

Prevalence of Abuse of Women With Physical Disabilities

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ABSTRACT. Young ME, Nosek MA, Howland C, Chanpong G, Rintala DH. Prevalence of abuse of women with physical disabilities. *Arch Phys Med Rehabil* 1997;78 Suppl 5:S-34–S-38.

Objective: Emotional, physical, and sexual abuse of women with physical disabilities is a problem largely unrecognized by rehabilitation service providers. This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities.

Design: Case-comparison study using written survey. Data were analyzed using χ^2 analyses and the Mann-Whitney *U* Wilcoxon rank sum *W* tests.

Setting: General community.

Participants: A sample of 860 women, 439 with physical disabilities and 421 without physical disabilities, was compiled from women responding to a national sexuality survey.

Main Outcome Measures: The women were asked if they had ever experienced emotional, physical, or sexual abuse. If they answered yes, they were asked to identify the perpetrator(s) of the abuse and when the abuse began and ended.

Results: Sixty-two percent of both groups of women had experienced some type of abuse at some point in their lives. Of women who had experienced abuse, half of each group had experienced physical or sexual abuse. Husbands or live-in partners were the most common perpetrators of emotional or physical abuse for both groups. Male strangers were the most common perpetrators of sexual abuse for both groups. Women with physical disabilities also were more likely to be abused by their attendants and by health care providers. Thirteen percent of women with physical disabilities described experiencing physical or sexual abuse in the past year.

Conclusions: Women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. Women with physical disabilities are more at risk for abuse by attendants or health care providers. They are also more likely to experience a longer duration of abuse than women without physical disabilities.

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My husband would get angry when I refused to have sex and he would continue to yell at me and grab me until I just gave in to shut him up. He would exert control over me by preventing me from leaving rooms, throwing or breaking my crutches. Once he cut my clothes off me while I slept. We sought individual counseling and things are much better now as we both understand the origin of these issues.

—**Report of 38-year-old woman with spina bifida describing sexual abuse by husband that lasted 6 years.**

Physical abuse (no physical damage, but small hits, stepping on toes purposely, hands around throat, rough assistance in transfers) lasted about 2 years. I let it continue, in large part due to access problems where we lived, and length of relationship. I spoke with close friends about it and ended it by forcing him to move out. At first I accepted it as "playful," but it hurt and I demanded that it stop. It did not stop.

—**Report of 42-year-old woman with muscular dystrophy describing physical abuse by live-in attendant that lasted about 2 years.**

REHABILITATIONISTS may believe that women with physical disabilities are less likely to experience emotional, physical, or sexual abuse than women without physical disabilities. Rehabilitationists may also believe that they are not responsible for screening for and responding to abuse experienced by their clients or patients. This article documents the prevalence of abuse of women with physical disabilities compared to women without physical disabilities and examines the most likely perpetrators of abuse and the duration of the abuse.

Physical and sexual abuse of women is epidemic in America. An estimated 8 to 12 million women in the United States are at risk for abuse, meaning they will be abused by a current or former partner at some time during their lives.¹ Studies conservatively indicate that each year two million women are assaulted by their partners, and national experts estimate that the true prevalence of battering of women is at least twice that figure.² Although prevalence reports vary widely because of differences in definitions used and populations studied, estimates of the prevalence of domestic violence for women living in the United States range from 0.3% to 4% for severe violence and 8% to 17% for total violence in the past year. Estimates of lifetime occurrence range from 9% for severe violence and 8% to 22% for total violence.³

Although the prevalence of abuse among women in general has been fairly well documented,^{4,5} only a few studies⁶ have examined the prevalence of abuse among women with disabilities. The DisAbleD Women's Network of Canada surveyed 245 women with disabilities and found that 40% had experienced abuse and 12% had been raped.⁷ Perpetrators of the abuse were primarily spouses, including ex-spouses (37%) and strangers (28%), followed by parents (15%), service providers (10%), and dating partners (7%). Less than half of these experiences were reported, mostly because of the women's fear and dependency.

In 1992, the Center for Research on Women with Disabilities (CROWD) was funded by the National Institutes of Health

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(NIH) to study the broad range of sexuality issues facing women with physical disabilities. The study began with a qualitative interview study of 31 women with physical disabilities. The qualitative data analysis resulted in five thematic domains of concern to this group: (1) sense of self; (2) relationships; (3) barriers, including environmental and attitudinal barriers as well as emotional, physical, and sexual abuse; (4) sexuality information; and (5) health and sexual functioning. The theme of abuse arose so often and with such intensity that it was impossible to ignore it as a factor that substantially affected the sexual functioning and self-esteem of the women interviewed. Twenty-five of the 31 women reported being abused in some way.⁸ Of 55 separate incidences of abuse, 15 were reported as sexual abuse, 17 were physical (nonsexual) abuse, and 23 were emotional abuse. More than one third of the women had experienced sexual abuse. Among the 15 experiences reported, there was considerable variety in the type of sexual abuse, including fondling (3), coerced sexual activity (3), forced oral sex (1), sexual assault (5), and rape (3). Six of these experiences occurred in childhood, six in teen years, and three in adulthood. The majority were single incidents. Of the four experiences that extended over months or years, three involved abuse by a relative. Six experiences were determined to be disability-related, including inability to escape a situation because of architectural inaccessibility, lack of adaptive equipment, social stereotypes of vulnerability, increased risk in institutional settings, and impaired judgment associated with traumatic brain injury. It was obvious from these examples in our study that women with disabilities faced some unique risk factors that made them susceptible to physical or sexual abuse. These risk factors included inability to leave an abusive situation because of mobility impairments or dependency on a caregiver, and increased perceived vulnerability because of physical, mental, and emotional limitations.

Emotional, physical, or sexual abuse in medical settings was also identified by the research team as a serious problem for women with physical disabilities.⁹ For example, one participant with juvenile rheumatoid arthritis reported being sexually abused while in a hospital for surgery at age 7. Her disability required her to be hospitalized frequently, thereby increasing her vulnerability to the abuses that are more common in institutionalized settings. Such experiences may have a lifelong traumatic effect on the reproductive health maintenance practices of women with physical disabilities.

This article focuses on the results from the second phase of this study, a survey of women with and without physical disabilities designed to answer the following quantitative research questions:

- Do significantly more women with physical disabilities experience emotional, physical, or sexual abuse than women without physical disabilities?
- Do significantly more women with physical disabilities experience abuse by certain categories of perpetrators after onset of disability than women without physical disabilities?
- For women who experience abuse that lasts longer than a single incident, does duration of abuse differ significantly for women with and without physical disabilities?

METHOD

The second phase of this study was an extensive assessment of the sexuality of women with physical disabilities, covering multiple areas of concern such as sexual functioning, reproductive health care, dating, marriage, and parenting issues, and developmental issues such as family influences and a woman's sense of self as a sexual person, in addition to the abuse assessment. Data were collected by means of a survey based on the

findings from the qualitative study. With the assistance of national and local advisors, including consumers, researchers, medical professionals, social workers, and educators, the research team developed a questionnaire that represented all the primary themes from the qualitative study and issues raised in the literature. The questionnaire was given to 10 women with physical disabilities, revised, then pilot-tested on a sample of 44 women with physical disabilities chosen to represent various categories of racial, socioeconomic, educational, marital, and sexual orientation status. Each woman was asked to recruit a nondisabled woman friend to complete the questionnaire as well, producing a comparison sample of 33 women. Based on the results of the pilot test and input from advisors, the questionnaire was again revised.

The final version of the questionnaire consisted of 311 items containing 1,011 variables. Domains of inquiry reflected the five thematic groups identified in the qualitative study (sense of self, relationships, barriers, information, and health and sexual functioning), as well as disability status, psychological factors, social factors (demographics and social attitudes), and environmental factors related to sexuality. Special effort was made to use gender-neutral language in reference to romantic partners to accommodate women who were homosexual or bisexual. Two pages of the 51-page national survey were devoted to abuse issues, encompassing more than 80 variables and including two open-ended questions. Women were asked if they had ever experienced emotional, physical, or sexual abuse. Emotional abuse was defined as being threatened, terrorized, corrupted, or severely rejected, isolated, ignored, or verbally attacked.^{10,11} Physical abuse was defined as any form of violence against her body, such as being hit, kicked, restrained, or deprived of food or water.¹² Sexual abuse was defined as being forced, threatened, or deceived into sexual activities ranging from looking or touching to intercourse or rape.^{12,13} In devising these categories, it was recognized that sexual abuse also has physical and emotional implications, and that physical abuse has emotional implications as well. The three types were asked about separately in the questionnaire, however, to get as clear a picture as possible of what type of abuse was being described. If the woman responded positively to the abuse question, she was asked to indicate the type(s) of abuse, who the perpetrator was, and at what age the abuse began and ended. She was then asked to describe each experience, including how often it occurred, how long it lasted, whether anything was done about it and, if so, what.

During recruitment, each woman with a disability was offered her choice of hard copy, computerized, or audio cassette versions of the survey, or the option to complete the survey over the telephone with one of the project staff, in order to permit women with severe disabilities to complete the survey privately without assistance from family or attendants. Because of the personal and sensitive nature of the questions being asked, confidentiality of results was stressed in the informed consent form and emphasized in the procedures described for handling the data. Each survey was numbered, and, when received, identifying information was separated from the survey. Participants were identified only by number in all subsequent data analyses and reports.

Participants in this survey were women who met the following criteria: (1) between the ages of 18 and 65 years; (2) a self-reported physical disability resulting in functional limitations; and (3) no known cognitive impairments or mental health problems or problems understanding English that would significantly impair her ability to understand the survey and respond to the survey items as directed. The sample was drawn from two sources. First, contracts were negotiated with 10 centers for

Table 1: Sample Demographics

	Women With Disabilities	Women Without Disabilities
Minority status	17.9%	19.5%
Age	40.3 years	37.4 years*
Current marital status*		
Single, never married	34.8%	24.3%
Married	32.9%	37.6%
Living together	7.4%	8.8%
Separated/divorced/widowed	23.2%	28.0%
Have children	36.9%	54.3%*
College graduate	51.4%	40.8%†
Employed	57.5%	85.3%*
Mean household income	\$32,000	\$39,000*
Below poverty level	31.6%	19.7%*

* $p < .001$.† $p < .01$.

independent living, one in each federal region, to recruit approximately 60 women with physical disabilities each from their local communities, with specific quotas given for race (based on local demographics) and age at onset of disability (childhood, adolescence, adulthood). Second, nearly 800 women with disabilities responded to announcements in local and national news media and disability publications of the study asking for participants. Of these, approximately 500 met the eligibility criteria.

Questionnaires and postage-paid return envelopes were thus mailed to 1,150 women with physical disabilities. Each woman was also sent a similar questionnaire (minus all disability-related questions) and a postage-paid return envelope to give to a nondisabled woman friend. All participants who returned completed questionnaires were sent money orders for \$10. Over an 8-month period, with one reminder letter sent to nonresponding volunteers and a letter sent to each independent living center to encourage their recruits to respond, a total of 946 completed questionnaires were received, 504 from women with disabilities and 442 from members of the comparison group, a 45% response rate.

Twenty-two of the women responding to the survey did not meet the age inclusion criteria and were excluded from the analyses. Fifteen women who did not respond to the abuse question were also eliminated. Forty-nine women with disabilities indicated that they had been abused only prior to the onset of their disabilities. These women were dropped from the abuse analyses because abuse only before disability was considered a confounding factor, because those women were essentially nondisabled when their abuse occurred. Abuse analyses were therefore done on a subset of 860 women, 439 women with disabilities and 421 women without disabilities.

Prevalence of abuse was analyzed for each type of abuse separately (emotional, physical, or sexual). Another category of abuse was created by combining the data for physical and sexual abuse because of the shared violation of body integrity. Finally, a fifth category, any abuse, was created by combining the first three categories. Prevalence by perpetrator was also determined for each abuse type. Chi-square analyses were performed to examine differences in abuse type and perpetrator for women with physical disabilities compared to women without physical disabilities. Duration of abuse was calculated for the subset of women reporting more than a single incident of abuse.

RESULTS

Demographic characteristics of the sample are summarized in table 1. The women with and without physical disabilities in this sample were found to be of similar ethnic or racial background. The comparison group of women without disabilities, however, was younger ($t[858] = 4.46$, 95% confidence interval

[CI] = 1.629, 4.186), more likely to be married, living together with someone, or separated/widowed/divorced ($\chi^2[7] = 25.4$, $p = .0006$), more likely to have children ($\chi^2[1] = 25.8$, $p < .0001$), less likely to have a college degree ($\chi^2[1] = 9.5$, $p = .002$), more likely to be employed ($\chi^2[1] = 78.4$, $p < .0001$), and less likely to be at the poverty level ($\chi^2[1] = 15.6$, $p = .00008$) since they had a higher mean household income ($t[839] = -3.33$, 95% CI = -11077.1, -2863.27).

Women with physical disabilities who responded to the survey had the following characteristics. The most common primary disability type was spinal cord injury (23.9%), followed by polio (19.8%), muscular dystrophy (11.8%), cerebral palsy (10.7%), multiple sclerosis (9.1%), and joint and connective tissue disorders (6.6%). Some of the women with physical disabilities reported multiple disabilities, such as arthritis in addition to a primary disability of polio. The remaining women indicated a wide variety of physical disabilities. Using a functional scale modified from the Medical Outcome Study,¹⁴ severe disability was reported by 24.2%, moderate disability by 50.8%, and mild disability by 24.4%. A majority of the women with physical disabilities (68.9%) reported using wheelchairs.

The prevalence of any abuse (including emotional, physical or sexual abuse) for women with and without physical disabilities was 62.0% versus 62.2%. About the same proportion of women with physical disabilities compared to women without physical disabilities reported emotional abuse (51.7% vs 47.5%), physical abuse (35.5% vs 35.6%), or sexual abuse (39.9% vs 37.1%). When the categories of physical and sexual abuse were combined, 51.9% of women with physical disabilities and 50.6% of women without physical disabilities responded positively. No significant differences were found in the percentage of women abused, whether or not they had a physical disability, in each group for each type of abuse.

Abuse by type and perpetrator is summarized in table 2. In the survey, husbands and live-in partners were included in the same category. More husbands abused women (both with and without physical disabilities) emotionally (25.5% vs 26.1%) and physically (17.3% vs 18.5%) than other perpetrators. Mothers and fathers were the next most common perpetrators of emotional and physical abuse for both groups of women. Male strangers were the most often cited perpetrators of sexual abuse for both groups (10.5% for women with physical disabilities vs 11.6% for women without physical disabilities).

Women with physical disabilities were significantly more likely than women without physical disabilities to experience emotional abuse by attendants (4.1% vs 0%, $\chi^2[1] = 17.6$, $p = .00003$), male strangers (3.9% vs 1.7%, $\chi^2[1] = 3.9$, $p = .049$), or health care providers (4.6% vs 1.2%, $\chi^2[1] = 8.6$, $p = .003$). There was a trend for more women with physical disabilities to experience emotional abuse by mothers (20.5% vs 15.4%, $\chi^2[1] = 3.7$, $p = .054$), brothers (6.2% vs 3.6%, $\chi^2[1] = 3.1$, $p = .078$), and other family members (5.7% vs 3.3%, $\chi^2[1] = 2.8$, $p = .095$), as well. Women with physical disabilities were also more likely to experience physical (1.6% vs 0%, $\chi^2[1] = 6.8$, $p = .009$) or sexual (2.3% vs 0.5%, $\chi^2[1] = 5.1$, $p = .024$) abuse by attendants. There was a trend for women with physical disabilities to be more likely to experience sexual abuse by health care providers (4.8% vs 2.4%, $\chi^2[1] = 3.6$, $p = .058$).

Women who had experienced abuse that lasted longer than a single incident ($n = 534$) were examined to determine differences in the duration of abuse. Nonparametric statistics (Mann-Whitney U Wilcoxon rank sum W Tests) were used because of the skewed distributions of duration. Women with physical disabilities experienced abuse (emotional, physical, or sexual abuse categories combined) for significantly longer periods of time than women without physical disabilities (7.4 years vs 5.6

Table 2: Percentage of Women Experiencing Abuse by Perpetrator in Each Group

Perpetrator	Emotional Abuse		Physical Abuse		Sexual Abuse		Physical or Sexual Abuse		Any Abuse	
	1	2	1	2	1	2	1	2	1	2
Father	17.8	14.3	7.5	6.9	4.1	3.1	9.1	8.1	18.7	15.0
Stepfather	3.2	3.1	1.4	2.4	1.4	2.9	2.5	3.8	3.4	4.0
Mother	20.5	15.4*	9.1	8.1	1.1	0.2	9.1	8.1	21.4	17.3
Stepmother	1.1	0.2	0.9	0.7	0	0.2	.9	1.0	1.1	1.4
Brother	6.2	3.6*	3.2	2.4	6.2	5.5	7.1	6.9	10.3	8.6
Sister	4.6	3.3	1.4	1	0	0	1.4	1.0	4.6	3.6
Other family	5.7	3.3*	1.1	2.1	6.8	9	7.3	10.0	11.2	11.2
Dating partner	8.9	8.6	6.2	5.9	8.9	6.9	11.8	11.6	15.5	15.9
Husband	25.5	26.1	17.3	18.5	8	5.2	19.4	19.0	29.8	29.7
Attendant	4.1	0.0 [†]	1.6	0.0 [†]	2.3	.5 [†]	3.4	.5 [†]	5.2	.5 [‡]
Stranger	3.9	1.7 [†]	1.8	1.9	10.5	11.6	10.7	12.5	12.3	12.4
Health care provider	4.6	1.2 [†]	1.8	0.7	4.8	2.4*	5.9	2.9 [†]	8.7	3.6 [‡]

Group 1, women with physical disabilities; group 2, women without physical disabilities.

* $p < .10$; [†] $p < .05$; [‡] $p < .01$; [§] $p < .001$.

years, $U = 32092$, $p = .04$). Women with physical disabilities also experienced physical or sexual abuse for significantly longer durations than women without physical disabilities (3.9 years vs 2.5 years, $U = 31529.5$, $p = .02$). Approximately 13% of the women with physical disabilities indicated that they had experienced physical or sexual abuse within the past 12 months.

DISCUSSION

Overall, women with physical disabilities appear to be at risk for emotional, physical, and sexual abuse to the same extent as women without physical disabilities. Approximately half the women surveyed had experienced sexual or physical abuse at some time in their lives, whether or not they had a disability. Prevalence of abuse by husbands or live-in partners in this study is similar to estimates of lifetime occurrence of domestic violence for women living in the United States. These findings reveal that the protective factor of disability when it comes to abuse is a myth. They also raise questions about disability as a risk factor for abuse in general.

Women with physical disabilities are most at risk for abuse of all types from their husbands or live-in partners, compared with other perpetrators, in the same proportions as women without physical disabilities. They are also at risk for abuse by fathers, mothers, other family members, dating partners, and strangers in similar proportions. However, women with physical disabilities are more likely to experience emotional, physical, or sexual abuse by attendants or by health care providers than women without physical disabilities. Women with physical disabilities may be at higher risk from these perpetrators because of increased exposure to institutions and medical care settings and the dehumanization that is common within those settings. Also, most women without physical disabilities do not use attendants for personal care and are not physically dependent on others. The prevalence of abuse by attendants for women without physical disabilities was less than 1%. Someone without a permanent disability might have been abused by a temporary attendant.

Women with physical disabilities who experience abuse that lasts longer than a single incident appear to be at risk for a longer duration of abuse than women without physical disabilities. The disability factor may contribute to this duration finding because interventions that are available for women in general, such as shelters and battered women's programs, may not be available or accessible to women with physical disabilities. Women with physical disabilities who experience abuse may perceive that they are powerless to escape. They may not have the opportunity to report the abuse or may be so dependent on their caregivers that they fear risking either not having their needs met or being

placed in a more restrictive environment if they try to do something about the abuse.

This study represents the first major effort to examine the abuse experiences of women with physical disabilities compared with those of women without physical disabilities. The careful design of the study, with its attention to protecting the privacy of the respondents, stated definitions of abuse, identification of perpetrator, and measurement of duration of abuse, enhances the trustworthiness of the data collected.

The results of this study need to be interpreted with caution, however. This survey is not a random sample of women with or without physical disabilities. The women with physical disabilities who responded to this survey tended to be more highly educated than women in the comparison group. Minority or ethnic groups are underrepresented compared with their proportion in the general population. The survey results also reflect self-report data, with no standardized instrument for reporting abuse and no external validation of abuse such as police, medical, or social service reports. Thus the prevalence of abuse may be either underreported or overreported.

Further research is needed to adequately explore the abuse experiences of women with disabilities. The qualitative abuse reports from this study need to be examined for the severity and long-term impact on the women who were abused. Future quantitative analyses need to be done to identify risk factors for abuse, including demographic characteristics. The effects of abuse experiences on a woman's self esteem and sexuality are also topics to be addressed in future analyses. Given the high incidence of abuse, research is warranted to determine the types of interventions that are most effective in preventing abuse from occurring and assisting women with disabilities in protecting themselves and resolving or escaping abuse when it does occur. For example, safety planning for women in general may be complicated by the mobility, social, and financial limitations faced by women with physical disabilities. Social policies are needed to address the specific needs of women with physical disabilities who experience abuse and who are unable or reluctant to access services that could help them get out of abusive situations.

Rehabilitationists are often reluctant to ask the women they serve about their abuse experiences for many reasons, including a belief that abuse does not frequently occur in this population and a lack of training in what to do when abuse is discovered. Women with physical disabilities may not tell rehabilitationists about their abuse experiences for many reasons as well, especially because they do not believe that they will get help with the problems they face. Rehabilitationists need to look for clues to abuse from the medical history and physical examinations of

the women they serve. If abuse is suspected, the rehabilitationist should talk with the client directly and privately about the abuse, assess the degree of danger she is experiencing, help her develop a safety plan (including emergency shelter, transportation, supplies, medication, cash, and keys), document the incident in the medical record, plan for follow-up care, and give her information on resources that could help her. Only by confronting the issues directly will the prevalence of abuse and its serious negative consequences for women with disabilities be reduced.

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