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Women With Disabilities Who Have Been Sexually Assaulted: What Responders Need to Know

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**WOMEN WITH DISABILITIES WHO HAVE BEEN SEXUALLY ASSAULTED:
WHAT RESPONDERS NEED TO KNOW**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

KAITLYN MCCARTHY

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE**

OF

DOCTOR OF PSYCHOLOGY

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**WRIGHT STATE UNIVERSITY
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June 01, 2014

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **KAITLYN MCCARTHY** ENTITLED **WOMEN WITH DISABILITIES WHO HAVE BEEN SEXUALLY ASSAULTED: WHAT RESPONDERS NEED TO KNOW** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

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Abstract

Information about women with disabilities who have been sexually assaulted is vastly missing from psychological research and literature. This gap in literature is very concerning as more information is needed to ensure that women with disabilities are receiving care, and that prevention and care giving programs are tailored to meet their needs. Women with disabilities encounter unique sexual assault experiences that at times go unnoticed because their experiences are not often discussed in the literature, nor are they appropriately assessed. Through a Participatory Action Research (PAR) approach, the present study attempted to respond to these issues by modifying an existing sexual assault experiences survey, the Sexual Experiences Survey-Long Form Victimization (SES-LFV), to be more relevant to women with disabilities. This process was done by asking experts in the field of disability to conduct a review of the SES-LFV and provide feedback about the relevance of the survey to women with disabilities and to assess the overall clarity and utility of the survey. Results reflected several changes that needed to be made to the survey to make it more relevant to women with disabilities. Implications for the future use of the survey and for future research are discussed.

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Dedication

This work is dedicated to all survivors.

Chapter I

It is estimated that 10% of the world's population lives with a disability, which equates to approximately 650 million people worldwide who have a disability (Higgins, 2010). In the United States alone, there are roughly 50 million people living with a disability (APA, 2012), and of these 50 million, there are 26 million women (or 20% of the United States population) who have a physical disability (McFarlane et al., 2001).

Historically, people with disabilities have been subjected to ongoing prejudice and discrimination (Nagler, 1993). It was not until the 1990s that the Americans with Disabilities Act was passed with the goal of eliminating attitudinal and physical barriers for individuals with disabilities in order to promote their inclusion in society (APA, 2012). However, despite these efforts, individuals with disabilities continue to be subjected to both covert and overt forms of discrimination.

This discrimination is mirrored in the large numbers of people with disabilities who have been abused. Although statistics vary, it is largely believed that people with disabilities are more likely to become victims of assault and abuse than are people without disabilities who are of similar age and gender (Sobsey, 1994). People with disabilities also typically experience more prolonged and severe abuse, the effects of which may be both more serious and more chronic (Higgins, 2010; Nagler, 1993; Nosek, Howland, & Young, 1997; Sobsey, 1994; Sobsey & Doe, 1991; Sobsey & Mantell, 1992;

Young, Nosek, Howland, Chanpong, & Rintala, 1997). Despite the high rates of abuse, people with disabilities have often been systematically excluded from programs designed to prevent abuse and programs designed to support survivors (Merkin & Smith, 1995; Sobsey, 1994). Furthermore while there has been an increase in information about the physical, material, and psychosocial effects that abuse can have on survivors of abuse, the information pertaining specifically to people with disabilities has been lacking.

There has been research conducted showing that of the many different types of victimization, sexual assault is likely the type to produce “the worst psychosocial impacts” (Andrews & Veronen, 1993). It is recognized that experiencing sexual violence can cause numerous deleterious effects including physical injuries, mental health problems, drug and alcohol abuse, and even death (Martin et al., 2006). Sobsey (1994) reported that sexual offenses are the most frequently occurring crimes committed against people with disabilities. Furthermore, women are particularly at risk for sexual assault throughout their lives (Anders & Veronen, 1993; Higgins, 2010; Pava, 1994; Sobsey, 1994), and as such the focus of this study was on women with disabilities.

Despite the known effects of sexual assault, there is still a dearth of research detailing the needs of people with disabilities who have been sexually assaulted. The research that has been conducted with this topic in mind has largely occurred within the past 20-30 years, and has primarily focused on examining the frequency at which people with disabilities have been sexually assaulted and statistics pertaining to who the perpetrators are. Nevertheless, prevalence estimates of survivors of sexual assault vary widely, partially due to differences in the operational definitions of sexual abuse, the method of collecting data, sampling bias, and study response rate (Kvam, 2000). Usually

victimization prevalence rates and incidence studies make use of telephone interviews with randomly sampled households in the general population (Andrews & Veronen, 1993). Studies such as these often do not reach people with intellectual disabilities, communication disorders, or people who live in institutions (Andrews & Veronen, 1993).

Moreover, the limited research that has been conducted has not been conclusive due to varying research methods. Research estimating the frequency of sexual assault and violence in the lives of women with disabilities strongly supports the need for developing prevention programs (Sobsey, 1994). Although information regarding the incidence of such assaults provides much needed awareness, it does not provide enough detail to help determine how these programs should be constituted. As of yet, psychologists and other helping professionals often do not receive adequate training in disability issues (APA, 2012; Corin, 1986; Modell & Mak, 2008; Sobsey, 1994).

There is also a scarcity of measures used to gather information from women with disabilities that are specifically tailored to them. To date, there is not a screening tool available for women with disabilities who may be experiencing sexual abuse. Many instruments designed to gather information about sexual assault experiences do not specifically address the various types of unique sexual assault experiences that women with disabilities face. This is problematic because this information is needed to better inform helping professionals as to how to best provide care for the survivors of sexual assault.

Appropriate interventions begin with the initial interview and accurate screening of abuse history. As such, this project attempted to develop a survey that can be used to specifically identify various sexual assault incidents that women with disabilities may

have experienced. Knowing more about the sexual assault experiences that women with disabilities have is necessary to help responders adequately address their care needs and develop prevention programs. Items on an existing sexual assault survey, specifically the Sexual Experiences Survey-Long Form Victimization (SES-LFV) (Koss, M.P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J., 2012) have been modified to be disability specific. Using a participatory action research model, an empowerment approach that encourages those with disabilities to actively participate in research and intervention development, the survey was given to individuals with disabilities who identify as disability experts and work within the disability arena. They were asked to review the items in the survey and provide feedback as to the appropriateness of each item with the goal of revising the survey to be more relevant to women with disabilities. Using the qualitative data gathered, this study hopes to take a step towards informing professionals as to how they can best gather information from and provide care to women with disabilities who have been sexually assaulted. Finally, this project could lead to the next level of research and clinical application, which would involve piloting and disseminating the survey to women with disabilities.

Chapter II: Review of the Literature

The literature review has the following purposes. First, disability must be defined and the models used to conceptualize disability throughout history will be analyzed. Secondly, sexual assault must be defined to include sexual assault incidents that are particular to women with disabilities. Third, it will review the limited literature that pertains to women with disabilities who have been sexually assaulted to help guide this project and better inform the methods that will be used. Finally, disability affirming research approaches and existing sexual assault assessments will be reviewed briefly.

Disability Defined

Olkin (1999) spoke to the distinction that is made within the disability community between “impairment” and “disability.” Impairment implies that a reduction of “physical, sensory, cognitive, or systemic” ability resides within the person. Disability on the other hand, refers to the barriers and reductions in function that are imposed by the physical and psychosocial environment. With this definition of disability, the source of the difficulty is located in the sociopolitical environment, not in the person. Smart and Smart (2006) pointed out that disability is never entirely a “personal, subjective, and idiosyncratic experience, nor is disability a completely objective, standardized and personal experience.” Instead, disability is believed to result from an interaction among the individual, the disability, and the environment (Smart & Smart, 2006).

The American Psychological Association (APA) published a set of guidelines that can be used when assessing and intervening with persons with disabilities. In these guidelines, the APA delineated the various views and models that have been used to describe disability. These models are helpful in explaining how society has conceptualized disability throughout history (Heschel, 2012). Furthermore, these models have been very influential in the “provision of disability related services, research, and programs across time” (Heschel, 2012). Moreover, the aforementioned lack of training that helping professionals receive and the consequent failure to provide support and services to people with disabilities may, in part, be due to the influence of the various models of disability (Smart & Smart, 2006).

The first model that was used to describe disability is known as the *moral model*. This model proposed that disability was an “embodiment of evil” (APA, 2012). In the moral model, disability was seen as a punishment, a test of faith, or a divine gift. Typically, this model promoted the idea that individuals with disabilities should feel shame for some lack of morality located within them or their family (Olkin, 1999). Consequently, this model also led to blame and denial of basic rights. Although this model is no longer the predominant view, it still holds weight in the daily life of individuals with disabilities and can be heard and seen across life domains. Specifically, the moral model can be felt when one is blamed for having weakness in faith. These ideas only serve to continue to promote stigma and shame surrounding disability.

The second, most well known model of disability is known as the *biomedical model* and is derived from a medical viewpoint (APA, 2012). This model views disability as a pathological or medical issue resulting in impairment that deviates from

the norm. The focus is then placed on deficits, and an individual with a disability is viewed as someone who is in need of being “fixed” or cured (APA, 2012; Smart & Smart, 2006). This view can influence a person to then focus on a cure and consequently impede or altogether prevent the person from developing a positive disability identity. This model further categorizes individuals with disabilities into lists of symptoms and treatments, resulting in an objectification of disability, which can be dehumanizing as the focus is placed on the pathology. The categorization of disabilities also gives rise to a fragmentation of the disability community, which is detrimental to the development of unity and/or a community among those with disabilities and further prevents individuals with disabilities from forming a positive disability culture (Smart & Smart, 2006).

A third model is the *social model*. The social model states that disability is a product of the interaction between individuals and their environment (APA, 2012), and further indicates that the idea of disability as being problematic is a social construction (Smart & Smart, 2006). This model illustrates how environments are constructed in ways that may hinder or facilitate individual functioning by building or removing barriers to permit full participation (APA, 2012). The social model proposes that the environment can be designed to be more accessible to individuals with disabilities. The education of the public about disability issues is also promoted within this model, as is the enforcement of laws to guarantee the equality, protection, and access to individuals with disabilities. Thus, this model increases the responsibility of society to create an environment that is both accepting of and accessible to persons with disabilities. During the International Year of Disabled Persons, the UN indicated that social attitudes are the

biggest barrier to achieving the goal of full participation and equality by people with disabilities (UN, n.d.; Higgins, 2010).

A fourth model, the *functional model* also takes the interaction of individuals and their environment into account (Smart & Smart, 2006). This model conceptualizes that disability is understood within the demands of social and occupational contexts. Disability then is a consequence of “functional capacities and limitations” (APA, 2012). The APA guidelines (2012) provide the following example to illustrate the functional model: a person with a finger amputation may have a disability when playing an instrument such as the violin, but not when they are performing the role of a business executive.

The fifth model, a *forensic model* conceptualizes disability through focusing on legal concepts (APA, 2012). Instead of acknowledging individual experiences of disability, the forensic model requires that individuals meet legal criteria for disability in order to receive accommodations or disability benefits. The individual is expected to “prove” that he or she has a disability, which may potentially foster his or her distrust of helping professionals.

Many of these models contribute to the attitudinal barriers that have impeded research about sexual assault and people with disabilities. It is clear that there is a correlation between living with a disability and the risk of being disadvantaged or discriminated against (Higgins, 2010). Nevertheless, when focusing broadly on rights, the experiences of sexual assault can easily be overlooked (Higgins, 2010). The sexual assault of women with disabilities can often be rendered invisible when focus is instead placed on issues of equity and access to services that are unjustly withheld from

individuals with disabilities. With the large number of discriminatory access issues (e.g. employment access) that need to be addressed, less emphasis is sometimes placed on the experiences of sexual assault survivors.

Sexual Assault Defined

The voices of women with disabilities who have been sexually assaulted are vastly missing in the research centered on sexual assault. The lack of representation of women with disabilities in the research has delayed the creation of policies and accessible services that are greatly needed (Plummer & Findley, 2012). In order to understand the implications that sexual assault of people with disabilities has, it is imperative to address “basic definitions, typical dynamics, prevalence indicators, and special attention to matters of acquaintance rape and informed consent” (Andrews & Veronen, 1993). This will be followed by a discussion of how even the typical definitions of sexual assault speak to ableized concepts and perpetuate an absence of attention towards women with disabilities and their shared as well unique experiences with sexual assaults.

In this project, sexual assault will be defined as any unwanted sexual activity or sexual activity that is obtained without consent. Sexual assault is an act of violence that may be verbal and/or physical. It includes but is not limited to rape, attempted rape, exhibitionism, touching, fondling, forced performance of sexual acts, and exposure to pornographic situations. It should be stressed that typical definitions of sexual assault often do not encompass some of the sexual assault incidents that women with disabilities experience. For example, women with physical disabilities who are in need of personal caretaking such as bathing, toileting, and dressing may experience inappropriate touch or unnecessary exposure. Women with disabilities who live in institutions may also be

subjected to high incidences of abuse from service providers (Elman, 2005). When sexual abuse occurs within the context of caretaking, it is highly exploitive and can be confusing for the victim. It should be noted that sexual assault goes further than an assault against a human body; it is an assault against the whole person as it invades the psycho-social world of the survivor (Stuart & Stuart, 1981).

The topic of rape and sexual assaults is often riddled with myths resulting in distorted discussions about sexual assault (Stuart & Stuart, 1981). These myths have also hindered the disclosure of assaults (Kvam, 2000). One such myth about sexual assault and women with disabilities is that they will be safe from sexual assault because no one would take advantage of a helpless person (Kvam, 2000; Stuart & Stuart, 1981). Not only does this myth perpetuate the false belief that people with disabilities are helpless, but it also fails to recognize that perpetrators of sexual assault often attack people whom they believe they can gain power and control over. Due to messages they may have received from society, people with disabilities may view themselves as undesirable and believe themselves to be safe from sexual assault (Kvam, 2000; Nosek, Howland, & Young, 1997; Stuart, 1986). Rape and sexual assault however are crimes of violence, not ones of passion and sexual desire (Corin, 1986; Stuart, 1986; Stuart & Stuart, 1981).

Another myth that is often associated with rape and sexual assault is that such sexual assaults are usually provoked by the victim in some way (Stuart & Stuart, 1981; Sobsey, 1994). Sexual assault is one crime where the victim often incurs blame. Individuals who are attacked by acquaintances or people whom they know are often accused of having been either too trusting or for somehow having encouraged the assault (Sobsey, 1994). Individuals who are assaulted by strangers are often blamed for not

fighting off the assailant or for not having taken enough precautions (Berkman, 2006; Sobsey, 1994). Fear of possible blame and retribution may make it harder for some survivors of sexual abuse to come forward and report these offenses or seek help (Berkman, 2006).

While most people who have been sexually assaulted do not report it to the authorities, women with disabilities are even less likely to report sexual assault to the authorities (Andrews & Veronen, 1993). The barriers to disclosure are numerous, but include organizational barriers such as poor (or absent) policies and procedures to disclose, poor responses to disclosure, and lack of violence prevention strategies (Higgins, 2010). One of the first and most cited accounts of the sexual abuse of women with disabilities comes from the Seattle Rape Relief center (Elman, 2005). This center recorded over 300 cases of sexual abuse, further noting that less than 1/3 of these individuals reported their abuse to the police. The Center estimated that approximately 3,000 incidents occur every year in Washington alone. It has been discovered that sexual offenses are among the most frequent crimes committed against people with disabilities (Sobsey, 1994).

Andrews and Veronen (1993) identified eight factors that are associated with increased vulnerability to sexual assaults among people with disabilities. The first factor is that some people with disabilities may depend on others for care, leading to situations which may put these women at risk of being sexual assaulted by their caretakers. Women who need care may be led to be compliant and trusting of their caretakers, including those who assault them. Furthermore, vulnerability is increased when the caretakers are responsible for personal care such as toileting or bathing, situations which can be

sexually exploitive or confusing. Women who are dependent on others for care may be afraid to seek help or report their assailant for fear they will no longer receive the care they need (Martin et al., 2006). Consequently, they may be repeatedly subjected to such atrocities and feel forced to remain silent. Women who live in institutions are also at very high risk (Martin et al, 2006; Nosek, Howland, & Young, 1997). Women who live in institutions may have fewer safeguards that protect them from harm, and may be afraid of having nowhere to go, or fear being moved to even more restrictive environments if they were to report what was happening to them (Andrews & Vernonen 1993; Corin, 1986).

A second factor is that women who have disabilities are still frequently denied basic human rights. Historically and presently, women with disabilities have and do suffer from oppression, and as such may feel more powerless due to negative societal attitudes and behaviors. Assailants may exploit these women, who may perceive the perpetrators as powerful because they can possibly deny them of basic life supports and induce them to even greater harm if they do not comply.

Thirdly, perpetrators may target women with disabilities because they believe that there is less risk that they will be caught (Andrews & Veronen, 1993; Martin et al., 2006). Offenders are often driven by anger and the desire for power and control. They may believe that women with disabilities will not be able to seek help, and devalue them in general. For example, it may be believed that someone with a hearing impairment will not be able to call for help, or that a person with an intellectual disability will not be able to understand and communicate what is happening.

A fourth factor is that many survivors of abuse are not believed. As aforementioned, women who have been sexually assaulted are often blamed themselves.

Women with disabilities face additional resistance due to false beliefs that people with disabilities will not be sexually assaulted because they are asexual, pitied, or undesirable (Andrews & Vernonen, 1993; Corin, 1986; Sobsey & Mansell, 1994). Furthermore, women with intellectual disabilities are subjected to exceptional resistance when reporting sexual assaults. They are often accused of distorting a consensual sexual relationship or of lying all together.

Fifthly, women with disabilities, especially women with intellectual disabilities, often do not receive sex education (Andrews & Veronen, 1993; Berkman, 1986; Sobsey & Mansell, 1994). As such, they may be less adept at recognizing, understanding, and resisting sexually abusive situations. A sixth factor is that some women with disabilities may be socially isolated and consequently more vulnerable to being exploited through manipulation and people who appear affectionate.

A seventh, and often overlooked factor, is that women who have disabilities may be more challenged when it comes to taking risk-reducing precautions or to actually resisting assaults. For example, women with disabilities may rely on set routines, such as being dependent upon public transportation that may only be accessible at vulnerable locations. Furthermore, routines such as these may be easily observable to potential perpetrators. Women who have sensory or perceptual disabilities may also find it difficult to detect approaching danger.

Finally, the values and attitudes toward mainstreaming and integrating individuals with disabilities into the workplace fail to consider each individual's capacity for self-protection. This may put women with disabilities at higher risk for victimization. For example, they may have jobs during evenings, night hours, or split shifts. Group homes

are often located in neighborhoods with high rates of crime, meaning that travel may take place through risky means, such as public buses, taxis, or potentially dangerous coworkers.

In order to reduce the vulnerability of women with disabilities, the perpetrators should be identified. Women with disabilities who are sexually assaulted are more often assaulted by men whom they know rather than by strangers (Berkman, 1986; Higgins, 2010; Martin et al., 2006). This finding is true across the board for women who have been sexually assaulted, regardless of whether the survivor has a disability or not. The perpetrators of women with disabilities typically fall into one of three categories: 1) male co-residents in residential care facilities; 2) family members; and 3) employees/staff in residential facilities and disability service providers (Berkman, 2006; Higgins, 2010).

Incidence and Prevalence Rates

While the perpetrator statistics have appeared to remain the same across studies, statistics pertaining to the incidence rates of survivors with disabilities have shown more variability. Overall, accounting for women with and without disabilities, it is estimated that in the United States, one in four girls will be sexually assaulted by the time they are 16-years-old. One in three females will be sexually assaulted during their lifetimes, while one in two females will be victims of either actual or attempted rape at some point in their lives (Pava, 1994). Several studies based upon convenience samples list rates of sexual assault among people with disabilities varying anywhere from 10-99% (Nannini, 2006). With statistics this varied, it is pertinent to explore the literature to note any patterns or discrepancies among the data.

Much literature supports that women with developmental or intellectual disabilities experience extremely high rates of sexual assault. In his book, Sobsey (1994) estimated that between 15,000-19,000 individuals with developmental disabilities are raped every year. This number does not even take into account sexual assault incidences other than rape. Johnson & Sigler (2000) reported that among adults with developmental disabilities, 83% of females had been victims of sexual assault. In a study of 87 girls and women between the ages of 11 and 23 with mental retardation who were referred for birth control, 25% had a history of sexual assault (Chamberlain, Ruah, Passer, McGrath, & Burkett, 1994).

In her article, Leslie Corin (1986) describes a survey that was conducted in the Boston area following the discovery made by a teacher of the deaf in New England. She had reported that her classroom full of students all indicated that they had at one point witnessed someone being molested, while most had noted they themselves had been molested. In response to this information, the New England Sex and Disability Coalition decided to examine the incidence rates of sexual assault among individuals with disabilities in the Boston area through use of an informal survey. The results showed that only a “small number” of rapes or other assaults were reported. However Boston health professionals reported otherwise, estimating that the actual incidence of sexual abuse among individuals with disabilities is closer to 50%. Information gathered from reports, however, showed that the survivor of the assault was rarely the one to file the report. Rather nursing home or hospital staff reported the assaults when a staff member was under investigation. Furthermore, when asked, police officers were unanimous when it came to believing that people with disabilities are particularly vulnerable to assault and

are likely attacked out of proportion to their numbers in the population. Rape crisis centers estimated that between 5-15% of the calls they received came from women with disabilities.

A statewide study was conducted in North Carolina by Martin et al. (2006), examining whether or not women's disability status was associated with their risk of being physically and sexually assaulted within the past year. They surveyed non-institutionalized adults who were at least 18-years-old. Participants were classified into three different groups: no violence, physical assault only (without sexual assault), and sexual assault (with or without physical assault). It was found that women with disabilities were not significantly more likely to have been physically assaulted within the past year than were women without disabilities. However, women with disabilities were four times more likely to have experienced sexual assault in the past year than women without disabilities were.

A study by Young, Nosek, Howland, Chanpong, & Rintala (1997) reported similar incidence rates in their research. A sample of 860 women, 439 of whom had a physical disability and 421 of whom did not have a physical disability, were asked in a national sexuality survey if they had ever experienced emotional, physical, or sexual abuse. If the participants answered yes, they were asked to identify the perpetrator(s) and the duration of the abuse. Based upon the results, it appeared that women with and without physical disabilities were at equal risk of emotional, physical, and sexual abuse. However, women with physical disabilities were found to be at greater risk of abuse by health care workers and attendants. Furthermore, they were found to be more likely to experience a longer duration of abuse than were women without physical disabilities.

Nannini (2006) further examined how sexual assault patterns of women with disabilities differed from that of women without disabilities and further studied how patterns of sexual assault differed among women who had different types of disabilities. Using data from 16,672 women who were sexually assaulted from 1987 through 1995, it was found that over 10% of the survivors reported at least one disability. Women who had a history of a prior assault or were at least 30 years old were significantly more likely to report a disability. Women with mental health disabilities were more likely to delay seeking services for at least six months. A survivor who had a cognitive disability was more likely to report sooner than six months when compared to a survivor with other single disabilities.

Casteel, Martin, Smith, Gurka, and Kupper (2007) conducted a retrospective longitudinal study of 6,273 non-institutionalized women from a group of 8,000 women participating in the 1995-1996 National Violence Against Women (NVAW) Survey. The authors examined women's experiences of physical and sexual assault during the 12 months before the NVAW interview. The authors asked women to indicate whether they had a disability or not and to further indicate how their "disability impairment limited" their daily activities. It should be noted that this language may be reflective of ableist attitudes. Results indicated that most women reported having no disability (n=5008, 79.8%). Less than 5% (n=280) of the women reported having a disability that severely limited their daily activities, and 15.7% (n=985) reported having a disability that moderately limited their daily activities. Less than 4% (n=218) of the women reported a physical-only assault, and 37 (1%) indicated that they had been sexually assaulted. Women who indicated that they had a disability that severely limited their daily activities

were found to be four times more likely to have been sexually assaulted than women who reported no disabilities. There was little difference found in the risk of sexual assault between women who noted that they had disabilities that moderately limited their activities and those reporting no disabilities.

Pava (1994) published an article focusing on a sample of men and women with one specific disability- visual impairment. She looked at 161 women and men with visual impairments, assessing for their perceptions of vulnerability and experiences of actual or attempted sexual and physical assaults. Using a 22-item self-report measure adapted from the Vulnerability Questionnaire, Pava found that women perceived themselves to be at significantly higher risk for assault than did men. However, one in three of all the participants had been targets of either attempted or actual assault. It is worthy to note that physical and sexual assault were not differentiated in this study.

It should be pointed out that assessment tools that focus solely on intimate partner physical or sexual abuse are not sufficient for the wide range of abuse that is experienced by women with physical disabilities (McFarlane et al., 2001). It is likely that the statistics presented in the studies spoken of so far may not be reflective of actual prevalence rates due to inadequate assessment tools. To better determine the frequency, type, and perpetrator of abuse toward women with physical disabilities, McFarlane et al. (2001) assessed 511 black, Hispanic, and white women with disabilities for abuse using the Abuse Assessment Screen-Disability (AAS-D). This tool was developed and tested in specialty clinics specifically for women with disabilities. The first two questions of the AAS-D were taken from the Abuse Assessment Screen (AAS), which is a widely used assessment instrument. The third and fourth questions were developed based upon

results of the aforementioned national study using qualitative interviews with women with disabilities who had been abused. Using the two standard questions, 7.8% of the women reported having been abused. The two disability-related questions detected an additional 2% of the women as having been abused. Women who defined themselves as other than black, white, or Hispanic were more likely to have reported physical or sexual abuse or both, while disability-related abuse was reported almost exclusively by women who identified as white. This study further validated the fact that current assessment tools may not pick up true sexual assault rates of women with disabilities. There is clearly a need to develop items that are disability centered to identify the true severity and frequency of abuse of this population (McFarlane et. al, 2001; Plummer & Findley, 2012).

It should also be noted that the sexual abuse of women with disabilities is certainly not confined to the United States. Worldwide, women with disabilities are at a great risk for sexual abuse. One Canadian study discovered that 83% of women with developmental disabilities had been survivors of sexual assault (Stimson & Best, 1991). In Orissa India, survey results indicated that almost all females with disabilities were beaten at home, 25% of women who had an intellectual disability had been raped, and 6% of women with a disability had been forcibly sterilized (Higgins, 2010). In the Australian state of Victoria, police data reported that over a quarter of sexual assault survivors had a disability (Higgins, 2010).

The Sexual Abuse and Disability Project at the University of Alberta surveyed 208 survivors of sexual abuse with disabilities from the United States, Canada, and New Zealand (Sobsey & Mansell, 1994). Outcomes were analyzed and the results from all

three countries showed that sexual assault was frequently repeated and chronic. In fact, most survivors experienced abuse more than once. Single offenses were only reported in about 1/5 of the cases. Forty eight percent endorsed having been sexually abused on “many” (greater than 10) occasions. It was noted in this study that services for the survivors were often difficult to access. It was further reported that even when services had been found, they failed to meet the participants’ individual needs.

Professional Responsibilities

Healthcare professionals have a primary responsibility when it comes to ensuring that the individual needs of women with disabilities are met. Nosek, Howland, & Young (1993) highlighted several broad areas that need improvement in order to identify women with disabilities who are in abusive situations and refer them to appropriate community services. They indicated that policy changes are needed to increase the training for service providers in abuse interventions. They further noted that both the architectural and attitudinal accessibility of programs need to be improved in order to increase the responsiveness of adult protective services and to increase the options for personal assistance. They also argue that legal services need to become more affordable and accessible, and that communication among community service organizations needs to improve.

Clearly there are many areas of professional responsibility that need improvement. Berkman (1986) discusses three categories that professional responsibility falls into: management, personal, and clinical issues. Management issues include basic knowledge of institutional policies. Health professionals are responsible for knowing about the current laws in their state regarding sexual abuse. The laws differ from state to

state, as does the need for corroborative evidence. Management issues also include responsibility for knowing how to confront sexual abuse in different settings such as the home, private treatment, schools, residences, and hospitals.

Personal issues encompass the needs and characteristics of the health care professional himself or herself. Personal attitudes, values, and beliefs about human sexuality, the sexuality of women with disabilities, and sexual exploitation are influential considerations (Berkman, 1986). The gender, history, and personal and professional strengths of the professional all play a role in confronting the sexual abuse of women with disabilities.

Clinically, the individual needs of the client need to be considered and met. It is essential that healthcare professionals both recognize and acknowledge that women with disabilities are vulnerable to sexual assault. Acknowledging that some women with disabilities may be socially isolated and lack a support network is also important. Furthermore, as indicated earlier, if the client is dependent upon caretakers, it should be recognized that she might be at risk of being put in a position where she may feel pressure to comply with the demands of authority, making her vulnerable to abuse. Having this knowledge may enable professionals to be on the lookout for and detect and prevent abuse. It should also be recognized that oftentimes people do not believe women with disabilities when they report their assaults. The professional needs to be an ally to these individuals, and not only validate them, but also work with them to assess for and meet their care needs.

Sobsey and Mansell (1994) addressed the care needs of individuals with disabilities who had experienced sexual assault. They reported that the most frequently

sought service for the survivors was counseling. Various services from current caregivers and medical services were also frequently provided or required. A small number sought out legal and protective services. Abuse prevention education was only sought out in 2.9% of cases. Some made no attempt to secure any treatment at all. It was further reported that the services, even when located, failed to meet the victim's needs. In fact, the majority of the services did not accommodate the special needs of individuals with disabilities, and were often difficult to access, especially for those with severe disabilities. Only 20.4% of the services were found to be adequately accommodating.

These authors further suggested prevention strategies. Education and training were thought to be helpful in reducing the risk of sexual abuse. While prevention-training programs can be helpful, it was noted that they often have the effect of focusing the responsibility of sexual abuse and prevention on the potential victims when responsibility should be given to the offenders (Sobsey & Mansell, 1994). Nevertheless, these prevention programs are still needed.

The authors also proposed that sex education should be utilized in prevention programs. Denying sex education could potentially increase the vulnerability of people with disabilities to potential abuse from individuals who may exploit their lack of knowledge about sex. This training should include teaching social skills that can be used to help recognize and avoid dangerous situations, promote awareness of personal feelings of discomfort, and information on how to seek advice and help when necessary to prevent abusive situations. (Sobsey & Mansell, 1994).

Staff members who provide services to individuals with disabilities could also benefit from training. They should be trained to recognize and respond to early signs of

abuse. Sobsey and Mansell (1994) point out that an obstacle to successful detection is symptom-masking. Staff members and other individuals may attribute symptoms of sexual abuse to the person's disability, and consequently overlook sexual abuse. Staff members should also be informed about the policies regarding abuse and sexual behavior, as well as what is appropriate and inappropriate behavior. Staff should also have police checks and a thorough reference check as part of their screening process. Employers need to be sensitive when hiring employees.

Healthcare professionals should also be sure to provide treatment accommodations (Sobsey & Mansell, 1994). The basic accommodations these authors listed are as follows: physical accessibility, alternative phone devices, provision of translators, and non-print alternatives. They further noted that many sexual abuse treatment centers have not increased their physical and resource accessibility, nor developed appropriate therapies for individuals with disabilities. Professionals need to receive training about how to work with individuals with disabilities and how to increase the availability of sexual abuse treatment to individuals with disabilities.

It can be seen that many changes need to happen in the arenas of policy and practice within healthcare centers, and more research needs to be conducted to inform these changes. Plummer & Findley (2012) made the following suggestions for practice, policy, and research. First they encouraged researchers to include individuals with disabilities in their work concerning women with disabilities to increase the overall representativeness of their studies. Secondly, they proposed that scales assessing for abuse or violence should include the broader range of abuse that could occur in individuals with disabilities. Third, they asserted that services for survivors of violence

need to be linked with agencies that provide services for individuals with disabilities to increase sensitivity to their needs. Finally, they pointed out that research should move beyond the epidemiology of the problem and “explore the availability of social service and medical sectors to respond to their issues” (Plummer & Findley, 2012).

Aiello, Copkin, and Catania (1983) also explored the additional work that needs to be done to improve workshops and programs designed to help women with disabilities who have been sexually assaulted. They noted that many of these workshops have been focused on providing information while neglecting to assess the back home interest and needs of the participants. They further stated that the materials provided to the women in these programs are “often fragmentary and tend to lose their value when taken out of context” (Aiello, Copkin, & Catania, 1983). Additionally, they indicated that these programs failed to help the women become more aware of the actual or potential inaccessibility of services provided through their local organizations nor had they educated participants about strategies for correcting program and facility inaccessibility.

In response to these issues, an in-service training program on rape and disability for the staff at Women Organized Against Rape, Inc. of Philadelphia was created (Aiello, Corkin, Catania, 1983). The program was divided into four sections that represented different aspects of thinking and practice concerning services to the survivors. The sections were divided into myths and attitudes concerning women with physical disabilities who had been raped, emergency crisis services to assault survivors, the criminal justice process in relation to assault survivors, and strategies for prevention. Follow-up services to women with disabilities were discussed as well. The authors noted that despite receiving favorable reviews, the participants indicated several areas in which

further training and information would have been helpful. The areas they specified wanting more information on were physical disabilities and functional limitations, sources of technical assistance, and material on provision of victim services under conditions of fiscal austerity.

Disability Affirming Research

The primary goal of this study was to incorporate and modify measures that will better identify instances of sexual assault among women with disabilities and their specific care needs. In order to ensure that this goal was met, the researcher asked individuals with disabilities for their direct input. Participatory action research (PAR), historically rooted in anthropology and sociology (Lane, Huyck, & Toryk, 2011) offers people with disabilities a voice in both the research and provision of services (Conder, Milner, Mirfin-Veitch, 2011). Roughly paralleling the disability legislation enacted in the United States, PAR has increasingly been applied to disability-related research (Lane, Huyck, & Toryk, 2011). PAR methodologies look to ensure that the research conducted is responsive to the needs of the community, while also providing the participants, who are normally excluded from the research process, the opportunity to take a more active role (Conder, Milner, Mirfin-Veitch, 2011; Garcia-Iriarte, Kramer, Kramer, & Hammel, 2009). Doing so helps to make certain that the research methods are accessible and meaningful, and subsequently that the resources developed are socially valid (Garcia-Iriarte, Kramer, Kramer, & Hammel, 2009). “Calls for empowerment, participation, and partnership” are particularly strong for people with disabilities as it is believed that consumers of personal assistance should be able to choose which services they receive, and “in the process, gain or regain a measure of control over their lives” (Ottman, Laragy,

Damonze, 2008). Involving the people who will be most affected by the outcomes of the research is expected to give them a sense of ownership in the final product and promote an outcome that will be directly useful to them (Conder, Milner, & Mirfin-Veitch, 2011). As such, disability research is increasingly coming from a participatory action research perspective (Conder, Milner, Mirfin-Veitch, 2011; Kramer, Kramer, Garcia-Iriarte, & Hammer, 2011).

Guided by PAR, Conder, Milner, and Mirfin-Veitch (2011) conducted a project to develop a quality of life tool with people with intellectual disabilities. Using focus groups comprised of people with intellectual disabilities, researchers teamed up with these individuals to come up with a questionnaire that informed services about their quality of life within a wide range of support needs, including residential and independent living. The authors of this study found that the participants' abilities to engage with the project were evident at various stages, and it was determined that having multiple methods of data collection would help to ensure that the method most appropriate for the individuals' abilities could be offered to elicit their contribution. It was further pointed out that PAR is a methodology that should maintain flexibility to allow for extra planning, preparation time, and rescheduling to meet individual needs.

Garcia-Iriarte, Kramer, Kramer, and Hammel (2009) described their work using PAR with a chapter of People First, a community-based self-advocacy group of people with intellectual disabilities in building a group for advocacy. The goal of their project was to involve people with intellectual disabilities in defining group needs and meeting group goals to help build a group devoted to advocacy for individuals with intellectual disabilities. To do this, focus groups were held to determine what members liked about

belonging to People First, how members made decisions within the group, and what future activities the members would like to do. They used various checklists and surveys to gather qualitative and quantitative data for a period of 15 months. Their findings suggested that active participation, while essential for group control, did not automatically lead to control. What improved capacity for advocacy was the manner in which supports were provided, including member supports, advisor supports, strategy supports and system supports. Furthermore, the extent to which the members had a sense of control over their decisions and participation also improved the capacity for advocacy. Overall, this study further demonstrated how a PAR approach could be used to increase a group's capacity for advocacy by including the members themselves.

Relevant Measures

In order to survey women for this project, relevant measures were reviewed for their appropriateness to be potentially modified. Several measures have been developed which assess for sexual assault and the effects of trauma. The Childhood Trauma Questionnaire (CTQ), authored by Bernstein and Fink (1997) is a 28 question self-report measure that can be used with individuals over the age of 12. This instrument does not measure the impact that the abuse has had on the individual, nor does it ask for factors such as relationship of victim to the perpetrator or use of force, but it can be used for quick abuse-history taking. There are five subscales, three of which assess abuse. These are the Emotional, Physical, and Sexual scales. The remaining two scales assess neglect, Emotional and Physical. There is also a three-item Minimization/Denial subscale that can be used to check for extreme responses, more specifically to highlight when respondents may be trying to minimize their childhood abuse experiences. The test was normed on six

samples. Only three of these samples had more than 300 respondents. The samples were comprised of 378 mostly black, male inpatient substance abusers, 398 adolescent psychiatric inpatients, and 1,225 female, mostly white HMO members. The reliability and validity of the test are acceptable.

Developed by John Briere (1995) the Trauma Symptom Inventory (TSI) is a psychometric assessment consisting of 100 items describing trauma-related symptoms. They respondents are asked to indicate on a 4-point scale the frequency that their symptoms occurred over the preceding six months. While this inventory does not address what may have triggered the trauma, it may be a useful measure in assessing the effects of trauma to help inform possible diagnoses and treatment plans if used in conjunction with therapy. Ten symptoms are assessed: Anxious Arousal, Depression, Anger/Irritability, Intrusive Experiences, Defensive Avoidance, Dissociation, Sexual Concerns, Dysfunctional Sexual Behavior, Impaired Self-Reference, and Tension Reduction Behavior. The Sexual Concerns and Dysfunctional Sexual Behavior scales are primarily relevant to rape and sexual abuse. The TSI also has validity scales that can be used to detect under endorsement, over endorsement, and inconsistent reporting. The normative sample consisted of 836 people using mail-sampling methodologies. The sample's demographic distributions correspond to the 1990 U.S. Census distribution of sex, ethnic group, marital and employment status, education, and state of residence. Some of the questions are worded similarly, possibly inflating the measures of internal consistency. Nonetheless, reliability and validity have been found to be high.

The Sexual Experience Survey-Long Form Victimization Version (SES-LFV), developed by Koss and Oros (1982) is comprised of 21 questions that ask the respondents

to answer questions pertaining to various degrees of sexual aggression and victimization. The items are designed to be used with female college students (Koss & Gidycz, 1995). If the respondent answers yes to the question, they are then asked to indicate how many times that particular incident has happened from age 14 on, and how many times it has happened in the past 12 months. Based upon the responses, women are classified into four levels of victimization: nonvictimized, sexually coerced, sexually abused, and sexually assaulted. Modifying the SES-LFV by adding questions that pertain to particular forms of sexual abuse specific to women with disabilities may be helpful in assessing for types of sexual abuse and frequency of abuse within this population. Due to the breadth of questions asked on this survey that specifically assess sexual assault experiences, this project hopes to modify the SES-LFV to revise and include items that are more relevant to women with disabilities.

Chapter III: Methods

This study utilized and modified an internet-based survey that was designed to gather information from individuals who have been sexually assaulted. The intent of this study was to modify the survey to be more relevant women with disabilities. Individuals who identify as experts in the field of disability were asked to conduct an expert review of the survey instrument in order to solicit feedback regarding the relevance of the questions to women with disabilities and the clarity and utility of the survey. Open-ended comments and feedback regarding the utility of the items were also solicited to continue developing this survey for wider dissemination in the future.

Materials

A survey instrument, the Sexual Experiences Survey-Long Form Victimization (SES-LFV) (Koss et al., 2012) was selected to gather qualitative data about whether the items on the survey were relevant to the experiences of women with disabilities who have been sexually assaulted. The SES-LFV survey questions consist of multiple choice and open-ended answer items asking participants to disclose their experiences with various types of unwanted sex acts and/or the rate of each tactic the perpetrator(s) used to compel these unwanted acts. This survey was selected because it was recently developed, which makes it more timely and current. It was also selected due to the wide breadth of unwanted sexual experiences that the items cover, and because it appeared to be more easily modified to be relevant to disability.

The survey used for this study also included a consent form (Appendix C), a request for demographic information (Questions 2-9), and the survey questions. The survey is listed in Appendix A.

Participants

Participants were recruited using two electronic mailing lists for psychologists: the American Psychological Association's (APA) Division 22, Rehabilitation Psychology list serve and the Special Interest Group (SIG) list serve. Several subjects were also recruited from Dayton Ohio's Access Center for Independent Living via e-mail as well. The Access Center is a non-residential center for independent living whose board and staff are almost completely comprised of individuals with disabilities. A recruitment email, which included a link to the online survey, was generated and distributed to all individuals on these e-mail list serves. The recruitment email is included in Appendix B.

The selection criteria for the present study were restricted to individuals 18 years of age and older who identify as an expert in the disability field. In addition to providing feedback about the SES-LFV survey items, participants were asked to complete a demographics questionnaire that included questions regarding their expertise within the field of disability, their job title, and whether they have disabilities themselves. This research study was conducted with the approval of the Wright State University Institutional Review Board.

Procedure

The procedure for the current study was to elicit participants from the Dayton Access Center, and the Division 22, and SIG e-mail list serves. An e-mail was sent out to all subscribers detailing the inclusion criteria for the study along with a brief description

of the purpose of the study and a request for their participation. The e-mail included a hyperlink to the online survey where participants were able select the link with their computer mouse, which then directly opened the survey page. The survey was hosted by SurveyMonkey.com, an online host tailored to making surveys. Since the surveys were completed online, no in-person contact was made and no identifying information was required other than answering the demographic questions. Participants were not asked for any specific information that could identify them personally, such as their name or geographical location. Once surveys were completed, they were stored securely and only accessible by the researcher.

After participants clicked on the hyperlink provided in the e-mail, they were taken to a consent form that was generated and provided to them online. Participants could not begin taking the survey without first viewing the consent form and indicating agreement. The consent form is included in Appendix C.

Following their consent, participants were then directed to provide open-ended feedback about the relevance of every item on the survey to women with disabilities and the clarity of every item. In order for the participants to evaluate the relevance of the items to women with disabilities and the clarity of the items, a space was provided at the end of each question to give them the opportunity to leave open-ended feedback. After each question, participants were asked “Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.” This question was followed by a text box that allowed the participants to provide any comments they had. Participants were then directed to respond to the question: “If there is anything that was unclear about the above question, please describe what was unclear below.” This question

was also followed by a text box allowing the participants to respond with any comments they had about the clarity of the question. Two additional questions were posed at the end of the survey asking participants if any other questions should be included in the survey and whether they had any additional feedback.

Data Collection and Analysis

Data was gathered in a qualitative format through the use of the Internet survey. First, participants completed demographic questionnaires. Then, participants were asked to evaluate the SES-LFV questions item by item. They were not asked to answer any of the survey questions themselves, but rather they were instructed to evaluate the items for their clarity and relevance to women with disabilities. Following each question, participants were provided with a space to answer whether the question was relevant to women with disabilities, and if not how it could be improved. They were then asked whether the item was clear, and if not how it could be improved. Finally, participants were asked to provide any feedback about the survey and whether they would ask any additional questions that were not posed. Qualitative data was represented through their narrative and verbatim responses to questions.

Chapter IV: Results

Demographics

For the review of the survey, ten participants from the Division 22 e-mail list serve, SIG e-mail list serve, and the Dayton Access Center participated in the study. Due to the anonymity of the survey, it is not known how many individuals participated from each participant pool. Three of the ten participants however, discontinued the survey following the demographics questionnaire and did not provide any feedback to the SES-LFV survey itself. One participant exited the survey before completing it fully.

Nine of the ten participants were female (90%) and one participant identified as male (10%). Ages of participants ranged from 27-59 years old. Participants were provided with a text box and asked to identify their race(s). Eight of the ten (80%) identified themselves as Caucasian/White, one participant (10%) identified as European American, and one participant (10%) identified as Native American/Asian/Hispanic.

Nine participants (90%) identified themselves as having a disability. Each participant was asked to explain their disability if they answered “yes” to having one. Each of the nine participants who identified as having a disability indicated what type of disability they had. The following disabilities were reported: physical and cognitive disabilities; a physical neuro-muscular disability; cardiac condition; orthopedic disability and use of a power wheelchair for mobility; history of traumatic brain injury with

residual left homonymous hemianopsia; hearing impaired; and severe rheumatoid arthritis. Two individuals reported having spinal cord injuries.

Participants were also asked to indicate their job status. Six of the participants (60%) reported that they were licensed clinical psychologists, one participant endorsed being a counseling psychologist (10%), and one participant endorsed being a board certified rehabilitation psychologist (10%). Two participants (20%) indicated “Other” further identifying themselves as a post-doctoral fellow and post-doctoral student respectively.

Nine participants (90%) reported that their professional experience with individuals with disabilities included individual therapy. Seven participants (70%) indicated that had done group therapy with individuals with disabilities, two (20%) reported having engaged in case management services with individuals with disabilities, and finally eight (80%) of the ten reported having conducted assessment with individuals with disabilities. All ten participants (100%) indicated that they had worked with women with disabilities.

Survey Review

The following results will be divided into: suggestions given to make the survey more relevant to women with disabilities, suggestions given to make sure the survey more clear, and other general comments that were provided by the participants. Their verbatim responses will be provided with the exception of minor spelling corrections.

Disability Relevant Suggestions. Participants provided the following suggestions to make the survey more relevant to women with disabilities. Two participants noted problems with the directions to the survey itself. One indicated that the directions did not

appear to be directly pertinent to individuals with disabilities and suggested breaking up the directions to make them easier to read. A second participant suggested that instructions for visual accessibility should be included.

Question 13 also elicited responses from two participants about the relevance of the item to women with disabilities. The question reads “Someone stared at me in a sexual way or looked at the sexual parts of my body after I had made it clear I wanted them stop. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+).” One participant agreed that the item was relevant to women with disabilities, but noted that this question may be less relevant or frequently endorsed for women with visual impairments.

Question 19 reads “Someone showed me pornographic pictures when I had not agreed to look at them. How many times in the past 12 months? (0, 1, 2, 3+) How many times since the age of 14? (0, 1, 2, 3+).” One participant noted that while the question appeared to be relevant to women, it did not appear to be directly relevant to disability. This person however did not provide any suggestions as to how to make this question more relevant to women with disabilities.

Question 31 asks “Someone masturbated in front of me without my consent. How many times in the past 12 months? (0, 1, 2, 3+) How many times since the age of 14? (0, 1, 2, 3+).” One participant addressed the relevance of this item, noting that it should be clarified whether mobility interfered with this act.

Question 33 (A) asks, “Someone fondled, kissed, touched, or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by: Telling lies,

threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to. How many times in the past 12 months? (0, 1, 2, 3+) How many times since age 14? (0, 1, 2, 3+)." One participant suggested that the question could be made more relevant to women with disabilities by including an "additional choice to cover threat to withdraw care giving assistance with disability assistance."

Question 53 reads, "Someone fondled, kissed, touched, or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent but did not attempt sexual penetration by: Threatening to physically harm me or someone close to me. How many times in the past 12 months? (0, 1, 2, 3+). How many times since age 14? (0, 1, 2, 3+)." It was suggested by one participant that it would be helpful to include a question that captured whether the person may not have been able to move (e.g. paralysis), in which case the perpetrator may not have had to use physical force, restraint, or a weapon to engage in rape.

On Question 79, "Threatening to physically harm me or someone close to me. How many times in the past 12 months?" one participant added that while the question was relevant, we should "add service dog as choice" to this question. This person also mentioned this in reference to Questions 105, 131, 181, and 207. These questions all included the phrase "threatening to physically harm me or someone close to me."

Question 85 reads, "If you are a male, check box and skip to item 14. A man put his penis into my vagina or someone inserted fingers or objects without my consent by: Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I

didn't want to. How many times in the past 12 months? (0, 1, 2, 3+). How many times since age 14? (0, 1, 2, 3+)." A participant suggested that the "threat to withdraw care giving assistance/disability assistance" should be included.

After Question 111, one participant indicated that "threat to withdraw care giving assistance/disability assistance; threat of nursing home placement" be added. This item reads, "A man put his penis into my butt and/or someone inserted fingers or objects without my consent by: Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+)."

Following Question 123, one participant indicated that the question could be made more relevant to women with disabilities who do not have sensory input by also including other indicators that there has been a violation (missing underwear, being undressed with no memory, blood, semen, etc.). This question asks women if "A man put his penis into my butt and/or someone inserted fingers or objects without my consent by serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+)."

After question 161, one participant noted that the survey was getting too long and indicated the belief that clients with disabilities would be getting distracted, especially those with visual impairments.

Clarity Suggestions. Participants noted their suggestions to improve the clarity of the survey items as well. Question 13, which reads, "Someone stared at me in a sexual

way or looked at the sexual parts of my body after I had made it clear I wanted them stop. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+)” elicited the following feedback. One participant suggested that the phrase “sexual way” be defined and an example for the phrase “looked at” be given. This same participant further questioned this item’s relevance to sexual assault, instead indicating that this item seemed to pertain to sexual harassment rather than sexual assault. In response to the clarity of this item, a third participant stated that the wording “sexual parts” sounded strange and suggested that it read “breast/genitals.”

One participant provided a recommendation for Question 17, “Someone sent me sexual or obscene materials such as pictures, jokes, or stories in the mail or over the Internet after I had asked them to stop. Do not include mass mailings or spam. How many times in the past 12 months? (0, 1, 2, or 3+). How many times since the age of 14? (0, 1, 2, 3+).” The participant stated, “Appears relevant if you are looking at a global perspective of sexuality. Wondering if another question might pertain to desensitization through those that might not ask others to stop mailing them-some find politically incorrect humor amusing.” Another individual noted that while they thought the question was relevant, they would include greeting cards and make a separate question for internet/ store. This person also indicated that the language structure was too complex.

Question 19 reads, “Someone showed me pornographic pictures when I had not agreed to look at them. How many times in the past 12 months? (0, 1, 2, 3+) How many times since the age of 14? (0, 1, 2, 3+).” One participant questioned why these questions have asked only for incidents that have happened after the age of 14, further suggesting

that the survey also ask about incidents that may have happened to women younger than the age of 14. Two individuals suggested that pornographic materials be better defined.

In regards to Question 35, “Someone fondled, kissed, touched, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by: Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn’t want to. How many times in the past 12 months? (0, 1, 2, 3+) How many time since age 14? (0, 1, 2, 3+)” one participant stated, “This is a bit of a multiple question. There are so many options within the question that I wouldn’t be sure what the answer meant.” That same participant also questioned the clarity of the wording by giving the following feedback “After saying I didn’t want to...didn’t want to what? Have sex?” A third participant noted that the sentence structure for this sentence was too complex.

Question 37 asks about various drugs that have been given without the person’s consent. A participant recommended that more drugs be included in the question such as cocaine and heroin. In regards to the clarity of this item, one participant noted that they were not familiar with drugs, and asked if another question about “lost time” was necessary in the instance that a person would not know if they were drugged.

For Question 41, one participant responded to the clarity of this question by noting that the question seems to be asking about drug use rather than sexual encounters. Question 41 reads, “Someone fondled, kissed, touched or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by: Encouraging and pressuring me

to use drugs such as pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+).”

In regards to Question 43, “Someone fondled, kissed, touched or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by: Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening. How many times in the past 12 months? (0, 1, 2, 3+). How many times since the age of 14? (0, 1, 2, 3+),” one participant suggested “a choice of being over medicated on one’s own medication be provided.” Another respondent questioned whether this item includes alcohol, and two participants noted that the phrase “using me” should be better clarified.

For Question 45, one participant suggested that the alcohol questions be posed before the questions about heavy drugs, and another participant asked whether the question was about alcohol use or sexual encounters. This question asks, “Someone fondled, kissed, touched or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by: Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening. How many times in the past 12 months? (0, 1, 2, 3+). How many times since age 14? (0, 1, 2, 3+).”

Question 48 asks about the clarity of the following question: “Someone fondled, kissed, touched or rubbed against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual

penetration) by: Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening. How many times in the past 12 months? (0, 1, 2, 3+). How many times since age 14? (0, 1, 2, 3+).” It was again recommended by one participant that the phrase “using me” be better defined. It was also pointed out by another participant that asking for instances that have occurred since the age of 14 is dismissive of women who were abused prior to the age of 14, and the reasoning behind asking about abuse only after the age of 14 should be explained. Another participant again noted that the question was unclear because it was not apparent whether it was asking about alcohol use/influence or sexual encounters.

Questions 51 and 65 also have the phrase “using me” in it. Again it was suggested that this phrase be better clarified. Several participants noted throughout the survey that certain items had been repeated. On Question items 85, 111, 113, 115, 117, 119, 121, 123, 125, 127, 129, 131, 133, and 137 one participant recommended that a sentence stem should be included with each question. After Question 122, one participant noted an error mentioning that the word “me” was left out of the question. This was a typo in the survey. After Question 187, a participant stated, “Getting too long, and starting to feel violating by the level of detail and sheer quantity of questioning. Show sentence stem or it’s too easy to overlook.”

An additional suggestion was made by a participant regarding Question 215 to allow for a write-in response to describe sexual orientation rather than have participants select their sexual orientation via checkboxes. Question 215 pertained to gender identity and asks the participants to indicate the following, “I am Female , Male , Transgender

[], Gender Queer []. My age is _____ years and _____ months.” Although this question pertained to gender identity and not sexual orientation, this question could still be modified to allow individuals to identify their own gender identity by using an open-ended text box as the participant suggested.

One participant responded to the clarity of Question 219 by suggesting that a “definition might be helpful.” The question asked “Have you ever been raped?” followed by a yes checkbox and a no checkbox. Another participant noted that this item was already asked in prior items about force and further stated, “I wonder if an item about legal/criminal issues retraumatizing might be appropriate.” Two other participant noted that rape should be better defined, one suggesting to “give social service definition of rape.”

Other Comments. The participants were asked if there should be any other questions that should be added to the survey. One participant wrote the following “Have you reported these experiences to anyone? List choices-family; friends; police; case manager; domestic violence organization or IL Center.” Another participant noted that it would be helpful to ask the participants if they felt that any of the unwanted sexual experiences or their responses were impacted by having a disability. One participant suggested that there should be at least one general question about experiences prior to age 14.

The participants were then asked for any additional feedback about the survey. Their responses are as follows. One participant stated, “Long. First responders need to understand that variance in answers may be the result of an interaction between the environment and a person’s disability. Reasonable accommodations should be offered as

best practice to someone that has experienced a trauma.” One participant noted “Very glad that this is being looked at as we need to make sure that sexual abuse of women with disabilities is being addressed.” One participant said the following, “I have a few thoughts-1 this was hard to read from the perspective of a nonviolated person. I wonder how respondents who have been violated would tolerate this. I imagine that you are administering this to draw them in, but I have concerns about it triggering them. 2-I would watch the formatting of the survey-so many similar items may contribute to automatic responding rather than thoughtful issues given the emotionally-triggering items. 3-this was certainly enlightening for me to review. I generally lump all of this info into one interview question and it was helpful for me to begin thinking about the many variations. Nice job! Please share the results.” Another participant stated, “Depending on the purpose of your questionnaire and the study, you may be missing some questions related to aspects of the disability itself which make them more vulnerable. Also unsure whether you’re just focusing on women with physical disabilities versus developmental?”

Chapter V: Discussion and Conclusions

The goal of this study was to modify an existing sexual assault experiences survey, the Sexual Experiences Survey-Long Form Victimization (SES-LFV), using a Participatory Action Research (PAR) model. This was accomplished by asking participants who identify as experts in the field of disability to conduct a review of the survey and provide feedback as to the items' relevance to women with disabilities and the clarity of the items. Participants were recruited from electronic mailing list serves, APA's Division 22 Rehab Psychology e-mail list serve, the Special Interest Group e-mail list serve, and the Dayton Access Center for Independent Living. Their feedback was gathered through the use of an online survey and used to make revisions to the survey. The revised survey can be referred to in Appendix D.

First, feedback regarding the survey from the reviewers will be discussed. This feedback was integrated and consolidated so that the survey could be revised to be more relevant to women with disabilities. The themes present in the participant's answers will be addressed, and limitations and future research ideas will be discussed.

Review of Survey

Individuals who identified as experts within the field of disability provided their feedback regarding the relevance of items on the SES-LFV to women with disabilities. The reviewers indicated that more inclusive examples should be used to capture the unique sexual assault experiences of women with disabilities. For several items it was

noted that including examples of being unable to move due to disability or paralysis would likely capture more experiences of women with disabilities. It was also pointed out that some items might not be endorsed as frequently depending on the type of disability some women may have. For example, there is an item that asks if someone has been looked at in a sexual way. One reviewer noted that this item may be less frequently endorsed by women who have visual impairments.

Additional comments also included adding in service dog as a choice when questions are asked that pertain to a perpetrator threatening to harm the survivor or someone close to her. In regard to questions that asked about threats, it was noted that the threat to withdraw care giving assistance/disability assistance should be included.

To make the survey more inclusive, it was suggested that questions that query whether someone inserted their penis or an object into someone's vagina also ask if they noticed any other indicators that there has been a violation such as missing underwear, being undressed with no memory, blood, semen, etc. for women who do not have sensory input.

The format of the survey itself was also found to be potentially difficult for all women to access. One reviewer specifically recommended that an option be made for individuals with visual impairments and that instructions be provided on how they could access the survey in a different format. Having this survey available in various formats would likely help increase its accessibility and thus be able to reach more women with disabilities.

Several of the reviewers also suggested that various terms throughout the survey be better defined. In particular, phrases such as "using me," "sexual parts," and words

such as “rape” can take on ambiguous and subjective meanings. Thus, it was recommended that these phrases and words be better defined so that they are more clear and explicit to the reader. The possible subjectivity of some of the items lends way to various interpretations, and consequently the data and responses collected may be skewed. Several participants also advised that more comprehensive examples of unintentional drug use be provided. Several questions listed specific types of drugs, and this list is by no means a comprehensive list of all the types of drugs that could be used by perpetrators to incapacitate someone. Including more drugs, or rewording the questions to include all types of drugs would likely be more inclusive of the experiences of women in general. It was also noted that some women may be unsure or unaware of whether they were given drugs, but may have had experiences such as unaccounted for lapsed time. Including these variables might also speak better to some women’s experiences and consequently may be more relevant.

Participants also provided feedback on the structure and sheer number of items presented on the survey. Concerns were expressed that the survey itself was too long and possibly too intrusive. Due to the personal nature of this survey, it is indeed possible that individuals taking it may experience discomfort at the detail and nature of the questions. Care should be taken to address any discomfort and to administer the survey in as sensitive a way as possible. Furthermore, one participant indicated the belief that due to the length of the survey some individuals with disabilities (making specific note of individuals with visual impairments) may get distracted while taking it. Several comments were also given implying that stem questions should be provided for each of the multi-part questions. It should be noted that the actual SES-LFV survey itself is

presented and formatted differently than the online survey, which these participants took. This will be discussed further in the limitations section.

Clinical Implications

The feedback gathered so far from the participants regarding the relevance of this survey to women with disabilities has shed light on how the SES-LFV may not adequately capture some of the unique sexual experiences that women with disabilities face. The clinical implications of this are far reaching. If the questions asked do not address the experiences that women with disabilities have had, they are not as likely to endorse having survived these experiences and they may then go undetected. If undetected, then not only may women with disabilities feel unacknowledged, but they also might not receive the services and help they need. On a more global level, if this information is used to inform programs and services, then pertinent information regarding prevention and aid to survivors will be missing.

Limitations

There were several limitations of this study. For one, the survey was only available via an online hyperlink. This is problematic because it is limiting the participants to people who have Internet access. Only providing the survey online also means that it may not be easily accessible to individuals with visual impairments or individuals who have difficulties using computers.

Secondly, several of the participants dropped out of the survey following the demographic questionnaire. It is unknown as to why these participants discontinued the study. Having included a question that asked them why they were choosing to exit the survey would have made it possible to make revisions to the study in order to promote

continued participation. For instance, if the survey was not user friendly, the reasons as to why it was not could be addressed and changed to make it more accessible and easier to use.

A third limitation that should be addressed is the small number of participants. As this is an ongoing study, it is hoped that more people will participate in the future so that additional feedback and data can be collected and analyzed. There are several possible methods to increase participation and to reduce attrition in future studies. Such strategies include providing an incentive to participate, such as offering a drawing for a gift certificate or money, reducing the amount of time needed to complete the survey through shortening the survey, recruiting from larger samples, and creating different formats of the study (e.g. paper/pencil format).

Finally, the feedback that was received about the length and clarity of the survey makes it apparent that at some points it is difficult to understand what questions are being referenced. It was suggested that stem questions be provided for all the multiple-part questions. Although a stem question was provided at the top of the page, it is possible that as people scrolled down to complete the items, it became more difficult to remember the stem question, or it became less apparent that the stem was applying to the follow up questions. As it stands, the SES-LFV is given via a hard copy paper version in which the stem questions appear at the top of the page and is directly above the follow up questions. Therefore, it is likely easier to follow than the online format in which you have to scroll to the top of the page to read the stem question. In order to correct for this in the future, the revised survey has condensed the multi-part questions. Rather than asking the reviewers to critique the items individually, the reviewers will be asked to review the

whole item in its totality and provide feedback. It is also hoped that this change will reduce attrition rates, as it will now take considerably less time to take the survey. Please refer to Appendix D for the new, revised survey.

Future Research Implications

The survey has been revised to include the feedback that was given in this study. It has also been condensed to make it more user friendly. Going forward, this revised survey will be given to more experts in the field of disability so that additional revisions can occur. The survey can then be distributed to women with disabilities themselves. This survey could potentially be a useful tool to clinicians and health care workers who hope to detect the sexual assault incidents that women with disabilities experience to help inform them on how to best provide services and appropriate interventions to the survivors. This survey could also help to possibly inform prevention programs by identifying the types of perpetration that women with disabilities experience.

Chapter VI: Summary

There are a multitude of myths, stereotypes, and assumptions about sexual assault and individuals with disabilities. Many women with disabilities who have been sexually assaulted experience unique assaults that are often unaccounted for and not asked about or discussed (Nannini, 2006; Sobsey, 1994). Furthermore, there is a lack of information in psychological literature and research about women with disabilities who have been sexually assaulted. The lack of information is concerning, as it is needed to ensure that survivors of sexual assault are given appropriate care and that prevention programs can be better tailored to address the unique sexual assault experiences that women with disabilities may face. The goal of this study was to respond to these issues by modifying an existing sexual assault experiences survey, the Sexual Experiences Survey-Long Form Victimization (SES-LFV) survey using a Participatory Action Research Approach (PAR). It is hoped that developing an appropriate sexual assault screener can be helpful in identifying the experiences of women with disabilities to help inform care and prevention programs.

Experts in the field of disability were asked to provide feedback about the relevance of the SES-LFV items to women with disabilities and the overall clarity of the items. Through use of an online survey, participants provided feedback. As their feedback was analyzed, it became clear that several changes needed to be made to make the SES-LFV more relevant to women with disabilities. It should be noted that prior to

these changes, women with disabilities might not have endorsed experiencing the sexual assault incidents described in the survey because they did not specifically refer to their experiences. The lack of disability relevant questions is striking and clearly illustrates how the experiences women with disabilities have survived may go unnoticed and consequently uncared for and addressed. The results of this study correlate with current literature that suggests that sexual assault patterns differ for women with disabilities (Nannini, 2006) and that current assessment tools are not sufficient for the wide range of abuse that is experienced by women with disabilities (McFarlane, et al., 2001).

As a result of the feedback gathered in this survey, revisions have been made to make the items on the survey more inclusive. For further use, the newly revised survey will be re-administered to experts in the field of disability to gather additional feedback to make continued revisions. Psychologists and other helping professions do not receive adequate training in disability issues (APA, 2012; Corin, 1986; Modell & Mak, 2008; Sobsey, 1994). Thus, it is the hopes that in the future, this modified screener can be given to women with disabilities to help inform care, intervention, and prevention programs.

Appendix A

Women With Disabilities Who Have Been Sexually Assaulted: What Responders Need to Know

Please answer the following questions as honestly as possible. Consider both your personal and professional experiences. No identifying information will be collected about you. Your responses will not be associated with your email address. Thorough and detailed answers will be appreciated.

2. Do you have a disability?

- A. Yes
- B. No

3. If yes, please explain:

4. Please indicate your current status.

- A. Licensed Clinical Psychologist
- B. Counseling Psychologist
- C. Graduate Psychology Student
- D. Board Certified Rehabilitation Psychologist
- E. Board Certified Neuropsychologist
- F. Other (please specify):

5. Please indicate your professional experience with individuals with disabilities.

- A. Individual Therapy
- B. Group Therapy
- C. Case Management
- D. Assessment
- E. Other (please specify):

6. Have you worked with women with disabilities?

A. Yes

B. No

7. My age is _____ years and _____ months.

8. What is your gender?

A. Female

B. Male

C. Transgender

D. Gender Queer

E. Prefer Not to Answer

F. Other (please specify):

9. What is/are your race (s)?

10 . The following questions are items on a survey that will be used to gather information from women with disabilities about their sexual assault experiences. The purpose of this study is to utilize your feedback to ensure that the questions are both clear and relevant to women with disabilities. Please provide your feedback to each question in the available text boxes.

Continue

Exit Study

11. The directions to the survey are as follows:

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box [] showing the number of times each experience has happened to you. If several experiences occurred on the same occasion-for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

Are the instructions relevant to women with disabilities? If not, how could they be improved? Please describe below.

12. If there is anything that is unclear about the above directions, please describe what was unclear below.

13. Someone stared at me in a sexual way or looked at the sexual parts of my body after I had made it clear I wanted them to stop.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

14. If there is anything that was unclear about the above question, please describe what was unclear below.

15. Someone made teasing comments of a sexual nature about my body or appearance after I made it clear I wanted them to stop.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

16. If there is anything that was unclear about the above question, please describe what was unclear below.

17. Someone sent me sexual or obscene materials such as pictures, jokes, or stories in the mail or over the Internet, after I had asked them to stop. Do not include mass mailings or spam.

How many times in the past 12 months? 0 1 2 3+

How many time since age 14? 0 1 2 3 +

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

18. If there is anything that was unclear about the above question, please describe what was unclear below.

19. Someone showed me pornographic pictures when I had not agreed to look at them.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

20. If there is anything that was unclear about the above question, please describe what was unclear below.

21. Someone made sexual or obscene phone calls to me when I had not agreed to talk with them about sexual or obscene things.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is the question relevant to women with disabilities? If not, how could it be improved? Please describe below.

22. If there is anything that was unclear about the above question, please describe what was unclear below.

23. Someone watched me while I was undressing, was nude, or was having sex, without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

24. If there is anything that was unclear about the above question, please describe what was unclear below.

25. Someone took photos or videotapes of me when I was undressing, was nude, or was having sex without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

26. If there is anything that was unclear about the above question, please describe what was unclear below.

27. Someone showed me the private areas of their body (ex. butt, penis, or breasts) without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

28. If there is anything that was unclear about the above question, please describe what was unclear below.

29. Someone made sexual motions to me, such as grabbing their crotch, pretending to masturbate, or imitating oral sex without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

30. If there is anything that was unclear about the above question, please describe what was unclear below.

31. Someone masturbated in front of me without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

32. If there is anything that was unclear about the above question, please describe what was unclear below.

The instructions change to the following:

The next set of questions refers to different sexual experiences that you might have had. Each question appears in bold type. After each question you will see statements labeled a through m. For each statement you are asked to indicate how many times that has occurred during the past 12 months. Then select a number to indicate how many times you have had that experience going back to your 14th birthday.

33. Someone fondled, kissed, touched, or rubbed up against the private areas of my body (lips, breast/chest, crotch, or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

34. If there is anything that was unclear about the above question, please describe what was unclear below.

35. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

36. If there is anything that was unclear about the above question, please describe what was unclear below.

37. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes," "ecstasy" (X), or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

38. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

39. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

40. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

41. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

42. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

43. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

44. If there is anything that was unclear about the above question, please describe what was unclear below.

45. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

46. If there is anything that was unclear about the above question, please describe what was unclear below.

47. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

48. If there is anything that was unclear about the above question, please describe what was unclear below.

49. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved?
Please describe below.

50. If there is anything that was unclear about the above question, please describe what was unclear below.

51. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

52. If there is anything that was unclear about the above question, please describe what was unclear below.

53. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

54. If there is anything that was unclear about the above question, please describe what was unclear below.

55. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

56. If there is anything that was unclear about the above question, please describe what was unclear below.

57. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

58. If there is anything that was unclear about the above question, please describe what was unclear below.

59. Someone had oral sex with me or made me have oral sex with them without my consent by:

A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

60. If there is anything that was unclear about the above question, please describe what was unclear below.

61. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 23+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

62. If there is anything that was unclear about the above question, please describe what was unclear below.

63. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes," "ecstasy" (X), or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

64. If there is anything that was unclear about the above question, please describe what was unclear below.

65. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

66. If there is anything that was unclear about the above question, please describe what was unclear below.

67. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

68. If there is anything that was unclear about the above question, please describe what was unclear below.

69. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

70. If there is anything that was unclear about the above question, please describe what was unclear below.

71. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

72. If there is anything that was unclear about the above question, please describe what was unclear below.

73. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

74. If there is anything that was unclear about the above question, please describe what was unclear below.

75. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved?
Please describe below.

76. If there is anything that was unclear about the above question, please describe what was unclear below.

77. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

78. If there is anything that was unclear about the above question, please describe what was unclear below.

79. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

80. If there is anything that was unclear about the above question, please describe what was unclear below.

81. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

82. If there is anything that was unclear about the above question, please describe what was unclear below.

83. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

84. If there is anything that was unclear about the above question, please describe what was unclear below.

85. If you are a male, check box and skip to item 14

A man put his penis into my vagina

And/or someone inserted fingers or objects without my consent by:

A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

86. If there is anything that was unclear about the above question, please describe what was unclear below.

87. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

88. If there is anything that was unclear about the above question, please describe what was unclear below.

89. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes," "ecstasy" (X), or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

90. If there is anything that was unclear about the above question, please describe what was unclear below.

91. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

92. If there is anything that was unclear about the above question, please describe what was unclear below.

93. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

94. If there is anything that was unclear about the above question, please describe what was unclear below.

95. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

96. If there is anything that was unclear about the above question, please describe what was unclear below.

97. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

98. If there is anything that was unclear about the above question, please describe what was unclear below.

99. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

100. If there is anything that was unclear about the above question, please describe what was unclear below.

101. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved?
Please describe below.

102. If there is anything that was unclear about the above question, please describe what was unclear below.

103. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

104. If there is anything that was unclear about the above question, please describe what was unclear below.

105. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

106. If there is anything that was unclear about the above question, please describe what was unclear below.

107. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

108. If there is anything that was unclear about the above question, please describe what was unclear below.

109. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

110. If there is anything that was unclear about the above question, please describe what was unclear below.

**111. A man put his penis into my butt []
and/or someone inserted fingers or objects without my consent [] by:**

A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

112. If there is anything that was unclear about the above question, please describe what was unclear below.

113. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

114. If there is anything that was unclear about the above question, please describe what was unclear below.

115. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), “fry cigarettes,” “ecstasy” (X), or “Ketamine” (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

116. If there is anything that was unclear about the above question, please describe what was unclear below.

117. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

118. If there is anything that was unclear about the above question, please describe what was unclear below.

119. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

120. If there is anything that was unclear about the above question, please describe what was unclear below.

121. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

122. If there is anything that was unclear about the above question, please describe what was unclear below.

123. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

124. If there is anything that was unclear about the above question, please describe what was unclear below.

125. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

126. If there is anything that was unclear about the above question, please describe what was unclear below.

127. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved? Please describe below.

128. If there is anything that was unclear about the above question, please describe what was unclear below.

129. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

130. If there is anything that was unclear about the above question, please describe what was unclear below.

131. K. Threatening to physically harm me or someone close to me.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

132. If there is anything that was unclear about the above question, please describe what was unclear below.

133. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

134. If there is anything that was unclear about the above question, please describe what was unclear below.

135. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

136. If there is anything that was unclear about the above question, please describe what was unclear below.

137. Even though it didn't happen, someone TRIED to have oral sex with me, or made me have oral sex with them without my consent by:

A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

138. If there is anything that was unclear about the above question, please describe what was unclear below.

139. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

140. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

141. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

[Empty text box]

142. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

143. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

[Empty text box]

144. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

145. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or sop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

146. If there is anything that was unclear about the above question, please describe what was unclear below.

147. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

148. If there is anything that was unclear about the above question, please describe what was unclear below.

149. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

150. If there is anything that was unclear about the above question, please describe what was unclear below.

151. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved? Please describe below.

152. If there is anything that was unclear about the above question, please describe what was unclear below.

153. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

154. If there is anything that was unclear about the above question, please describe what was unclear below.

155. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

156. If there is anything that was unclear about the above question, please describe what was unclear below.

157. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

158. If there is anything that was unclear about the above question, please describe what was unclear below.

159. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

160. If there is anything that was unclear about the above question, please describe what was unclear below.

161. Check box is you are male and skip to item 17[]

Someone TRIED to put fingers, objects (such as a bottle or a candle) or their penis into my vagina but stopped before genital contact after []:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

162. If there is anything that was unclear about the above question, please describe what was unclear below.

163. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

164. If there is anything that was unclear about the above question, please describe what was unclear below.

165. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes," "ecstasy" (X), or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

166. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

167. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

168. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

169. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

170. If there is anything that was unclear about the above question, please describe what was unclear below.

[Empty text box]

171. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

[Empty text box]

172. If there is anything that was unclear about the above question, please describe what was unclear below.

173. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

174. If there is anything that was unclear about the above question, please describe what was unclear below.

175. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

176. If there is anything that was unclear about the above question, please describe what was unclear below.

177. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved?
Please describe below.

178. If there is anything that was unclear about the above question, please describe what was unclear below.

179. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

180. If there is anything that was unclear about the above question, please describe what was unclear below.

181. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

182. If there is anything that was unclear about the above question, please describe what was unclear below.

183. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

184. If there is anything that was unclear about the above question, please describe what was unclear below.

185. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

186. If there is anything that was unclear about the above question, please describe what was unclear below.

187. Even though it didn't happen, a man TRIED to put his penis into my butt [] and/or someone tried to stick in objects or fingers without my consent [] by:

A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

188. If there is anything that was unclear about the above question, please describe what was unclear below.

189. B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force after I said I didn't want to.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

190. If there is anything that was unclear about the above question, please describe what was unclear below.

191. C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes," "ecstasy" (X), or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

192. If there is anything that was unclear about the above question, please describe what was unclear below.

193. D. Sexually using me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

194. If there is anything that was unclear about the above question, please describe what was unclear below.

195. E. Encouraging and pressuring me to use drugs such as pot or Valium until I became too incapacitated (out of it) to consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

196. If there is anything that was unclear about the above question, please describe what was unclear below.

197. F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

198. If there is anything that was unclear about the above question, please describe what was unclear below.

199. G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening?

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

200. If there is anything that was unclear about the above question, please describe what was unclear below.

201. H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

202. If there is anything that was unclear about the above question, please describe what was unclear below.

203. I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not how could it be improved?
Please describe below.

204. If there is anything that was unclear about the above question, please describe what was unclear below.

205. J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

206. If there is anything that was unclear about the above question, please describe what was unclear below.

207. K. Threatening to physically harm me or someone close to me.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

208. If there is anything that was unclear about the above question, please describe what was unclear below.

209. L. Using force, for example, holding me down with their body weight, pinning my arms, or having a weapon.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

210. If there is anything that was unclear about the above question, please describe what was unclear below.

211. M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

212. If there is anything that was unclear about the above question, please describe what was unclear below.

213. If you reported one or more experiences in items 13 or 14 please answer the next question.

I woke up several hours later with a sore vagina or anus, and had little or no memory of what had happened.

How many times in the past 12 months? 0 1 2 3+

How many times since the age of 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

214. If there is anything that was unclear about the above question, please describe what was unclear below.

215. I am: Female Male Transgender Gender Queer

My age is ____ years and ____ months

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

216. If there is anything that was unclear about the above question, please describe what was unclear below.

217. Did any of the experiences described in this survey happen to you 1 or more times?

Yes No

What was the sex of the person or persons who did them to you?

Female only

Male only

Both female and male

I reported no experiences

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

218. If there is anything that was unclear about the above question, please describe what was unclear below.

219. Have you ever been raped?

Yes

No

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

220. If there is anything that was unclear about the above question, please describe what was unclear below.

221. Are there any other questions you think should be added to the survey?

222. Any additional feedback?

Thank you for your participation!

Appendix B

Recruitment Emails for Women With Disabilities Who Have Been Sexually Assaulted: What Responders Need to Know

TO: Special Interest Group list serve
TO: APA Division 22 list serve
TO: Dayton Access Center

FROM: Kaitlyn McCarthy
Doctoral Candidate
Wright State University

Julie Williams, Psy.D., C.R.C.
Dissertation Supervisor

Are you a psychologist with a disability?

Have you ever worked with women with disabilities who have been sexually assaulted?

If so, please consider participating in the following research study:

Kaitlyn McCarthy, a doctoral student in the School of Professional Psychology at Wright State University, is conducting a research study of a survey that will investigate the use of the sexual assault experiences survey with women who have disabilities. Participants will be asked to review the existing survey and provide comments as to its relevance to women with disabilities and to offer changes needed to improve its applicability as a screener of abuse among women with disabilities. This research is being conducted under the advisement of Dr. Julie Williams.

Therefore, should you decide to participate, you will be asked to provide specific feedback that will then be incorporated in the survey. The revised survey will then be disseminated in a pilot study with women with disabilities who indicate they have experienced abuse and will be asked to complete the survey and also offer feedback on the survey.

It is estimated that this should take between 20-60 minutes to complete.

If you are willing to participate in the survey, please click on the following link, which will take you to the study:

<https://www.surveymonkey.com/s/B86XG7B>

For further information about this research study, you can contact Kaitlyn McCarthy at mccarthy.33@wright.edu or Dr. Julie Williams at Julie.williams@wright.edu. Thank you for your time and participation.

Appendix C

Consent Form to Participate in Women With Disabilities: What Responders Need to

Know

This consent page is to certify my willingness to participate in this research study.

Kaitlyn McCarthy, a doctoral student in the School of Professional Psychology at Wright State University in Dayton, Ohio is conducting a research study to modify a survey assessing sexual assault experiences to be more relevant to women with disabilities. I am being asked to participate in this study because I am a psychologist with a disability who is also an expert in the field of disability.

My participation in this study will involve providing feedback to questions on an online survey, which should take approximately 20-60 minutes to complete. I will be asked to provide feedback about the clarity of items on the survey and their relevance to women with disabilities. I will also be asked some questions about my demographic information, such as my age, gender, and race. This information will not be used to personally identify me. Information that I provide will be kept strictly confidential and any responses I provide will not be associated with my identity in any way.

It is possible that my participation in the study may elicit mild psychological distress related to reviewing items of potentially difficult nature. If I experience psychological distress that I am unable to tolerate or is beyond what I expect, I may choose to contact a mental health professional to address my concerns by asking my primary care physician for a referral.

There will be no direct benefit to me from participating in this study and I will not be paid for participating in this study. However, the information that I provide may help health professionals better survey and gather information from women with disabilities about their sexual assault experiences. My participation or non-participation in this study will in no way impact my standing with my professional list-serve.

Any information about me obtained from this study will be kept strictly confidential and I will not be identified in any report or publication. **PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY.** I am free to decline to participate, or to withdraw my participation at any point. If I choose to withdraw from the study, I may press the “Exit Study” button at any time on any page of the survey. Completion of the survey implies that I am consenting to participate.

If I have any questions about this research study, I can contact the researcher, Kaitlyn McCarthy at mccarthy.33@wright.edu or Dr. Julie Williams, faculty advisor at Julie.williams@wright.edu. If I have general questions about giving my consent or my rights as a research participating in this study, I can call the Wright State University Institutional Review Board at 937-775-4462. If I would like a copy of the group (not individual) results of the study, I can contact Kaitlyn McCarthy at the e-mail address provided above. These results will be available by June 2014.

I have read and understand the above statements, and by clicking on the “Continue” button below, I indicate my consent to participate in this study.

Appendix D

Women With Disabilities Who Have Been Sexually Assaulted: What Responders Need to Know-Revised Survey

Please answer the following questions as honestly as possible. Consider both your personal and professional experiences. No identifying information will be collected about you. Your responses will not be associated with your e-mail address. Thorough and detailed answers will be appreciated.

2. Do you have a disability?

Yes

No

3. If yes, please explain.

| |
|--|
| |
|--|

4. What is your employment title?

Licensed Clinical Psychologist

Counseling Psychologist

Graduate Psychology Student

Board Certified Rehabilitation Psychologist

Board Certified Neuropsychologist

Other (please specify)

5. Have you worked with women with disabilities?

Yes

No

6. Please indicate your professional experience with individuals with disabilities.

Individual Therapy

Group Therapy

Case Management

Assessment

Other (please specify)

7. My age is _____ years and _____ months.

8. What is your gender?

- Female
- Male
- Transgender
- Gender Queer
- Prefer not to answer
- Other (please specify)

9. What is/ are your races?

10. The following questions are items on a survey that will be used to gather information from women with disabilities about their sexual assault experiences. The purpose of this study is to utilize your feedback to ensure that the questions are both clear and relevant to women with disabilities. Please provide your feedback to each question in the available text boxes. Please consider all parts of the question.

- Continue
- Exit

11. The directions to the survey are as follows:

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you feel comfortable answering each question honestly.

Place a check mark in the box showing the number of times each experience has happened to you. If several experiences occurred on the same occasion – for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14th birthday and stopping one year ago from today.

Are the instructions relevant to women with disabilities? If not, how could they be improved? Please describe below.

12. If there is anything that is unclear about the above directions, please describe what was unclear below.

13. Someone stared at me in a sexual way or looked at the sexual parts of my body (e.g. breasts/genitals) after I made it clear I wanted them to stop.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

14. If there is anything that was unclear about the above question, please describe what was unclear below.

15. Someone made teasing comments of a sexual nature about my body or appearance after I made it clear I wanted them to stop.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

16. If there is anything that was unclear about the above directions, please describe what was unclear below.

17. Someone sent me sexual or obscene materials such as pictures, greeting cards, jokes, or stories in the mail or over the Internet, after I had asked them to stop. Do not include mass mailings or spam.

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

18. If there is anything that was unclear about the above directions, please describe what was unclear below.

19. Someone showed me pornographic pictures when I had not agreed to look at them.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

20. If there is anything that was unclear about the above directions, please describe what was unclear below.

21. Someone made sexual or obscene phone calls to me when I had not agreed to talk with them about sexual or obscene things.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

22. If there is anything that was unclear about the above directions, please describe what was unclear below.

23. Someone watched me while I was undressing, was nude, or was having sex without my consent.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

24. If there is anything that was unclear about the above directions, please describe what was unclear below.

25. Someone took photos or videotapes of me while I was undressing, was nude, or was having sex, without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

26. If there is anything that was unclear about the above directions, please describe what was unclear below.

27. Someone showed me the private areas of their body (ex. butt, penis, or breasts) without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

28. If there is anything that was unclear about the above directions, please describe what was unclear below.

29. Someone made sexual motions to me, such as grabbing their crotch, pretending to masturbate, or imitating oral sex without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

30. If there is anything that was unclear about the above directions, please describe what was unclear below.

31. Someone masturbated in front of me without my consent.

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Did mobility affect your ability to get away. Check if yes.

Is this question relevant to women with disabilities? If not, how could it be improved?

Please describe below.

32. If there is anything that was unclear about the above directions, please describe what was unclear below.

The instructions change to the following:

The next set of questions refers to different sexual experiences you might have had. Each question appears in bold type. After each question you will see statements labeled a through n. For each statement you are asked to indicate how many times that has occurred during the past 12 months. Then select a number to indicate how many times you have had that experience going back to your 14th birthday.

Continue ONLY when finished. You will be unable to return or change your answers.

33. Someone fondled, kissed, touched, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration) by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+

- How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

34. If there is anything that was unclear about the above questions, please describe what was unclear below.

35. Someone had oral sex with me or made me have oral sex with them without my consent by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+

- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

36. If there is anything that was unclear about the above questions, please describe what was unclear below.

37. If you are a male, check box and skip to item 14.
 A man put his penis into my vagina.

And/or someone inserted fingers or objects without my consent [] by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.

- How many times in the past 12 months? 0 1 2 3+
- How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

38. If there is anything that was unclear about the above questions, please describe what was unclear below.

39. A man put his penis into my butt
and/or someone inserted fingers or objects without my consent by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
 - How many times in the past 12 months? 0 1 2 3+
 - How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
 - How many times in the past 12 months? 0 1 2 3+

- How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

40. If there is anything that was unclear about the above questions, please describe what was unclear below.

41. Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by.

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
How many times in the past 12 months? 0 1 2 3+
How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.

- How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

42. If there is anything that was unclear about the above questions, please describe what was unclear below.

43. Check box if you are a male and skip to item 17.
 Someone TRIED to put fingers, objects (such as a bottle or a candle) or their penis into my vagina but stopped before genital contact after :

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

44. If there is anything that was unclear about the above questions, please describe what was unclear below.

45. Even though it didn't happen, a man TRIED to put his penis into my butt and/or someone tried to stick in objects or fingers without my consent by:

- A. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, threatening to withdraw care giving or disability assistance, threatening to place me in a nursing home, or continually verbally pressuring me after I said I didn't want to.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- B. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want them to touch me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- C. Giving me a drug such as Rohypnol (roofies), GHB (liquid X), "fry cigarettes", "ecstasy" (X) or "Ketamine" (Special K) without my knowledge that made me too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

- D. Using or taking advantage of me when I was asleep or unconscious from drugs and when I came to (regained consciousness) I could not stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- E. Encouraging and pressuring me to use drugs such as my prescription drugs, cocaine, heroin, pot, or Valium until I became too incapacitated (out of it) to consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- F. Using me sexually after I had taken drugs and was conscious but too incapacitated (out of it) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- G. Serving me alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- H. Using me sexually when I was asleep or unconscious from alcohol, and when I came to (regained consciousness) I could not give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- I. Encouraging or pressuring me to drink alcohol until I was too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- J. Using me sexually after I had been drinking alcohol and was conscious but too intoxicated (drunk) to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- K. Threatening to physically harm me, my service animal, or someone close to me.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- L. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- M. Acting together with two or more people to do these things to me even though I objected or was unable to give consent or stop what was happening.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+
- N. Because I was unable to move due to paralysis or other disability.
 How many times in the past 12 months? 0 1 2 3+
 How many times since age 14? 0 1 2 3+

Are the above questions relevant to women with disabilities? If not, how could they be improved? Please describe below.

46. If there is anything that was unclear about the above questions, please describe what was unclear below.

47. If you reported one or more experiences in items 13 or 14 please answer the next questions.

I woke up several hours later with a sore vagina or anus, and had little or no memory of what had happened.

How many times in the past 12 months? 0 1 2 3+

How many times since the age of 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

48. If there is anything that was unclear about the above question, please describe what was unclear below.

49. I woke up and there was evidence that something happened (e.g. missing underwear, being undressed with no memory, saw blood and/or semen etc.).

How many times in the past 12 months? 0 1 2 3+

How many times since age 14? 0 1 2 3+

Is this question relevant to women with disabilities? If not, how could it be improved? Please describe below.

50. If there was anything that was unclear about the above question, please describe what was unclear below.

51. Please indicate your gender. _____

My age is _____ years and _____ months.

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

52. If there is anything that was unclear about the above question, please describe what was unclear below.

53. Did any of the experiences described in this survey happen to you 1 or more times?
Yes No

What was the sex of the person or persons who did them to you?

Female only

Male only

Both females and males

I reported no experiences

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

54. If there is anything that was unclear about the above question, please describe what was unclear below.

55. If you endorsed any of these experiences do you feel that any of your unwanted experiences were impacted by having a disability?
Yes No

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

56. If there is anything that was unclear about the above question, please describe what was unclear below.

57. Have you ever been raped?
Yes No

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

58. If there is anything that was unclear about the above question, please describe what was unclear below.

59. Did you tell anyone about these experiences?
Yes No

If so, whom did you talk to?

Is this question relevant to women with disabilities? If not, how could it be improved?
Please describe below.

60. If there is anything that was unclear about the above question, please describe what was unclear below.

61. Are there any other questions you think should be added to this survey?

62. Any additional feedback?

Thank you for your participation!

References

- Aiello, D., Capkin, L., & Catania, H., (1983). Strategies and techniques for serving the disabled assault victim: A pilot training program for providers and consumers. *Sexuality and Disability*, 6 (3-4), 135-144.
- American Psychological Association. (2012). Guidelines for assessment of and intervention with persons with disabilities. *American Psychologist*, 67 (1), 43-62.
- Andrews, A. & Veronen, L.J. (1993). Sexual assault and people with disabilities. *Journal of Social Work & Human Sexuality*, 8(2), 137-159.
- Berkman, A. (1986). Professional responsibility: Confronting sexual abuse of people with disabilities. *Sexuality and Disability*, 7(3-4), 89. doi: 10.1007/BF01102613
- Bernstein, D.P., & Fink, L. (1997). Childhood Trauma Questionnaire.
- Briere, J. (1995). Trauma Symptom Inventory.
- Casteel, C., Martin, S.L., Smith, J.B., Gurka, K.K., & Kupper, L.L. (2008). National study of physical and sexual assault among women with disabilities. *Injury Prevention*, 14(2), 87-90. doi:10.1136/ip.2007.016451
- Chamberlain, A., Ruah, J., Passar, A., McGrath, M., & Burkett, R. (1984). Issues in fertility control for mentally retarded female adolescents: Sexual activity, sexual abuse, and contraception. *Pediatrics*, 73(4), 44-50.
- Conder, J., Milner, P., & Mirfin-Veitch. (2011). Reflections on a participatory project:

- The rewards and challenges for the lead researchers. *Journal of Intellectual & Developmental Disability*, 31(1), 39-48.
- Corin, L. (1986). Sexual assault of the disabled: A survey of human service providers. *Sexuality and Disability*, 7(3-4), 110. Doi: 10.1007/BF01102616
- Elman, A. (2005, January.) *Confronting the Sexual Abuse of Women with Disabilities*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved September/14/2012 from: http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=416
- Garcia-Iriarte, E., Kramer, J.C., Kramer, J.M., & Hammel, J. (2009). ‘Who did what?’: A participatory action research project to increase group capacity for advocacy. *Journal of Applied Research in Intellectual Disabilities*, 22, 10-22.
- Heschel, J.R. (2012). *Sexual satisfaction in women with physical disabilities: Results of an online survey*. (Doctoral dissertation).
- Higgins, D. (2010). Sexuality, human rights and safety for people with disabilities: The challenge of intersecting identities. *Sexual and Relationship Therapy*, 25(3), 245-257. doi: 10.1080/14681994.2010.489545
- Johnson, I.M., & Sigler, R.T. (2000). Forced sexual intercourse among intimates. *Journal of Family Violence*, 15(1), 95-108. doi: 10.1023/A:1007505621643
- Koss, M.P., & Gidycz, C.A. (1985). Sexual experiences survey: Reliability and validity. *Journal Of Consulting and Clinical Psychology*, 53(3), 422. doi: 10.1037/0022-006X.53.3.422
- Kramer, J.M., Kramer, J.C., Gracia-Iriarte, E., & Hammel, J. (2011). Following through

to the end: The use of inclusive strategies to analyse and interpret data in participatory action research with individuals with intellectual disabilities.

Journal of Applied Research in Intellectual Disabilities, 24, 263-273.

Kvam, M.H. (2000). Is sexual abuse of children with disabilities disclosed? A retrospective analysis of child disability and the likelihood of sexual abuse among those attending Norwegian hospitals. *Child Abuse & Neglect*, 24(8), 1073-1084. doi:10.1016/S0145-2134(00)00159-9

Lane, F.J., Huyck, M.H., & Troyk, P. (2011). Looking ahead: Planning for the first human intracortical visual prosthesis by using pilot data from focus groups of potential users. *Disability and Rehabilitation: Assistive Technology*, 6(2), 139-147.

Martin, S.L., Ray, N., Sotres-Alvarez, D., Kupper, L.L., Moracco, K.E., Dickens, P.A., Scandlin, D., Gizlice, Z. (2006). Physical and sexual assault of women with disabilities. *Violence Against Women*, 12(9), 823-837.

McFarlane, J., Hughes, R.B., Nosek, M., Groff, J.Y., Swedlend, N., & Mullen, P.D. (2001). Abuse assessment screen-disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. *Journal of Women's Health & Gender-Based Medicine*, 10(9), 861-866. doi: 10.1089/152460901753285750

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

Modell, S.J. & Mak, S. (2008). A preliminary assessment of police officers' knowledge

- and perceptions of persons with disabilities. *Intellectual and Developmental Disabilities*, 46(3), 183.
- Nagler, M. (1993). *Perspectives on Disability*. Health Markets Research, Palo Alto, CA.
- Nannini, A. (2006). Sexual assault patterns among women with and without disabilities seeking survivor services. *Women's Health Issues*, 16(6), 372-279. doi: 10.1016/j.whi.2006.10.001
- Nosek, M.A., Howland, C.A., & Young, M.E. (1997). Abuse of women with disabilities. *Journal of Disability Policy Studies*, 8(1-2), 157-175.
- Olkin, R. (1999). The personal, professional, and political when clients have disabilities. *Women & Therapy*, 22(2), 87-103.
- Ottman, G., Laragy, C., & Damonze, G. (2009). Consumer participation in designing community based consumer-directed disability care: Lessons from a participatory action research-inspired project. *Systems Practice and Action Research*, 22, 31-44. doi: 10.1007/s11213-008-9110-z
- Pava, W.S. (1994). Visually impaired persons' vulnerability to sexual and physical assault. *Journal of Visual Impairment & Blindness*, 88(2), 103-112.
- Plummer, S., & Findley, P.A. (2012). Women with disabilities experience with physical and sexual abuse: A review of the literature and implications for the field. *Trauma, Violence, & Abuse*, 13(1), 15-29. doi: 10.1177/1524838011426014
- Smart, J.F. & Smart, D.W. (2006). Models of disability: Implications for the counseling profession. *Journal of Counseling & Development*, 84(1), 29-40. doi: 10.1002/j.1556-6678.2006.tb00377.x
- Sobsey, D., & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and*

Disability, 9(3), 243. doi: 10.1007/BF01102395

- Sobsey, D., & Mansell, S. (1994). An international perspective on patterns of sexual assault and abuse of people with disabilities. *International Journal of Adolescent Medicine and Health*, 7(2), 153-178.
- Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Paul H. Brookes Publishing, Baltimore, MD, US.
- Stimson, S. & Best, R. (1991). *Courage above all: Sexual assault against women with disabilities*. Toronto, Ontario, Canada: Disabled Women's Network.
- Stuart, C.K. (1986). Helping physically disabled victims of sexual assault. *Medical Aspects of Human Sexuality*, 20(11), 101-102.
- Stuart, C.K., & Stuart, V.W. (1981). Sexual assault: Disabled perspective. *Sexuality and Disability*, 4(4), 246-253. doi: 10.1007/BF01103309
- Thornberry, C., & Olson, K. (2005). The abuse of individuals with developmental disabilities. *Developmental Disabilities Bulletin*, 33(1-2), 1-19.
- United Nations. (n.d.). *Fact sheet on persons with disabilities*. Retrieved September 14, 2012. From <http://www.un.org/disabilities/default.asp?id=18>
- Young, M., Nosek, M.A., Howland, D., Chanpong, G., Rintala, D.H. (1997). Prevalence of abuse of women with physical disabilities. *Archives of Physical and Medical Rehabilitation*, 78(12), 34-38.