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## A Michigan Study on Women with Physical Disabilities - Executive Summary

193815

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. 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.

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. Moreover, women with lifelong disabilities are taught to be compliant, and discouraged from being assertive. In like manner, 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

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they are among the most isolated people in our society. In addition, many domestic violence shelters for women who are abuse victims refuse to accept a woman with a disability. 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.

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?
3. 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**

The population for this study was women over the age of 18, who have physical disabilities. Consistent with the work of other researchers, 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 organizations across the state of Michigan that serve individuals with disabilities. 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.

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. The following four questions were asked regarding abusive situations:

- ❖ 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 was invited and encouraged to participate in the second phase of the research that involved a more extensive interview. The interview asked questions regarding demographic characteristics, social networks and abuse history. In addition, a few questions were asked regarding characteristics of the abuser such as gender, age, relationship to the study participant, and the 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.

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).

### 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.

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 common themes and patterns.

### 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 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.

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 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 (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 abuser 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 indicated abuse histories in their childhood as well. 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. 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.

To address the third research question (capacity), a telephone survey was conducted with Michigan sexual assault and domestic violence programs. The findings from the telephone survey 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 accommodate any 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. Shelter staff expressed interest in learning more about serving individuals with disabilities.

### Discussion

The prevalence of domestic abuse in our sample of 177 women with physical disabilities was 56% and is consistent with several other studies. 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. A third limitation of the prevalence estimate in our study is the possibility of selection bias.

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 compared to women without abuse. Women with abuse histories were also more likely to be divorced and less likely to be single compared to women without abuse. Women with abuse were more likely to have more than one disability compared to women without abuse. 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 the ~~abusers were typically their male partners. Moreover, in over half the cases drugs and~~ alcohol were involved. In addition, only a small proportion of women 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, indicating they were ultimately able to resolve their abusive situation. On a less positive note, 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, activities with schools, 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 the need for training for shelter staff and making improvements in accessibility of the shelters. The findings also indicate 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.

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