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Partner Violence Against Women With Disabilities: Prevalence, Risk, and Explanations

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Using a representative sample of 7,027 Canadian women living in a marital or common-law union, this investigation examined the risk for partner violence against women with disabilities relative to women without disabilities. Women with disabilities had 40% greater odds of violence in the 5 years preceding the interview, and these women appeared to be at particular risk for severe violence. An explanatory framework was tested that organized variables based on relationship factors, victim-related characteristics, and perpetrator-related characteristics. Results showed that perpetrator-related characteristics alone accounted for the elevated risk of partner violence against women with disabilities. Stakeholders must recognize the problem of partner violence against women with disabilities, and efforts to address patriarchal domination and male sexual proprietariness appear crucial to reducing their risk of partner violence.

Keywords: *disabilities; risk; violence against women*

Women with disabilities rank issues of violence as their most important research and health priorities (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001). Despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem. A review by Curry et al. (2001) found that “there is practically no literature regarding the risk of abuse, women’s experiences of abuse, and barriers to seeking help among women with disabilities” (p. 60), and that “the absence of attention to this issue from both disability and violence researchers has contributed to the ‘invisibility’ of the victimization of women with disabilities” (p. 68).

The small body of existing research on violence against persons with disabilities has identified a wide range of prevalence rates. Based on a review of research, Chappell (2003) concluded that “women with disabilities face an epidemic of monumental proportions” (p. 12). Indeed, it is common in the literature to see very high estimates of violence against persons with disabilities, such as being 50% more likely to encounter abuse than the rest of the population (Hightower & Smith, 2003) or having 2 to 5 times the likelihood of abuse compared to nondisabled persons (Melcombe, 2003). Other research suggests less extreme disparities in risk between those with and without disabilities. A study for the Ontario Ministry of Community and Social Services in which 62 Toronto women were sampled found that 33% of those with disabilities were physically abused compared to 22% of those without disabilities. In

the same study, however, women with disabilities were less likely to report having been sexually abused (23% vs. 31%). Using data from a national survey on sexuality in the United States, Young and colleagues (Young, Nosek, Howland, Chanpong, & Rintala, 1997) examined violence against women with physical disabilities. Based on a comparison of a nonrandomly selected sample of 439 women with physical disabilities and 421 women without physical disabilities, these researchers found that both groups of women had an equally high lifetime prevalence of emotional, physical, and sexual abuse (62%). Given that most research has focused on persons with developmental disabilities, typically examining sexual abuse (Curry et al., 2001), one would expect relatively little debate about the prevalence of violence against persons with developmental disabilities. However, Newman, Christopher, and Berry (2000) argued that there is little evidence for the common assumption that persons with developmental disabilities are at greater risk for violence than persons without developmental disabilities, and they concluded that "until that notion is supported, it may be prejudicial to assume that people with developmental disabilities are especially vulnerable" (p. 165). Clearly, current knowledge provides an insufficient basis on which to identify the prevalence of violence against persons with disabilities.

Although there is a dearth of research on violence against persons with disabilities, there is an even greater paucity of research on women with disabilities who experience violence by an intimate partner. One possible explanation for a lack of attention to partner violence against women with disabilities concerns societal myths of these women as single and asexual (Barnett, Miller-Perrin, & Perrin, 2005). It is ironic to note, research suggests that the most common perpetrators of violence against women with disabilities are their male partners. Milberger and colleagues (2003) found that 56% of a nonrandom sample of 177 women with disabilities reported abuse, and the abusers were typically their male partners. The DisAbled Women's Network of Canada (DAWN) surveyed women with disabilities and found that the most common perpetrators of violence were current or former intimate partners (37%; Ridington, 1989). In Young et al.'s (1997) study of violence against women with physical disabilities, intimate partners were most likely to be the perpetrators of physical and emotional abuse. In fact, the sampled women with disabilities were equally as likely as those without disabilities to report having experienced violence by husbands and/or live-in partners, with 30% of each group reporting any experience of partner violence in their lifetime. However, Young et al. (1997) used a sample that was representative neither of women with nor without disabilities. As a result, it is not possible to comment on the risk for partner violence against women with disabilities relative to women without disabilities with any measure of confidence.

The purposes of the current study were (a) to identify whether Canadian women with disabilities report an elevated risk for partner violence compared to their counterparts without disabilities and, if so; (b) to examine the extent to which disabled women's risk is elevated; and (c) to examine risk markers derived from potential explanations in terms of their impact on, and the extent to which they account for an elevated risk of, partner violence against women with disabilities.

Explanatory Framework

The diversity of disabled persons' situations and potential variables affecting their likelihood of violence impedes the development of a single theoretical explanation to account for their experiences of violence. Instead, the state of the art is to recognize an array of potential reasons for an increased risk for violence against persons with disabilities and to organize them based on where they fit within an ecological context (Curry et al., 2001; Petersilia, 2001; Sobsey, 1994; Sobsey & Calder, 1999). In the current study, available risk markers for violence against women with disabilities were organized into a framework based on whether they related primarily to the context of the relationship, to the victim, or to the perpetrator.

Relationship Factors

A commonly cited risk marker for violence against women with disabilities is dependence. To the extent that persons with disabilities are dependent, differences in power may result that, in turn, could lead to abuse (Petersilia, 2001). One indication of potential dependence on a relationship is the couples' education compatibility (Anderson, 1997). The more education resources a woman with disabilities has relative to her partner, the more power she should have in the relationship. Disabled women with fewer relative education resources may be more dependent, less powerful, and thus more prone to violent victimization.

Another relationship factor that is known to affect partner violence against women is duration of relationship. The rate of disability in Canada increases with age (Statistics Canada, 2002). Because duration of relationship also tends to increase with age (Brownridge & Halli, 2001), one would expect women with disabilities on average to have longer duration unions. If disability increases the likelihood of violence and disability is more likely among longer duration unions, one might expect that union duration will be positively related to partner violence against women with disabilities. On the other hand, research shows that duration of relationship is negatively related to violence against women in the general population (Brownridge & Halli, 1999). Based on this research, one would expect partner violence to be more likely among women with disabilities who have been in their relationship for a relatively short duration. In the absence of empirical evidence, it was not possible to choose one hypothesized direction of the relationship between duration and partner violence against women with disabilities over the other.

Victim-Related Characteristics

At the outset, it must be understood that an examination of victim-related characteristics does not equate to a victim-blaming approach. Indeed, the importance of including victim-related characteristics is widely acknowledged in the literature on violence against persons with disabilities (Curry et al., 2001; Nettelbeck & Wilson,

2002; Nettelbeck, Wilson, Potter, & Perry, 2000; Petersilia, 2001; Sobsey & Calder, 1999). For instance, Nettelbeck et al. (2000) wrote that “although any instance of victimization is dependent on offender attributes and behaviors, victim attributes and behaviors will also contribute” (p. 47). Proponents of including victim-related characteristics typically argue that denial of the potential for victim-related characteristics to affect violence suggests that individuals do not have the power to reduce their risk (Nettelbeck et al., 2000; Petersilia, 2001; Sobsey & Calder, 1999). Although some victim-related characteristics may be amenable to change on an individual level, there are others that are less easily changed by the individual. The latter are typically “the result of a failure of health and social policy to adequately address the needs of persons with disabilities” (Curry et al., 2001, p. 72). Empirical evidence for the impact of these victim-related characteristics would direct prevention efforts toward formative changes in health and social policy.

Victim-related characteristics stemming from socioeconomic status (SES) have been identified as potentially affecting the likelihood of violence. Women with disabilities are more likely than nondisabled women to be of low SES. They tend to have lower educational attainment than women without disabilities, and disability and lower educational attainment are barriers to employment (Nosek, Howland, & Hughes, 2001). The unemployment rate among women with disabilities has been identified as being as high as 75% (Melcombe, 2003). This results in women with disabilities being more likely to live in poverty (Curry et al., 2001). Low SES has generally been associated with violence against women (Barnett et al., 2005). Hence, it is expected that women with disabilities will score lower on SES indicators and that this will increase their likelihood of experiencing partner violence.

As noted above, the rate of disability increases with age. It has been suggested that “older age greatly increases the risk of disabilities, particularly for women, with concomitant risks of violence and abuse” (Hightower & Smith, 2003, p. 18). A woman’s age is associated with her risk for partner violence, though the relationship is usually negative (Brownridge & Halli, 2001). As well, the prevalence of disability is higher among Aboriginal than non-Aboriginal Canadians (Melcombe, 2003), and Aboriginal status is strongly associated with an increased risk for violence against women in Canada (Brownridge, 2003). Given an association between each of these victim-related characteristics (age and Aboriginal status) and violence against women, these variables needed to be controlled in the current study.

Perpetrator-Related Characteristics

Feminist disability theorists essentially view women with disabilities as being in a position of double vulnerability. This approach directs attention toward the fact that women with disabilities live in a society that is at once disablist and patriarchal (Curry et al., 2001; Thomson, 1994). Research has found an association between violence against women and male patriarchal domination (Brownridge, 2002) and

male espousal of patriarchal ideology and beliefs (Smith, 1990). It is possible that women with disabilities are perceived by men who espouse a patriarchal ideology as being less difficult to dominate, which may include domination through violence.

Although women with disabilities are in a position of double vulnerability, Petersilia (2001) noted that "vulnerability by itself is rarely, if ever, sufficient to motivate a crime. The potential victim must have something the offender wants or have the ability to produce an event the offender finds desirable" (p. 676). One key factor identified by Petersilia (2001) as motivating many crimes against persons with disabilities is the effort to gain control over the victim's behavior. Evolutionary psychology directs attention to men's need to maintain control over "their sexual property" (Wilson & Daly, 1998). Sexual proprietariness, in terms of male sexual jealousy and possessive behavior, has been linked to violence against women (Brownridge, 2004). Men who are sexually proprietary may be more likely to act violently toward women with disabilities to gain or maintain control over "their sexual property."

A final perpetrator-related characteristic is substance abuse. Men who feel affected by their partner's disability, particularly if they are the primary caregiver, may experience stress (Milberger et al., 2003). Such dependency-stress models suggest that caregivers who cannot cope with the stress of caregiving abuse their charges (Petersilia, 2001). One indirect indication of stress that has also been linked to partner violence against women is heavy alcohol consumption (Johnson, 2001). Li, Ford, and Moore (2000) investigated the role of substance abuse in violence among a sample of 1,876 persons with disabilities. The study found that disabled women were more likely to be victims of violence related to alcohol or drug use than were disabled men. Although the study demonstrated that substance use can play a role in violence against persons with disabilities, and particularly women, the fact that the sample included only persons with disabilities rendered the research unable to speak to the extent to which substance abuse is responsible for violence against women with disabilities relative to nondisabled women.

Materials and Method

The Data Set

The data employed in the current study were from Statistics Canada's cycle 13 of the General Social Survey (GSS). In 1999, a random sample of 25,876 men and women, age 15 years or older, completed in-depth telephone interviews concerning the nature and extent of their criminal victimization, including experiences of partner violence. Because the study investigated male partner violence against women with and without disabilities, the sample of the GSS used consisted of 7,027 heterosexual women living married or common law at the time of the survey.

Any one of three definitions of *disability* is typically cited in the literature. These are the definitions of the World Health Organization (WHO), the United Nations (UN), and the Americans with Disabilities Act (ADA) of 1990. A comparison of the WHO and UN definitions, which have been reprinted in Howe (2000) and Curry et al. (2001), respectively, showed that they are identical; that is, *disability* is defined as, "Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (Curry et al., 2001, p. 62). Although this definition is not perfect, particularly in terms of its emphasis on the individual's deviation from "normality," it is widely accepted around the world and is an inclusive definition that is well suited for establishing the population of persons with disabilities. In the ADA definition, disability is determined based on whether a person

(a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of physical or mental impairment, or (c) is regarded as having a physical or mental impairment that substantially limits a major life activity. (Gilson, DePoy, & Cramer, 2001, pp. 427-428)

The main difference between the ADA and WHO and/or UN definitions appears to be the ADA's inclusion of persons who have had disabilities in the past and the possibility for disability to be defined based on the perceptions of others.

The data in the current study identify persons with disabilities based on the WHO and/or UN definition. In its 2001 Participation and Activity Limitation Survey (PALS) and its 1999 GSS, Statistics Canada (2000, 2002) identified persons with disabilities as those who reported that a long-term physical or mental condition or health problem reduced the amount or the kind of activities they could do at home, school, work, or in other activities. Of the women included in the current study, 1,092 were disabled, and 5,935 were not disabled. In other words, the prevalence of disability in the sample was 15.5%. In all analyses, the weighting scheme suggested by Statistics Canada (2000) was followed.¹ With the data weighted, the prevalence of disability was 15.7%, which was identical to the prevalence of disability among noninstitutionalized women age 15 years and older found in the PALS (Statistics Canada, 2002). This is also virtually the same rate of disability found in the population of noninstitutionalized women in the United States (15.4%; Curry et al., 2001).

Measurement

Independent variables. Education compatibility was obtained by calculating the ratio of the respondent's years of education to the couple's total years of education. For the analyses, education compatibility was grouped into the following categories: the woman had much less education (ratio < .46), the woman had less education (ratio = .46 to .49), the woman had the same years of education as her partner (ratio = .50), the

woman had more education (ratio = .51 to .54), and the woman had much more education (ratio > .54). Duration of relationship was measured with a variable derived from the respondent's report of the year in which she became married or began living with her common-law partner. Education referred to the respondent's education in years. Employment was measured in terms of whether the respondent's main activity in the 12 months prior to the interview was looking for work, caring for children or housework (unemployed), or working at a paid job or business (employed). Age referred to the respondent's age at the time of the interview. Aboriginal status was measured in terms of whether the respondent identified her cultural or racial background as being Aboriginal (North American Indian, Métis, or Inuit) or some other background (non-Aboriginal). Patriarchal dominance was measured with an item that asked the respondent if her partner prevented her from knowing about or having access to the family income, even if she asked.² Sexual possessiveness was measured with an item asking the respondent if her partner demanded to know who she was with and where she was at all times. The measure of sexual jealousy was based on a question asking the respondent if her partner was jealous and did not want her to talk to other men. Heavy alcohol consumption was measured with a question that asked the respondent how many times in the month prior to the interview her partner had five or more drinks on one occasion.

Dependent variable. The current study employed a modified version of the Conflict Tactics Scales (CTS; Statistics Canada, 2000). *Male partner violence against women* was defined as acts of physical assault (being pushed, grabbed, or shoved in a way that could hurt; being slapped; being choked; having something thrown that could hurt; being hit with something that could hurt; being threatened with or having a knife or gun used; being kicked, bit, or hit with a fist; being beaten), physical threat (being threatened to be hit with a fist or anything else that could hurt), and sexual assault (being forced into any sexual activity by being threatened, held down, or hurt in some way) perpetrated by a woman's current marital or common-law partner within a specified time frame preceding the interview. Hence, if respondents reported having experienced any of the aforementioned forms of violence within the specified time frame preceding the interview, they were coded as having experienced violence. Two reference periods were employed in the current study, namely, 1-year and 5-year time frames.

Methods of Data Analysis

The analysis was conducted in two stages. To document the prevalence of violence among women with and without disabilities and investigate risk markers, the first stage consisted of descriptive analyses in which bivariate relationships were examined using cross-tabulations with chi-square tests of significance. In the second stage, more elaborate analyses were conducted using multivariate statistical techniques. These analyses allowed an assessment of the impact of the independent variables and determination of

the importance of the independent variables for understanding an elevated risk for violence against women with disabilities. The multivariate technique used for this purpose was logistic multiple regression. Logistic regression is an appropriate technique for predicting a dichotomous dependent variable from a set of independent variables. This technique also has a very simple interpretation. For a given variable it simply provides a ratio of the odds of violence occurring. If the value of the odds is greater than 1, the variable is positively related to violence. If it is less than 1, the variable is negatively related to violence.

Results

Descriptive Analysis

Violence by disability status. Although women with disabilities reported a higher 1-year prevalence of violence than women without disabilities (2.0% vs. 1.7%), the difference was not statistically significant. However, when recalling violence over the 5 years prior to the interview, women with disabilities reported a significantly higher prevalence of violence (4.9% vs. 3.5%, $p < .05$).³

Table 1 contains the results of each component of the 5-year prevalence of violence cross-tabulated with disability status. Women with disabilities were significantly more likely to report experiencing 6 of the 10 items measuring violence. They were 1.4 to 1.9 times more likely than women without disabilities to report being threatened to be hit with a fist or anything else that could hurt; to be pushed, grabbed, or shoved in a way that could hurt; and to be slapped. The greatest disparities occurred on some of the more severe forms of violence. Women with disabilities were twice as likely to report being beaten and kicked, bit, or hit with a fist. They were also 3 times more likely to report being forced into any sexual activity by being threatened, held down, or hurt in some way.

Independent variables by disability status. Table 2 provides the results of the cross-tabulations of the independent variables by disability status. In terms of relationship factors, Table 2 shows that women with disabilities were more likely than women without disabilities to be in relationships that were educationally incompatible at both ends of the continuum; that is, they were more likely to report having either much less education or much more education than their partner. Women with disabilities were more likely to have had longer duration relationships. With respect to victim-related characteristics, women with disabilities were more likely to have less than high school education and less likely to have a university degree. They were also more likely to be unemployed, older, and Aboriginal. In terms of perpetrator-related characteristics, partners of women with disabilities were more likely to engage in patriarchal

Table 1
Five-Year Prevalence of Each Component of Violence by Disability Status (%)

	Physical Threat	Physical Assault							Sexual Assault	
		Threaten	Push	Slap	Choke	Throw	Hit	Threaten and/or Use Gun and/or Knife	Kick	Beat
Disabled	3.0	3.5	1.9	0.6	1.5	0.6	0.2	1.2	0.8	0.6
Nondisabled	1.9**	2.5*	1.0**	0.3	1.2	0.4	0.1	0.6**	0.4*	0.2**

* $p < .10$. ** $p < .05$.

dominance, sexual possessiveness, and sexual jealousy. However, they were less likely to have consumed alcohol heavily and no more likely to have drunk heavily 5 or more times in the month prior to the survey.

Multivariate Analysis

Separate logistic regressions for disabled and nondisabled women. Table 3 provides the results of the logistic regressions on the 5-year prevalence of violence for women with and without disabilities. In terms of relationship factors, the results show that, controlling for all other variables in the models, education compatibility was not significantly linked to the odds of violence for either group of women. Duration of relationship was negatively related to the odds of violence for women without disabilities. For each additional year in which a nondisabled woman had been with her current partner, her odds of violence decreased by 2.5%. For each additional year that a disabled woman had been with her partner, her odds of violence decreased by 1.9%, a difference that was not statistically significant. With respect to victim-related characteristics, education was not significantly linked to violence for either group of women. Although unemployed women with disabilities had 43% increased odds of abuse, this increase was not statistically significant. Age was negatively related to violence for women with disabilities. Each year of increase in age for women with disabilities was associated with a 4% reduction in odds of violence. Aboriginal status was not linked to significantly increased odds of violence for women with disabilities but was for those without disabilities. Aboriginal women without disabilities faced 180% increased odds of violence compared to non-Aboriginal women without disabilities. In terms of perpetrator-related characteristics, patriarchal dominance, sexual possessiveness, and sexual jealousy were linked to significantly increased odds of violence for women with and without disabilities.

Table 2
Independent Variables by Disability Status (%)

Independent Variables	Disabled	Nondisabled
Relationship factors		
Education compatibility		
Woman has much less education	18.3	15.2
Woman has less education	10.5	14.2
Woman has same education	33.8	33.3
Woman has more education	14.9	18.4
Woman has much more education	22.5	18.9***
Duration of relationship		
Less than 4 years	8.4	12.3
4 to 9 years	11.4	18.4
10 or more years	80.1	69.2***
Victim-related characteristics		
Education		
Less than high school	35.0	17.7
High school	13.7	17.7
Some postsecondary	13.6	13.8
Community college diploma and/or certificate	24.1	28.6
University degree	13.5	22.3***
Employment		
Unemployed	42.5	27.8
Employed	57.7	72.2***
Age		
15 to 34 years	12.0	27.7
35 to 54 years	39.4	50.8
55 years and older	48.6	21.5***
Aboriginal status		
Aboriginal	2.9	1.8
Non-Aboriginal	97.1	98.2**
Perpetrator-related characteristics		
Patriarchal dominance		
Yes	2.1	0.8
No	97.9	99.2***
Know whereabouts		
Yes	5.6	3.7
No	94.4	96.3***
Jealousy		
Yes	7.1	4.1
No	92.9	95.9***
Heavy drinking (past month)		
None	83.3	79.1
Once	6.6	9.4
2 to 4 times	6.9	8.5
5 or more times	3.2	3.1**

** $p < .05$. *** $p < .01$.

Table 3
Results of Logistic Regressions on 5-Year Prevalence of
Violence for Women With and Without Disabilities

	Model 1 Disabled <i>n</i> = 966	Model 2 Nondisabled <i>n</i> = 5,338
Covariates	Odds Ratio	Odds Ratio
Relationship factors		
Education compatibility		
Woman has much less education	0.670	0.834
Woman has less education	0.892	1.023
Woman has same education	1.000	1.000
Woman has more education	0.454	1.303
Woman has much more education	1.360	0.867
Duration of relationship	0.981	0.975*
Victim-related characteristics		
Education	1.033	1.002
Employment		
Unemployed	1.433	0.925
Employed	1.000	1.000
Age	0.957**	0.981
Aboriginal status		
Aboriginal	1.136	2.795**
Non-Aboriginal	1.000	1.000
Perpetrator-related characteristics		
Patriarchal dominance		
Yes	3.689**	12.602***
No	1.000	1.000
Know whereabouts		
Yes	3.412**	4.521***
No	1.000	1.000
Jealousy		
Yes	2.293*	4.975***
No	1.000	1.000
Heavy drinking	1.044	1.106***
Constant	0.237	0.067***
-2 log likelihood	305	1,310
χ^2	79	332

* $p < .10$. ** $p < .05$. *** $p < .01$.

Of all the variables included in the current study, these had the strongest impact on the odds of violence for both groups of women. On the other hand, heavy alcohol consumption was significantly linked to increased odds of violence only for women without disabilities, who faced 11% increased odds of violence for each additional occasion in the month prior to the survey that their partner drank heavily.

Table 4
Results of Sequential Logistic Regressions on 5-Year Prevalence of Violence

	Model 1	Model 2	Model 3	Model 4	Model 5
	Disabled or Nondisabled <i>n</i> = 6,912	Relationship Factors <i>n</i> = 6,610	Victim-Related Characteristics <i>n</i> = 6,806	Perpetrator-Related Characteristics <i>n</i> = 6,544	Full Model <i>n</i> = 6,304
Covariates	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
Disability status					
Disabled	1.390**	1.867***	2.008***	1.025	1.409*
Nondisabled	1.000		1.000	1.000	1.000
Relationship Factors		BLOCK			BLOCK
Victim-related characteristics			BLOCK		BLOCK
Perpetrator-related characteristics				BLOCK	BLOCK
Constant	.037***	.079***	.331**	.023***	.085***
-2 Log-likelihood	2,196	2,048	2,061	1,779	1,641
χ^2	4	86	110	320	390

p* < .10. *p* < .05. ****p* < .01.

Logistic regressions for disabled and nondisabled women combined. The next stage of the analysis was to enter the independent variables into the logistic regression model sequentially based on the explanatory framework. This allowed identification of whether variables derived from any particular level of the explanatory framework, or in combination, accounted for the elevated risk for violence against women with disabilities.

Table 4 provides the results of the sequential logistic regressions. The first model in Table 4 contains the results of the disability status variable without any controls. The difference in prevalence of violence between the two groups translated to women with disabilities having 39% higher odds of violence in the 5 years preceding the survey compared to women without disabilities. The second model in Table 4 controlled for the relationship factors. Controlling for relationship factors did not decrease the difference in odds between the two groups of women and, in fact, significantly increased the difference in odds. Similarly, when controlling for victim-related characteristics in the third model, the difference in odds was not decreased. The fourth model in Table 4 controlled for the perpetrator-related characteristics. When the perpetrator-related characteristics were controlled, the odds of violence for women with disabilities became only 3% higher compared to women without disabilities, a difference that was not significant. The final model in Table 4 simultaneously controlled for all of the variables from the explanatory framework. With all variables controlled, the odds of violence for women with disabilities relative to

women without disabilities were not reduced. In short, the perpetrator-related characteristics accounted for disabled women's significantly higher odds of violence relative to women without disabilities.

Discussion

Sobsey (2000) cautioned that research on partner violence against women with disabilities that draws comparisons with the general population may yield misleading results because women who have severe developmental disabilities are underrepresented among women in intimate relationships. Although the 1999 GSS is representative of the population of Canada, thereby including some women with severe disabilities,⁴ it is nevertheless the case that women with the most severe developmental disabilities may be underrepresented among women with partners. Of course, results from an examination of partner violence against women with and without disabilities would be misleading if one were to generalize to all women with disabilities. It behooves the reader to bear in mind that this research focused on violence by partners, who, as shown in the review of the literature, have nevertheless been identified as the most common perpetrators of violence against women with disabilities.

Based on the wide variation in the literature on prevalence rates, the prevalence of violence against women with disabilities is generally described as being "equal to or greater than their nondisabled peers" (Gilson et al., 2001, p. 419). The current study shows that partner violence against women with disabilities in Canada is no exception. Although women with disabilities reported 1.2 times the rate of violence compared to women without disabilities in the year prior to the interview, this difference was not statistically significant. When examining a longer time frame that provided a more accurate account of all women in the sample who had experienced partner violence, women with disabilities reported a significantly elevated risk for violence. The disparity in the rate of violence for women with disabilities compared to those without disabilities grew to 1.4 times in the 5 years preceding the interview. In other words, depending on the time frame of the dependent variable, women with disabilities in Canada reported experiencing violence by intimate partners at rates that either equaled or surpassed those of women without disabilities. Moreover, the results showed that women with disabilities were particularly vulnerable to severe acts of violence by their partners in the 5 years preceding the survey. Barnett et al. (2005) commented that "investigators rarely assume that disabled women have intimate partners, so IPV (intimate partner violence) often goes undetected" (pp. 353-354). To effectively prevent and address violence against women with disabilities, stakeholders need to be aware of this false assumption and of the reality of partner violence against women with disabilities. In addition, they must also have an understanding of the dynamics underlying an elevated risk of violence against women with disabilities. To provide insights into these dynamics, an explanatory framework

that organized risk markers in terms of relationship factors, victim-related characteristics, and perpetrator-related characteristics was examined.

In terms of relationship factors, although women with and without disabilities significantly differed on education compatibility and duration of union, the multivariate analyses showed that these variables did not significantly affect the odds of violence against women with disabilities, and they did not contribute to the elevated risk of violence against women with disabilities. These relationship factors were not important for understanding the elevated risk for violence against women with disabilities.

The results of the descriptive analysis were consistent with expectations on all of the victim-related characteristics. Women with disabilities were less likely to be well educated, and more likely to be unemployed, older, and of Aboriginal ancestry. However, controlling for all other independent variables in the current study, only age significantly affected the odds of violence against women with disabilities. Although disability was positively related to age, the negative relationship between age and violence generally found in the literature also held true for partner violence against women with disabilities; that is, it was young women with disabilities who were most vulnerable to violence by their partners. Given that it is conventional in Canadian society for partners within a couple to be of the same age or for the male partner to be slightly older (Eshleman & Wilson, 1998; Martin-Matthews, 2000), it is reasonable to extrapolate that young males are most likely to perpetrate partner violence against women with disabilities. Despite a significant impact of age on the odds of violence against women with disabilities, victim-related characteristics did not contribute to understanding the elevated risk for violence against women with disabilities.

With respect to perpetrator-related characteristics, contrary to expectations, male partners of women with disabilities were not more likely to abuse alcohol, and alcohol abuse did not have a significant impact on the odds of violence against women with disabilities. These results did not lend support to the dependency-stress model as an explanation for the elevated risk of partner violence against women with disabilities. On the other hand, male partners of women with disabilities were about 2.5 times more likely to behave in a patriarchal dominating manner and about 1.5 times more likely to engage in sexually proprietary behaviors than were male partners of women without disabilities. The results of the multivariate analysis showed that patriarchal dominance and sexually proprietary behaviors were strongly linked to increased odds of violence for women with and without disabilities. Moreover, controlling for these perpetrator-related characteristics accounted for the elevated risk for violence against women with disabilities. These results did lend support to the applications of feminist disability and evolutionary psychology theories. Hence, it is important for stakeholders to recognize not only that women with disabilities have partners and are susceptible to partner violence but also that ideologies of patriarchy and male sexual proprietariness also affect these women's lives and, in fact, appear to account for their elevated risk for partner violence.

At this juncture it is important to note some limitations of the current research. It has been argued that a tendency for women with disabilities to have lower education levels, low self-esteem, and less assertiveness may render these women less likely to interpret violent acts as violence (Curry et al., 2001). This suggested that behavioral indicators were appropriate for measuring violence against the sampled women with disabilities. However, it also bears adding that women with disabilities have been found to experience forms of abuse that were not measured with the modified version of the CTS used in the current study. For example, Gilson et al. (2001) identified several forms of abuse that are unique to women with disabilities including removal of an accessibility device, withholding medication, and threatening institutionalization. Exclusion of such acts results in underestimating the prevalence of partner abuse against women with disabilities. This was illustrated in a study by McFarlane et al. (2001), who employed the Abuse Assessment Screen-Disability (AAS-D) instrument with a clinical sample of 511 women with physical disabilities. The AAS-D included two standard questions (one on physical and one on sexual assault) and two disability-related questions on abuse (e.g., being prevented from using a wheelchair, cane, respirator, or other assistive devices). Of the sampled women, 9.8% reported at least one form of abuse having occurred in the past year. Without the two disability-related questions, the prevalence would have been 7.8%. Of course, the disability-related questions would not be applicable to women without disabilities and so would not have been appropriate for use in the current study because the analysis required use of the same dependent variable for women with disabilities and women without disabilities. Nevertheless, readers must recognize that the prevalence rates of violence in the current study likely underestimate the rate of partner abuse experienced by women with disabilities in Canada. A second limitation concerned the survey method. Women with disabilities that would prevent them from understanding the survey were excluded, and so these women were not represented. As well, women who would have required assistance to complete the survey by phone were excluded. Although the research conducted by Young et al. (1997) suffered from its own limitations, in addition to completion of the survey over the phone they were able to offer respondents hard copy, computerized, or audio cassette versions to allow women with severe disabilities to complete the survey in privacy. On the other hand, if offering such options in the GSS would have required these women to lose their anonymity, then new compromises would have been introduced into the survey.

Although this research was not without limitations, it has filled an important gap in our knowledge of partner violence against women with disabilities. Extant research was widely acknowledged as “acutely deficient” (Barnett et al., 2005, p. 352). Nosek et al. (2001) criticized past studies of abuse and disability based on seven principles of valid research: (a) failure to operationally define variables and distinguish between different forms of violence, such as physical and sexual violence; (b) use of nonstandardized measures; (c) failure to categorize specific incidents; (d) heterogeneity

in terms of gender, age, and type of disability; (e) use of convenience sampling; (f) failure to use comparison groups; and (g) lack of multivariate statistical analyses. Although the data did not allow a meaningful categorization of women by type of disability, the current study largely addressed these weaknesses of past research (variables were operationalized, standardized measures of violence were employed, distinctions were made between types of violence, there was a focus on gender, age was controlled, advanced sampling methods were used, women with disabilities were compared to the population of women without disabilities, and multivariate statistical analyses were employed).

In conclusion, partner violence against women with disabilities is a social problem in need of recognition and attention by stakeholders. Although women with disabilities need supports to reduce their vulnerability, the apparent importance of perpetrator-related characteristics derived from feminist disability and evolutionary psychology theories suggested that more attention should also be directed toward perpetrators. Efforts to reduce patriarchal dominating and male sexually proprietary behaviors in the general population will also help to reduce partner violence against women with disabilities. In addition, given that partners of women with disabilities are more likely to express these behaviors, efforts specifically directed to these men are needed. For example, community awareness campaigns for partner violence prevention could specifically address patriarchal domination, sexual proprietariness, and violent behavior in the context of relationships involving women with disabilities. Men who espouse patriarchy and sexual proprietariness need to receive the message that such ideologies are inappropriate and, along with violence, such behaviors toward women, including women with disabilities, will not be tolerated.

Notes

1. Because the General Social Survey (GSS) did not consist of a simple random sample, it was necessary to weight the data so that the population was adequately represented. In an analysis of a subsample of the GSS, the weights provided with the data must be rescaled in a manner that preserves the variability of the original weights, but that has an average value of 1. This was accomplished by first calculating the average weight for those respondents in the analysis and then dividing each respondent's weight by this average. The resulting weighting factor was used in the analysis.

2. It must be noted that this was an individual-level indicator of patriarchal domination between a couple, rather than a measure of patriarchal culture. For further elaboration of this conceptualization of patriarchal domination, readers may wish to refer to Brownridge (2002).

3. Given that the purpose of the remaining analyses was to examine an elevated risk for violence against women with disabilities, the remaining analyses were conducted with the 5-year prevalence rate.

4. Given that the Participation and Activity Limitation Survey (PALS) and GSS were representative of the Canadian population and used the same definition of *disability*, the data from the PALS suggest that women with disabilities in the current study included disabilities that spanned the continuum in terms of severity. Of the women reporting disabilities in the PALS, 32.2% reported mild disabilities, 25.3% moderate disabilities, 28.3% severe disabilities, and 14.1% very severe disabilities (Statistics Canada, 2002).

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