

# **People With Disabilities and Violent Victimization in the Heartland: Results from the First Phase of the West Virginia Community Quality of Life Survey**

**Brittany E. Hayes** (ORCID: 0000-0002-0114-7122)

Assistant Professor, School of Criminal Justice

University of Cincinnati

UNITED STATES OF AMERICA

**Walter S. DeKeseredy** (ORCID: 0000-0002-3692-5078)

Anna Deane Carlson Endowed Chair of Social Sciences, Director of the Research Center on Violence, and Professor of Sociology

West Virginia University

UNITED STATES OF AMERICA

**James Nolan** (ORCID: 0000-0002-7817-1403)

Professor of Sociology

Research Center on Violence

West Virginia University

UNITED STATES OF AMERICA

**Correspondence:** Brittany E. Hayes; [brittany.hayes@uc.edu](mailto:brittany.hayes@uc.edu)

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### Abstract

Studies of violent victimization in rural and remote parts of the U.S. are in short supply and the bulk of those done so far focus mainly on man-to-woman violence in intimate relationships among people without disabilities. There is, indeed, a major need to broaden the focus of rural victimological research to include violence against people with disabilities, which is the main objective of this article. Relying on original exploratory data generated by the first phase of the West Virginia Community Quality of Life Survey (WVCQLS), population estimates of four types of violent victimization are presented: stalking, sexual assault, intimate partner violence, and hate and bias assaults. The results show that a large number of rural West Virginia residents with disabilities experience these forms of victimization. Directions for further empirical and theoretical work are discussed.

**Keywords:** disabilities, rural; victimization survey; crime estimates

## Introduction

To say that “crime victims with disabilities residing in rural areas have been a largely neglected group in the literature to date” is an understatement (Camilleri, 2023b, p. 83). Though research shows that people with disabilities are more than twice as likely to be victims of violent crimes than those without disabilities (Harrell, 2021), it is thus far unclear whether persons with disabilities who live in rural and remote areas are at greater risk than their urban and suburban counterparts. It is, however, logical to hypothesize that rural people with disabilities are equally, if not more, likely to be targeted by the crimes examined in this article. Consider that using the National Crime Victimization Survey, Harrell (2021) found that from 2017 to 2019, U.S. persons with disabilities were victims of 26% of all nonfatal violent crime, while only accounting for 12% of the entire population. Harrell (2021) also uncovered that the rate of violent victimization against persons with disabilities (46.2 per 1,000 age 12 or older) was close to four times the rate for persons without disabilities (12.3 per 1,000). Higher rates of victimization have also been reported among those who live in more rural and remote areas (Camilleri, 2023a; Layana et al., 2023; Learning Network, 2021). Collectively, these data points, when considered in tandem, would suggest persons with disabilities who live in rural and remote areas are at greater risk of victimization than persons without disabilities.

The first phase of the West Virginia Community Quality of Life Survey (WVCQLS) is one of the very few rural victimization surveys thus far conducted in the U.S. (DeKeseredy et al., 2022; Nolan et al., 2022). It is, as far as we know, the only one to date that includes questions about people with disabilities across rural populations. The main objective of this article, then, is to help fill a major research gap by providing population estimates of four types of violent victimization – three forms of gender-based violence: stalking, sexual assault, intimate partner violence (IPV) as well as hate and bias assaults – by disability status among West Virginians who likely live in more rural and remote locales. The implications for further empirical and theoretical work on rural crime victims with disabilities are also examined in this piece.

It is first necessary, though, to make explicit that we use the term “people with disabilities” because, as Camilleri (2023b) reminds us, “it acknowledges the person first and disability last as a deliberate move away from the stigmatizing language of the medical model which placed the disability as central rather than the individual” (p. 85). What pioneering rural criminologist Joseph Donnermeyer (2007) stated nearly 20 years ago is still relevant: “Words are important. They convey essential meanings that describe, interpret, and conclude” (p. 3). Heavily informed by Camilleri (2023b), our words fully recognize that a disability is “constructed and perpetuated by the disabling environment” and that there is a “diversity of experiences of impairment or disability” (p. 36).

## Disability

It is estimated that 61 million adults, or about a quarter of the US population, live with a disability (CDC, 2022). Yet, persons with disabilities are often treated as a homogenous population despite the variability between and even within types of disabilities. For instance, one's disability may affect their cognitive functioning (e.g., Autism Spectrum Disorder, Down's Syndrome, dementia), their ability to function in an abled world or to care for themselves independently (e.g., cerebral palsy, multiple sclerosis, limb loss), or they might have difficulty with their vision/Blind or hearing/Deaf (CDC, 2020; Harrell, 2017). While disabilities are often painted as mutually exclusive, it is also possible for an individual to have co-occurring disabilities that can affect multiple facets of their life. In the following section we discuss how disability and types of disability shape risk of victimization.

## Victimization and Disability

Research has consistently documented that persons with disabilities are at greater risk of nonfatal forms of victimization than persons without disabilities (Fang et al., 2022; Harrell, 2017; 2021). Within this study, we focus on two broad types of violent victimization - hate crimes and gender-based violence, inclusive of stalking, sexual violence, and IPV. Persons with disabilities experience hate crimes and are a protected class in 29 states' hate crime statutes (Bills & Vaughn, 2022) albeit not in West Virginia. While very few incidents are classified as anti-disability in nature (less than 2%, FBI, 2022), Macdonald and colleagues' (2023) analysis of 33 case studies found that one's disability was central for many marginalized victims of hate crime and that disability may be overlooked when classifying these crimes. Further, elevated risk of victimization has also been found for gender-based violence whereby women with disabilities are more likely to experience sexual violence, stalking, and IPV than women without disabilities (Basile et al., 2016; Breiding & Armour, 2015; Brownridge, 2006; Casteel et al., 2008; Elvey, et al., 2018; Plummer & Findley, 2012; Shapiro, 2018). This risk, both in terms of victimization in general, but also among forms of gender-based violence is often exacerbated among persons with intellectual and developmental disabilities (i.e., IDD; Harrell, 2021; Ledingham et al., 2022; Mailhot Amborski et al., 2021), whose disability may impact social and emotional communication. Collectively, extant research has demonstrated that persons with disabilities are especially vulnerable to victimization when compared to persons without disabilities. But it appears persons with IDD are at the greatest risk of experiencing many types of victimization when compared to other persons with disabilities.

Perhaps more concerning within this elevated victimization risk is that victims with IDD, compared to victims without disabilities or with other types of disabilities, tend to have more severe physical and mental health consequences related to the victimization (Hayes & Powers, 2021) and are also less likely to report their experiences to law enforcement (Powers & Hayes, 2022). This gap in reporting, compounded with more severe physical and mental health consequences, can have significant life-long effects as the victim with a disability navigates the trauma of a victimization experience. These gaps in help-seeking may be

further exacerbated among rural victims with disabilities, and especially rural victims with IDD, who might have additional barriers to help-seeking. In the following section, we elaborate how rural locales can shape the risk of victimization and the barriers to help-seeking among rural victims to contextualize the unique vulnerabilities and obstacles faced by this population.

### **Barriers to Help-seeking in Rural Contexts and among Rural Victims with Disabilities**

The social and physical isolation of rural locales can pose unique risk factors to experiencing victimization but also unique challenges in the availability of resources in the aftermath of a victimization experience (Camilleri, 2019). For instance, abusive partners can use the isolation of rural locales and the community norms of silence to their advantage to further isolate and control the victim (Brownridge, 2009; DeKeseredy & Schwartz, 2009). National data has demonstrated that rural divorced and separated women experience higher rates of violence than their suburban and urban counterparts (Rennison et al., 2013). Other research has also demonstrated the elevated risk of victimization, in general, in rural or more isolated locales when compared to suburban and urban locations (DeKeseredy, 2021; Ruback & Ménard, 2001; see Edwards [2015] for a systematic review).

These victimization experiences cannot be considered without recognizing the unique barriers to accessing help when such events occur. As an example, one study considered the potential barriers to help-seeking among 646 adults from nine rural counties. Within this sample, when compared to rural persons who did not screen positive for a mental health condition, rural persons who screened positive for a mental health condition were significantly more likely to state that barriers to accessing an intervention included “hours not convenient,” “care unavailable when needed,” and “not knowing where to go” (Fox et al., 2001; pg. 427). While not recognizing the unique challenges of victimization, this initial study demonstrated that services were not being offered in rural areas when persons most needed them. Edwards’ (2015) systematic literature review echoes this key finding and reported that services for IPV specifically tend to be quite limited in rural areas.

Compared to their urban counterparts, rural women are less likely to seek social support (DeKeseredy, 2021; Shannon et al., 2006) though others have found social support to be a protective factor against IPV for rural women but not urban women (Lanier & Maume, 2009). Further, rural communities are less likely to offer help or engage in bystander intervention when compared to more (sub)urban locales (DeKeseredy & Schwartz, 2009) though the findings are somewhat equivocal when considering more quantitative analyses (Edwards et al., 2014). This may be because no studies have compared urban to rural samples (Edwards, 2015) but instead have considered rural only samples (DeKeseredy & Schwartz, 2009; Edwards et al., 2014) or urban only samples. There are also unique tangible barriers to accessing services in rural locations, inclusive of transportation challenges as well as physical and social isolation. According to the work of Peek-Asa and colleagues (2011), over a quarter of rural women live over 40 miles from the closest program and the mean distance was often three times greater than women who lived in urban areas. Among rural women there were

also concerns over confidentiality and the dynamics of the community that shape their ability to access help (DeKeseredy & Schwartz, 2009; Eastman & Bunch, 2007; Logan et al., 2005). Nevertheless, community-level measures among rural locales have largely been absent in in the research (Edwards, 2015).

These risks factors and barriers are likely exacerbated for rural women with disabilities. If rural persons with disabilities are dependent on their carer, who is also likely the perpetrator, they may be especially hesitant to seek help – either to protect the offender or because they are afraid (Petersilia, 2001). They may also be dependent on their carer and unable to live independently if their carer was arrested. Further, victims with disabilities may be isolated, have different mobility needs, or different modes of communication (Burrow et al. 2021; McGilloway et al. 2020), which makes the aforementioned access concerns even more challenging. If rural services are inaccessible for rural victims in general (Edwards, 2015), they are likely not designed to accommodate rural victims with disabilities who may face additional barriers in the wake of a victimization. In addition, rural women are less likely to be insured (DeKeseredy et al., 2016). Considering one-fourth of persons with disabilities did not have a usual healthcare provider and one-fifth of persons with a disability had an unmet healthcare need because of cost (CDC, 2022), individuals with disabilities living in rural areas are likely not receiving physical or mental health care services. While we do not test these processes in the current study, how the rural context shapes the victimization experience, and the barriers thereafter are important and likely exacerbated when considered with the challenges persons with disabilities also face. Drawing on rural victimization surveys, we provide population estimates for this uniquely vulnerable population to put parameters on the scope of this public health endemic.

## Methods

### Sample and Data Collection

The population from which the sample was drawn consists of individual residents of West Virginia aged 18 and older who have access to a telephone ( $n = 1,398,953$ ).<sup>1</sup> The random sample includes 6,310 cellular phone numbers and 3,554 landline numbers.<sup>2</sup> From June 2016 to May 2017, researchers affiliated with West Virginia University's Research Center on Violence called 9,864 phone numbers. Only 13% of the calls resulted in someone answering the phone ( $n = 1,281$ ). Of those who answered, nearly 30% responded to the survey ( $n = 358$ ). In this current epoch, such a low response rate is to be expected and is similar to those of other large-scale surveys (DeKeseredy et al., 2022). In fact, survey and polling response rates have been falling for nearly 40 years and even the best in-person surveys are hard pressed to reach a 70% response rate today (Tourangeau, 2017). Moreover, response rates in typical telephone surveys have dropped below 10% (Keeter et al., 2017), and left realist criminologists have consistently showed that telephone survey technology cannot capture the victimization experiences of the incarcerated, homeless and other highly vulnerable groups – like persons with disabilities – that do not own telephones (DeKeseredy, 1992; Nolan et al., 2022). Further, the survey was administered during the West Virginia

floods and in the lead up to the 2016 Presidential election – two historical events that likely affected response rates.

Tables presented in this article include population estimates that were calculated by multiplying the same percentage by the estimated population of West Virginia residents with phones. Intervals for these estimates were calculated according to the following equation:

$$1.96 \sqrt{\frac{N - n}{N} \frac{P * (1 - P)}{n - 1}}$$

In this equation, N is the population of West Virginia residents aged 18 or older who have access to a phone (N = 1,398,953), n is the sample size (the number of completed responses in each category), and P is the percentage of affirmative responses.

## **Independent Variable**

### *Disabilities*

This variable was operationalized using six items that the National Crime Victimization Survey (NCVS) adopted from the U.S. Census Bureau’s American Community Survey (ACS) to classify respondents with disabilities.<sup>3</sup> These six items can be found in Table 1. The first two items focused on vision and hearing difficulties and were introduced with this preamble: “Research has shown that people with disabilities may be more vulnerable to crime victimization. Are you...” The last four were introduced with this statement: “Or because of physical, mental, or emotional conditions, do you have serious difficulty...”

The NCVS defines disability:

as the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. A disability exists where this interaction results in limitations of activities and restrictions to full participation at school, work, or home or in the community (Harrell, 2021, p. 3).

It should be stated here that the Crime Victims with Disabilities Awareness Act of 1998 (P.L. 105-301) mandates that the NCVS collect data on crimes against persons with disabilities and the characteristics of these people. The act was designed “to increase public awareness of the plight of victims of crime with developmental disabilities, to collect data to measure the magnitude of the problem, and to develop strategies to address the safety and justice needs of victims of crime with developmental disabilities.”

As demonstrated in Table 1, there are extremely low counts when considering the disaggregated disability measure. These counts become even smaller when accounting for victimization experiences. For this reason, we use a composite measure where 1 = Respondent reported at least one of the six types of disability and 0 = Respondent did not report any of the six types of disability.

## **Dependent Variables**

### ***Stalking***

Stalking is “the willful, repeated, and malicious following, harassing, or threatening of another person” (Melton, 2007, p. 4). Following previous analyses of WVCQLS data (see DeKeseredy et al., 2022), it was operationalized using the eight items found in the Centers for Disease Control and Prevention’s National Intimate Partner and Sexual Violence Survey (NISVS) (Black et al., 2011). They were introduced with this question: “How many times have one or more of the following things happened to you in the past 12 months?” The response categories are none, 1 or 2, 3-5, 6-8, and more than 8. We collapsed this measure to reflect “1” = Respondent experienced stalking and “0” = Respondent did not experience stalking.

### ***Sexual Assault***

Included in earlier analyses of WVCQLS data (see DeKeseredy et al., 2022), five items were used to measure sexual assault and are modified versions of some of those included in Koss et al.’s (2007) Revised Sexual Experiences Survey. They were introduced with this preamble and the response categories are 0 times, 1 time, 2 times, more than 2 times, and choose not to answer:

The next questions are about unwanted sexual experiences that you may have had with a current or former intimate or romantic partner. Sex is defined in this study as intercourse, oral sex, or anal sex (including penetration with an object).

In the last 12 months, how often have you had unwanted sex<sup>4</sup> with a dating or spouse/partner because:

We again collapsed this measure to reflect “1” = Respondent experienced sexual assault and “0” = Respondent did not experience sexual assault.

### ***Intimate Partner Violence (IPV)***

Also used in previous analyses of WVCQLS data (see DeKeseredy et al., 2022), the eight items used to measure IPV are derived from the University of Kentucky’s (UK) 2014 Campus Attitudes toward Safety (C.A.T.S.) Survey conducted by UK’s Center for Research on Violence Against Women (2014) (Cronbach’s alpha = .83). The Center used a modified version of Straus, Hamby, Boney-McCoy, and Sugarman’s (1996) Revised Conflict Tactics



Scales (CTS). The items were introduced with the following preamble and the response categories are “Never (0 times),” “Once (1 time),” “Sometimes (2-5 times),” “Often (6+ times),” and “Choose not to answer”:

Now, we would like to learn about some problems that may have occurred in your intimate or romantic relationships. In the last 12 months, how many times has someone you were dating or a spouse/partner done the following things to you that were not done in a joking or playful manner? When thinking about the word “date,” please think of anyone with whom you have or have had a romantic or sexual relationships – short-term or long-term.

We collapsed this measure to reflect “1” = Respondent experienced IPV and “0” = Respondent did not experience IPV.

### *Hate Crimes and Bias Incidents Victimization*

Again, used in previous analyses of WVCQLS data (see DeKeseredy et al., 2022), the 15 items used to capture hate crime and bias incidents victimization were drawn from a survey instrument developed by the Prejudice Institute (1995) and DeKeseredy and Perry’s (2006) Campus Life Questionnaire. They were introduced with the following preamble and the response categories are “yes” and “no”:

Have any of the following incidents happened to you in your community because of your real or perceived race/ethnicity, national origin, religion, sexual orientation, physical or mental disability, or political orientation?

We collapsed this measure to reflect “1” = Respondent experienced hate or bias victimization and “0” = Respondent did not experience hate or bias victimization.

## **Results**

Estimates on the population of West Virginia by type of disability can be found in Table 1. Of the overall sample, 31.5% reported they had any disability (n = 110). When this estimate is extrapolated to the population of West Virginia, it suggests that 440,670 West Virginians have a disability (95% Confidence Interval [CI] = 372,304 to 509,036). The most frequently reported forms of disability were serious difficulty walking or climbing stairs (14.2%; n = 49) and Deaf or serious difficulty hearing (9.8%; n = 34). Roughly 5% (n = 17) reported they had serious difficulty concentrating or making decisions (i.e., cognitive disabilities or IDD). Very few respondents said they had serious difficulty dressing or bathing (0.9%; n = 3) or serious difficulty doing errands alone, such as visiting a doctor’s office or shopping (1.4%, n = 5). These estimates of disability, when also considering the rarity of victimization in population-based surveys, begin to illuminate some of the potential challenges of survey-based research on rural persons with disabilities.

**Table 1***West Virginians with Disabilities*

Disability	# Sample	% Sample	Estimate	95% Confidence Interval	
				Low	High
Blind or have difficulty seeing even with glasses	30	8.6	120,310	79,046	16,1573
Deaf or have serious difficulty hearing	34	9.8	137,097	93,339	180,855
Serious difficulty walking or climbing stairs	49	14.2	198,651	147,279	250,023
Serious difficulty concentrating or making decisions	17	4.9	68,549	36,778	100,320
Serious difficulty dressing or bathing	3	0.9	12,591	0	26,490
Serious difficulty doing errands alone, such as visiting a doctor's office or shopping	5	1.4	19,585	2,293	36,877
West Virginians reporting any of the above disabilities	110	31.5	440,670	372,304	509,036

Table 2 considers the intersection of disability with victimization and extrapolates these estimates to the population of West Virginia. Again, it is important to reiterate the statistical rarity of victimization, even among the sample without disabilities which comprises about 60% of our sample. Nevertheless, these estimates provide important insight into the scope of victimization among a largely rural population.

**Table 2***Comparison of persons with and without disabilities across types of victimizations*

	Persons with disability (31.5% of sample) 440,670					Persons with no reported disability (68.5% of sample) 958,283				
	#	%	Estimate	95% Confidence		#	%	Estimate	95% Confidence	
				low	high				low	high
Stalking	22	7.0	97,927	58,450	137,403	41	13.0	181,864	129,831	233,896
Sexual assault	5	1.5	20,984	2,355	39,613	8	2.5	34,975	11,046	58,902
IPV	8	2.7	37,772	11,677	63,867	16	5.5	76,942	40,239	113,646
Hate crime last 12 months	9	3.1	43,368	15,560	71,175	31	10.6	148,289	98,898	197,680

We begin with the three forms of gender-based violence: stalking, sexual assault, and IPV. When we consider the scope of West Virginians with disabilities that might experience stalking each year, the point estimate is 97,927 (95% CI = 58,450 to 137,403). While a smaller overall point estimate, it is still estimated that 20,984 West Virginians with disabilities might experience sexual assault each year (95% CI = 2,355 to 39,613). Similar conclusions are seen with IPV. In total, it is estimated that 37,772 West Virginians with disabilities will experience IPV each year (95% CI = 11,677 to 63,867).

We also consider the experience of hate and bias victimization. Contrary to the forms of gender-based violence, persons with disabilities had a lower point estimate than persons without disabilities (Point Estimate of persons without disabilities = 148,289; 95% CI = 98,898 to 197,680). Nevertheless, it was still estimated that nearly 43,468 West Virginians with a disability will experience a hate or bias victimization each year (95% CI = 15,560 to 71,175). Based on survey responses, we estimated 43,468 hate crime incidents. To put this into perspective, in 2017, the year of the current study, only 7,321 hate crimes were reported to the FBI nationally. Only 38 were reported by state and local police in West Virginia.

### Discussion

The results of this rural local crime survey, one that is heavily influenced by the empirical principles of left realism (e.g., Jones et al., 1986; Nolan et al., 2022), are consistent with this recent observation made by Camilleri (2023b): rural persons with disabilities are “disproportionately overrepresented as victims of crime” (p. 92). While our point estimates were quite small, when we extrapolate these to the population of West Virginia, the results

indicate that the scope of victimization among persons with disabilities is actually quite substantial. This has real implications for rural areas. While we cannot speak to the mechanisms causing these elevated rates of victimization among persons with disabilities, oppression against this group is known, especially when disability status intersects with other marginalized identities (Camilleri, 2019; Egner, 2019). A simple first step, advocated for by the disability community within higher education, is awareness (Sarrett, 2018). Increasing awareness about disabilities can be extended to rural communities. Further, research on hate crime prevention in rural areas points to increasing levels of community cohesion and trust as ways to change conditions associated with hate crime and associated fear of strangers (Nolan et al., 2020).

While the estimates we produced are in and of themselves alarming, such estimates are especially concerning given low rates of reporting to law enforcement (Langton et al., 2012), and particularly among persons with disabilities (Powers & Hayes, 2022). Indeed, we are not seeing this level of victimization in law enforcement reports. This may be because police do not have experience conducting interviews with victims with cognitive impairments, such information is incredibly difficult to capture, or one's disability - especially a cognitive disability - may be invisible (Camilleri, 2019; Powers & Hayes, 2022). Further, as an example, the Ohio reporting forms do not have a check box to capture disability (Ohio Office of Criminal Justice Services, n.d.). What this means is that many victims with disabilities are also likely not accessing the support they need in the wake of victimization. While we do not speak to this particular point, it is important to recognize the consequences of victimization and what this in turn means for victims and their communities.

It is also critical to reiterate that when victimization and disability are considered in tandem, such experiences quickly become statistical rarities in quantitative assessments. Despite being a sample of over 300 respondents, only five West Virginians with a disability reported they experienced sexual assault in the past year. Even among persons without a disability, this point estimate was eight. It stands to question if quantitative assessments that are administered to representative samples are the most appropriate methodological choices when trying to research and understand the needs of this incredibly difficult to reach population. It behooves researchers to make methodological choices that best capture the lived experiences of rural individuals with disabilities.

Our findings also beg the question of if this is the case in other rural parts of the U.S.? This, obviously, is an empirical question that can only be answered with national data and there is much more research that needs to be done on the crime experiences of rural people with disabilities throughout the world (for an exploratory work in India with a large rural population see Maher & Hayes, 2023). Actually, what is sorely needed is a cross-cultural survey that includes disability *and* victimization, one that is specifically designed to test hypotheses derived from theories, and the same can be said about all types of rural crime research. Indeed, the findings from this study are drawn from the Global North. The experiences of individuals with disabilities who live in rural locales across the Global South may experience a multitude of additional barriers.

Another necessary next step is the development of prospective and longitudinal studies because most of the rural crime surveys done so far are cross-sectional, which makes it difficult to identify risk and protective factors related to perpetration (Edwards, 2015). Regardless of what type of study is conducted, however, further research should also examine the characteristics of potential offenders to more accurately determine what motivates people to victimize people with disabilities. Indeed, it remains an open empirical question the extent to which perpetrators use their care-giving role to engage in violent behaviors against persons with disabilities (Petersilia, 2001). Two research techniques that could help achieve this goal are self-report surveys and ethnography among perpetrators.

It is also necessary to consider the behaviors and course of events within a victimization incident. Victims with disabilities may experience unique harms within each type of victimization that differ from victims without disabilities. As noted, anti-disability hate crime may intersect with other biases (Macdonald et al., 2023). It remains to be seen if that is true for other forms of hate crime (e.g., anti-race and anti-religious bias crime). But additionally, persons with disabilities can experience unique forms of violence. For example, perpetrators of abuse against persons with a disability can hide or damage communication devices— a form of disability-related abuse unique to this population (Brownlie et al., 2007; Curry et al., 2001; Lund, 2011; Plummer & Findley, 2012). These are all suggestions and necessitate empirical research into the context of victimization incidents.

Consistent with the need to consider types of victimization, we are starting to see studies of the cyber-victimization of people with disabilities, but, to the best our knowledge, none conducted to date focus specially on rural residents and the bulk are cross-sectional (Alhaboby et al., 2019). Hopefully, then, researchers concerned about the issues covered in this article will follow in the footsteps of feminist scholars like Harris and Woodlock (2023) and rigorously examine what Harris (2016) defines as *spaceless violence*. Major examples are technology-facilitated stalking, digital coercive control and image-based sexual abuse that can target women anywhere they use electronic devices like smartphones or tablets. Harris (2016) postulates that “those who experience technology-facilitated stalking are in greater danger of being seriously or fatally harmed, and survivors who are geographically isolated are exposed to even greater risk when living significant distances from police and health services” (p. 83). She is probably right, and research shows that major barriers to the justice system and other types of services are major problems for rural people with disabilities (Camilleri, 2023b).

Further, the COVID-19 pandemic made evident that rural populations might not have the same access to technology as more urban locales (DeKeseredy, 2021; Pfitzner et al., 2023). How this impacts persons with disabilities and if it does so in unique ways also remains an open empirical question. It is possible that the lack of technology may in some ways provide protection whereby folks are less likely to experience this form of spaceless violence in rural areas. Conversely, it could make everything worse as the victim might have little recourse given the ever dependence on technology in daily life. Nonetheless, as of now,

we know little about the extent, nature, distribution, causes and consequences of the online victimization experiences of rural persons with disabilities.

More new empirical and theoretical directions could easily be suggested, including examining *corporate violence* (e.g., workplace hazards) against rural people with disabilities. Regardless of how social scientists study the crime experiences of people with disabilities and who they gather data from in these locales, they must avoid stereotyping or constructing them as “Others.” A large literature shows, for example, that there are few forms of violence that belong exclusively to any particular culture” (Aronson Fontes & McCloskey, 2011, p. 152). Related to this point is that if not all rural communities are alike (DeKeseredy, 2021; Donnermeyer & DeKeseredy, 2014), the same can be said about rural people with disabilities. In the words of Camilleri (2023b), “The diverse experiences of rural life, including people with disabilities, adds an important yet most overlooked dimension to the experiences of disabled people who are victims of crime” (p. 90). Persons with disabilities are a heterogeneous population. When considering other forms of identity and oppression, such unique vulnerabilities may (or may not) be more pressing. It is important, therefore, to consider the intersecting nature of people’s identity and location – both spatially and within socio-structural hierarchies.

Consistent with the importance of intersecting oppressions, we considered the experience of hate and bias motivated incidents. Unexpectedly, point estimates of hate crime were much lower among persons with disabilities when compared to persons without disabilities. A potential explanation is that disability is not a protected class in West Virginia’s hate crime statute as well as the overall rarity of anti-disability hate crime when compared to other bias motivations (FBI, 2022). While such cases may be captured within this data, they would never be captured in law enforcement data in the state of West Virginia. A logical first step would be codifying disability as a protected class within hate crime statutes. Empirically, it is necessary to better examine how disability intersects with other oppressions, especially in regard to incidents of bias crime (Macdonald et al., 2023).

Feminist and other types of critical criminologists repeatedly declare that studying crimes against people at the margins should not be simply a scientific enterprise. Nor should the study of any type of crime against people with disabilities in any type of place. Hopefully, colleagues will take the next research steps suggested in this article and answer the question “What is to be done about the criminal victimization of people with disabilities in rural and remote places?” After all, isn’t the key point of doing research on the harms examined by projects like the WVCQLS to end much pain and suffering?

**Notes**

<sup>1</sup> The National Center for Health Statistics estimates that 3.9% of West Virginians 18 and older have no phone, neither landline nor cellular

([https://www.cdc.gov/nchs/data/nhis/earlyreleas/wireless\\_state\\_201602.pdf](https://www.cdc.gov/nchs/data/nhis/earlyreleas/wireless_state_201602.pdf)).

<sup>2</sup> The Marketing Systems group provided the research team with the random sample of landline and cellular phone numbers (<http://www.m-s-g.com/Web/Index.aspx>)

<sup>3</sup> More information about the ACS and the disability questions are available on the U.S. Census Bureau's website (<https://www.censu.gov/topic/health/disability/guidance/data-collection-ac.html>).

<sup>4</sup> The phrasing of this question might suggest to respondents that unwanted intercourse is still sex, rather than rape or another sexual offense.

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