

Sexual Violence Victimization Against Men with Disabilities

Monika Mitra, PhD, Vera E. Mouradian, PhD, Marci Diamond, MPA

Background: Prior research has shown a high prevalence of sexual violence against women with disabilities. However, no previous population-based studies have examined such victimization against men with disabilities.

Purpose: The purpose of this paper is to document the prevalence of lifetime and past-year sexual violence victimization among a representative sample of men with disabilities in Massachusetts and to compare its prevalence among men with disabilities to that of men without disabilities and women with and without disabilities.

Methods: Data from the Massachusetts Behavioral Risk Factor Surveillance System, 2005–2009 were analyzed in 2010 using bivariate and multivariate logistic regression.

Results: Among 25,756 survey respondents, approximately 21.1% of Massachusetts men and 21.0% of women reported a disability. The prevalence of lifetime sexual violence victimization was 13.9% (95% CI=10.7%, 17.1%) among men with disabilities; 3.7% (95% CI=2.9%, 4.5%) among men without disabilities; 26.6% (95% CI=23.4%, 29.7%) among women with disabilities; and 12.4% (95% CI=11.2%, 13.6%) among women without disabilities. Similarly, men with disabilities were more likely than men without disabilities to report lifetime completed and attempted rape and past-year sexual violence victimization. Multivariate analyses controlling for sociodemographic characteristics indicated that men with disabilities were more than four times more likely to report lifetime and past-year victimization than men without disabilities.

Conclusions: Men with disabilities are at a heightened risk for lifetime and current sexual violence victimization.

(Am J Prev Med 2011;xx(x):xxx) © 2011 American Journal of Preventive Medicine

Introduction

People with disabilities are more likely than those in the general population to experience sexual assault victimization.^{1–5} Prior reports^{6,7} on sexual violence against people with disabilities have reported systematically on the increased risk among women with disabilities compared to women without disabilities. However, few studies^{8–10} have documented its prevalence against men with disabilities, and the one population-based study⁹ that did so focused solely on abuse within intimate relationships. The current study seeks to advance prior research by examining the prevalence of lifetime and past-year sexual violence victimization among a population-based sample of Massachusetts men with dis-

abilities and comparing its prevalence among men without disabilities and women with and without disabilities.

Methods

Study data came from the 2005–2009 Massachusetts Behavioral Risk Factor Surveillance System (MA-BRFSS), which is an annual random-digit-dial telephone health survey of non-institutionalized adults conducted in collaboration with the Centers for Disease Control and Prevention (CDC). For this study, MA-BRFSS data from 2005 to 2009 were combined to obtain an effective sample size for people with disabilities. Details about the methodology, sampling strategy, and response rates are available elsewhere.¹¹

Measures

The participants in MA-BRFSS who responded yes to any of the following questions were classified as having experienced lifetime sexual violence: (1) whether anyone ever had (completed rape) or attempted to have (attempted rape) sex with them without their consent; (2) whether in the past year anyone had touched them sexually without their consent/despite their objections (unwanted sexual touching) or had exposed them to nonconsensual sexual situations that did not involve physical touching (unwanted sexual exposure). Past-year sexual violence was defined as reports of completed rape, attempted rape, unwanted sexual touching, or unwanted sexual exposure in the past year.

From the Center for Health Policy and Research and the Department of Family Medicine and Community Health, University of Massachusetts Medical School (Mitra), Shrewsbury; and the Massachusetts Department of Public Health (Mouradian, Diamond), Boston, Massachusetts

Address correspondence to: Monika Mitra, PhD, Center for Health Policy and Research, University of Massachusetts Medical School, 333 South Street, Shrewsbury MA 01545. E-mail: monika.mitra@umassmed.edu.

0749-3797/\$17.00

doi: 10.1016/j.amepre.2011.07.014

Table 1. Demographic characteristics by disability status and gender, % (95% CI)

	Men		Women	
	With disabilities (n=2480)	Without disabilities (n=7034)	With disabilities (n=4270)	Without disabilities (n=11,972)
Age (years)				
18–24	9.2 (6.1, 12.3)	11.1 (9.4, 12.8)	7.9 (5.6, 10.2)	10.8 (9.2, 12.4)
25–34	10.1 (7.5, 12.7)	17.3 (15.6, 19.0)	10.1 (8.1, 12.2)	16.6 (15.4, 17.8)
35–44	17.8 (14.9, 20.7)	25.6 (23.9, 27.3)	16.0 (13.9, 18.0)	23.7 (22.4, 25.0)
45–64	39.4 (36.2, 42.5)	33.2 (31.6, 34.9)	35.9 (33.5, 38.2)	32.3 (31.0, 33.6)
≥65	23.5 (21.1, 25.9)	12.7 (11.7, 13.6)	30.2 (28.0, 32.3)	16.6 (15.6, 17.5)
Race/ethnicity				
White non-Hispanic	87.2 (84.6, 89.8)	82.3 (80.6, 84.0)	84.3 (82.3, 86.4)	85.7 (84.5, 86.8)
Black non-Hispanic	4.5 (2.6, 6.3)	4.8 (3.9, 5.7)	5.2 (3.7, 6.6)	4.2 (3.6, 4.9)
Hispanic	5.1 (3.5, 6.7)	7.5 (6.2, 8.8)	7.1 (5.9, 8.2)	6.9 (6.0, 7.7)
Other	3.2 (2.0, 4.4)	5.4 (4.3, 6.4)	3.4 (2.3, 4.6)	3.2 (2.7, 3.7)
Education				
High school or less	37.5 (34.2, 40.8)	27.5 (25.8, 29.3)	39.6 (37.0, 42.2)	28.5 (27.0, 29.9)
Some college	24.6 (21.6, 27.7)	21.6 (19.8, 23.3)	26.3 (24.0, 28.6)	24.8 (23.3, 26.2)
4-year college degree or more	37.9 (34.5, 41.2)	50.9 (49.0, 52.8)	34.1 (31.6, 36.5)	46.8 (45.2, 48.3)
Marital status				
Married or part of an unmarried couple	60.5 (57.1, 63.9)	70.0 (68.1, 71.9)	46.2 (43.6, 48.9)	65.4 (63.8, 66.9)
Divorced, widowed, or separated	15.7 (13.9, 17.6)	8.8 (8.0, 9.6)	35.8 (33.5, 38.1)	17.9 (17.0, 18.8)
Never married	23.8 (20.4, 27.2)	21.2 (19.3, 23.1)	18.0 (15.6, 20.4)	16.7 (15.3, 18.2)
Employment status				
Employed	49.1 (45.6, 52.5)	77.8 (76.2, 79.4)	37.1 (34.5, 39.8)	66.0 (64.5, 67.4)
Not employed	50.9 (47.5, 54.4)	22.2 (20.6, 23.8)	62.8 (60.2, 65.5)	34.0 (32.6, 35.5)

Respondents were asked whether they had limitations because of physical, mental, or emotional problems; any health problem that required use of special equipment; trouble learning, remembering, or concentrating because of a health problem or impairment; or a physical, mental, emotional, or communication-related disability. Those responding yes to any of these questions and whose disability had limited their activities for at least 1 year were classified as having a disability.

Analysis

Bivariate logistic regression analyses were used to indicate differences by gender and disability. Multivariate logistic regression analyses were used to examine the association of disability and gender with sexual violence while controlling for the potential demographic confounders of age, race/ethnicity, education, marital status and employment. All data analyses were conducted in SAS 9.2 using *proc surveymeans* and *proc surveylogistic* to account for the MA-BRFSS's complex sampling design.

Results

Among 25,756 survey respondents, 21.1% reported having a disability (21.1% of men; 21.0% of women). Men with disabilities were older, less educated, less likely to be married or part of an unmarried couple, and less likely to be employed compared to men without disabilities (Table 1).

Among the 21,615 respondents for whom victimization responses were also available, approximately 13.9% of men with disabilities reported lifetime sexual violence (95% CI=10.7%, 17.1%) compared to 3.7% of men without disabilities (95% CI=2.9%, 4.5%); 26.6% of women with disabilities (95% CI=23.4%, 29.7%); and 12.4% of women without disabilities (95% CI=11.2%, 13.6%) (Table 2).

Among men with disabilities, 6.0% reported lifetime completed rape (95% CI=4.0%, 8.0%) and 9.9% (95% CI=7.1%,

Table 2. Lifetime and past-year sexual violence victimization among men and women with and without disabilities, % (95% CI)

	Overall sample N=21,615	Men		Women	
		With disabilities (n=1625)	Without disabilities (n=4629)	With disabilities (n=2772)	Without disabilities (n=7711)
Lifetime sexual violence					
Sexual violence ever	10.7 (10.1, 11.4)	13.9 (10.7, 17.1)**	3.7 (2.9, 4.5)	26.6 (23.4, 29.7)**	12.4 (11.2, 13.6)**
Completed rape ever	5.4 (4.9, 5.9)	6.0 (4.0, 8.0)**	1.0 (0.6, 1.3)	18.3 (15.4, 21.2)**	5.9 (5.1, 6.6)**
Attempted rape ever	7.6 (7.0, 8.2)	9.9 (7.1, 12.8)**	2.5 (1.9, 3.0)	19.0 (16.0, 22.0)**	8.8 (7.7, 9.8)**
Any sexual violence^a in past year					
Past-year sexual violence	2.7 (2.3, 3.1)	5.3 (2.8, 7.7)**	1.5 (0.9, 2.0)	6.3 (4.2, 8.5)**	2.4 (1.8, 2.9)*

Note: The Massachusetts Behavioral Risk Factor Surveillance System data are weighted by the CDC to the total Massachusetts population for the corresponding year in order to reflect both the probability that an individual is selected to participate and the population representation by gender, age, and race/ethnicity. The referent group for the bivariate logistic regression results shown in this table is men without disabilities. ^aAny sexual violence includes past-year completed rape, past-year attempted rape, past-year unwanted sexual touching, and past-year unwanted sexual exposure.

* $p < 0.05$, ** $p < 0.001$

12.8%) reported lifetime attempted rape. Men with disabilities were more likely to report lifetime completed and attempted rape than men without disabilities (1.0%, 95% CI=0.6%, 1.3%, and 2.5%, 95% CI=1.9%, 3.0%, respectively), and were as likely to report lifetime completed and attempted rape as women without disabilities (5.9%, 95% CI=5.1%, 6.6% and 8.8%, 95% CI=7.7%, 9.8%, respectively). Women with disabilities were more likely than all other groups to report lifetime completed and attempted rape (18.3%, 95% CI=15.4%, 21.2% and 19.0%, 95% CI=16.0%, 22.0%, respectively).

Men with disabilities (5.3%, 95% CI=2.8%, 7.7%) were more likely to report past-year sexual violence than men without disabilities (1.5%, 95% CI=0.9%, 2.0%) and women without disabilities (2.4%, 95% CI=1.8%, 2.9%) and less likely than women with disabilities (6.3%, 95% CI=4.2%, 8.5%) (Table 2).

In multivariate analyses controlling for demographics, men with disabilities were 4.4 times more likely (95% CI=3.0, 6.4) to

report lifetime sexual violence compared to men without disabilities (Table 3). Men with disabilities were more likely to report lifetime completed rape (OR=6.7, 95% CI=3.8, 11.6) and lifetime attempted rape (OR=4.6, 95% CI=3.0, 7.1) than men without disabilities. Similarly, men with disabilities were 4.9 times more likely to report past-year sexual violence (95% CI=2.5, 9.6) than men without disabilities; reports were also more likely among men with disabilities than among women without disabilities (Table 3).

Discussion

The present study documents a high prevalence of lifetime and past-year sexual violence victimization among men with disabilities. After adjusting for demographics, men with disabilities were more than four times more likely to have experienced lifetime and past-year victimization than men without disabilities. Although there is considerable literature on the frequent

Table 3. Lifetime and past-year sexual violence victimization among men and women with and without disabilities, AOR (95% CI)

Disability status	Lifetime sexual violence			Past-year sexual violence
	Any sexual violence ^a	Completed rape	Attempted rape	
Men with disabilities	4.4 (3.0, 6.4)**	6.7(3.8, 11.6)**	4.6 (3.0, 7.1)**	4.9 (2.5, 9.6)**
Men without disabilities	ref	ref	ref	ref
Women with disabilities	10.8 (8.0, 14.6)**	26.4 (16.3, 42.8)**	10.3 (7.3, 14.6)**	5.9 (3.4, 10.4)**
Women without disabilities	3.7 (2.9, 4.7)**	6.4 (4.2, 9.9)**	3.8 (2.8, 5.0)**	1.8 (1.2, 3.0)*

Note: The Massachusetts Behavioral Risk Factor Surveillance System data are weighted by the CDC to the total Massachusetts population for the corresponding year to reflect both the probability that an individual is selected to participate and the population representation by gender, age, and race/ethnicity. Adjusted odds ratios were calculated controlling for age, race/ethnicity, education, employment, and marital status.

^aIncludes lifetime completed rape, lifetime attempted rape, past-year unwanted sexual touching and past-year unwanted sexual exposure.

* $p < 0.05$, ** $p < 0.001$

occurrence of sexual violence against women with disabilities, this is the first population-based study to examine its prevalence against men with disabilities.

The most notable findings are that the prevalences of lifetime sexual violence, completed rape, and attempted rape against men with disabilities were comparable to those against women without disabilities, and the past-year sexual violence victimization rate among men with disabilities exceeded that for women without disabilities. The current study also broadened research of such victimization against men with disabilities beyond the intimate partner context to acquaintances and strangers, as well as family members, intimate partners, and dates. This is particularly relevant for people with disabilities who earlier studies^{10,12–14} have suggested are especially likely to experience abuse from caregivers and personal care and other attendants, in addition to intimate partners.

Further research on the nature of sexual violence, type of perpetrators, and environments in which these assaults occur is vital. Fundamental to improving basic surveillance is the inclusion of questions that identify people with disabilities in large representative surveys that study health and violence. This would enable greater exploration of the context and impact of victimization among those with disabilities, as would follow-up studies focused on the relationship of violence victimization, gender, and disability with health outcomes. The heightened level of past-year victimization among men with disabilities that have lasted more than 1 year suggests that disability status may be a risk factor for sexual violence victimization. However, longitudinal studies are needed to further examine the sequence of disability and lifetime sexual violence.

The study findings should be interpreted with the following limitations in mind. BRFSS methodology precludes the participation of those who live in institutions, who need assistance in completing the interview due to cognitive or developmental disabilities, and others who rely on forms of communication other than a landline telephone. Further the disability question does not allow for determination of the type of disability, which may have an impact on the experience of sexual violence. Conclusions about causality cannot be drawn using these data, as the BRFSS utilizes a cross-sectional survey design. BRFSS data are subject to self-report biases. Lifetime prevalence assessments in the current study do not include lifetime unwanted sexual touching and exposure, and consequently the reported prevalence represents an underestimation. Finally, only people in households with landline telephones were included, because during 2005–2009 landline telephone-based MA-BRFSS data were the only relevant data available.

Despite these limitations, the results of the present study suggest that men with disabilities are at a heightened risk for sexual violence victimization. Follow-up

research on the epidemiology of such victimization among people with disabilities, including men with disabilities, is indicated, as is access to sexual violence prevention and survivor services for people with disabilities.

Funding for this study came partly from the Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities Grant, which is funded by Centers for Medicare and Medicaid Services (CFDA No. 93.768).

The authors thank staff from the Health Survey Program, Massachusetts Department of Public Health, for data collection of the MA-BRFSS. We thank Dr. Helen Hawk, Director, Health Survey Program, Massachusetts Department of Public Health, for reviewing the manuscript before submission.

No financial disclosures were reported by the authors of this paper.

References

1. Armour B, Wolf L, Mitra M, Brieding M. Differences in intimate partner violence among women with and without a disability. Proceedings of the American Public Health Association meeting; 2008 Oct 27, San Diego CA.
2. Sullivan PM, Vernon M, Scanlan JM. Sexual abuse of deaf youth. *Am Ann Deaf* 1987;132:256–62.
3. Martin SL, Ray N, Sotres-Alvarez D, et al. Physical and sexual assault of women with disabilities. *Violence Against Women* 2006;12:823–37.
4. Brownlie EB, Jabbar A, Beitchman J, Vida R, Atkinson L. Language impairment and sexual assault of girls and women: findings from a community sample. *J Abnorm Child Psychol* 2007;35:618–26.
5. Balogh R, Bretherton K, Whibley S, et al. Sexual abuse in children and adolescents with intellectual disability. *J Intellect Disabil Res* 2001;45:194–201.
6. Casteel C, Martin SL, Smith JB, Gurka KK, Kupper LL. National study of physical and sexual assault among women with disabilities. *Inj Prev* 2008;14(2):87–90.
7. Barrett KA, O'Day B, Roche A, Carlson BL. Intimate partner violence, health status, and health care access among women with disabilities. *Womens Health Issues* 2009;19(2):94–100.
8. Powers LE, Curry MA, McNeff E, et al. End the silence: a survey of abuse against men with disabilities. *J Rehabil Med* 2008;174:41–53.
9. Cohen MM, Forte T, Du Mont J, Hyman I, Romans S. Adding insult to injury: intimate partner violence among women and men reporting activity limitations. *Ann Epidemiol* 2006;16(8):644–51.
10. Benson J. We're all little John Waynes: a study of disabled men's experience of abuse by personal assistants. *J Rehabil* 2006;74(4):3–13.
11. Massachusetts Department of Public Health. A profile of health among Massachusetts adults, 2009: results from the Massachusetts Behavioral Risk Factor Surveillance System. Boston MA: MDPH, Health Survey Program, 2010. www.mass.gov/Eeohhs2/docs/dph/behavioral_risk_report_2009.pdf.
12. Nannini A. Sexual assault patterns among women with and without disabilities seeking survivor services. *Womens Health Issues* 2006;16(6):372–9.
13. McFarlane J, Hughes RB, Nosek MA, Groff JY, Swedlend N, Dolan Mullen P. Abuse Assessment Screen-Disability (AAS-D): measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. *J Womens Health Gend Based Med* 2001;10(9):861–6.
14. Oktay JS, Tompkins CJ. Personal assistance providers' mistreatment of disabled adults. *Health Soc Work* 2004;29(3):177–88.