

Impact

Feature Issue on Violence and Women
with Developmental or Other Disabilities

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Ending violence against women with disabilities starts with challenging discrimination based on disability and gender (see story on page 6). Here, women with disabilities occupy a federal building to assert their right to accessible transportation. Photo by Tom Olin.

“You’re My Pretty Bird in a Cage”: Disability, Domestic Violence, and Survival

by Kimberly Black Wisseman

In 1990, I was in my senior year in college. My boyfriend and I had moved in together rather rapidly. I was okay with that because I require attendant care services – I’m a quadriplegic as a result of an automobile accident when I was 16 years old. The relationship was great for about six months. Then he started becoming very controlling and jealous. If I wasn’t back from class on time or if I was talking to someone he would get upset with me. He wanted to get married soon. After he proposed, I said that I would marry him if we had a long engagement. After we had become engaged, he started referring to me as “a pretty bird in a cage.” And, after that, the emotional and verbal abuse that I was experiencing rapidly escalated into physical violence. These are just some of the instances:

- During an argument I was on the living room floor and he had taken off all of my clothes and was watching me as I cried and tried to scoot my body towards the telephone so I could call for help.
- I had come home late from class. When I came inside he was sitting there with a butcher knife in his hand. He pulled me out of my wheelchair by my feet, laid on top of me – choking me and suffocating me – stabbing the knife around my head.

[Black, continued on page 24]

From the Editors

A major civil rights, quality of life, and health issue for women with developmental and other disabilities is the presence of violence in their lives. Women with disabilities experience the highest rate of personal violence – violence at the hands of spouses, partners, boyfriends, family members, caregivers, and strangers – of any group in our society today. Yet, they are often invisible in the crime statistics, frequently find community services such as domestic and sexual violence programs inadequately prepared to fully understand and meet their needs, face disability service systems that don’t clearly see and effectively respond to the violence, and are all too commonly devalued and unsupported because of societal prejudice.

In this issue of *Impact* we examine violence as it impacts women with developmental and other disabilities – what we know, what we don’t know, and what needs to be done to prevent it and to help women recover from it. We offer strategies and ideas for bringing together disability service providers, sexual and domestic violence programs, law enforcement and the justice system, policymakers, researchers, and women with disabilities – presenting these articles in the hope that this epidemic will soon end.

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Faces of Violence Against Women with Developmental Disabilities

by Dick Sobsey

In a 1996 survey that asked women with a variety of disabilities to rank the most important research topics affecting their lives, 92% ranked violence as their top priority (Doe, 1997). Their ranking of violence as top priority is not surprising because many of their lives have been directly affected by violence and because there has been little research on the causes and nature of this violence. This article describes some of what is known about violence against women with developmental disabilities and points out some things that still need to be studied.

In a 1996 survey of women with disabilities, 92% ranked violence as their top priority for research affecting their lives.

Sexual Violence

Women with developmental disabilities are much more likely than women without disabilities to experience sexual violence. Although more comprehensive studies are needed, preliminary information from a series of smaller scale studies suggests that women with developmental disabilities are 4 to 10 times as likely to be sexually assaulted as other women are. Wilson and Brewer (1992) reported that women with developmental disabilities were 10.7 times as likely to be sexually assaulted as other women.

Some researchers suggest that as many as nine out of ten women with developmental disabilities will experience a sexual assault at some time. Others think that such estimates may be too high and may lead to a false belief that

this violence is inevitable. Even more conservative researchers agree, however, that many, probably most, women with developmental disabilities will experience some form of unwanted sexual contact at some time in their lives.

The University of Alberta Violence and Disability Project analyzed reports of 100 women and adolescent girls (age 15 and older) with developmental disabilities who were sexually assaulted. The 100 cases analyzed were taken from a larger database of 320 sex crimes against people with a wide range of disabilities in Canada, New Zealand, and the U.S; the 220 cases excluded from the analysis were crimes committed against women with other categories of disabilities, as well as children or males with disabilities. In the instances studied, a wide variety of unwanted sexual behavior occurred including fondling, oral sex, and sexual intercourse. Most of these women experienced repeated assaults. Almost half (46.6%) reported assaults on more than 10 occasions, while 27.4% reported a single episode of assault. Only 8.3% of the offenders were strangers to their victims. Offenders included special service providers (27.5%); neighbors, family friends, and other acquaintances (19.3%); generic service providers (13.8%); other people with disabilities (12.8%); family members (9.2%); transportation providers (4.6%); and dates (4.6%). The vast majority (88%) of cases involved only male offenders. Female offenders acting alone committed 3% of offenses, and 9% involved both male and female offenders.

More than half of these women (54.1%) had apparent physical injuries. In addition, some (3%) became pregnant, and some (4%) contracted sexually transmitted diseases. Social, emotional, and behavioral harm, however, were virtually universal and were reported in 95% of cases. Because the other 5% in-

involved women with severely impaired communication, it is probably more accurate to say that such effects were not observed or recorded in these cases than to conclude that they did not occur. Only 20% of the women who were sexually assaulted received counseling or treatment services that met their needs. More than a quarter (26%) were unable to access any services, and more than half were not provided with necessary service accommodation (36%) or were provided with inadequate accommodation (18%) to meet their needs.

Many of these cases (35%) went unreported to authorities. Of those that were reported, only 32.8% resulted in formal charges, and half of those charged were convicted. Overall, this meant that convictions occurred in just 11% of the 100 cases analyzed.

Physical Violence and Homicide

Sexual violence is not the only maltreatment experienced by women with developmental disabilities. Many other forms of violence also appear to be significant problems for them. According to Wilson and Brewer (1992), adults (women and men) with developmental disabilities are more than four times as likely to be assaulted as other adults.

The University of Alberta Violence and Disability Project database on homicides includes 208 women and adolescent girls with developmental disabilities who were victims of homicide or attempted homicide. While 35 (16.8%) of these cases appear to have been sex crimes, the remaining 83.2% appear to have been motivated by a wide variety of other factors including financial gain, punishment, displaced anger at another individual, neglect, elimination of caregiving demands, and thrill killings. Women with developmental disabilities occasionally became incidental victims

of crimes that targeted others. For example, in one case the mother of a young woman who had cerebral palsy became involved with an alleged serial killer she met through the Internet. The mother arranged to go away with the man she met and took her daughter with her. Neither mother or daughter have been seen alive since they left. Fatal injuries were inflicted on women with developmental disabilities by a wide variety of methods including beating (22.5%); shooting (13.5%); suffocation, strangulation, or asphyxia (13.0%); stabbing (7.7%); starvation or dehydration (7.2%); and drowning (5.3%). The alleged perpetrators of these crimes included family members (30.3%); paid caregivers (18.3%); strangers (11.1%); other acquaintances, such as neighbors and family friends (9.1%); and disabled peers (2.9%), often sharing the same residences. The alleged offenders implicated in these cases were 61.0% male and 39.0% female. A variety of others were implicated in the remaining cases. In addition, the identity of the offender was unknown in 18.8% of cases.

While some of these offenses resulted in severe sentences, too many of these cases appeared to go unsolved or resulted in minimal sentences. Of cases for which sentencing information was available, 9.8% of those convicted received the death penalty and 17.1% received sentences from 30 years to life in prison. Another 12.2% received sentences ranging from 11 to 30 years, and an additional 7.3% received sentences of between 6 and 10 years. More than half of those convicted, however, were sentenced to less than five years in jail, with 24.4% sentenced to one to five years, 9.8% sentenced to less than one year and, 19.5% given probation, community, or suspended sentences. More severe sentences were often associated with multiple murders, particularly when victims without disabilities also were killed.

Some cases appeared to be poorly investigated. For example, the disappearances of several young women from group homes in various states were not criminally investigated. Years later, these

cases were recognized as the probable work of a serial killer, only after a man who had worked in each of the group homes at the time of the disappearances was arrested and convicted for attempted murder of another young woman with a developmental disability. While the killing of women with disabilities represents an extreme form of violence, nonfatal assaults are much more common. Researchers need to study these nonfatal assaults because they are common and have received little attention.

Intimate Partner Violence

Many women with developmental disabilities experience violence perpetrated by spouses, dates, or sexual partners. Little is known about the incidence of these events and comparisons to the general population may be misleading since women with more severe developmental disabilities are much less likely to be married, live in a common law relationship, or participate in dating. It is suspected, however, that intimate partner violence is very common among women with developmental disabilities who have intimate partners. Carlson (1998), for example, reported a consensus among experts from the fields of developmental disabilities and domestic violence that intimate partner violence was a common and serious problem for women with developmental disabilities. Women with developmental disabilities interviewed by Carlson described being physically abused by an intimate partner, often repeatedly and severely enough to require medical attention. They also described being threatened with severe harm, controlled, insulted, and having their property taken or destroyed. This emotional abuse often took the form of being blamed and being isolated from contact with others. Some also described being forced to have sex with their partners or their partners forcing them to have sex with others. Women with developmental disabilities may have particular difficulties escaping intimate partner violence be-

cause many fear that leaving an abusive partner could result in reinstitutionalization or having children taken away from them by authorities who may consider them incapable of caring for them without assistance. Women with developmental disabilities also experience two other forms of domestic violence: caregiver violence and peer violence.

Caregiver Violence

Many women with developmental disabilities depend on caregivers who exert control over them. Relationships between people with developmental disabilities and their caregivers can be important sources of pleasure and personal growth, but when caregivers turn out to be cruel, excessively controlling, or exploiting, they can do very serious harm. The sexual assaults and homicides attributable to caregivers mentioned previously in this article are an important part of that harm, but intimidation, excessive control, neglect, and general disrespect also are much more common forms of violence. Many individuals with developmental disabilities are powerless to escape from this form of maltreatment because they are not given any choice about where they live, who provides their care, or what programs they attend. Some are not aware of their right to humane treatment.

Intrusive and restrictive programs can also constitute violence. While professionals and advocates may debate about whether some procedures can ever be justified, there is no question that misuse of restrictive and intrusive procedures sometimes amounts to assault and intimidation.

Peer Violence

Women with developmental disabilities also experience significant amounts of violence from other people with disabilities. Because people with developmental disabilities often have little control over where or with whom they live, it is often difficult or impossible for them to avoid violence from others. Violence among

[Sobsey, continued on page 25]

Violence Against Women with Disabilities: Policy Implications of What We Don't Know

by Joye Whatley

Any attempt to understand the historical failure of the criminal justice system to collect statistics on violence committed against women with developmental or other disabilities should begin with an understanding of the long-standing focus on offenders within the criminal justice system. The scientific study of criminal victimization began in the 1940s, but most researchers at the time focused on victims' culpability in the crime committed against them – reflecting society's belief that those who were victimized were somehow responsible. With the emergence of the domestic violence, sexual assault, and other crime victims' movements 20 and 30 years later, attention focused on the treatment

and intervention efforts.

Who are these “invisible” victims? The two major governmental sources of crime statistics are the *FBI Uniform Crime Report* and the *National Crime Victimization Survey* that is administered by the Bureau of Justice Statistics (BJS) within the U.S. Department of Justice. The *FBI Uniform Crime Report* records only crimes that are reported to law enforcement. The *National Crime Victimization Survey* collects information about unreported as well as reported crimes, with the exception of criminal homicides. Until recently, neither of these reports collected data on the disability status of the victim.

At the same time, disability advocates have described an epidemic of victimization among persons with developmental disabilities. Their assertions, based largely on anecdotal reports and small-scale research studies, did not engender broad-based policy responses at the federal level until the passage in 1998 of the Crime Victims with Disabilities Awareness Act (P.L. 301-105), which mandates the collection of statistics on the criminal victimization of people with disabilities. Beginning in 2000, BJS is administering, for a six-month period, an enhanced crime incident questionnaire to determine if a crime victim being interviewed has health conditions, impairments or disabilities that affect their daily living activities. The results will guide the inclusion of questions in the future administration of the *National Crime Victimization Survey*. In addition, BJS plans to develop a data collection instrument and sample to obtain crime victimization data from a known population of individuals with developmental disabilities.

Certainly the policy implications of collecting data on the criminal victimization of women as well as men and children with developmental disabilities

are clear. As Senator Patrick Leahy remarked when introducing the legislation: “I am hopeful that in the days to come, the research directed by the Crime Victims with Disabilities Awareness Act will serve as the foundation for the growth and improvement of services available to victims with disabilities throughout our country.” While this data collection by BJS is an important step, from a policy perspective, we need to know more than “just the numbers.” Policymakers must continue to work for the aggressive investigation and prosecution of all crimes that are reported against women with developmental disabilities. They need to understand the causes and consequences of these crimes, and how to develop effective strategies to increase the reporting of them. They need to know how to build coordinated community responses to violence against women with disabilities and how to design, fund and evaluate programs and services that intervene with these victims in a way that ensures their personal safety and addresses the physical and psychological trauma of the victimization, without robbing them of their dignity and independence.

The Violence Against Women Act has been an important step forward in this nation's efforts to end violence against women. Since its initial passage in 1994, the Department of Justice has awarded more than \$700 million dollars in VAWA funds to law enforcement, prosecutors, victim advocates, and courts. On October 28 of this year, President Clinton signed into law the reauthorization of the act (VAWA 2000) containing additional emphases on violence against women with disabilities.

The Office for Victims of Crime (OVC) within the Office of Justice Programs at the U.S. Department of Justice has taken a leading role in raising awareness in the victims' field about the vic-

Until recently, the two major governmental sources of crime statistics did not collect data on the disability status of the victim.

of crime victims and their “revictimization” in the criminal justice process. In the 1990s, after achieving measurable success in changing the criminal justice system, these grassroots movements began to coalesce into a professional victims' field. But many challenges continue to confront the victims' field, and one of the most critical is how to identify and serve those who, for a variety of reasons, are unable to report the crimes committed against them. When a crime goes unreported, justice is denied – and there are consequences for victims and their families and communities, as well as for service providers who seek funding and resources for effective preven-

timization of persons with disabilities. In January 1998, the OVC-funded symposium, Working with Crime Victims with Disabilities, brought together a group of national experts from the victim assistance, disability advocacy, policy, and research fields to address exclusively the issues of individuals with disabilities as victims of criminal activity. As a result of what the victims' field learned at that conference, OVC has funded numerous national scope training and technical assistance initiatives.

It has modified the federal guidelines for the administration of Victims of Crime Act (VOCA) funding, the major source of financial support for victim services in this country, to better serve victims with disabilities. But perhaps the most important result has been the partnerships forged between the disability and victim advocacy fields, uniting our previous well-intentioned but separate efforts into a strong voice for fundamental justice for all victims, including women with developmental disabilities.

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The Violence Against Women Act 2000: Strengthening Supports to Women with Disabilities

On October 11, 2000, the U.S. Senate passed legislation reauthorizing the Violence Against Women Act, originally passed in 1994. The bill was signed into law by President Clinton on October 28. In the Violence Against Women Act of 2000, there is additional language addressing the needs of women with disabilities, and providing funding for expanded protection, services, and education. Below are sections that specifically talk about women with disabilities:

SEC. 1209. ENHANCING PROTECTIONS FOR OLDER AND DISABLED WOMEN FROM DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

(a) ELDER ABUSE, NEGLECT, AND EXPLOITATION – The Violence Against Women Act of 1994 (108 Stat. 1902 et seq.) is amended by adding at the end the following...

“SEC. 40802. Training Programs for Law Enforcement Officers. The Attorney General may make grants for training programs to assist law enforcement officers, prosecutors, and relevant officers of Federal, State, tribal, and local courts in recognizing, addressing, investigating, and prosecuting instances of elder abuse, neglect, and exploitation and violence against individuals with disabilities, including domestic violence and sexual assault, against older or disabled individuals.”

“SEC. 40803. Authorization of Appropriations. There are authorized to be appropriated to carry out this subtitle \$5,000,000 for each of

fiscal years 2001 through 2005...”

(b) PROTECTIONS FOR OLDER AND DISABLED INDIVIDUALS FROM DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN PRO-ARREST GRANTS – Section 2101(b) of part U of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796hh et seq.) is amended by adding at the end the following:

“(8) To develop or strengthen policies and training for police, prosecutors, and the judiciary in recognizing, investigating, and prosecuting instances of domestic violence and sexual assault against older individuals (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)) and individuals with disabilities (as defined in section 3(2) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102(2))).”

(c) PROTECTIONS FOR OLDER AND DISABLED INDIVIDUALS FROM DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN STOP GRANTS- Section 2001(b) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg(b)) (as amended by section 1103(b) of this division) is amended by adding at the end the following:

“(10) developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault, including recognizing, investi-

gating, and prosecuting instances of such violence or assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals; and”...

TITLE IV – STRENGTHENING EDUCATION AND TRAINING TO COMBAT VIOLENCE AGAINST WOMEN

SEC. 1401. RAPE PREVENTION AND EDUCATION. (a) IN GENERAL. – Part J of title III of the Public Health Service Act (42 U.S.C. 280B et seq.) is amended by inserting after section 393A the following:

“SEC. 393B. USE OF ALLOTMENTS FOR RAPE PREVENTION EDUCATION.

“(a) PERMITTED USE. – The Secretary, acting through the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention, shall award targeted grants to States to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for ...efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities...”

SEC. 1402. EDUCATION AND TRAINING TO END VIOLENCE AGAINST AND ABUSE OF WOMEN WITH DISABILITIES.

(a) IN GENERAL- The Attorney General, in consultation with the Secretary of Health and [VAWA, continued on page 25]

Breaking the Power of Discrimination

by Ellie J. Emanuel

Women with developmental disabilities face double discrimination. As women and as individuals with disabilities they experience numerous inequities and injustices on a daily basis (Asch and Fine, 1988; Boyle, Rioux, Ticoll, & Wight-Felske, 1988; Hanna & Rogovsky, 1991; and Hutchison, Beechley, Foerster, & Fowke, 1992). At the root of this double discrimination are sexism and ableism, which set standards for “woman” and “normal” that exclude, devalue, and marginalize women with developmental and other disabilities.

Women with developmental disabilities have among the highest rates of physical, sexual and emotional violence by spouses, ex-spouses, boyfriends, and family members of all women with and without disabilities.

As a result of this double discrimination women with disabilities have higher unemployment rates and earn less than women without disabilities and men with and without disabilities (Altman, 1982; Jans, & Stoddard, 2000). They have the least amount of education, training, and rehabilitation services (Menz et al. 1989; Altman, 1985) compared with women without disabilities and with all men. They have the overall smallest amount of social welfare benefits in comparison to men with disabilities (Altman, 1985). Women with disabilities, in general, are less likely to marry (Asch and Fine, 1988; Bowe, 1984), have difficulty maintaining cus-

tody of their children if they divorce (Corbett, 1989), have higher rates of divorce than men with disabilities (Chartbook on Women and Disability, online resource; Fine and Asch, 1981), and they experience high levels of intimate personal violence (Young, Nosek, Howland, Chanpong, & Rintala, 1997; Riddington, 1989; Sobsey and Doe, 1991). In addition, many women with developmental disabilities have been isolated for years in institutions, have experienced forced sterilization, and have often been segregated from their communities and from having intimate relationships with men due to societal fears of the bearing of genetically “inferior” children.

Even though many women with developmental disabilities living in the community today experience new freedoms, rights, and responsibilities, they still confront cultural stereotypes and discriminatory practices. Double discrimination perpetuates violence against women with developmental disabilities, justifying that violence on the basis of their devalued status in society – in some people’s minds, they’re not really “women” and not fully “human.” And they are also perceived as easy targets. As a result, women with developmental disabilities have among the highest rates of physical, sexual, and emotional violence by spouses, ex-spouses, boyfriends, and family members of all women, with and without disabilities.

What then should we consider as useful steps to end this devalued status, and to stop the violence against women with developmental disabilities? The response proposed here is fourfold: (1) education and empowerment of women with developmental disabilities; (2) changes in domestic violence and sexual assault services; (3) changes in disability services; and (4) decreasing the double discrimination resulting from ableism and sexism.

Educating and Empowering Women with Developmental Disabilities

Women with developmental disabilities need support and encouragement in personal development and societal interaction to shed the devalued societal status that makes them the most vulnerable population for physical and emotional violence and sexual assault. They must be the first priority for receiving information on self-advocacy and protection from violence (Berkeley Planning Associates, 1996, as cited in Lagergren-Fieberg & Schaller, 1998). They must become empowered through learning specific vocabulary regarding body parts, touch, and sexual acts, enabling them to recognize and speak out about abuse (MCASA, 1999). There are many avenues through which women with developmental disabilities and their families can obtain factual and specific information on domestic and sexual violence, such as having speakers and programs at residential living sites, work/day programs, self-advocacy group meetings, and other community settings.

Beginning with the family and extending through all the points of social contact, girls and women with developmental disabilities must be involved in educational and social programs and activities which foster positive emotional and social development. Girls and young women with developmental disabilities should be developing self-determination skills throughout their school years. Learning appropriate and effective interpersonal behaviors, and learning ways to deal with physical, emotional, and sexual boundary violations, abuse, and assault should be contained within a self-determination curriculum. They need to learn what are positive relationships that include personal and sexual intimacy and how these relationships are different from professional relationships (e.g., personal attendants), casual acquaintances and friendships. It is critical for girls and women with de-

developmental disabilities to learn to be comfortable talking about their sexuality and intimate relationships with mentors or significant others who are able to offer experience and information that support them in making self-affirming and positive decisions.

And, most importantly, positive peer and adult mentoring and role modeling combined with cooperative learning need to be educational and human service expectations, not additional activities. This must be at the center of how we teach girls and women with developmental disabilities to live effectively in the world – connecting them with real-life role models, women with and without developmental disabilities who operate in their communities as contributing, resilient adults.

Changing Domestic and Sexual Violence Services

Over the past two decades, persons with disabilities, families, and allies have established a solid record of advocacy promoting the basic human and civil rights of persons with disabilities. These latest developments combined with the feminist movement have enabled the issue of violence against women with developmental disabilities to emerge, and provide a strong foundation from which to develop strategies to decrease the violence. Domestic violence and sexual assault practitioners can draw upon this foundation to enhance their work with women with developmental disabilities.

First, it is recommended that domestic violence and sexual assault practitioners receive training and background information on the disability rights movement, significant legislation, research about violence against women with developmental disabilities, and current communication and educational “best practices” for the delivery of services. Taking the necessary time to obtain accurate information will assist in understanding the disability culture. It will also enhance communication, therapeutic, and advocacy skills, enabling domestic and sexual violence agencies to

interact more effectively with women who have developmental disabilities. The newly acquired information should be integrated into individual professional practice and agency programmatic systems and physical structures.

Second, it’s suggested that domestic violence and sexual assault practitioners expand their community education efforts about preventing and dealing with violence. Outreach should specifically include girls and women with developmental disabilities, their families, educators, and developmental disability service providers. In addition, domestic violence and sexual assault professionals should be included as presenters in training programs within agencies and at colleges that prepare people to work with individuals who have developmental disabilities in a variety of settings.

Third, for years, the domestic violence and sexual assault fields have been led and staffed by survivors of personal violence, abuse and sexual assault, as well as those interested in women’s rights issues. Staff and volunteer recruitment within the crisis fields should be specifically inclusive of women with developmental disabilities. Women with developmental disabilities can serve as positive mentors and role models for girls and other women with developmental disabilities. In addition to this mentor/modeling role, women with developmental disabilities can work in domestic violence and sexual assault programs as community educators, court advocates, outreach coordinators, support group facilitators, writers, advisory board members, agency research partners, technical assistance consultants on physical and programmatic accessibility for shelters and agencies, and public policy advocates.

Lastly, professionals from the domestic violence, rape crisis, special education, and disability fields, including and along with women with developmental disabilities and their families, must work collaboratively. Some strategies may include jointly speaking to policymakers or state representatives, (i.e., information sharing, resource sharing) to

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Emotional Abuse of Women with Disabilities

Some of society’s negative images and myths regarding women with disabilities increase their risk of being emotionally abused in intimate relationships. Those images and myths include the following:

- *“A woman with a disability is not able to give or participate equally in an intimate relationship.” Often the disability gets used as the basis for inequity in the relationship.*
- *“A woman with a disability is child-like and dependent.” The abusive partner perpetuates this by encouraging others to speak to him rather than her. He may deny her personal time with anyone, including professionals such as physicians. His control may be disguised as “caring support.”*
- *“A woman with a disability is a burden to her partner and family – always needing/ taking.” This can be typified by statements such as “My wife is a quad and now she can’t do anything.”*
- *“A woman with a disability is asexual and not able to have a sexual relationship that is satisfying to her partner.” This is reflected in statements by her partner such as “No man would be sexually satisfied by you” or “I need to find myself a real woman.”*
- *“Her partner is a martyr or hero for being in a relationship with a woman who has a disability.” He may say things such as “People wonder why I married you.”*

A woman with a disability may lack self-confidence if her partner has led her to believe that she is not competent or capable of living without him. Service providers need to work closely with her to explore options – including options for arranging the disability-related supports she needs – and include her in all facets of decision making so that she feels her actions can make a difference for her and her children.

Excerpted and adapted with permission from *Emotional Abuse of Women with Disabilities* (1997-2000), by Fran Odette and Enza Ronaldi. Published on the Website www.womanabuseprevention.com/html.

More Common Than We Think: Recognizing and Responding to Signs of Violence

by Leigh Ann Davis

Victimization is a real threat in the lives of women with disabilities and is more likely than not to occur. They are often victims of neglect, domestic violence, child abuse, sexual victimization, financial abuse, emotional abuse, homicide, physical abuse, and other types of crimes. They can be victimized by family members, acquaintances, institutional staff, caregivers, and strangers. Research studies from Canada, Australia and Great Britain have consistently shown that people with disabilities face a much higher risk of becoming crime victims and of being re-victimized than persons without disabilities. If any doubt re-

Parents, women with disabilities themselves, case managers, advocates, and support staff must raise their own awareness of the signs of victimization and be prepared to act when it occurs.

mains about the magnitude of the problem, read carefully the following statistics and really let them “sink in”:

- The risk of abuse for people with disabilities is at least twice as high and may be five or more times higher than for the general population.
- Children with any kind of disability are more than twice as likely as children without disabilities to be physically abused, and almost twice as likely to be sexually abused.
- People with developmental disabilities have a 4 to 10 times higher risk

of becoming crime victims compared to those without disabilities.

- Persons with developmental disabilities have a high risk of being sexually abused. One researcher estimates that 90% of people with developmental disabilities will be sexually victimized in their lifetime, yet only 3% of the assaults will ever be reported. (Sobsey & Doe, 1991; Tyiska, 1998).

Parents, women with disabilities themselves, case managers, advocates, and support staff must raise their own awareness of victimization, and must be prepared to act when it occurs.

A good way to build awareness of possible victimization is by education of people who regularly spend time with individuals with developmental disabilities on a one-to-one level. When some behavior or mood occurs which is uncharacteristic of an individual, it's more likely that it will be noticed by those who have ongoing contact with her, and they can take the step of finding out what instigated the change. Research suggests that victimization is often perpetrated by someone the individual knows very well and trusts, such as a relative, caregiver or a staff person. Because of this it's important that women with developmental disabilities have a number of people who know them well and with whom they interact frequently. The more significant, safe relationships a woman has, the more likely victimization can be prevented or, if it occurs, the more likely signs will be noticed, information disclosed, and assistance sought.

Victim advocates and researchers have created lists of specific signs of victimization. For example, if someone is being sexually victimized, the person may shy away from being touched, withdraw from others, regress to a prior developmental stage, become involved in drug or alcohol abuse, have new fears

that trigger memories of the victimization, have a loss of appetite or obsession with food, have nightmares or other sleep disturbances, and suddenly show fear or discomfort in being around a particular person. Parents, people with disabilities themselves, case managers, advocates and support staff must be familiar with the various signs of different types of violence in order to increase awareness and reporting of such crimes. Such information can be obtained from local victim assistance programs in your community. Many of the signs observed in victims with disabilities are similar to or the same as those found in victims without disabilities. Specific information relating to victims with developmental disabilities can be found in materials such as *Reaching Out: A Guide for Victim Advocates on Helping Victims with Mental Retardation*, in development by The Arc of the U.S.

The following tips (White, undated) may also be helpful in recognizing and responding to the possible signs of victimization:

- A person may not have the ability to tell exactly what happened, but may convey physical, sexual or emotional trauma through behavior changes. Be alert to any sudden changes. Whenever a sudden or dramatic change occurs, investigate the cause immediately.
- Use your own intuition and do not deny any feelings you may have that something is wrong. More often than not, your feeling is correct.
- As you begin paying more attention and asking about victimization, be prepared for the information you receive. The more prepared you are, the more likely you will be open to receiving the information and seeking help for the victim.
- Keep in mind that false disclosures

are rare. People may retract their stories of victimization due to fear, confusion or pressure from the perpetrator or others.

- The simplest way to find out if someone has been hurt is to ask. Victimization is so common among people with disabilities that it should be asked about routinely.

Once victimization is disclosed, action must be taken as quickly as possible in order for the individual to be and feel safe in her daily environment, and begin the healing process. Many crimes occur in places where women with disabilities receive services, learn, work or live. For this reason, when violence occurs, a call to the police must be thoughtfully considered. The individual should have the opportunity to decide whether or not to report to the police. However, reporting suspected abuse, neglect or exploitation to Adult Protective Services is the law in most states. If there are no safe people who can be trusted by the victim, reporting the crime to police may be an important option to consider. Often when crimes occur they are reported only to the administrator or supervisor of the facility where the crime happened. However, this is a short-term solution because the perpetrator is usually given minimal consequences (such as being fired) and is able to continue victimizing others elsewhere.

Some people who know about or suspect victimization against a person with a developmental disability may hesitate to act because of confusion about what constitutes a crime. The type or level of seriousness of victimization may include both criminal and non-criminal acts or a mixture of both. It is important to be familiar with your state criminal code because it defines which acts are considered to be criminal offenses. If there is any question about whether an act is criminal in nature, the local victim assistance program should be called. Victim advocates can assist in determining what next steps should be taken and can assist the woman in getting help

even if the act is not legally considered a crime. Victim advocacy services are available in most communities and are generally located within police stations or the prosecutor's office. Community-based victim assistance programs include rape crisis/sexual assault centers, domestic violence programs and shelters, and survivors of homicide victim programs. All of these resources should be considered as appropriate whenever victimization against a woman with a developmental disability occurs.

Both disability advocates and victim advocates have much to learn from one another in reaching a common goal of decreasing the incidence of victimization in the lives of women with developmental disabilities. The National Organization of Victim Assistance (NOVA) and The Arc of the U.S. joined together almost a year ago to create guidebooks for victim assistance and disability advocates. The guidebooks provide information on signs of victimization, ideas on reaching out to this underserved population, and guidance on how victim assistance and disability agencies or organizations can begin working together in addressing the unmet need for victim services among the population of people with disabilities. A committed group of advocates from various places throughout the country is working together to put an end to the violence that is part of the lives of so many women with developmental disabilities on a daily basis. More advocates are needed to increase awareness of and effective response to the reality that victimization in the lives of women with developmental disabilities is more common than people think.

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Homophobia as Violence

"Dirty and disgusting!" A young woman with a developmental disability is crushed. Hurt to the core she withdraws into herself, a soul languishing in despair. No one offers her compassion.

She was referred to my office for "sexual inappropriateness." A small note in the file said that she had developed a crush and then expressed sexual feelings for a staff member. Not an uncommon problem in the field of human services. Meeting her, however, was a shock. She shuffled into and out of her intake meeting as the living dead. I was out of my chair the instant she was gone. Was she over medicated? Under fed? She'd have to speed up to be lethargic! Her condition frightened me.

Back at my desk I waited for a phone call from her residential placement. I was WORRIED. A small knock came on the door and I bid enter to a woman who I'd seen at the sheltered industry. She sat nervously and I could see that her nails had been bitten to the quick.

"I think I'd better tell you what happened" she said, after pleading for confidentiality. Then the story poured out. Two days before the referral was made, the woman with a disability had approached this staff during a moment alone. Three little words were said by each, opening the two gates to a living hell – one gate being fear, the other hatred. The staff member in front of me, a closeted lesbian, was terrified that the little "I love you," that had been uttered toward her would bring her world down. She feared she'd be accused of tempting, teasing, taking advantage of a vulnerable individual. The young woman expressing her love was told by the staff member that her love was "dirty and disgusting." She had been destroyed. Her gift of self, of love, was more than rejected – it had been spat upon.

[Hingsburger, continued on page 27]

Making Sexual Assault and Domestic Violence Services Accessible

by Sheryl Robinson Civjan

Gail is 29 years old and has severe cerebral palsy. It is hard for people to understand her at times. Last year, when Gail was working at an office downtown, she was fondled by one of her co-workers. She has been depressed and having problems sleeping ever since. The residential program staff took her to the local rape crisis center for counseling. Unfortunately, when Gail arrived at the rape crisis center, the receptionist couldn't understand what she was saying and asked two other people to try to figure it out. When the counselor met with Gail, she seemed uncomfortable with her and kept talking to the staff

as many as 83% of women with developmental disabilities have been sexually abused (Hard, 1986), at least 85% of women with disabilities have experienced domestic abuse (Feuerstein, 1997), and much of this abuse is chronic or severe (Sobsey, 1994). Yet, very little has been done in most communities to ensure that crisis services are accessible or to try to prevent such abuse.

There are several reasons for this lapse. Some of these reasons are societal. People with disabilities are often treated as children, devalued, or simply not thought of when programs are designed. Physical and attitudinal barriers persist even in programs that pride themselves on valuing diversity. Other reasons are related to the nature of victim service programs themselves. Such agencies are typically operated on very limited budgets; purchasing even basic office supplies can cause a hardship. Such agencies may be overwhelmed when considering the cost of purchasing a TTY or building a ramp. Finally, the staff in victim service programs are often inexperienced with disability issues and may need training to provide appropriate and accessible services.

How Can Violence Services Meet the Needs of Women with Disabilities?

The purpose of this article is to outline considerations in operating a sexual and domestic violence program that is accessible to and appropriately serves women with mental retardation and other developmental disabilities. It is important to note that violence disproportionately affects both women and men with developmental disabilities in our society, and both need support, though the focus here is on women. These considerations have come from my experience in sexual assault and domestic violence work: I assisted in the creation of one sexual as-

sault program in Missouri, founded a statewide sexual assault and domestic violence program for persons with disabilities in Texas, and am now an advisory board member on disability services at a domestic violence center in Massachusetts. The considerations are:

- *Recognize the hugeness of the problem.* If sexual assault and domestic violence organizations were to target the population facing the highest risk of violence and serve them first, that group would be women with disabilities. Abuse by partners, caregivers, and family members is so common among women with developmental disabilities that it can be assumed to exist in any locale.
- *Change the definition of domestic violence.* Among people with disabilities, domestic violence can occur between intimate partners just as it does among persons without disabilities. However, people with disabilities also face alarming rates of violence from personal care attendants. To effectively provide services to this population, we must recognize that the perpetrators are not just romantic partners, but may also include those who provide personal care. This directly affects eligibility for services and prevention strategies.
- *Provide overlapping prevention and treatment services.* Providing education to help prevent abuse is tremendously important and can be used effectively with people with all types of disabilities. Treatment services (such as crisis counseling) are also critical, since so many people have already experienced violence and are likely to need support to heal from it. We found it was very common for disclosures of abuse to surface at educational trainings. The same individual may benefit from both types of ser-

If sexual assault and domestic violence organizations were to target the population facing the highest risk of violence and serve them first, that group would be women with disabilities.

member who came along rather than to Gail herself. When Gail went to use the restroom, she discovered that it was downstairs and there was no elevator to give her access. She left the center humiliated and even more depressed.

Unfortunately, Gail's experience is not uncommon. Agencies providing services for victims of sexual and/or domestic violence are often inadequately prepared to meet the needs of people with developmental disabilities. The rate of abuse of people with disabilities is staggering – research has found that

VICES at different points in their life or simultaneously.

- *Adapt policies to ensure programs are accessible.* Making physical changes to meet accessibility standards is clearly critical to appropriately serve persons with disabilities. Yet, even with an accessible site, many agencies have policies in place that limit how readily they may be used by people with disabilities. In our program in Texas, we found that we needed to make several changes right away: changing our intake forms to ask a few additional questions, being flexible and reading the forms to people or mailing them out in advance if needed, tracking whether callers had a disability when appointments were set or hotline calls came in, and altering our long-standing policy of only seeing clients in our office to accommodate the needs of people with disabilities who did not have access to transportation. Even simple things like the tiny print on our business cards posed a problem to some of our clients.
- *Facilitate an ongoing dialog between victim service programs and disability programs.* If the problem of violence against people with disabilities is to be addressed, there must be collaboration. We found that both types of agencies benefited from staff training. It is also useful to participate in each other's conferences and publications, and to invite one another to join advisory councils or boards. Bring up problems clearly and fairly, and suggest possible improvements.
- *Use a community approach to the problem.* Once both the victim service programs and disability service providers are on board, there are still many other people it is important to include. Depending on the age of the population to be served and the types of disabilities, these may include: parents and other family members, special educators, protective services or law enforcement personnel, staff of residential or vocational pro-

grams, therapists, case managers, employers, and any others who have a significant role in the life of the person with a disability. Through this inclusive approach, the risk of abuse is reduced in various environments; treatment is received; support is provided by family and/or staff; and abuse is more likely to be reported.

But We Have So Much Other Work to Do.... Do We Have to Do This, Too?

The prospect of taking on another big challenge when your work is already overwhelming can be daunting. Think of a job coach who is helping three people with mental retardation find new jobs, learn new work and social skills, and access transportation to get to work. Being told to also watch for signs of abuse, talk to the individuals about personal safety on the job, and actively report signs of abuse may sound like it is just too much. Similarly, imagine the staff of a small, poorly funded rape crisis program who are already struggling to keep their hotline operating 24 hours a day, have a waiting list for support groups, and are only minimally able to provide any services in Spanish to the Latino population in their community. The prospect of rethinking everything their agency does to make it work for an unfamiliar group of people with disabilities may seem impossible.

The bottom line here is to realize this work is of immense importance. The impact of sexual or relationship violence on its victims is often extreme. It can affect self-esteem, mood, work performance, and everyday functioning in very negative ways. It is very difficult to succeed in almost any area of life while simultaneously being abused. Thus, doing anything we can to make prevention and treatment services available to those who need them most is worthwhile.

To begin to improve access, there are many practical things that can be done. People who work in the disability agencies or in victim service programs can start with the following:

- Call your local disability or victim services center and learn about them.
- Set up a meeting to learn about their current services and open a dialog about disability and violence.
- Offer to provide professional training for their staff, and let them train yours in exchange.
- Look at how accessible facilities and programs currently are, and discuss needed changes.
- Co-submit applications for funding for renovations, adaptive equipment, educational materials, or outreach projects.
- Exchange materials about each agency's programs and distribute them to consumers, families, and staff.
- Disability agencies should develop a written policy on what to do when sexual or domestic violence occurs.
- Victim service agencies should write a policy on accessibility and non-discrimination.
- Create an advisory council or task force in your community to continue and expand this dialog.
- Support one another by attending fundraisers and community events, and consider filling board vacancies with persons with needed expertise in disability or violence issues.

This type of cooperative effort can be a very effective way to reduce the risk of violence against women with disabilities, and to respond appropriately when it does occur. Working together is critical to truly serve this very vulnerable population.

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Serving Women with Developmental Disabilities: Strategies for the Justice System

by Marc Dubin, Esq.

As a former prosecutor who now enforces the Americans with Disabilities Act (ADA) for the federal government, I have seen a tremendous change over the past 10 years in the awareness of the criminal justice system regarding the needs of crime victims with disabilities. Far more resources are now available for police, prosecutors, judges, and others in the criminal justice system to learn how best to serve crime victims with disabilities. Crime victim advocates who provide services on behalf of women with disabilities are better funded today than ever before, largely due to the passage of the federal Violence Against Women Act and the tireless efforts of Bonnie Campbell (the Director of the Violence Against Women Office at the Justice Department) and her staff. Through grants provided by the Violence Against Women Office, the Community Oriented Policing Services (COPS) in the U.S. Department of Justice, and others, police officers, prosecutors, judges, advocates, and other components of the criminal justice system have received training and support to better address the needs of crime victims, including those with disabilities. Despite this progress, women with mental retardation and other developmental disabilities who have been victims of crimes remain largely unserved, and crimes against them largely unreported.

In this article, I will attempt to explore some of the issues facing police, prosecutors, judges, advocates, and other members of the criminal justice system, and provide some suggestions for how they can better serve women with developmental disabilities.

The Scope of The Problem

Women with mental retardation and other developmental disabilities are among the most vulnerable members of

our society, experiencing a far higher rate of sexual assault and rape than other women, and experiencing this victimization repeatedly. While there are very few studies that have examined the victimization of women with mental retardation and other developmental disabilities, and far more work needs to be done to better assess this problem. The few studies that have been done provide a frightening picture of the world in which these women live. The existing studies reflect a rate of victimization for this population that may be as much as 10 times higher than that of the general population. One study found that more than 70% of women with developmental disabilities had been sexually assaulted, and that nearly 50% of women with mental retardation had been sexually assaulted 10 or more times in their lifetime (Sobsey and Doe, 1991). This represents a 50% higher rate than the rest of the population. Children with disabilities are also at greater risk. One study of children with disabilities found that they were 2.1 times as likely to be victims of physical abuse and 1.8 times as likely to experience sexual abuse as children without disabilities (Crosse, et al. 1993). Despite such high rates of victimization, few of these cases come to the attention of law enforcement.

Police

Police officers need to be better trained to identify crime victims with mental retardation and other developmental disabilities, and must develop closer relationships with service providers and advocates. Collaborative efforts designed to improve the identification of victims and enhance the likelihood of reporting must be undertaken. Dispatch should identify the locations of group homes so that officers can recognize a victim who is a resident based on the

victim's home address, and victim services providers need to develop an ongoing relationship with these group homes and other residential facilities for people with mental retardation so that cross-training can be developed and relationships can be built.

What should a police officer do when he or she suspects that the crime victim has mental retardation or another developmental disability? First, the officer should be careful to use language that is easy to understand, and should not ask compound questions. Compound questions, such as "Who were you with and what happened?" may tend to confuse an individual with mild or moderate mental retardation. Break questions down into simple terms, and change the language of the question until you are understood. Do not ask questions which suggest the answer. Leading questions, which are easily answered in the affirmative, may result in misinformation, as many people with mild or moderate mental retardation are anxious to please the questioner, and may say "yes" to a question even when the question is not understood or the truthful answer is "no." For this reason, it is also important to note that leading questions should not be asked of suspects with mental retardation, as a false confession may result. Quite often, people with mental retardation will try to disguise or hide their disability in an effort to fit in with mainstream society. Knowledge by police of the addresses of group homes and other residential facilities is helpful in identifying victims with disabilities. Also, advocates sometimes provide identification cards to their clients, so it is helpful to ask for such information.

A number of helpful materials have been developed in recent years, and many more are in the process of being developed. For example, Arc U.S. has excellent materials available for law

enforcement, including a curriculum to teach officers about mental retardation and to make them aware of unique needs and characteristics of people with mental retardation. The curriculum, entitled *Understanding Mental Retardation: Training for Law Enforcement*, is available from Arc's publications department (800/433-5255). The National Sheriff's Association is in the process of developing a handbook for law enforcement to assist them in responding to crime victims with mental retardation, as well as crime victims with other disabilities. The handbook, entitled, *First Response to Crime Victims*, will be available free of charge from the Office for Victims of Crime Resource Center (800/627-6872).

Prosecutors

Prosecutors have a crucial role to play in addressing this problem. Prosecutors can increase the number of cases reported and investigated simply by filing more of these cases. In light of the high rate of victimization, and the statistical likelihood that these victims will be re-victimized, prosecutors must work with the community, train law enforcement, develop close relationships with disability groups in the community, and file these cases. It is also imperative that prosecutors seek substantial sentences upon conviction.

But what about prosecutors' concerns that these cases will take up too many resources, or can't be won? Admittedly, some of these cases will take more resources than others, as it will be necessary to adequately investigate the victim's ability to consent, ability to testify, or assess other cognitive abilities. The investment is well worth it. Identifying a serial rapist who drives a bus or who works in a group home is worth it. Giving a sexual assault victim the knowledge that the criminal justice system values her is worth it. And the chances for success should not be underestimated. Experience has shown that victims with autism and mental retardation often have very good memories. Recent research has shown that after viewing vid-

eotapes of live staged events, persons with developmental disabilities were as competent as people without disabilities when it came to remembering details of the crime. In fact, their testimony is sometimes more reliable because it is less subject to distortion (Henry and Gudjonsson, 1999). Increasingly, materials are being developed to assist prosecutors in presenting these cases (e.g., *Admissible In Court: Interviewing Witnesses Who Live With Disabilities*. Document number 778 at <http://www.cavnet2.org>).

Victim Advocacy Organizations

Developing a relationship with disability rights organizations, police, and prosecutors is widely recognized as essential for successful advocacy. Too often, however, victim advocacy organizations fail to integrate people with expertise in the needs of crime victims with disabilities. It is very helpful in meeting the needs of crime victims with mental retardation and other developmental disabilities to foster good relationships with local and national resources, such as Arc chapters, Protection and Advocacy organizations, disability rights attorneys, University Affiliated Programs, and Independent Living Centers. CAVNET (Communities Against Violence Network) has developed a mailing list to assist with this effort. The Criminal Justice Network for People With Disabilities, an invitation-only/application-only mailing list, brings together experts and advocates in disability rights and experts and advocates in criminal justice issues to address the needs of people with disabilities in the criminal justice system. An application to join is located on the Website.

Judges

Even if police arrest, prosecutors file, witnesses testify, and a conviction results, if judges do not sentence appropriately, women with mental retardation and other developmental disabilities will continue to be victimized and remain afraid to report the crimes against

them. Judges need to be willing to send a strong message through the setting of bond conditions pretrial, and through sentencing post-trial and at probation revocation hearings, that they take crimes against women with mental retardation and other developmental disabilities seriously. They must get training in these cases so that they can help bring about the changes the criminal justice system so desperately needs.

Conclusion

The problem of the victimization of women with mental retardation and other developmental disabilities is one society is beginning to recognize and address. Each player in the criminal justice system is part of a seamless web, and each must endeavor to address this problem professionally. Together, the criminal justice system is capable of delivering what it promises – justice to victims of crime, including its most vulnerable victims.

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Understanding Caregiver Abuse as Domestic Violence: Systemic Change in Wisconsin

by Howard Mandeville and Maria Hanson

Many women with developmental disabilities have positive relationships with family, friends, and caregivers. We know that most direct support relationships are strong and genuine. But we also know that when a person with disabilities experiences violence, most often it is at the hands of a family member or a paid caregiver. These assaults and other abusive tactics allow perpetrators and

role in an abusive manner. Also, the isolation and privilege granted by this systemic power and control is a prime environment for abusive individuals to act out upon individuals with disabilities. All individuals, regardless of gender, face risk in these situations of power and control. Women with developmental disabilities, based on pervasive gender bias, face a higher risk of abuse.

About five years ago the volume of stories of abuse spilling out of our supported residential programs reached a tipping point in Wisconsin. Our Department of Health and Family Services fielded rumors and reports that prompted the development of local forums on abuse of people with developmental disabilities. These elicited difficult questions and disturbing stories of abusive caregiving relationships. Stories sometimes included system responses based on denial and cover-up. Agencies sometimes did not report abuse to law enforcement or their own system monitors for fear of consequences to their reputation or funding. Other stories indicated a tolerance for abusive relationships because of an apparent belief that punishment-based support was legitimate. Still others illustrated the risk of isolation, over-work, and lack of adequate supervision and support of caregivers.

Partnering to Address Abuse

The Wisconsin Council on Developmental Disabilities (WCDD) and the Wisconsin Coalition Against Domestic Violence (WCADV) created a partnership to understand these stories of abuse and identify systemic remedies. Both organizations are statewide advocacy groups fueled with a belief in the power of policy advocacy, system change, public awareness, coalition building, and targeted training. As we embarked on our joint project, representatives of these

parallel but distinct systems quickly learned that there were a number of reciprocal lessons to be learned about each of our advocacy cultures. Disability advocates learned from advocates in the domestic violence field that responding to abuse as if caregiver stress is the central issue can unintentionally create an enabling sympathy for those caregivers who use stress as an excuse to hurt vulnerable people. Advocates from the world of domestic violence learned from disability advocates that in caregiving relationships gender was not the overwhelming determinant for who would be the victim or the perpetrator – individuals of both genders were often represented in both positions. The advocates from the worlds of disability and domestic violence crafted a collaborative initiative targeting policy and practice changes in the developmental disabilities, domestic violence, sexual assault, and law enforcement systems.

Policy and Practice Changes in the Disabilities Field

The central insight from the domestic violence field is that family relationships in which power and control are noticeably out of balance have a higher risk of violence, while family relationships based on equality are more likely to be nurturing and safe. Imbalance in power and control is more lethal when combined with extreme social isolation.

When this insight is applied to typical supported residential arrangements, what do we find? Even in respected agencies, it is typical to find caregivers who understand their role to be primarily custodial – they have responsibility for the person and control over the person's time, money, relationships, food, and movement. In the big and small aspects of relationship, the caregiver has the power; the person relying

About five years ago the volume of stories of abuse spilling out of our supported residential programs reached a tipping point in Wisconsin.

systems to gain and often maintain power and control over the victim.

Power and control can play out in the lives of individuals with developmental disabilities in two ways. At the individual level, caregivers and family members may use isolation and abusive tactics to maintain power and control over the person with a developmental disability. The second means of power and control plays out in the structure of caregiving agencies that often depend on hierarchical and authoritative styles that grant powerful roles to caregivers in their relationships with consumers. The service models employed by agencies can also add to the isolation of both caregiver and consumer. Caregivers who must meet agency expectations to manage the lives of consumers and contain their behavior, without full consideration for their equality and interdependence, can act out their authoritative

on his or her support does not. Often these relationships play out in environments isolated from any significant formal or informal scrutiny.

We undertook a project to inform the developmental disability system that the imbalance of power and control built into caregiving relationships supports overt and subtle violence against individuals with disabilities by those closest to them. This power imbalance is so pervasive it permeates program policy, agency culture, professional practice, and the personal dynamics in paid relationships. We developed training outlines and materials flexible enough to be tailored to learners in various roles in the service system: direct support professionals, program managers, system

Many individuals with developmental disabilities live in households staffed by paid caregivers whose role includes an assumption of authority and control that domestic violence experts understand to be a risk factor for abuse.

monitors, and policymakers, as well as people who rely on supports and their families. WCADV and WCDD hosted a series of “train the trainer” events to develop a core group of teachers equipped to bring our message to the various constituencies we identified. We organized this group as a speakers bureau and marketed it statewide through provider and advocacy networks. About 2000 people attended workshops, inservice trainings, and conferences where our presentations were made.

Our project also sponsored the devel-

opment of model policies addressing caregiver abuse and neglect in Dane County (the Madison area). These establish protocols for discerning possible abuse and determining when notifying police authorities is warranted. We include information about the roles of the support, adult protection, and criminal justice systems. A new “fact-finding” role is identified which is intended to speed up notification of law enforcement. We want these policies to make clear that it is a law enforcement role to investigate whether the abuse discovered rises to a criminal level. It is the support system’s responsibility to notify the police of the need for an investigation – not to undertake a criminal investigation itself. Based on initial interest in this project, we anticipate that other Wisconsin counties may adapt these policies to fit their systems.

Policy and Practice Change Across Systems

The lives of women and men with disabilities are not contained within the developmental disabilities system. People rely on community infrastructures in their day-to-day lives. When the need arises, they expect to find responsive law enforcement systems and victim support resources. To be responsive, these community systems sometimes need to make accommodations in order to respond effectively to people with developmental disabilities.

Coordinated Community Response (CCR) is a team of players from various systems (criminal justice, domestic violence, sexual assault, health care, etc.) that fosters collaboration that promotes improved responses and more coordinated policies and practices. Developmental disabilities advocates have joined several local CCRs focusing on domestic violence and sexual assault. Their participation has resulted in heightened interest and awareness of disability issues and more competent responses when personnel in other systems encounter individuals with disabilities.

The Legal Advocate Project in Dane

County developed a liaison role that bridges the disabilities system and law enforcement. The legal advocate supports crime victims with disabilities, assists law enforcement personnel in interviewing the victim, and fosters better understanding, coordination, and communication between law enforcement and the victim’s support system. The project has successfully engaged the interest and cooperation of police officers, detectives, and county district attorneys. The impact of this new role is strong in cases in which the district attorney needs help in assisting a crime victim with disabilities to prepare testimony.

Restraining orders are intended to keep alleged abusers away from their victims. The protection afforded Wisconsin citizens by restraining orders may not be available to some people with disabilities for a variety of reasons including:

- Some types of abuse are not defined in law, for example, financial exploitation or forced isolation.
- The status of the alleged abuser is not included in the definition of those against whom an action can be brought. For instance, an adult being harmed by a caregiver cannot bring a domestic abuse restraining order unless living with the caregiver.
- The status of the person being abused can be a limiting factor. An adult whose disability does not conform to the definition of “vulnerable adult” may not be able to generate a restraining order.

Our project is advocating for statutory revisions to broaden the definitions of who may obtain a restraining order, against whom a restraining order can be brought, and the range of actions for which a restraining order can be brought to include abuse occurring within caregiving arrangements. We also seek changes in the law that address issues involving guardians who are abusive, including the conversion of guardianship and protecting the victim from retaliation exercised through the

[Mandeville, continued on page 27]

Promoting Violence-Free Relationships: Disability Services ASAP

by Wendie H. Abramson

Disability Services ASAP (A Safety Awareness Program) is an innovative, award-winning, statewide program in Texas designed to promote healthy and violence-free relationships for persons with disabilities. The program (formerly known as the Personal Safety Awareness Center) provides a comprehensive array of prevention and intervention services and is a replicable model for those interested in reaching out to women with disabilities, and preventing sexual, physical, emotional, and other types of interpersonal abuse faced by many.

In 1995, a local community needs assessment was conducted of disability service providers and family members. Respondents indicated a need for abuse prevention and sexuality education, and supportive counseling services related to sexual abuse/assault for community members with disabilities. Disability Services ASAP was thus established.

The program's services extend to children, youth, and adults with any type or severity of disability, including persons who have physical, sensory, cognitive, psychiatric, developmental, acquired, or multiple disabilities. It also targets loved ones and it targets professionals in the disability and/or domestic violence, sexual assault and other crisis fields. An advisory council of persons with disabilities and professionals guides current activities, program development, and expansion initiatives.

Disability Services ASAP offers education for adults with disabilities to prevent sexual abuse, to increase awareness of domestic and caregiver violence dynamics, to plan for personal safety, and to promote healthy relationships. Educational sessions are tailored to meet the needs of each group and address topics such as assertiveness, boundaries, sexuality, sexual harassment, community and personal safety, healthy intimate relationships, dating, etc. Educators pre-

sent information in a direct, accurate, and respectful manner and encourage interaction and participation through discussion and role-playing activities.

Training relating to sexual abuse, caregiver abuse, and domestic violence prevention as well as sexuality education is available for families and professionals. This education provides an understanding of vulnerability factors related to abuse/violence faced by many individuals with disabilities, strategies for preventing abuse, techniques for providing abuse prevention and sexuality education, information on detecting and reporting abuse, and tactics to effectively support persons who are victimized.

The continuum of services includes free individual and group counseling for persons who have experienced sexual abuse/assault, domestic violence, or abuse by a caregiver. Counseling is designed to promote healing and recovery, to provide education to reduce the risk of future abuse, and to offer information to explore safe options and access necessary community resources.

Program staff also conduct presentations for professionals in the domestic violence and sexual assault fields on disability awareness and sensitivity, strategies for effectively serving survivors with disabilities, making services physically and programmatically accessible, and initiating targeted outreach to this under-served population. Crisis agencies often contact the program staff for guidance in competently serving individuals with disabilities.

Collaboration is an integral part of Disability Services ASAP. The program partners with Adult Protective Services to offer regional community trainings for disability service providers to promote awareness about issues relating to violence and abuse perpetrated against people with disabilities. Another cooperative relationship involves the

program's work with Deaf Abused Women and Children Advocacy Services (DAWCAS) to increase accessibility in shelters for persons who are Deaf or hard-of-hearing. Disability Services ASAP and DAWCAS co-developed customized American Sign Language interpreted videos for nine rural and urban domestic violence shelters.

Disability Services ASAP also offers a national resource library of materials relating to abuse/violence prevention, sexuality education, and healthy relationships for individuals with disabilities. Inventory includes approximately 350 items which are available for check-out in person or by mail. It has also developed *Stop the Violence, Break the Silence*, a training guide and resource kit for those wishing to initiate abuse prevention or intervention services for individuals with disabilities. The kit, which was pilot-tested by professionals in the disability, domestic violence, and sexual assault fields, provides materials necessary to prepare sexuality awareness or abuse prevention presentations to persons with disabilities, families or professionals. It also offers directions for implementing an abuse prevention program within a crisis or disability service agency and a facilitator's guide for offering support groups for survivors of domestic or caregiver abuse.

Through its efforts in Texas, Disability Services ASAP has provided education and counseling to nearly 4,000 individuals with disabilities, and through its entire array of resources and services has made substantial differences in the lives of individuals nationwide.

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Supporting Deaf Women in Seattle: Abused Deaf Women's Advocacy Services

by Marilyn J. Smith

The roots of the Abused Deaf Women's Advocacy Services (ADWAS) stem from the brutal murder of a Deaf woman by her Deaf husband in 1981 in Seattle, Washington. Many people in the community were aware of the woman's abusive marriage, but felt helpless to intervene or offer her support. At that time, we were running a support group for Deaf domestic violence victims/survivors. After the death, we realized that accessible and culturally relevant services were needed for Deaf and Deaf-Blind victims of sexual assault and domestic violence – hearing organizations were not able to serve these populations effectively. We called together female Deaf community leaders and mothers of Deaf children to discuss how the community could support victims of domestic violence and sexual assault. They all agreed that a Deaf-run organization should be established, and ADWAS was founded in 1986.

We began educating the Deaf community and providing 24-hour crisis intervention, counseling, and medical and legal advocacy. Over the past 15 years, ADWAS has methodically expanded its services, providing direct services to over 600 victims/survivors of sexual assault and domestic violence, and educating over 15,000 hearing and Deaf/Deaf-Blind people. Every Deaf magazine and newspaper has featured articles about ADWAS, and the organization has received numerous local and national awards.

ADWAS' philosophy guiding all its work is to honor the language and culture of Deaf and Deaf-Blind people. We believe that it is very empowering for victims/survivors to see their own people in control of ADWAS. Our existence shows that we can be successful as Deaf and Deaf-Blind people. Because Deaf people run the agency, women who come to us for services don't have

to deal with teaching us about communication, community dynamics, and Deaf cultural rules, and a third person, the interpreter, doesn't have to be used for communication. When the Washington State Relay Service opened, we stopped accepting incoming voice calls. This was for both practical and political reasons. Practical because more than half the staff is Deaf and doesn't want to depend on hearing people to answer phone calls; and political because it sends a message to Deaf and Deaf-Blind people that they come FIRST. And it was both political and practical in relation to hearing people who need to accept the fact that real diversity comes only when they sometimes do things our way.

However, we do not work in isolation. ADWAS is a member of many coalitions and our staff are active in local and state domestic violence and sexual assault committees. We also work with hearing domestic violence and sexual assault agencies, especially those outside of our service area, helping them to serve Deaf and Deaf-Blind women in their communities. (We encourage all agencies to refer Deaf and Deaf-Blind victims/survivors to us, but many times they are unable to travel to Seattle).

The heart of the ADWAS program is the 24-hour crisis line run by volunteer advocates. The primary job of advocates is to provide crisis intervention services, which may mean meeting a rape or domestic violence victim at the hospital and supporting her through the initial medical exam, then explaining her options for reporting to the police; and, for domestic violence victims, it may mean explaining her housing options. Our services include crisis intervention, medical and legal advocacy, therapy, support groups, safe homes, a specialized children's program, a positive parenting program, community education, professional training, and training to replicate

our model in 15 Deaf communities around the United States.

Our most extensive expansion was the Justice for Deaf Victims national training program, which began in 1998 with a three-year grant from the U.S. Department of Justice. For 12 years ADWAS had been the only agency in the United States that provides fully accessible services to Deaf and Deaf-Blind victims/survivors of sexual assault and domestic violence. The staff and board wanted to change this situation so that more Deaf and Deaf-Blind victims received the help and support needed. Each year of the project, ADWAS selected five Deaf communities to take the national training. There are now 15 communities that have gone through training; eight are providing some services and all of them will eventually provide the full range of services. The trained communities are Boston; Minneapolis/St. Paul; Austin, Texas; San Francisco/Bay Area; Rochester, New York; Des Moines; Chicago; Metro Washington, D.C.; Columbus, Ohio; Denver; Detroit; Salt Lake City; Honolulu; Philadelphia; and Burlington, Vermont. This fall the first meeting of the newly formed national coalition of ADWAS and the 15 communities convened. The coalition will continue and provide training and support to others for years to come.

ADWAS' newest project is developing transitional housing for Deaf and Deaf-Blind survivors. A Place of Our Own is in its second year of planning, and a 15-unit apartment building with space for emergency shelter as well as offices is expected to open at the end of 2003. This, too, will be a model for other Deaf communities across America.

Marilyn J. Smith is Executive Director of ADWAS, Seattle. She may be reached by e-mail at hilsmjs@aol.com.

Disability Education for Law Enforcement: Back to Life's Infusion Approach

by Jeri Houchins

The training supervisor for a metropolitan police department had already received training on working with persons with developmental disabilities, but decided to come to our workshop out of courtesy to the local advocacy sponsor. In one of the role-play activities, he was asked to demonstrate how he would begin an interview with a rape victim who had a cognitive disability. In an effort to establish rapport, he introduced himself as Joe Brown, said he was from the police department and inquired as to how

he just said.

Victim: He said I could get help.

Me: What else did he say?

Victim: That someone could help me.

Officer: Yeah, but don't you remember I said you could participate in the adjudication process?

Victim: Oh yes, I'm sorry! I remember now that you did tell me I could participate. (The officer smiled proudly thinking he had successfully demonstrated accommodating interview techniques.)

Me: Judy, can you tell the officer what participate means?

Victim: Yes, it means that someone can help me!!!!!!

Why didn't the "already trained" officer know how to do it right? This question caused me great consternation! Was the content of his original training poor? Was his instructor one of those boring "talking heads" that mandates the audience to tune out? Was he one of those narcissistic officers who already knew it all? Possibly, but I had witnessed many similar scenarios across the nation and it seemed unlikely that there were that many poor curricula, poor instructors, and egotistical peace officers!

Historically, the criminal justice system typically ignored the need to provide training on disability issues. They perceived that people with disabilities did not get involved in crime because most were "safely" in institutions or families protected the few that were in the community. With the signing of Americans with Disabilities Act and the implementation of community living, most state peace officer commissions acknowledged that training on disabilities should be offered. Disability advocates across the country (myself included) developed *specialized* training curricula, of-

fered *special needs* workshops, made *disability-focused* presentations, and jumped at any opportunity to specifically "enlighten" the criminal justice industry! What happened? Classes were small unless the "chief" mandated their officers to attend. Students believed they were wasting time hearing about people they really don't come in contact with rather than being on the street helping the people that are really in the community. Pupils' (pun intended) eyes rolled in back of their heads either from the "oh, brother" reaction or because they were trying to stay awake! Participants were typically there in body only and usually exited at the lunch break. Resentment ran rampant as self-advocates professed their desire to be treated equally while we enthusiastically offered specialized activities on how to treat this population special! The result – the proverbial BACKLASH!!!

After many sleepless nights, I knew that people with disabilities should be treated equally – acknowledged that we are different but that there is nothing "special" about us. Individual differences are the one thing that all people have in common. Our disability is one of our individual differences just as we recognize the individual difference in a Nebraskan whose primary language is Spanish or in a African American whose eyes are blue.

Following this logic, I asked myself why we segregated our information rather than infused it naturally into existing law enforcement and victim service curricula. For example, when interview skills are taught to law enforcement and victim service providers, students learn that when interviewing a rape victim who is Hispanic, they may need communication accommodations like an interpreter or cultural accommodations like having a family member present during the interview. No big

One of the detectives had just returned from an infused course. He took the time to explain to her what information he needed, and knew to ask if she used a Liberator. As a result, she became the primary witness in the trial.

she felt. He explained that she had certain rights such as getting the assistance of a victim service provider and participating in the adjudication process, which would include the sentencing phase where she could make a victim statement. In an effort to "accommodate", he spoke very slowly and very loud! Here's what transpired from there:

Officer: Do you understand what I just told you?

Victim: Yes.

Officer: Do you have any questions?

Victim: No.

Me: Tell me in your own words what

deal. Students accept this eagerly because they realize this information will help them in their day-to-day work. No time wasted. No tune outs. No eye rolling. No resentment. No backlash.

That's when I realized that the root of the problem we experienced in training law enforcement on disability issues may be in *where* the information is received rather than in what information is given, how it's delivered or who receives it! If persons with developmental disabilities are equal and participating members of our communities, shouldn't information about their individual differences be shared in the same format as that about the rest of society?

I shared my training analysis with Richard Sutton of the U.S. Bureau of Justice under the direction of Nancy Gist, and with Dave Spisak, the Executive Director of the Robert Presley Institute of Criminal Investigation. The institute is a major program of the California Commission on Peace Officer Standards and Training. The institute program represents their best effort to provide contemporary, cutting edge training for California law enforcement investigators who are pivotal in working with both first responders and prosecutors. Every effort is made to insure that all courses provide the training needed for investigators to successfully serve their diverse communities. In that spirit, Dave and Dick (both by nature very progressive thinkers and daredevils at heart) and the Bureau of Justice Assistance agreed that the institute would be the perfect place to test our "*with inclusion comes infusion*" hypothesis.

Since the institute periodically revises all their core and crime-specific curricula, we decided to infuse the disability issues in each as the revisions came due. For each curriculum revision, a team of grassroots investigators, investigative trainers and at least one additional disability advocate were brought in to update the existing materials and infuse the "segregated" disability information and skills. General disability information, recognition/identification, and interaction/accommodation skills

are now incorporated in the Core Interview and Interrogation Course as well as the crime specific curricula on sexual assault, child/adult abuse, robbery, financial crimes, and vice. Remaining courses are currently being modified with full infusion in all institute courses by the winter of 2001. Additionally, five scenario practicals were developed to test the investigators' learned skills, two of which involve people with disabilities – a sexual assault victim that is blind and a "false lead" suspect with mental retardation. Finally, we are in the process of designing a new course on hate crime investigation and, since persons with disabilities are one of the protected classes under both the Federal and California hate crime acts, we have the opportunity to include our information rather than infuse it.

Ironically, at the beginning of each modification, we experienced many of the same resistance behaviors from the revision team members as we did in the criminal justice students in the segregated training classes. I realized that if we encouraged them to share their personal "war stories" that involved people with disabilities, it promoted brainstorming on how things could have been different if they had learned the skills we wanted to infuse. As a result, they became our most avid advocates, finding places throughout the trainings to reinforce the importance of recognizing and accommodating people with disabilities.

Does it work? Although the revised curricula are less than a year old, we already have smiles on our faces! Read two real life cases and decide for yourself:

Case 1: A rape victim with mental retardation was asked to go to a line-up to see if she could identify her perpetrator. Upon entering the dark room, the detective immediately realized her discomfort. He quickly turned on the light, sat down and carefully explained to her that the window was a mirror on one side so the "bad guy" couldn't see her if she was behind it. He then showed her both sides of the mirrored window, let her walk up on

the stage, and then had her go behind the mirrored window to watch him walk on the stage. Once she was given this simple demonstration accommodation, she turned to the detective and said, "Can we hurry up and turn the light off so I can show you the man that ripped my dress?"

Case 2: Investigators were assigned to conduct house-to-house interviews to see if anyone saw a robbery that had been committed in a suburban neighborhood. A lady with cerebral palsy lived in one of the houses close to the crime scene, but the detective who went to her house quickly dismissed the possibility of getting any information because she "could not talk" and "didn't appear" to understand their questions. Fortunately, one of the other detectives had just returned from taking an infused institute course and offered to try to use his new skill to interview her. To make a long story short, he took the time to explain what information he needed and knew to ask if she used a Liberator.[™] She became the primary witness in the trial because she was able to tell everything that happened since she was looking out her window when the robbery occurred!

So, based on our experience, when it comes to helping law enforcement personnel learn how to better work with women who have developmental disabilities, we would say: *with inclusion, try infusion!*

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The Struggle for Equal Justice: California Victims of Crime Committee

by Daniel D. Sorensen

The U.S. Congress, the U.S. Surgeon General, the U.S. Public Health Service, and the Governor, Attorney General and state legislature of California all have stated that people with disabilities are at greater risk for crime, violence, and abuse. The “at greater risk” phrase used by public officials seems like standard bureaucratic understatement. I think a more accurate statement is that there is an epidemic of crime and violence against people with disabilities. This epidemic has largely been unrecognized and unaddressed by advocates, service providers, the criminal justice system, and people with disabilities and their family members.

While crime and violence disproportionately affect both men and women with disabilities, in many categories of crime, it is the women who have the higher rate. We do target crime and violence programs for women for reforms to better serve women with disabilities, but in most cases we must reform the criminal justice and service provider systems in general to better serve women with disabilities.

An Awakening

In 1992, I was on a task force to examine the problem of offenders with developmental disabilities. While researching this issue I came upon my first few articles on crime against people with developmental disabilities. I was dumbfounded and could not believe that the rate of crime was so high. I am the parent of an adult son with severe developmental disabilities, had been a professional advocate for this population, and was a veteran of 30 years of the civil rights movement for people with disabilities. I could not believe these studies because no one in our movement was talking about the issue. But finally I was forced to admit that we had been asleep

at the switch, that we had failed to realize a profound threat to the quality of life of people with disabilities. As a result we created a victims of crime committee of the task force with a mission to fight crime against and achieve equal justice for people with disabilities. Later, it became the California Victims of Crime Committee.

The good news is that over the last eight years there has been the beginning of an awakening on this issue. While at first there were only a handful of individuals working on this problem, there are now hundreds of people. The momentum appears irreversible and in the next eight years we hope to see thousands of people dedicated to combating crime and violence against people with disabilities.

The California Victims of Crime Committee

The committee is based on one of the central lessons in the lives of people with disabilities – that no one is going to give us the services we need or insure our civil rights unless we organize and are strong enough to secure these rights for ourselves. Support from our friends is wonderful, but ultimately it is us, people with disabilities and family members, who must carry the struggle.

Recruiting advocacy organizations of people with disabilities and their family members to this cause was not always easy, as most were unaware of the problem. We set about and continue the work of educating the advocacy community about this issue. First, they must be made aware and then they need to make it one of their priorities. This can be difficult because it is often a new idea and because they are usually struggling with more important issues than they have time or resources to adequately address. We must compete with these other im-

portant issues for time and attention.

We organized around some other central beliefs. We committed to a coalition of all disability communities because this issue cuts across disability communities and because we are stronger as a united front. We also believe that necessary change is unlikely unless we bring to the same table the disabilities communities, the organizations of the criminal justice system, and service providers, including responsible state agencies. Our coalition has grown to 47 organizations and numerous individuals as of this date. We decided to focus on state and federal policy and legislation because we were a statewide coalition and were based in the state capitol.

As a volunteer organization, we hang by the thread of the gift of time and energy from very busy people. It is a constant struggle to recruit, and when individuals leave to re-recruit, representatives from all the organizations that need to be at the table. First the Arc California and then the Organization of Area Boards have provided the critical support of mailings and space for our meetings. We operate without funding.

What Have We Accomplished?

We have accomplished several things over the eight years of our existence. We recognize that they are just some beginning steps along a long road. First, we have worked to educate advocacy organizations of people with disabilities and their family members about crime and violence against people with disabilities. We have asked them to make this one of their top priorities. This is an endless task as people come and go in the leadership of these organizations and as other issues compete for attention. We have been working at this for eight years and still many organizations have not been reached.

We have helped pass laws. We wrote and sponsored state legislation that closed a gaping hole in mandated reporting law that allowed mandated reporters to not report crimes against people with disabilities if they decided that the crime probably did not occur.

We sponsored the federal Crime Victims with Disabilities Awareness Act, which requires the National Crime Victims Survey to collect victimization data on people with disabilities. It also requires the U.S. Attorney General to issue a report on crime against people with disabilities, which is due out this year.

We have drafted proposed federal legislation, the Crime Victims with Disabilities Services Act, which is being considered for introduction in the next session of Congress. It would provide funding for research, training, and public information efforts. We are circulating this draft legislation for suggestions and to ask for support. Senators DeWine, Feinstien, Kennedy, Leahy and others are considering this initiative.

In California, we have helped to get the Crime Victims with Disabilities Initiative into the governor's budget. We believe that Governor Gray Davis is the first to establish a permanent state program to provide crime prevention and access to justice programs for people with disabilities.

The California attorney general has, at our urging, committed to develop with the District Attorney's Association a training package on how to investigate and prosecute cases involving victims with disabilities. He further promises to develop one or more video training packages on how to interview victims and witnesses with disabilities.

Other results of our work include sharing information and building partnerships between the organizations of the committee. Examples include four state agencies that have formed a partnership with the California State Library to establish a central collection of books, articles and materials on crime and violence against people with disabilities. We have also seen the Governor's Office of Criminal Justice Planning

that distributes criminal justice funds start to address crime against people with disabilities. Examples include TTYs for domestic violence centers and a grant to collect data and develop training for the criminal justice system and child abuse agencies on how to address crime against children with disabilities.

We also work to bring this issue before the public whenever possible. We have stimulated two front-page stories in major newspapers in California and have made numerous presentations at meetings and conferences.

The Need for Committees Like This

There are many advantages of committees like the California Victims of Crime Committee. As a voluntary body we can take positions and fight for reforms with a freedom not available to a governmental organization. We bring advocates, criminal justice system organizations, service providers, and government agencies together. We believe that, like child abuse, elder abuse or domestic violence, this problem cannot be solved without such a multidisciplinary approach.

There is a similar committee that works on local issues. It is the Tri Counties Task Force located in Central California and is similar in composition and mission to the California Victims of Crime Committee.

We offer our committee as a model for people with disabilities, their families and friends, professionals and the criminal justice system. We urge you to establish something like our committee in your state and communities as a place to share information and to push for needed reforms.

Daniel D. Sorensen is Chair of the California Victims of Crime Committee, Sacramento. He can be reached at 916/651-9906 or by e-mail at dsorensen@dmhhq.state.ca.us

Violence and Women with Disabilities: Websites

The following Websites and electronic mail network offer information about violence and women with disabilities:

- **MINCAVA (www.mincava.umn.edu).**

An electronic clearinghouse by the Minnesota Center Against Violence and Abuse. Information is organized into over 50 topical areas including disabilities and violence, hate crimes, bibliographies, dating violence, domestic violence, faith response, GLBT community, men and violence, research centers, resource people, service providers, survivor resources, cultural research, and violence related databases. Resources include articles, fact sheets, research papers, Weblinks, and organizations.

- **CAVNET (www.cavnet2.org).**

The Communities Against Violence Network, an international network of experts and advocates working in the areas of domestic violence, stalking, and sexual assault, operates this Website offering a wide range of violence related resources, with sections specifically on people with disabilities. Those sections include publications and organizations/service providers worldwide.

- **Center for Research on Women with Disabilities (www.bcm.tmc.edu/crowd).**

The center's Website offers an array of materials related to violence and women with disabilities, including information on its prevalence, guidelines for clinicians, access to battered women's programs, independent living center abuse services, interventions, and research methods.

- **ICAD.**

ICAD is an electronic mail network on the topic of abuse and disability. It includes researchers, clinicians, people with disabilities, parents and others in 12 countries. The list is free, and offers information from other members on conferences, books, news, research, and other topics. To subscribe contact dick.sobsey@ualberta.ca.

Collaborating to Serve Crime Victims in Denver: Victim Services 2000

by Marti Kovener

In 1997, Denver victim service providers came together to create a network of services where *all* victims of crime would get appropriate, culturally-sensitive services – where there would be “no wrong door” for victims to access services. This effort was funded by the U.S. Department of Justice, Office for Victims of Crime, when Denver was selected as the urban site for the development and implementation of the Victim Services

initiative for Women with Disabilities. Several other VS2000 partners also work with people with disabilities who have been victimized. Services are also available in Denver for other traditionally underserved victims such as African American, Latino and Asian victims; victims of hate crimes; and gay/lesbian/bisexual/transgender victims. Denver utilizes many victim-centered inter-agency protocols, including the Inter-agency Protocol for Crime Victims who are Older or have a Disability, which provides for the replacement of attendant caregivers who are no longer able to fulfill their duties due to arrest or other emergency.

Reaching Underserved Crime Victims

Working together to realize the dream of an integrated victim service network, VS2000 staff and teams of victim service providers envisioned a new way to address barriers experienced by underserved groups. This new approach became the Community Advocate Project. Community advocates are individuals who are known and respected members of underserved communities, who provide the crime victims in those communities with crisis intervention and a trusted link to the agencies that can provide services for them. Community advocates are in a unique position to build trust in existing services and bridges between the underserved and victim service providers.

Three community advocates – representing the NorthEast Denver (primarily African American), Muslim women’s, and Highlands (primarily monolingual Spanish-speaking Latino) communities – began working in their communities in 1999, and provide crisis intervention, information and referral, and case management. In their first year they served 130 victims of crime. The advocates are

involved in community activities such as meetings, forums, and events. The fact that they not “outsiders” allows victims to feel safe approaching them for help.

The Application of Technology

Technology often seems out of the reach of victim service providers, especially in light of insufficient resources and tight budgets. What the victim services community is starting to realize, however, is that technology is more accessible, affordable, and critical to the efficiency and productivity of victim service agencies than ever before.

The VS2000 information system is designed to benefit victim service providers, the victims they serve, and the general community. It consists of three components: an online resource directory; online training center; and a shared case management system. Two of these are currently in place.

The online resource directory, available in Spanish and English, makes locating, compiling, screening and organizing resources easier and more accessible. The directory contains over 800 records which are the combined information and referral sources of 38 Denver victim service agencies. Users access the directory on the VS2000 Website (www.vs2000.org) and can then search for resources using any combination of the following categories: services provided; agency name; type of victims served; languages spoken; geographic area; age; ethnicity served; fees for service; wheelchair accessibility; or zip code (the more categories selected, the narrower the search).

Institutionalizing Training

The VS2000 needs assessment revealed that agencies were offering very similar training to staff and volunteers once or

In 1997, Denver victim service providers came together to create a network of services where all victims of crime would get appropriate services.

2000 (VS2000) model. The Office for Victims of Crime envisioned VS2000 as a five-year demonstration project to create a model victim service network and to then offer technical assistance and information to other communities.

The Denver VS2000 model was created with three goals in mind: to reach out to previously unserved or underserved populations; to institutionalize victimization training for service providers and allied professionals; and to use technology to better serve and provide information for victims of crime. More than 50 victim service agencies and programs participate in the project, including community nonprofit and criminal justice-based victim service programs. One of these participants is an agency which provides services specifically designed for domestic violence victims with disabilities, Domestic Violence Ini-

twice a year, often using the same trainers or speakers. Cross-training among agency staff was identified as a critical need in Denver to establish understanding, trust, and a basis for solid referrals between agencies. In order to streamline training efforts, reduce duplication of training offered, and create a framework for cross-training to occur, the Online Training Center was created.

Users access the training center through the VS2000 Website. They can then search for training they are interested in by keyword, date, or categories such as child sexual abuse, criminal justice, cross-training, disability issues, di-

versity, domestic violence, elder abuse, gang violence, youth violence, hate/bias crimes, homicide, restorative justice, secondary trauma, and sexual assault. The training center uses e-mail notification to help VS2000 member agency users submit training events, register for training events hosted by other agencies, or know when training in their area of interest is offered.

Moving Beyond Denver

VS2000 hopes that all of these initiatives will be of help to human service providers around the country. All soft-

ware was developed in the public domain and will soon be available, free of charge, from VS2000. The concept of community advocates could be an empowering tool to help any group of traditionally underserved people link with mainstream service providers. It has been said that there are no new ideas, and these initiatives are really just a new twist on an old idea: that our greatest strength is our interconnectedness.

Marti Kovener is Project Director with Victim Services 2000, Denver, Colorado. She may be reached at 720/913-9256 or by e-mail at mkovener@vs2000.org.

Power and Control Wheel: A Tool for Recognizing Abusive Behavior

The following wheel is adapted with permission from one developed by the Domestic Violence and Developmental Disabilities Committee of the Wisconsin Coalition Against Domestic Violence and Wisconsin Council on Developmental Disabilities. Based on a wheel developed in Duluth, Minnesota, by formerly battered women to describe their experiences, this wheel illustrates forms of abuse experienced by persons with developmental disabilities abused by their paid caregivers. It offers a way to think more broadly about abuse than physical or sexual abuse only.

A. Coercion & Threat: Threatening to hurt the person, withhold basic support and rights, terminate relationship and leave the person unattended, report noncompliance with the program, use more intrusive equipment. • Using consequences and punishments to gain compliant behavior. • Pressuring the person to engage in fraud or other crimes.

H. Emotional Abuse: Punishing or ridiculing. • Refusing to speak and ignoring requests. • Ridiculing the person's culture, traditions, religion and personal tastes. • Enforcing a negative reinforcement program or any behavior program the person doesn't consent to.

G. Economic Abuse: Using person's property and money for staff's benefit. • Stealing. • Using property or money as a reward or punishment in a behavior program. • Making financial decisions based on agency or family needs. • Limiting access to financial information and resources resulting in unnecessary impoverishment.

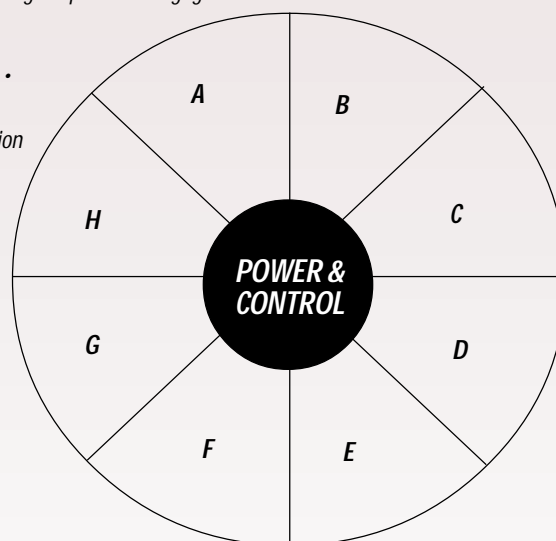
F. Withhold, Misuse, or Delay Needed Supports: Using medication to sedate the person for agency convenience. • Ignoring equipment safety requirements. • Breaking or not fixing adaptive equipment. • Refusing to use or destroying communication devices. • Withdrawing care or equipment to immobilize the person. • Using equipment to torture people.

B. Intimidation: Raising a hand or using other looks, actions, gestures to create fear. • Destroying property and abusing pets. • Mistreating service animals. • Displaying weapons.

C. Caregiver Privilege: Treating person as a child, servant. • Making unilateral decisions. • Defining narrow, limiting roles and responsibilities. • Providing care in a way to accentuate the person's dependence and vulnerability. • Giving an opinion as if it were the person's opinion. • Denying the right to privacy. • Ignoring, discouraging, or prohibiting the exercise of full capabilities.

D. Isolation: Controlling access to friends, family and neighbors. • Controlling access to phone, TV, news. • Limiting employment possibilities because of caregiver schedule. • Discouraging contact with the case manager or advocate.

E. Minimize, Justify, & Blame: Denying or making light of abuse. • Denying physical and emotional pain of people with disabilities. • Justifying rules that limit autonomy, dignity, and relationships for program's operational efficiency. • Excusing abuse as behavior management or caregiver stress. • Blaming the disability for abuse. • Saying the person is not a "good reporter" of abuse.



[Black, continued from page 1]

- A third incident was an argument we were having while we were driving in the car. He pulled off to the side of the road, went around to my side of the car, pulled me out of the car to where I was laid on the side of the pavement. I asked if he would leave my wheelchair and he did not. He drove away, got about a half a block away, put the car in reverse, and sped up towards me – stopping only feet in front of me with gravel hitting me.

I knew at this point that my life was in danger and I wanted out of this relationship. At the same time, this was the

I thought, “If I leave him and hire an attendant to come in, what would someone do to me who I didn’t know, if he was already doing these things to me.”

man that I thought loved me and was helping me with some of my personal care services. I thought, “If I leave him and hire an attendant to come in, what would someone do to me who I didn’t know, if he was already doing these things to me.” A lot of my thought at that time was that I had learned how to de-escalate the arguments. He would say that if I would just do what he wanted and say what he wanted me to say, then he wouldn’t have to hurt me.

During the violent attacks, when I would say, “Yes, I’ll marry you”, “no, I won’t tell anyone”, “yes, it’s my fault”, he would stop, he would calm down and stop hurting me. So, my thought was, “I only have three months left until graduation, and graduating is so important to me.” I thought “I can manage this relationship for three more months and

then when I graduate I’ll have avenues to get out of this relationship.” Well, three weeks later I was admitted into the hospital with a broken arm, a broken nose, broken ribs and my sternum was permanently damaged. At that point, the police were called and my batterer was arrested. He was charged with two counts of aggravated assault with a deadly weapon and serious bodily injury.

Approximately a year later, when the charges came to trial, there was a five-day jury trial. On the witness stand, my batterer’s attorney portrayed me as a woman with a severe disability that no man would ever want or ever love. Also, how wonderful his client was for giving up his life to love me and take care of me as he did. The broken bones that I had received were explained as having a disability for so many years – that I was frail and apparently I just fell out of my wheelchair. Well, in 17 years with a spinal cord injury, those were the only broken bones I have ever had. They also portrayed me as trying to seek revenge and to actually get him back, since no one else would ever want me.

My batterer was found not guilty and I felt completely revictimized. A few months later the second charge came to trial and at that point I was so emotionally victimized that I did not feel that I could go through what would feel to me like a third victimization. So the state proceeded without me. My batterer pleaded no contest and he was found guilty and sentenced to two years probation and psychiatric counseling, which, to me, was still not justice.

I went on with my life and moved to another state. I went to graduate school. Shortly after I had graduated in 1996, one Friday night I was at home in my apartment and I had my bedroom window open, not unlike all the other apartments in my complex. Four men broke into my apartment. They climbed in through my bedroom window. One had a gun and one had a knife. My attendant was pushed back into her bedroom and she was robbed and her bedroom door was locked. I was robbed and raped and repeatedly told throughout the attack

that I was going to be killed. Towards the end of the assault, I was also told that I had been stalked and targeted. From what they said, I found that as a woman with a disability I am seen as being very vulnerable and an easy target. They have never been caught.

Looking back on my experiences of abuse, during the battering relationship in 1990 I did not perceive a shelter as an option because of my need for physical accessibility and attendant care. Back in 1990, basic community services, even restaurants, were generally not accessible to me because that was just after the passage of the Americans with Disabilities Act. During the battering relationship, if I had had information on safety planning, education, and domestic violence, and had an accessible shelter available, I would have been better able to protect myself – to get out of the relationship before I was severely beaten and before the hospital and the police had to become involved to get me out.

After the sexual assault in 1996 I received services from a rape crisis center that *was* accessible to me, so I have a way to compare having services that were accessible and not having services that were available to me. The rape crisis services that I was able to receive were critical in my recovery process from that very devastating assault. I can look back on the intervention services that could have been available to me in 1990 and know how those services could have affected and changed my life.

I am hoping now that we can make sexual assault and domestic violence services available to all women with disabilities who are in need of such services. I am now a counselor for persons with disabilities who are affected by domestic violence or caregiver abuse. I also consider myself a survivor.

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[Sobsey, continued from page 3]

peers with disabilities is sometimes the legacy of caregiver violence. When staff victimize their clients, those who have been victimized or who witness violence often go on to victimize others. The clustering of dangerous offenders with vulnerable people in service programs also adds substantially to the risk. In addition, some agencies make little attempt to protect the people they serve from violence by other clients. A growing number of successful lawsuits for negligence on behalf of individuals who have been victimized in service environments is helping to make agency administrators more aware of their responsibility to make reasonable efforts to control risk.

Conclusion

Violence against women with developmental disabilities takes many forms and occurs with alarming frequency. Its impact on lives is often devastating. Research over the last decade is helping us to understand the nature and extent of this violence, but more research is needed to help determine the best strategies for prevention and treatment.

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[VAWA, continued from page 5]

Human Services, may award grants to States, units of local government, Indian tribal governments, and nongovernmental private entities to provide education

and technical assistance for the purpose of providing training, consultation, and information on domestic violence, stalking, and sexual assault against women who are individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)).

(b) PRIORITIES- In awarding grants under this section, the Attorney General shall give priority to applications designed to provide education and technical assistance on –

(1) the nature, definition, and characteristics of domestic violence, stalking, and sexual assault experienced by women who are individuals with disabilities;

(2) outreach activities to ensure that women who are individuals with disabilities who are victims of domestic violence, stalking, and sexual assault receive appropriate assistance;

(3) the requirements of shelters and victim services organizations under Fed-

eral anti-discrimination laws, including the Americans with Disabilities Act of 1990 and section 504 of the Rehabilitation Act of 1973; and

(4) cost-effective ways that shelters and victim services may accommodate the needs of individuals with disabilities in accordance with the Americans with Disabilities Act of 1990.

(c) USES OF GRANTS – Each recipient of a grant under this section shall provide information and training to organizations and programs that provide services to individuals with disabilities, including independent living centers, disability-related service organizations, and domestic violence programs providing shelter or related assistance.

(d) AUTHORIZATION OF APPROPRIATIONS – There is authorized to be appropriated to carry out this section \$7,500,000 for each of fiscal years 2001 through 2005.

Additional Resources

- **Reaching Out: A Guide for Victim Advocates on Helping Victims with Mental Retardation.** To be published in 2001. This guide gives victim advocates an in-depth look at mental retardation and the tools they need to successfully assist crime victims with this type of disability. A national resource list of helpful materials is included. Developed by The Arc of the U.S. and the National Organization for Victim Assistance (NOVA), with funding from the Office for Victims of Crime, U.S. Department of Justice. Available through the Office for Victims of Crime Resource Center, 800/627-6872 or 877/712-9279 (TTY).
- **Help for People with Mental Retardation and Related Disabilities Who Become Victims of Crime: A Guide for Arc Chapters.** To be published in 2001. This guide gives disability advocates an in-depth understanding of how victim assistance agencies operate and how to access

their services for crime victims with disabilities. A national resource list of helpful materials is included. Developed by The Arc of the U.S. and the National Organization for Victim Assistance (NOVA), with funding from the Office for Victims of Crime, U.S. Department of Justice. Available through the Office for Victims of Crime Resource Center, 800/627-6872 or 877/712-9279 (TTY).

- **National Women's Health Information Center.** The center carries a variety of publications on abuse of women with disabilities, including fact sheets, statistical information, journal articles, organization contacts, and professional guidelines for working with women with disabilities who have been abused. The center can be reached at 800/994-WOMAN, or the resources can be found on the Web at <http://www.4woman.gov/wwwd/abuse.htm>.

[Emanuel, continued from page 7]

develop effective programs and laws for women with developmental disabilities who have been victimized. Domestic violence shelters, sexual assault programs, and rape crisis centers must evaluate their services and draw upon the latest research and demonstration models that suggest innovative and successful strategies to improve their work with women with developmental disabilities. They must provide outreach to women with developmental disabilities in their communities in ways that support women to safely identify abusive or violent episodes and to determine what course of action is safest to take.

Changing Disability Services

Developmental disability specialists are in the best position to understand how to integrate prevention and intervention strategies and information related to domestic and sexual violence into the delivery of services with women with developmental disabilities. It is not acceptable that personal care attendants are the second highest group of individuals who commit acts of violence against women with developmental disabilities (in fact, 99% of the physical and sexual assault perpetrators are known to the victim with a disability and that person is often an integral part of her daily life, MCASA, 1999). Professionals who work with women with developmental disabilities have to accept responsibility for this situation and develop policy and practical solutions to end it. There is dire need for stronger restrictions on care attendants and quality care for persons with developmental disabilities. Including women with developmental disabilities, survivors of violence, and allies in defining the problem and formulating the solution is critical.

Disability service providers must educate themselves about the nature of intimate personal violence generally and specifically about violence against women with developmental disabilities. They need to determine how they will

incorporate this information and understanding into the delivery of their services. They must honestly examine the degree to which their own personal biases and professional behaviors may support the root causes of this violence at an unconscious or conscious level towards the women with whom they work. They should evaluate the effectiveness of local support services to increase the positive impact of their referrals. And they should cooperate with domestic violence and sexual assault programs to expand their knowledge about the services and programs provided specifically for women with developmental disabilities. Also, it is critical for developmental disabilities professionals to advocate with domestic and sexual violence specialists for accessible crisis services for women with developmental disabilities who have been victimized.

Whenever possible, developmental disability professionals should team with domestic and sexual violence professionals and activists to promote the empowerment of survivors with disabilities. Asking questions about abuse and addressing issues of abuse as part of a routine protocol while working with women with developmental disabilities, the professional can provide the necessary resources and support help the woman break the cycle of violence in her life (Lagergren-Fieberg & Schaller, 1998). It is also essential that all professionals, families, and women with developmental disabilities advocate for increased program funding and legislation that advances the rights of domestic violence and sexual assault victims.

Challenging Sexism and Ableism

We have begun to break a long tradition of silence about a most horrifying and difficult problem. We have the courage and the commitment. Developmental disability and violence professionals, women with developmental disabilities, and their families must work together to find the solutions. Double discrimination against women with developmental disabilities is a complex systemic and

personal problem. Those of us who are professionals must examine and improve our work with women who have developmental disabilities and who have experienced violence and abuse; we must ensure that we provide equitable and empowering services. We must also all act collectively at policy and programmatic levels to educate and advocate for social, personal, economic, political, and educational equity for all women, and particularly for women with developmental disabilities who have been the most marginalized and have the greatest barriers to overcome.

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[Hingsburger, continued from page 9]

One woman was dying in the back of the closet, one had been thrust into the limelight. For the lesbian staff member her worst fears were realized in the reactions of the other staff. An older co-worker who sat at the centre of staff politics now referred to the young client as, “a full meal – you know a vegetable and a fruit.” For the lesbian client, her life was now one of ridicule, rage, and referral.

That the system supporting people with disabilities has been, and is, often wildly homophobic is no great surprise. In addition, the history of the response to any type of sexuality on the part of woman with disabilities is riddled with institutional violence, as testified to by a history of mass sterilizations coupled with cruel punishment for women who

It's impossible to know how much violence is done within the disability services system to women with disabilities because they are lesbian or bisexual.

dared to love ANYONE openly. Women with disabilities have been alternately seen as bearers of disease or the potential mothers of disaster. It doesn't have to be that way. Once while doing an abuse prevention class for Native Americans with disabilities in northern Arizona, I met a lesbian couple with disabilities who touched each other lovingly and openly, in full view of everyone. Nothing happened. Nothing. Their relationship, I learned, was honoured and valued. It was seen in the context of a culture that valued love more than control, and harmony not hegemony.

To begin the work of healing with

both the woman referred to me for “sexual inappropriateness” and the closeted lesbian staff member, we had to believe it was possible to move through bigotry. With that belief we began therapy. One with a lot to lose apologized to one who had lost everything. An explanation was given, secrets were revealed, and the healing started.

Years have passed and that same agency wherein lesbian love was hailed as “dirty and disgusting” has provided ways for gay, lesbian, and bisexual men and women to gather together, to acknowledge their sexual orientation in safety and with pride. In offering this they have as an organization begun with apology – and are on the way to healing.

It's impossible to know how much violence is done within the disability services system to women with disabilities because they are lesbian or bisexual. We also don't know how much damage has been done to women staff who are lesbian or bisexual. Staff often leave or impose a cloak of silence upon themselves. Women with disabilities are often “treated” – which can be a code word for controlled. What we do know is that it's possible to move past fear and hatred to a place of respect and affirmation. We do know it's possible to end the violence of bigotry.

Contributed by Dave Hingsburger, Consultant, York Behaviour Management Services Sexuality Clinic, Richmond Hill, Ontario, Canada.

Mandeville, continued from page 15

abuser's role as guardian. Restraining orders have long been tools of domestic violence prevention and we continue to use tools and years of experience from the domestic violence movement to improve our work to end abuse against individuals with disabilities.

Conclusion

The Wisconsin Coalition Against Domestic Violence has been advocating for victims of domestic violence since the beginning of the domestic violence movement more than 25 years ago. During that time, battered women and their children have benefited from major changes in community awareness, public policy and funding, and more positive responses from social service, criminal justice and health care systems.

However, women and men with developmental disabilities have rarely experienced the positive impact from these changes. In that 25-year period, thousands of people with disabilities moved from institutions or their family homes into community-based residential support programs. Many joined households staffed by paid caregivers whose role typically included an assumption of authority and control that domestic violence experts understand to be a risk factor for abuse in domestic environments. Now advocates from the domestic violence field and disability advocates are working together to help community supported residential programs be more sensitive to power imbalances that make people with disabilities more vulnerable. The partnership is also coordinating efforts to help domestic violence shelters, rape crisis centers, and law enforcement agencies tailor their responses to victims with disabilities.

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- **Breaking the Power of Discrimination**
- **Recognizing and Responding to Signs of Violence**
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- **Collaboration Between Disability and Domestic/Sexual Violence Services**
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