

CENTER for VICTIM RESEARCH

Building an evidence base for victim services

Evaluation of Violence Against Women with Physical Disabilities in Michigan, 2000-2001

Author(s) of Instrument:

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Key References: Publications related to this instrument

Milberger, S., Israel, N., LeRoy, B., Martin, A., Potter, L., & Patchak-Schuster, P. (2003). Violence against women with physical disabilities. *Violence and Victims, 18*(5):581-91.

Primary Use/Purpose: This section describes what this instrument was designed to measure.

The questionnaire has two parts. Part 1 is a brief questionnaire to screen for a history of domestic violence and identify demographic characteristics. Variables in Parts 1 and 2 include type of disability, type of personal assistance needed, and whether the respondent was ever physically, emotionally, or sexually abused. Part 2 also contains variables on sources of monthly income, who perpetrated the abuse, the abuser's gender, how long the victim knew the abuser, whether the victim sought assistance from a domestic violence program or shelter, and a description of the worst incident of physical abuse. Demographic variables in Parts 1 and 2 include ethnicity, age, employment status, and marital status. All interviewers were specifically trained in issues of domestic violence prior to initiating the interviews to assure that sensitivity and awareness with regard to safety and support were provided to the participants. Participants were offered the option to complete the screen over the phone, by mail, by fax, or online.

Background and Development: How and why this instrument was developed.

The tool was developed for a study conducted in 2000-2001 examining the prevalence and risk factors of domestic abuse in women with physical disabilities. The questionnaire used was based

on a protocol developed by Nosek (1995)¹ that addressed demographic characteristics, social networks, and abuse history.

Psychometrics (if applicable): Any testing of this instrument.

N/A.

Link to Instrument: Link to the instrument if available.

<https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/3414/datadocumentation#> or see attached.

Submitted by: Sharon Milberger submitted this instrument to the CVR Instruments Collection and certified permission to publicly share this instrument.

¹ Nosek, M. (1995). Sexual abuse of women with physical disabilities. *Physical Medicine and Rehabilitation*, 9(2), 487-502.

ATTACHMENT A - PHASE I SCREEN

1. Ethnicity

Caucasian African American Asian American Indian Hispanic Other

2. Age _____

3. Zip Code _____

4. Current living arrangement

Independent Semi-independent Group Home Other _____

5. Marital status

Married Single Divorced/Separated Widowed Other _____

6. Type of disability

Cerebral Palsy Stroke Spina bifida Systemic lupus erythematosus
 Multiple Sclerosis Post-polio Visual impairment Traumatic brain injury
 Hearing impairment Amputation Spinal cord injury Arthritis Other

7. Personal assistance services (mark all that apply)

Getting out of bed Eating or feeding Dressing Toileting
 Personal hygiene Moving around your home Taking medications
 Meal preparation Home maintenance Other _____

8. Employment status

Full-time Part-time Retired Laid off/unemployed Other _____

9. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone or forced to have sexual activities?

Yes, currently Yes, in the past No

10. Since you were 18 years old, has anyone you depend on refused to help you with an important personal need (e.g., taking your medicine, getting to the bathroom) or prevented you from using a wheelchair, cane, respirator, or other assistive devices?

Yes, currently Yes, in the past No

If you are interested in seeing if you are eligible to participate in the second phase of this study please provide the following contact information:

Name _____

Phone (____) _____

ATTACHMENT B - PHASE II QUESTIONNAIRE* (page 1 of 8)

1. Ethnicity

Caucasian African American Asian American Indian Hispanic Other

2. Age _____

3. Zip Code _____

4. Current living arrangement

Independent Semi-independent (with support) Group Home Other _____

5. Marital status

Married Single Divorced/Separated Widowed Other _____

6. Type of disability

Cerebral Palsy Multiple Sclerosis Spina bifida Amputation Arthritis
 Systemic lupus erythematosus Visual impairment Hearing impairment
 Stroke Post-polio Spinal cord injury Traumatic brain injury Other _____

7. Personal assistance services (mark all that apply)

Getting out of bed Eating or feeding Dressing Toileting Personal hygiene
 Transferring or moving around your home Taking medications Recreation
 Meal preparation Home maintenance Other _____

8. Are the following services available in your community?

Transportation Yes No If Yes, do you use this service? Yes No
 Recreation Yes No If Yes, do you use this service? Yes No

9. Employment status

Full-time Part-time Retired Laid off or unemployed Other _____

10. Source of monthly income (mark all that apply)

SSDI SSI Employment earnings Long-term Disability
 State Disability Assistance (SDA) Unemployment Worker's Compensation
 Other (e.g., family, trust fund, etc. _____)

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 2 of 8)

11. Since you were 18 years old, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?

- Yes, currently Yes, in the past No

If *No*, go to Question 12.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 3 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

Thinking of the worst incident, were you (check yes or no):

- | | |
|---|--|
| 1=Threatened with abuse, including threats with a weapon | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2=Slapped, pushed; (no injuries or lasting pain) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3=Punched, kicked (bruises, cuts and/or continuing pain) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4=Beaten up (severe cuts or bruises, burns, broken bones) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5=Received head, internal, and/or permanent injury | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6=Injured by use of weapon (wound from weapon) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 4 of 8)

12. Since you were 18 years old, has anyone you been forced to have sexual activities?

- Yes, currently Yes, in the past No

If *No*, go to Question 13.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 5 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If *Yes*, how would you describe your experience with the domestic abuse program/shelter?

13. Since you were 18 years old, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?

Yes, currently Yes, in the past No

If *No*, go to Question 14.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If Yes, specify _____
ATTACHMENT B - PHASE II QUESTIONNAIRE (page 6 of 8)

Please describe: _____

When did this abuse begin? _____

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 7 of 8)

14. Since you were 18 years old, has anyone you depend on refused to help you with an important personal need such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed or getting food or drink or threatened not to help you with these personal needs?

- Yes, currently Yes, in the past No

If *No*, go to stop here.

If *Yes*, who was this person (mark all that apply)?

Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Ex-Partner Yes No If *Yes*, Male Female
How long have you known this person? _____

Current Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Former Care Provider Yes No If *Yes*, Male Female
How long have you known this person? _____

Health Professional Yes No If *Yes*, Male Female
How long have you known this person? _____

Family Member Yes No If *Yes*, specify _____
How long have you known this person? _____

Stranger Yes No If *Yes*, Male Female

Other Yes No If *Yes*, specify _____

Please describe: _____

When did this abuse begin? _____

ATTACHMENT B - PHASE II QUESTIONNAIRE (page 8 of 8)

If abuse *in the past*, how did the abuse come to end? _____

Did you ever seek assistance from any domestic abuse program or shelter? Yes No
Why or Why not?

If Yes, how would you describe your experience with the domestic abuse program/shelter?

*This questionnaire is based on the Abuse Assessment Screening Questionnaire (AAS-D) developed by Dr. Margaret Nosek and colleagues at the Center for Research on Women with Disabilities, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine.