

Exploring the Experiences of Abuse of College Students With Disabilities

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Abstract

Intimate partner violence and sexual assault of college students has garnered increased attention and publicity. Current studies have focused primarily on general campus populations with little to no attention to students with disabilities. While studies suggest the rate of abuse of individuals with disabilities is similar or higher compared to the general population, there remains a lack of focus on this issue. Individuals with disabilities are at particularly high risk for abuse, both through typical forms of violence (physical, sexual, emotional, and economic) and those that target one's disability. In an effort highlight and explore this issue further, an exploratory study was conducted to learn the rates of abuse among university students who have identified as having a disability. This is a cross-sectional survey of 101 students of students with disabilities from a large northeastern public university. Experiences of abuse were measured through the use of the Abuse Assessment Screen- Disability (AAS-D) scale. Students were asked about experiences of physical, sexual, psychological, and disability related abuse within the last year and help seeking behaviors when an incident of abuse occurred. We found that 22 % of participants reported some form of

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abuse over the last and nearly 62% ($n= 63$) had experienced some form of physical or sexual abuse before the age of 17. Those who were abused in the past year, 40% reported little or no knowledge of abuse-related resources and only 27% reported the incident. Authors discuss implications results have for programs and policies on campus for individuals with disabilities.

Keywords

sexual assault, youth violence, cultural contexts

Intimate partner violence and sexual assault of college students has garnered increased attention and publicity. Current studies have focused primarily on general campus populations with little to no attention to students with disabilities. While studies suggest the rate of abuse of individuals with disabilities is similar or higher compared to the general population, there remains a lack of focus on this issue. Individuals with disabilities are at particularly high risk for abuse, both through typical forms of violence (physical, sexual, emotional, and economic) and those that target one's disability. In an effort highlight and explore this issue further, an exploratory study was conducted to learn the rates of abuse among university students who have identified as having a disability. This is a cross-sectional survey of 101 students of students with disabilities from a large northeastern public university. Experiences of abuse were measured through the use of the Abuse Assessment Screen-Disability (AAS-D) scale. Students were asked about experiences of physical, sexual, psychological, and disability related abuse within the last year and help seeking behaviors when an incident of abuse occurred. We found that 22 % of participants reported some form of abuse over the last and nearly 62% ($n= 63$) had experienced some form of physical or sexual abuse before the age of 17. Those who were abused in the past year, 40% reported little or no knowledge of abuse-related resources and only 27% reported the incident. Authors discuss implications results have for programs and policies on campus for individuals with disabilities.

Introduction and Literature Review

Intimate partner violence (IPV) and sexual assault are insidious problems on college campuses, and their widespread nature has been well documented in the literature. In a recent national study with college students conducted by Knowledge Networks, a total of 43% of dating college women and 28% of college men reported experiences of IPV including physical, sexual, technological, verbal, or controlling abuse, and more than half of the students (57%)

indicated that the abuse occurred during college (Knowledge Networks, 2011). The issues of campus sexual assault and IPV have received a wave of national attention with the release of the White House's Task Force to Protect Students from Sexual Assault, the Campus Sexual Violence Elimination Act, and renewed attention to Title IX protections for students. As a part of the Title IX protections, the Department of Education's Office for Civil Rights has issued guidance for addressing sexual violence on campus and emphasizes that all students are protected, including those with disabilities (The White House, 2014). However, there is little known about the experiences of college students with disabilities with IPV and campus sexual assault, both as incoming students and while at college.

Although attention to experiences of campus sexual assault and IPV is long overdue, the experiences of college students with disabilities are considerably lacking in the literature (Porter & Williams, 2011). This exclusion is particularly troublesome as studies suggest that the rate of abuse of individuals with disabilities is similar or higher as compared with the general population (Arndt, Merx, Stegmaier, Ziegler, & Brenner, 2004). As college campuses attempt to develop appropriate responses to abuse and sexual assault on campus, it is critical to consider students with disabilities as their experiences of abuse are unique and varied based on impairment. For example, a student with a significant physical impairment may have difficulty physically getting away from a perpetrator. Similarly, a student with a cognitive impairment may have difficulty understanding social cues around dating and not be able to clearly communicate his or her intentions. Furthermore, based on the responses of the current study, it is clear that this population is at high risk of having been abused as children. Thus, understanding the impact of childhood abuse and its effects, such as posttraumatic stress disorder (PTSD), could prepare those working in university disability offices to assist students both identify the potential for adult experiences of abuse and assault while on campus and the emotional and psychological impact of unresolved childhood abuse as they enter college.

Students With Disabilities on Campus

Although students with disabilities remain the minority on college campuses, the number of students who register with the university office of disability services has remained stable, based on the current statistics (obtained from 2003 to 2008), with 11% of undergraduates reporting having a disability (National Center for Education Statistics (NCES; 2013). As a record number of students (21.8 million) are expected to attend 2- and 4-year public and private colleges in the United States (NCES, 2013), the number of students

with disabilities attending universities will also increase. These students present with a vast array of disabilities including visual impairments, hearing impairments, speech impairments, orthopedic or physical impairments, or learning disabilities (Berktdold & Horn, 1999). Additionally, as technology advances for people with disabilities (e.g., screen readers for individuals with visual impairments), young men and women with disabilities will increasingly seek out college degrees (Getzel, 2008).

Lifetime History of Abuse of People With Disabilities

Individuals with disabilities are at high risk for all forms of violence throughout their lifetime (physical, sexual, emotional), including those that are directed at one's disability (e.g., withholding medications, over medicating, neglecting personal care such as bathing and toileting, and denying access to mobility devices such as canes and wheelchairs; Copel, 2006; Gilson, DePoy, & Cramer, 2001; Oktay & Tompkins, 2004; Plummer & Findley, 2012; Powers, Curry, Oschwald, & Maley, 2002; Saxton et al., 2001). Furthermore, research suggests that this population experiences abuse for significantly longer periods of time compared with those without a disability (Young, Nosek, Howland, Chanpong, & Rintala, 1997).

In a comparison of women both with and without disabilities, Young et al. (1997) found lifetime prevalence rates of abuse as high as 62% and Martin et al. (2006) reported women with disabilities were 4 times more likely to experience a sexual assault compared with the general population. Coker, Smith, and Fadden (2005) interviewed 1,152 women receiving services at family practice clinics. Women who reported experiencing some form of abuse in their current relationship were more than 2 times likely to also have a disability. Casteel, Martin, Smith, Gurka, and Kupper (2008), using the National Violence Against Women Survey (NVAW), found women with severe disabilities were 4 times more likely to be victims of sexual assault compared with those with no disability. Using data from the General Social Survey (GSS) from Canada, Brownridge (2006) found, in a sample of 7,027 women, those with disabilities reported significantly higher rates of violence compared with women without disabilities in the 5 years prior to the survey.

More recently, using the data from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC), Hahn, McCormick, Silverman, Robinson, and Koenen (2014) found both men and women who identified as having either a mental health or physical impairment were more likely to report experiences of IPV in the last year compared with the general population. It is clear from past research that individuals with disabilities are at particularly

high risk for all types of abuse and assault. Utilizing the data from the Behavioral Risk Factor Surveillance System (BRFSS; 2005-2007), Mitra and Mouradian (2014) compared the lifetime and past year rates of abuse of men with disabilities to men without disabilities and to women with and without disabilities. Results showed that men with disabilities were almost 2 times as likely to have experienced abuse in their lifetime compared with men without disabilities and similar to rates of abuse of women without disabilities. Similarly, Haydon, McRee, and Halpern (2011) compared the prevalence rates of sexual assault (termed sexual coercion and forced sex) among young adults (26-32 years) with and without physical and cognitive impairments in a longitudinal national representative survey taken from a study of adolescent health. The authors found men with physical disabilities were twice as likely to report having been coerced into sex compared with men without physical disabilities. Women with physical disabilities reported higher incidences of forced sex, although similar to those without physical disabilities. Overall 19% of respondents (men and women) with physical disabilities reported having had experienced either forced or coerced sex at some point in their life.

Risk Factors for Abuse

Exploration into the cause or explanation for the increased incidence of abuse in this population remains in its infancy. Although no particular theoretical model has been suggested, several potential risk factors have been identified in the literature. It has been suggested that any and all limitations to one's ability to manage his or her activities of daily living (ADLs) create the increased potential for abuse and neglect (Gilson et al., 2001). The specific factors that have been suggested as contributing to the high incidence rates include the role of (a) isolation, (b) perpetrators, (c) dependency, (d) cultural barriers, and (e) lack of identification of the abuse (Plummer & Findley, 2012).

Isolation, including lack of mobility devices, accessibility to outside services, and minimal social contact, has been attributed to an increased risk of abuse (Gilson et al., 2001; Nosek Hughes, Taylor, & Taylor, 2006; Powers et al., 2002). Isolation creates a barrier to assistance and resources that may help to end the abuse. The role of perpetrators, including the potential for exposure to multiple abusers (i.e., intimate partners, family members, nurses, doctors, etc.; Curry et al., 2009), the unique and intimate nature of the relationship between this population and health care workers (i.e., providing toileting, dressing, showering assistance; Saxton et al., 2001), and the perceived vulnerability that may be targeted specifically (Martin et al., 2006), has been

deemed a potential risk factor for abuse. Due to one's disability, an individual is in contact with many varied professionals in a weekly or even daily basis. Each encounter increases the risk for abuse and neglect just by the large number of interactions an individual with a disability may have to address medical and care issues.

The physical, emotional, and/or financial dependency individuals with disabilities often have on their caregivers, who may also be their abuser, has been suggested as a risk factor for abuse (Martin et al., 2006; Swedlund & Nosek, 2000; Thomas, Joshi, Wittenberg, & McCloskey, 2008). The dual role of intimate partner or caretaker and abuser creates a bind for the person being abused as he or she may fear losing the one person who cares for them on a daily basis. Another risk factor for abuse of people with disabilities is the lack of identification. The abuse experienced by this population not only takes the usual forms of physical, sexual, emotional, and financial seen in the general population but is also a direct exploitation of that person's disability (Gilson et al., 2001). Disability-related abuse that targets one's perceived vulnerabilities (i.e., withholding medications, taking a wheelchair or walker, or refusing to toilet or bathe) is a particularly covert form of abuse and neglect that may not be defined as such based on the laws and policies of the state (Gilson et al., 2001). Finally, there remain both systemic and cultural barriers that make this population at higher risk for abuse, including little to no services in the domestic violence and sexual assault field that is fully accessible to those with disabilities. Swedlund and Nosek (2000) found after surveying 36 independent living centers (ILCs) that referrals for assistance at domestic violence shelters and agencies, when abuse was indicated by their clients, were restricted due to lack of accessibility and Americans With Disabilities Act (ADA) compliance. Cultural barriers, such as the continued oppression and marginalization of people with disabilities that perpetuate ableist views, remain prevalent today. Consistent reminders of perceived limitations may be internalized, creating poor self-esteem and even a sense of personal responsibility for the abuse (Saxton et al., 2001).

Violence Against College Students With Disabilities

A review of the literature shows a clear dearth in the literature on the topic of violence against college students with disabilities. The few studies that were found primarily focused on the deaf and hard of hearing (DHH) population. In a study of 134 DHH college students, as Joseph, Sawyer, and Desmond (1995) found, 31% of the females and 3% of males reported being forced to have sex at some point in their lifetime. Porter and Williams (2011) found in a study of

1,028 DHH college students, when compared with students without hearing impairments, that their auditory status was significantly associated with higher rates of both psychological and physical forms of abuse by an intimate partner. Anderson and Leigh (2011) similarly found high rates of abuse when studying the prevalence of IPV in the DHH female college population. When comparing rates of abuse of the DHH population to hearing female undergraduates, they report the DHH female college students were 2 times as likely to report IPV experiences in the last year.

More general research on college students with disabilities (or college age) and abuse appears to be in its infancy and has been addressed in only three articles. In a comparison of sexual assault rates of college students and the general population seeking services at hospital-based sexual assault treatment centers in Ontario, nearly 5% of participants reported having a disability (physical, sensory, or cognitive; Du Mont et al., 2012). Using a national probability sample of college students, Scherer, Snyder, and Fisher (2013) found students (both male and female) were at significantly greater risk of abuse compared with those without a disability. Twenty percent of female participants with disabilities reported experiencing IPV over the course of the previous year, compared with 11.7% of women without disabilities. Furthermore, 11.7% of male respondents with disabilities reported having experienced some form of IPV versus 6.6% of men with no disability.

Request for Services

Few survivors of sexual assault and abuse seek assistance from formal social systems for a number of reasons, including beliefs that these systems would not or could not assist or protect them, or might cause additional psychological harm (Patterson, Greeson, & Campbell, 2009). Barriers created by society and culture to accessing services increase the risk factors for victimization of people with disabilities. One such barrier has been the lack of abuse and sexual assault services available to those with disabilities. Past studies have reported that individuals do not seek out assistance for a variety of reasons, including a lack of accommodations, being met with disbelief, and lack of knowledge of services (Plummer & Findley, 2012). As stated earlier, it is clear that accommodations are often lacking for those with disabilities. What might be considered as offering accommodations by mainstream services is often relegated providing a larger bathroom, with a handle on the wall for those in a wheelchair. This restricted view of what people with disabilities require for accommodation sends a message that services are not available to them. Therefore, it was important to learn in this study if the participants sought out help, and if so, with whom? In an effort to better understand this

issue, an exploratory study was conducted to learn about the experience of abuse among university students who have identified as having a disability, and how and to whom they reached out for assistance. The hypothesis of the study was that rates of abuse would be higher among students with disabilities who live on campus, and if they experience abuse, they would not necessarily reach out for assistance.

Method

Participants and Procedures

The data for this study came from a cross-sectional survey that gathered information from graduate and undergraduate students who registered with the Office of Disability Services for Students at a large northeastern public university in the academic year of 2011 to 2012. The study assessed the current and prior experiences of these students with abuse. With permission and access granted to the researchers by the Office of Disability Services and with institutional review board approval, an emailed survey link was sent to students who had registered as having a disability. Informed consent was part of the electronic process. The survey was administered electronically through secure online survey software to 1,100 students in total. Initially 113 students responded to the survey, but only 101 (female = 65, male = 36) responded completely to the items for a response rate of 9.8%. As an incentive, we offered the opportunity for the participants to put their name in for a chance to win a gift card to a local bookstore. The names were entered into the survey, and then they were extracted by a staff member of the Information Services within the university. The students' names and email addresses were provided by the School of Social Work's Information Services to the Center on Violence Against Women and Children at the university who in turn contacted the students. The researchers had no contact at all with the recipients; this method was approved by the institutional review board.

Data analysis included descriptive statistics to provide simple summaries about the sample, including age, gender, year in school, type of disability, experience with abuse, and help-seeking behaviors. Cross-tabulations were also used to examine interrelationships of several variables, particularly ones examining experience of abuse; chi-square test was used to assess significance.

Detailed sample demographics are provided in Table 1. A total of 101 students with complete responses (64.4% female). The average age was 25 years old. The majority of respondents identified as single (86.1%), White, non-Hispanic (69.3%), and either a junior or senior in college (55.5%); 16.8% did not declare their year in school. With respect to social demographics, 29.7% lived with a family member and 31.7% lived in a dormitory on campus. Many (23.8%) also lived in an apartment off campus with a roommate.

Table 1. Characteristics of College Students With Disabilities.

	<i>n</i>	%
All	101	100.0
Gender		
Male	36	35.6
Female	65	64.4
Race		
White, non-Hispanic	70	69.3
White, Hispanic/Latino	9	8.9
Black, non-Hispanic	6	5.9
Black, Hispanic/Latino	2	1.8
Asian	9	8.9
Multiracial	5	5.0
Age in years		
18-22	53	52.4
23-30	31	30.7
31 and older	16	15.8
Missing	1	1.0
Year in school		
First-year undergraduate	6	5.9
Sophomore	9	8.9
Junior	32	31.7
Senior	24	23.8
Master's level	11	10.9
PhD	2	2.0
Other	17	16.8
Marital status		
Married/civil union	12	11.9
Single	87	86.1
Divorced/separated	2	2.0
Current living situation		
On campus	32	31.7
Apartment, alone	7	6.9
Apartment, with roommates	24	23.8
With family	30	29.7
Other	6	5.9
Missing	2	2.0

Table 2 reports disability characteristics. Seventy-five percent of the students considered themselves permanently disabled. The predominant disabilities indicated were learning disabilities with and without attention deficit

Table 2. Disability Characteristics.

	<i>n</i>	%
Type of disabilities ^a		
Hard of hearing/deaf	4	
Blind/limited vision	3	
Learning disability with and without ADD/ADHD	52	
Neurological ^b	16	
Psychological/psychiatric	27	
Orthopedic/mobility	11	
Chronic illness	16	
Other	6	
Disability temporary		
Yes	11	9.7
No	85	75.2
Missing	17	15.0

Note. ADD = attention deficit disorder; ADHD = attention deficit hyperactivity disorder.

^aSome students identified as having multiple disabilities.

^bIncludes brain injury and seizures.

disorder ($n = 52$); neurological disorders including Asperger's, traumatic brain injury, and seizures ($n = 16$); and psychological/psychiatric disabilities ($n = 27$). Very few had orthopedic conditions ($n = 11$) and only few ($n = 7$) students reported having sensory disabilities, including visual and hearing impairments. Many students reported having more than one disability; therefore, the total number of disabilities reported is higher than the sample size.

Measures

Experiences of abuse were measured through the use of the Abuse Assessment Screen–Disability (AAS-D) scale (McFarlane et al., 2001). Students were asked about their experiences of physical, sexual, psychological, financial, and disability-related abuse within the last year. The individual survey questions of the AAS-D include the following: (a) Within the last year, have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone (i.e., physical abuse)? (b) Within the last year, has anyone forced you to have sexual activities? (c) Within the last year, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices? and (d) Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink

(i.e., disability-related abuse)? In addition to these 4 items on the AAS-D, we included the question: Within the last year, did someone take your Supplemental Security Income (SSI) or Social Security Disability (SSD) check, a paycheck, or financial aid check without your permission; refuse to allow you to access your bank account; or restrict your use of money, a debit, or credit card (i.e., financial abuse)? If the individual answered yes to any of these questions, then a follow-up was asked who the perpetrator was: an intimate partner, care provider, health professional, family member, or other. If “other” was indicated, then the individual was asked to describe that other individual.

Respondents were also asked 2 general questions about any history of child physical and sexual abuse. Finally, students were asked about their help-seeking behaviors when an incident of abuse occurred and the type of individual they confided in, if they sought help. Respondents were given choices of categories of potential assistance, including local and university police, family members, residence hall directors, friends, and other community service providers.

The type of disability was described using the categories the Office of Disability used in their work with students with disabilities. Despite other categorizations of disability, for example, the one used in the Individuals With Disabilities Education Act, it was decided to use the categories most familiar to the students for consistency. These categories included hard of hearing/deaf, blind/limited vision, learning disability with and without attention deficit disorder (ADD)/attention deficit and hyperactivity disorder (ADHD), neurological, psychological/psychiatric, orthopedic/mobility, chronic illness, and other; and combined hearing/deaf and blind/limited vision are considered to be sensory disorders.

Results

Abuse Experiences Within Past Year

Twenty-one percent of the participants reported they had experienced some form of abuse over the last year (physical, sexual, financial, and/or disability-related). As shown in Table 3, within the last year, 7.9% of participants reported they had been hit, slapped, shoved, or otherwise physically hurt; 5% reported they had experienced sexual abuse; 3% reported experiencing financial abuse; 5% reported disability-related abuse in the past year (i.e., refused assistance with personal needs); and 1% reported being restricted from using her assistive device. Looking more specifically at abuse by gender included five females and three males reporting physical abuse and five females but no

Table 3. Types of Abuse by Gender and Percentage of Overall Sample.

	Males		Females	
	Responded	Yes	Total	% of Sample
In the past year have you . . .				
Experienced physical abuse	3	5	8	7.9
Experienced sexual abuse	0	5	5	5.0
Experienced financial abuse	1	2	3	3.0
Experienced lack of assistive device access	0	1	1	0.9
Experienced disability-related abuse	1	4	5	5.0
Total reporting any form of abuse ^a	5	17	22	22.0
Abuse as a child				
Experienced physical abuse before age 17	11	25	36	35.6
Experienced sexual abuse before age 17	5	22	27	26.7
Total reporting abuse prior to age 17	16	47	63	62.3

^aThree of the participants reported two different types of abuse. Two reported physical and sexual abuse and one reported sexual and financial abuse.

males reporting being forced to have sex. Two females and one male reported financial abuse, and four females and one male reported disability-related abuse. We also found that three of the female participants reported multiple forms of abuse: Two females reported both physical abuse and being forced to have sex, and the other female reported both financial abuse and being forced to have sex. Overall, we found a predominance of female students reporting some type of abuse.

Childhood Abuse

As shown in Table 3, with regard to experiences of child abuse, 35.67% ($n = 36$; 11 males, 25 females) reported being physically abused before the age of 17, with the primary abuser being identified as a parent and/or sibling and 26.7% ($n = 27$; 5 males, 22 females) reported being sexually abused before the age of 17, with the majority of perpetrators being nonfamily members. Of the 63 participants who experienced abuse before the age of 17, 16 participants (25%) reported they had experienced both forms of abuse (physical and sexual) as a child. Of those who had experienced some form of abuse as an adult in the last year, 14 (63.6%) respondents reported experiencing physical abuse as a child and 10 respondents (45%) reported experiencing sexual abuse as a child.

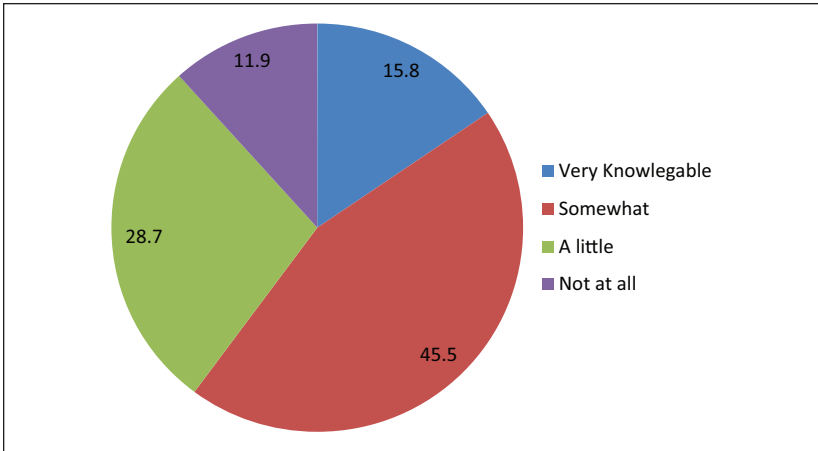


Figure 1. Subject reported (%) knowledge of abuse resources.

Whether the student lived at home or on campus did not impact the rate of abuse as a college student. Of the 22 students who reported being abused in the last year, 7 were in their last year of their baccalaureate program, 7 were juniors, and 1 was a graduate student. Of those who experienced abuse of some form within the last year, the majority had a psychiatric/psychological impairment and/or a learning disability. Again, students were able to identify as having more than one disability, thus complicating identification of the primary disability.

Help Seeking

Following abuse within the last year, 27% ($n = 6$) of students with a disability sought help following an abusive incident. In seeking help, these students sought out assistance from local community police, university police, the university counseling center, and representative of Residence Life (those who oversee students who live in the dorms). Among those who reported seeking help, there was no pattern in the type of disability that the individual reported having. Individuals with hearing and visual impairments, as well as orthopedic impairments and learning disabilities, all sought help. When examining the perceived level of knowledge about resources to assist with violence-related incidents, 60% of those who responded reported that they felt “somewhat” or “very knowledgeable” about abuse-related resources and 40% indicated they had little or no information at all about abuse-related resources (Figure 1).

Discussion

This study provides exploratory information on the rates of abuse (physical, sexual, financial, and disability-related) of college students with disabilities. The majority of the students reported disabilities related to psychiatric and/or AD disorder with other learning disabilities. The very small number of students reporting orthopedic and mobility disorders is about one half of what was reported in a national study among college students conducted in 2001 by the American Council on Education (ACE; Henderson, 2001). This lower percentage was not unexpected given the type of environmental barriers on the campus where this study was conducted. The very large and sprawling campuses of the university, where the study was conducted, is known for using buses to move students between campuses thus making it difficult to navigate the campus. The percentage of sensory limitations was slightly different compared with the numbers reported in the ACE report; we found about 4% of the sample to have a hearing-related disability, ACE found about 8% to 9%, and we found visual impairments to be about 3%, and they found about 16%. Learning disability was high in our sample at 51%, but the national numbers were nearly 40%. Note, both sets of percentages did reflect students with multiple reported disabilities.

We found that 22% or 22 of the participants reported they had experienced some form of abuse over the last year (either physical, sexual, financial, and/or disability-related). This is similar to other studies that have found that physical aggression is experienced by approximately 20% to 30% of college students (see review by Shorey, Cornelius, & Bell, 2008) and approximately one fifth to one fourth of college women are victims of sexual assault (B. S. Fisher, Cullen, & Turner, 2000). While the number of abuse incidents for each abuse type was not as large as expected, it is important to recognize that almost one quarter of this college-age sample was subject to some form of abuse within the 12 months prior to completing the survey. That only 6 persons indicated they experienced disability-related abuse and/or related to access to his or her assistive device in the last year is counter to past research in this area. It is unclear why this number is so low but may be related to the low participant response and the disability most represented in this sample. Questions related to assistive devices and personal care may not be as relevant to those with learning. Furthermore, assistive devices used by individuals with learning disabilities (e.g., digital recorder or voice reader) were not specifically included in the examples listed in the question. Additional questions related to disability-specific abuse may have garnered more responses. Questions also related to emotional and psychological abuse that targets one disability (i.e., those that make fun of one's intellect or diagnosis) may have provided insight into their experience as a person with a learning disability.

More significantly, 62.3% of participants reported they had experienced physical and/or sexual abuse before the age of 17. This statistic should not be unexpected given the results of previous studies on abuse of children with disabilities. In their review of journals between 1996 and 2009, Stalker and McArthur (2012) completed a scoping review of every study that addressed the abuse of children with disabilities. Overall, they found in this review that children with disabilities were at significantly higher risk for abuse compared with the general population. One such study identified in the scoping review by Sullivan and Knutson (2000) found in a very large community-based study of 50,000 children, between the ages of 0 and 21 years, that the rate of abuse was 31% among the children with disabilities compared with 9% in those without disabilities.

With respect to help seeking, it was distressing, although not surprising, to learn that only 6 of the 22 participants who had experienced abuse actually sought formal help for that abuse. However, this follows a similar trend that college students experiencing victimization tend to have limited help-seeking behavior with support systems on campus. In their review of help-seeking behavior by sexual assault and dating violence victims on campuses, Sabina and Ho (2014) found low rates of help seeking and disclosure to formal sources on campus. Disclosure to informal sources, such as peers, was much more frequent (see Sabina & Ho, 2014, for a review). Notably, most of these studies were based on sexual assault with only a few addressing other forms of abuse (i.e., physical or financial). Clearly, further work is needed for all students who experience campus sexual assault; however, there may be different or particular barriers for students with disabilities. This points to the need for additional education and support for these students with disabilities to be able to seek help when they need it. With respect to the limitations in knowledge of this group of students regarding abuse-related resources, it suggests that a variety of ways should be employed to provide such information including materials with clear messages with the least amount of distraction, the use of larger print, and multiple ways to get the information out to the students. Furthermore, it reinforces the concern that abuse-related resources are inaccessible to those who have a disability. In addition, because the larger literature consistently documents that survivors mostly disclose to informal support systems rather than formal ones (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007), it is likely students with disabilities follow a similar pattern. Therefore, it is important to consider how members of these informal support systems can be educated on providing assistance. Peer education and bystander intervention education are two approaches that can help encourage prosocial support from members of a student's informal support system on campus (Katz & Moore, 2013).

The strengths of this study include attempting to overcome a usual concern of selection bias in sample selection. We surveyed a students with disabilities from a large university rather than locating these individuals at hospitals, doctors' offices, or through state disability records that have been reported to create bias in studies examining disability issues (M. H. Fisher, Cullen, & Turner, 2008). This was the first study of its kind, and its findings lay the groundwork for future research in this field. The response rate was low, but given this was the first time such a survey was undertaken regarding violence at this institution, it was not unexpectedly low. The low response rate is consistent with web-based surveys with college students, which have been shown to report notoriously low response rates (Laguilles, Williams, & Saunders, 2011). Attempts to increase the response rate were made; thus, the survey was emailed 2 different times in the spring semester. It was first sent out in the first few weeks of the semester, when it was thought that students might be more likely to read their email messages and again later in the semester after midterm exams when it was hoped students again might be more likely to read and respond to email messages. A raffle for several gift cards was used as an incentive, as another attempt to increase participation. The survey was kept short and could be answered quickly, online, and accessed from wherever the student was to increase the sense of ease and convenience of taking the survey. Despite the low participation rate, we were able to describe details about this group of college students with disabilities in which little is known.

Other limitations of our study include the use of self-reporting in the survey, and we did not control for type of disability. Finally, another limitation is that broad questions were used to ask participants about childhood sexual and physical abuse (e.g., Did you experience sexual abuse prior to age 17? and Did you experience physical abuse prior to age 17?). Behavior-specific items related to abuse (e.g., being hit by a hard object) are more accurate in assessing for childhood abuse and should be incorporated into the survey questions (Goodyear-Brown, 2011).

Suggestions and Recommendations

Universities should inform and offer students with disabilities information on the about campus sexual assault and abuse that includes specific information and resources for students with disabilities. Information should include a description of the types of abuse, both typical forms (i.e., physical, sexual, emotional) as well as disability-related abuse, and should be included at admissions or when the student first registers with the department. Information should also be provided about how to access services on campus or in the

community. In addition, college offices of disability services should provide the necessary information and referrals for those who report childhood experiences of abuse. Considering the high rates of abuse of children with disabilities, many of those entering college will likely present with unaddressed and unresolved issues of past abuse that could negatively affect their educational performance and place them at risk for adult experiences of abuse and sexual assault. Formal and even aggressive outreach is needed to address this issue with people with disabilities due to the historically identified gap in disclosure (Hershkowitz & Lamb, 2007; Plummer & Findley, 2012). There is a clear lack of identification due to (a) the type of abuse that occurs (which may not present as a typical form, that is, physical or sexual or (b) victim fear of disbelief or retribution for disclosure (Plummer & Findley, 2012). Furthermore, as this study suggests, there is a clear lack of knowledge on how to report these experiences once revealed. Universities should encourage reporting incidences to reduce the long-term impact of violence and abuse.

With the lack of studies overall, there are virtually no studies that address help-seeking behaviors for these abused individuals; one study examined knowledge of sexual health and sexuality issues, but did not discuss any violence-related information despite findings that some students did experience forced sexual encounters (Joseph et al., 1995). Furthermore, as it has been noted that, historically, victims of abuse do not seek out assistance or often times people with disabilities who are victimized are not always believed upon reporting the abuse (Milberger et al., 2003).

We continue to need increased collaboration between services that fill the gap between disability and support services (e.g., mental health, legal assistance, physical health, academic accommodations). Counseling and mental health services for those with disabilities need to be offered in a way that accommodates their needs. In this study, many did not seek out services when abused. This is not surprising as it has been noted in the literature that past attempts at obtaining services have often met with a lack of accessibility (Hassouneh-Phillips & McNeff, 2005; Milberger et al., 2003). To address this gap, there needs to be a better attempt at coordination between services. Disability services can inform and educate counseling, mental health, criminal justice, and other support services on how to provide accommodations. These accommodations should not only include the obvious physical requirements set out by the ADA but attitudinal accommodations as well. These include being open and aware to the needs of each unique person with a disability. It is thinking beyond the current protocols of services such as using an interpreter during therapy sessions, offering pamphlets in braille, and becoming culturally sensitive to the needs of these groups. Sexual assault services and counseling departments can provide disability services with information

and training on how to identify the red flags often associated with abusive relationships and the specific barriers facing student with disabilities. Too often services work in silos and either try to provide services that are unhelpful or even damaging or the issue is ignored due to fear of the unknown. By utilizing the knowledge base of each group, a coalition of services can be offered to this group. In addition, we see that almost 40% of participants knew little to nothing about services available to them as victims of abuse. A campaign that is directly targeted at increasing the awareness of people with disabilities about the types of services available is needed. Posters, pamphlets, and information on the college website indicating what resources are available would help to bring attention to this issue. Additionally, as colleges continue to develop policies, services, and prevention programs to address sexual assault and IPV, they should include information specific to students with disabilities.

Future Research

Future research should include more queries regarding the impact of childhood abuse on people with disabilities and the vulnerability it poses for additional victimization. Although the focus of this study was not the rate of childhood abuse, it is clear from the response of this study, and of previous research, that children with disabilities are a high risk for multiple forms of abuse by multiple perpetrators. It is important to mention that 19 (52%) of the participants who were physically abused before the age of 17 identified their sibling as a perpetrator. Although some attention has been made to possible concerns related to jealousy, resentment, and anger felt by the nondisabled child toward their disabled sibling (Kutner, 2007), more formal research should be explored to learn the prevalence and cause of abuse among siblings.

In addition, the connection between childhood abuse and adult experiences of abuse needs to be more formally reviewed. We need to ask, what is the connection between a past history of abuse and adult experiences? Are those with childhood experiences of abuse and sexual assault at higher risk of adult experiences? Furthermore, it is clear that formal services are often not sought out by those who have been victimized. Although a lack of accommodation has been suggested, this issue needs to be researched. Are these survivors of abuse sharing their stories with others at all and if so with whom and why? The effects of the violence and abuse against individuals with disabilities have been noted to contribute to chronic and adverse health concerns that include morbidity, further disability, and even death (Honey, Emerson, & Llewellyn, 2011). Therefore, studies need to better understanding the impact

of both childhood abuse and adult victimization to target any potential interventions. This study was able to have significant participation from ethnic minorities. This was not a focal area for this study, but it should be a variable more fully examined in future studies.

Finally, there has begun some attention to the use of alcohol and drugs by college students with disabilities (Baker, Prevatt, & Proctor, 2012). Understanding the connection between the abuse of substances and the potential for abuse in this population would also be a next logical step for the literature. Finally, as the AAS-D is a great starting point to learning more about disability-related abuse, there remains other types of unique forms of abuse that correlate with one's specific disability. With the assistance of people with various disabilities, a more thorough tool needs to be created that asks about all the potential disability-related abuse tactics that could be used.

This study helps to initiate the discussion of college students with disabilities and their experience of abuse (physical, sexual, and disability-related) both past and present. Furthermore, the participants have shared vital information on disability-related abuse (an area almost wholly ignored in the sexual assault and IPV scholarship). In addition, the study has explored a second area that remains unexamined, the extent to which people with disabilities know where to turn for assistance if they are abused and how often they seek out help. With close to half of the participants reporting they had little to no knowledge of abuse-related resources, and only a quarter of those who were abused seeking out services, it is clear from these results that additional attention is needed to help create awareness around services that are targeted to people with disabilities. As stated, people with disabilities often do not seek our help from the standard victim assistance programs, such as domestic violence shelters and sexual assault agencies, largely due to the lack of accessible services. As we continue to learn the extent to which this population has experienced various forms of abuse and neglect, universities can begin to help increase the awareness of this issue by offering information and resources in areas that are easily accessible and commonly visited by people with disabilities. Finally, the participants shed light on an astonishingly high incidence of child physical and sexual abuse. Research on the intersection of college students and people with disabilities populations is critical to both the future of prevention and intervention services on campus. Although the number of participants was small, the information on this issue is only just beginning to be explored. The current study provides some important insights and directions for future research. As technology continues to evolve, people with disabilities will represent a larger percentage of the college student population. Universities should review its policies and procedures for sexual assault and IPV on campuses in an inclusive manner.

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