uring the past 20 years, there has been an increase in attention and research focusing on violence against women (National Research Council, 1996). However, very little attention and research has focused on violence against women with disabilities (Nosek, 1996). We have conducted research that suggests women with disabilities experience the same prevalence of abuse as women without disabilities. Research exploring differences between women with and without disabilities has identified that women with disabilities are more likely to remain in abusive relationships for longer periods of time and to be abused by health care providers (Nosek, Howland, & Young, 1997). However, specific details regarding the nature of abuse perpetrated against women with disabilities requires further exploration.

In this study, we selected a qualitative research methodology as a way to explore, interpret, and evaluate the personal narratives of women with disabilities about their experiences with violence and abuse. Qualitative research is a paradigm with the potential for advancing the knowledge of service providers working with persons with serious illnesses, injuries, or
disabilities (Shontz, 1989; Spencer, 1993). This methodology also has been used specifically to invite battered women to both understand for themselves and interpret for others their experiences with violence, experiences that others may not always believe (Lempert, 1992). The rigorous qualitative interviews for this study provided the depth and breadth of information needed for the development of subsequent portions of this project. It was important first to identify the risks and protective factors related to abuse, the barriers to seeking help, and the helpfulness of available community resources for battered women.

METHOD

Procedures

Participation in the study was limited to women who 1) were between the ages of 18 and 65 years old, 2) had a physical disability limiting one or more major life activities, including mobility and self care/home management, 3) had no known cognitive impairments or mental health problems that would significantly impair their ability to respond to the questions during an interview, and 4) self-reported that they had past experience with
abuse or violence, and specifically that they had been out of the violent or abusive situation for at least six months. We had originally proposed to interview 15 women with physical disabilities who had received services from the Houston Area Women's Center (HAWC), an organization with a peer counseling program designed for abused women with disabilities. When that method of recruitment proved to be less than adequate, we extended our recruitment strategies to include women from the community. Thus, participants were recruited from HAWC (79%), college counseling centers (14%), and a disability-related organization (7%). We closed the recruitment period when it was determined that we had sufficient preliminary descriptive findings to guide the quantitative study that followed.

The interviews were conducted by two doctoral-level mental health professionals who were highly experienced in the science of qualitative interviewing techniques, and who had personal experience with physical disability. The goal of each interview was to have the participant tell her story as completely and as naturally as possible. The interview guide suggested

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open-ended questions that could be used to elicit the desired information.

- Describe the events leading up to the most recent abusive incident(s). What were the circumstances?
- Describe the perpetrator(s), including their relationship to you (if any).
- Describe what happened during the incident(s).
- Describe what happened after the abuse occurred. Was it reported? Was any legal action taken? What were the results?
- Describe how the abusive incident(s) have affected your current physical or emotional health. Has it produced any changes in your relationships, living situation, or working situation?
- In what ways, if any, do you feel that having your disability contributed to the situation in which the abuse occurred (e.g., inability to escape, dependency on caregiver, communication difficulties)?
- When was the first time you thought about seeking help? What prompted you to seek help? What did you do? Did anything or anybody prevent you from seeking help?
- Have you ever left an abusive relationship and returned? What were your reasons for returning?
- When you were growing up, was there violence or abuse in your family?
- Have you received counseling or other support services? If so, have they been helpful?

Interviews were conducted in a location of each woman's choosing (the woman’s home, in an office at CROWD, or at the Houston Area Women’s Cen-
ter (HAWC) to maximize her sense of safety. Informed consent was obtained and referrals made for additional counseling or services as indicated. Each participant was paid $25 for completing the interview.

**Qualitative Data Analysis**

Each interview was tape-recorded and transcribed verbatim, with the accuracy of the transcription verified by the interviewer. Field notes providing information on the context of the interview and the interviewer's impressions were included with the transcripts for analysis. Analysis was conducted using NUD*IST (Non-numerical Unstructured Data Indexing Searching and Theorizing), a computer-assisted program for qualitative data analysis (Sage Publications Software, 1995). For this study, an index tree was developed containing approximately 400 hierarchical "nodes" or thematic codes. Parent nodes consisted of: 1) demographics (including age, disability, functional limitations, socioeconomic status, and children), 2) abuse variables (including type of abuse, duration of abuse, and type of perpetrator), 3) reports of the abuse that were made to family members and non-family (including teachers, friends, doctors, counselors, church members, and public services such as 911 and police), 4) help-seeking, self-protection, and escape actions taken, and 5) barriers to getting help. Multiple effects of the abuse were documented, including physical, emotional, social, and lifestyle effects. In addition to individual case descriptions, NUD*IST permitted an in-depth examination of each theme as it cut across all 14 participants.

**Description of the Sample**

All 14 participants were women with physical disabilities between the ages of 18 and 65, who had experiences with abuse or violence, and had been
out of the violent or abusive situation for at least six months. The mean age of the sample was 38 years, with ages ranging from 21 to 58. The sample consisted of women who were Caucasian (43%), African American (36%),
Hispanic (7%), and two members of other ethnic groups (14%). Five of the women had childhood-onset disability, and nine women acquired their disabilities as adults. Physical disabilities represented among the women included: cerebral palsy, diastrophic dwarfism, joint and connective tissue disease, scoliosis, spina bifida, spinal cord injury, and stroke. Seven of the women were single, five were married, and two of the women did not disclose their marital status.

RESULTS

During the qualitative study we received valuable information about violence against women with disabilities. For the purposes of this report, these results can be best summarized into the five parent nodes (or variables) identified earlier.

Abuse variables (type of abuse, duration of abuse, and type of perpetrator): All of the participants in this study had been physically, verbally, and/or sexually abused by various men or women, and often by more than one person. None of the participants were in current abusive situations. The perpetrators included fathers, boyfriends,

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husbands, strangers, stepparents, extended family members, foster parents, children, family friends, and health care workers. The sexual and physical abuse included: rape, rape with objects, incest, date rape, forced unwanted acts, forced prostitution at a young age, severe beatings that often led to broken bones or hospitalization, fondling, being pushed out of cars, being hit with objects including a jackhammer, and being shot at, knifed, choked, and drugged. Bearing witness to the women’s stories of sexual and physical violence brought our research staff face to face with the human capacity for imposing terror, isolation, and victimization. For example, one twenty-three year-old Caucasian woman who had spina bifida and used a wheelchair reported that she had been sexually abused by a boyfriend who reminded her of her violent and abusive father. The boyfriend tried to make her perform unwanted sexual acts, but he was unsuccessful. When the woman was young, her father shot a gun at her mother, which was traumatizing for both. Wearing no clothes, he also entered her room at nights to bring her water, exposing himself to her. The stories of sexual abuse were horrific, such as the 35 year-old married woman with lupus and other health conditions who

For example, one twenty-three year-old Caucasian woman who had spina bifida and used a wheelchair reported that she had been sexually abused by a boyfriend who reminded her of her violent and abusive father.
said that her childhood abuse was not as devastat-
ing as being fondled by a preacher she had come to trust. Another example of terror involved a 58-
year-old Hispanic woman with lupus, who had been diagnosed with depression and other dis-
abling health conditions. This woman reported that she had been raped four times and that her hands had been broken by her husband. She stated that she believed the violence could have contrib-
uted to the development of health problems and her disabilities, which were all adult-onset. She also shared that she wasn’t able to cope with her depression and disabilities and went to one session at a local shelter for women, but didn’t return be-
cause, it was too upsetting and the transportation was a problem. Another woman - a 41-year old African-American woman with lupus - had sought help for her disability, depression, and abuse from a boyfriend through a county hospital and received counseling, but felt violated when her male coun-
selor attempted to become intimate with her. Fi-
ally, a woman with arthritis talked about her per-
petrator: “Well, he hit me. I, I was in the bathtub. He hit me in the back, and the arthritis was already there, and he was like jerking me around, and that could easily pull my spine out of line or anything.
You know, being all emotionally upset. Arthritis is triggered by a lot of things. You know, it’s an autoimmune. I know a lot about my condition. It's an autoimmune disease, and you know, the body attacks itself, and when you get upset it's worse. It's worse. Stress, I was continually under stress…”

Emotional abuse of the women included: isolation from others; terrorized by unpredictable behaviors that could lead to beatings; threats of retaliation; denigration; abandonment; being yelled at and threatened; witnessing household things being broken; losing control of money; money being spent on drugs or alcohol while the family went hungry; being denied medical treatment; being denied transportation; and having money for medications withheld. The duration of abuse ranged from isolated events to recurring abusive relationships over twenty-year spans.

Reports of abuse: Incidents were reported to mothers, grandmothers, teachers, friends, doctors, counselors, 911, police, church members, and various family members. Sometimes the reports were acted upon, sometimes not.

Help Seeking, Self-protection, and Escape
Actions: Each woman had found a safe place and sought help to escape or learned to cope with past abuse in many different ways. Seven of the women (50%) in this study had recently completed a college degree or had returned to college at the time of the interviews and were proud of their accomplishments. Some inferred that college was part of their recovery.

Barriers to Getting Help: The primary barriers to seeking help for the violence and abuse included fear of retribution, health problems, lack of mobility and/or transportation, and schedule conflicts. One 41-year old single mother identified several barriers to escaping the abuse: loyalty to family and a belief that marriages and families are "expected" to stay together, her weight, and blaming herself for the violence. The most outstanding pattern that emerged to prevent women in this study from seeking help was one of fear. Women were afraid to seek help or tell other people about their abuse for the fear of retaliation from the perpetrator. Spirituality and/or a religious faith emerged as the strongest theme in the women’s recovery.

Risk Factors: Factors that could increase the risk of participating in abusive relationships
stemmed from childhood. These risk factors included exposure to physical, sexual, verbal, and emotional abuse by parents, family members, or authority figures. The more severe the abuse in childhood, the more difficult it appeared for a woman to break the cycle of relationships with perpetrators. Disability as a risk factor for abuse was difficult to access because only five of the participants were born with disability or had childhood-onset of disability. The other nine participants were involved with abusive situations before the onset of their disabilities. Abuse as a risk factor for disability was much easier to discern. At least one woman’s physically disabling health condition could be directly attributed to abusive beatings, but the stress of the abusive situations was thought by all of the women, to aggravate their physical disabilities. Other participants said that they felt the stress of their abusive relationships had aggravated their disabilities.

Several patterns emerged that suggested risk factors for abuse. These risk factors could be broken down into two categories: childhood risk factors (leading to first an abusive relationship with a partner outside the family), and adulthood risk factors (issues that make it difficult for a woman to
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escape abusive relationships and /or break the cycle of love/abuse). Factors in adulthood that are associated with the continuation of abusive relationships included the abuse of alcohol and other drugs, lack of education, untreated depression, and mental illness. Five of the women in this study reported that they had abused alcohol and/or other drugs during periods of their lives, but they were sober at the time of the interview. Several of these five women said that some family members also abused substances. Alcohol and/or other drug abuse appeared to play a strong role in abuse by keeping women from acquiring the help they needed to escape abusive situations, or it was used as an emotional escape from the pain of abuse.

The other nine participants did not discuss whether or not they personally abused alcohol and/or other substances. The women who were involved in the most severe abusive relationships were the least educated. Without jobs, they had not been able to support themselves or pursue adequate medical care, safer neighborhoods, or other resources that might improve their quality of life. Eight of the fourteen women reported that experiences with depression served as a barrier to seeking help. One woman associated abuse with feelings of unwor-

Eight of the fourteen women reported that experiences with depression served as a barrier to seeking help.
“That’s what kept me getting abused. That’s the thing that kept me. I kept finding a way that I was being bad, you know, inside, that I wasn’t worthy.” Only two women in this study reported diagnoses of mental illness (bipolar and dissociative disorders), and they described situations where their mental illness put them at risk for abuse.

To combat abuse, several resources were discovered that could decrease the risk of abuse if implemented. Interventions by people in institutional settings, such as doctors, nurses, and social workers in hospitals, and officers of law enforcement, were especially pertinent. Interventions by employers and family members were also helpful.

Conclusion

The qualitative findings from this study provided valuable information about the nature of abuse against women with disabilities and consequences of abuse. Abuse variables including type of abuse, perpetrator, and duration of abuse provided the raw reality of the horrors that these women experienced. Many women reported that they believed the violence exacerbated their disabilities and caused secondary conditions such as depression. The women in this sample were able
to seek help and successfully leave their abuser. Spirituality emerged as the strongest theme in the women’s recovery from abuse. In addition, 50% of the women in this sample had obtained college degrees or returned to college at the time of the interview. This could also be described a self-protection from future abuse as a means to increase independence. The primary barriers for getting help for the abuse included the fear of retribution, the woman’s health, lack of mobility and/or transportation, and schedule conflicts. Risk factors for abuse included exposure to violence in childhood. Disability as a risk factor for abuse was difficult to discern as the majority of participants had a disability onset beginning in adulthood. However, abuse was more clearly identified as a risk factor for exacerbating or causing disabilities and secondary conditions. Due to the potential for harm to the women, we interviewed only women who had been out of abusive relationships for over six months. It is possible that this inclusion criterion limits the generalization of the findings to a reduced sample of women with disabilities who experience abuse. In light of these limitations, this is also a strength. By exploring the situation of women with disabilities who successfully leave abusive relationships, we can help other women with disabilities to make changes and protect their safety.
References


