

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Michigan Study on Women with Physical Disabilities, Final Report

Author(s): Sharon Milberger Sc.D. ; Barbara LeRoy Ph.D. ; Angela Martin MSW ; Nathaniel Israel M.A. ; Linda Potter J.D. ; Pam Patchak-Schuster ACSW

Document No.: 193769

Date Received: 04/25/2002

Award Number: 2000-WT-VX-0018

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.

Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

193769

A Michigan Study on Women with Physical Disabilities

Final Report

National Institute of Justice

NIJ Grant #2000-WT-VX-0018

February 7, 2002

Sharon Milberger, Sc.D., Barbara LeRoy, Ph.D., Angela Martin, M.S.W.,

Nathaniel Israel, M.A.

Developmental Disabilities Institute,

Wayne State University

Linda Potter, J.D., Pam Patchak-Schuster, A.C.S.W.

United Cerebral Palsy Association of Michigan

FINAL REPORT *Archie*

Approved By: *J. Sh...*

Date: *2/11/02*

This project was supported by grant 2000-WT-VX-0018 awarded to Wayne State University from the National Institute of Justice. Findings and conclusions of the research reported here are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

The Developmental Disabilities Institute at Wayne State University, in collaboration with United Cerebral Palsy Association of Michigan (UCP), conducted a one-year study to *investigate the prevalence, correlates, and service system capacity related to domestic abuse among women with physical disabilities in Michigan.*

Background

In the past few years, it has become alarmingly clear that women with disabilities are at an extremely high risk for emotional, sexual and physical assault (Pelka, 1993; Sobsey, 1994). Studies have shown that people with developmental disabilities have a four to ten times higher risk of becoming crime victims than persons without disabilities. A woman with a disability, regardless of age, socioeconomic status, race, ethnicity or sexual orientation, is twice as likely to be a victim of abuse than a woman without a disability (Sobsey, 1988, 1994; Cusitar, 1994; Stimpson and Best, 1991; DisAbled Women's Network (DAWN), 1988). One study found that 83% of women with developmental disabilities in its sample had been sexually assaulted (Hard 1986). In contrast, a more recent prevalence study found that women with physical disabilities have the same level of risk for emotional, physical and sexual abuse as women without physical disabilities (62% prevalence in each group of women) (Young, et al, 1997). However, while women with physical disabilities had similar prevalence of abuse by husband or live-in partners as women without physical disabilities, the women with physical disabilities were at greater risk for abuse by attendants or health care providers and experienced longer duration of abuse than women without physical disabilities (Young, et al, 1997). These widely varying numbers may stem from a) the use of

different methodologies (including larger and smaller sample sizes) and b) meaningful differences by disability subgroup.

The causes of the increased risk of abuse to women with developmental disabilities are numerous and complex. One of the key reasons is the disability itself: a woman with a serious disability may not be able to physically fight back or walk away from a potentially harmful situation. A woman with a cognitive impairment may not understand what is happening to her. A woman with a communication impairment may not be able to tell people what is happening to her. Also, women with lifelong disabilities are taught to be compliant, and discouraged from being assertive. This very compliance, which is taught because it makes them easier to care for, can reduce the likelihood that a woman with a disability will speak out against an abusive situation (Sobsey, 1994).

Moreover, many women with disabilities are dependent on caregivers, either a spouse, other family members, or paid assistants for essential personal services. This dependence can create stress on caregivers and raise issues of power and control, which can lead to abuse. Further, the very dependence, which can breed abuse, also creates a barrier to terminating the abusive situation because to do so would leave the woman without essential support services.

Women with disabilities are also at a higher risk for domestic abuse because they are among the most isolated people in our society due to their dependence on others, the multiple environmental and economic barriers to participation in their communities, and their high incidence of poverty (McPherson, 1991). The human services community has also failed to adequately address the problem of abused women with disabilities. Many

domestic violence shelters for women who are abuse victims refuse to accept a woman with a disability. In fact, a Texas study found that only 64% of safe houses and shelters were physically accessible to women with disabilities (Krotoski, Nosek & Turk, 1996). When they do accept women with disabilities, they are often not fully trained to respond adequately to the specific needs of women with disabilities. The shelter may be inaccessible to people with mobility impairments, may not have an interpreter to call so that women with hearing impairments can communicate, or may not know what to do to assist a woman with a cognitive impairment. Overall, abuse programs are more likely to serve women with mental illness. Only 10% of women served by such programs have physical disabilities and 5% have visual or hearing impairments (Ibid, 1996).

The health care community has also failed women with disabilities. Women with disabilities often do not view doctors as confidants, thus these women are frequently isolated from potential sources of help (Center for Research on Women with Disabilities, 1995; Waxman, 1991). In addition, women with disabilities are less likely to receive pelvic exams than women without disabilities because of doctors' reluctance to provide them, inaccessibility of exam tables, and lack of transportation (Center for Research on Women with Disabilities, 1995).

While studies on this vulnerable population are slowly beginning to emerge in other states, no statistics on prevalence, correlates, and service access currently exist in Michigan. This study examined domestic violence among Michigan women with physical disabilities by addressing the following research questions:

1. What is the prevalence of domestic violence among a sample of women with physical disabilities?
2. What potential factors for domestic violence exist among women with physical

disabilities?

4. What is the capacity of existing support programs (e.g., safe houses, shelters, and service agencies) to assist women with physical disabilities?

Research Design and Methodology

Population and Sample

The population for this study was women over the age of 18, who have physical disabilities. Consistent with the work of other researchers (Krotoski, Nosek & Turk, 1996), physical disabilities in this study were defined as those disabilities that result in functional impairment such as cerebral palsy, postpolio, spina bifida, amputation (bilateral upper limb, unilateral lower limb), rheumatic conditions (including rheumatoid arthritis and systemic lupus erythematosus), multiple sclerosis, spinal cord injury, traumatic brain injury, visual impairment, hearing impairment, and stroke. A sample of 177 women was recruited through several mechanisms. Letters describing the study were sent to approximately 100 organizations across the state of Michigan that serve individuals with disabilities. Thirty-two of the organizations requested a total of 1376 recruitment flyers and many indicated that they would put information about the study in their newsletters. Follow-up calls were made to those organizations that did not respond to the letter. Mailings were also sent to all domestic abuse programs in the state of Michigan, 20 cerebral palsy sports associations, 43 high school special education transition coordinators, 76 college offices for students with disabilities, 155 physical therapists, 70 occupational therapists, 65 community mental health offices, 70 sheltered workshops/rehabilitation programs, 87 special public transportation offices and 1136 social workers in outpatient health or inpatient group home settings. In addition, calls

were made to approximately 100 self-help groups for individuals with disabilities (a list was obtained from the Self-Help Clearinghouse) to inform them of the study, answer any questions and encourage recruitment of women into the study. In addition, the study was described on the Detroit Radio Information Service (DRIS), which is a radio program offered by Wayne State University for individuals with disabilities.

Procedure

To address the first research question (prevalence), the 177 women participating in the study were asked to complete a brief questionnaire addressing demographic characteristics and their experience with domestic violence (see Attachment A). Women were given the choice whether they wanted to complete the screen over the phone, by mail, by fax or on-line. In this study Dorthea Glass' definition of abuse was used:

An act of aggression and hostility against a whole person; not just a sexual act or a bodily violation, but an indignity, an invasion, and violation of a person that affects the victim physically, psychologically, and socially; an assault which does not necessarily end when the assailant leaves or is caught (Krotoski, Nosek & Turk, 1996, p.154).

More specifically, the following four questions were asked regarding abusive situations (see Attachment B):

- ❖ Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?
- ❖ Since you were 18 years old, has anyone you been forced to have sexual activities?
- ❖ Since you were 18 years old, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?
- ❖ Since you were 18 years old, 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, bathing, getting dressed or getting food or drink or threatened not to help you with these personal needs?

Fifty-six percent (100) of the 177 women interviewed indicated a positive history of abuse on their initial screen. In order to address the second research question (correlates), this subsample of 100 women were invited and encouraged to participate in the second phase of the research which involved a more extensive interview (see Attachment B). Interviews were confidential and women were given the choice of whether they wanted to complete the interview over the phone, on-line, by mail or in person. The interview used is based on a protocol developed by Nosek (1995) which addresses demographic characteristics (e.g., age, level of disability, ethnicity, living arrangements, income), social networks and abuse history. In addition, several questions were asked regarding characteristics of the abuser such as gender, age, relationship to the study participant, and length of the relationship. All interviewers were specifically trained in issues of domestic violence prior to initiating the interviews to assure that sensitivity and awareness with regard to safety and support were provided to the participants. Each participant was paid \$50 at the completion of the interview. Consistent with Wayne State University policies on research and human subjects, approval for this study was obtained from the Investigative Review Board prior to its implementation.

To address the third research question (capacity), a telephone survey was conducted with all of the Michigan sexual assault and domestic violence programs as compiled by the Michigan Coalition Against Domestic and Sexual Violence (N=55). The survey addressed the knowledge and skills of staff in addressing disability issues and

domestic violence, their experience in working with women with disabilities, and their training (see Attachment C). The survey also assessed the physical accessibility of buildings.

Data Analysis

For research question one, our prevalence estimate of domestic abuse among women with disabilities was calculated as the proportion of women in the larger sample (n=177) who report domestic abuse on the initial screening instrument. This prevalence was compared (qualitatively) with the prevalence rates reported in similar studies of women with disabilities and women in the typical population.

In order to address research question two, potential correlates of domestic violence, women in the sample who reported experiencing abuse were compared with women in the sample who did not report abuse in regards to demographic and other characteristics (e.g., type of disability, use of personal assistance services). Categorical data were analyzed using Chi-square tests. Continuous data were analyzed using t-tests when assumptions of normality were met or else non-parametric methods were used. The in-depth interviews yielded quantitative data regarding the relationship of the abuser to the victim, the type of abuse or neglect that occurred, and whether or not assistance was sought from a domestic abuse program or shelter. Qualitative data regarding the circumstances surrounding abuse, and results of efforts to reach out for assistance were also collected by means of open-ended questions. Recurrent patterns or themes in the data noted by multiple coders were then quantified

using the lowest level of inference available (presence/absence of characteristic). For example, many individuals volunteered information regarding substance use during abusive incidents, and interview protocols were subsequently coded for alcohol/drugs presence/absence. Since these questions were not explicitly asked, the percentage estimates are likely underestimates, and provide directions for future research.

For research question three, capacity of existing support programs to meet the needs of women with physical disabilities who have experienced domestic abuse, content analysis was used to group the data into themes that multiple coders perceived as similar and translated into categories that were scored as "present/absent". Quantitative data were analyzed using descriptive and inferential methods as appropriate.

Findings

In the first phase of the study, 177 women with physical disabilities completed domestic violence screens. The majority of these women were Caucasian (79%), 16% were African American, and 5% were either Native American, Hispanic or biracial. Most of the women were living independently (77%), 17% were living semi-independently and 4% were living in group homes. Nearly half (42%) of the women were single, 28% were divorced or separated, 24% were married and 5% were widowed. The women who participated in the study had a wide range of disabilities including: arthritis (27%), cerebral palsy (20%), visual impairment (17%), hearing impairment (17%), multiple sclerosis (12%), traumatic brain injury (7%), stroke (6%), post-polio (4%), spina bifida

(2%), spinal cord injury (3%), and other physical disabilities (e.g., amputation, systemic lupus erythematosus). Over a third (34%) of the women indicated having more than one disability. More than half (60%) of the women used at least one personal assistance service. The mean age of the participants was 45.3 years. Sixteen percent were employed full-time, 18% were employed part-time, 12% were retired, and 41% were laid-off or unemployed. Fifty-six percent (100) of the 177 women interviewed indicated a positive history of abuse on their initial screen. Table 1 compares those women who reported a positive history of abuse with those without abuse histories.

Table 1. Women with abuse histories compared to women without abuse histories

	Abuse history (N=100)	No abuse history (N=77)	p-value
Ethnicity			
Caucasian	80% (80)	77% (59)	0.83
African American	15% (15)	17% (13)	0.68
Other	5% (5)	4% (3)	0.75
Missing	0% (0)	3% (2)	--
Current living arrangement			
Independent	81% (81)	71% (55)	0.30
Semi-independent	18% (18)	16% (12)	0.76
Group home	1% (1)	8% (6)	0.02
Other	0% (0)	1% (1)	0.24
Missing	0% (0)	4% (3)	--
Employment status			
Full-time	18% (18)	14% (11)	0.47
Part-time	17% (17)	18% (14)	0.89
Retired	8% (8)	17% (13)	0.08
Laid off/unemployed	46% (46)	34% (26)	0.08
Other	9% (9)	12% (13)	0.13
Missing	2% (2)	0% (0)	--
Marital Status			
Married	19% (19)	31% (24)	0.07
Single	40% (40)	44% (34)	0.62
Divorced/separated	36% (36)	18% (14)	0.01
Widowed	4% (4)	6% (5)	0.46
Missing	1% (1)	0% (0)	--

Type of disability			
Arthritis	30% (30)	23% (18)	0.31
Cerebral palsy	17% (17)	25% (19)	0.21
Multiple sclerosis	11% (11)	14% (11)	0.51
Visual impairment	16% (16)	18% (14)	0.70
Hearing impairment	27% (27)	4% (3)	0.001
Traumatic brain injury	7% (7)	7% (6)	0.84
Other	55% (55)	38% (29)	0.02
Multiple disabilities (% yes)	40% (40)	26% (20)	0.05
Personal asst. services (% yes)	51% (51)	71% (55)	0.01
# Personal asst. services (mean)	1.53	2.12	0.09
Age (mean age)	44.41	46.92	0.17

Of the 100 women who reported a positive history of abuse, most (89%) indicated that their abuse occurred in the past. If a woman reported current abuse, the interviewer described the resources provided by the Rape, Abuse, and Incest National Network (RAINN) and provided the woman with their toll-free National Assault Hotline. Of the women who reported a positive history of abuse, six (6%) did not provide any contact information, two (2%) had disconnected phones, six (6%) could not be reached (i.e., no answer after many attempted calls), one (1%) refused to participate, and 85 (85%) completed the more in-depth Phase II interview.

Of the 85 women who reported abuse and completed the follow-up survey, 87% reported physical abuse, 66% reported sexual abuse, 35% reported that they were refused help with a personal need, and 19% indicated that they were prevented from using an assistive device. Most of the women (74%) reported abuse that was chronic in nature (i.e., for at least 3 months) and over half (55%) reported multiple abuse situations during their adult life. The majority of women (80%) indicated their abuser was a male partner, 31% indicated that their abuser was a family member, 15% indicated their abuse was an acquaintance, 12% indicated their abuser was a caretaker or health professional and 8%

indicated their abuser was a stranger. The mean age of onset of the abuse was 22.5 years of age although many of the women volunteered that they experienced abuse in their childhood as well as more recently. Over half of the women (53%) spontaneously reported that their abusers were using drugs and/or alcohol at the time of the abuse and 11% of the women stated that they themselves were using drugs and/or alcohol at this time. Since the use of drugs and/or alcohol was not an explicit question asked these numbers likely represent and underestimate of the true frequency. When asked whether they sought help for their abuse, only 33% indicated that they had. There were mixed reactions as to whether their experience of seeking help was a positive one. Roughly half of the participants reported a good experience where service providers were able to accommodate their disability, the women received counseling and were able to resolve the crisis situation. The other half indicated a less positive experience in which service providers were not able to resolve their abusive situation (e.g., called the police but no action was taken, the shelter could not accommodate their disability). When those women who did not seek help were asked why they indicated several reasons including feeling that they could handle it themselves, having other sources of support available, being unaware of where to go, feeling embarrassed, feeling guilty about being a burden or that it was their fault, fear that abuser would come after them, fear of not being believed, and, to a lesser extent, concern that the shelter would lack appropriate accommodations.

Table 2. Accessibility of Shelters in Michigan (N=55)

Can a wheelchair user get inside building?	% (N)
Paved	87% (48)
Ramp or no stairs	78% (43)
Doorway at least 36"	82% (45)
Can a wheelchair user navigate inside building?	

No objects blocking hallway	78% (43)
Furniture allowing 36" clearance	76% (42)
Sleeping space on ground floor	67% (37)
Tables 28-34" high	73% (40)
Accessibility of Bathroom?	
On ground floor	89% (49)
5' diameter for wheelchair	67% (37)
Grab bars	67% (37)
Toilet 17-19" high	64% (35)
Faucet operated with one hand or little force	67% (37)
Accessibility of Services?	
Written materials in alternate formats	40% (22)
Interpreter available	62% (34)
TTY/TDD machine or TTY Relay or STS Relay	33% (18)
Accessibility of bathing, toileting & feeding needs?	
Personal assistants allowed to come with client	66% (36)
Shelter staff willing to perform personal assistance services	27% (15)
Staff training needs?	
FIA/CMH services	38% (21)
Protection and Advocacy	31% (17)
DCH Office of Recipient Rights	49% (27)

To address the third research question (capacity), a telephone survey was conducted with all of the Michigan sexual assault and domestic violence programs on a list compiled by the Michigan Coalition Against Domestic and Sexual Violence (N=55). The survey addressed the physical accessibility of buildings, knowledge and skills of staff in addressing disability issues and domestic violence, experience in working with women with disabilities, and training and information needs. The findings from the survey are presented in Table 2.

Discussion

The prevalence of domestic abuse in our sample of 177 women with physical disabilities was 56% while a recent survey done in Michigan that found that 38% of women have experienced physical violence by a man since age 16 (Michigan Department

of Community Health, 1996). While the prevalence in our sample is lower than the prevalence of 83% reported in the study conducted by Hard (1986), it is consistent with the findings from the 62% prevalence seen in the study conducted by Young et al (1996), as well as the study conducted by Center on Self-Determination, Oregon Institute on Disability and Development which found that 67% of 200 women with disabilities reported physical abuse and 53% reported sexual abuse (Curry, Powers & Oschwald, 2000). This finding is also consistent with the body of findings showing that a woman with a disability, regardless of age, socioeconomic status, race, ethnicity or sexual orientation, is more likely to be a victim of abuse than a woman without a disability (Sobsey, 1988, 1994; Cusitar, 1994; Stimpson and Best, 1991). The variability in the prevalences across the various studies may be due, in part, to differences between a developmentally disabled population and a population of women experiencing physical disabilities. There may also be important differences in the *type* of abuse that individuals with disabilities and individuals without a disability experience.

We are aware that the prevalence in our sample is only a crude estimate of the true population prevalence and there are several limitations to comparing the prevalence reported from our sample to those seen in other studies. First, each of the studies used different definitions of 'abuse' and 'disability'. A second limitation of our prevalence estimate is that domestic abuse of women is generally underreported for a variety of reasons. In our sample, only 10% of the women reported abuse situations that were occurring currently. There are several reasons why this may be the case including the ongoing danger women perceive for themselves should they reveal abuse and due to the

perception that other choices don't exist. These two factors are exacerbated for women with disabilities because they may feel more vulnerable to abuse due to their physical helplessness and because they are often very dependent on their caregivers. Contributing to this perception of dependency are the very real factors that they may be unable to escape due to architectural barriers (literally being unable to leave) or the lack of adaptive equipment to facilitate leaving (e.g., lack of a power chair for a woman who cannot propel her own chair; lack of accessible transportation) (Nosek, 1995). While we went to great effort to reach those women who are most isolated (e.g., very broad recruitment efforts, offering women several alternate ways in which they could participate), to ensure confidentiality and the safety of participants (e.g., interviewing women privately and at their convenience, training interviewers) we were not able to successfully reach this population of women.

A third limitation of the prevalence estimate in our study is the possibility of selection bias. In the process of recruiting women, many organizations that serve women with physical disabilities stated that they did not know of any woman who had an abuse experience and therefore felt that the women they serve would not meet criteria to participate in the study. Therefore, it is possible that many women with disabilities without known abuse situations may not have been fully made aware of the study. In order to correct this misconception, we attempted to re-contact all organizations and highlight the purpose of the study and that any woman with a physical disability could participate in the study regardless of whether she had an abuse experience.

In order to better understand the correlates of abuse, women with abuse histories

were compared to those women without abuse histories. Several differences were noted between these two groups of women. In particular, there was a positive relationship between abuse histories and being laid off or unemployed (48%) compared to women without abuse (34%). Women with abuse histories were also more likely to be divorced (38% vs. 14%) and less likely to be single (38% vs. 45%) compared to women without abuse. Women with abuse were more likely to have more than one disability (44%) compared to women without abuse (26%). While women with and without abuse had similar rates of arthritis, multiple sclerosis, visual impairment and cerebral palsy, 24% of women with abuse had a hearing impairment compared to only 5% of women without abuse. In other words, of the 28 women with hearing impairments who participated in the study, 86% reported an abuse experience. Similarly, 11% of women with abuse had a traumatic brain injury compared to only 4% of women without abuse. These findings highlight the need to further examine these groups of women to determine why they are at such high risk for abuse and to target intervention efforts to them.

Our findings from the in-depth interviews revealed that most of the women who experienced abuse had multiple abuse situations that were chronic in nature and that their abusers were typically their male partners. Moreover, in over half the cases the participants volunteered the information that drugs and alcohol were involved. In addition, only a small proportion of women (16%) successfully sought and received adequate help to resolve their crisis situation. However, it is interesting to note that for the majority of women their abuse was in the past so they were ultimately able to resolve their abusive situation. However, many of these women remained in chronic abusive

situations that escalated in level of severity over many years and only ended at the point where the abuse was quite extreme. These findings can help to inform self-advocacy/self-determination curriculum development, which is becoming a standard component in high school programs for students with disabilities. In addition, the findings highlight the importance of expanding intervention strategies including advocacy activities for women with disabilities (e.g., assisting women to identify and report abuse, individual advocacy to obtain needed services, etc.), activities with schools (e.g., assisting students in developing personalized safety plans, educating teachers on how to recognize signs of abuse, etc.), activities to deter and prevent partner and caregiver violence, community awareness activities and dissemination activities.

The findings from the telephone survey with Michigan safe houses and shelters revealed that most of the shelters are accessible to individuals who use wheelchairs or that they can refer women to a more accessible location. More than half had interpreters available (for sign language) while only a third had a TTY/TDD machine. Nearly all of the shelters indicated that they have served women with disabilities and that, overall, they can generally accommodate a woman as long as she can care for herself. Many of the shelters commented that they did not have enough staff to provide personal assistance services but would most likely allow a woman to come in with her own personal assistant if she wished. Of course, this may pose a problem to a woman who is being abused at the hands of her personal assistant, or for a woman who relies on an abusive partner for assistance. Shelter staff expressed interest in learning more about the Department of Community Health Office of Recipient Rights, personal assistance services, Family

Independence Agency/Community Mental Health services and Protection and Advocacy. In addition, staff expressed interest in learning more about serving individuals with disabilities. An important direction for future research would be to assess training staff needs. Specifically, one could ask about what training the staff have undergone regarding assisting those with disabilities, gaps in nursing/personal assistant services, language barriers (deaf/ASL barriers, barriers for possibly underserved groups such as Latino or Asian women), stereotypes/perceptions that shelter staff have regarding the abilities/competencies of those with disabilities, and research on the efforts of these institutions to reach out to isolated communities such as the disabilities community.

While these findings highlight the need for training for shelter staff and making improvements in accessibility of the shelters, there is also a considerable need to have information dissemination to women with disabilities. Women with disabilities need to be made aware of the resources that are available to them and that it is appropriate (and important) for them to use these resources. Potential ways of increasing awareness include public service announcements, sharing information in alternate formats (e.g., Braille, sign language), and working with agencies that serve women with disabilities to have them share information with their clients.

REFERENCES

Center for Research on Women with Disabilities, Baylor College of Medicine, (1995). *National Study of Women with Disabilities*. <http://www.bcm.tmc.edu/crowd/finding4/html>.

Curry, M.A., Powers, L. & Oschwald, M., (2000). *Women with Disabilities Description of Abusive Behaviors and Strategies to Stop and Prevent Abuse*. Annual Meeting of the American Public Health Association, Boston, MA.

Cusitar, Leanne, (1994). *Strengthening The Links: Stopping the Violence*, Toronto: DisAbled Women's Network.

Hard, S., (1986). *Sexual abuse of the developmentally disabled: A case study*. National Conference of Executives of Associations for Retarded Citizens, Omaha, NE.

Krotoski, M. Nosek, M., & M.Turk (1996). *Women with Physical Disabilities, Achieving and Maintaining Health and Well-Being*. Baltimore: Paul H. Brookes Publishing Co.

McPherson, C. (1991). *Tackling violence against women with disabilities*. Downsview, Ontario: York University, p. 63-65.

Michigan Department of Community Health (1996). *Survey of Violence in the Lives of Michigan Women*.

Nosek, M.A. (1995). Sexual abuse of women with physical disabilities. In T.N. Monga (Ed.), *Sexuality and disability, physical medicine and rehabilitation: State of the art reviews*, (9)2, 487-502.

Pelka, F., (1993). Rape. *Mainstream*, 18, 24-33.

Sobsey, D., (1988). Sexual offenses and disabled victims: Research and Practical Implications", *VIS-A-VIS*, 6(4).

Sobsey, D., (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore: Paul H. Brookes Publishing Co.

Stimpson, L., & E. Best, (1991). *Courage Above All: Sexual Assault and Women with Disabilities*, prepared for DisAbled Women's Network Toronto.

Waxman, B.F. (1991). Hatred: The unacknowledged dimension in violence against disabled people. *Sexuality and Disability*, 9(3), 185-199.

Young, M.E., Nosek, M.A., Howland, C., Chanpong, G., & Rintala, D.H. (1997). Prevalence of Abuse of Women with Physical Disabilities. *Archives of Physical Medicine and Rehabilitation*, 78, S34-S38.

ATTACHMENT A - PHASE I SCREEN

1. Ethnicity

Caucasian African American Asian American Indian Hispanic Other

2. Age _____

3. Zip Code _____

4. Current living arrangement

Independent Semi-independent Group Home Other _____

5. Marital status

Married Single Divorced/Separated Widowed Other _____

6. Type of disability

Cerebral Palsy Stroke Spina bifida Systemic lupus erythematosus
 Multiple Sclerosis Post-polio Visual impairment Traumatic brain injury
 Hearing impairment Amputation Spinal cord injury Arthritis Other

7. Personal assistance services (mark all that apply)

Getting out of bed Eating or feeding Dressing Toileting
 Personal hygiene Moving around your home Taking medications
 Meal preparation Home maintenance Other _____

8. Employment status

Full-time Part-time Retired Laid off/unemployed Other _____

9. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone or forced to have sexual activities?

Yes, currently Yes, in the past No

10. Since you were 18 years old, has anyone you depend on refused to help you with an important personal need (e.g., taking your medicine, getting to the bathroom) or prevented you from using a wheelchair, cane, respirator, or other assistive devices?

Yes, currently Yes, in the past No

If you are interested in seeing if you are eligible to participate in the second phase of this study please provide the following contact information:

Name _____

Phone (____) _____

ATTACHMENT B - PHASE II QUESTIONNAIRE* (page 1 of 8)

1. Ethnicity

Caucasian African American Asian American Indian Hispanic Other

2. Age _____

3. Zip Code _____

4. Current living arrangement

Independent Semi-independent (with support) Group Home Other _____

5. Marital status

Married Single Divorced/Separated Widowed Other _____

6. Type of disability

Cerebral Palsy Multiple Sclerosis Spina bifida Amputation Arthritis
 Systemic lupus erythematosus Visual impairment Hearing impairment
 Stroke Post-polio Spinal cord injury Traumatic brain injury Other _____

7. Personal assistance services (mark all that apply)

Getting out of bed Eating or feeding Dressing Toileting Personal hygiene
 Transferring or moving around your home Taking medications Recreation
 Meal preparation Home maintenance Other _____

8. Are the following services available in your community?

Transportation Yes No If Yes, do you use this service? Yes No
 Recreation Yes No If Yes, do you use this service? Yes No

9. Employment status

Full-time Part-time Retired Laid off or unemployed Other _____

10. Source of monthly income (mark all that apply)

SSDI SSI Employment earnings Long-term Disability
 State Disability Assistance (SDA) Unemployment Worker's Compensation
 Other (e.g., family, trust fund, etc. _____)

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 2 of 8)

11. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?

- Yes, currently Yes, in the past No

If *No*, go to Question 12.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 3 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If *Yes*, how would you describe your experience with the domestic abuse program/shelter?

Thinking of the worst incident, were you (check yes or no):

- | | |
|---|--|
| 1=Threatened with abuse, including threats with a weapon | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2=Slapped, pushed; (no injuries or lasting pain) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3=Punched, kicked (bruises, cuts and/or continuing pain) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4=Beaten up (severe cuts or bruises, burns, broken bones) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5=Received head, internal, and/or permanent injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6=Injured by use of weapon (wound from weapon) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 4 of 8)

12. Since you were 18 years old, has anyone you been forced to have sexual activities?

- Yes, currently Yes, in the past No

If *No*, go to Question 13.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 5 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

13. Since you were 18 years old, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?

Yes, currently Yes, in the past No

If No, go to Question 14.

If Yes, who was this person (mark all that apply)?

Partner Yes No If Yes, Male Female
How long have you known this person? _____

Ex-Partner Yes No If Yes, Male Female
How long have you known this person? _____

Current Care Provider Yes No If Yes, Male Female
How long have you known this person? _____

Former Care Provider Yes No If Yes, Male Female
How long have you known this person? _____

Health Professional Yes No If Yes, Male Female
How long have you known this person? _____

Family Member Yes No If Yes, specify _____
How long have you known this person? _____

Stranger Yes No If Yes, Male Female

Other Yes No If Yes, specify _____
ATTACHMENT B - PHASE II QUESTIONNAIRE (page 6 of 8)

Please describe: _____

When did this abuse begin? _____

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 7 of 8)

14. Since you were 18 years old, 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, bathing, getting dressed or getting food or drink or threatened not to help you with these personal needs?

- Yes, currently Yes, in the past No

If *No*, go to stop here.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 8 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If *Yes*, how would you describe your experience with the domestic abuse program/shelter?

*This questionnaire is based on the Abuse Assessment Screening Questionnaire (AAS-D) developed by Dr. Margaret Nosek and colleagues at the Center for Research on Women with Disabilities, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine.

ATTACHMENT C – PHONE SURVEY WITH SHELTERS (page 1 of 2)

Shelter _____

Contact _____

Address _____

Phone _____

Can a wheelchair user get inside the building?

Paved	yes	no
No stairs or has ramp	yes	no
Doorway wide enough (36")	yes	no

If not, where would you refer a wheelchair user?

Can a person in a wheelchair navigate inside building?

No objects blocking hallway	yes	no
Furniture allowing 36" clearance	yes	no
Bedroom/Sleeping space on ground floor	yes	no
Tables 28-34" high with 27" underneath	yes	no

Bathroom

Ground floor?	yes	no
5' diameter space for wheelchair to turn around	yes	no
Grab bars	yes	no
Toilet seat 17-19" high	yes	no
Faucet operated with one hand or little force	yes	no

ATTACHMENT C – PHONE SURVEY WITH SHELTERS (page 2 of 2)

Services

Written materials in alternate formats (audio tape or large print)	yes	no
Interpreter available (ASL or reader for blind)	yes	no
Closed captioning on educational movies	yes	no
TTY/TDD machine or TTY Relay and STS Relay	yes	no

Bathing, toileting & feeding needs

Allow Personal Assistant to come in for client?	yes	no
Shelter staff willing/trained to perform	yes	no

Staff training needs?

Personal Assistance Services	yes	no
FIA/CMH services	yes	no
Protection and Advocacy	yes	no
DCH Office of Recipient Rights	yes	no
Other _____		

Have you ever served clients who have disabilities?	yes	no
--	-----	----

What types of disabilities have your clients had?

What disabilities do you think your shelter can accommodate?
