Abuse of Women with Disabilities: State of the Science

Dena Hassounah-Phillips  
Mary Ann Curry  
Oregon Health Sciences University  
School of Nursing

Abuse is a significant health issue that many women with disabilities face. In addition to experiencing emotional, physical, and sexual abuse, women with disabilities may also experience disability-specific forms of abuse for long periods of time and from multiple perpetrators. To promote awareness of this serious problem, this article offers a brief overview of the general domestic violence literature and a critical review of existing research regarding the abuse of women with disabilities. Following these reviews, we offer an overview of practical implications and existing resources in this important area.

Women with disabilities experience abuse at similar or higher rates than women in the general population. In addition to experiencing emotional, physical, and sexual abuse, women with disabilities may also experience disability-specific forms of abuse for prolonged periods of time and from multiple perpetrators. To promote awareness of this serious problem, this article offers a brief overview of the general domestic violence literature and a critical review of existing research regarding the abuse of women with disabilities. Following these reviews, we offer an overview of practical implications and existing resources in this important area.

Abuse is a significant health issue that many women with disabilities face (Berkeley Planning Associates, 1996; National Institute on Disability and Rehabilitation Research, 1994; Nosek, Howland, Rintala, Young, & Chanpong, 1997). Regrettably, despite the seriousness of the problem, very limited information on the abuse experiences of women with disabilities is available. The risk for abuse that women with disabilities face, the direct and indirect effects of abuse on their health, and their barriers to seeking help remain largely undocumented. In addition, information about the experiences of abuse that women with disabilities face across cultures, disability types, and locales is extremely limited. This dearth of information is problematic because existing knowledge indicates that women with disabilities experience violence and abuse at similar or higher rates than nondisabled women and that the abuse they experience often goes unrecognized (Furey, 1994; Gill, 1996; Nosek, Howland, Rintala, et al., 1997; Sobsey & Doe, 1991; Stimpson & Best, 1991; Waxman, 1991).

Like women, men with disabilities also experience violence and abuse. However, it is important to attend to the significance of both gender and disability status when examining this critical health issue. Meanings associated with gender roles such as wife and mother (Asch & Fine, 1988; Thomas, 1999) and the well-documented effects of gender discrimination in society (Wendell, 1997) significantly influence the abuse experienced by women with disabilities. Although this abuse is often identical to the abuse experienced by nondisabled women, there are forms of abuse that are unique to women with disabilities (Gilson, Cramer, & DePoy, in press; Saxton et al., 2001). Because some women with disabilities depend on others to meet basic health or social needs, actions that may not be considered abusive for nondisabled women may be extremely harmful for women with disabilities (Curry, Hassounah-Phillips, & Johnston-Silverberg, 2001). For example, removing a battery from a wheelchair can be compared to locking someone inside a closet, demanding a kiss before assisting with a bath or transfer is a form of sexual abuse, and withholding medication can be life threatening. These examples illustrate the ways that abuse perpetrated by personal assistance providers compromises the health and safety of women who rely on the services they offer (Saxton et al.).

In addition to disability-specific forms of abuse, women with disabilities also experience intimate partner violence. Although the forms this violence takes are the
same as those experienced by nondisabled women, the nature of their disabilities may place them at additional risk. Two articles in *New Mobility* on violence against women included personal stories to illustrate the compounded vulnerability to intimate partner violence experienced by women with disabilities (Newroe, 1999; Russell, 1995). One woman wrote, "Abuse is about power and control. And who is more vulnerable than we who are physically dependent, who are often unable to leave our homes or use a telephone without help?" (Newroe, p. 53). In another example, a woman’s abuser told her, "No one is going to help you because you’re handicapped. They aren’t going to let you into those shelters. If you don’t shut up, you aren’t going to get your medication or food" (Russell, p. 48).

The gravity of this problem requires that both scholars and service providers learn about its complex nature. Providing quality care to abused women with disabilities depends on this. The purposes of this article are to (a) call attention to the abuse of women with disabilities and (b) critically evaluate existing knowledge in this area. To begin, we review the science addressing the abuse of women with disabilities, exploring both quantitative and qualitative approaches. Following this critique, we briefly summarize implications for research and make recommendations for future work. The article concludes by summarizing implications for practice and reviewing existing resources in this important area.

**Literature Review**

All of the studies investigating the abuse of women with disabilities that have been conducted to date have been descriptive or exploratory in nature. These studies used both quantitative and qualitative designs and sampled men, women, and children with cognitive and/or physical disabilities. To our knowledge, no critiques of this science are available in the literature at this time. To amend this gap, we critically reviewed the research in this area, drawing on several published studies conducted over the last two decades, and organized our review according to the methodological approach for facilitating appropriate evaluation for both quantitative and qualitative designs. Although postpositivism guides the vast majority of quantitative research, qualitative research is often guided by other paradigms. Postpositivist research aims to apprehend a single tangible reality through careful manipulation and control of variables (Guba, 1990), and the use of methods and procedures to maximize both internal and external validity is characteristic (Fedhauer & Schmelkin, 1991). Our critique of quantitative studies investigating the abuse of women with disabilities was consistent with this conventional approach. In contrast, many qualitative studies seek to capture a reality (perhaps one of many) intersubjectively and to document this reality in the form of rich thick description (Creswell, 1998). We applied Lincoln and Guba’s (1985) criteria for the evaluation of qualitative research because these criteria have been widely used to evaluate the adequacy of this type of research across various paradigms. We believe that both quantitative and qualitative research approaches contribute vital information about the abuse of women with disabilities and that both approaches are essential for the growth of the science in this area.

**Quantitative Studies**

Quantitative research investigating the abuse of persons with disabilities has focused primarily on describing victim and perpetrator characteristics and prevalence and types of abuse. In addition, some studies have also examined the quality and availability of services for persons with disabilities who have been victims of abuse. The majority of this work has focused on the sexual abuse of children and persons with developmental disabilities (DD) because of their increased vulnerability to sexual abuse from paid and unpaid caregivers, family members, other adults with DD, and acquaintances (Furey, 1994). Only a small number of studies examined the abuse of women with disabilities specifically, and even less information was available about the abuse of women with physical disabilities.

Building on existing work that examined abuse of hospitalized children with disabilities (Ammerman & Hasselt, 1989), Sobsey and Doe (1991) investigated patterns of sexual abuse and assault among children and adults with disabilities. In this study, a sample of sexual assault treatment centers and disability advocate groups filled out reports describing offenses against persons with developmental and other disabilities, yielding 162 case reports. Finding revealed that the mean age of the victims was 19.2 years, with a range of 18 months to 57 years. The majority of the victims were women (81.7%), and the majority of the offenders were men (90.8%). More than half of the abusers had established relationships with their victims that were similar to the types of abusive relationships women without disabilities reported. These abusers included natural family members, acquaintances, dates, and stepfamily members. However, in 44% of the cases, the abusers had a relationship with the victim that was specifically related to the person’s disability. These abusers included personal care assistants, psychiatrists, residential staff members, transportation providers, foster parents, and other individuals with disabilities. Limitations of this study include the use of nonprobability sampling and the potential for reporting biases by the advocate and treatment center employees who completed the case reports. Of note, Sobsey and Doe did not provide information about operational definitions or instrument development.
in their report, precluding assessment of the methodological rigor of these aspects of the study. Despite its limitations, Slobey and Doe's work has been critical to the development of the science of investigating the abuse of persons with disabilities. This groundbreaking work was among the first to document that people with a variety of disabilities in both institutional and community settings are often victims of severe and repeated sexual assault that resulted in significant harm to victims.

In another study of the sexual abuse of persons with disabilities, Furey (1994) examined 171 case-confirmed reports of sexual abuse of adults with mental retardation living in Connecticut. Findings revealed that the majority of the victims were women (72%) and the majority of the abusers were men (88%). Only 3% of the abusers were unknown to the victims. Friends, family members, group home operators, and other individuals with mental retardation were the abusers in 71% of the cases, with public and private agency staff members comprising the remaining abusers. Sexual abuse was most likely to occur in the victim's residence, in either institutional or community settings. This study's limitations primarily related to Furey's use of existing records to abstract case reports of sexual abuse. The completeness and accuracy of these records is of course unknown. The absence of any information about instrument development in Furey's research report is also problematic. Strengths of the study included the use of very precise operational definitions to measure different forms of sexual abuse and the comprehensiveness of the study sample. Impressively, this study examined all confirmed cases of sexual abuse in Connecticut reported for a 5-year period.

Similar findings were reported by Brown, Stein, and Turk (1995) in their study of sexual abuse of adults with learning disabilities in the United Kingdom. In 1991 and 1993, the authors surveyed staff members who returned questionnaires on behalf of 21 agencies representing the South East Thames Regional Health Authority. Of the 109 cases that fell within the parameters of the study, the authors identified 85 confirmed cases of sexual abuse among persons living in staffed housing. Unlike previous work, this study found that men were just as likely as women to be identified as victims of sexual abuse. The authors suggested that this finding might be reflective of an increased willingness to acknowledge male sexual abuse in this particular setting rather than an actual decrease in the incidence of abuse among women. Consistent with previous work, however, the majority of the abusers were men (96%), regardless of the gender of the victim. Likewise, the overwhelming majority (81%) knew the abuser, who was likely to be another service user (53%), a staff member (20%), or a family member (8%). The authors suggested that the small percentage of family members reported was inaccurate, citing lower rates of disclosure and intervention in these cases. With the exception of an increase in the number of male victims identified, this study replicated the findings of an earlier work (Turk & Brown, 1993). Because this study was the second survey in a 5-year program of research, the investigators were able to refine the operational definitions and survey instrument used in the first survey for use in this second study (Brown & Turk, 1992). Although this study was limited in that it used nonprobability sampling and relied completely on the accuracy of agency staff reports, its contribution to the science of investigating the abuse of women with disabilities is substantial. The sustained nature of Brown et al.'s (1995) work allowed for the development of increased methodological rigor and dissemination of this important work at the grassroots level.

Ulincy, White, Bradford, and Matthews (1990) were the first to study the abuse of persons with disabilities perpetrated by hired attendants. Participants in this study managed their own attendant services through independent living centers, which philosophically encourage a consumer-directed model. The investigators randomly selected 15 programs from a list of 156 federally funded ILCs. From these programs, the investigators again randomly selected 150 consumers to complete a questionnaire that included questions about theft and physical abuse. The survey was administered by telephone to a total of 91 participants whose gender was not reported. Forty percent reported an instance of theft, with the most frequently stolen items being money, jewelry, attendant-forged checks, prescription medications, television/stereos, and clothing. Nine participants (10%) reported being both physically abused and robbed by an attendant. Similar to many of the studies already cited, the report of this study did not provide information about instrument development, which precludes assessment of this important aspect of the study. Study strengths that we could assess included a specific focus on attendant abuse and the use of random sampling techniques.

Young, Nosek, Howland, Chanpong, and Rintala (1997) conducted a national prevalence study focusing specifically on the abuse of women with physical disabilities. The investigators surveyed 439 women with physical disabilities and 421 women without physical disabilities. An innovative approach was used to obtain the sample of women without disabilities: Women with disabilities who participated in the study recruited a nondisabled woman they knew to complete the study survey. Of note, minority women were underrepresented in the sample, with 17.9% of women with disabilities and 19.5% of nondisabled women drawn from minority populations. All participants were asked if they had ever experienced emotional, physical, or sexual abuse. The incidence of abuse among women with and without disabilities was similar: 62% of both groups reported some type of lifetime abuse. Half of both groups had experienced physical and/or sexual abuse. Husbands or live-in partners were the
most common perpetrators of physical or emotional abuse. Unlike the women with DD/mental retardation described in the previous studies, male strangers—rather than acquaintances or family members—were the most common perpetrators of sexual abuse on women in both groups. There were two important differences between the women with and without physical disabilities:

1. Women with disabilities were more likely than their nondisabled peers to experience abuse by attendants and health providers.
2. Women with disabilities were also more likely to experience abuse for longer periods of time.

Overall, Young et al.'s (1997) work represents a major progression in the science of investigating the abuse of women with disabilities. This work was the first to provide information specifically about abuse of women with physical disabilities and to use a large national sample. Instrument development, careful attention to stated definitions of abuse, and the use of a comparison group added needed methodological rigor to this area of research. The study did have limitations, however, including the disproportionately low number of ethnic minorities sampled and the use of nonprobability sampling techniques.

Although additional quantitative work has investigated the abuse of persons with disabilities, much of this work (a) has focused exclusively on the abuse of children (Mansell, Sobsey, & Moskal, 1998; Sullivan, Brookhouser, Scanlan, Knutson, & Schulte, 1991; Sullivan & Knutson, 1998), (b) has been related to work already cited (Brown & Turk, 1992; Sobsey & Mansell, 1994), or (c) is in progress (Powers et al., in press). Thus, we will consider the state of the quantitative science of investigating the abuse of women with disabilities based on the studies previously reviewed.

Although the quantitative research conducted to date has provided us with important information, the majority of these studies suffered from methodological weaknesses. In particular, we identified one or more threats to internal validity in many of them. These threats include inattention to operationalization of variables and instrument development, failure to consider the influence of confounding variables such as a history of abuse prior to the onset of disability, and the predominant absence of controls. The primary threats to external validity were the use of nonprobability sampling and inadequately described samples. Of note, many of the studies reviewed devoted minimal attention to potentially important group differences (e.g., gender, ethnicity, and disability type). The lack of attention to culture and ethnicity in this body of work is particularly striking. Of all the quantitative studies reviewed, only Young et al. (1997) reported the ethnic composition of their sample. These factors severely limit the generalizability of research findings to women with disabilities in general and to women belonging to specific ethnic and/or disability groups in particular.

Quantitative research investigating the abuse of women with disabilities is still in its early development. Future quantitative research efforts should include identification of risk factors for abuse, examination of the direct and indirect effects of abuse on women's health, and the development and testing of interventions to prevent and end abuse in the lives of women with disabilities. Progression of the science requires that future work attend to the significance of potential group differences; the development of standardized definitions and assessment instruments; and increased rigor in study design, measurement, and sampling.

**Qualitative Studies**

As previously noted, we chose to adopt Lincoln and Guba's (1985) criteria for the evaluation of qualitative research in this critical review. A different approach for determining the validity of qualitative research is necessary because various philosophical paradigms that reject positivist notions of naive realism and objectivity often guide qualitative work. Lincoln and Guba suggested that the trustworthiness of qualitative inquiry is grounded in the extent to which findings adequately represent multiple constructed realities. Moreover, the applicability of qualitative research rests on readers' ability to transfer findings (transferability) from sending contexts to receiving contexts (Lincoln & Guba). In the following critical review, we will consider the trustworthiness and transferability of qualitative studies conducted to date that investigated the abuse of women with disabilities.

Carlson (1998) conducted an exploratory study describing intimate partner violence among adults with DD living in the community. Eleven adults with DD and 19 key informants from the domestic violence and DD fields participated in the study. Agency staff members referred persons with DD whom they knew or suspected to be victims of intimate partner abuse, yielding a sample of 11 adults (10 women and 1 man). During individual structured interviews, the researcher asked the participants with DD about their experiences of physical, emotional, and sexual abuse by an intimate partner. In addition, the researcher asked key informants about their knowledge of physical, emotional, and sexual abuse among adults with DD.

Seven of the participants with DD reported current or recent physical abuse that was often severe enough to require medical attention. All of the participants reported multiple forms of emotional abuse, including threats with a knife or gun. Most reported fear of the abuser, efforts by the abuser to control their contact with other people, and
destruction of personal property and name-calling by the abuser. Six of the participants reported sexual abuse. The participants described many factors that contributed to their risk of abuse, including lacking knowledge about victimization, lacking knowledge about abuse reporting, and believing that mistreatment was their lot in life. The key informants all agreed that although physical abuse was very prevalent among women with DD, emotional abuse was nearly universal. The majority of the key informants also believed that women with DD are more vulnerable to abuse because of low self-esteem, depression on others, and lack of knowledge about resources. This study's contribution to the science was primarily limited to highlighting the problem of intimate partner abuse of adults with DD in the literature. Although Carlson (1998) appropriately employed purposeful sampling and analyzed data using established procedures for qualitative data (Miles & Huberman, 1994), the structured nature of the interviews precluded in-depth exploration of the phenomenon. In addition, the author did not discuss measures to enhance the trustworthiness of the study, and the data lacked sufficient detail for assessment of transferability.

In a study of sexual abuse of women with physical disabilities, Nosek (1996) conducted individual interviews using a "generalized interview guide" (p. 160). A total of 31 adult women with disabilities who represented variables hypothesized to affect sexual functioning, such as disability type, age of onset, ethnicity, and marriage, were selected for participation in the study. The investigator employed the constant comparative method of grounded theory for data analysis (Glaser & Strauss, 1967). Altogether, participants reported 55 separate incidents of abuse: 15 sexual, 17 physical, and 23 emotional. Twenty-five participants reported some experience of abuse in their lifetimes, and 11 specifically reported having been victims of sexual abuse. Participants also described several disability-related factors that increased their vulnerability, including an inability to physically escape an abusive situation due to architectural inaccessibility; dependence on the perpetrators for essential caregiving such as eating, taking medications, and transferring from the bed to the wheelchair; a lack of adaptive equipment in shelters; and social stereotypes of vulnerability. The participants also identified emotional, physical, and sexual abuse in medical settings as a serious problem for women with physical disabilities. This study revealed the complex nature of sexual abuse of participants by briefly summarizing the stories of each of the 11 women who had been victims. Of particular importance, these stories depicted the many forms of sexual abuse experienced by the participants and the varying contexts in which it occurred. Study limitations were difficult to assess because the author did not discuss measures taken to enhance the trustworthiness of the findings. In addition, the research report's reference to the use of a generalized interview guide does not provide sufficient information about data collection methods, precluding accurate assessment of this important aspect of the study.

In another study, Gilson et al. (in press) examined abuse experiences and service and resource needs of persons with disabilities to inform the development of theory in this emerging field. The investigators recruited 13 women and 1 man with physical, cognitive, or both physical and cognitive disabilities through the Center for Independent Living in their areas. Participants included persons from both urban and rural settings and three additional women who were not disabled. Using a feminist naturalistic design and open-ended questions, the researchers conducted two focus groups. Findings that identified forms of abuse unique to women with disabilities were consistent with those previously cited. Of note, participants were much more likely to identify restraint and control as abusive in comparison to their nondisabled counterparts. In addition, the authors cited paternalistic attitudes and demeaning and dismissive comments as particularly damaging. A unifying theme was the overall theoretical construct of limitation, which the authors concluded was the single greatest factor that magnified seemingly ordinary situations into harmful ones. This study brought to light the importance of theory development and the usefulness of incorporating feminist perspectives into the science of investigating the abuse of women with disabilities. Although not specifically stated, there is enough information in the research report to deduce that the trustworthiness of the study was enhanced by the authors' use of peer review (Creswell, 1998). The use of unstructured interview techniques yielded rich data that allowed for a rich thick description of the phenomenon and thus allowed for assessment of transferability. A study limitation was the absence of information about potential differences in the experiences of urban and rural focus groups.

In a study examining the abuse of women with disabilities by persons, paid or unpaid, who provide essential personal care, Saxton et al. (2001) conducted focus groups with 72 women with physical disabilities or physical and cognitive disabilities. Findings revealed that women with physical disabilities who rely on personal care assistance are subject to pervasive and frequent abuse. Problems with boundary confusion, abuse of power, disability-specific abuse, and barriers to help-seeking were identified. Boundary confusion occurred when personal care assistants crossed the social and personal boundaries of participants. Abuse of power occurred when personal care assistants used their positions to exert power over the women they served. Forms of abuse identified by participants were often disability related. The following quote is illustrative of the problem: "I had an attendant once leave me stark naked on the toilet and walk out. So I consider that abusive" (Saxton et al., pp. 404-405). Barriers to help-
seeking identified by participants included widespread devaluation of women with disabilities and associated problems with self-image. Study strengths included oversampling of ethnic minorities and the conduct of additional homogenous focus groups with African American and Asian American women to identify potentially significant cultural influences of women's experiences. In addition, the trustworthiness of the study was greatly enhanced by the investigators' extensive use of peer review. Study limitations included the absence of in-depth and detailed contextual information about the phenomenon, which to some extent restricted the transferability of findings.

In a small pilot study conducted as preliminary work for a larger study, Hassounneh-Phillips (2000) sought to describe the experiences of abuse within the context of family and society for women with physical disabilities. Using a critical hermeneutic design, the investigator interviewed five women with acquired physical disabilities who had personally experienced abuse. Each woman participated in one in-depth unstructured interview lasting 2 to 3 hours. During the interviews, the investigator asked participants to talk about their life history and the details of their abuse experiences and to reflect on the meaning of these experiences. Data analyses included biographical comparisons and thematic analysis. Findings were reported in three preliminary categories: doing daily battle, compounded vulnerability, and coming to terms with disability and impairment. Doing daily battle described how women with disabilities struggle daily to survive and, at the same time, affirm their value as human beings in the context of an often hostile environment. Participants described health-care encounters in particular as demeaning and dehumanizing. The second category, compounded vulnerability, described the ways that women with physical disabilities may be at increased risk for abuse. Poverty, social isolation, violation of women's boundaries, and physical impairment were all aspects of compounded vulnerability. The third category, coming to terms with disability and impairment, described the inner processes and tensions participants experienced over time. These processes and tensions revolved around establishing a disability identity, redefining what it means to be a woman, and finding an existential meaning in disability.

These preliminary findings indicated that abuse experiences of women with physical disabilities are highly complex. This complexity is rooted in the social context of disability and in women's responses to abuse within this context over time. Strengths of this study included the use of a critical hermeneutic design, which allowed for consideration of the broader social context of disability in society. Measures to enhance the trustworthiness and transferability of the study included peer review, external audit, and rich thick description. Limitations of the study primarily related to the rigor of analysis, which did not comprehensively include all of the analytic techniques integral to this method (Benner, 1994).

The qualitative studies that were reviewed provide important information about the abuse experiences of women with disabilities. In particular, this body of research has preliminarily informed us about some of the forms of abuse women with disabilities experience; the significance of the contexts of biography, family, and society; and the many different settings in which abuse occurs. Regrettably, the majority of the studies conducted to date did not rigorously use established qualitative methodologies; instead, they employed components of established methods in a piecemeal fashion. Also problematic was the absence in the qualitative studies of any mention of follow-up interviews. Such interviews would have significantly enhanced the rigor of the qualitative studies because researchers could have used them to fill in gaps and clarify emerging themes. Finally, very few of the studies specifically discussed measures taken to enhance the trustworthiness of the findings. According to Creswell (1998), qualitative research should employ a minimum of two measures to enhance trustworthiness and transferability (e.g., peer review, negative case analysis, external audit, triangulation, prolonged engagement, member checks, rich thick description). Surprisingly, many of the researchers did not discuss the use of any of these approaches to enhance the quality and verification of their work.

Like the quantitative research investigating the abuse of women with disabilities, qualitative research in this area is in its infancy. Future qualitative research should include investigation of the cultural contexts of abuse of women with disabilities within both the dominant culture and various ethnic cultures. In addition, there is a need for research that focuses specifically on the abuse experiences of women with different types of physical, cognitive, and psychiatric disabilities. Also important is the need for more information about abuse experiences of women with disabilities within specific settings. For example, incidents of abuse in health-care settings may differ from those that occur in private homes. There are many important contexts relevant to understanding the abuse of women with disabilities, and consequently, the conduct of rigorous qualitative research is essential to the progression of the science in this area.

Summary of Findings

Despite the methodological problems noted in much of the research investigating the abuse of women with disabilities, it is important to note that several points of convergence exist across studies. Accordingly, there is a growing consensus among researchers about various aspects of the problem of abuse of women with disabilities. We will briefly review areas of agreement across studies to summarize current understandings of the phenomenon.
Many studies documented the high incidence of abuse among women with disabilities and identified common patterns of abuse consistent with those found in the general population. Most often, assaults occurred in the homes or places of residence of victims, and the assailants were usually men. Although men were the most frequent offenders, there was general agreement among the researchers that women with disabilities are at risk for abuse from numerous possible perpetrators, including friends, family members, personal assistance providers, transportation employees, and health-care workers. Several studies also documented the complexity of the abuse experiences of women with disabilities. In addition to emotional, physical, and sexual abuse, women with disabilities also experienced various forms of disability-specific abuse, for example, damage or removal of assistive devices, theft of valuables and/or medications, and unwanted sexual touch during dressing and bathing. These experiences, although varied to some degree by life history influences, cannot be separated from the context of disability in society because the marginalized social status of women with disabilities compounds their vulnerability to abuse in all settings. In summary, existing knowledge underscores the seriousness of the problem of abuse of women with disabilities and highlights the urgent need for further investigation and the development of programs for intervention in this area.

**Implications for Practice and Review of Existing Resources**

The high prevalence of abuse among women with disabilities confirms the need for universal screening for abuse during every client contact in rehabilitation, health-care, and other professional settings. Because abuse experiences of women with disabilities may differ from those of the general population, abuse screening tools specifically for use with women with disabilities have been developed. In 1997, the Center for Self-Determination in Portland, Oregon, scientifically developed and piloted an eight-item abuse screening instrument. The instrument, which is available in a pamphlet format, is designed to be either completed by women with disabilities or administered by someone else, such as a health provider. It is available in alternative formats upon request (Center for Self-Determination, 1997). Other tools include the Abuse Assessment Screen—Disability, an instrument designed by the Center for Research on Women with Disabilities (CROWD, 1999). This tool, designed for use by clinicians, is included in CROWD’s Abuse Prevention Kit (CROWD, 1999).

In addition to the use of screening tools, clinician and client education are needed to increase awareness and identification of the problem of abuse of women with disabilities. Formal efforts at educational outreach are underway in several areas. The It’s My Right! Women in Charge project is an educational outreach program sponsored by the Center for Self-Determination that focuses on the problem of violence against women with developmental disabilities. Women with developmental disabilities and professionals receive training and support via a formal curriculum designed to increase identification, prevention, and cessation of abuse of women with developmental disabilities (Center for Self-Determination, 1999).

The Stop the Violence, Break the Silence Training Guide and Resource Kit offered by SafePlace, in Austin, Texas, consists of an abuse/violence prevention and education training guide and resource kit designed for use by persons with disabilities, their family members, and professionals. This kit is based on the training materials of Disability Services ASAP, which operates a “national resource library of curriculum, videos, books, journals, anatomically correct models, etc., that promote abuse prevention/intervention strategies and education, and teach the tenets of health relationships to people with disabilities” (SafePlace, 2000, p. 3). Other programs include the Metropolitan Organization to Counter Sexual Assault (MOCSA) developmental disabilities resource center in Kansas City, Missouri (MOCSA, 2001), and the ARC of Maryland’s Gender Violence Prevention and Women with Developmental Disabilities project (ARC of Maryland, 2001). MOCSA provides a resource library, training and technical assistance, community education, and information and referral services to persons with disabilities experiencing abuse, whereas ARC offers a gender violence prevention curriculum for women and adolescent girls with developmental disabilities similar to other curricula previously cited.

In addition to assessment and identification, abuse intervention is also essential. As previously noted, research investigating the abuse of women with disabilities has identified the social context of disability as a factor that significantly shapes the abuse experiences of this population. Concrete examples of this important context include the problems of inaccessible shelter, home, and community environments and the lack of alternative attendant services for abused women. Service providers seeking to intervene with abused women must be aware of the resources available in their communities to facilitate appropriate referrals in their local areas. The development of resources and improvement of services for victims of abuse are key aspects of abuse intervention for women with disabilities (Nosek, Howland, & Young, 1997; Swedlund & Nosek, 2000). Collaboration with domestic violence shelters to supply personal assistance providers and replace medications and assistive devices left behind when abused women are forced to leave their homes is needed. In addition, professionals dealing with abused
women should collaborate with law enforcement and other professionals to facilitate the removal of abusers from women's homes and provide essential personal care services in emergency situations.

Research investigating the abuse of women with disabilities is still very much in its infancy. Although several of the studies conducted to date suffered from methodological flaws, there is growing evidence that this problem is common and serious enough to justify the use of routine screening protocols in all health-care and rehabilitation settings. The use of existing resources for assessment and intervention and the conduct of more rigorous and comprehensive research in this area are essential steps as we endeavor to promote the health and safety of women with disabilities in families, institutions, and society.

ABOUT THE AUTHORS

Dena Hassounah-Phillips, PhD, is an assistant professor of nursing at Oregon Health and Science University. Her research focus is the issue of violence against women in vulnerable and marginalized populations. Mary Ann Curry, DNPc, is a professor of nursing at Oregon Health and Science University. Her current program of research focuses exclusively on the issue of violence against women. Address: Dena Hassounah-Phillips, Oregon Health Sciences University, School of Nursing, 3181 SW Sam Jackson Park Rd., Portland, OR, 97201-3098; e-mail: phillde@ohsu.edu

REFERENCES


Newawo, K. (1999, March). A cautionary tale. If you are a victim of abuse, it's not your fault. New Mobility, pp. 53–64.


(continued from p. 86)


Zea, M. C., Quesada, T., & Belgrave, F. Z. (1994). Latino cultural values: Their role in adjustment to disability. Journal of Social Behavior and Personality, 9, 185-200