

didactic and interactive methods to teach problem solving and action planning with regard to each of the goals. Each class also concludes with affirming messages and relaxation training. One of the most important elements of the program is that it is peer-led; women with disabilities who are staff members at **centers for independent living (CILs)** receive intensive training on the ASAP curriculum among other topics and subsequently lead the ASAP classes (Robinson-Whelen et al., 2014). As we noted in Chapter 7, peer-led prevention and intervention programs appear to be more effective than programs led by authority figures or outside “experts” (Jaffe, Wolfe, Crooks, Hughes, & Baker, 2004).

Robinson-Whelen and her colleagues evaluated ASAP for Women using a randomized controlled trial (RCT), which as noted in Chapter 2, is considered the “gold standard” in evaluation research design. Women with diverse disabilities were recruited to participate and were randomly assigned to either ASAP or usual care at a CIL. All participants completed measures to gauge abuse and safety knowledge, safety skills, safety self-efficacy, social networks, and safety promoting behaviors at baseline, eight weeks (post-ASAP completion), and six months later (follow-up). The ASAP and control groups did not differ on baseline measures, but there were significant differences at eight weeks and follow-up. The women who completed ASAP scored higher on all protective measures either at eight weeks or follow-up or both, indicating that the program appears to be effective in achieving its goals. The researchers did note that the program appeared less effective for women with cognitive disabilities, but that their outcomes could perhaps be improved with supplemental classes that offer opportunities to practice and reinforce lessons learned.

ASAP shows promise as a prevention and intervention program to potentially reduce intimate violence victimization of women with disabilities. As Robinson-Whelen et al. (2014) point out, however, the program still needs to be evaluated with men with disabilities, whose needs and concerns may require revisions to the ASAP curriculum. In addition, while it is important to improve safety promotion among people with disabilities, we must also address the attitudes and behavior of perpetrators, who ultimately are responsible for the violence and abuse (see Chapter 9).