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Elise Warren Date

“Playing on my emotions with regards to my mental health”: A qualitative exploration of intimate partner violence among college students with disabilities

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Bachelor of Science
The Pennsylvania State University
2020

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An abstract of the thesis submitted to the
Faculty of the Rollins School of Public Health, Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health in
Behavioral, Social and Health Education Sciences
2021

Abstract

Objective: College students with disabilities are at higher risk of intimate partner violence (IPV) and adverse outcomes after experiencing violence. Few studies have qualitatively examined experiences of IPV among college students with disabilities. Thus, this study seeks to examine these experiences, and explore intersections of ability status with IPV.

Methods: This secondary qualitative analysis was conducted within the context of a larger parent study. Semi-structured life-course perspective interviews were conducted with 41 college students who identified having a health condition that meets the ADA definition for disability. Students were asked about IPV, sexual violence, alcohol and substance use, and their health condition. Interviews were coded and analyzed using thematic analysis. Organization of results was informed by the Power and Control Wheel for People with Disabilities in Partner Relationships.

Results: Two themes emerged from the data: participants experienced multiple forms of violence, both disability-related and non-disability-related; and students experienced worsening symptoms and/or additional disability following IPV. Despite aligning with the Power and Control Wheel for People with Disabilities in Partner Relationships, the themes included nuanced patterns of IPV types.

Conclusions: The findings demonstrated that college students with disabilities face multiple complex forms of violence, some which may never be experienced by their abled peers. These multiple forms of violence may lead to worsening symptoms and/or additional disabilities for college students, suggesting that present-day siloed approaches to disability services, health services, and violence services may not be the most helpful and efficient approach. Rather, integrated campus service models may be needed to support students with multi-dimensional experiences of IPV.

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Several people were instrumental in the process of writing this master's thesis, for whom I am deeply grateful. I would like to thank those people who were there to show support at every step of the way.

I would not have been able to conduct this project without the guidance of my thesis committee. My thesis chair, Dr. Elizabeth Walker, who provided both academic and emotional support throughout the entire project. My committee member, Dr. Jocelyn Anderson, who entrusted me with her research and provided expertise on the study and IPV over the last few years. I thank them, both, for their patience, empathy, and guidance throughout the duration of this project.

My Rollins professors and staff taught me almost all that it is I know about public health, and conducting research. I thank them for their wisdom and patience throughout the duration of my master's program. I also thank my family, friends, and the Walker Thesis Support Group for moral support at every step of the way.

Lastly, I am eternally grateful to the participants of this study. Without them and their courage to share their stories, we would not have the important findings and implications that we have today. Though many survivors will never receive justice through the judicial system for a variety of reasons, it is my hope that this thesis and its implications will do them justice, in sharing their stories, and enacting change.

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Glossary

Coercive Control: Limiting access to transportation, money, friends, and family; excessive monitoring of a person's whereabouts and communications; monitoring or interfering with electronic communication without permission; making threats to harm self; or making threats to harm a loved one or possession (Breiding et al., 2015)

Control of Reproductive Health: Refusal of birth control, coerced pregnancy, coerced pregnancy termination (Breiding et al., 2015)

Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment (ADA, 2010)

Exploitation of Perpetrator's Vulnerability: Perpetrator's use of real or perceived disability, immigration status to control a victim's choices or limit a victim's options. For example, telling a victim "if you call the police, I could be deported" (Breiding et al., 2015)

Exploitation of Victims Vulnerability: immigration status or undisclosed sexual identity

Expressive Aggression: Degrading, name-calling, humiliating, acting in a way that is or seems dangerous (Breiding et al., 2015)

Gaslighting: Presenting false information to the victim with the intent of making them doubt their own memory and perception (Breiding et al., 2015)

Intimate Partner: A person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives (Breiding et al., 2015)

Intimate Partner Violence: Abuse or aggression that occurs in a romantic relationship (Centers for Disease Control and Prevention, 2021)

Physical Violence: The intentional use of physical force with the potential for causing death, disability, injury, or harm (Breiding et al., 2015)

Psychological Aggression: Verbal and non-verbal communication with the intent to harm another person mentally or emotionally, and/or exert control over another person (Breiding et al., 2015)

Sexual Violence: A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse (Breiding et al., 2015)

Stalking: Pattern of repeated, unwanted, attention and contact that causes fear or concern for one's own safety or the safety of someone else (Breiding et al., 2015)

Chapter I: Introduction

A note on terminology: We recognize there are many different terminologies that people may prefer to use to refer to themselves and their health conditions. Throughout this thesis we use the term "disability," to refer to a health condition that has met the definition of disability as defined by The Americans With Disability Act: "a physical or mental impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment" (ADA, 2010). The recruitment methods of this study and the eligibility criteria of using the term disability allowed for a broader definition of disability, rather than specifying health or impairment conditions. This means that participants in this study may or may not have sought accommodations or treatment for their condition.

Problem Definition

The Centers for Disease Control and Prevention (CDC) broadly defines intimate partner violence (IPV) as "abuse or aggression that occurs in a romantic relationship," coming from a current or former spouse, dating partner, or ongoing sexual partner, ranging from one acute episode. IPV affects approximately one third of women in the United States, and similarly up to 32% of all college students (Centers for Disease Control and Prevention, 2021; Sellers & Bromley, 1996; Canot et al., 2020). College students possess many substantiated risk factors for IPV, such as being young, unmarried, and at risk for unplanned pregnancy (Yakubovich et al., 2018). Among college students, those with disabilities are especially vulnerable to IPV. College women with disabilities are more likely than college women without disabilities to report each type of IPV, including physical violence, stalking, psychological aggression, rape, and reproductive control or coercion (Schrer et al., 2014; Breiding & Armour, 2015). College women

with a mental and/or behavioral health disability also report multiple experiences of IPV and/or sexual violence (SV) during their college career (Bonomi et al., 2018).

Little is known about the experiences of IPV among college students with disabilities. Bonomi and colleagues (2018) suggest that college students with disabilities may exhibit unique forms of abuse, such as disability-specific abuse, and technology-related abuse and social isolation. These findings have yet to be replicated.

Contribution of the Current Study

Only a small number of studies to date have sought to study the lived experience of college students with disabilities who have experienced IPV (Bonomi et al., 2016; Richter et al., 2021). Studies examining IPV among college students with disabilities have historically included a sample of heterosexual females recruited from those who have sought ADA accommodations from their university. These recruitment methods may not capture the entirety of college students with disabilities.

Study Purpose

It is critical to explore and understand experiences of IPV among college students with disabilities. A greater understanding of abusive behaviors against college students with disabilities is necessary to inform the development of effective, evidence-based, and community-based IPV prevention programs in college populations. Additionally, an understanding of these experiences will help inform college student accommodations from the university's disability office or IPV services.

Given these research gaps, this study seeks to examine experiences of IPV among college students with disabilities. The purpose of this study is to expand upon what is known about the lived experience of IPV by college students with disabilities; how narratives of IPV are impacted

by, or intersect with, their ability status; and discover abusive tactics that are used specifically against college students with disabilities.

Theoretical framework

Applying conceptual and theoretical frameworks to qualitative research helps refine inductive research. The People with Disabilities in Partner Relationships Power and Control Wheel guided the analysis of this study. Because this study seeks to explore relationships of college students with disabilities, this model helped ensure major domains of disability-specific IPV among adults were examined.

SafePlace, in Austin TX, adapted the original Power and Control Wheel to persons with disabilities ("Power and Control Wheel"). This adaption exhibits how people with disabilities in partner relationships experience abuse as it pertains to power and control ("Power and Control Wheel"). Constructs of this framework include privilege, or ableism; coercion and threats; withhold support or treatment; emotional abuse; isolation; minimize, deny, and blame; sexual abuse; and economic abuse ("Power and Control Wheel").

Although this theory guided the analysis of this study, the study did not seek to validate or evaluate the concepts within the People with Disabilities in Partner Relationships Power and Control Wheel. Rather, constructs were utilized to draw comparisons and examine similarities within this sample. Researchers acknowledge that constructs within the People with Disabilities in Partner Relationships Power and Control Wheel are not exhaustive, but most likely rather contain the most frequently reported to SafePlace (S. Schwartz, personal communication, March 14, 2022).

Chapter II: Literature Review

IPV in the United States

Intimate partner violence (IPV) is a pressing public health issue, affecting an estimated one third of women in the United States (Centers for Disease Control and Prevention, 2021). The Centers for Disease Control and Prevention (CDC) broadly defines IPV as abuse or aggression that occurs in an intimate partner relationship (Centers for Disease Control and Prevention, 2021). This abuse could come from a current or former spouse, dating partner, or ongoing sexual partner, ranging from one acute episode of abuse to chronic episodes over time (Centers for Disease Control and Prevention, 2021). The CDC recognizes physical violence, sexual violence (SV), stalking, and psychological aggression as common forms of abuse by intimate partners. Estimating the true prevalence of IPV and frequencies of subsequent IPV typologies is difficult, as IPV is incredibly underreported. Some estimate that 20% to 30% of women will experience IPV in their lifetimes, though this does not account for various sexual and gender identities (Chang, 2014 ; Stockl et al., 2013; Dicola & Spaar, 2016). The most recent National Intimate Partner and Sexual Violence Survey found that 37% of women in abusive relationships experienced psychological aggression by an intimate partner in their lifetime; about 36% reported sexual violence, physical violence, and/or stalking, 71% of whom experienced the violence before the age of 25, indicating that age is a significant risk factor for violence (Smith et al., 2018).

There are many risk factors for experiencing IPV. A recent systematic review found the most common risk factors to be unplanned pregnancy, having parents with less than a high school education, and being young and unmarried (Yakubovich et al., 2018). Risk factors which were not statistically significant but were clinically significant include cohabiting, partners'

greater alcohol dependence and consumption, and partners who had experienced less parental monitoring in childhood (Yakubovich et al., 2018). Additionally, women's defensiveness, less femininity, and greater impulsivity were associated with greater odds of IPV (Yakubovich et al., 2018). Overall, young women at risk of unplanned pregnancy whose partners have greater alcohol dependence and consumption were identified as being at highest risk (Yakubovich et al., 2018). Recognizing individuals at highest risk is an important step in IPV intervention, to properly prevent the potential onset of negative health consequences.

Experiencing abuse in an intimate relationship can cause lifelong physical and mental health consequences, including sexually transmitted infections and HIV, induced abortion, low birth weight and prematurity, and non-fatal injuries (García-Moreno et al., 2013). A study using National Longitudinal Study of Adolescent Health data found that IPV was associated with higher mental health symptom scores, more depressive symptoms, poorer physical health status, and increased health care utilization regarding emergency room visits and hospitalizations (Fletcher, 2010). These health consequences of IPV can be especially burdensome for vulnerable populations, including college students.

IPV on College Campuses

IPV is a significant issue on college campuses. As stated prior, 71% of women and 58% of all men will encounter their initial IPV experience before the age of 25: an age demographic that largely consists of college students (Breiding et al., 2011; National Center for Education Statistics, 2017). Prevalence estimates of IPV within universities range from 10% to 32% of all college students (Sellers & Bromley, 1996; Canot et al., 2020). College students are especially vulnerable to intimate partner violence because of their risk factors, social environment, and tendency to adopt negative behaviors of their peers (Lorant & Nicaise, 2014). IPV may be

normalized on college campuses, as suggested by an anonymous online survey examining IPV norms within college students. This survey found that both perpetrators and non-perpetrators of IPV overestimated the prevalence of IPV and occurrence of abusive behaviors, suggesting IPV and abusive behaviors are perceived as common or normal in college (Witte & Mulla, 2013). University administrations may unknowingly contribute to IPV perpetration as well. An assessment of university policies discovered that public schools were significantly more likely than private schools to have domestic violence (DV) policies (Connecticut Coalition Against Domestic Violence, 2014; Duval et al., 2020). The lack of DV policies may indicate that private schools relay the message that IPV is not an issue on their campuses, thus influencing student perceptions of DV (Connecticut Coalition Against Domestic Violence, 2014; Duval et al., 2020). Student's perceptions of IPV are shown to be shaped or impacted by their religious beliefs, perceptions of "hookup culture," substance use behavior, and social influence such as participation in Fraternity and Sorority Life or a sports team (Duval et al., 2020). College students impacted by IPV often have access to IPV-related services, such as gender equity centers, campus police, and campus health services.

Survivors face a variety of challenges in receiving IPV services. Less than 16% of college IPV victims utilize universities' IPV service agencies (Sinozich & Langton, 2014). College students fear retaliation, believe that the incident would be perceived as a personal matter; believe that police would not assist; and/or prefer that the perpetrator avoids trouble (Sinozich & Langton, 2014). Screening at university healthcare visits has the potential to increase IPV victim's quality of care, although college healthcare settings do not always serve as a point of entry for IPV survivors. Only approximately 15% of college campus health care providers screen for IPV (Sutherland & Hutchinson, 2017). Similarly, 90% of students were not

asked about IPV at their university health clinic despite 36.1% of those students having experienced IPV (Sutherland, Fantasia, & Hutchinson, 2016). Most students ?reported they would? disclose abuse when asked, regardless of whether the care that the victim is seeking is associated with their abuse (Dudgeon & Evanson, 2014). The importance of screening cannot be overstated. Victims who are screened and obtain care are at less risk for subsequent violence, assault, and homicide by an intimate partner at two-year follow-ups compared to their baseline (Singh, Petersen, & Singh, 2014). Service utilization and screening is especially important for vulnerable populations, including college students with disabilities.

IPV Among College Students with Disabilities

The Americans With Disabilities Act of 1990 (ADA) and its Amendment in 2008 defines disability as "A) a physical or mental impairment that substantially limits one or more major life activities, B) a record of such an impairment, or C) being regarded as having such an impairment" (ADA, 2010). According to the most recent estimate, in 2015, 19% of male undergraduate students, and 20% of female undergraduate students reported having a disability (National Center for Education Statistics, 2021). Among college students with disabilities, learning disabilities are most common (31%), followed by ADD or ADHD (18%), psychiatric or psychological conditions (15%), health impairments (11%), orthopedic impairments (7%), difficulty hearing (4%), seeing (3%), speaking (1%), and traumatic brain injuries (1%) (U.S. Department of Education, 2021). Independent of disability type, prevalence of IPV is higher among students with disabilities compared to students without disabilities. A nationwide study examining approximately 20,000 college students found that college students with disabilities were twice as likely to experience IPV compared to their non-disabled counterparts (Schrer et al., 2014). College women with a mental and/or behavioral health disability also report multiple

experiences of SV/IPV during their college career (Bonomi et al., 2018). Students with mental health disabilities and multiple disabilities had the greatest likelihood of IPV, and women with disabilities are more likely to report each type of IPV, including physical violence, stalking, psychological aggression, rape, and reproductive control or coercion (Schrer et al., 2014; Breiding & Armour, 2015). Frequency of each type of abuse may vary depending on one's disability, as suggested by a study of female college students who identified as deaf. These students experienced significantly higher frequencies of psychological aggression than other ability types (Anderson & Leigh, 2011). These experiences can significantly impact one's health. Some studies report that up to 25% of participants experienced symptom onset following IPV experiences, suggesting IPV as a cause of disability, particularly psychiatric conditions (Bonomi et al., 2018). In addition to IPV causing disability, college students with disabilities may experience abusive tactics specific to their disability.

Abusive Tactics

Given the positionality of college students with disabilities, their experiences of IPV could prove starkly different from other students or other adults with disabilities. Examples of abusive tactics that have been reported among IPV victims which have recently been explored in college students and college students with disabilities are disability-specific abuse, and technology-related abuse and social isolation.

Disability-specific abuse is distinguished by the abuser using disability-specific language or actions to abuse their partner. Examples of disability-specific abuse among college students include calling the victim "crazy," "bipolar," or claiming that "nobody will ever love [them]" due to their disability (Bonomi et al., 2018). This chronic abuse tactic is an attempt to control and intimidate their victim (Bonomi et al., 2018). Nationwide samples of IPV-victimized adult

women with disabilities found that abusers often took advantage of their partner's vulnerability, such as using the victim's symptoms to their advantage, or intentionally abusing them when their disability hindered their ability to fight back (Alhusen et al., 2020). These participants felt that living with a disability elevated their risk of violence (Alhusen et al., 2020). Among college students, alcohol and substance use disorders may exacerbate disability-specific abuse. College women with disabilities have detailed their abusers using the victim's alcohol use disorders as a way to isolate and control them (Bonomi et al., 2018). Bonomi et al. (2018) documented a pattern: worsening mental health symptoms after violence exposure; victim using alcohol to cope; and increased vulnerability to more violence. This cycle had a detrimental impact on the college women's social and academic performance (Bonomi et al., 2018).

Technology-related abuse and social isolation are common themes reported among IPV victims and are experienced uniquely by students with disabilities. Perpetrators often use technology to socially isolate their partner, sometimes by demanding pictures of where they are and who they are with, or harassing them over social media (Bonomi et al., 2018). Survivors report frequently receiving repeated threatening, harassing, or insulting messages; continuing after the relationship has ended (Burke et al., 2011; Bonomi et al., 2018). Although technology can be a powerful tool for enhancing victims' safety, and for students with disabilities to connect with necessary support, it also provides perpetrators with a mechanism to control and intimidate (Fraser et al., 2010; Southworth et al., 2005). Unwanted texts and calls, even one unwanted message per week, can be equally as terrifying and controlling as their entire abusive history (Fraser et al., 2010). For college students with mental or physical health disabilities, this fear could be exponentially exacerbated. Technology eliminates the possibility of feeling safe after leaving the relationship because it places the victim under constant surveillance (Hand et al.,

2009). This technology-facilitated stalking can force victims to change phone numbers, delete social media accounts, or physically relocate, which contributes to feelings of isolation from family and friends (Woodlock, 2017). Loneliness is already a pervasive feeling among individuals with disabilities, in addition to low perceived social support and higher social isolation, making intentional isolation tactics from an abuser potentially detrimental (Emerson et al., 2021). Additionally, feelings of loneliness are most prevalent among young adults who are economically inactive and living in rented or other housing accommodation; this profile aligns with the college demographic (Emerson et al., 2021). Such abusive tactics may result in a host of additional mental and behavioral health outcomes.

Outcomes of IPV Among College Students with Disabilities

Mental Health Outcomes

College students with a mental health disability are especially vulnerable to adverse mental health symptoms resulting from IPV. College students with disabilities are more likely to report stress and depressive symptoms as a result of IPV compared to non-disabled peers (Schrer et al., 2014). Compared to IPV victims without a disability, college women with a disability are at increased risk of internal depressive symptoms (OR = 2.87), external depressive symptoms (OR = 3.02) and stress (OR = 1.93) after experiencing IPV (Schrer et al., 2013). Survivors with disabilities report additional diagnoses following IPV, such as PTSD, depression, or anxiety (Bonomi et al., 2018). Symptoms related to learning disabilities may also be exacerbated, such as difficulty concentrating on studies and assignments, reported by 19.1% to 54.2% of victims of nonconsensual sexual contact (Cantor et al., 2017). These symptoms are often coupled with behavior changes as a result of IPV.

Behavioral Outcomes

After students with disabilities experience IPV, their health behaviors may change. Students often report being less social, avoiding specific areas on campus, problems sleeping, and experiencing negative academic outcomes (Bonomi et al., 2018). These behavior changes can also be directly tied to mental health symptoms, such as being more likely to self-harm following IPV (Schrer et al., 2014). Several behavioral outcomes have been shown in adult women with disabilities but are yet to be documented among college students specifically. Adult women reporting intense disability pain are more likely to attempt suicide and experience unemployment following IPV compared to women with minimal pain (Wuest et al.,2008). Women with disabilities are also more likely to request HIV testing, sexual health screening tests; but less likely to receive Pap tests or mammograms (Breiding et al., 2015; McCall-Hosenfeld et al., 2013; Brown et al., 2013).

Missing Identities

Many identities of people who experience IPV are absent in literature. Men, and men with disabilities, are also survivors of IPV, and yet the literature is scarce for this group. Among IPV-victimized men with disabilities who accessed a disability-specific IPV program in New York City, physical abuse was most common and the most severe type of abuse experienced (Ballan, Freyer, & Powledge, 2017). Little is known about their lived experience.

College students who are gender and sexual minorities are underrepresented in IPV literature. Gay men report similar, if not higher, rates of IPV to women, and yet studies regarding IPV among MSM are predominantly cross-sectional designs (Finneran & Stephenson, 2012). Bisexual women are significantly more likely than straight women to report being disabled prior to onset of IPV, and are significantly more likely to experience negative outcomes from IPV

(Coston, 2019). Prevalence of IPV among people who are transgender or gender-nonconforming is also high, with some studies showing up to 57% of respondents reporting at least one lifetime experience of IPV (Hillman, 2021).

Lastly, students of color are largely understudied. The National Violence Against Women Survey (NVAWS) indicates that non-white women are more likely to experience IPV than white women, and Black women, in particular, are more likely to experience physical assault than White women (Tjaden & Thoennes, 2000). Black and Hispanic women have two times higher odds of IPV than white women (Vest et al., 2002). This is consistent with a study of Black women at Historically Black Colleges and Universities, which found that nearly two thirds of participants experienced IPV at least once in the past year (Barrick, Kerbs, & Lindquist, 2013). This study's recruitment methods sought to recruit a diverse sample, though more research is needed to understand experiences of IPV among minority students and their intersecting identities.

Power and Control Wheel

Applying conceptual and theoretical frameworks to qualitative research helps refine inductive research. The People with Disabilities in Partner Relationships Power and Control Wheel guided the analysis of this study ("Power and Control Wheel"). Because this study seeks to explore relationships of college students with disabilities, this model helped ensure major domains of disability-specific IPV among adults were examined.

The original Power and Control Wheel was developed by the Domestic Abuse Intervention Programs (DAIP) in Duluth, Minnesota ("Power and Control Wheel"). The wheel originated when the DAIP began developing curriculum for abusive men and victims of domestic violence ("Understanding the Power and Control Wheel"). The working group

conducted focus groups for women who survived domestic violence and documented the most common abusive behaviors or tactics that were used ("Understanding the Power and Control Wheel"). The Power and Control Wheel represents the most common types of abuse that were reported. The wheel serves as one way to describe abuse for victims, perpetrators, clinicians in criminal justice, and the public ("Understanding the Power and Control Wheel"). Important to note, DAIP Power and Control wheels are gender specific because the group recognizes that IPV is experienced differently by men, gender minority, and same-sex folks ("Understanding the Power and Control Wheel").

SafePlace, in Austin TX, adapted the original Power and Control Wheel to persons with disabilities, as shown in Figure 1 ("Power and Control Wheel"). This adaption exhibits how people with disabilities in partner relationships experience abuse as it pertains to power and control ("Power and Control Wheel"). Constructs of this concept include privilege, or ableism; coercion and threats; withhold support or treatment; emotional abuse; isolation; minimize, deny, and blame; sexual abuse; and economic abuse ("Power and Control Wheel").

Although this theory guided the analysis of this study, the study did not seek to validate or evaluate the concepts within the People with Disabilities in Partner Relationships Power and Control Wheel. Rather, constructs were utilized to draw comparisons and examine similarities between documented abusive tactics against adults with disabilities in partner relationships and college students with disabilities. Researchers acknowledge that constructs within the People with Disabilities in Partner Relationships Power and Control Wheel are not exhaustive, but most likely rather contain the most frequently reported to SafePlace.

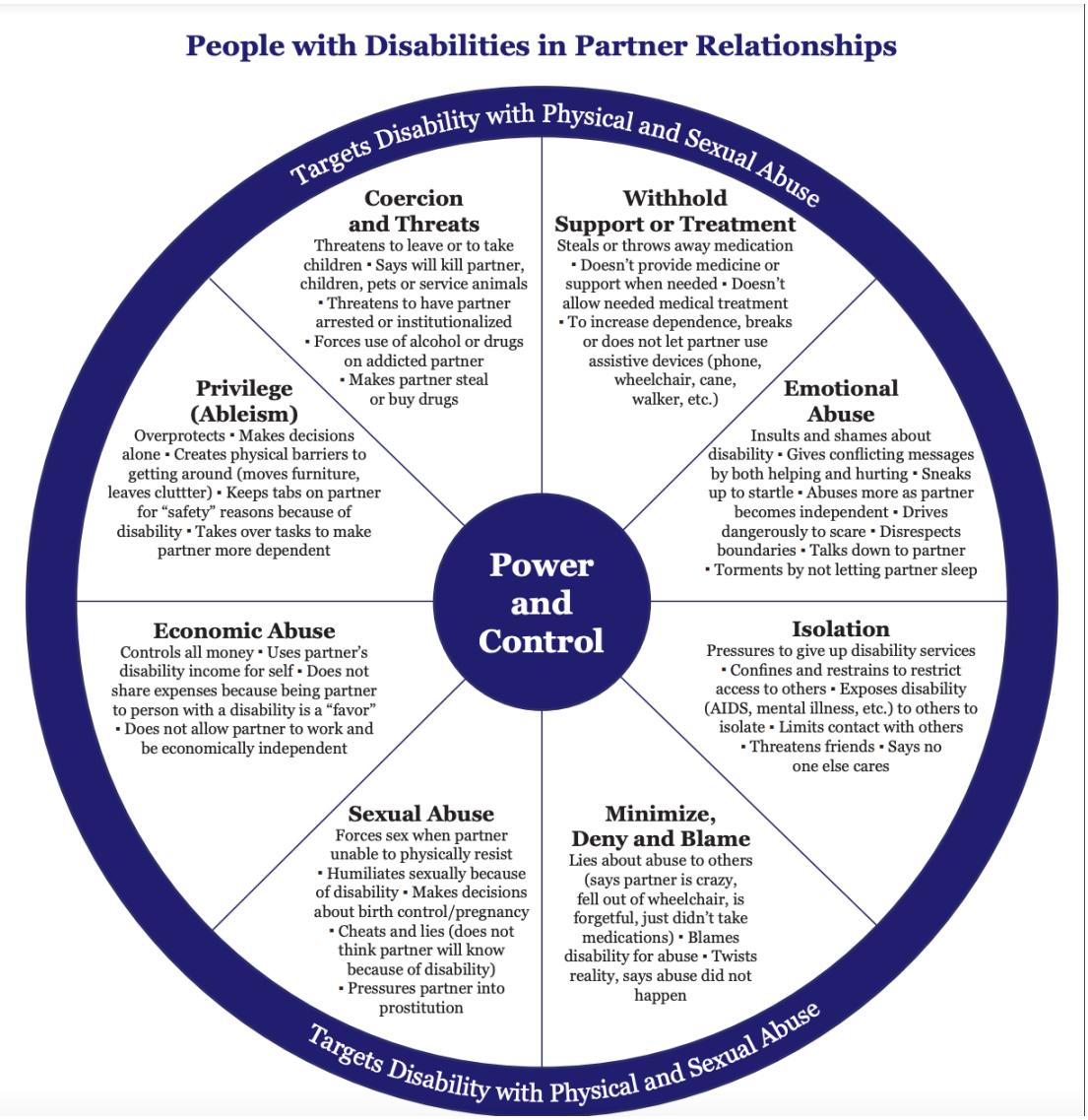

Figure 1: Power and Control Wheel for People with Disabilities in Partner Relationships

Research Question

Literature examining intimate partner violence among college students with disabilities is scarce. To date, only a handful of studies have examined similar topics, with the majority focusing on prevalence, and few studies examining the lived experience. A deeper understanding of abuse specific to college students with disabilities is needed. This could have important implications on policy, service utilization, prevention and intervention programing, and aligning

these initiatives with an intersectional lens. Therefore, the overall research aim for this study is to examine experiences of intimate partner violence among college students with disabilities. The sub-aim for this study is to explore how IPV narratives of students are impacted by, or intersect with, their disability status. This qualitative study uses life-course perspective interviews to gain a deeper understanding of intimate partner violence experiences in the context of college students with disabilities.

Chapter III: Student Contribution

This secondary analysis was conceptualized in tandem with Jocelyn Anderson, PhD, RN, and Dr. Elizabeth Walker. During the spring of 2021, the MPH student contacted Dr. Anderson about potential data for a secondary analysis thesis project. Dr. Anderson allowed the MPH student access to a large qualitative dataset and encouraged the MPH student to explore potential research focuses within the interviews. The MPH student then contacted Dr. Walker about the RQ and potential theoretical approaches to analysis. After identifying a research focus and research question, Dr. Anderson suggested the use of the Power and Control Wheel to organize the results.

Parent Study

The present study was conducted in the context of a larger parent study. The parent study was a cluster randomized controlled trial investigating an intervention targeting alcohol use and sexual violence on college campuses across 28 universities (12 intervention, and 16 control) within Pennsylvania and West Virginia (Abebe et al., 2018; Miller et al., 2021). Students were recruited for the parent study at their campus health or counseling center, for which recruitment differed site-to-site due to variation in operations. Recruitment methods included identification by on-site research assistant, identification by clinic staff, and/or flyers with intervention information. Eligibility criteria included that the student must be aged 18–24 years; English-literate; seeking care at the college health or counseling center; and have sufficient time to complete a 20-minute survey prior to their visit with clinic staff. In total, 2,291 students participated in the study. Student participation included completing surveys prior to their appointment, immediately after their appointment, 4 months later, and one year later. The survey results yielded that 68% of students with disabilities in the study reported an experience of

sexual violence (Chugani et al., 2020). Thus, the research team sought to better understand these students' lived experiences.

The Qualitative Sub-Study

Recruitment

Recruitment took place via email, as the parent study survey included a conclusion question, asking participants if they would be interested in an interview, and if so, asked for their updated contact information. A subset of students (*n*=96) who reported any lifetime sexual or intimate partner violence were recruited to participate in qualitative interviews. The research team prioritized recruiting students underrepresented in gender-based violence research, including individuals with disabilities, sexual or gender minority students, and men.

Procedure

The qualitative sub-study was IRB approved at University of Pittsburgh and all participating institutions (Abebe et al., 2018 ; Richter et al., 2021). The semi-structured interviews were conducted by trained members of the research team who had substantial prior experience with discussing sensitive topics with young adults and adolescents. To increase accessibility and comfortability, interviews were held in private and secure locations on each partner campus between March 2017 and May 2018. Funds for transportation and/or parking were available for participants as needed. Prior to the start of each interview, interviewers gave participants a $50 gift card and explained that the participant could leave at any time without loss of compensation and could decline to answer any questions of which they did not feel comfortable answering.

Interview Procedures

After the participant provided verbal informed consent, the interview began with participants identifying what health condition(s), if any, they identified with from a list provided (Richter et al., 2021). The list included health conditions such as ADHD, bipolar disorder, deafness, seizures, mobility impairments, among others. Participants could also indicate a health condition that was not listed and describe those conditions. Participants were given a blank timeline and asked to write any important dates or events on the timeline. The interview guide then consisted of a broad range of topics, including health conditions, alcohol and substance use, IPV, SV, and evaluation questions related to the parent-study intervention. Regarding IPV, interviewers first asked broadly about any relationship the participant has had, and if they could note it on the timeline. The interviewer then asked the participant to walk them through their experiences within each relationship and finished by asking if any of those significant others knew about the health condition, and if it played a role in the relationship, or was used against them in any way. Important relationships and events were noted on the life history timeline.

Interviews were audio-recorded, lasting approximately 1 to 2 hours. Recordings were professionally transcribed, quality checked, and identifying information (e.g. names, locations, dates) weas removed. The research team uploaded the transcripts to Dedoose 9.0 qualitative analysis program for coding, data visualization, and analysis.

The Thesis Study

This thesis study involved a secondary data analysis of a sub-set of interviews from the qualitative sub-study, with a focus on participants who reported a disability.

Secondary-Analysis Eligibility

The MPH student thoroughly read through all the transcripts for inclusion and familiarity. The MPH student then selected a subset of transcripts from the qualitative sub-study for this secondary analysis, for which participants met the original studies criteria and the following eligibility criteria: 1) participant reported experiencing IPV; 2) participant reported a health condition during the interview. The MPH student then began the coding process.

Code Development

For the present thesis study, the MPH student began by utilizing a subset of codes from the parent study, in addition to creating her own codes. For example, the research team created the parent-code "disability and IPV," with child-codes including "disability due to IPV," "worsening symptoms due to IPV," and "disability-related IPV." The research team created these codes during the inductive coding of the transcripts. This team read the transcripts, created codes, and met weekly to discuss the new codes and code applications. During this phase of analyses, all transcripts were coded by at least two members of the research team. The MPH student created additional inductive sub-codes for this disability and IPV parent-code throughout the coding process, including "partner's exploitation of health condition medication," "abusing partner due to disability" and "partner's disability status impacting relationship." The MPH student developed these codes after the first read-through of all the transcripts. The MPH student also created her own deductive codes based on CDC-recognized and defined IPV typologies such as sexual abuse, emotional abuse, coercion and threats. (Brieding et al., 2015).

Analysis

The MPH student coded the transcripts via Dedoose 9.0 software, using thematic analysis (Bazeley et al., 2013; Braun & Clark, 2008). The student thoroughly read through all included

transcripts while coding. Throughout the coding process, the MPH student used memos to note any reflections, questions, comparisons, or patterns that she noticed. The student wrote a brief case summary for each interview, consisting of the participants' identities, abusive relationship experiences, SV experiences, any IPV risk factors, history of violence, or notable life experiences. Following the coding and memoing process, the student examined code frequency and code co-occurrence tables in Dedoose. This process helped identify initial themes and patterns, such as which codes were most commonly occurring and most commonly co-occurring.

Theme Development

Code-groupings with the highest frequency became the main focus of further examination of the initial themes. The MPH student created a summary table in Excel for all the coded segments related to each theme. To contextualize each segment, the MPH student reflected upon case summaries for each transcript and identified the cases' disabilities, any outcomes, and other notable details. The student then compared coded segments within and across each theme, including engaging in comparisons by disability type and IPV typology. These comparisons helped view relationships between and draw comparisons across themes, properties and dimensions, and overall constructs. Throughout this analysis process, the student continued to memo her reflections about the comparisons, processes, and relationships she was seeing, and met weekly with Dr. Anderson to discuss the ongoing analyses. The student used tables to categorize abuse into the constructs of the Power and Control Wheel for People With Disabilities In Partner Relationships. The student read through transcripts several times to validate findings.

Manuscript Writing

The thesis writing and manuscript drafting processes were completed independently by the student under the mentorship of Dr. Anderson and Dr. Walker. Qualitative Health Research Journal is the intended journal for first submission.

Positionality Statement

We recognize that the researcher's positionality may impact the lens of the qualitative research study at hand. The first author is a master's degree student who has significant research experience within college health, sexual violence, and intimate partner violence. The first author may have similar identities to some participants in this sample, but does not identify with most identities. These prior experiences and identities may influence the coding and analysis process. The first author engaged in constant reflexivity by journaling and reflecting on her own assumptions and thoughts throughout the coding and analysis process to check her positionality throughout the project.

Chapter 4: Manuscript

"Playing on my emotions with regards to my mental health": A qualitative exploration of intimate partner violence among college students with disabilities

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“Playing on my emotions with regards to my mental health”: A qualitative exploration of intimate partner violence among college students with disabilities

College students with disabilities are at higher risk of intimate partner violence, and adverse outcomes after experiencing violence. Few studies have qualitatively examined experiences of IPV among college students with disabilities. Thus, this study seeks to examine these experiences, and explore intersections of ability status with IPV. This secondary analysis was conducted within the context of a larger parent study. Semi-structured life-course perspective interviews were conducted with 41college students who identified having a health condition that meets the ADA definition for disability. Students were asked about IPV, sexual violence, alcohol and substance use, and their health condition. Interviews were coded and analyzed using thematic analysis. Results were organized using the Power and Control Wheel for People with Disabilities in Partner Relationships. Two themes emerged from the data: participants experienced multiple forms of violence, both disability-related and non-disability-related; and students experienced worsening symptoms and/or additional disability following IPV. Despite aligning with the Power and Control Wheel for People with Disabilities in Partner Relationships, themes were nuanced. The findings demonstrated that college students with disabilities face multiple complex forms of violence, some which may never be experienced by their abled peers. These multiple forms of violence may lead to worsening symptoms and/or additional disabilities for college students, suggesting that present-day siloed approaches to disability services, health services, and violence services may not be the most helpful and efficient approach; rather, integrated campus service models may be needed to support those with the multi-dimensional experiences of IPV.

Key words: College students, disability, IPV, abuse

Introduction

Intimate partner violence (IPV) affects approximately one third of women in the United States (Centers for Disease Control and Prevention, 2021). The Centers for Disease Control and Prevention (CDC) broadly defines IPV as "abuse or aggression that occurs in a romantic relationship," coming from a current or former spouse, dating partner, or ongoing sexual partner, ranging from one acute episode of abuse to chronic episodes over time (Centers for Disease Control and Prevention, 2021). The CDC recognizes physical violence, sexual violence (SV), stalking and psychological aggression as common forms of abuse by intimate partners. Although determining the true prevalence of IPV is difficult, an estimated 20% to 30% of women will experience IPV in their lifetimes (Chang, 2014; Stockl et al., 2013; Dicola & Spaar, 2016). National surveys have found that 71% of women who experienced violence from an intimate partner experienced the violence before the age of 25, indicating that age is a significant risk factor for violence (Smith et al., 2018). Other common risk factors include unplanned pregnancy, having parents with less than a high school education, and being young and unmarried (Yakubovich et al., 2018). Recognizing individuals at highest risk is an important step in IPV intervention, to prevent the potential onset of negative health consequences, including PTSD, depression, and increases odds of physical disability and mental illness, sexually transmitted infections and HIV, induced abortion, low birth weight and prematurity, non-fatal injuries, poor physical health status, and depressive symptoms (Lutwak, 2017; Salcioglu et al., 2017; Carbone-Lopez et al., 2006; García-Moreno et al., 2013; Fletcher, 2010).

IPV on College Campuses

IPV is a significant issue on college campuses, with an estimated 10% to 32% of all college students having experienced IPV (Sellers & Bromley, 1996; Canot et al., 2020). College students are especially vulnerable to IPV because of their risk factors (e.g., age, unplanned pregnancy, partners having greater alcohol dependence and consumption, and unmarried) social environment, and tendency to adopt negative behaviors of their peers (Smith et al., 2018; Yakubovich et al., 2018; Lorant & Nicaise, 2014). IPV may be normalized on college campuses, as suggested by an anonymous online survey examining IPV norms within college students. This survey found that both perpetrators and non-perpetrators of IPV overestimated the prevalence of IPV and occurrence of abusive behaviors, suggesting IPV and abusive behaviors are perceived as common or normal in college (Witte & Mulla, 2013). University administrations may unknowingly contribute to IPV perpetration as well. An assessment of university policies discovered that public schools were significantly more likely than private schools to have domestic violence (DV) policies (Connecticut Coalition Against Domestic Violence, 2014; Duval et al., 2020). The lack of policies may indicate that private schools relay the message that IPV is not an issue on their campuses, thus influencing student perceptions of IPV (Connecticut Coalition Against Domestic Violence, 2014; Duval et al., 2020).

IPV Among College Students with Disabilities

The Americans with Disabilities Act of 1990 (ADA) and its Amendment in 2008 defines disability as “A) a physical or mental impairment that substantially limits one or more major life activities, B) a record of such an impairment, or C) being regarded as having such an impairment” (ADA, 2010). In 2015, 19% of male undergraduate students, and 20% of female

undergraduate students reported having a disability (National Center for Education Statistics, 2021). Independent of disability type, prevalence of IPV is higher among students with disabilities compared to students without disabilities. College students with disabilities may be up to twice as likely to experience IPV compared to their non-disabled counterparts (Schrer et al., 2014). Students with mental health disabilities and multiple disabilities have the greatest likelihood of IPV, and women with disabilities are more likely to report each type of IPV (Schrer et al., 2014; Breiding & Armour, 2015). Some studies suggest that abusive tactics may vary based on disability type(Anderson & Leigh, 2011).

Abusive Tactics

Given the positionality of college students with disabilities, their experiences of IPV could prove different from other students. Examples of abusive tactics that have been reported among IPV victims are disability-specific abuse, technology-related abuse, and social isolation.

Disability-specific abuse is distinguished by the abuser using disability-specific language or actions to control and intimidate their partner. Examples of disability-specific abuse among college students include calling the victim "crazy," "bipolar," or claiming that "nobody will ever love [them]" due to their disability (Bonomi et al., 2018). Among college students, alcohol and substance use disorders may exacerbate disability-specific abuse. College women with disabilities have detailed their abusers using the victim's alcohol use disorders to isolate and control them (Bonomi et al., 2018). This has also been shown to worsen the victim's existing mental health symptoms, detrimentally impacting their social and academic performance (Bonomi et al., 2018).

Technology-related abuse and social isolation are common themes reported among IPV victims, which may be experienced uniquely by students with disabilities. Perpetrators often use technology as a way to socially isolate their partner, sometimes by demanding pictures of where they are and who they are with, or harassing them over social media (Bonomi et al., 2018). Survivors report frequently receiving repeated threatening, harassing, or insulting messages; continuing after the relationship has ended (Burke et al., 2011; Bonomi et al., 2018). This technology-facilitated stalking may force victims to change phone numbers, delete social media accounts, or physically relocate, which adds to feelings of isolation from family and friends (Woodlock, 2017). Such abusive tactics may result in a host of additional negative mental and behavioral health outcomes.

Outcomes of IPV Among College Students with Disabilities

College students with a mental health disability are especially vulnerable to adverse mental and behavioral health symptoms resulting from IPV. College students with disabilities who survived IPV report additional diagnoses following IPV, such as PTSD, depression, or anxiety, and/or exacerbated symptoms, such as difficulty concentrating on studies (Bonomi et al., 2018; Cantor et al., 2017). Behavioral changes may also occur following IPV, such as being less social, avoiding specific areas on campus, problems sleeping, and experiencing negative academic outcomes (Bonomi et al., 2018). These behavior changes have been directly tied to mental health symptoms, such as being more likely to self-harm following IPV (Schrer et al., 2014).

Power and Control Wheel for People with Disabilities in Partner Relationships

The Power and Control Wheel for People with Disabilities in Partner Relationships guided the analysis of this study. Because this study seeks to explore relationships of college students with disabilities, this model helped ensure major domains of disability-specific IPV among adults were examined. This Power and Control Wheel represents some of most common types of abuse reported from people with disabilities, including privilege, or ableism; coercion and threats; withhold support or treatment; emotional abuse; isolation; minimize, deny, and blame; sexual abuse; and economic abuse ("Power and Control Wheel"). The Power and Control Wheel for People with Disabilities in Partner Relationships is a population specific version of the Power and Control Wheel, created by the Domestic Abuse Intervention Project in 1984 to aid in discussions of IPV with victims and perpetrators ("Understanding the Power and Control Wheel").

The Power and Control Wheel for People with Disabilities in Partner Relationships was developed by Safe Austin, an organization dedicated to ending violence through prevention advocacy and services ("Power and Control Wheel"). Safe Austin conducted small focus groups of people with a broad range of disabilities who identified as being in a romantic relationship (S. Schwartz, personal communication, March 14, 2022). Participants were asked a series of questions about their relationships, whether abuse was happening, and what kinds of abuse were occurring (S. Schwartz, personal communication, March 14, 2022). Interview transcripts were transcribed and coded with multiple coders, measuring inter-coder reliability (S. Schwartz, personal communication, March 14, 2022). The Power and Control Wheel of People with Disabilities in Partner Relationships represents the most frequent forms of abuse which were discussed in the focus groups, phrased in the way that the participants spoke of their experiences

in the focus group to preserve their power and control (S. Schwartz, personal communication, March 14, 2022). We, and the creators, acknowledge that constructs within the People with Disabilities in Partner Relationships Power and Control Wheel are not exhaustive, but rather contain the most frequently reported to Safe Austin (S. Schwartz, personal communication, March 14, 2022).

Methods

Data Collection

The present study's qualitative data was collected within the context of a larger parent study examining an intervention aiming to reduce sexual violence in college students and improve care at campus health and counseling centers (Abebe et al., 2018; Miller et al., 2020). Twenty-eight university health centers across Pennsylvania and West Virginia partnered with the research team for the parent study. In addition to collecting quantitative data over the course of one year, the researchers conducted 96 interviews with participants, college students who reported experiences of sexual violence or IPV as a built-in quality control step to assess fidelity, acceptability, and evaluation. The researchers oversampled groups underrepresented in sexual violence research, such as students with disabilities, men, and sexual minority groups. The researchers then added broad life-course perspective questions to the interview guide by asking in-depth questions about the timeline of their life, alcohol use, substance use, IPV, and SV, from which this data is derived. Interviews were professionally transcribed and de-identified. The research team uploaded the interviews to Dedoose qualitative analysis software for coding and analysis, storing the transcripts in a password protected cloud.

Sample Selection

For this secondary data analysis of qualitative data examining IPV and disability status, the first author first read through all 96 transcripts to determine which participants met the eligibility requirements: participants who experienced IPV, and participants who endorsed having a disability. After excluding 55 transcripts that did not meet eligibility criteria, the first author included 41 transcripts for final analysis. Participant demographics, including disability type, can be found in Table 1.

Data Analysis

For the parent study, the codebook initially included large holistic codes to account for general topics in the interviews (e.g., IPV, SV, alcohol use, disability) (Saldana, 2015). Both inductive and deductive codes were added to the codebook over time, as several qualitative studies were published from the data examining: the evaluation of the intervention, campus services and programs, and the meaning of consent (Anderson et al., 2021; Richter et al., 2021; Chugani et al., 2020). The first author became familiar with the existing codebook created by the research team through her initial eligibility read throughs. The first author then began adding codes to the codebook related to the IPV portion of the interviews which had not previously been looked at in-depth. The first author added codes such as IPV typologies (e.g., psychological abuse, physical abuse), intersections of IPV with health conditions, campus health resources, alcohol use, substance use, and additional ways in which disability and IPV intersected.

Throughout the coding process, the first author used memos to note any reflections, questions, comparisons, or patterns that she noticed. After reading each transcript, the first author wrote a brief case summary consisting of the participants' identities, abusive relationship

experiences, SV experiences; any notable risk factors, history of violence, or notable life experiences. Following the coding and memoing process, the first author examined code frequency and code co-occurrence tables in Dedoose. This helped identify initial themes and patterns, such as which codes were most commonly occurring, and commonly co-occurring. The first author created a summary table in Excel for all the coded segments related to each theme. To contextualize each segment, the first author student reflected upon case summaries for each transcript and identified the cases' disabilities, any outcomes, and other notable details. The first author then compared coded segments within and across each theme, including engaging in comparisons by disability type and IPV typology. These comparisons helped view relationships and draw comparisons across themes, properties and dimensions, and overall constructs. Throughout this analysis process, the student continued to memo her reflections about the comparisons, processes, and relationships she was seeing.

Results

Sample

The final sample included 41 participants, ranging from 18–24 years old, as seen in Table 1. The majority of participants (87.8%) were female, with less than 13% being male. Disability type was classified into three types: 75.6% of participants reported a psychiatric or mental health condition, 46.3% reported a neuropsychiatric or learning condition, and 21.9% reported a physical or sensory condition. These classifications were not mutually exclusive, and the overlap is presented in Fig 1.

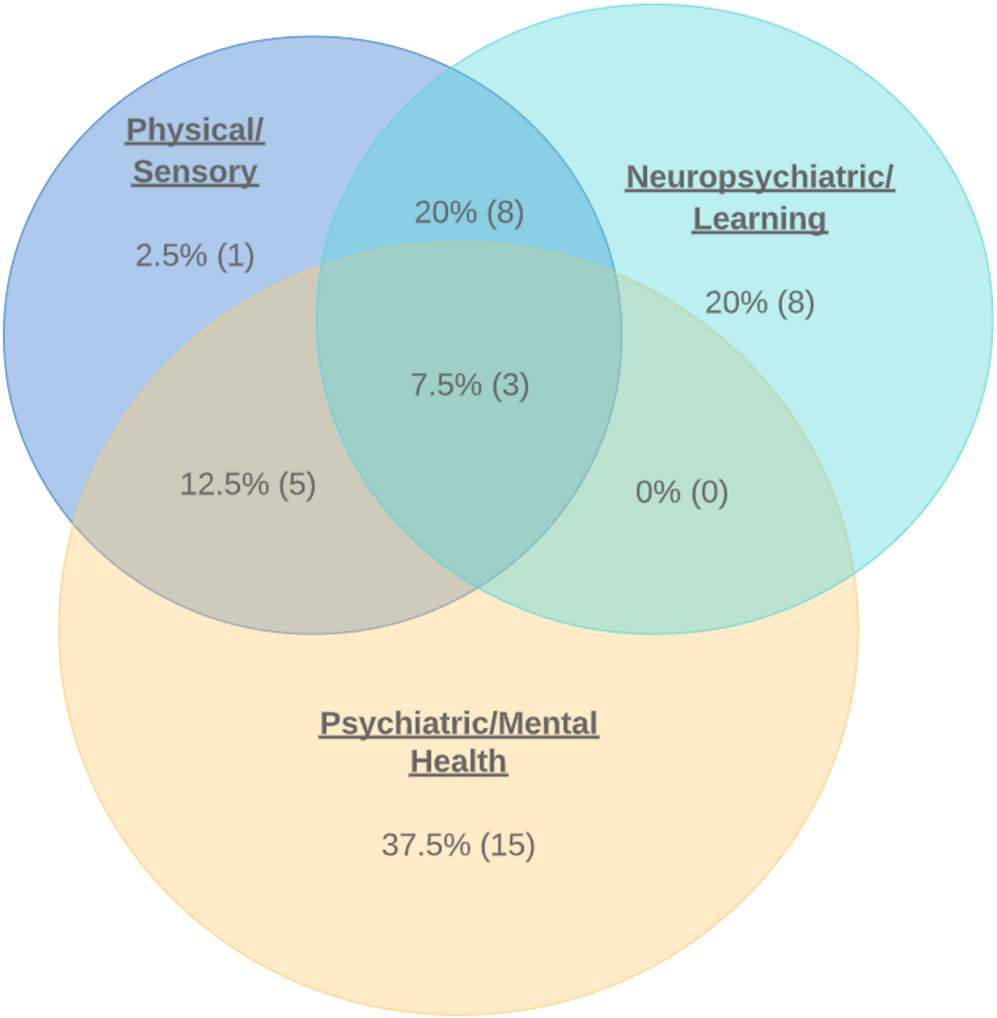
Table 1: Participant Demographics at Parent Study Enrollment (n=41)

Demographics	Overall (N = 41)
Gender	
Assigned Female	36 (87.8%)
Assigned Male	5 (12.2%)
Sexuality	
Completely Heterosexual	20 (48.7%)
Bisexual	10 (24.3%)
Mostly Heterosexual	6 (14.6%)
Completely Gay/Lesbian	3 (7.3%)
Mostly Gay/Lesbian	1 (2.6%)
Race	
White	33 (80.4%)
Multiracial/More Than One Race	6 (14.6%)
Black or African American	2 (4.8%)
Campus Residence	
Campus Residence Hall	23 (56.1)
Other off campus housing	12 (29.2)
Fraternity or Sorority Housing	3 (7.3)
Parent/guardian's home	2 (4.8)
Other college/university housing	1 (2.4)
Year in School	
2nd year undergraduate	13 (31.7)
1st year undergraduate	10 (24.3)
3rd year undergraduate	10 (24.3)
4th year undergraduate	4 (9.7)
Graduate or professional	2 (4.8)
5th year undergraduate	1 (2.4)
Disability Type*	
Psychiatric/Mental Health	31 (75.6)
Neuropsychiatric/Learning disorder	19 (46.3)
Physical/sensory	9 (21.9)
Other	9 (21.9)

Note: Demographics are from the parent study baseline survey (1 year before the interview)

*Categories are not mutually exclusive and may not total 100%

Figure 2: Overlapping Disability Types (n=41)



Note: Diagram is not drawn to scale

Overview of Themes

Through examination of the in-depth information about a multitude of participant's relationships throughout their lives, two broad overarching themes about IPV among college students with disabilities were identified: participants experienced multiple forms of violence, both disability-related and non-disability-related; and participants experienced worsening and/or additional disability following IPV.

Theme 1: Participants experienced multiple forms of violence, both disability-related and non-disability-related.

Participants in this sample experienced both disability-related and non-disability-related IPV, as shown in **Appendix A**. Universally, participants experienced non-disability-related IPV tactics, which are abusive tactics documented in abled-populations that are not focused on one's disability. In addition, the majority of participants experienced abuse where their disability was the focus of the violence. Therefore, participants experienced multiple forms of violence in their relationship: both disability-related IPV and non-disability-related.

Despite experiencing both types of IPV, the way that disability-related IPV and non-disability-related IPV were experienced was different, as described by the two dimensions of this theme: episodes of disability-related IPV were siloed in using singular abusive tactics; and episodes of non-disability-related IPV were multifaceted, including many co-occurring abusive typologies. For most participants, disability-related IPV tactics were observed to occur within one singular abusive tactic: minimizing, denying, or blaming; emotional abuse; or sexual abuse. Non-disability-related IPV was observed across several abusive tactics, where sexual abuse,

coercion and threats, emotional abuse, and minimizing, denying, and/or blaming overlapped in abusive episodes.

Episodes of disability-related IPV were siloed in singular abusive typologies

Disability-related IPV occurred within a single tactic of IPV, which was siloed in typology and focus. The participant's disability was the catalyst for the abusive episode, and the focus of abuse within the specific abusive episode. Participants experienced disability-related abuse within the tactics of sexual abuse, emotional abuse; and minimizing, denying, and blaming.

Disability-related sexual abuse was often described as a stand-alone experience where the disability was the facilitator of the violence. Disability-related sexual abuse occurred when participants were under the effects of sleeping medication for ADHD and/or anxiety, and their abuser intentionally used their incapacity to rape them. For example, participants reported, "I was on drugs, trazodone, a drug meant for sleeping. With the knowledge that I was on that, he got me to come to his house where he and his best friend raped me which led to a lot of PTSD."

Compared to non-disability-related sexual abuse, participants experiencing disability-related sexual abuse did not often report discussing the sexual assault with their abuser. For students experiencing non-disability-related sexual abuse, these conversations to confront the abuser about sexual violence typically elicited emotional abuse and blame from the abuser to justify their actions, as discussed in dimension 2 of theme 1. Conversely, participants experiencing disability-related sexual abuse did not report such confrontation, but rather discussed the trauma associated with such sexual abuse and the intentionality of using their medication to facilitate said abuse.

Disability-related emotional abuse was also siloed. Though disability-related emotional abuse was used against participants with many different and overlapping disability types, it was commonly observed in participants who reported depression. For these participants, the abuser utilized explicit language to degrade the participant solely related to their depression. For example, one participant described that their abuser said, "'You are terrible to everyone in your life. Everyone would be so much better off without you in their lives. You act all depressed and try to get everyone to feel bad for you.'"

Minimizing, denying, and blaming were also seen in the context of depression, but additionally with ADHD, PTSD, and other mental health and/or neuropsychiatric disabilities. Participant's partners minimized their disability or disability symptoms by making invalidating comments, questioning why the participant is feeling or acting a certain way, or diminishing the impact of the disability. Participants who reported PTSD were commonly asked by their partners why they cannot "get over" the precipitating traumatic event. One participant experiencing PTSD caused by relationship violence reported that her partner said, "'I suffer from it too…It's fine. You're gonna be fine. You just got to kind of pick yourself up.' I was, like, 'Okay, well, like, no I can't. I physically cannot bring myself to do that.'"

Abusers also denied the symptoms or existence of participants' disabilities and denied the need for treatment, often resulting in the participant stopping their treatment regimen. One participant stated, "He was like, 'No. The word depression doesn't exist with me. You don't need to take your Prozac,' so I stopped taking my Prozac."

Lastly, some abusers blamed the participant's for spreading their noncommunicable mental health disabilities. Abusers often asserted that the participant's mental health condition was contagious and resulted in the abuser contracting the condition, or a completely different

disease. For example, one abuser asserted that the participant's anxiety "[gave] him AIDS" and other health conditions. She stated, "He said that since I had mental issues, that I gave him anxiety. I'm like, you can't be given—that doesn't happen through touch and I don't really understand."

This violence and abusive discourse had very real impacts on the participants and their wellbeing, whether that be participants halting therapy and treatment, or experiencing worsening symptoms due to the exploitation of their disability. One participant stated:

> He knows that I have some of the issues that I do... he's playing on my emotions with regards to my mental health. He knows it's …not something I would like to be brought up in a fight. It has really nothing to do with that. It has to do with our relationship.

Episodes of non-disability-related IPV were multifaceted, with multiple typologies of abuse co-occurring

Non-disability related IPV was experienced by all participants. This type of IPV occurred in multiple typologies: Denial and blame, emotional abuse, sexual abuse, and coercion and threats. Abusers denied the emotions of the participants, denied contracting and/or spreading STIs, blamed participants for sexual assault, emotionally abused by fighting and calling the participant names, sexually coerced and/or assaulted the participant, coerced the participant back into the relationship, and threatened to hurt or kill themselves as a mechanism for control. Many of these tactics were overlapping, particularly sexual abuse, blame, and emotional abuse; and coercion and threats and emotional abuse.

Sexual abuse served as a precursor or facilitator for other types of abuse including emotional abuse and blame. Participants who experienced sexual assault outside of the

relationship experienced emotional abuse and blame to place fault on the participant, with one participant reporting that their abuser would "yell at me to the point that I would end up apologizing cuz I didn't want us to fight anymore." For participants whose abusers perpetrated the sexual violence, their abusers also minimized the severity of sexual violence and denied their role in perpetrating sexual abuse. Emotional abuse was a way for abusers to maintain power and control over sex in the relationship. Participants stated:

> He would wanna have sex a lot. I was not wanting to. Sometimes I felt kinda forced to because he would be mad at me if I didn't…He would never get physically violent, but he would be mad at me, or—and then not talk to me, or things like that if I wasn't willing to.

Emotional abuse related to sexual violence was often coupled with blame, particularly when alcohol was involved. Abusers blamed participants for sexual assault by claiming the victim is at fault; that the abuser could not simply stop; or that the participants were leading them on. Participants described this blame as:

> He would always like pressure me into it…he would get really um, disappointed or angry with me because I'm like a naturally flirty person but, I like don't necessarily want that to lead to sex. He would be like, 'You were leading me on'

In addition to sexual abuse, blame, and emotional abuse, participants also experienced co-occurring non-disability-related coercion and threats and emotional abuse. Abusers used interchangeable coercion and emotional abuse to maintain their power and control in the relationship and justify abusive behavior. In these instances, abusers coerced the participants to stay in the relationship, when the participant wanted to break up. Participants experiencing this reported:

> It was just very off and on, and it was perpetually him simultaneously telling me that he didn't care about me, but then accusing me of not caring about him. It worked out really well for him because I spent a very long time doing everything I could to prove to him that I liked him, which is very manipulative…he openly told me he didn't care about me, but he wouldn't break up with me, either. When I would try and break up with him, he'd, be, '[participant name] it'll be fine.' It was like he very much had the power in that relationship, I guess, and he knew it, and so he used that against me.

In these examples, participants experienced coercion in a variety of ways, yet it consistently served as a precursor to emotional abuse; or a tool to maintain control following emotional abuse.

Emerging Patterns of IPV Experiences

Despite the near universal experience of disability and non-disability related IPV in relationships, a small group of participants only reported experiencing non-disability-related IPV. These participants did not report any disability-related IPV. These participants' relationships, and the violence they experienced, did not appear different from participants who experienced multiple forms of violence. Rather, these participants differed in that they chose not to disclose their health condition to their partner; reported a partner who also has a health condition or disability; or reported being abusive themselves. Participants' decision to not disclose their health status was not intentionally made to avoid disability-related abuse, but rather these participants reported that they were not comfortable enough yet with their partner or were not formally diagnosed despite exhibiting symptoms. Participants who reported disability-related IPV also at times had partners with disabilities, in which case sometimes mutual disability-related IPV was reported from both parties. Lastly, the few participants who reported being

abusive themselves varied in terms of who was the primary perpetrator, and who at times displayed abusive behaviors in response to abuse.

Theme 2: Participants experienced worsening symptoms and disability due to IPV

Students with disabilities often reported experiencing worsening disability symptoms following IPV, or an additional diagnosis following IPV. These experiences were particularly common among participants reporting anxiety, depression, panic attack disorders, PTSD, eating disorders, and substance use disorders. Worsening symptoms occurred at various points of time in the relationship, from the abusive episode to the relationship ending, to long after the relationship had ended, and sometimes resulted in additional disability diagnoses.

Worsening symptoms commonly occurred when participants were actively experiencing abuse. Panic attacks following violence were commonly reported and sometimes resulted in the need for healthcare intervention. For example, one participant with panic disorder was experiencing disability-related psychological IPV by her abuser, and she experienced a panic attack in a public space and needed to call an ambulance. The participant described the situation as following,

> [Boyfriend] starts texting me, ‘What’s wrong with you? Why are you even here?’... I start having a panic attack. Freak out. He’s like, ‘You come back, your shit better be gone.’... I passed out, called the ambulance. It was bad.

In addition to panic disorders, worsening depression and/or worsening anxiety following IPV also further exacerbated other comorbid conditions, such as eating disorders or substance use disorders. In the case of eating disorders, one participant described that her depressive symptoms worsened following her partner's verbal abuse. Following the exacerbated depression, she said,

“One way I cope with feeling depressed is eating a lot and stuffing my stomach. Then I was just feeling that way for the rest of our relationship, basically. I had been on and off Prozac.” In this case, not only did the participant report worsening symptoms of depression and eating disorder, but she also then reported inconsistencies in taking her depression medication which also contributed to depressive symptoms.

Additionally, experiences surrounding the break-up of the relationship were also an important component. This pivotal time period often contributed to worsening symptoms, regardless of whether the participant or the abuser initiated the breakup. Several participants reported experiencing an onset of depressive and anxiety symptoms after the break-up. These additional symptoms were attributed to fear of seeing the abuser on campus, or reminders of the abuse, such as family and friends of the abuser. One participant, who was diagnosed with PTSD prior to her abusive relationship, experienced exacerbated PTSD symptoms after the breakup from seeing her ex-boyfriend’s friends or people who looked like him on campus. The participant said:

> I guess there's just a lot of triggers, especially being at [university]… I was walking around campus...constantly on guard for what I was going to see. Just feeling anxious wherever I was going, always looking around, scanning, seeing if someone was there, if he was going to be around. On game weekends, not that I like to go out anyway, but I would just never go out... Yeah, really got in the way of my life, I'd say. If it hadn't happened, I wouldn't be walking around campus that way, on guard and hyper vigilant.

Similarly, a participant with a panic disorder had intense anxiety attacks as a result of seeing her past abuser’s family around campus. She said, “His family came in… to where I used to work. I

had to sit in the back. I had an anxiety attack... it's a sheer panic. No matter how far in life that you've been. Because it's been years."

For many participants who experienced worsening symptoms as a result of IPV, the anxiety, panic, and PTSD symptoms do not end when the relationship does. Rather, some participants were skeptical if the symptoms would ever resolve. A participant who has a panic attack disorder endorsed this belief by saying, "I feel like I'm always gonna have that anxiety attack when I see somebody that looks like him, or something like that. I feel like there's nothing that's gonna make me get past that."

This theme demonstrates that students with disabilities who experience IPV may experience worsening disability symptoms. As a result, quality of everyday life can be significantly impacted. This may also result in an entirely new onset of symptoms from an additional diagnosis.

Disability onset following IPV

IPV may contribute to emergence of other disabilities. Participants often reported experiencing, or being diagnosed with, an additional disability following the abusive relationship. In this sample, PTSD, depression, and anxiety were most commonly diagnosed after experiencing IPV. In some cases, symptoms of the additional diagnoses were recognized after the abusive episodes occurred during the relationship, whereas other participants felt the onset of symptoms following the breakup. One participant noted a specific abusive event which caused her PTSD while the relationship was ongoing. She said,

> My freshman year of college, I was in an emotionally abusive relationship, and I developed post-traumatic stress disorder from it…after I had broken up with him, and

> after I got rid of any evidence of him, anytime I was driving, I would just think about that moment. I was, like—I couldn't even control it. It would just come back. It was so frustrating, because I felt like even though he wasn't in my life anymore, he still was. I was so frustrated by just feeling like this all the time, that I was, like, okay, I'd like me to go see somebody, because something's not right.

This traumatic experience not only caused the participant's trauma response relating to relationships, but also when riding or driving in cars. This significantly impacted her everyday life and ability to execute daily activities. Some participants did not have one precipitating event which caused disability, but rather saw new symptoms gradually appear throughout their relationship. This type of onset was often confusing, as one participant described:

> It was really hard. I found out a lot of the things that I was going through were symptoms of PTSD…I would go numb and feel like I was floating around the room, which I also thought was really weird, but then I found out that that's called disassociating [sic]... I just had that kind of stuff happen, and I felt like I saw him everywhere. Maybe I was seeing him everywhere. I don't know, 'cause he's weird, but who knows? Just stuff like that, and just—it's like feeling very empty and feeling very dirty, I guess, because of everything that had happened.

This participant grappled with her symptoms and had a realization after the diagnosis that she is "not losing [her] mind. This is normal for what [she's] been through." Additionally, the participant experienced thoughts of self-harm as a result of the relationship and precipitating PTSD. Intrusive thoughts of self-harm, suicide, and feelings of depression were not uncommon amongst the sample, but some participants continued to experience these long after the

relationship ended. One participant described feeling "situationally depressed" due to her relationship, saying:

> She only hurts with words. She doesn't hurt with her fist… I would feel almost situationally depressed… Prior to her, I felt I didn't have depression, and everything like that. Sometimes I do feel I may have it due to the situation I was in… Sometimes she even asked at one point. She's like, 'Do you think you have depression because of me?' I'm like, 'I don't know, 'cause I don't wanna set her off, and say anything.

This participant was diagnosed with depression following IPV, but she felt that telling her partner about this additional diagnosis could result in additional abuse. This illustrates how an additional disability diagnosis following IPV can make the victim vulnerable to more abuse.

The participant may or may not seek treatment or care for their worsening symptoms or additional disability. In some cases, the participant may be deterred from seeking treatment due to the disability-related IPV they have historically experienced.

Discussion

This study examined experiences of IPV among college students with disabilities, finding that college students with disabilities experience a multitude of abusive tactics, some that their non-disabled peers may never experience. These types of abuse were organized around the Power and Control Wheel in Partner Relationships Power and Control Wheel.

While some of the abuse documented in this study is well-documented in IPV literature amongst non-disabled and adult populations, some abuse has historically been more nuanced, particularly disability-related IPV (Brieding et al., 2015; Bonomi et al., 2018). Some categories

of abuse, such as coercion and threats, were experienced by participants in this sample predominantly how non-disabled peers have experienced coercion and threats (Brieding et al., 2015). This study adds upon prior literature through its deep exploration of other nuanced abusive tactics, such as disability-related minimization, denial, blame, emotional abuse, and sexual abuse.

This study adds to prior literature in documenting how disability-related abusive tactics were siloed. Relationship violence is almost never a singular independent event; rather it typically occurs multiple times across the span of a relationship (Brieding et al., 2015). The finding that disability-related abusive tactics were used in isolation of other tactics may have emerged due to the interview guide asking about specific instances of abuse, or, on the contrary, this finding may suggest that disability-related abuse is similar to that of exploitation of vulnerability. Exploitation of vulnerability occurs when abusers use their victims' most vulnerable attributes, such as immigration status or children, to control and abuse (Brieding et al., 2015). This form of abuse, despite being documented and defined briefly in CDC's Uniform Definitions and Recommended Data Elements," has not been isolated and studied in-depth in recent years (Brieding et al., 2015). More research on these forms of abuse related to vulnerabilities is needed to unveil its true impacts.

This study also suggests that there may be protective factors that guard against college students with disabilities experiencing disability-related abuse. The negative cases in this sample indicate that those participants whose partners had a disability may be protected from disability-related IPV, as the partner may be better suited to empathize with the struggles of having a disability. Participants who did not disclose their disability to their partner also were protected against their partner using their health condition against them in abusive patterns. More research

into these experiences may reveal important information regarding strategies to mitigate the risk and impact of disability-related IPV.

Lastly, this study has implications for healthcare providers and university staff. Students with disabilities may seek services related to violence and/or disability or independent of these experiences, through their campus disability services office, health services, academic advisors, housing offices, Title IX offices; but often they do not seek any accommodations at all (Cantor et al., 2019). This may be because there is no "one size fits all" service for college students with disabilities who are experiencing abuse, particularly when that abuse is causing worsening or additional symptoms that may be further impacting their academic, social, and physical wellbeing. The siloed approach to services and many known barriers to help-seeking among student populations place students with disabilities at an even greater disadvantage than their non-disabled peers (Chugani et al., 2021 ; Richeter et al., 2020). Seeking help for health conditions and/or violence as a college student is challenging. With the history of institutionalization and desexualization of people with disabilities, discussing healthy sex among students with disabilities is rare (National Council on Disability 2018; Chugani et al., 2021). Therefore, our findings that college students with disabilities experience unique sexual and emotional abuse highlights the importance of these conversations on college and university campuses.

Limitations

This study was not without its limitations. First, although generalizability is not the intent of qualitative research, this sample was not representative of the diversity of all college students with disabilities. Despite best efforts to oversample underrepresented populations, the majority

of the parent study sample were white, straight, cisgender females, and included few students with physical or sensory disabilities. Second, the screening question for this study included whether the student had a health condition which impacted their everyday life. Therefore, our definition of disability may be broad compared to other disability research. This broad definition has its strength in being inclusive of student experiences, particularly those who have not sought formal services, recruiting this group from the parent study's general sample may have failed to include students who have a full range of disabilities and impairments. Thirdly, some participants who reported experiencing IPV in the quantitative survey, which assessed for eligibility in the qualitative sub-study and thesis, did not report these experiences in the interview. Similarly, some participants reported that they experienced IPV but preferred not to discuss those experiences in the interview. The research team respects these students' decisions regarding how much information they shared, but recognize that critical data pertaining to experiences of IPV may not have been reported to the research team.

Conclusion

This study explored experiences of IPV among college students with disabilities. These experiences revealed that participants face multiple forms of violence, some patterns of which are unique and may not be experienced by their non-disabled peers; and that these multiple forms of violence may lead to worsening disability symptoms or onset of an additional disability.

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Chapter 5: Public Health Implications

This study examined experiences of intimate partner violence among college students with disabilities. These experiences were categorized into two major themes: participants experienced multiple forms of violence, both disability-related and non-disability related; and participants experienced worsening and/or additional disability following IPV. This study adds to prior literature through its deep exploration of other nuanced abusive tactics, such as disability-related minimization, denial, blame, emotional abuse and sexual abuse. Additionally, this study discusses how disability-related abusive tactics appeared siloed in a singular abusive tactic, whereas non-disability-related IPV was multi-faceted with several co-occurring abusive tactics. We recognize that relationship violence is almost never a singular independent event, and rather that it occurs several times across the span of a relationship. The finding that disability-related abusive tactics appeared to be used in isolation of other tactics may have been due to the structure of the interview guide, which asked about specific instances of disability-related abuse. On the contrary, this finding may suggest that disability-related abuse is similar to that of exploitation of vulnerability. This abusive tactic is when abusers use their victims' most vulnerable attributes, such as immigration or children, to control and abuse (Brieding et al., 2015). This form of abuse, despite being documented and defined briefly in CDC's Uniform Definitions and Recommended Data Elements, has not been isolated and studied in-depth in recent years (Brieding et al., 2015). More research on these forms of abuse is needed to unveil their full impacts.

Emerging patterns in this study have implications into decisions around disability disclosure in relationships. Some negative cases in this sample indicate that did not disclose their disability to their partner, and did not experience disability-related IPV. Thus, these

participants may have been protecting against disability-related IPV by concealing their disability. Studies among college students with disabilities closely examine disclosure of disability to university disability offices, and faculty. Results show that decision to disclose disabilities to a university are complex, including an array of factors that play into the decision, such as desire to be understood, community identity or lack thereof, and having close friends with similar identities (Vergunst & Shwartz et al., 2021; Frost et al., 2019). Disability disclosure in a university setting can result in positive and/or negative consequences, such as having support or strained relationships with faculty, and varying degrees of accommodations or lack thereof (Vergunst & Shwartz et al., 2021). Research into disability disclosure in relationships is lacking, though there is more initiative into disability disclosing on online dating. Results suggest that there are varying opinions, though some participants with disabilities viewed disclosing disability status as a technique to filter potential connection (Porter et al., 2017). More research into disability disclosure among students with disabilities who are dating or in a intimate partner relationship is needed to understand its protective role against IPV.

Some participants in this sample may have been protected from disability-related IPV due to their partner's health condition. Some negative cases in this sample were participants whose partners had a disability, suggesting that perhaps the partner may be better suited to empathize with the struggles of having a disability. More research into these experiences may reveal important information regarding strategies to mitigate the risk and impact of disability-related IPV.

Lastly, this study has implications for healthcare providers and university staff. Students with disabilities may seek services related to violence and/or disability through their campus disability services office, academic advisors, housing offices, Title IX offices; but often they do

not seek any accommodations at all (Cantor et al., 2019). This may be because there is no "one size fits all" for college students with disabilities who are experiencing abuse, particularly when that abuse is causing worsening or additional symptoms, which may be further impacting their academic, social, and physical wellbeing. The siloed approach to services and many known barriers to help-seeking among student populations place students with disabilities at an even greater disadvantage than their non-disabled peers (Chugani et al., 2021; Richeter et al., 2020). Seeking help for health conditions as a college student is challenging. With the history of institutionalization and desexualization of people with disabilities, discussing healthy sex among students with disabilities is rare (National Council on Disability 2018; Chugani et al., 2021). Therefore, our findings that college students with disabilities experience unique sexual and emotional abuse, highlights the importance of these conversations.

Future Research

This study provides substantial support for future research into disability-related blame, disability-related sexual abuse, and integrated disability services. Novel findings were discovered in this study. To our knowledge, disability-related blame has not been documented in the literature to date. Blaming one for spreading a mental health disability may be a display of college student's context impacting their beliefs, behaviors, and decision making. Prior literature shows that a lack of knowledge and awareness about cause of disability differs significantly by age, and that younger people may have less knowledge about disability cause relative to older people (Morin et al., 2013). Lack of knowledge about the causes of disability may contribute to this belief that mental health disabilities can be spread through touch or physical contact. Knowing the causes of disability may lead to better understanding of the person with a disability

(Morin et al., 2013. More research needs to be done to substantiate this finding and determine roots of this belief.

Disability-related sexual abuse was also a novel finding in college students, though this has been seen in other populations. Sexual abuse related to medication is not uncommon, and shows similarities to reproductive coercion and caregiver abuse in the regard that medications for a health condition, or the symptoms of said medication, are being manipulated by an abuser (Brieding et al., 2015). Despite these similarities, more research into college students may reveal more about the frequency and experiences of disability-related sexual abuse, particularly among college students utilizing sleeping medications or sleeping aids.

This study supports the need for future research on disability support, in both a formal and informal manner. Students in this sample sought support in a variety of ways, but more research is needed to determine factors that play into making those decisions. Additionally, more in-depth research is needed to examine what comprehensive services currently look like; services that address both disability needs, and relationship needs, as these, in addition to other factors, combine and intersect to impact the individual's wellbeing.

Practice Implications

This study has implications for public health practice, particularly for health practitioners and integrated disability services. Instances of violence were reportedly worsening disability symptoms and leading to an onset of new symptoms. This may impact college and university healthcare services and providers, who may not be aware of the impacts of violence on disability symptoms. Additionally, healthcare services could be a key point of entry for students with disabilities in abusive relationships if healthcare practitioners can recognize worsening

symptoms and assess for violence. Identifying IPV in a healthcare setting may help the victim receive holistic support and resources for medical, mental health, and academic challenges.

The study findings support the development and implementation of integrated services. Currently, students with disabilities may need to seek resources from a variety of settings: ADA office, university health center, counseling and psychological services, and direct assistance from professors and teaching staff. Service models that streamline the process of accessing all these services and receiving help in a more trauma-informed manner may be more appropriate. Some groups have begun to implement integrated service models, such as the Disability Programs and Resource Center at San Francisco State University (Shaewitz & Crandall, 2020). This model serves as a one-stop-shop for full and equal access to university programs and facilities, including an app to manage accommodations, trainings, alternative testing, and requests (Shaewitz & Crandall, 2020). Evaluation data is needed to determine best practices for university's unique settings.

Policy Implications

Lastly, the present study has strong intersections with policy. Two major federal policies interact with experiences of IPV for students with disabilities: Title IX and the Americans with Disabilities Act. In this study, we learned about behaviors that have impacted students which fall under both of these categories. Prior work with this sample and others has shown that campuses routinely fail to make the processes for using these federally-mandated remedies usable to the majority of students who have similar experiences, much less those most marginalized (Richter et al., 2021; Nichols et al., 2018). Few students in this sample have reported instances of IPV because universities systems continue to fail students in a variety of ways for a variety of reasons. Some of these ways include university faculty and staff being judgmental, invalidating,

insensitive, and incompetent at addressing needs; and students with disabilities who experienced IPV have faced push back from these practitioners who do not think accommodations are necessary (Richter et al., 2021). University systems and policies are continuously under review and undergoing revisions, and yet they continue to struggle to make change in a way that's meaningful to students.

Conclusion

This study explores the experiences of students with disabilities who have experienced IPV. Insights from this study can be used to guide revisions to campus policies and services. Results of this study show that students with disabilities experience multiple forms of unique violence, in addition to worsening or additional disability. Advocacy and support in streamlining connections to resources and healthcare for these students is imperative. These findings suggest that college and universities may be able to improve support for students with disabilities who experience IPV through recognition of unique violence and actions to change campus service models.

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Appendix A

Table 2: Reports of disability-related vs non-disability-related IPV per construct

Construct	Disability-related	Non-disability-related	Total
Coercion and Threats	0	25	25
Withhold of Treatment and/or Support	3	0	3
Emotional Abuse	21	17	38
Isolation	1	10	11
Minimize, Deny, and Blame	22	4	26
Sexual Abuse	3	16	19
Privilege/Ableism	5	5	10
Total	55	81	