

Intimate Partner Violence, Domestic Violence, and People with Disabilities

Intimate, personal relationships are important parts of community participation for people with disabilities. Just like their peers without disabilities, people with disabilities want to form deep, lasting partnerships that are built on mutual love and trust. However, some people with disabilities may face abuse in these relationships. In this edition of *reSearch*, we explore the topic of intimate partner violence, domestic violence, and persons with disabilities. Note: This issue of *reSearch* includes potentially difficult or triggering information.

Domestic violence, also known as intimate partner violence, is a public health issue that affects millions of people in the United States each year. According to the National Coalition Against Domestic Violence (NCADV), “domestic violence [DV] is the willful intimidation, physical assault, battery, sexual assault, and/or abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another” (<https://ncadv.org/learn-more>). Similarly, intimate partner violence (IPV) refers to the abuse or aggression that occurs in a close relationship with “intimate partner” including both current and former spouses, significant others, and/or dating partners of any sexual orientation or self-identification.

There are various types of IPV behaviors all of which may be co-occurring: Physical violence, sexual violence, stalking, and psychological aggression (<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>). IPV may start through non-violent behaviors such as stalking and/or emotional abuse (verbal or non-verbal) and graduate into more physical/sexual abuse. Common “warning signs” may include extreme jealousy, possessiveness, cruelty to animals and others, verbal abuse, coercive or forced sexual behaviors/sex acts among others (<https://ncadv.org/signs-of-abuse>).

According to Breiding and Armour (2015), individuals with disabilities are generally at higher risk of violence, abuse, and victimization. Disability has been associated with IPV victimization, with people with disabilities having nearly double the lifetime risk of experiencing IPV (p. 2). There are approximately 61 million adults in the United States living with a disability, and, of those, 1 in 4 are women, 2 in 5 are non-Hispanic/American Indians/Alaskan Natives, and 2 in 5 are age 65 and older (<https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>). According to the CDC, 1 in 5 women and 1 in 7 men have experienced severe physical violence from an intimate partner during their lifetime; and approximately 1 in 5 women and 1 in 12 men have experienced contact sexual violence by their intimate partner (<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>). Women—particularly women with disabilities—are at greatest risk of IPV.

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The warning signs and types of IPV behaviors are consistent across ability levels but individuals with disabilities face unique types of behaviors and abuse. DV and IPV may include abusers instigating unwanted sexual contact with a partner who is incapable of consenting; neglect by withholding medications; refusing toileting/bathroom assistance; withholding, damaging, and/or breaking assistive devices; threatening and/or harming their partner's service animal; stealing and/or withholding disability benefits and other financial abuse; gaslighting to invalidate their partner's disability; among other behaviors (<https://ncadv.org/blog/posts/domestic-violence-and-people-with-disabilities> and <https://www.thehotline.org/is-this-abuse/domestic-violence-disabilities-2>).

This edition of reSearch provides a wide "snapshot" of domestic violence, intimate partner violence, and individuals with disabilities. The combined search terms for this edition of reSearch included: domestic, interpersonal, intimate partner, violence, and people with disabilities. A listing of over 240 additional descriptor terms between the NARIC, REHABDATA International Collection (CIRRIE), ERIC, and PubMed databases can be found at the end of this document. A search of REHABDATA and REHABDATA International (CIRRIE) resulted in 12 documents between 1995 to 2019, and 21 documents between 2005 to 2015; respectively. A search of ERIC database resulted in 30 documents between 2002 to 2019. Finally, a search of the PubMed database resulted in 35 documents between 2006 to 2019.

References

Breiding, M.J., & Armour, B.S. (2015). [The association between disability and intimate partner violence in the United States](#). *Annals of Epidemiology*, 25(6), 455–457. doi: 10.1016/j.annepidem.2015.03.017.

NIDILRR Funded Projects Related to Intimate Partner Violence, Domestic Violence, and People with Disabilities

In addition to document searches, we searched our NIDILRR Program Database to locate grantees/projects related to intimate partner, domestic violence, and people with disabilities. The search resulted in one currently funded project and four projects that are no longer active. Project information and their publications are offered as additional resources for our patrons.

The Safer and Stronger Program

<https://saferstronger.research.pdx.edu/solution/safer-stronger>.

The Safer and Stronger Program is an Internet-based toolkit for abuse awareness, support, and safety planning. One is specialized to the abuse of male-identified individuals, the other to female-identified individuals. The programs feature people with diverse disabilities and identities speaking about their own abuse experiences. The tools can be used privately or in the company of a trusted person. They can also be used within a Center for Independent Living to support the safety and health of its members. This program was developed under several NIDILRR-funded Field Initiated grants (90IF0065/H133G130207, 90IF0108, H133G100237)

These projects have completed its research activities and are now closed.

CIL-Based Abuse Education and Safety Planning Program for Women with Disabilities

Project Number: H133G070196

Phone: 406/243-2898

Email: rhughes@ruralinstitute.umt.edu.

Meeting the Needs of Women with Disabilities: A Blueprint for Change

Project Number: H133G40077

Phone: 510/465-7884 (V), 510/465-4493 (TTY)

Email: ann@bpacal.com.

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A Multilevel Analysis of the Relationship Between Domestic Violence and Disability

Project Number: H133G990144

Phone: 312/996-4626

Email: helfrich@uic.edu.

Partnering with People with Intellectual Disabilities to Address Violence

Project Number: 90IF0057

(formerly H133G130219)

Phone: 406/243-2898

Email: rosemary.hughes@mso.umt.edu.

<http://ruralinstitute.umt.edu>.

Why do I see different grant numbers?

In 2014, President Obama signed the [Workforce Innovation and Opportunity Act \(WIOA\)](#) into law. As part of WIOA, the institute changed its name from the National Institute on Disability and Rehabilitation Research (NIDRR) to the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) and moved from the Department of Education to the Administration for Community Living (ACL) at the Department of Health and Human Services. Approximately 250 active grants received new ACL grant numbers and all new grants funded under NIDILRR have only an ACL grant number. For more information about NIDILRR/ACL grant numbers please visit: <http://naric.com/?q=en/content/about-nidilrracl-grant-numbers-0>.



Documents from NARIC's REHABDATA search listed are listed below:

2019

Coston, B.M. (2019). **Disability, sexual orientation, and the mental health outcomes of intimate partner violence: A comparative study of women in the U.S.** *Disability and Health Journal*, 12(2), 164-170. NARIC Accession Number: J82254
ABSTRACT: Study examined the impact of the intersection of disability and sexual orientation on women's post-intimate partner violence mental health outcomes: including difficulty sleeping, missing school or work, or reporting some post-traumatic stress disorder (PTSD) symptomology and a self-reported subjective measure of overall wellbeing. Data were obtained from the National Intimate Partner and Sexual Violence Survey (2010). A series of chi-square analyses were conducted (applying standardized sample weights and adjusting standard errors for both clustering and stratification for survey data). Results indicated that bisexual women were significantly more likely than straight women to report being disabled prior to victimization. However, all women with disabilities (regardless of sexual orientation) were equivalently likely to rate their mental health as poor and/or actively experience difficulty sleeping, difficulty going to work or school, and/or PTSD. This study finds that bisexual women are significantly more likely than straight women to be disabled prior to experiencing all forms of intimate partner violence and that disabled women, generally, are significantly more likely than not-disabled women to experience the negative mental health consequences of that violence. However, contrary to previous work, there are no sexual orientation disparities in said mental health outcomes among disabled women. Clinically, it is important for health care providers to be aware of the significant impact of intimate partner violence on the disabled women they regularly provide care to.

2016

Gray, A., Mona, L.R., & Salwen, J.K. (2016). **Personal assistance, disability, and intimate partner violence: A guide for healthcare providers.** *Rehabilitation Psychology, 61*(4), 417-429.

NARIC Accession Number: J74914

ABSTRACT: Article provides evidence-based guidelines for assessment and triage of intimate partner violence (IPV) in situations where an individual with a disability is being cared for by an aggressive/abusive partner or spouse. It includes recommendations for specific questionnaires, conversation prompts, discussion of safety planning in the context of disability, and a case example. When an individual has a disability, it is often her or his partner who provides personal assistance. While providing this assistance can produce individual and/or interrelational benefits, it is also associated with a number of mental and physical health problems, including anxiety, depression, anger, drug abuse, and relationship discord and dissatisfaction. In addition, IPV is not uncommon among couples, and risk for partner violence may include depression, drug abuse, and relationship dissatisfaction, among others. It is likely that healthcare providers will encounter individuals with disabilities who are both receiving care from their partners and who are also the victims of partner violence. Thus, they will need to be prepared to assess and triage patients who are in or may be at risk for abusive relationships and to ensure patient safety in the context of these relationships. However, it is also critically important that this assessment occurs within a culturally inclusive and disability-affirming context.

2013

Swanke, J., & Zeman, L.D. (2013). **A review of intimate partner violence for case managers.** *Care Management Journals, 14*(4), 214-220.

NARIC Accession Number: J67869

ABSTRACT: Article provides case managers with updated information on intimate partner violence. Case managers provide an important role in the identification, treatment, and prevention of intimate partner violence. Current federal laws provide direction and funding for a complex network of services for survivors. Case managers need to be familiar with the policies that support services to survivors by pro-

viding program funding, tracking housing outcomes, and mandating reporting of suspected case of intimate partner violence. Current practice standards require that case managers understand screening, assessment, and planning for survivors. Effective identification involves screening and assessing risk of harm, severity of violence, and the survivor's readiness for change.

2011

Cavanaugh, M.M., Gelles, R.J., & Solomon, P. (2011). **The dialectical psychoeducational workshop (DPEW): The conceptual framework and curriculum for a preventative intervention for males at risk for IPV.** *Violence Against Women, 17*(8), 970-989.

NARIC Accession Number: J80299

ABSTRACT: Article offers the rationale and theoretical basis for a specialized preventative approach to intimate partner violence (IPV) and delineates a brief psychoeducational program that may stimulate further research and provide an alternate preventative intervention strategy. Current programs aimed at reducing IPV have demonstrated little effect on at-risk males, who may potentially engage in acts of IPV. Dialectical behavior therapy (DBT) is a psychotherapeutic intervention with an educational component teaching a range of interpersonal, cognitive, and emotion regulation, within a supportive atmosphere of respect for the individual and a commitment for positive change. DBT provides the conceptual and empirical foundation for the dialectical psychoeducational workshop (DPEW). The DPEW is an initial attempt to investigate the feasibility of a psychoeducational program that may lessen the potential risk of IPV. The curriculum for the workshop and the preliminary results from a pilot study of the DPEW are presented.

Lund, E.M. (2011). **Community-based services and interventions for adults with disabilities who have experienced interpersonal violence: A review of the literature.** *Trauma, Violence & Abuse, 12*(4), 171-182.

NARIC Accession Number: J62098

ABSTRACT: Study evaluated the peer-reviewed literature from 1995 to 2010 on violence-related service, prevention, and intervention programs for people with disabilities. A comprehensive literature search resulted in a total of 16 articles, 6 related to

service programs and 10 related to intervention and prevention programs. The services articles revealed a noticeable disconnect between the violence services programs' perceived accessibility and the perception of their accessibility in the disability community. Most of the intervention and prevention articles focused exclusively on abuse prevention for adults with intellectual disabilities and generally had small samples and lacked controlled conditions. Very few methods of abuse treatment for people with disabilities have been empirically evaluated. Efforts should be made to improve accessibility and increase cross-collaboration between domestic violence services and disability service organizations, and there is a need for accessible, culturally sensitive, and rigorously tested abuse interventions and prevention programs for women and men with diverse disabilities.

2010

Hoog, C. (2010). *Safety planning for domestic violence victims with disabilities*.

NARIC Accession Number: O20164

Available in full-text at https://wscadv.org/wp-content/uploads/2015/06/Protocol_disability_safety_planning-rev-2010.pdf.

ABSTRACT: This protocol builds on existing knowledge of advocates, without reviewing basic safety-planning strategies. The goal of this protocol and recommended policies is to support domestic violence agencies to increase their safety-planning services to people with disabilities and advance self-determination for people with disabilities by offering safety planning that is aware of environmental and social barriers. The protocol gives specific information about responding in a crisis, responding when there is more time to plan and prepare, specific considerations for a variety of disabilities, and a sample of safety-planning questions.

2009

Curry, M.A., Hughes, R., Oschwald, M., Powers, L.E., Renker, P., Robinson-Whelen, S., & Swank, P. (2009). *Interpersonal violence and women with disabilities: Analysis of safety promoting behaviors*. *Violence Against Women, 15*(9), 1040-1069.

NARIC Accession Number: J56867

ABSTRACT: Study examined the safety promoting

behaviors used by women with disabilities to address interpersonal violence. Data were collected from 305 women with diverse disabilities who completed an anonymous audio computer-assisted self-interview designed to increase women's awareness of abuse. Exploratory factor analyses revealed factors related to seeking abuse-related safety information, building abuse-related safety promoting skills, using relationship support, planning for emergencies, taking legal action, and managing safety in personal assistance relationships. Four of these factors demonstrated significant relationships to women's experience of different forms of abuse their perpetrator's characteristics.

2008

Smith, D.L. (2008). *Disability, gender, and intimate partner violence: Relationships from the behavioral risk factor surveillance system*. *Sexuality and Disability, 26*(1), 15-28.

NARIC Accession Number: J54637

ABSTRACT: Study examined intimate partner sexual and physical abuse experienced by women with disabilities compared to women without disabilities and men with and without disabilities. Data were obtained from the 2005 Behavioral Risk Factor Surveillance System. Analysis revealed that women with disabilities experienced almost twice the rate of all forms of abuse compared to the other populations. Factors that increased the likelihood of abuse included being young, female, disabled, unemployed, and single. Implications for future research, screening, and intervention for rehabilitation professionals are discussed.

2005

(2005). *Fact sheet: Domestic violence: Older women can be victims too*.

Available in full-text at http://www.ncdsv.org/images/NCEA_OlderWomenCanBeVictimsToo_2005.pdf.

NARIC Accession Number: O19631

ABSTRACT: This fact sheet presents information about domestic violence in later life, including prevalence, signs of abuse, why women may be staying in abusive relationships, what everyone should know, and how others can help.

2001

Groff, J.Y., Hughes, R.B., McFarlane, J., Mullen, P.D., Nosek, M.A., & Swedlend, N. (2001). **Abuse assessment screen-disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities.** *Journal of Women's Health and Gender-Based Medicine*, 10(9), 861-866.

NARIC Accession Number: J49875

ABSTRACT: Study evaluated the Abuse Assessment Screen-Disability (AAS-D) instrument in a multi-ethnic sample of 511 women, age 18 to 64 years, to determine the frequency, type, and perpetrator of abuse toward women with physical disabilities. The four-question interview questionnaire detected a 9.8 percent prevalence (50 of 511) of abuse during the previous 12 months. Using two standard physical and sexual assault questions, 7.8 percent of the women (40 of 511) reported abuse. The two disability-related questions detected an additional 2.0 percent of the women (10 of 511) as abused. Women defining themselves as other than black, white, or Hispanic (i.e., Asian, mixed ethnic background) were more likely to report physical or sexual abuse or both, whereas disability-related abuse was reported almost exclusively by white women. The perpetrator of physical or sexual abuse was most likely to be an intimate partner. Disability-related abuse was attributed equally to an intimate partner, a care provider, or a health professional. This study concludes that both traditional abuse-focused questions and disability-specific questions are required to detect abuse toward women with physical disabilities.

1997

Freeman, A.C., & Strong, M.F. (1997). **Caregiver abuse and domestic violence in the lives of women with disabilities. Meeting the Needs of Women with Disabilities: A Blueprint for Change.**

Project Number: H133G40077

Available in full-text at <https://search.naric.com/research/rehab/download.cfm?ID=90822>.

NARIC Accession Number: O12470

ABSTRACT: Consumer-focused booklet discusses domestic violence, theft, denial of services, and other problems encountered by women with

disabilities who must rely on personal assistants or other caregivers. Provides suggestions and resources for women with abusive caregivers.

1995

Merkin, L., & Smith, M.J. (1995). **A community-based model providing services for Deaf and Deaf-blind victims of sexual assault and domestic violence.** *Sexuality and Disability*, 13(2), 97-106.

NARIC Accession Number: J29684

ABSTRACT: Describes Abused Deaf Women's Advocacy Services (ADWAS), a community-based program for Deaf and Deaf-blind women who are victims of sexual assault and/or domestic violence. ADWAS was developed and is run by individuals who are Deaf or Deaf and blind. All staff members and volunteers are required to be fluent in American Sign Language and to be able to use the various communication techniques employed by Deaf-blind people. All materials are in Braille and large print. The ADWAS program includes a 24-hour crisis line, on-call advocates, safe housing for battered women, counseling and therapy groups, and an education/outreach program. This article provides background information on sexual assault and domestic violence programs and describes the ADWAS origins, philosophy, and program components.

Full-text copies of these documents may be available through NARIC's document delivery service.

To order any of the documents listed above, note the accession number and call an information specialist at 800/346-2742.

There is a charge of 5 cents for copying and shipping with a \$5 minimum on all orders.



Documents from the International Research Collection available through REHABDATA are listed below:

2015

Grube, M., & Laghchioua, S. (2015). **Intimate partner violence in a group of women with severe mental illness. [Intimpartnergewalt in einer Gruppe schwer psychisch erkrankter Frauen].**

Psychiatrische Praxis, 42(3), 158-161.

NARIC Accession Number: I241800

ABSTRACT: This exploratory investigation recorded, due to their importance, the frequency and quality of intimate partner violence in a group of 89 women with severe mental illness. With the help of the “Partner Violence Screen” (PVS) and the “Index of Spouse Abuse” (ISA) frequency and severity of intimate partner violence were quantified. Due to the data structure, nonparametric statistical methods were used for hypothesis testing. The rate of intimate-partner violence was approximately 67 percent in both instruments. Based on the ISA sum-scores, intimate partner violence showed associations with lower educational, occupational, and social levels, main-diagnoses of addiction and schizophrenia, a longer course of the illness, a higher number of children, and the women’s experience of violence in adolescence. Despite methodological limitations – such as missing control group, a highly selected group, and non-involvement of the male partners – the results show the relevance of intimate partner violence in severely mentally ill women. The findings presented indicate that intimate partner violence should be taken into consideration in each individual case.

2012

Guruge, S. (2012). **Intimate partner violence: A global health perspective.** *Canadian Journal of Nursing Research, 44(4)*, 36-54.

NARIC Accession Number: I186839

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/23448074>.

Joyner, K., & Mash, B. (2012). **A comprehensive model for intimate partner violence in South African primary care: Action research.** *BMC Health Services Research, 12*, 399.

NARIC Accession Number: I194760

Available in full-text at <https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/1472-6963-12-399>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/23151248>.

Kogevinas, M., Lionis, C., Papadakaki, M., Petridou, E., & Prokopiadou, D. (2012). **Defining physicians’ readiness to screen and manage intimate partner violence in Greek primary care settings.** *Evaluation & the Health Professions, 35(2)*, 199-220.

NARIC Accession Number: I168577

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/22158688>.

Leppäkoski, T., & Paavilainen, E. (2012). **Triangulation as a method to create a preliminary model to identify and intervene in intimate partner violence.** *Applied Nursing Research, 25(3)*, 171-80.

NARIC Accession Number: I165678

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/21741210>.

Roggeband, C. (2012). **Shifting policy responses to domestic violence in the Netherlands and Spain (1980-2009).** *Violence Against Women, 18(7)*, 784-806.

NARIC Accession Number: I166400

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/22946107>.

2011

Agnew-Davies, R., Howard, L.M., & Trevillion, K. (2011). **Domestic violence: Responding to the needs of patients.** *Nursing Standard, 25(26)*, 48-56.

NARIC Accession Number: I134342

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/21428262>.

Escribà-Agüir, V., Miralles, J.J., Ruiz-Cantero, M.T., & Vives-Cases, C. (2011). **The effect of intimate partner violence and other forms of violence against women on health.** *Journal of Public Health*, 33(1), 15-21.

NARIC Accession Number: I140770

Available in full-text at <https://tinyurl.com/qqlzfs8>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/21196478>.

Hegarty, K., & O'Doherty, L. (2011). **Intimate partner violence - Identification and response in general practice.** *Australian Family Physician*, 40(11), 852-6.

NARIC Accession Number: I168555

Available in full-text at <https://www.racgp.org.au/download/documents/AFP/2011/November/20111hegarty.pdf>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/22059211>.

Morgan, C., Rose, D., Trevillion, K., & Woodall, A. (2011). **Barriers and facilitators of disclosures of domestic violence by mental health service users: Qualitative study.** *British Journal of Psychiatry*, 198(3), 189-94.

NARIC Accession Number: I140260

Available in full-text at <https://tinyurl.com/v869vg9>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/21160053>.

2010

Amor, P.J., de Corral, P., Echeburúa, E., & Loinaz, I. (2010). **[Severe intimate partner violence risk prediction scale-revised]. Escala de Predicción del Riesgo de Violencia Grave contra la pareja-Revisada--(EPV-R).** *Psicothema*, 22(4), 1054-60. [Article in Spanish].

NARIC Accession Number: I137303

Available in full-text (Spanish) at <http://www.psicothema.com/PDF/3840.pdf>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/21044552>.

Howard, L.M., Khalifeh, H., Trevillion, K., & Woodall, A. (2010). **Domestic violence and severe psychiatric disorders: Prevalence and interventions.** *Psychological Medicine*, 40(6), 881-93.

NARIC Accession Number: I128565

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/19891808>.

Lin, J.D., Lin, L.P., Lin, P.Y., & Wu, J.L. (2010). **Domestic violence against people with disabilities: Prevalence and trend analyses.** *Research in Developmental Disabilities*, 31(6), 1264-8.

NARIC Accession Number: I139313

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/20709494>.

2008

Ellsberg, M., Heise, L., Jansen, H.A., & Watts, C.H. (2008). **Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study.** *Lancet*, 371(9619), 1165-1172.

NARIC Accession Number: I89140

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/18395577>.

Hartman, P., Nyberg, E., Riecher-Rössler, A., & Stieglitz, R. (2008). **[Screening domestic violence: A German-language screening instrument for domestic violence against women]. Screening Partnergewalt: Ein deutschsprachiges Screeninginstrument für häusliche Gewalt gegen Frauen.** *Fortschritte der Neurologie-Psychiatrie*, 76(1), 28-36. [Article in German].

NARIC Accession Number: I72779

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/17647149>.

2007

Ali, T.S., & Khan, N. (2007). **Strategies and recommendations for prevention and control of domestic violence against women in Pakistan.** *Journal of the Pakistan Medical Association (JPMA)*, 57(1), 27-32.

NARIC Accession Number: I84546

Full article is available in HTML at https://jpma.org.pk/article-details/1042?article_id=1042.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/17319416>.

Shepherd, M. (2007). **Domestic violence and AVOs: A legal guide for doctors, psychologists, counsellors, and other healthcare professionals.** *Australian Journal of Clinical Hypnotherapy*, 28(2), 34-44.

NARIC Accession Number: I78999

ABSTRACT is available through ResearchGate at <https://tinyurl.com/r4na4bv>.

2006

Baldry, E., Bratel, J., & Breckenridge, J. (2006). **Domestic violence and children with disabilities: Working towards enhancing social work practice.** *Australian Social Work*, 59(2), 185-97.

NARIC Accession Number: I104144

ABSTRACT and full-text article is available through ResearchGate at <https://tinyurl.com/vt2gf2f>.

Mays, J.M. (2006). **Feminist disability theory: Domestic violence against women with a disability.** *Disability & Society*, 21(2), 147-158.

NARIC Accession Number: I55978

ABSTRACT is available through the publisher at <https://www.tandfonline.com/doi/abs/10.1080/09687590500498077?journalCode=cdso20>.

Paixão, C.M., Jr., & Reichenheim, M.E. (2006). **[A review of screening tools to assess domestic violence against the elderly]. Uma revisao sobre instrumentos de rastreamento de violencia domestica contra o idoso.** *Cadernos de Saude Pública*, 22(6), 1137-49. [Article in Portuguese].

NARIC Accession Number: I60591

Available in full-text (Portuguese) at <http://www.scielo.br/pdf/csp/v22n6/03.pdf>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/16751953>.

2005

Cohen, M.M., Du Mont, J., Forte, T., & Hyman, I. (2005). **Intimate partner violence among Canadian women with activity limitations.** *Journal of Epidemiology and Community Health*, 59(10), 834-9.

NARIC Accession Number: I28172

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732911/pdf/v059p00834.pdf>.

ABSTRACT is available through PubMed at <https://www.ncbi.nlm.nih.gov/pubmed/16166354>.



Documents from the Education Resource Information Center (ERIC) search at www.eric.ed.gov are listed below:

2019

Abildso, C.G., & Dyer, A.M. (2019). **Impact of an intimate partner violence training on home visitors' perceived knowledge, skills, and abilities to address intimate partner violence experienced by their clients.** *Health Education & Behavior*, 46(1), 72-78.

ERIC Number: EJ1202722

ABSTRACT: Aims: The aims of this study were to (1) evaluate the effects of a statewide intimate partner violence (IPV) training on home visitors' perceived knowledge, skills, and abilities to address IPV experienced by their clients and (2) examine home visitors' perceived barriers to addressing IPV during client home visits. Methods: In 2015, five equivalent, daylong IPV trainings were held throughout West Virginia. Attendance was mandatory for all home visitors in the state. Pre- and post-training surveys were administered to every attendee (N = 125). The surveys assessed home visitors' perceived knowledge, skills, and abilities to address IPV experienced by their clients and perceived barriers to addressing IPV during a client home visit. Results: The results showed (1) home visitors' knowledge, skills, and abilities significantly improved from pre- to post-training (all $p < 0.05$) and (2) the most commonly reported barriers to addressing IPV were "the partner is present for the visit" (86.2%), "worried that asking may risk my relationship with my client" (30.2%), "not sure how to ask questions without seeming too intrusive" (25.9%), and "worried about upsetting the client" (21.6%). Conclusions: Our findings highlight the immediate positive effects of an IPV training on home visitors' professional capabilities to address IPV experienced by clients and the most prevalent barriers home visitors face when addressing IPV that should be targeted in future health education interventions.

Bates, C., Hunt, S., McCarthy, M., Milne Skillman, K., & Triantafyllopoulou, P. (2019). **"Put bluntly, they are targeted by the worst creep's society has to offer": Police and professionals' views and actions relating to domestic violence and women with intellectual disabilities.** *Journal of Applied Research in Intellectual Disabilities*, 32(1), 71-81. ERIC Number: EJ1199213

ABSTRACT: Background: Little is known about the attitudes and practices of key personnel towards the domestic violence experienced by women with intellectual disabilities. Method: An online survey was conducted of Police officers and health and social care professionals. A total of 717 Police and other professionals across a wide variety of UK sites responded. Research questions were focussed on direct experience, attitudes and responses. Results: Approximately half of all respondents had direct experience of working with a woman with intellectual disabilities who had been through domestic violence. Professionals were more likely than the Police to see women with intellectual disabilities as being especially vulnerable. The majority of both, professionals and Police believed women with intellectual disabilities were deliberately targeted by violent and abusive men. Conclusions: More training is needed for both the Police and health and social care professionals specifically in domestic violence as it affects women with intellectual disabilities.

Burton, C.W., Carlyle, K.E., Dougherty, S.A., & Guidry, J.P.D. (2019). **Intimate partner violence on Instagram: Visualizing a public health approach to prevention.** *Health Education & Behavior*, 46(2), suppl 90-96.

ERIC Number: EJ1235110

ABSTRACT: Social media platforms like Instagram are often used as venues for discussing relationships, making them ideal channels for promoting healthy relationships and preventing intimate partner violence (IPV). This is particularly relevant for IPV, which has been historically understood as a personal issue and lacked support for consideration as a significant public health issue.

To explore a potential platform for IPV prevention, this study examines the ways in which IPV messages on Instagram reflect public health understandings of, and approaches to, prevention and how Instagram users engage with these posts. We analyzed 700 Instagram posts about IPV using the social ecological model as the theoretical framework for conceptualizing framing devices. Posts that mentioned individual causal attribution and individual solution responsibility were both present in the majority of posts and elicited more engagement than posts that did not. Encouragingly, the Instagram sample was more reflective of a range of different types of IPV experiences than previous analyses of traditional media content, possibly indicating that a public health approach to this issue is gaining traction.

2018

Amiri, T., Badali, V., Cripps, J., & Stermac, L. (2018). **Sexual coercion experiences among Canadian university students with disabilities.** *Journal of Postsecondary Education and Disability, 31*(4), 321-333.

ERIC Number: EJ1214192

Available in full-text at <https://files.eric.ed.gov/fulltext/EJ1214192.pdf>.

ABSTRACT: Many young women attending post-secondary education report high rates of sexual coercion and other forms of sexual violence on campus; however young women with disabilities may experience even higher rates of these behaviours. While researchers have investigated some types of violence, in particular intimate partner violence, little of this work has examined the broader forms of sexual victimization that may impact young women with disabilities. This study examined the types and methods of sexually coercive behaviours that women undergraduates with disabilities reported while attending universities in Ontario, Canada. Eighty-eight women with disabilities responded to an online survey about any unwanted sexual behaviour they experienced during their undergraduate program, including sexual harassment, touching/ kissing, and attempted as well as

completed sexual acts. The results of this study support previous research indicating high rates of sexual coercion among women with disabilities. Compared to women without disabilities, a greater proportion of women with disabilities reported sexual harassment as well as completed sexual acts committed through arguments and pressure, the use of physical force, or while intoxicated or incapacitated and unable to consent. These results are discussed in terms of understanding sexual victimization on campus and the needs of students with disabilities.

Bonomi, A., Kammes, R., Miller, E., & Nichols, E.M. (2018). **Service seeking experiences of college-aged sexual and intimate partner violence victims with a mental health and/or behavioral disability.** *Journal of American College Health, 66*(6), 487-495.

ERIC Number: EJ1190723

ABSTRACT: Objective: To examine mental health service experiences following sexual violence (SV) and intimate partner violence (IPV) victimization among college women with a disability. Participants: College women (n = 27, ages 19 to 24) with a disability who experienced at least one SV/IPV occurrence; interviewed July/August 2016. Methods: Qualitative study using in-depth interviews, with thematic analysis. Results: Women tended to wait several months (or did not seek care at all) following SV/IPV, because they downplayed their experience (e.g., not wanting to label an experience as “rape”). Those seeking services primarily did so because of escalating mental health concerns. Among service seekers, women were satisfied when professionals validated their experiences/concerns; and were dissatisfied when faced with extended wait time for care and/or professionals unskilled with SV/IPV and mental health. However, women still sought care following negative experiences. Conclusions: Improved access to integrated care for SV/IPV and mental health, along with skilled professionals, is essential.

de Tablan, D., Fedina, L., & Lee, J. (2018). **MSW graduates' readiness to respond to intimate partner violence.** *Journal of Social Work Education, 54*(1), 33-48.

ERIC Number: EJ1171305

ABSTRACT: The purpose of this study is to better understand the relationship among factors affecting social workers' overall readiness to respond to intimate partner violence (IPV) in a sample of recent MSW graduates (N = 205). Findings suggest MSW IPV education and postgraduate IPV training are significantly associated with perceived preparedness and perceived knowledge but not actual knowledge of IPV. Personal experience with IPV was also significantly associated with perceived knowledge but not perceived preparedness. Furthermore, perceived knowledge appears to be positively associated with perceived preparedness. Findings can inform social work educators' strategies to increase students' perceived preparedness to respond to IPV. Specific IPV topics that MSW graduates might be particularly underprepared in are also discussed.

Goodman, W., Swift, C., & Waites, E. (2018). **Perpetrators of domestic violence abuse within intellectual disability services: A hidden population?** *British Journal of Learning Disabilities, 46*(2), 74-81.

ERIC Number: EJ1178119

ABSTRACT: Background: Domestic violence abuse (DVA) has been identified by the UK Government as a priority to address. Whilst there is a growing body of research into perpetrators of DVA from the mainstream population, there is scant research into perpetrators of DVA who have an intellectual disability. This lack of an evidence base suggests there may be a group of individuals for whom there is no suitable treatment approach. A Forensic Community Learning Disabilities Team (FCLDT) completed a multiservice evaluation of their service and sector CLDTs to obtain a measure of local unmet need. Materials and methods: A retrospective review was completed for referrals to the FCLDT and four of their sector CLDTs for 2014 and 2015. A record sheet was designed for the process of data collection and the analysis of refer-

als. Results: In regard to the FCLDT, 14 percent of the total referrals made to the FCLDT in 2014 referenced DVA perpetration and the figure rose to 26 percent in 2015. For CLDTs, 1.9 percent of the total referrals made to the CLDT in 2014 and 3.18 percent in 2015 referenced DVA perpetration. Conclusions: A significant proportion of referrals to the Forensic CLDT relate to the perpetration of domestic violence abuse. A proportion of Sector CLDT referrals made reference to behaviours that, according to the Home Office definition, would be classified as domestic violence abuse, but was infrequently referred to as such. The paper considers these findings in the light of the Home Office definition and its application to people with intellectual disabilities.

2017

Hunt, S., McCarthy, M., Milne-Skillman, K. (2017). **"I know it was every week, but i can't be sure if it was every day": Domestic violence and women with learning disabilities.** *Journal of Applied Research in Intellectual Disabilities, 30*(2), 269-282. ERIC Number: EJ1128579

ABSTRACT: Background: Domestic violence against women is well researched in the general population, but much less so in relation to women with learning disabilities. This qualitative research study interviewed 15 women with learning disabilities who had experienced domestic violence about their experiences, the impact of the violence on them and their children, their coping strategies and help seeking behaviour. Materials and methods: Semistructured in-depth interviews were conducted. Data were analysed using Interpretive Phenomenological Analysis. A service user advisory group helped at particular stages, notably at the formative stage and with dissemination, especially the production of accessible materials, including a DVD. Results: The violence experienced by many of the women was severe and frequent. It impacted negatively on their physical and psychological well-being. The women's awareness of refuges and other sources of help was generally low. Conclusions: Healthcare and social care professionals have a clear remit to help women with learning disabilities to avoid and escape violent relationships.

2016

An, S., & Choi, Y.J. (2016). **Interventions to improve responses of helping professionals to intimate partner violence: A quick scoping review.** *Research on Social Work Practice, 26*(1), 101-127. ERIC Number: EJ1084392

ABSTRACT: Objective: The purpose of the study is to systematically review the available evidence on the effectiveness of interventions to improve the response of various helping professionals who come into contact with female victims of intimate partner violence (IPV). Methods: Several databases were searched, and N = 38 studies met the inclusion criteria for review. Results: The quick scoping review identified five types of intervention behavioral outcomes: (1) IPV screening and assessment, (2) IPV identification, (3) referral, (4) other behavioral outcomes, and (5) multiple behavioral outcomes. Eighty percent of the reviewed studies were conducted in health care settings, with only eight studies in non-health care settings. Ninety percent of the studies reported positive effects on at least one outcome measure, however, only 10 studies were rated as good quality. Conclusions: This review pinpoints the pressing need for more rigorous studies using randomized controlled design, especially in non-health care settings in IPV.

Campbell, E. (2016). **Racializing intimate partner violence among black, native American, Asian American, and Latina women.** *International Journal of Progressive Education, 12*(2), 64-77. ERIC Number: EJ1103555

ABSTRACT: Intimate partner violence (IPV) continues to attract much attention and awareness as an increasing social problem in the U.S. While intimate partner violence scholars and experts have developed an inclusive conceptualization of IPV, research highlights the need to construct a framework of IPV incorporating the sociocultural and sociohistorical contexts and narratives unique to racial and ethnic minority women. An inclusive discourse fully examining the complexities of IPV among racial and ethnic minority women is valuable to the development of quality services, interventions and prevention strategies aiming to serve racial and ethnic minority women.

2015

Brown, P., Freire, K.E., Hill, J.A., Le, B., Wheaton, J., & Zakocs, R. (2015). **Evaluation of DELTA PREP: A Project aimed at integrating primary prevention of intimate partner violence within state domestic violence coalitions.** *Health Education & Behavior, 42*(4), 436-448. ERIC Number: EJ1071141

ABSTRACT: Background: Intimate partner violence (IPV) has been recognized as a public health problem since the late 20th century. To spur IPV prevention efforts nationwide, the DELTA PREP Project selected 19 state domestic violence coalitions to build organizational prevention capacity and catalyze IPV primary prevention strategies within their states. Objective: DELTA PREP's summative evaluation addressed four major questions: (1) Did coalitions improve their prevention capacity during the project period? (2) Did coalitions serve as catalysts for prevention activities within their states during the project period? (3) Was initial prevention capacity associated with the number of prevention activity types initiated by coalitions by the end of the project? (4) Did coalitions sustain their prevention activities 6 months after the end of the project period? Results: DELTA PREP achieved its capacity-building goal, with all 19 participant coalitions integrating prevention within their organizations and serving as catalysts for prevention activities in their states. At 6 months follow up, coalitions had sustained almost all prevention activities they initiated during the project. Baseline prevention capacity (Beginner vs. Intermediate) was not associated with the number of prevention activity types coalitions implemented by the end of the project. Conclusion: Service and treatment organizations are increasingly asked to integrate a full spectrum of prevention strategies. Selecting organizations that have high levels of general capacity and readiness for an innovation like integrating a public health approach to IPV prevention will likely increase success in building an innovation-specific capacity, and in turn implementing an innovation.

2013

Badger, L., Forgey, M.A., Gilbert, T., & Hansen, J. (2013). **Using standardized clients to train social workers in intimate partner violence assessment.**

Journal of Social Work Education, 49(2), 292-306.

ERIC Number: EJ1011554

ABSTRACT: Evidence-based assessment in intimate partner violence (IPV) is critical to the accurate understanding of risk and to the development of interventions that increase safety. In this study standardized clients (actors) were used to train Army civilian social workers in evidence-based assessment of IPV and in the evaluation of the curriculum's effectiveness. Participation in this training curriculum increased the following: the participants' knowledge about the empirical basis for content areas explored in IPV assessment, their exploration of content critical to an IPV assessment interview, and their interviewing process skills. The results support the effectiveness of using standardized clients in IPV assessment training and evaluation.

2012

Banet, M.S., Connor, P.D., Mackey, S.N., Nouer, S.S., & Tipton, N.G. (2012). **Overcoming barriers in intimate partner violence education and training of graduate social work students.** *Journal of Teaching in Social Work, 32(1), 29-45.*

ERIC Number: EJ955270

ABSTRACT: Intimate partner violence (IPV) is a highly prevalent problem detected frequently in the social work field, and also extends to the personal lives of social workers and students, with compelling evidence that professionals and students are often victims of IPV. However, students continue to lack substantive knowledge of IPV. This article addresses the need for increased IPV education and training for social work students and professionals by measuring IPV education, knowledge, and attitudes among students, while also examining the incidence of student personal experience with IPV and exploring the role this experience plays in identifying and safely intervening in IPV situations.

Davidson, L.L., Fry, D.A., Lessel, H., Messinger, A.M., & Rickert, V.I. (2012). **Revisiting the role of communication in adolescent intimate partner violence.** *Journal of Interpersonal Violence, 27(14), 2920-2935.*

ERIC Number: EJ992714

ABSTRACT: A growing literature suggests that communication strategies can promote or inhibit intimate partner violence (IPV). Research on communication is still needed on a group ripe for early IPV intervention: high school-aged adolescents. This article revisits our previous analyses of young female reproductive clinic patients (Messinger, Davidson, & Rickert, 2011) by examining how the adolescent and young adult respondents differ. To explore replicability of the adolescent results across populations, they are compared to 487 adolescent female students sampled from four urban high schools. Across samples, all communication strategies were used more frequently within violent relationships. Multivariate analysis identified escalating strategies used and received as being positively associated with physical violence used and received in all three samples. Regarding verbal reasoning and temporary conflict avoidance, substantial differences appeared between the young adult and adolescent clinic samples, and results from the adolescent clinic sample were largely replicated with the adolescent school sample, suggesting that young adult samples in this literature are not adequate proxies for adolescents.

Khondkaryan, E., Peters, E.N., & Sullivan, T.P. (2012). **Associations between expectancies of alcohol and drug use, severity of partner violence, and posttraumatic stress among women.** *Journal of Interpersonal Violence, 27(11), 2108-2127.*

ERIC Number: EJ991893

ABSTRACT: Women who experience recurrent intimate partner violence (IPV) may use alcohol or drugs because they expect that these substances will help them cope with the negative physical and psychological sequelae of IPV. However, expectancies for alcohol and drug use have not been explored among this population of women.

We used the Relaxation and Tension-Reduction Scale, Arousal and Aggression Scale, and Social Assertion Scale of the Alcohol Expectancy Questionnaire and modified its items to assess both alcohol and drug expectancies of 212 community-based, IPV-exposed women. Results of bivariate correlations showed that greater alcohol and drug expectancies were significantly correlated with greater alcohol problems and greater posttraumatic stress total and symptom severity scores. Results of a multivariate regression model showed that after controlling for demographic characteristics and history of childhood trauma, Relaxation and Tension-Reduction expectancies were associated with number of days of alcohol use, alcohol problems, physical and sexual IPV severity scores, and posttraumatic stress total and reexperiencing symptom severity scores. Expectancies do not significantly moderate the relationships between IPV, posttraumatic stress, and problematic alcohol and drug use. Given the strong relationships of expectancies with IPV severity, posttraumatic stress, and alcohol problems, expectancies may serve as targets for interventions to reduce alcohol use and problems and improve health-related outcomes in IPV-exposed women.

2011

Bernards, S., Gmel, G., Graham, K., & Wilsnack, S.C. (2011). **Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence.** *Journal of Interpersonal Violence, 26*(8), 1503-1523.

ERIC Number: EJ921950

ABSTRACT: This study assesses whether severity of physical partner aggression is associated with alcohol consumption at the time of the incident, and whether the relationship between drinking and aggression severity is the same for men and women and across different countries. National or large regional general population surveys were conducted in 13 countries as part of the GENACIS collaboration. Respondents described the most physically aggressive act done to them by a partner

in the past 2 years, rated the severity of aggression on a scale of 1 to 10, and reported whether either partner had been drinking when the incident occurred. Severity ratings were significantly higher for incidents in which one or both partners had been drinking compared to incidents in which neither partner had been drinking. The relationship did not differ significantly for men and women or by country. We conclude that alcohol consumption may serve to potentiate violence when it occurs, and this pattern holds across a diverse set of cultures. Further research is needed that focuses explicitly on the nature of alcohol's contribution to intimate partner aggression. Prevention needs to address the possibility of enhanced dangers of intimate partner violence when the partners have been drinking and eliminate any systemic factors that permit alcohol to be used as an excuse. Clinical services for perpetrators and victims of partner violence need to address the role of drinking practices, including the dynamics and process of aggressive incidents that occur when one or both partners have been drinking.

Campbell, J.C., Cavanaugh, C.E., Del-Colle, M., Messing, J.T., & O'Sullivan, C. (2011). **Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence.** *Suicide and Life-Threatening Behavior, 41*(4), 372-383.

ERIC Number: EJ966250

ABSTRACT: The prevalence and correlates of suicidal threats and attempts among 662 racially and ethnically diverse adult female victims of intimate partner violence (IPV) were studied. One in five women had threatened or attempted suicide during her lifetime. They observed that multiple logistic regression results indicated that women at greater risk of severe or potentially lethal assaults as measured by the Danger Assessment and those who reported having a chronic or disabling illness were more likely to have threatened or attempted suicide. A linear association was found between age and suicide threats/attempts, with younger women having increased odds. Finally, African American IPV victims were less likely to have threatened or attempted suicide as compared to Latina victims. Study implications are discussed.

Connor, P.D., Lloyd, A.K., Mackey, S.N., Nouer, S.S., & Tipton, N.G. (2011). **Psychometric properties of an intimate partner violence tool for health care students.** *Journal of Interpersonal Violence*, 26(5), 1012-1035.

ERIC Number: EJ916559

ABSTRACT: Health care professionals have acknowledged intimate partner violence (IPV) as a highly prevalent public health problem necessitating the creation of standardized education programs, survey tools, and well-defined outcome measures. Testing and evaluation of these measures, however, has been limited to specific populations of health care professionals. In 2007 and 2008, psychometric properties of the Physician Readiness to Manage Intimate Partner Violence Survey (PREMIS) were adapted, tested, and evaluated on a group of medicine, nursing, social work, and dentistry students during their last semester of college. The adapted instrument demonstrated high reliability within some IPV constructs, and six of the eight scales described in the original PREMIS were identified. Three scales presented a Cronbach's [alpha] [greater than or equal to] 0.70, demonstrating acceptable reliability, and a new scale, IPV Screening, was also identified that showed good reliability ([alpha] = 0.74). The adapted instrument showed good stability of psychometric properties in the student population and generally good correlation within several measures.

Farnsworth, E., & Tetterton, S. (2011). **Older women and intimate partner violence: Effective interventions.** *Journal of Interpersonal Violence*, 26(14), 2929-2942.

ERIC Number: EJ935614

ABSTRACT: Women above the age of 60 who have experienced intimate partner violence (IPV) have specific needs compared with younger victims. More research is emerging that assists counselors and other helping professionals with identification of these needs and aids to promote the mental health and well-being of this population. Professionals must consider the generational values held by older IPV victims and understand how values may impact decision making. Integrating safety planning

and risk assessment into the counseling process is vital. Older IPV victims may seek counseling for posttraumatic stress or depressive symptoms as a result of the abuse. Others may participate in counseling for issues unrelated to IPV. Therefore, a thorough assessment process should include questions related to relationship dynamics so that the counselor has a complete understanding of all factors impacting the client's functioning. Helping professionals must also have an understanding of available community resources, as well as barriers that these clients face as they take steps toward recovery from trauma. This research uses qualitative analysis of case studies to assist helping professionals in understanding the most effective interventions when working with this population. We found that a contextual approach focusing on the restoration of self-confidence is a constructive means of initiating recovery from trauma.

Graham-Bermann, S.A., Lilly, M.M., & Valdez, C.E. (2011). **The mediating effect of world assumptions on the relationship between trauma exposure and depression.** *Journal of Interpersonal Violence*, 26(12), 2499-2516.

ERIC Number: EJ930203

ABSTRACT: The association between trauma exposure and mental health-related challenges such as depression are well documented in the research literature. The assumptive world theory was used to explore this relationship in 97 female survivors of intimate partner violence (IPV). Participants completed self-report questionnaires that assessed trauma history, world assumptions, and depression severity. Regression analyses revealed that diminished world assumptions mediate the relationship between trauma exposure and depression severity. As predicted, this relationship held for interpersonal forms of trauma, whereas noninterpersonal forms of trauma were related neither to diminished world assumption nor to depression severity. This suggests that our conceptual system of relating to the world, our core beliefs that comprise our assumptive world, may be challenged in the face of human-induced trauma, increasing our risk for developing adverse psychological outcomes such as depression.

Hague, G., Mullender, A., & Thiara, R.K. (2011). **Losing out on both counts: Disabled women and domestic violence.** *Disability & Society, 26*(6), 757-771.

ERIC Number: EJ948859

ABSTRACT: The links between disability and domestic violence have been under-examined to date, leading to the marginalization of disabled women affected by domestic violence in theory, politics, and practice. This paper draws on the findings from the first national study in the United Kingdom of the needs of disabled women experiencing domestic violence and of the services available to meet these needs. Utilizing the concept of intersectionality to locate abused disabled women along axes of oppression/domination, the paper highlights the complex nature of women's abuse experiences as well as the inadequacy of professional responses which leave women without support and protection.

2010

Cooper, B.A., Humphreys, J., & Miaskowski, C. (2010). **Differences in depression, posttraumatic stress disorder, and lifetime trauma exposure in formerly abused women with mild versus moderate to severe chronic pain.** *Journal of Interpersonal Violence, 25*(12), 2316-2338.

ERIC Number: EJ903383

ABSTRACT: Although associations between intimate partner violence, chronic pain, depression, posttraumatic stress disorder (PTSD), and lifetime trauma exposure are well known, previous studies are limited by their recruitment of women from shelters. These relationships were explored with a community-based sample of formerly abused women (N = 84). Seventy-seven percent of women reported pain of greater than three months duration, and 75% had moderate to severe pain. Based on logistic regression analysis, women with moderate to severe chronic pain were significantly less likely to be employed, had more depressive symptoms, and were in the abusive relationship longer than women in mild chronic pain. Both pain severity groups had equally high levels of depressive and PTSD symptoms and multiple trauma exposures. Findings document the persistence of significant symptomatology in formerly abused women.

Kuo, F-Y., Li, C-D., Lin, J-D., Lin, L-P., Lin, P-Y., & Wu, J-L. (2010). **Domestic violence against people with disabilities: Prevalence and trend analyses.** *Research in Developmental Disabilities: A Multidisciplinary Journal, 31*(6), 1264-1268.

ERIC Number: EJ900332

ABSTRACT: The present study analyzed national data from "Domestic Violence Report System" derived primarily from the Council of Domestic Violence and Sexual Assaults Prevention, Ministry of the Interior, Taiwan, to describe the reported prevalence of domestic violence in people with disabilities and to examine the time-effect on the prevalence from years 2006 to 2009. The annual reported prevalence of domestic violence victims in people with disabilities was slightly lower than the general population. However, the reported rate changed significantly in people with disabilities over the period of 2006-2009, the victim number and rate (per ten-thousand) of reported cases in different years were 1260 (12.84), 1725 (16.90), 2163 (20.79) and 3157 (29.48). People with voice or speech disability, chronic psychosis and intellectual disability were the most domestic violence reported prevalence among the disabilities in the study. Those disabilities, such as chronic psychosis, intellectual disability, vision disability, hearing disability and multi-disabilities show increased significantly in annual reported rate in curve estimation for linear model over the period of 2006-2009. Finally, we found the average increase rate of annual reported prevalence in people of disabilities was 3.7 times of the general population (9.79 percent vs. 36.08 percent). Intellectual disability (41.52 percent), vision or speech disability (38.59 percent) and chronic psychosis (37.96 percent) were the most increasing disability type in average of annual reported prevalence of domestic violence among disabilities during the period of 2006-2009. The present study suggests health and welfare authorities should play vital roles in identifying and providing appropriate services for people with disabilities who encounter domestic violence.

2009

Bloom, T., Dahlstrom, M., Glass, N., Hernandez, R., Hernandez-Valdovinos, N., Wagman, J., & Yragui, N. (2009). **Partnering with community-based organizations to reduce intimate partner violence.** *Hispanic Journal of Behavioral Sciences*, 31(2), 244-257.

ERIC Number: EJ835536

ABSTRACT: Latinas experiencing intimate partner violence (IPV) often avoid formal resources due to fear, distrust, and cultural and language barriers, yet little research addresses culturally appropriate interventions for abused Latinas. To develop effective interventions, we must include abused Latinas' voices in research and collaborate with the community-based organizations (CBOs) that serve them. This article's team of academics and CBOs used a community-based participatory research (CBPR) approach to inform development of a culturally and linguistically appropriate IPV intervention for Latinas. The authors were able to reach abused Latinas (n = 114) with a relatively low mean acculturation level in a state that is only 8 percent Latino. The authors share six recommendations from their successful experience to engage, enhance, and sustain research partnerships with CBOs, including strategies to share power and knowledge, and demonstrate accountability to the partnership and the community.

Emelianchik, K., & Hays, D.G. (2009). **A content analysis of intimate partner violence assessments.** *Measurement and Evaluation in Counseling and Development*, 42(3), 139-153.

ERIC Number: EJ855642

ABSTRACT: With approximately 30 percent of individuals of various cultural identities experiencing intimate partner violence (IPV) in their lifetimes, it is imperative that professional counselors engage in effective assessment practices and be aware of the limitations of available IPV assessments. A content analysis of 38 IPV assessments was conducted, yielding seven themes and related limitations: relationship context, forms of abuse, immediate risk indicators, family dynamics, degree of support, assessment structure, and psychometric information. Additionally, global limitations of IPV assessments as well as implications for practice and research are outlined.

Sorenson, S.B., & Thomas, K.A. (2009). **Views of intimate partner violence in same- and opposite-sex relationships.** *Journal of Marriage and Family*, 71(2), 337-352.

ERIC Number: EJ836517

ABSTRACT: Attitudes toward same-sex intimate relationships and intimate partner violence (IPV) are changing. Little research, however, has examined norms about IPV in same-sex relationships. Using a fractional factorial (experimental vignette) design, we conducted random-digit-dialed interviews in four languages with 3,679 community-residing adults. Multivariate analyses of responses to 14,734 vignettes suggest that IPV against gay male, lesbian, and heterosexual women is more likely than that against heterosexual men to be considered illegal and that it should be illegal, police called, and a stay-away order issued. Regardless of gender and sexual orientation, the type of abuse and whether a weapon was displayed are the strongest predictors of respondents' judgments about whether a behavior is illegal and merits a range of societal interventions.

Sullivan, P.M. (2009). **Violence exposure among children with disabilities.** *Clinical Child and Family Psychology Review*, 12(2), 196-216.

ERIC Number: EJ844873

ABSTRACT: The focus of this paper is children with disabilities exposed to a broad range of violence types including child maltreatment, domestic violence, community violence, and war and terrorism. Because disability research must be interpreted on the basis of the definitional paradigm employed, definitions of disability status and current prevalence estimates as a function of a given paradigm are initially considered. These disability paradigms include those used in federal, education, juvenile justice, and health care arenas. Current prevalence estimates of childhood disability in the U.S. are presented within the frameworks of these varying definitions of disability status in childhood. Summaries of research from 2000 to 2008 on the four types of violence victimization addressed among children with disabilities are presented and directions for future research suggested.

2007

Brodwin, M.G., & Siu, F.W. (2007). **Domestic violence against women who have disabilities: What educators need to know.** *Education, 127*(4), 548-551.

ERIC Number: EJ790140

ABSTRACT: Throughout human history, violence against women has occurred in every part of the world. Abuse is a serious problem facing women with disabilities in our country. In addition to experiencing all forms of abuse, women with disabilities also suffer abuse unique to their disabilities and for longer periods of time when compared to women without disabilities. Due to the magnitude of this social, health, and criminal justice problem, it is highly probable that educators will have students who have been abused or are currently in abusive relationships. Moreover, abuse of women with disabilities can severely interfere with their educational goals and therefore, their financial resources. Educators may play a significant role in changing the quality of life of these women.

2004

Plichta, S.B. (2004). **Intimate partner violence and physical health consequences: Policy and practice implications.** *Journal of Interpersonal Violence, 19*(11), 1296-1323.

ERIC Number: EJ690368

ABSTRACT: Extensive research indicates that intimate partner violence (IPV) poses a significant risk to the physical health of women. IPV is associated with increased mortality, injury and disability, worse general health, chronic pain, substance abuse, reproductive disorders, and poorer pregnancy outcomes. IPV is also associated with an overuse of health services and unmet need for services, as well as strained relationships with providers. The body of IPV research has several critical gaps. There are almost no longitudinal studies of IPV and health. Most studies are clustered into a few specialties, with almost no research in the areas of allied health, dentistry, or management. A common definition of IPV is still not used.

Finally, with some notable exceptions, there has been little success in moving the health care system to routinely screen women for IPV.

2002

Curry, M.A., & Hassouneh-Phillips, D. (2002). **Abuse of women with disabilities: State of the science.** *Rehabilitation Counseling Bulletin, 45*(2), 96-104.

ERIC Number: EJ667583

ABSTRACT: Women with disabilities experience abuse at similar or higher rates than women in the general population. To promote awareness of this 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. Offers an overview of practical implications and existing resources in this area.



Documents from the National Library of Medicine PubMed search at www.pubmed.com are listed below:

2019

Abrahams, N., Harries, J., & Van der Heijden, I. (2019). **In pursuit of intimacy: Disability stigma, womanhood, and intimate partnerships in South Africa.** *Culture, Health & Sexuality, 21*(3), 338-351.

PMID: 29847286

ABSTRACT: Notions of womanhood inculcate naturalized ideologies of femininity, sexuality, motherhood and caregiving. The paper asks how disability stigma intersects with womanhood to characterize intimate partnerships in South Africa. In-depth interviews with 30 women with a range of disabilities were conducted in informal settlements in Cape Town. Findings suggest that disability stigma may hamper attainment of normative womanhood and sexual relationships for women with disabilities in South Africa. Limited opportunities to meet potential partners, hegemonic gender expectations and restricted sexual and physical contact shape their intimate partnerships. However, women with disabilities also challenge ableist constructs of normalcy and discredit negative images of disabled womanhood. Because of this, theoretical models of intimate partner violence should consider the influence of disability on constructions of sexuality and norms in intimate partnerships. Building on women with disabilities' stigma-avoidance strategies will help facilitate better relationship outcomes. Social norms interventions with broader society, communities, women with disabilities and their partners, family and carers can help destabilize assumptions that women with disabilities are unable to have long-lasting and fulfilling sexual and intimate partnerships. Moreover, accessible and relevant sexuality education and information on relationships, intimate partner violence, maternal and sexual and reproductive health care can ensure healthy and safe intimate partnerships for women with disabilities.

Akobirshoev, I., Mitra, M., & Valentine, A. (2019). **Intimate partner violence among women with disabilities in Uganda.** *International Journal of Environmental Research and Public Health, 16*(6), E947.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6466247/pdf/ijerph-16-00947.pdf>.

PMID: 30884787

ABSTRACT: Violence against women with disabilities is pervasive, yet a paucity of research examines intimate partner violence (IPV) experienced by women with disabilities in low- and middle-income countries. The purpose of this study is to document the prevalence and consequences of IPV exposure among Ugandan women with disabilities. Cross sectional data from the 2011 and 2016 Uganda Demographic and Health Surveys (UDHS) were used to study married and/or partnered women aged 15-49 who answered specific questions about lifetime intimate partner violence (N = 8592). Univariate and multivariate logistic regression models were used to investigate the relationship between disability, IPV, and indicators of maternal and child health. Compared to women without disabilities, women with disabilities were more likely to experience lifetime physical violence (odds ratio (OR) 1.4, $p < 0.01$), sexual violence (OR = 1.7, $p < 0.01$), and emotional abuse (1.4, $p < 0.01$) after controlling for sociodemographic and household characteristics. Study findings suggest that women with disabilities in Uganda may experience increased risk for IPV compared to women without disabilities, with concomitant risks to their health and the survival of their infants. Further research examining the prevalence and correlates of IPV in low- and middle-income countries is needed to address the needs and rights of women with disabilities.

Ballan, M.S., & Freyer, M. (2019). **Addressing intimate partner violence with female patients with chronic physical disabilities: The role of physical therapists.** *Disability and Rehabilitation*, 16, 1-6. [Epub ahead of print].

PMID: 31524531

ABSTRACT: Background: Women with disabilities are at heightened risk of intimate partner violence, experiencing higher rates of physical and sexual violence than women without disabilities. Women with disabilities are also at risk of sustaining additional chronic injuries and debilitating conditions associated with intimate partner violence. Physical therapists strive to enhance the well-being and quality of life of individuals experiencing impairments, activity limitations, and/or participation restrictions due to physical health concerns. This professional focus places physical therapists in an important position to identify adverse life situations such as intimate partner violence which seriously degrades the well-being, quality of life, and physical health of patients. Purpose: Physical therapists encounter numerous individuals with disabilities in their practice, and given the high rates of intimate partner violence within this population, it is important that physical therapists are aware of how to identify and respond to this issue. Conclusion: This article provides background on the problem of intimate partner violence among women with chronic physical disabilities, and explores assessment, practice, and education guidelines intended to assist physical therapists address intimate partner violence with their patients. **IMPLICATIONS FOR REHABILITATION** Women with disabilities are at a heightened risk of intimate partner violence compared to women without disabilities, and are also at risk of sustaining associated chronic injuries and debilitating conditions. Given the high rates of intimate partner violence among individuals with chronic physical disabilities, it is important that physical therapists are able to identify and respond to this issue. Physical therapists possess specialized skills to improve the functioning and overall health of patients, and could assist patients with chronic physical disabilities to escape abusive relationships. Knowledge of intimate partner violence-focused screening, assessment, and trauma-informed practice skills would strengthen skills in this area.

Cassidy, B., Houtrow, A., Kreashko, L., Levin-Decanini, T., & Miller, E. (2019). **Implementation of intimate partner violence education for adolescents with spina bifida.** *Journal of Pediatric Rehabilitation Medicine*, 12(4), 339-343.

Available in full-text at <https://tinyurl.com/sd4fvzy>.

PMID: 31744027

ABSTRACT: OBJECTIVE: Intimate partner violence (IPV) prevention among adolescent patients with disability is needed, yet rarely discussed in the clinical setting. This study evaluated the feasibility of implementing a brief educational training based on an evidence-based IPV intervention in a pediatric spina bifida clinic. Frequency of IPV discussion was assessed through evaluation of patient feedback and provider surveys. **METHODS:** Adolescent patients with spina bifida aged 12-21 completed after visit surveys before (N= 13) and after the provider training (N= 21). Primary outcomes included frequency of provider discussion about IPV and receipt of patient safety cards. Chi-square tests compared patient feedback prior to and two months following the education session. Provider knowledge and attitude changes were assessed with pre-post surveys. **RESULTS:** More patients discussed IPV with providers following the education session compared to baseline (p= 0.03). Provider feedback, both immediately and at two months after the education session showed increased awareness of IPV, comfort with assessment, disclosure, and referral to resources. **CONCLUSIONS:** The educational intervention increased provider comfort with addressing IPV within a specialty clinical setting. The frequency of IPV communication significantly increased as compared to baseline, patients reported the discussions were beneficial, and providers reported greater comfort discussing IPV and referring patients to resources.

Dunkle, K., Stern, E., & van der, H.I. (2019). **How people with disabilities experience programs to prevent intimate partner violence across four countries.** *Evaluation and Program Planning*, 79, doi:10.1016/j.evalprogplan.2019.101770. [Epub ahead of print].

Available in full-text at <https://www.sciencedirect.com/science/article/pii/S0149718919303155?via%3Dihub>.

PMID: 31865010

ABSTRACT: Women with disabilities are more vulnerable to violence, including intimate partner violence (IPV), yet the majority of emerging IPV prevention programs fail to explicitly consider the needs of participants with disabilities. Women and men living with disabilities engaged with IPV prevention programs in four countries were interviewed to explore how disability shaped their experiences of gender, violence, IPV, and whether the programs met their disability related needs. In-depth interviews were conducted with 16 women and 15 men living with disabilities in Ghana, Rwanda, Tajikistan and South Africa. The data were analysed thematically and compared across the settings. Participants described experiencing disability-related stigma, discrimination, exclusion, and for women, increased vulnerability to IPV. Barriers to full participation in programs included limited accessibility, and lack of disability-specific materials, recruitment or outreach. Enablers of inclusion included recruitment and monitoring strategies aimed at people with disabilities, partnering with a local disabled people's organization, training staff in disability inclusion, and raising awareness of disability rights. The data encouragingly suggests that inclusion of women and men with disabilities in IPV prevention programs designed for the general population has beneficial outcomes. Inclusion can prevent violence, promote their wellbeing, support economic empowerment, and challenge disability-related stigma and discrimination.

2018

Addissie, A., Cooper, M., Davey, G., Deribe, K., Deyessa, N., Trueba, M.L., & Tsegay, G. (2018). **'I should not feed such a weak woman'. Intimate partner violence among women living with podoconiosis: A qualitative study in northern Ethiopia.** *PLoS One*, 13(12), e0207571.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6283553/pdf/pone.0207571.pdf>.

PMID: 30521548

ABSTRACT: BACKGROUND: Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of people worldwide. Research indicates that adults suffering from long term, disabling conditions are more likely to be victims of IPV due to the intersection of disease-associated stigma and discrimination. IPV in turn is known to worsen the overall health and wellbeing of those affected by it. Little research however explores the relationship between neglected tropical diseases such as podoconiosis and IPV. This study explores the relationship between IPV and podoconiosis in northern Ethiopia with the aim of identifying new avenues for limiting disability and promoting the wellbeing of people affected by this neglected tropical disease. **METHODS:** The study was conducted in East and West Gojjam zones, located in the Amhara Regional State of Ethiopia. Research participants were first screened using the domestic violence screening tool Hurt-Insult-Threaten-Scream (HITS). Data were collected by native speakers of the local language (Amharic) in the form of semi-structured interviews during January and February 2016. Thematic and content data analysis was carried out, using the Open Code 3.4 qualitative data analysis software for coding. **RESULTS:** A total of 15 women living with podoconiosis and experiencing IPV were interviewed (aged 31 to 75). Women experienced different forms of IPV, including beatings (with or without an object), insults, name calling, undermining, denial of equal rights over common assets, movement monitoring, cheating, abandonment, forced divorce, obstruction of health care access,

inhibition of decision-making and sexual coercion. Podoconiosis increases the frequency and severity of IPV and in occasions shapes a change from physical to psychological and financial violence. In turn, frequent episodes of IPV worsen disease outcomes and contribute to disease persistence in the region, in that these impede women's ability to manage the disease and help perpetuate the conditions of poverty that influence disease onset. CONCLUSIONS: Women living with podoconiosis are victims of various, overlapping forms of IPV that negatively impact their health and wellbeing. Poverty, scarce IPV prevention services in the area together with a social acceptance of IPV and these women's decreased ability to work due to the debilitating effects of podoconiosis and childcare responsibilities frequently prompt these women to tolerate IPV and remain in abusive relationships. Tackling disease-associated taboo and stigma, developing accessible IPV interventions, working towards greater gender equality at the household and societal levels and developing sustainable strategies for improving the socio-economic assets of women affected by podoconiosis are all necessary to both prevent IPV and to improve disease outcome.

Bonomi, A., Green, T., Kammes, R., & Nichols, E. (2018). **Sexual violence and intimate partner violence in college women with a mental health and/or behavior disability.** *Journal of Women's Health, 27*(3), 359-368.

PMID: 28504561

ABSTRACT: OBJECTIVES: We address questions about (1) how college women with a disability experience sexual violence (SV) and intimate partner violence (IPV) across partners, including disability-specific abuse and (2) how SV/IPV impacts psychological, behavioral, physical, and academic life domains. METHODS/DESIGN: Twenty-seven female college students (mean age, 21.2; 66.6 percent white; 66.6 percent heterosexual) were randomly sampled from university registrar records. To be eligible for the study, students had to have at least one experience of SV/IPV since

age 18 and a disability (88.8 percent reported one or more mental health conditions; 11.1 percent reported other conditions, such as attention deficit and hyperactivity disorder; with the majority of women indicating their disability preceded SV/IPV victimization). Using the Centers for Disease Control and Prevention's definitions of SV/IPV as guides, clinically trained master's level interviewers conducted semistructured interviews to ascertain SV/IPV patterns across students' three most recent relationships and related life impacts. RESULTS: SV/IPV was pervasive in college women with a disability, within hookup settings and/or recurring SV/IPV with a long-term partner. For some women, SV spanned multiple abusive partners. For women in relationships marked by chronic abuse, in addition to SV, the relationship dynamic included disability-specific abuse, social isolation, threats/intimidation, and technology-related abuse. For women experiencing SV events within hookup settings, alcohol was a common facilitator, with some abusers using a disability to manipulate a sexual connection. All but one participant reported exacerbated adverse mental health consequences (e.g., depression, anxiety, post-traumatic stress disorder, suicidal ideation/attempts, stress) after victimization. These adverse mental health consequences coincided with adverse behavioral (e.g., becoming less social, avoiding usual study lounge areas on campus), physical (e.g., problems sleeping, bruising, pregnancy concerns, and sexually transmitted disease), and academic outcomes (e.g., skipping and/or dropping class, grades suffering). DISCUSSION: Our results underscore the need for continued investment in campus programs that improve response to SV/IPV, including prevention programs and support services tailored to the specific needs and vulnerabilities of women with underlying mental health conditions.

Cardoso, L.F., Clark, C.J., Ferguson, G., Groce, N., Gupta, J., Harris, C., Shrestha, B., & Shrestha, P.N. (2018). **Disability status, intimate partner violence, and perceived social support among married women in three districts of the Terai region of Nepal.** *BMJ Global Health*, 3(5), e000934. Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231095/pdf/bmjgh-2018-000934.pdf>.

PMID: 30483407

ABSTRACT: Introduction: Women living with disabilities are disproportionately vulnerable to intimate partner violence (IPV). Existing research on the topic largely takes place in high-income settings and treats disability as a dichotomous experience—an individual either has a disability or does not. Disability experiences, however, are diverse such that some individuals face minimal impairment, while for others impairment can be severe. With this spectrum in mind, this study sought to examine the associations between severity of disability impairment, past-year IPV, past-year in-law violence and perceived social support among married women in Nepal. Methods: Baseline data (2016) from a randomised controlled trial aiming to reduce IPV among women aged 18-49 (n=1800) were analysed using generalised estimating equations logistic regressions to assess associations. Results: Women with severe impairment reported higher levels of physical and/or sexual, emotional, economic and in-law violence than women without a disability (adjusted OR (AOR)=1.68, 95 percent CI 1.04 to 2.72; AOR=1.65, 95 percent CI 1.03 to 2.65; AOR=1.75, 95 percent CI 1.02 to 3.02; AOR=2.80, 95 percent CI 2.53 to 5.11, respectively). Differences in IPV between women reporting some impairment versus no disability were observed for economic (AOR=1.47, 95 percent CI 1.11 to 1.94) and in-law violence (AOR=1.50, 95 percent CI 1.07 to 2.10). Women with severe or some impairment versus no disability were less likely to perceive their in-laws as supportive. Conclusion: Disability status was associated with increased vulnerability to IPV. A gradient was observed; the highest levels of IPV were experienced by women with severe impairment, followed by some impairment. Future research should examine the mechanisms driving such observations.

Escribà-Agüir, V., Maroto-Navarro, G., Pastor-Moreno, G., & Ruiz-Pérez, I. (2018). **Intimate partner violence in women with disabilities: Perception of healthcare and attitudes of health professionals.** *Disability and Rehabilitation*, 40(9),1059-1065.

PMID: 28637140

ABSTRACT: PURPOSE: Intimate partner violence (IPV) is a major social problem and public health issue, but we still have a relatively small amount of data about partner violence in women with disabilities. The main objective of this study was to understand the experiences of women with disabilities who are or have been abused by their partners and to explore the knowledge, views and training requirements of primary care professionals. METHOD: Qualitative study using semi-structured interviews with women with disabilities who had experienced IPV (n=14), and focus groups with healthcare professionals (n=16). RESULTS: Women with disabilities suffer specific forms of abuse. Because they depend on the people around them to take action, they are subordinate and this can prolong the abuse. The healthcare staff frequently mentioned that it is often difficult to notice that women with disabilities are being abused. Their lack of training about disabilities and gender-based violence makes them less sure of their ability to identify and deal with any possible cases of abuse. CONCLUSIONS: The difficulties described by the women interviewed are broadly speaking the same as those described by the healthcare professionals consulted. A number of suggestions for improvements are provided based on the results found. Implications for Rehabilitation The rehabilitation of abused disabled women implies that women perceive the health system as a resource to resolve their situation. Healthcare professionals should be trained on how to detect, treat and communicate with disabled women who experience partner violence. Is needed to establish a comprehensive system of coordination between services involved in caring for abused women and with disabilities.

2017

Ashkenazy, E., Beers, L., Hughes, R.B., Leotti, S., Lund, E.M., Nicolaidis, C., Osburn, S., Platt, L., Powers, L., & Robinson-Whelen, S. (2017). **The role of gender in violence experienced by adults with developmental disabilities.** *Journal of Interpersonal Violence, 32*(1), 101-129.

PMID: 25979536

ABSTRACT: Violence against people with developmental disabilities is a highly prevalent yet understudied phenomenon. In particular, there is a paucity of literature surrounding the role of gender and the experiences of men. Using a cross-sectional study design, we surveyed 350 people with diverse developmental disabilities about experiences of abuse, perpetrators of abuse, and their physical and mental health status. These data were analyzed to determine whether gender influenced these domains. Statistical methods included chi-square, independent t tests, logistic regression, and hierarchical multiple regressions. Male and female participants reported abuse at high rates, with 61.9 percent of men and 58.2 percent of women reporting abuse as children and 63.7 percent of men and 68.2 percent of women reporting abuse as adults. More women than men reported adult sexual abuse, but there was no gender difference in the prevalence of any other form of abuse. Women were more likely than men to identify an intimate partner as their abuser, although intimate partners represented the minority of abusers for both men and women. Violence was associated with worse health status regardless of participant gender. These findings confirm that violence is an important issue for both men and women with developmental disabilities. Although some expected gender differences arose, such as higher rates of adult sexual abuse and intimate partner violence against women, these differences were less pronounced than they are in the general population, and the overall picture of abuse was one of gender similarities rather than differences.

Ballan, M.S., Freyer, M.B., Marti, C.N., & Powledge, L. (2017). **Intimate partner violence among help-seeking Deaf women: An empirical study.** *Violence Against Women, 23*(13), 1585-1600.

PMID: 27580983

ABSTRACT: Deaf women face heightened rates of intimate partner violence (IPV) compared with hearing women, yet limited research has focused on IPV among this population. Empirical studies are warranted to examine the unique experiences and resource needs of Deaf women, along with barriers excluding Deaf participants from IPV research and service provision. Our study addresses these gaps by providing a profile of 80 Deaf women attending an IPV program serving individuals with disabilities. Demographic and psychosocial characteristics, referral channels that led women to the program, and services sought post-referral are discussed to help guide best practices with Deaf survivors of IPV.

Ballan, M.S., Freyer, M.B., & Powledge, L. (2017). **Intimate partner violence among men with disabilities: The role of health care providers.** *American Journal of Men's Health, 11*(5), 1436-1443.

Available in full-text at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5675191/pdf/10.1177_1557988315606966.pdf.

PMID: 26400712

ABSTRACT: Men with disabilities experience higher rates of interpersonal violence (IPV) than either women or men without disabilities, yet research exploring this problem is limited. This retrospective descriptive study examines the clinical files of male survivors of IPV with disabilities who received services from the Secret Garden—a disability-specific nonresidential IPV program located in New York City. These data inform the role health care providers may fill in helping address IPV against men with disabilities. Abuse history, medical and mental health service utilization, and the channels through which men accessed IPV assistance were areas of focus for analysis. Data were analyzed descriptively, and outcomes reported as frequencies and percentages.

Results indicate that more than half of study participants were abused by an intimate partner (66.2 percent) and nearly two-thirds described an act of physical abuse as the most serious type of abuse perpetrated (71.7 percent). Nearly half (40.8 percent) had previous contact with medical providers due to abuse. The high prevalence of physical abuse in this sample has critical physical and mental health implications and could further exacerbate already precarious health statuses. While nearly half reported previous contact with health care providers due to abuse, only 15.8 percent were referred for IPV assistance by a health care provider, indicating a missed opportunity to identify signs of abuse and direct survivors to additional resources.

Cerulli, C., Chin, N.P., Mastrocinque, J.M., Pollard, R.Q., Jr., Raimondi, C., & Thew, D. (2017). **Deaf victims' experiences with intimate partner violence: The need for integration and innovation.** *Journal of Interpersonal Violence, 32*(24), 3753-3777.

PMID: 26371087

ABSTRACT: While in recent years, intimate partner violence (IPV) has attracted considerable research attention, the experiences of IPV affecting the Deaf community have been understudied. As a linguistic and cultural minority, Deaf victims of IPV encounter significant barriers in accessing information and services designed to address the medical and legal consequences of victimization. The number of Deaf Americans who communicate via American Sign Language (ASL) may well exceed a half-million, yet little is known about Deaf IPV victims' experiences and the characteristics of persons who perpetrate IPV with ASL users. This study addressed both topics. The current study is based on interviews in ASL with 14 Deaf IPV victims (participants). We explored: the types of abuse participants experienced; characteristics of victims and perpetrators; participants' help-seeking behaviors; and the availability, use, and helpfulness of various resources. These findings were compared to what is known about IPV in the hearing community. Our findings include that lack of information regarding IPV and lack of access to specialized IPV

services were pervasive problems affecting Deaf victims. For some victims, the close-knit nature of the Deaf community was a barrier for discussing IPV and accessing information and support. It was common for Deaf victims to receive services or information about IPV from providers who were not IPV specialists. Communication abuse was prevalent in our study. The nature of communication abuse is unique for Deaf victims compared to hearing victims.

2016

Basile, K.C., Breiding, M.J., & Smith, S.G. (2016). **Disability and risk of recent sexual violence in the United States.** *American Journal of Public Health, 106*(5), 928-33.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4985079/pdf/AJPH.2015.303004.pdf>.

PMID: 26890182

ABSTRACT: OBJECTIVES: To examine the relative prevalence of recent (past 12 months) penetrative and nonpenetrative sexual violence comparing men and women with and without a disability. **METHODS:** Data are from the 2010 National Intimate Partner and Sexual Violence Survey, a national telephone survey of US adults, and includes an expansive measure of sexual violence victimization. A total of 9086 women and 7421 men completed the telephone survey in 2010. **RESULTS:** Compared with persons without a disability, persons with a disability were at increased risk for recent rape for women (adjusted odds ratio=3.3; 95 percent confidence interval=1.6, 6.7), and being made to penetrate a perpetrator for men (adjusted odds ratio=4.2; 95 percent confidence interval=1.6, 10.8). An estimated 39 percent of women raped in the 12 months preceding the survey had a disability at the time of the rape. For women and men, having a disability was associated with an increased risk of sexual coercion and noncontact unwanted sexual experiences. **CONCLUSIONS:** In this nationally representative sample, men and women with a disability were at increased risk for recent sexual violence, compared to those without a disability.

Fisher, B.S., Scherer, H.L., & Snyder, J.A. (2016). **Intimate partner victimization among college students with and without disabilities: Prevalence of and relationship to emotional well-being.** *Journal of Interpersonal Violence, 31*(1), 49-80. PMID: 25392373

ABSTRACT: Prior research indicates that both college students and individuals with disabilities are at an increased risk of experiencing intimate partner victimization (IPV). However, little is known about IPV risk and its relationship to emotional well-being among the intersection of these two populations. Utilizing a sample of approximately 20,000 college students from the American College Health Association's (ACHA) National College Health Assessment II (NCHA II), this study focuses on this overlooked intersection by examining IPV among college students with disabilities. Multivariate binary logistic regression models were used to estimate the relationship among disability, IPV, and emotional well-being. College students with disabilities were approximately twice as likely to experience IPV than their counterparts without disabilities. Students with mental disabilities and multiple disability types were found to have the greatest likelihood of experiencing IPV. Victims with disabilities were more likely than victims without disabilities to report experiencing depression symptoms, self-harm behavior, and stress. Recommendations for reducing and preventing IPV among a college student population are discussed.

Shah, S., Tsitsou, L., & Woodin, S. (2016). **Hidden voices: Disabled women's experiences of violence and support over the life course.** *Violence Against Women, 22*(10), 1189-210. Available in full-text at <http://eprints.whiterose.ac.uk/95688/1/Hidden%20Voices.pdf>. PMID: 26762144

Violence against women is a worldwide social and human rights problem that cuts across cultural, geographic, religious, social, and economic boundaries. It affects women in countries around the world, regardless of class, religion, disability, age, or sexual identity. International evidence shows that approximately three in five women experienced

physical and/or sexual violence by an intimate partner. However, across the globe, women and girls with impairments or life-limiting illnesses are more susceptible to different forms of violence across a range of environments and by different perpetrators including professionals and family members as well as partners. However, they are likely to be seriously disadvantaged in gaining information and support to escape the abusive relationships. This article stems from the United Kingdom part of a comparative study with three other countries (Austria, Germany, and Iceland) funded by the European Commission (EC; 2013-2015). It presents preliminary findings, generated from life history interviews, about disabled women's experiences of violence and access to support (both formal and informal) over their life course and their aspirations for the prevention of violence in the future. The article includes examples of impairment-specific violence that non-disabled women do not experience. By bringing the voices of disabled women into the public domain, the article will facilitate a historically marginalized group to contribute to the debate about disability, violence, and support.

2015

Armour, B.S., & Breiding, M.J. (2015). **The association between disability and intimate partner violence in the United States.** *Annals of Epidemiology, 25*(6), 455-7.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692458/pdf/nihms745956.pdf>.

PMID: 25976023

ABSTRACT: PURPOSE: Prior research has shown that people with disabilities are at greater risk of intimate partner violence (IPV) victimization. This study seeks to examine the link between disability and IPV in a nationally representative sample of U.S. women and men. Also, by establishing that disability preceded recent IPV victimization, this study allows for a more thorough understanding of whether people with disabilities are at greater risk of victimization subsequent to having a disability.

METHODS: Data were analyzed from the 2010 National Intimate Partner and Sexual Violence Survey, an ongoing, national random digit dial telephone survey of U.S. adults. Estimates of age-adjusted 12-month IPV prevalence by disability status were calculated. **RESULTS:** Compared to women without a disability, women with a disability were significantly more likely to report experiencing each form of IPV measured, which includes rape, sexual violence other than rape, physical violence, stalking, psychological aggression, and control of reproductive or sexual health. For men, significant associations were found with respect to stalking and psychological aggression by an intimate partner. **CONCLUSIONS:** The results suggest that people with a disability are at greater risk of victimization and that primary and secondary prevention efforts might be targeted to those with a disability.

Flaherty, M.C., Hughes, R.B., Latorre, A., Liston, B., Lund, E.M., Oschwald, M., Powers, L.E., & Shelton, R. (2015). **An exploratory study of a computer-assisted abuse awareness and safety planning program for men with disabilities: The men's safer and stronger program.** *Journal of Social Work in Disability & Rehabilitation, 14*(2), 88-109.

PMID: 25671458

ABSTRACT: Interpersonal violence (IPV) is a serious and often unrecognized problem for men with disabilities (MWD). However, abuse awareness programs and outcome measures have not been systematically evaluated in MWD. This article reports findings from an exploratory study (n = 31) of the Safer and Stronger Program for Men with Disabilities (Men's SSP), an audio computer-assisted self-interview (ACASI) abuse awareness program. Preliminary findings suggest it is sensitive toward detecting abuse and it allows MWD to privately and independently self-identify IPV experiences. Preliminary psychometric data on a battery of abuse and safety awareness outcome measures suggest that they are reliable in this population.

2014

Abramson, W., Gabrielli, J., Hughes, R.B., Lund, E.M., Robinson-Whelen, S., & Swank, P.R. (2014). **A safety awareness program for women with diverse disabilities: A randomized controlled trial.** *Violence Against Women, 20*(7), 846-68.

PMID: 25031362

ABSTRACT: Women with diverse disabilities (N = 213), recruited through 10 centers for independent living (CILs), were randomly assigned to either a personal safety awareness program or usual care. The 8-week program, led by CIL staff, was designed to increase safety awareness, abuse and safety knowledge, safety skills, safety self-efficacy, social support, and safety promoting behaviors. All participants completed pre-, post-, and 6-month follow-up questionnaires. Results revealed that participation in a brief safety awareness program may improve safety protective factors among women with disabilities who vary widely in their experience with abuse. The program holds promise for enhancing safety among women with disabilities.

Ballan, M.S., Freyer, M.B., Marti, C.N., Perkel, J., Romanelli, M., & Webb, K.A. (2014). **Looking beyond prevalence: A demographic profile of survivors of intimate partner violence with disabilities.** *Journal of Interpersonal Violence, 29*(17), 3167-79.

PMID: 24902595

ABSTRACT: The abuse of individuals with disabilities is a widespread problem that has received minimal attention in scholarly research on intimate partner violence (IPV). As a result, the literature offers neither a general demographic profile of IPV survivors with disabilities nor an examination of the relationships between IPV and individuals with specific types of disabilities. This article addresses these gaps by reporting the results of a retrospective case study review of 886 client files, covering an 8-year service period in a non-residential domestic violence disability program. The study examined key demographics along with familial, social, and contextual aspects of IPV among women with disabilities, and provides crucial information for service providers who must understand the multifaceted and unique needs of survivors. Findings are discussed in terms of their relevance to abuse-related outcomes and corresponding best practices with this population.

Beers, L., Goe, R., Harviston, M., Howard, L., Hughes, R.B., Katz, M., Leotti, S., Lund, E., Nicolaidis, C., Oschwald, M., Powers, L.E., Raymaker, D., Robinson-Whelen, S., & Wallington, A. (2014). **Development of an audio-computer assisted self-interview to investigate violence and health in the lives of adults with developmental disabilities.** *Disability and Health Journal*, 7(3), 292-301. PMID: 24947570

ABSTRACT: BACKGROUND: Audio computer-assisted self-interviews (ACASIs) have safely and effectively obtained sensitive research data from the general public and have been recommended for use with people with disabilities. However, few studies have used ACASIs with people with disabilities and ACASIs have not been used to investigate the relationship between disability, interpersonal violence (IPV), and physical and psychological health among people with developmental disabilities (PWDD). **OBJECTIVE:** We developed an accessible ACASI specifically designed to allow PWDD to answer questions independently, while privately and securely collecting anonymous data related to their disability, IPV experiences, and physical and psychological health. **METHODS:** We used a safety protocol to apply community based participatory research (CBPR) principles and an iterative process to create, test, and administer a cross-sectional ACASI survey to 350 adults with developmental disabilities in urban and rural locales. **RESULTS:** Most participants completed the ACASI independently and reported that its accessibility features allowed them to do so. Most also agreed that the ACASI was easy to use, its questions were easy to understand, and that they would prefer using an ACASI to answer IPV and health-related questions rather than in a face-to-face interview. The majority agreed that health and safety were critical issues to address. **CONCLUSIONS:** ACASI technology has the potential to maximize the independent and private participation of PWDD in research on sensitive topics. We recommend further exploration into accessibility options for ACASI technology, including hardware and Internet applications.

Camellia, S., Hasan, T., Muhaddes, T., Rashid, S.F., & Selim, N. (2014). **Prevalence and experiences of intimate partner violence against women with disabilities in Bangladesh: Results of an explanatory sequential mixed-method study.** *Journal of Interpersonal Violence*, 29(17), 3105-26. PMID: 24860077

ABSTRACT: This study was aimed to estimate the prevalence of intimate partner violence (IPV) in a sample of 226 women with disabilities living in four different districts of Bangladesh. It also explored the physical and psychological suffering of women experiencing violence and their various coping strategies. A cross-sectional survey was carried out with 226 women with disabilities to measure the prevalence of IPV, and 16 in-depth interviews were conducted to document in detail the experiences of violence encountered by the abused women. Among the 226 women interviewed in the survey, about 84 percent reported ever having experienced at least one act of emotional abuse, physical, or sexual violence from their partner during their lifetime. Women who were older (aged above 32 years), separated, and members of economic/savings group were more likely to report ever having experienced any IPV than women with disabilities who were younger (aged 32 years and less), married, and not members of economic/savings group. Most of the women experiencing violence reported sufferings from physical and psychological problems. Of all the women who experienced violence, less than half (45 percent) reported seeking support to minimize or avoid violence experiences. However, seeking support from informal network such as family and relatives was commonly reported by many (81.4 percent) of them. Study findings suggest that women with disabilities who possess poor socio-economic status coupled with economic dependency on husbands' income and wide-spread social stigma against disability make them vulnerable to IPV. Future interventions to address IPV against women with disabilities should include building community knowledge of disability and IPV, countering the pervasive social stigma against disabilities, and improving the socio-economic conditions of women with disabilities through education and employment.

Cerulli, C., Pollard, R.Q., Jr., & Sutter, E. (2014). **Intimate partner violence reported by two samples of Deaf adults via a computerized American sign language survey.** *Journal of Interpersonal Violence, 29*(5), 948-65.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4161008/pdf/nihms622971.pdf>.

PMID: 24142445

ABSTRACT: A computerized sign language survey was administered to two large samples of deaf adults. Six questions regarding intimate partner violence (IPV) were included, querying lifetime and past-year experiences of emotional abuse, physical abuse, and forced sex. Comparison data were available from a telephone survey of local households. Deaf respondents reported high rates of emotional abuse and much higher rates of forced sex than general population respondents. Physical abuse rates were comparable between groups. More men than women in both deaf samples reported past-year physical and sexual abuse. Past-year IPV was associated with higher utilization of hospital emergency services. Implications for IPV research, education, and intervention in the Deaf community are discussed.

Crudele, G.D., Gentile, G., Rancati, A., & Zoja, R. (2014). **The case of a prosthetic limb used to cause lethal intravaginal injuries: Forensic medical aspects in a case of intimate partner violence.** *Forensic Science International, 234*, e21-4. PMID: 24252425

ABSTRACT: A common form of violence against women is sexual coercion on the part of their husbands/partners, the uncontrollable effects of which can lead to extreme consequences, as in the case of uxoricide examined in this report. It involved a 59-year-old female alcoholic, under observation on the part of social services as the possible victim of abuse by her husband, an amputee with a transtibial prosthesis. The woman had never admitted to her social workers that her husband was abusing her. One night, she was admitted to hospital in a state of hemorrhagic shock due to massive vaginal bleeding, but despite treatment, she died 20 min after arrival.

The anatomical-pathological examination conducted by the hospital revealed serious genital lesions which warranted reporting the case to the Judicial Authorities, who arranged for a forensic autopsy. The cause of death was identified as acute meta-hemorrhagic anemia in a cirrhotic woman, secondary to a large, irregular vaginal lesion involving both the vaginal wall and the soft perivaginal tissues as well as the medium and small urogenital vascular branches. To identify the foreign body used to inflict this injury, a scanning electron microscope and energy dispersive X-ray spectrometer (SEM-EDS) were used. This revealed tiny splinters of wood in the vaginal tissues examined. In addition to the genetic-forensic techniques used, this finding allowed the investigators to identify the husband's prosthetic limb as the instrument of sexual coercion. The report describes a particular case of marital rape that resulted in uxoricide, in which the overall concordance of the investigations carried out played a fundamental role in identifying the offending body and, consequently, the murderer.

Frazão, S.L., Magalhães, T., Norton, P., & Silva, M.S. (2014). **Domestic violence against elderly with disability.** *Journal of Forensic and Legal Medicine, 28*, 19-24.

PMID: 25440142

ABSTRACT: Abuse against elders with disabilities is a growing problem as the world population ages. Though they require mandatory reporting, these cases are most frequently not detected or not reported by health professionals for a variety of reasons, including the difficulty of making an accurate diagnosis. By performing a retrospective analysis of alleged domestic violence cases against elders with moderate or severe disability, presented to medical forensic examination at the North Branch of the National Institute of Legal Medicine and Forensic Sciences of Portugal, in Porto, between 2005 and 2013 (n = 70), we aimed to improve our knowledge of some demographic and forensic characteristics of these cases as well as improve their detection and prevention. The most frequently reported type of abuse was physical (86 percent), allegedly perpetrated by

male abusers (63 percent) living with their victims (90 percent), who were most commonly their children (47 percent) or partners (49 percent; when victims are married). The victims were most frequently female (63 percent) who had motor disabilities (49 percent) and presented a history of previous episodes of abuse in 74 percent of cases; however, only 28 percent were previously reported. The physical consequences were most frequently minor injuries (95 percent) with permanent consequences (scars) in only 6.8 percent of the cases. The injuries were multiple in the majority of the cases (64 percent), and the preferred locations were the head and neck (75 percent). Elderly females with motor disabilities appear to have a greatest risk of domestic violence, which translates, most frequently, into multiple injuries that are mainly in the head and neck.

Hahn, J.W., Koenen, K.C., McCormick, M.C., Robinson, E.B., & Silverman, J.G. (2014). **Examining the impact of disability status on intimate partner violence victimization in a population sample.** *Journal of Interpersonal Violence, 29*(17), 3063-85.

PMID: 24860078

ABSTRACT: This study examined effects of impairments in physical and mental health on the risk of intimate partner violence (IPV) victimization in a nationally representative sample of U.S. adults (≥ 18 years). A total of 34,563 adults completed interviews in two waves of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Physical and mental health impairments, as well as IPV victimization, were assessed using validated surveys in the total sample and by gender. In the total sample, physical health impairments at Wave 1 (odds ratio [OR] = 1.22, 95 percent confidence interval [CI] = [1.04, 1.42], $p < .05$) and mental health impairments at Wave 1 (OR = 1.67, 95 percent CI = [1.45, 1.91], $p < .001$) were significantly associated with higher risk of IPV victimization at Wave 2, compared with those without reported impairments. Higher risk of later IPV victimization was also seen among females

who reported physical health impairments (OR = 1.26, 95 percent CI [1.04, 1.53], $p < .05$) and mental health impairments (OR = 1.93, 95 percent CI = [1.63, 2.28], $p < .001$) compared with those who did not report similar limitations. Among males, higher risk of IPV victimization was significantly associated with mental health impairments (OR = 1.48, 95 percent CI = [1.19, 1.82], $p < .001$), compared with those without mental health impairments. Adults with physical and mental health impairments may benefit from targeted interventions aimed at preventing IPV.

Mitra, M., & Mouradian, V.E. (2014). **Intimate partner violence in the relationships of men with disabilities in the United States: Relative prevalence and health correlates.** *Journal of Interpersonal Violence, 29*(17), 3150-66.

PMID: 24860076

ABSTRACT: Despite the growing literature on intimate partner violence (IPV) victimization against people with disabilities, few studies have examined IPV against men with disabilities. This study uses population-based data to examine the prevalence of past-year and lifetime IPV against men with disabilities in the United States in comparison with men without disabilities and women with and without disabilities, compare the demographic characteristics of men with disabilities who reported IPV to those of other men, and examine associations of IPV and disability status with mental and physical health and other health risks among men. Results indicate that, adjusting for demographic characteristics, men with disabilities were more likely to report lifetime IPV than men without disabilities and, among those reporting any lifetime IPV, men with disabilities were more likely to report past-year IPV than both nondisabled men and women. With few exceptions, comparisons of health indicators revealed that men with disabilities reporting lifetime IPV were more likely than other men to report poor health status and to report engaging in health risk behaviors. Directions for future research and programmatic and policy implications of these results are discussed.

2013

Divin, C., Harrison, T., & Volker, D.L. (2013). **Intimate partner violence in Mexican-American women with disabilities: A secondary data analysis of cross-language research.** *Advances in Nursing Science, 36*(3), 243-57.

Available in full-text at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3733476/pdf/nihms488927.pdf>.

PMID: 23907305

ABSTRACT: The aim of this qualitative descriptive study, guided by Antonovsky's salutogenic model, was to explore the manifestations of strength within the interviews of Spanish-speaking Mexican-American women aging with mobility impairments who also experienced intimate partner violence (IPV). IPV events gleaned from 26 audiotaped interviews from 7 Spanish-speaking Mexican-American women, who ranged in age from 55 to 75 years, constituted the sample for this secondary analysis. Five categories were identified: abuse from early on that shaped sense of coherence; violencia tan cruel--threatened sense of coherence; "salutogenic" choices within the context of IPV; a quest for peace; and strength amid struggle.

2012

Ballan, M.S., & Freyer, M.B. (2012). **Self-defense among women with disabilities: An unexplored domain in domestic violence cases.** *Violence Against Women, 18*(9), 1083-107.

PMID: 22996630

ABSTRACT: Women with disabilities are frequent victims of domestic violence, yet scant research has examined self-protective mechanisms that could mitigate this abuse. This article reviews prevalence and types of intimate partner violence against women with disabilities and explores the factors that leave this population at higher risk for abuse than nondisabled women. Barriers to self-protection against domestic violence for women with diverse disabilities are highlighted and the use of nonfatal force as self-defense is explored. A case example and considerations for enhancing self-protection strategies for women with disabilities experiencing intimate partner violence are provided.

2011

Anderson, M.L., & Leigh, I.W. (2011). **Intimate partner violence against Deaf female college students.** *Violence Against Women, 17*(7), 822-34. PMID: 21676984

ABSTRACT: It has been estimated that roughly 25 percent of all Deaf women in the United States are victims of intimate partner violence (Abused Deaf Women's Advocacy Services [ADWAS]), a figure similar to annual prevalence rates of 16 percent to 30 percent for intimate partners in the general population. One goal of the present study was to ascertain the prevalence of intimate partner violence victimization in a sample of Deaf female college students. When comparing the prevalence of physical assault, psychological aggression, and sexual coercion victimization to hearing female undergraduates, the current sample was approximately two times as likely to have experienced victimization in the past year.

2009

Barrett, K.A., Carlson, B.L., O'Day, B., & Roche, A. (2009). **Intimate partner violence, health status, and health care access among women with disabilities.** *Women's Health Issues, 19*(2), 94-100. PMID: 19272559

ABSTRACT: BACKGROUND: Evidence suggests that intimate partner violence (IPV) against women with disabilities is more pervasive than against women without disabilities. However, little is known about the relationship between IPV, health status, and access to care among women with disabilities. OBJECTIVES: This study 1) describes the prevalence of IPV among women with disabilities and compares IPV prevalence among women with and without disabilities, 2) examines if health status and health care access differ between women with disabilities experiencing IPV and those not experiencing IPV, and 3) examines the association between IPV, health status, and health care access among women with disabilities. METHODS: We conducted secondary analyses of data from 23,154 female respondents to the 2006 Behavioral Risk

Factor Surveillance System in 7 states administering the IPV module in 2006. Of these respondents, 6,309 had a disability. We performed chi(2) and logistic regression analyses to address the study objectives. RESULTS: Women with disabilities are significantly more likely to have experienced IPV as compared with those without disabilities (33.2 percent and 21.2 percent, respectively). Women with disabilities who have experienced IPV are 35 percent less likely to report their health as good to excellent and are 58 percent more likely to report an unmet health care need owing to cost than their disabled counterparts not experiencing IPV, when holding selected sociodemographic factors constant. IMPLICATIONS: Practitioners should be aware of the increased risk of IPV among women with disabilities and its association with health status and access to health care. Practitioners, policy makers, and disability advocates should work together to remove barriers to accessing the health care system for women with disabilities, particularly those experiencing IPV.

2008

Barranti, C.C., & Yuen, F.K. (2008). **Intimate partner violence and women with disabilities: Toward bringing visibility to an unrecognized population.** *Journal of Social Work in Disability & Rehabilitation*, 7(2), 115-30.

PMID: 19042305

ABSTRACT: Although women with disabilities experience abuse at alarming rates, research exploring the unique experiences and the dimensions of intimate partner violence (IPV) in the lives of women with disabilities is in its infancy. This article attempts to highlight multidimensional factors for consideration in addressing the needs of women with disabilities who are victims of abuse and violence. Risk factors related to the vulnerability that disabilities pose for IPV victimization are explored in relation to consequent limitations of the traditional models of domestic violence. Feminist disability theory as a viable theory for framing meaningful research and informing effective and accessible prevention and intervention for women with disabilities who are victims of IPV is introduced.

Brownridge, D.A., Hiebert-Murphy, D., & Ristock, J. (2008). **The high risk of IPV against Canadian women with disabilities.** *Medical Science Monitor*, 14(5), PH27-32.

Available in full-text through publisher at <https://www.medscimonit.com/download/index/idArt/855739>.

PMID: 18443559

ABSTRACT: BACKGROUND: Mounting evidence suggests that women with disabilities have a particularly high risk of experiencing violence by an intimate partner. This study examined the elevated risk for male-female intimate partner violence (IPV) against women with disabilities compared to women without disabilities across three large-scale Canadian surveys. An explanatory framework was tested that organized risk markers based on whether they referred to the context of the relationship between the couple (relationship factors), the victim (victim-related characteristics), or the perpetrator (perpetrator-related characteristics). MATERIAL/METHODS: The data employed in this study were from three surveys collected by Statistics Canada: the 1993 Violence Against Women Survey, and the 1999 and 2004 iterations of the General Social Survey. Descriptive analyses consisted of cross-tabulations with Chi-square tests of significance. Logistic regression was used to calculate zero-order odds ratios and to perform multivariate analyses. RESULTS: A pattern was found in which women with disabilities reported a significantly higher prevalence of violence than those without disabilities. The perpetrator-related characteristics were the only variables that reduced the elevated odds of violence against women with disabilities. Partners of women with disabilities were more likely to engage in patriarchal domination as well as possessive and jealous behaviors. CONCLUSIONS: The apparent importance of perpetrator-related characteristics (e.g., jealousy) suggests that future research should include a focus on what it is about the context of disability that makes these men more likely to engage in behaviors that are associated with IPV perpetration. Population-based efforts, professionals working with women who are victims, and professionals working with male perpetrators need to pay attention to the role of disability in IPV.

2006

Cohen, M.M., Du Mont, J., Forte, T., Hyman, I., & Romans, S. (2006). **Adding insult to injury: Intimate partner violence among women and men reporting activity limitations.** *Annals of Epidemiology, 16*(8), 644-51.

PMID: 16516492

PURPOSE: Women with activity limitations (ALs) are at risk for Intimate partner violence (IPV). This study examined IPV in men versus women with ALs. **METHODS:** Data from the Canadian 1999 General Social Survey compared physical, sexual, emotional, and financial IPV from a current/ex-partner in 5 years for men and women with ALs compared with those without ALs. Logistic regression examined sex differences in IPV among those with ALs, adjusting for sociodemographic factors. **RESULTS:** Rates of physical (11.9 percent versus 7.8 percent; $p < 0.0001$), sexual (3.5 percent versus 1.4 percent; $p < 0.0001$), emotional (27.1 percent versus 17.7 percent; $p < 0.0001$), and financial (7.5 percent versus 3.4 percent; $p < 0.0001$) IPV were greater in women with compared with without ALs. A similar pattern was seen for men, with greater rates of physical (9.2 percent versus 6.6 percent; $p = 0.006$), emotional (22.6 percent versus 18.2 percent; $p = 0.002$), and financial (2.6 percent versus 1.4 percent; $p = 0.005$) IPV in men with ALs than men without ALs. Risk factors for IPV included younger age, being divorced/separated or single, and having lower income and poorer health. Women with ALs were more likely than men to experience any IPV (29.1 percent versus 24.9 percent) and more severe and more incidents of IPV. In multivariable analysis, women were no longer at greater risk for "any IPV" after adjusting for sociodemographic variables (odds ratio = 1.09; 95 percent confidence interval, 0.88-1.36). **CONCLUSION:** This is the first study to document IPV rates in men with ALs. Women with ALs were more likely to be divorced/separated, living in poverty, and in poorer health than men with ALs. These factors accounted for sex differences in IPV rates.

Copel, L.C. (2006). **Partner abuse in physically disabled women: A proposed model for understanding intimate partner violence.** *Perspectives in Psychiatric Care, 42*(2), 114-29.

PMID: 16677135

ABSTRACT: PROBLEM: Physically disabled women are a population at significant risk for intimate partner violence. **METHOD:** This study used a qualitative research design to address the abuse experience of physically disabled women. **FINDINGS:** The participants identified multiple incidences of abuse, focusing on how the abuse began, proceeded, and terminated. A model was constructed to depict the abuse experience. The progression of abuse triggers, responses of the women, the abuse episode, the after-effects, and the slow return to usual routines were identified. **CONCLUSIONS:** A model, which is different from Walker's Cycle of Violence (Walker, 1979; 2000), was constructed to demonstrate the journey of women with disabilities through the abuse.



Quick Looks

Online Resources Related to Intimate Partner Violence, Domestic Violence, and People with Disabilities

The following are a selection of resources related to abuse, domestic and interpersonal violence, and healthy relationships for persons with disability:

If you are in immediate danger, call 9-1-1. For anonymous, confidential help, please call the National Domestic Violence Hotline at 800/799-7233 (V), 800/787-3224 (TTY), or for assistance with locating local domestic violence/intimate partner violence resources dial your local 2-1-1.

American Psychological Association Facts and Resources

Abuse of Women with disabilities: <https://www.apa.org/topics/violence/women-disabilities>.

Intimate Partner Abuse and Relationship Violence: <https://www.apa.org/about/division/activities/partner-abuse.pdf>.

Anxiety and Depression Association of America

Phone: 240/485-1001 (General Information)

Email: information@adaa.org.

Intimate Partner Violence – What Is It and What Does It Look Like? - <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/intimate-partner-violence-what-it-and-what-does>.

<https://adaa.org>.

Centers for Disease Control and Prevention – Intimate Partner Violence

Resources including factsheets, reports, etc.: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/resources.html>.

Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices:

<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

Sexual Violence and Intimate Partner Violence Among People with Disabilities:

<https://www.cdc.gov/violenceprevention/datasources/nisvs/svandipv.html>.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>.

Domestic Violence and Specific Populations: People with Disabilities

from Office for Prevention of Domestic Violence of New York –

<https://opdv.ny.gov/whatisdv/specificpops/peoplewdisab.html>.

End Abuse of People with Disabilities: A project of the Center on Victimization and Safety

Toll Free: 855/274-8222

cvs@vera.org.

Find Local Domestic Violence Resources by State through the U.S. Department of Justice:

<https://www.justice.gov/ovw/local-resources>.

National Association of County & City Health Officials – The Essential Elements of Local Health

Intimate Partner Violence and Disability-Specific Abuse: An Overlooked Issue and the Role of Local Health Departments - <https://essentialelements.naccho.org/archives/10544>.

<https://essentialelements.naccho.org>.

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The National Center on Domestic Violence, Trauma, & Mental Health

Phone: 312/726-7020 (V), 312/726-4110 (TTY)
Online contact form: <http://www.nationalcenterdvtraumamh.org/contact-the-center>.

Resources and Publications (including publications for advocates, agencies, and coalitions): <http://www.nationalcenterdvtraumamh.org/publications-products>.

Online Training & Resource Center: <http://www.nationalcenterdvtraumamh.org/trainingta>.
<http://www.nationalcenterdvtraumamh.org>.

National Coalition Against Domestic Violence

Contact Us Form: <https://ncadv.org/contact-us>.

Statistics: <https://ncadv.org/statistics>.

State Coalitions: <https://ncadv.org/state-coalitions>.

Domestic Violence and People with Disabilities: What to Know, Why It Matters, and How to Help: <https://ncadv.org/blog/posts/domestic-violence-and-people-with-disabilities>.

Domestic Violence and Disabilities: https://hope-eci.org/_documents/disabilities.pdf.

National Dating Abuse Helpline

Toll Free: 866/331-9474 (V), 866/331-8453

Online Chat: <https://tinyurl.com/r9hczut>.

Text: LOVEIS to 22522 (Message & Data Rates may apply on text for help services)

Resources (including Educator Toolkits) are available at <https://www.loveisrespect.org>.

Relationships 101: <https://www.loveisrespect.org/healthy-relationships>.

National Domestic Violence Hotline

Toll Free: 800/799-7233 (V), 800/787-3224 (TTY)

Online Chat (English/Spanish): <https://www.thehotline.org/what-is-live-chat>.

Online Searchable Domestic Violence Provider Database: <https://www.domesticshelters.org>.
<https://www.thehotline.org>.

National Domestic Violence Hotline Resources

Domestic Violence & People with Disabilities - <https://www.thehotline.org/is-this-abuse/domestic-violence-disabilities-2>.

What is Domestic Violence - <https://www.thehotline.org/is-this-abuse>.

What is a Healthy Relationship? - <https://www.thehotline.org/healthy-relationships>.

National Resource Center on Domestic Violence

Maintains the National Domestic Violence Hotline and offers publications including fact sheets, policy/practice briefs, technical assistance guidance documents, training materials, tool kits and more at <https://nrcdv.org/publications>.

Trainings: <https://nrcdv.org/training>.

The NRCDV Access Initiative: Documenting our progress towards greater accessibility – <https://nrcdv.org/?s=people+with+disabilities>.

National Sexual Assault Hotline

Toll Free: 800/656-4673

Online Chat: <https://tinyurl.com/qo5zvt9>.

Resources including handouts, toolkits, info cards, etc. (English/Spanish): <https://www.rainn.org/materials>.

Sexual Abuse of People with Disabilities: <https://www.rainn.org/articles/sexual-abuse-people-disabilities>.

<https://www.rainn.org>.

Office on Women's Health – womenshealth.gov

Domestic or Intimate Partner Violence: <https://www.womenshealth.gov/relationships-and-safety/domestic-violence>.

Violence Against Women with Disabilities: <https://www.womenshealth.gov/relationships-and-safety/other-types/violence-against-women-disabilities>.

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The Safer and Stronger Program

The Safer and Stronger Program is an Internet-based toolkit for abuse awareness, support, and safety planning. One is specialized to the abuse of male-identified individuals, the other to female-identified individuals. The programs feature people with diverse disabilities and identities speaking about their own abuse experiences. The tools can be used privately or in the company of a trusted person. They can also be used within a Center for Independent Living to support the safety and health of its members. This program was developed under several NIDILRR-funded Field Initiated grants (90IF0065/H133G130207, 90IF0108, H133G100237).

Contact: oschwald@pdx.edu.

Resources: <https://saferstronger.research.pdx.edu/solution/resources>.

<https://saferstronger.research.pdx.edu/solution/safer-stronger>.

Safety Planning for Domestic Violence Victims with Disabilities from the Washington State Coalition Against Domestic Violence (2010) –

https://thearc.org/wp-content/uploads/forchapters/Protocol_disability_safety_planning-rev-2010.pdf.

Safety Planning for Persons with Disabilities: An Advocate Guide from the Safety First Initiative –

<http://www.calcasa.org/wp-content/uploads/files/angie-blumel-advocate-guide-safety-planning-final-printer.pdf>.

SAMHSA-HRSA Center for Integrated Health Solutions

Information on intimate partner violence geared towards health. Website includes resources for clinicians/staff, organizations, patients/consumers/families, and stakeholders and policy makers.

<https://www.integration.samhsa.gov/clinical-practice/intimate-partner-violence>.

VAWnet: An Online Resource Library on Gender-Based Violence

Operated by NRCDV, VAWnet is an online network focused on violence against women and other forms of gender-based violence. VAWnet.org has been considered a comprehensive, go-to source of information and resources for anti-violence advocates, human service professionals, educators, faith leaders, and others interested in ending domestic and sexual violence.

Search results for people with disabilities: <https://vawnet.org/search?search=people%20with%20disabilities>.

<https://vawnet.org>.

Search Terms for Intimate Partner Violence, Domestic Violence, & PwD

- | | |
|---|--|
| 📖 Abuse | 📖 Computers |
| 📖 Access to Health Care | 📖 Conflict |
| 📖 Acculturation | 📖 Content Analysis |
| 📖 Activities of Daily Living | 📖 Context Effect |
| 📖 Adolescents | 📖 Control |
| 📖 Adults | 📖 Coping |
| 📖 Advocacy | 📖 Correlation |
| 📖 African Americans | 📖 Counseling/Techniques |
| 📖 Age Differences/Factors | 📖 Counselors |
| 📖 Aggression | 📖 Crime/Prevention/Victims |
| 📖 Alcohol Abuse | 📖 Criminals |
| 📖 Alcoholism | 📖 Cross-Cultural Studies |
| 📖 American Indians | 📖 Cross-Sectional Studies |
| 📖 Amputees | 📖 Cultural Awareness/Context/Influences |
| 📖 Antisocial Behavior | 📖 Curriculum/Evaluation |
| 📖 Artificial Limbs | 📖 Data Collection |
| 📖 Asian Americans | 📖 Databases |
| 📖 Assessment | 📖 Dating (Social) |
| 📖 At-Risk Persons | 📖 Deaf |
| 📖 Attendant Care | 📖 Deaf/Blind |
| 📖 Attitudes | 📖 Demographics |
| 📖 Attribution Theory | 📖 Depression |
| 📖 Awareness | 📖 Developmental Disabilities |
| 📖 Barriers | 📖 Disabilities |
| 📖 Battered Women | 📖 Domestic Violence |
| 📖 Behavior | 📖 Drug Use |
| 📖 Behavior Modification | 📖 Educational Needs |
| 📖 Capacity Building | 📖 Emotional Disturbances/Response |
| 📖 Caregivers | 📖 Ethics |
| 📖 Case Management | 📖 Ethnic Groups |
| 📖 Case Method/Studies | 📖 Evaluation Methods |
| 📖 Caseworker Approach | 📖 Evidence |
| 📖 Caseworkers | 📖 Experience |
| 📖 Change Strategies | 📖 Family Characteristics/Environment |
| 📖 Children | 📖 Family Violence |
| 📖 Chronic Illness | 📖 Focus Groups |
| 📖 Client Characteristics (Human Services) | 📖 Foreign Countries |
| 📖 Clinics | 📖 Forensic Pathology |
| 📖 Coercion | 📖 Gender |
| 📖 College/Students/Graduates | 📖 Gender Bias/Differences/Identity |
| 📖 Communication Strategies | 📖 Graduate Study/Survey |
| 📖 Community Organizations | 📖 Health/Education/Knowledge/Services/Status |
| 📖 Community-Based Services | 📖 Surveys |
| 📖 Comorbidity | 📖 Hearing Impairments |
| 📖 Comparative Analysis | 📖 Help Seeking/Behavior |

Search Terms for Intimate Partner Violence, Domestic Violence, & PwD Continued....

- | | |
|---|---|
| 📖 High Risk Students | 📖 Nursing Education |
| 📖 Hispanic Americans | 📖 Older Adults |
| 📖 Home Visits | 📖 Outcomes |
| 📖 Homicide | 📖 Pain |
| 📖 Homosexuality | 📖 Participatory Research |
| 📖 Human Services | 📖 Patient Education |
| 📖 Identification | 📖 People with Disabilities |
| 📖 Incidence | 📖 Personal Assistance Services |
| 📖 Inclusion | 📖 Personal Narratives |
| 📖 Information Resources | 📖 Phenomenology |
| 📖 Injuries | 📖 Physical Disabilities |
| 📖 Innovation | 📖 Physical Health/Therapy |
| 📖 Intellectual Disabilities | 📖 Physicians |
| 📖 Interpersonal Communication/Relations/
Relationships | 📖 Pilot Projects |
| 📖 Intervention | 📖 Planning |
| 📖 Interview/ Methods | 📖 Policy/Formation |
| 📖 Intimacy | 📖 Posttraumatic Stress Disorder (PTSD) |
| 📖 Intimate Partner Violence (IPV) | 📖 Power Structure |
| 📖 Jurisprudence | 📖 Predictor Variables |
| 📖 Knowledge | 📖 Pregnancy |
| 📖 Lacerations | 📖 Prevalence |
| 📖 Latinx | 📖 Prevention |
| 📖 Law Enforcement | 📖 Professionals |
| 📖 Legislation | 📖 Program Effectiveness/Evaluation |
| 📖 Life Change Events | 📖 Programs |
| 📖 Literature Reviews | 📖 Psychiatric Disabilities |
| 📖 Longitudinal Studies | 📖 Psychological/Evaluation/Factors/Patterns |
| 📖 Low/Middle-Income Countries/Households | 📖 Psychometrics |
| 📖 Mass Media | 📖 Psychosis |
| 📖 Masters Programs | 📖 Public Agencies |
| 📖 Measures | 📖 Public Health |
| 📖 Medical Education | 📖 Qualitative Research |
| 📖 Men's Health | 📖 Quality of Life |
| 📖 Mental Disorders | 📖 Questionnaires |
| 📖 Mental Health | 📖 Racial Differences |
| 📖 Middle Aged | 📖 Rape |
| 📖 Military Personnel/Families | 📖 Referral/Consultation |
| 📖 Minority Groups | 📖 Regression (Statistics) |
| 📖 Mobility/Aids/Disabilities | 📖 Rehabilitation |
| 📖 Models | 📖 Reproductive Health |
| 📖 Motor Activity | 📖 Responsibility |
| 📖 Multiple Regression Analysis | 📖 Risk/Factors |
| 📖 Multivariate Analysis | 📖 Role Playing |
| 📖 Needs Assessment | 📖 Safety |
| | 📖 Screening/Tests |

Search Terms for Intimate Partner Violence, Domestic Violence, & PwD Continued....

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|---|----------------------|
| 📖 Self-Efficacy | 📖 Victims |
| 📖 Self-Injurious Behavior | 📖 Violence |
| 📖 Semi-Structured Interviews | 📖 Visual Impairments |
| 📖 Severity (of Disability) | 📖 War |
| 📖 Sex Characteristics | 📖 Weapons |
| 📖 Sex/Factors/Offenses | 📖 Welfare Services |
| 📖 Sexual Abuse/Assault/Harassment | 📖 Well-Being |
| 📖 Sexual Orientation | 📖 Wheeled Mobility |
| 📖 Sexual Partners | 📖 Women's Health |
| 📖 Sexuality | 📖 World Views |
| 📖 Significant Other | 📖 Young Adults |
| 📖 Social Attitudes/Bias/Influences/Justice/
Problems | |
| 📖 Social Media | |
| 📖 Social Support/Groups | |
| 📖 Social Work/Worker(s) | |
| 📖 Socioeconomic Factors | |
| 📖 Speech Impairments | |
| 📖 Spousal Abuse | |
| 📖 Spouse | |
| 📖 Statistical Analysis | |
| 📖 Stigma | |
| 📖 Strategic Planning | |
| 📖 Stress | |
| 📖 Stress Management | |
| 📖 Student Attitudes/Characteristics/Needs | |
| 📖 Students | |
| 📖 Students with Disabilities | |
| 📖 Substance Abuse | |
| 📖 Suicide | |
| 📖 Surveys | |
| 📖 Survivors | |
| 📖 Symptoms | |
| 📖 Test Reliability/Validity | |
| 📖 Therapy | |
| 📖 Training/Methods | |
| 📖 Trend Analysis | |
| 📖 Undergraduate Students | |
| 📖 Unemployment | |
| 📖 United Kingdom | |
| 📖 United States | |
| 📖 Universities | |
| 📖 Urban Areas | |
| 📖 Vaginal Injuries | |
| 📖 Verbal Communication | |

About reSearch:

reSearch is an information product from the National Rehabilitation Information Center (NARIC). Each issue is based on real-world queries received by our information specialists from researchers, educators, and rehabilitation professionals around the world.

We search several sources both in-house and online, to fill these requests including:

 REHABDATA and the NIDILRR Program database


 Education Resources Information Center

 National Clearinghouse of Rehabilitation Training Materials

 Campbell and Cochrane Collaborations

 PubMed and other National Library of Medicine databases

 Agency for Health Care Policy and Research databases

 and other reputable, scholarly information resources.

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