Intimate and Caregiver Violence Against Women with Disabilities

Trish Erwin, M.A.
Department of Criminology, Law and Society
University of CA, Irvine

July 2000

The Battered Women's Justice Project
1801 Nicollet Ave S. Suite 102 Minneapolis, MN 55403
technicalassistance@bwjp.org
800-903-0111, prompt 1

In the 1990's the Federal government passed two pieces of legislation that had a major impact on the disabilities rights movement and the battered women's movement in the United States. The Americans with Disabilities Act (ADA) of 1992 and the Violence Against Women Act (VAWA) of 1994 served notice that both communities were being afforded new protections, new resources, and renewed recognition by the Federal government. The ADA significantly broadens the scope of what is considered a disability and guarantees access to jobs and public places (Section, 1998) for the approximately 54 million Americans with disabilities (Tyiska, 1998). The VAWA adds several federal domestic violence crimes and provides for a civil rights remedy for victims of sexual assault and domestic violence. However, at the intersection of disability and domestic violence is a population of women that has been rendered invisible by a lack of services in the battered women's movement and a lack of recognition of the violence in their lives by disability service providers. In the words of one researcher, the experiences of violence against women with disabilities have been neither voiced nor heard. (Chenoweth, 1997).

The multiple oppressions of being female, being disabled and being battered leave this community extremely vulnerable to intimate partners and to caregivers. In fact, all of the barriers an able-bodied victim of domestic violence might face are simply compounded by the victim's own disability as well as the paucity of services available to help her lead a violence-free life. If women's helplessness and vulnerability generally are seen as an opportunity as well as an excuse for male violence, disabled women's vulnerability is seen as a blanket invitation. Disabled women are attacked again and again by partners, caretakers and strangers (Burstow, 1992). Although reliable statistics are few, some researchers who have delved into this area call the problem an "epidemic" (with most conceding it is a vast unknown. (Nosek & Howland, 1998) (Groce, 1990; Grothaus, 1985; National Clearinghouse on Family Violence, 1998; National Coalition Against Domestic Violence, 1996; Sobsey, 1994; Strong & Freeman, 1997; Tyiska, 1998).

DEFINING DOMESTIC VIOLENCE

The term domestic violence is the most commonly used term to describe assault between intimates and usually includes a two-part statute: the description of what constitutes an assault and the relationship required between the parties to qualify as a "domestic" assault. For example, California statute defines abuse as:

> "Intentionally or recklessly causing or attempting to cause bodily injury, or placing another person in reasonable apprehension of imminent serious bodily injury

and "domestic violence" as:

> Abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or a person with whom the suspect has had a child or is having or has had a dating or engagement relationship." (California Penal Code Section 13700(a)(b).)

In addition, domestic abuse is commonly referred to as a pattern of coercive behaviors that involves physical abuse or the threat of physical abuse. It also may include repeated psychological abuse, assault, progressive social isolation, deprivation, intimidation or economic coercion (Denver, 1998). While the criminal justice system usually focuses only on a single incident that brings a domestic assault to the police or the courts, research shows that there are usually multiple incidents that have taken place and multiple interventions. A 1970's study demonstrated that in domestic homicides police had been called to the home at least once before in 80% of the cases, and more than five times in 50% of the cases (Ferraro, 1993). In addition, Dobash and Dobash (1979) found that on average, battered women leave and come back six to seven times, with the most commonly cited reasons for returning as children, lack of resources, and fear of retribution. This ongoing pattern of physical assaults coupled with other tactics of control is often termed battering (Pence & Paymar, 1993).

SCOPE OF DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN WITH DISABILITIES

The problem of domestic violence generally is a well-documented and very serious phenomena. According to the Federal Bureau of Investigation's (FBI) Uniform Crime Reports (UCR) in 1995, female murder victims were more than twice as likely as men to have been killed by husbands or boyfriends; and for those cases in which the victim-offender relationship was known, husbands or boyfriends killed 26% of female murder victims, whereas wives or girlfriends killed 3% of the male victims' (Craven, 1996). The rate of battering is similarly lopsided against women. The same report said that women experienced seven times as many incidents of non-fatal violence by an intimate than did males. And in the latest Department of Justice (DOJ) study, the National Violence Against Women Survey, the authors concluded:

> "The survey found that women were significantly more likely than men to report being raped and physically assaulted by a current or former partner, whether the time frame considered was the person's lifetime or the 12 months preceding the survey. Moreover, women who were raped or physically assaulted by a current or former intimate partner were significantly more likely to sustain injuries than men who were raped or physically assaulted by a current or former intimate partner. *Given these findings, intimate partner violence should be considered first and foremost a crime against women."* (Emphasis added.)

National crime victim surveys on the prevalence of violence against women in intimate relationships estimate that approximately 25% of all women will experience violence by a partner at some time in their life. The National Violence Against Women Survey (1998) found that 25% of surveyed women, compared with 8% of surveyed men, said they were raped and/or physically assaulted by a current or former spouse, cohabitating partner, or date at some point in their life. The survey revealed that most physical assaults consisted of grabbing, pushing, shoving, slapping and hitting, but that as the level of violence and injury increase, the "difference between men's and women's rates of physical assault . . . become greater. Women were two to three times more likely than men to report an intimate partner threw something that could hurt or pushed, grabbed or shoved them. However, they were 7 to 14 times more likely to relate that an intimate partner beat them up, choked or tried to drown them, threatened them with a gun, or actually used a gun on them" (Tjaden & Thoennes, 1998).

A 1996 U.S. Department of Justice (DOJ) report on female victims of violent crime - based on several reports from the BJS and the FBI's Uniform Crime Reports - found that in 1992-93, females experienced 7 times as many incidents of non-fatal violence by an intimate as did males. Each year women experience more than 1,000,000 violent victimizations committed by an intimated, compared to about 143,000 that men experienced (Craven, 1996). Clearly, the rates of violence against women by intimates in this country are significant.

Given the high rate of violence against women in general, the question arises - what about women with disabilities? According to the National Council on Disability there are approximately 54 million Americans reporting some level of disability; of these, females have a disability rate of 20.2% and a severe disability rate of 11% (Tyiska, 1998). Disabilities range from mental retardation to being wheelchair bound, from being sight-impaired to total hearing loss. But getting a handle on the number of victims with disabilities who are victimized by any types of crime has proved elusive so far. The Office for Victims of Crime, in a special bulletin on the subject says it "offers no authoritative 'census' describing the numbers and characteristics of the victim population under review" (Tyiska, 1998).

There are approximately a half-dozen studies looking at the subject of physical assaults against women with disabilities. Most of the studies that have been conducted in this area are from North America. They range in their estimations of the prevalence of this problem from 39% to 85% of women with disabilities experiencing some type of physical or emotional abuse at the hands of an intimate partner or caregiver. The DisAbled Women's Network of Canada did a study of 245 women with disabilities in 1989 and found that 40% had experienced abuse (Nosek & Howland, 1998); the Institute for the National Clearinghouse on Family Violence reports on a study that found 40% of women with disabilities had been assault, raped or abused, and 39% of ever-married women with a disability had been physically or sexually assaulted by their partners (L'Institut Roeher Institute, 1994); the National Institute of Health studied 860 women, 439 of whom were disabled and found matching levels of reported physical abuse (36% in both groups) and sexual abuse (40% with disabilities vs. 37% for women without disabilities) but differences in

the length of time abuse was experienced - 3.9 years compared to 2.5 years on average in favor of women with disabilities (Young, Margaret A. Nosek, Howland, Chanpong, & Diana H. Rintala, 1997); and the Colorado Department of Health reports that 85% of women with disabilities are victims of abuse (Tyiska, 1998).

Unfortunately, most of these studies do not separate out abuse by an intimate partner versus abuse by a non-intimate caregiver, and as noted earlier, do not distinguish between types of abuse committed, e.g. physical versus verbal. Only the National Institute of Health (NIH) broke down abuse by attendants and health care providers and found women with disabilities are "significantly" more likely to be abused by this population (Young et al., 1997)

THE INTERSECTION OF DOMESTIC VIOLENCE AND DISABILITY

Given this, it seems obvious that women with disabilities will also be victims of this type of crime (McPherson, 1991). However, none of the national surveys done to date address whether or not female victims are disabled, and the studies that have been done with this population mostly lump together all violence against women with disabilities (i.e., domestic violence, rape, sexual assault, stranger assault etc.) and do not distinguish as to whether or not it was committed by an intimate partner (Nosek & Howland, 1998). According to Sharon Hickman, Executive Director of the Domestic Violence Initiative for Women with Disabilities, most policy makers, service providers and researchers simply do not see the population. " . . . they think if they don't see a wheelchair or a guide dog there is no disability. Nobody has had the money, the interest or the clout . . . to do a good definitive study on this," she said. "It is mostly a hidden population" (Hickman, 1998).

Societal attitudes about women with disabilities may be the cause of this exclusion as many people assume that women in this population do not have significant others.

> "Women with severe disabilities are not expected to have relationships. We are perceived as asexual, as not desiring love or sex or a committed involvement" (Grothaus, 1985). A recent study, however, confirms that women with disabilities are involved in intimate relationships, and very concerned about the issue of violence within these setting. The survey found that abuse and violence was one of the top five concerns according to 92% of the participants and that 85% rated it as very important (Freeman, Strong, Barker, & Haight-Liotta, 1996).
>
> "The results of the Delphi survey indicate that women with disabilities themselves recognize abuse and violence, especially caretaker abuse, as a high priority issue that gets little attention from most service providers and policy makers. Women with disabilities share with non-disabled women the fact that their intimate partners may physically, emotionally, or verbally abuse them. However, they can also be subject to the types of abuse that are not issues for non-disabled women, such as denial of medications, withholding of attendant services, or preventing use of assistive devices. Assistive caretakers may be parents or other family members, or paid staff, as well as intimate partners, and the consequences of separation from these caretakers may be life-threatening."

Caregiver violence is another aspect of interpersonal violence that women with disabilities face. Many rely on a paid or unpaid personal assistant to help them with a host of daily activities ranging from grocery shopping to bathing. The types of violence perpetrated in this relationship are outside of the usual definition of domestic violence, but can be just as impactful and can include the same physical violence many women suffer (literally - delete) at the hands of their partners.

Once in an abusive relationship, women with disabilities are motivated to stay by the same host of factors that keep non-disabled women in these relationships - fear of further violence, belief the batterer will change, love of the abuser, having children in common, having no economic support if they leave, religious beliefs, and many other concerns. But for women with disabilities there are additional factors that can limit their ability to leave such as physically not being able to exit the house, fear of losing caregiver service if they report the abuse, not knowing if the local shelter is physically accessible (i.e., wheelchair ramp, workers who know sign language), fear they will be institutionalized if they leave their partner and

lack of resources. The latter is particularly important as many women with disabilities either do not work or are not employed full time. The unemployment rate of women who are disabled is reported to be 74%, and those who do work earn only 64% of the wages of able-bodied women (Burstow, 1992). Magnifying all of these issues is the fact that society's message to women with disabilities is they are lucky to have anyone. "Disabled women may have little confidence in themselves because they have been told by society that they are not attractive . . . (they) have greater difficulties finding a spouse than non-disabled women or disabled men" (McPherson, 1991). When a woman with disabilities does get into a relationship, "she may feel validated as a woman and as a sexual being. It may be very hard for her to reject the role of lover/wife that she never expected to have in the first place" (Grothaus, 1985). And "for many young women with an intellectual disability, having a boyfriend or a fiancee is a highly desired status" (Chenoweth, 1997). Fear of losing that status may keep many of these women from reporting abusive behavior by their partner.

RESPONDING TO THE BATTERED WOMAN WITH A DISABILITY

The intersection of being a woman in today's society and having a disability converge to enhance the negative impact of domestic violence.

> "Being a woman with a disability has been described as a "double jeopardy," as "two strikes," and as having an "added layer of oppression." These metaphors speak powerfully of the experiences of simultaneous discrimination through both having impairments and being a woman . . . Identifying differences in this way is a complex process involving discrimination, marginalization, and oppression through the points where multiple identities intersect." (Chenoweth, 1997 :116)

Additionally, support services for battered women who are also disabled are very limited with many shelters not fully accessible (Nosek, 1998). Women with disabilities "often find themselves in the situation where they not only are victims of violence in their homes, but may also be unable to apply for even the few community programs designed for the non-disabled . . . without a TTY for example, a hotline is of little help to a deaf woman . . . a shelter without a ramp is inaccessible to a wheelchair user who has been repeatedly battered and needs to leave home" (Groce, 1990). Furthermore, many of the tools offered to able-bodied battered women simply don't work for a woman with a disability. For example, "few of the strategies listed in the classic safety plans are possible for women who must depend on their abuser to get them out of bed in the morning, dress them, and feed them" (Nosek & Howland, 1998).

If a woman seeks help from a disability service provider or other community provider she may face a lack of understanding or knowledge of domestic violence. The Center for Independent Living in Carson City, Nevada did a study in which they sent surveys to 41 local agencies with three scenarios involving women with disabilities and domestic violence. The agencies were first asked what services they might provide to the women and then were asked what information and referral they would provide to the women. Of the 16 agencies which responded, 80% failed to identify domestic violence as an issue in the three scenarios (Hammon, 1999). Although this is a very small sample, it indicates that similar surveys are needed to determine whether or not domestic violence is being correctly identified by disability service providers.

The issue of caregiver abuse raises further impediments for a woman with a disability. Reporting the abuse may result in the loss of her caregiver, whether they are an intimate partner or not. According to a review of the literature, women relying on caregivers are reluctant to report abuse because of threats that the caregiver will withdraw their services, threats by social workers that children will be taken away and threats by family members that the individual will be institutionalized or re-institutionalized (L'Institut Roeher Institute, 1994).

Police response in these situations is likewise inadequate due too few protocols instructing line officers how to handle situations when either the victim or the suspect has a disability. If a victim is in a wheelchair and wants to go to a shelter, the police need to know whether the shelter is accessible and then how to transport the victim. Police also exhibit some of the same prejudices as society at large concerning the disabled and this may be reflected in their response (L'Institut Roeher Institute 1994) (Sanders 1997). If

and when a prosecutor receives a case of domestic assault or caregiver abuse against a woman with a disability, issues of credibility, corroborating evidence, and accessibility will face her once again.

Furthermore, the crossover of domestic violence and disabilities brings up two unique cause and effect scenarios. The first is the impact of battering on a pregnant woman and her increased chances of giving birth to a disabled child. Sobsey (1994) says that battery of mothers during pregnancy causes an "unknown number of disabilities in their children" and that "low birth weight babies are born 2 to 4 times as frequently to mothers battered during pregnancy." Second, there is the issue of the number of domestic violence victims who become disabled as a result of the abuse perpetrated upon them. This figure is unknown, but the Office for Victims of Crime (OVC) estimates that there are at least 6 million people each year who suffer a permanent or temporary disability as the result of crime-related incident (Tyiska, 1998).

ABUSIVE TACTICS AGAINST WOMEN WITH DISABILITIES

Most women who are victims of domestic abuse not only suffer from physical assaults, but also are subject to a variety of other tactics that serve to keep them in the abusive relationship. According to the Power and Control Wheel these tactics include: intimidation, emotional abuse, isolation, minimizing, denying and blaming, using children, male privilege, economic abuse and coercion and threats. For women with disabilities in an intimate relationship, these tactics can be exacerbated by her disability. The following table gives examples of abusive tactics used against women with disabilities by intimate partners and by caregivers.

Table 1
Examples of Abusive Tactics Against Women with Disabilities by Intimate Partners and Caregivers

TACTICS OF ABUSE	**INTIMATE PARTNER**	**CAREGIVER**
Isolation	Dismantling wheelchairs; disconnecting phones; using medications to sedate a woman; breaking or hiding crutches; not equipping a vehicle to be driven by someone with a disability	Controlling access to family, friends and neighbors; controlling access to phone or destroying communication devices; limiting employment opportunities; discouraging contact with social work case manager or advocate
Emotional	Telling them no one else will want them; calling them names i.e., ugly gimp; telling them "you'd be better off dead;" withholding medication	Punishing or ridiculing her; refusing to speak or ignoring her requests; using a negative reinforcement program
Minimizing, Denying and Blaming	Denying or making light of the abuse; blaming her disability for the abuse;	Denying her physical or emotional pain; justifying rules that limit autonomy and dignity; excusing abuse as behavior management
Using Children	Threatening to get custody if she tries to leave; threatening to report her to social workers so that children will be removed	Not applicable

Male or Caregiver Privilege	Speaking down to her; treating her like a child, telling her what she can eat and wear; telling a blind woman she dressed like a prostitute; telling her she is lucky to have him	Treating her as a child or servant; making unilateral decisions; denying right to privacy; providing care in a way to accentuate her dependence and vulnerability
Economic	Forcing her to sign over checks; telling her she cannot support herself; not allowing her access to money	Using person's property and money for self; stealing money; making financial decisions without her consent; limiting access to financial; pressuring person to engage in fraud
Physical Abuse	Withholding a wheelchair, forcing her to slide along the floor; hitting, kicking, biting, punching, slapping, dragging by hair; putting something in the path of a blind person; abandoning her in a dangerous situation	Withholding food, heat, care; failing to follow medical, physical therapy or safety recommendations; missing medical appointments, not reporting serious symptoms or changes; hitting, slapping;
Sexual Abuse	Making her do sexual things against her will; telling her if she doesn't have sex he will leave her; physically attacking the sexual parts of her body; treating her like a sex object	Being rough with intimate body parts; forcing sex against wishes; taking advantage of physical of developmental disability to engage in sex

Note. Sources: (Groce, 1990; L'Institut Roeher Institute, 1994; Mandeville & Brandl, 1997; National Coalition Against Domestic Violence, 1996; Strong & Freeman, 1997; Tyiska, 1998)

By looking at all these tactics one can see that very often a partner or caregiver who is abusing their victim may have to use physical violence very rarely, as the other tactics at their disposal can be very effective in keeping the victim in line.

Women who are battered and who have a disability face both personal and system-wide barriers to being able to leave an abusive situation. Whereas the battered women's movement has drastically improved the intervention services available for non-disabled women - with increased shelter beds, criminal justice intervention systems, legal advocacy for individual women, police and prosecutor training, and a host of other initiatives - the same cannot be said for this more vulnerable population. In her discussion of a hate crime for violence against people with disabilities, Waxman (Waxman, 1991) summarizes the complex nature of the problem:

> "The law does seek to protect disabled people, but only when they can be construed as vulnerable and lacking a choice about leaving a violent situation. With so few alternative life arrangements available to disabled people . . .; and with disabled people learning to be compliant and self-doubting while they are socialized to regard their non-disabled relatives and associates as safe and infallible, disabled victims of violence often have little choice but to endure the violence. In addition, some victims won't report the violence because they're afraid of their attackers, who are usually the very people they depend on; moreover, they fear the stigma of victimization as well as the risk that they'll lose essential services and end up in an institution where they will most likely be attacked again. Society has little insight as to why it forces disabled people to face these intense pressures and situations, and why it therefore forces them to remain vulnerable to their abusers."

CRIMINAL JUSTICE SYSTEM RESPONSE

Police Response

If a woman with a disability does decide to call the police regarding domestic violence, or if someone else reports it, the problems with accessibility do not go away. Danielle Dasch (1998), the Program Development Director at Working Against Violence, Inc., in Rapid City, South Dakota, has seen police dismiss cases involving women with disabilities because they don't feel like she is going to be a credible witness and asks, "How do we get these cops to realize that this contributes to their (the victim's) vulnerability?" An account from Australia reports similar attitudes and says that it is sometimes "almost impossible" to get the case into the criminal justice system. One worker there said, "The cops don't come to places like group homes. If they do, it's all too hard. They say the charge will never stick, the woman is a doubtful witness and it'll get thrown out "so why bother?" (Chenoweth, 1997).

According to several reports, women with disabilities often have negative experiences with police officers, which makes it unlikely they will pursue future contact with them. Many of the attitudes, stereotypes and myths held by the public at large regarding women with disabilities, are also prevalent among members of the police force. Police officers believe these types of victims lack credibility and, in addition, the officers often lack standardized protocols for handling complaints by victims with disabilities so that responses vary widely (L'Institut Roeher Institute, 1994, Sanders, 1997).

In 1995, the Abuse Deaf Women's Advocacy Service (ADWAS) filed a complaint under the ADA against the City of Seattle and King County for not providing sign language interpreters to deaf people in emergency situations. ADWAS systematically tracked how deaf women who were victims were handled by the criminal justice system and found the following:

- 911 operators hanging up on TTY calls
- Police not attempting to get interpreters when they respond to a call involving a deaf person
- Police communicating only with a hearing person (or child) at the scene. This could be the offender himself (Goldman & Hoog, 1995).

The latter is especially problematic if you have a domestic violence situation where the abuser is the hearing person and the victim is not. The power and control the perpetrator already has is greatly enhanced by a lack of police knowledge not only as to dynamics of domestic violence, but also by the lack of an interpreter. One police training on people with disabilities uses this exact scenario to instruct officers on how not to handle such a call (Center, 1996), showing a video where the police only speak with the man and the child in the house to determine what happened, because the woman is impaired.

The director of a program that serves women with disabilities says also if a woman calls the police and she has a speech problem, she may "sound incoherent and rambling . . . (and) they think you're drunk and just dismiss you" (Hickman, 1998). This assertion is backed by a report stating that officers' negative attitudes about people who have trouble communicating "may impede the investigation" (L'Institut Roeher Institute, 1994) and another which says "where a person is not able to communicate well, the police officer may see this as grounds for not pursuing a complaint" (Sanders, Creaton, Bird, & Weber, 1997).

When officers do make a report, statements from a victim who has trouble communicating or who is learning disabled may be problematic[1[1]]. Most police departments require officers to write the statements of the parties involved which inherently includes editing on the officer's part. When confronted with this statement later in court, most non-disabled people cannot remember exactly what they said, let alone a person with a learning disability, or a person who does not recognize the sentence construction or the words used in her statement.

Another issue facing police is that the majority of crimes against this population are not reported by the victims themselves, and often the incident will be termed abuse rather than assault (Sanders et

---

[1[1]] A statement in a police report is essentially a "police construction. It is not the unprompted narrative of the witness, but a carefully crafted summary, often designed . . . to establish certain evidential points necessary to meet the technical requirements of proving guilt in a particular crime" (Sanders et al., 1997)

al., 1997). This has obvious parallels to domestic violence situations where until the last decade or so, an assault against one's spouse or intimate partner was simply termed a "domestic" - a private matter to be handled by a therapist rather than the courts. Police rarely wrote reports on these cases and were even less likely to make an arrest (Buzawa & Buzawa, 1993; Dobash & Dobash, 1979; Martin, 1983; Schechter, 1982). The police policy regarding domestics up until the 1980's consisted of mediation between the parties or asking one person to leave the home for the night. It was not until the mid-1980's, under pressure from battered women's advocates, that police departments began revisiting these policies with many now following a pro-arrest policy when they have probable cause (Buzawa & Buzawa, 1993).

Court Proceedings

If and when a case of domestic violence against a woman with a disability does proceed to the prosecutor's office, there is another set of obstacles to be overcome. In a booklet produced by the Berkeley Planning Associates (Strong & Freeman, 1997) on domestic violence and caregiver abuse, they say women with impaired cognitive skills may not be as well-equipped to negotiate the legal system, especially if they are required to defend themselves against a partner or caregiver who has greater cognitive ability. A worker at a domestic violence program in South Dakota witnessed a case where a woman with a learning disability and a physical disability was repeatedly assaulted and raped by the same man (Dasch, 1998). When the case went to court for a preliminary hearing on a protection order violation, the batterer was allowed to represent himself and to cross-examine his victim. The court allowed him to verbally abuse the victim and only stopped him when he called her a "dumb broad" and a "handicapped bitch."

ADWAS in Seattle, reports that when victims who are deaf get to court, judges often confuse the deaf interpreter law with the foreign language interpreter law, which decrees that victims prove their poverty before the court will authorize payment for an interpreter (Goldman & Hoog, 1995). Under the ADA, the court is legally obligated to provide interpreters to victims with disabilities free of charge. Also, the courts often postpone hearings several times because no interpreter is available. This practice gives batterers a window of opportunity to intimidate the victim, convince her to recant (Ferraro, 1993) or to not get the protection order. ADWAS also notes that the Seattle courts have no system in place to provide interpreters in emergency situations, such as *ex parte* hearings for protection orders.

SPECIAL ISSUES IN DOMESTIC VIOLENCE AND THE DISABILITY COMMUNITY

Battering During Pregnancy

As noted earlier battering during pregnancy causes an unknown number of disabilities in the children of victims. Sobsey (1994) says various studies show that between 4% and 23% of women are battered during pregnancy. Those who are beaten are twice as likely to have complications in their pregnancy than those who experienced trauma as the result of falls or auto accidents. This is obviously a cause for alarm as the rate of abuse of children with disabilities is also higher than for non-disabled children. Because domestic violence within families correlates to increased risk of child abuse within these same families, the children whose mother was abused during pregnancy could also experience greater risk for abuse as infants, children and young adults (Sobsey, 1994).

This abuse and disability cycle as laid out by Sobsey (1994), posits that some people become entrapped within the cycle, either being born with a disability, or becoming disabled as a result of abuse, thus increasing their chances of further violence.

Women Disabled from Abuse

Another important area to look at in terms of women who are domestic violence victims is the number who, as a result of their injuries, become either temporarily or permanently disabled. The Domestic Violence Initiative in Denver, Colorado reports that within their program approximately 40% of the women have disabilities resulting from abuse at the hands of their partners or caregivers (Hickman, 1998). One woman had her legs slammed in a car door by her abuser and will have both legs in casts for a year. She faces losing her home, her job and possibly her children, since she will not be able to maintain the standard of care she had provided for them.

The Office of Victims of Crime reports that catastrophic injuries as the result of violent assaults can result in loss of abilities to see, hear, touch, taste, feel, move, and think in the usual ways (Tyiska, 1998). A report by the National Clearinghouse on Family Violence (1998) in Canada reports that "women have cited violence by their husbands as causing a loss of vision and a loss of mobility." In the technical assistance manual Open Minds, Open Doors, by the National Coalition Against Domestic Violence (1996) a story tells of a 28-year-old woman shot in the back by her boyfriend resulting in her becoming a paraplegic. A well known case in the area of police liability, *THURMAN VS. CITY OF TORRINGTON*, is an excellent example of how a woman can become permanently disabled due to an attack by her abuser. The police department in Torrington had previously arrested Tracy Thurman's husband Charles and knew that she had a protection order against him. During a 1983 incident, Tracy called the police to report her husband was at her home in violation of the order. By the time police arrived, Charles Thurman had already stabbed Tracy in the neck and chest. After police arrived he kicked her two to three more times before the police officer stopped him and arrested him (Pence & Paymar, 1998). Tracy's neck was broken resulting in permanent disabilities.

Disabilities resulting from abuse range from actual physical disabilities to more hidden trauma, including head injuries, cognitive problems, and Posttraumatic Stress Disorder (PTSD). A 1995 study looked at the incidence and correlation of PTSD in battered women. The results showed that 81% of the subjects from the group of battered women had a PTSD diagnosis, while 62.5% of the verbal abuse group met the same criteria. Those battered women with PTSD reported more physical and verbal abuse, more injuries, greater sense of threat, and more forced sex in the relationship. The authors concluded "that battered women are at risk for posttraumatic stress disorder. The women more at risk are those with more extensive physical abuse and those who have experienced abuse prior to the most recent reported battering relationship" (Kemp, Green, Hovanitz, & Rawlings, 1995).

RECOMMENDATIONS

Clearly there is a dearth of hard facts when we try to pinpoint the scope of violence against women with disabilities. One researcher concludes, "There is no question that abuse of women with disabilities is a problem of epidemic proportions that is only beginning to attract the attention of researchers, service providers, and funding agencies. The gaps in the literature are enormous" (Nosek & Howland, 1998). Research in this field is needed on a range of topics such as the scope of violence, degree of accessibility to shelter programs, but research must include recommendations for change.

Most pressing for women in violent situations is to increase the number of service providers who are knowledgeable about domestic violence and who can find accessible programs. Several projects around the country, including locations in Nevada, Colorado, Wisconsin and Vermont, have begun specialized services to serve as a bridge between disability service providers and domestic violence programs. These programs, some of which are no more than one person, help to facilitate cross-training of the disability and shelter communities and recommend that all agencies reach out to provide this training to their staff. They also advocate screening for domestic violence by disability providers and shelters knowing how to accommodate women with disabilities -- both physically and attitudinally.

Joint efforts between agencies can also be effective in covering the needs of this population. In Denver, Colorado, the Domestic Violence Initiative for Women with Disabilities helped to craft the Denver Interagency Protocol for Crime Victims Who are Older or Who Have a Disability. Signed by the Mayor, the Department of Social Services, the District Attorney and the Chief of Police, the protocol outlines step-by-step procedures for handling assault or abuse cases involving victims who are older or who have a disability. Victims are identified immediately by the police who notify on-call staff, after which the victim is accompanied throughout the court process and receive follow-up by a victim services specialist. Collaborative ventures such as this provide possibly the best solution to an extremely complex problem.

In terms of advocacy, shelter and battered women's programs have been very successful in championing the cause of individual victims, as well as taking the entire criminal justice system to task through systems advocacy (Dobash & Dobash, 1992; Schechter, 1982). Over the last ten years, advocacy

itself has become more specialized with many programs now employing legal advocates and child advocates. The former helps all victims traverse the terrain of the criminal justice system, while the latter works with children and their mothers to balance the demands of child protection workers, the legal system and what is best for the child. This could be an effective model to help advocate for women who are disabled, given the specialized needs and resources of this population. Some might argue there is not a need for such specialized services, but if a program does not identify itself as a resource for women with disabilities, or provides inadequate service to those who do seek it out, these women will not ask for help. However, once a program becomes known as accessible, more women will turn to it for help when in a violent situation.

Any and all service providers who work with victims of domestic violence with a disability should be systematically tracking how the women are treated by other agency providers. Are deaf women getting interpreters when the police arrive? Is the courthouse, including the clerk's office and the courtroom, wheelchair accessible? Are forms and brochures provided for in Braille, large print and on audio-tape if needed? What are the barriers faced by women when trying to leave an abusive situation? Is an emergency caregiver service available with properly screened caregivers? The questions are many, but only by tracking exactly what is and is not happening will communities be able to provide fully accessible services and safety for women with disabilities. "Whether they are in relationships or not, because of the alarming prevalence of violence against disabled women, it is important for us to be extra vigilant in noticing violence and in offering assistance. In light of the paucity of women's shelters for disabled women, advocacy is clearly called for" (Burstow, 1992).

Training for criminal justice personnel as well as specific policies for working with victims who have a disability are also clearly called for. Through the VAWA, millions of dollars has been funneled to train police officers and prosecutors on the dynamics of domestic violence. Unfortunately, most of this training is fairly general and does not include the additional barriers facing victims with disabilities. New monies through the VAWA (when it comes up for re-authorization next year - delete) or through other federal programs is undoubtedly needed to provide additional training in this area.

In terms of policies, some argue that specialized policies have contributed to a negative stereotype of disabled people, emphasizing their "incapacities" as the defining feature of their identities, and placing them "within subordinate positions within both public and private spheres of social life" (Grattet & Jenness, 1999). However, it is likewise true that without specialized policies and procedures, women with disabilities trying to escape abusive situations will be left with a criminal justice response that does little to meet their need to be free from violence. As noted in a discussion on the feasibility of hate crime laws for people with disabilities, "ignoring difference is seldom enough to produce equality" (Grattet & Jenness, 1999).

Policies for police should include on-call advocates or disability specialists to work with police officers responding to domestic violence calls. This is one step that is relatively easy but considerably enhances the quality of the police response by letting officers focus on whether or not a crime occurred, while an advocate can provide CONFIDENTIAL crisis intervention to the victim and assist her in implementing a safety plan. Additional policies are needed requiring the provision of interpreters for hearing impaired victims, the supplYing of critical forms, reports and emergency telephone cards in forms accessible to all victims, as well as ensuring the presence of advocates at each step of the criminal justice process, including police and prosecutor interviews.

While hate crime laws have been suggested as a means to increase the prosecution and thus safety of victims with disabilities (Waxman, 1991), its usefulness in domestic violence cases is open to debate. There are two avenues of hate crime to pursue if a woman with a disability is battered under gender-based provisions and under disability related statutes. However, in intimate relationships, it will be hard to show that the violence was perpetrated in response to hatred of either women or a people with disabilities, unless prosecutors can show a clear and convincing pattern. If a particular suspect could be shown to be a serial batterer of women with disabilities, its possible a prosecutor could pursue it as a hate crime, but it would be a first.

CONCLUSION

The intersection of violence against women and disabilities forces us to rethink how we evaluate difference. By privileging one status over another we feed into an either-or belief system that only serves to prop up the status quo (Crenshaw, 1997; Fineman, 1997). Instead, we must approach this problem and others like it with an eye towards inclusiveness and the realization that to solve complex problems requires a paradigm shift, from a single-axis approach to a multi-layered one. Although this is not new, the argument that women with disabilities must have a voice within the broader women's movement and the disability rights movement is still central to achieving change . . . women must work together to shift the position of women with disabilities from one of marginalization to one of inclusion, and inclusion in women's broader agendas is the key to reducing the violence in these women's lives' (Chenoweth, 1997). Without this approach, shelters and other services for battered women will remain the exclusive domain of able-bodied women, while those with disabilities will remain hidden in silence and in pain.

REFERENCES

Burstow, B. (1992). *Radical Feminist Therapy: Working in the Context of Violence*. Newbury Park, California: Sage Publications, Inc.

Buzawa, E. S., & Buzawa, C. G. (1993). The Impact of Arrest on Domestic Assault. *American Behavioral Scientist, 36*(5), 558-574.

Center, L. E. R. (1996). *Police and People with Disabilities* [Video]. Minneapolis, MN: Law Enforcement Resource Center.

Chenoweth, L. (1997). Violence and Women with Disabilities: Silence and Paradox. In S. Cook & J. Bessant (Eds.), *Women's Encounters with Violence: Australian Experiences* (pp. 21-39). Thousand Oaks: Sage Publications.

Craven, D. P. (1996). *Female Victims of Violent Crime* (NCJ-162602): U.S. Department of Justice.

Crenshaw, K. (1997). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. In K. J. Maschke (Ed.), *The Legal Response to Violence Against Women* (pp. 91-149). New York: Garland Publishing, Inc.

Dasch, D. (1998). Program Development Director : Working Against Violence, Inc., Rapid City, South Dakota. Personal Communication.

Denver, C. o. (1998). *Denver Interagency Protocol for Crime Victims who are Older or have a Disability* . Denver: Denver: Mayor, Department of Social Services, District Attorney, Chief of Police.

Dobash, R. E., & Dobash, R. P. (1979). *Violence Against Wives*. New York: Free Press.

Dobash, R. E., & Dobash, R. P. (1992). *Women, Violence and Social Change*. London: Routledge.

Ferraro, K. J. (1993). Cops, Courts and Woman Battering. In P. B. Bart & E. G. Moran (Eds.), *Violence Against Women - The Bloody Footprints* (pp. 165-176). Newbury Park: SAGE Publications.

Fineman, M. (1997). Challenging Law, Establishing Difference: The Future of Feminist Legal Scholarship. In K. J. Maschke (Ed.), *Gender and American Law: Feminist Legal Theories* (pp. 53-71). New York: Garland Publishing, Inc.

Freeman, A. C., Strong, M. F., Barker, L. T., & Haight-Liotta, S. (1996). *Priorities for Future Research: Results of BPA's Delphi Survey of Disabled Women* . Berkeley: Berkeley Planning Associates.

Goldman, L., & Hoog, C. (1995,). The Light at the End of the Tunnel? *Abused Deaf Women's Advocacy Services Newsletter, 3*, 1-4.

Grattet, R., & Jenness, V. (1999, October 1999). *Policy Responses to the Victimization of Persons with Disabilities: An Assessment of the Viability of Using Hate Crime Law to Enhance the Status and Welfare of Persons with Disabilities.* Paper presented at the National Academy of Sciences -- Commission on Behavioral and Social Sciences Education.

Groce, N. E. (1990). Special Groups at Risk for Abuse: The Disabled. In M. B. Straus (Ed.), *Abuse and Victimization Across the Life Span* (paperback ed., pp. 232-238). Baltimore: The Johns Hopkins University Press.

Grothaus, R. S. (1985). Abuse of Women with Disabilities. In S. E. Brown, D. Connors, & N. Stern (Eds.), *With the Power of Each Breath: A Disabled Women's Anthology* (First ed., pp. 124-132). Pittsburg: Cleiss Press - A Women 's Publishing Company.

Hammon, D. (1999). Access and Advocacy , Personal Communication.

Hickman, S. (1998). Executive Director : Domestic Violence Initiative for Women with Disabilities.

Kemp, A., Green, B. L., Hovanitz, C., & Rawlings, E. I. (1995). Incidence and Correlates of Posttraumatic Stress Disorder in Battered Women. *Journal of Interpersonal Violence, 10*(1), 43-55.

L'Institut Roeher Institute. (1994). *Violence and People with Disabilities: A Review of the Literature* . Canada: National Clearinghouse on Family Violence.

Mandeville, H., & Brandl, B. (1997, Winter 1996/97). Promoting Personal Safety. *Wisconsin Coalition Against Domestic Violence Newsletter, 15*, 3-14.

Martin, D. (1983). *Battered Wives*. New York: Pocket Books.

McPherson, C. (1991). Violence as it Affects Disabled Women: A View from Canada. In E. Boylan (Ed.), *Women and Disability* (pp. 54-57). London: Zed Books Ltd.

National Clearinghouse on Family Violence. (1998). *Family Violence Against Women with Disabilities*, [Internet]. Health Canada Online. Available: http://www.hc-sc.ca/hppb/familyviolence/womendiseng.html [1998, 10/23/1998].

National Coalition Against Domestic Violence. (1996). *Open Minds, Open Doors*. Denver: National Coalition Against Domestic Violence.

Nosek, M. A., & Howland, C. A. (1998). *Abuse and Women with Disabilities* (www.vaw.umn.edu/Vawnet/disab.htm), [World Wide Web]. Violence Against Women Online Resources [1999, 11/99].

Pence, E., & Paymar, M. (1993). *Education Groups for Men Who Batter: The Duluth Model*. New York: Springer Publishing Company.

Pence, E., & Paymar, M. (1998). *Domestic Violence: The Law Enforcement Response* [Video Training]. Duluth: Law Enforcement Resource Center.

Sanders, A., Creaton, J., Bird, S., & Weber, L. (1997). *Victims with Learning Disabilities: Negotiating the Criminal Justice System*. Oxford: Centre for Criminological Research, University of Oxford.

Schechter, S. (1982). *Women and Male Violence*. Boston: South End Press.

Section, C. R. D.--. D. R. (1998). *A Guide to Disability Rights Law* . Washington D.C.: U.S. Department of Justice.

Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities*. Baltimore: Paul H. Brookes Publishing Co., Inc.

Strong, M. F., & Freeman, A. C. (1997). *Caregiver Abuse and Domestic Violence in the Lives of Women with Disabilities* . Berkeley: Berkeley Planning Associates.

Tjaden, P., & Thoennes, N. (1998). *Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey* : U.S. Department of Justice.

Tyiska, C. G. (1998). Working with Victims of Crime with Disabilities, *OVC Bulletin* (pp. 1-16). US Department of Justice: Office for Victims of Crime.

Waxman, B. F. (1991). Hatred: The Unacknowledged Dimension in Violence Against Disabled People. *Sexuality and Disability, 9*(3), 185- 199.

Young, M. E. P., Margaret A. Nosek, P., Howland, C., Chanpong, G., & Diana H. Rintala, P. (1997). Prevalence of Abuse of Women with Physical Disabilities. *Archives of Physical Medicine and Rehabilitation Special Issue, 78*(December 1997), S34-S38.