)	QT	Women who sought state-funded sexual assault survivor services in Massachusetts 1987-1995 (n=16,672)	The primary research questions were 1) how do sexual assault patterns differ for women with disabilities as compared with women without disabilities and 2) how do patterns differ among women with different disabilities?	More than 10% of survivors reported more than 1 disability. If a woman had a history of a previous assault or was over 30 years old at time of assault, she was significantly more likely to report a disability as compared to the referents. Among women with a single disability, a survivor who delayed seeking services more than six months was more likely to have a mental health disability. A survivor who with a cognitive disability was more likely to report sooner than six months compared with a survivor with other single disabilities. Women with disabilities were less likely to confide in a friend than those without disabilities.

Nosek, Hughes, Taylor & Taylor (2006)	QT	Community sample of women with physical disabilities recruited from five private and public outpatient clinics (n=415)	Explored abuse of women with disabilities within the past 12 months.	Logistic regression analyses suggest age (women who are younger), education (more educated), decreased mobility, increased social isolation and higher rates of depression predicted increased likelihood of having experienced abuse.
Coker, Smith & Fadden (2005)	QT	Community sample attending family practice clinics from 1997-1998and had Medicaid or managed care insurance (n=1,152)	Explore the association between IPV by type (physical, sexual, and psychological), timing (current or past), and disabilities preventing work as reported in a clinical population of women attending primary health clinics	Of 1,152 eligible women surveyed, 54% experienced some type of IPV, and 24% were currently in a violent relationship. Women who had experienced IPV were more than twice as likely to report a disability. The most commonly reported disabilities were those associated with heart or circulatory disease, followed by back problems, chronic pain, arthritis, nerve system damage, asthma or another respiratory problem including emphysema, and either depression or another mental illness. Women ever experiencing IPV were more likely to report a disability due to generalized chronic pain and mental illness.
Hassouneh -Phillips & McNeff (2005)	QL	Community sample (n=37)	This study sought to learn about the participants' experiences of abuse, the impact abuse has on their emotional, social and physical well-being, and the participants' suggestions on how to assess and intervene in order to prevent and eliminate the abuse of women with disabilities	Women with high degrees of impairment, particularly those who acquired their disability later in life were more likely to accept negative societal messages about individuals with disabilities. Furthermore, overall societal devaluation, low body esteem, lack of sexual esteem, a preference for a non disabled partner, and the overall desire to form and maintain an intimate relationship negatively impacted the women's decision making regarding choosing a partner and staying in an abusive relationship. Women who were afraid to be alone, expressed low body and sexual esteem and had a strong desire to be in a relationship (particularly with an able bodied man) said they lowered their standards when choosing a mate. Once in that relationship these women were more likely to tolerate abuse from their partner rather than leave and be single.

Oktay & Tompkins (2004)	QL	Community sample of men and women ages 19 -78, mean age 43 who obtain PA services. (n=84)	Explore the prevalence of abuse and neglect experienced by community based adults with disabilities obtaining PA services; identify the characteristics of the recipients and PA's associated with abuse	Results showed that 30% reported one more types of maltreatment by primary PA and 61% reported maltreatment by other PAs. Verbal abuse was the common form of abuse reported t Eighteen percent reported they experienced verbal abuse by their primary PA and 29% said they were verbally abused by other PAs. ^% reported neglect by primary PA and 26% by other PAs.5% reported they received "poor care" from their primary PA and 21% received the same type of care from other PAs. 10% experienced physical abuse by primary PA and 9% from other PA.3% experienced sexual abuse by primary PA and 8% reported sexual abuse by another PA. 9% reported their PA sole from them and 29% said another PA did the same. 8% reported extortion by primary PA and 15% from another PA. Cross tab results indicate there was a significant inverse relationship between income and abuse. Male PAs were more likely to exhibit abusive behaviors. Length of employment was also found to be a significant correlate with those employed for shorter lengths of time were more likely to be abusive. Alternatively those who worked 40 hours or more were more likely to be abusive compared to those who worked fewer hours.
Chang et al (2003)	QL	Domestic violence programs in North Carolina (n=72)	To describe the services that domestic violence programs in the state of North Carolina provide to women, including those with disabilities; to document the limitations and challenges faced by domestic violence programs in their attempts to provide services to women with disabilities; and to learn what strategies domestic violence programs have utilized to overcome the challenges they faced in providing services to women with disabilities.	Of the participating programs, 99% provided services to at least one woman with a physical or mental disability in the preceding 12 months; 5% offered shelter services to women with physical or mental disabilities. Most respondents (94%–99%) reported that their programs were either somewhat able or very able to provide effective services and care to women with disabilities. The respondents also described challenges to serving women with disabilities, including lack of funding, lack of training, and structural limitations of service facilities. Strategies used by the programs to overcome these challenges were networking and coordinating care with organizations that specifically serve disabled populations.

Cramer, Gilson, & De-Poy (2003)	QL	Community volunteers recruited through a center for independent living and isability advocacy organizations. Four focus group were interviewed (n=24)	Individuals with disabilities and those without who were either professionals or survivors of abuse.	Two major themes emerged from data analysis: vulnerable beginnings and complexity of abuse. They also report three sub-themes regarding abuse: active abuse, abuse through image, and contextual abuse by social service/legislative systems. The results are presented in a person-in-environment perspective for women with disabilities.
Milberger, Israel, & LeRoy (2003)	QL	Community sample (n=177 women completed initial screening, 85 completed interviews)	The research questions include: what is the prevalence of violence among a sample of women with physical disabilities? What risk factors for violence exist among women with physical disabilities? What types of actions do women with physical disabilities engage in to escape abusive situations?	(89%) had experienced multiple incidents of abuse. The most common perpetrator was male. Thirty-one percent stated the abuser was a family member, 15% said it was an acquaintance, 12% said it was a caretaker or health professional, and 8% reported it was a stranger. While thirty-three percent sought help for abuse, only half of those individuals had a positive experience obtaining that help. Those who did not seek help gave the following reasons: feeling they could handle it on their own, having other forms of support, lack of knowledge about services, feeling embarrassed, feeling guilty about being a burden or at fault, fear of retribution, fear of not being believed, and concern about lack of accommodations at shelters. Experiencing abuse was positively associated with lack of employment, being divorced, having more than one disability, and being hearing impaired.
Powers, Curry, Oschwald, & Maley (2002)	QL	Community sample from independent living centers and disability services agencies (n=200)	The purpose was to explore abuse by PAS workers, the barriers to stopping abuse and the strategies perceived to prevent abuse.	The overall results suggest that those with physical and physical and cognitive disabilities experience abuse at twice the rate of those without disabilities. Barriers to reporting the abuse included embarrassment, fear of retaliation, lack of experienced workers, shortage of back-up providers, and the low wages that are paid to PAS workers.

Gilson, DePoy, & Cramer (2001)	QL	Participants were recruited through Centers for Independent living, other providers of disability services and domestic violence agencies (n = 16)	Exploratory study to better understand the types of abuse experienced by women with disabilities, the relationship between victim and abuser, identify attempts to obtain services and the victims' experiences with those services.	The authors identified two overarching themes, the nature of abuse experienced by this population and their response to this abuse. Three sub themes addressed the nature of abuse experienced by these individuals, and included assault, neglect and use of control and restraint - all related to disability. Three categories emerged and related to how the women felt about themselves as a result of the abuse. The categories included "bad self" "stuck" and "movement". Poverty and isolation were identified as factors that intensified the abuse and impacted the victims' response to that abuse. Limitation was identified as the factor that distinguishes abuse of women with disabilities from those who are non-disabled, as it turns ordinary circumstances into abusive situations.
McFarlane, Hughes, Nosek, Groff, Swedlend, & Mullen (2001)	QT	Community sample of women attending private and public clinics (n = 511)	Explore the prevalence, type and perpetrators of abuse towards women with disabilities.	Of the 511 participants, 9.8% reported they had experienced abuse within the last 12 months. The most common perpetrator of abuse were individuals identified as intimate partners; however when looking at incidents of disability-related only, this type of abuse was equally perpetrated by intimate partners, care providers and healthcare professionals.
Nosek, Howland, Rintala, Young, & Chanpong (2001)	QT/QL	Community sample (total N= 881, 475 women with disabilities and 406 without disabilities) (n=31 qualitative interviews with women with disabilities)	Exploratory study to understand various issues from the perspective of women with disabilities.	Women with disabilities experienced the same rate of abuse as women without disabilities (62%); they experienced common types of abuse also experienced by women without disabilities, but also reported disability related abuse (i.e. withholding orthotic equipment and medications). For both groups, husbands were the most common perpetrators of emotional and physical abuse, while strangers were the most common perpetrators of sexual abuse. Women with disabilities were much more likely to be abused by a health care provider compared to women without a disability. Women with disabilities also experienced abuse for significantly longer periods of time and experienced barriers to accessing services to address abuse.

Milberger, Israel, & LeRoy (2001)	QL	Community sample who used PAS services 3 times or more a week (n=72) (49 in focus groups and 23 individual interviews)	Explore how women define personal assistance abuse, the barriers they face in handling abuse, strategies they recommend to prevent and or stop abuse	Themes that emerged: social and personal boundary confusions with PAS workers, difficulty recognizing, defining, and describing abuse in the PAS relationship, challenges of using family and friends as PAS workers, the barriers to address abuse (self blame, difficulties finding and replacing PAS workers, lack of police understanding), strategies to prevent abuse (i.e. emergency backup PAS workers, support groups, the creation of a crisis line, increase wages and training for PAS workers, provider screening and police training).
Swedlund & Nosek (2000)	QL	Staff at Centers for Independent Living (CILs) were mailed a survey and those who responded to the survey were then interviewed over the phone (n=36)	The purpose of this study was to gain preliminary information on the services CILs are providing their clients who have experienced abuse	The majority of CIL staff (31 of 36 interviewed) identified abuse an important issue for their clientele. Issues related to assisting consumers with abuse concerns included, lack of physical accessibility to shelters and domestic violence outreach programs, lack of disability related knowledge and training of domestic violence workers, and the impact of client dependence on the abuser for daily care and economic needs.
Young, Nosek, Howland, Chanpong, & Rintala (1997)	QT	General community sample (n = 439 with physical disabilities) (n= 421 without physical disabilities)	Explores the prevalence of abuse of women with physical disabilities compared to women without physical disabilities	Sixty-two percent of individuals with and without physical disabilities reported they had experienced some form of abuse in their lifetime. Thirteen percent of women with physical disabilities experienced abuse within the last 12 months. Husbands and live-in partners were the most common perpetrators of emotional and physical abuse, while male strangers most commonly perpetrated sexual abuse for both groups. Women with physical disabilities were more often abused by a healthcare provider or attendant.

Abbreviations: QL = qualitative; QT = quantitative; PA = personal assistant; PAS = personal assistant services

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