

VIOLENCE

Against Disabled Women

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DISABLED WOMEN¹ FACE A DOUBLE DOSE OF DISCRIMINATION AND PREJUDICE—BOTH AS PERSONS WITH DISABILITIES AND AS WOMEN; WOMEN OF COLOR WITH DISABILITIES ARE TRIPLY DISADVANTAGED. Disabled women therefore face multiple barriers to achieving their life goals. As a consequence of the bias, discrimination and stereotyping that disabled women face, they experience low employment rates and wages, low educational levels, high rates of poverty and segregation, limited access to community services—and high rates of sexual and physical violence (see Fine and Asch, 1988).

WOMEN WITH DISABILITIES ARE EVEN MORE SOCIALLY DEVALUED THAN ARE DISABLED MEN. Women also are more likely to bear the stresses of poverty and social isolation. As women, they are twice as likely as men to suffer from depression, which may be linked to their multiple stresses, their high incidence of abuse and victimization and their internalizing of society's message that they are useless and inferior as women (Gill and Coleman, 1996).

RESPONDENTS TO A NATIONAL SURVEY OF 200 DISABLED WOMEN RATED ABUSE AND DOMESTIC VIOLENCE AS THE NUMBER ONE PRIORITY ISSUE TO CONFRONT. They identified two key information needs: the development and dissemination of materials for women with disabilities and service providers about violence; and, the dissemination of information to victim assistance programs and criminal justice agencies about their legal requirements to serve women with disabilities (Berkeley Planning Associates, 1997).

DISABLED GIRLS AND WOMEN FACE ALARMING RATES OF VIOLENCE—WITHIN FAMILIES, BY ACQUAINTANCES, IN INSTITUTIONS, AND THROUGHOUT SOCIETY. This violence includes verbal abuse, economic and emotional abuse, physical and sexual violence, forced isolation, intimidation, abandonment and neglect, and the withholding of equipment, medication, transportation, or personal service assistance (Masuda, 1996).

Disabled women are more likely than non-disabled women of the same age to be victimized, to experience more prolonged and severe forms of violence, and to suffer more serious and chronic effects from that violence (Sobsey, 1994).

Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate more than two times greater than non-disabled women (Sobsey, 1994; Cusitar, 1994; DisAbleD Women's Network, 1988).

A blind woman walked out of the US Holocaust Museum in Washington, DC and was pushed down by a man who said "you should've been one of them they killed," as he broke her white cane (Personal communication, 1997).

Crimes against people with disabilities are often extremely violent and calculated to injure, control, and humiliate the victim (Tyiska, 1998), but agencies serving abused women have usually included provisions for women with disabilities only as an afterthought, if at all (Mauro, 1996).

The high rates of violence which disabled women and girls experience are not by-products of disability as vulnerability, but are consequences of segregation and poverty, and their physical, economic, social, or psychological dependence on others, which makes them easier targets (Waxman, 1991).

Disabled women also are subject to types of abuse that non-disabled women do not face—including denial of medications or oversedation of a woman for the caregiver's convenience, disconnecting a wheelchair's power supply, or putting something dangerous in the path of a blind woman, for example (Berkeley Planning Associates, 1997).

MANY FORMS OF VIOLENCE AGAINST DISABLED WOMEN ARE MASKED AS SOCIALLY ACCEPTED TREATMENT WITHIN FAMILIES AND INSTITUTIONS and many people actually believe they are doing these things "for the woman's own good"—such

as the husband who prevents his wife from using her wheelchair in their home (Waxman, 1991).

Furthermore, psychiatric technicians often will place a woman spreadeagled in four point restraints or put her in seclusion while she is receiving psychiatric care. This is a traumatic situation for most women, but particularly for survivors of abuse, who then re-experience the trauma of the original abuse. Restraint and seclusion usually intensify out-of-control or assaultive behavior and throw survivors into a continuing destructive cycle of trauma and response (Caras, 1997).

A study of 100 psychiatric inpatients found that 81 percent had been physically or sexually assaulted during their lifetimes (Jacobson and Richardson, 1987). Another study of the victimization history of 93 adult women who were psychiatric emergency room patients found that 53 percent reported childhood sexual abuse and 42 percent reported physical abuse. The study concluded that childhood sexual abuse was the most powerful predictor of later psychiatric symptoms and disorders (Briere, et al., 1997). Indeed, Post Traumatic Stress Disorder is the largest category of disability caused by domestic violence (Murphy, 1995).

A 15-year-old Pennsylvania girl with a learning disability, reportedly shy and unpopular but eager to make friends, was tricked by several classmates into putting a noose around her neck. Realizing too late that this was no game, the teenager was hanged and then beaten with a rock until she died (Hershey, 1998).

FIFTY PERCENT OF WOMEN WITH DISABILITIES WERE SEXUALLY ABUSED AS CHILDREN; 39 to 68 percent of girls with developmental disabilities will be assaulted before the age of 18 (Roher Institute, 1988). Yet, 84 percent of child protection workers reported that they had never served a single child with a developmental disability (Schilling, Kirkham and Schinke, 1986).

Women with developmental disabilities face a 68 to 83 percent chance of being sexually assaulted in their lifetimes, a 50 percent higher rate than for non-disabled women (Sobsey, 1994). Further, women with developmental disabilities are more likely to be re-victimized by the same person and more than half never seek assistance from legal or treatment services (Pease and Frantz, 1994).

The Colorado Department of Health estimates that at least 85 percent of women with disabilities are victims of **domestic violence**, compared to 25 to 50 percent of non-disabled women (Feuerstein, 1997). Denver's Domestic Violence Initiative reports that 40 percent of the disabled women seeking services were disabled as a result of violence (Berkeley Planning Associates, 1997).

Even when disabled women are psychologically ready to leave a violent situation, they may be unable to do so without accessible services. When they do seek help, the lack of support systems—such as accessible emergency transportation, sign language interpreters, and shelters—creates additional barriers (Traustadottir, 1990).

Many women with disabilities face both the fear of abandoning their dependent children and stereotypes regarding their fitness to retain custody of their children, especially in domestic violence cases. The lack of social supports and the state's presumption that women with disabilities are incapable of parenting places mothers with disabilities at risk of permanently losing their children (Through the Lookingglass, 1997).

Fewer than 20 percent of domestic violence and rape crisis shelters in California are accessible under the basic standards of accessibility set forth in the Americans with Disabilities Act (California Women's Law Center, 1994).

Mistreatment directly contributed to, or was likely to have led to, disabilities for 62 percent of the girls who experienced sexual abuse, 48 percent

of girls who experienced emotional abuse, and 55 percent of girls who experienced neglect (Crosse, Kaye and Ratnofsky, 1993).

Further, girls with any kind of disability are almost twice as likely to be sexually abused as are non-disabled children (Petersilia, 1998). The incidence of maltreatment among girls with disabilities was 1.7 times higher than for children without disabilities (Crosse, Kaye and Ratnofsky, 1993). One study of abused children found that more than half (53.4 percent) of deaf girls had been sexually abused (Elder, 1993).

The prevalence of childhood abuse is substantially higher among homeless women with severe mental illness than among homeless women in general; experience of abuse is related to increased suicidality and symptoms of Post Traumatic Stress Disorder for some women (Davies-Netzley, 1996).

WOMEN WITH DISABILITIES WHO LIVE IN INSTITUTIONS ARE TWICE AS LIKELY TO BE VICTIMIZED AS WOMEN WHO LIVE IN THE COMMUNITY and crimes committed in the community are 12 to 15 times more likely to be reported as are crimes committed in institutional settings (Sobsey, 1994).

Myrna Lebov, a woman with nonterminal multiple sclerosis, was pressured and assisted to die by her husband, who stated that he had repeatedly told his wife that she was a terrible burden on him, "a vampire sucking [his] life away." Having plead guilty to attempted manslaughter, he received a six month sentence (Hendin, 1996).

A woman killed her brain injured non-verbal teenage daughter; the judge said her actions were understandable and that other parents could be expected to react in the same way. She was sentenced to community service (Harris, 1996).

Virtually half (48.1 percent) of the perpetrators of sexual abuse against women with disabilities gained access to their victims through disability

services (Sobsey, 1994). And caregivers² commit at least 25 percent of all crimes against disabled women (Berkeley Planning Associates, 1997).

At least 90 percent of abuse of disabled women does not result in any treatment (Baladerian, 1991), particularly for women who are, or have been, institutionalized and therefore are economically deprived, lack opportunity for self-determination, are deemed to have little credibility, must depend on others to meet their needs, have limited access to resources, and are taught to be compliant (Crossmaker, 1991).

A 36 year old physically disabled woman survived three years of violence by her boyfriend; she has agoraphobia and therefore finds it difficult to travel without experiencing panic, fear, and anxiety attacks. Because she could not travel back and forth to court with ease, the District Attorney dropped the case against the boyfriend, stating that "the defendant has a right to face his accuser." The abuser was arrested and charged with a misdemeanor; he received a 30 day jail sentence and a \$45 fine (Blocker, 1998).

WOMEN WITH DISABILITIES REMAIN ONE OF THE GROUPS LEAST WELL-SERVED BY THE JUSTICE SYSTEM. Indeed, there are systemic problems with physical and social access to the courts, rules of evidence, and courtroom procedures which unfairly impinge upon the rights of disabled women and girls, and the unwillingness to make reasonable accommodations to individual differences (Sobsey, 1994).

While all 50 states have at least one sex offense law which specifies marital rape as a crime, 32 states also have laws that exempt a husband from the charge of rape (see Lehrman, 1996)—primarily in situations in which the woman is deemed legally unable to consent because she is unconscious, intoxicated (by alcohol or drugs), or has a disability that is so severe it precludes consent (X., 1998).

Disabled women are less likely to be believed when they report incidents of abuse or assault. Despite the high rates of violence, most crimes against disabled women go unreported (Sobsey and Doe, 1991). Only 20 percent of rapes of adult women are reported to social service agencies or the police and disabled women face substantial barriers when they appear in court, including the assumption that they lack credibility. Indeed, women with psychiatric and developmental disabilities, and women who use alternative devices to communicate (such as bliss boards), are almost never believed (DisAbleD Women's Network, 1988).

Reports exist of 911 operators hanging up on TTY calls from deaf women and of prosecutors rejecting a cognitively disabled woman as a credible witness because she has trouble communicating on the witness stand while she is expected to comply with standard procedures for testimony (Berkeley Planning Associates, 1997). The needs of deaf women, for example, include victim counseling that is sensitive to deaf culture issues and appropriate communication techniques (Merkin and Smith, 1995).

FEDERAL LAW AND THE PROPOSED VIOLENCE AGAINST WOMEN ACT (VAWA II): The Protection and Advocacy of Individual Rights (42 USC 6000 et seq, Part C, Sec. 142(B)) and the Crime Victims With Disabilities Awareness Act (PL 105-301) only address certain disabilities, do not address gender-specific causes and solutions to violence, and were written without the active involvement of members of the disability community.

These laws are largely grounded in the belief that disability in and of itself makes a person dependent and vulnerable. However, the broader causes of disabled women's disempowerment and abuse include their segregation into high risk environments, their poverty, and their lack of access to information and services.

Federal responses instead should help make the victim assistance and criminal justice systems more accessible, respectful and responsive to disabled women and girls. Federal policy also should enable disabled women and girls to move into low risk, integrated environments, and into self-determining, empowered lives.

States should be required to receive requests from disabled persons and their families and to perform criminal background checks on those persons who hold themselves out to be personal assistants. These background checks must be performed within 72 hours of the request. The Violent Crime Control and Law Enforcement Act of 1994 (PL 103-222) authorized states to use FBI criminal record checks of those working with individuals with disabilities (Office of Juvenile Justice Delinquency Prevention, 1998).

Funds should be provided for a national education campaign on violence against disabled women and girls, including development of curricula to educate disabled women and girls about violence against women and their legal rights and the availability of services for crime victims. Funds also should be provided to support development of direct services targeted specifically to disabled women confronting violence.

The US Attorney General should be mandated to conduct a study and report to Congress on:

1. the rates of compliance by recipients of funding for crime victims programs with both the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
2. the rates of use by disabled women and girls of federally funded crime victims programs and the need for an improved data collection system.
3. the types of violent acts committed against disabled women and girls and provisions to include these in an improved data collection system.

4. states' criminal penalties for violence against women and the efficacy of these penalties when violence is directed at disabled women and girls. Particular attention should be paid to those state statutes which exclude from coverage disabled wives who are considered incompetent or unable to resist marital rape, battery or other acts of domestic violence (see X., 1998).

5. the barriers that disabled women and girls face to equal access to both the criminal justice system and to programs for victims of crime, including the treatment of disabled women and girls by the criminal justice system following a report of violence. Particular attention should be paid to how prosecutors treat women and girls with cognitive and sensory disabilities who want to serve as witnesses for the prosecution.

6. the training needs of judges to better enable them to try cases of violence against disabled women and girls. Particular attention should be paid to the development of curricula to be included in the education of judges throughout the country.

7. the training needs of police officers to enable them to identify and investigate violence against disabled women and girls. Particular attention should be paid to the development of curricula to be included in Police Officer Standards Training throughout the country.

8. the participation of disabled girls in gang violence and other violent acts and the link between this behavior and their high rates of victimization (see Tucker and Wolfe, 1997). The Departments of Education, Health and Human Services, and Justice should be required to establish and fund an independent panel of experts on disability and women's rights in the fields of education, law enforcement, public health and mental health to study and establish funding strategies to respond to violence against women and girls with disabilities.

9. how the incidence of violence against disabled women and girls is affected by answers to the following research questions:

a. does access to adaptive technology, quality attendant services, and accessible community-based housing reduce a disabled woman's chance of being victimized?

b. is there is a difference in the rates of violence against disabled women based on their employment status and educational attainment?

c. does the availability of peer education, counseling and support groups contribute to reducing the revictimization of disabled women?

10. the extent to which qualified disabled women are recruited, trained, and hired to work in victim services programs, including programs targeted specifically for disabled women.

Endnotes

¹The Americans with Disabilities Act includes three categories of individuals with disabilities: individuals who have a physical or mental impairment that substantially limits one or more major life activities; individuals who have a record of a physical or mental impairment that substantially limits one or more life activities; and, individuals who are regarded as having such an impairment, whether they have the impairment or not.

Physical impairments include orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV disease (symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Mental impairments include mental or psychological disorders, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities include such activities as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, reproduction, learning, and working.

²Caregiver is defined as any person who provides personal or homemaking assistance to women, paid or unpaid.

References

- Baladerian, N. J. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability, 9*, 323-335.
- Berkeley Planning Associates (1997). *Meeting the Needs of Women with Disabilities: A Blueprint for Change*. Oakland, CA: Author.
- Blocker, S. B. (1998). *Climbing Out of the Spiral. Healing Our Wounds from Within: A Web Site Devoted to All Survivors of Abuse*. <http://members.aol.com/sue121/spywe1.html>.
- Briere, J., Woo, R., McRae, B., Foltz, J., & Sitzman, R. (1997). Lifetime victimization history, demographics, and clinical status in female psychiatric emergency room patients. *Journal of Nervous and Mental Disease, 185*(2), 95-101.
- California Women's Law Center. (1994). *Domestic Violence Resources in California: Shelters and Hotline Programs*. Los Angeles, CA: Author.
- Caras, S. (1997). *Advocacy and Violence*. Santa Cruz, CA: MadNation.
- Crosse, S., Kaye, E., & Ratnofsky, A. (1993). *A Report on the Maltreatment of Children with Disabilities*. Washington, DC: National Center on Child Abuse and Neglect, Administration for Children and Families, U.S. Department of Health and Human Services.
- Crossmaker, M. (1991). Behind locked doors: Institutional sexual abuse. *Sexuality and Disability, 9*, 201-218.
- Cusitar, L. (1994). *Strengthening The Links: Stopping the Violence*. Toronto: DisAbleD Women's Network.
- Davies-Netzley, S. (1996). Childhood abuse as precursor to homelessness for homeless women with severe mental illness. *Violence and Victims, 11*, 2, Summer, 129-142.
- DisAbleD Women's Network. (1998). *Violence Against Women with Disabilities*. Toronto: Author.
- Elder, M. (1993). Deaf survivors of sexual abuse: A look at the issues. *Moving Forward News Journal*, Vol. 2, No. 5.
- Feuerstein, P. (1997). *Domestic Violence and Women and Children With Disabilities*. Unpublished report, Millbank Memorial Fund.
- Fine, M., & Asch, A. (Eds). (1988). *Women with Disabilities: Essays in Psychology, Culture, and Politics*. Philadelphia, PA: Temple University Press.
- Gill, C. & Coleman, D. (1996, April 29). Testimony before the Constitution Subcommittee, Committee on the Judiciary, US House of Representatives.
- Harris, B. (1996, January 10). Mom freed in mercy killing. *Spokesman-Review*, pp. A1, A7.
- Hendin, H. (1996, March 21). Dying of resentment. *New York Times*, op-ed page.
- Hershey, L. (1998). *Prejudice and Hate Violence Must Be Confronted*. <http://ourworld.compuserve.com/homepages/LauraHershey>.
- Jacobson, A. & Richardson, B. (1987). Assault experiences of 100 psychiatric inpatients: Evidence for the need for routine inquiry. *American Journal of Psychiatry, 144*(7), 908-913.
- Lehrman, F. (1996). Hidden torts: Section C: Marital rape and other sex crimes. In F. Lehrman (Ed). *Domestic Violence Practice and Procedure*. Deerfield, IL: Clark Boardman Callahan.
- Masuda, S. (1996). *Safety Network Community Kit: From Abuse to Suicide Prevention and Women with Disabilities*. Toronto: DisAbleD Women's Network.

- Mauro, R. (1996). *Domestic Violence and the Disabled*. Unpublished report.
- Office of Juvenile Justice Delinquency Prevention. (1998). *Guidelines for the Screening of Persons Working with Children, the Elderly, and Individuals with Disabilities in Need of Support*. Washington, DC: National Institute of Justice, U. S. Department of Justice.
- Pease, T. & Frantz, B. (1994). *Your Safety...Your Rights and Personal Safety: An Abuse Prevention Education Program to Empower Adults with Disabilities and Train Service Providers*. Doylestown, PA: Network of Victim Assistance.
- Petersilia, J. (1998). *Report to the California Senate Public Safety Committee Hearings on Persons with Developmental Disabilities in the Criminal Justice System*. Irvine, CA: Author.
- Roeher Institute. (1988). *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. Ontario: Author.
- Schilling, R.F., Kirkham, M.A., & Schinke, S.P. (1986). Do child protective services neglect developmentally disabled children? *Education and Training of the Mentally Retarded*, 21, 21-26.
- Sobsey, D. (1994). *Violence and Abuse in the Lives of People With Disabilities: The End of Silent Acceptance?* Baltimore, MD: Paul H. Brookes Publishing Co.
- Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality and Disability*, 9, No. 3.
- Through the Lookingglass. (1997). *Keeping Our Families Together: A Summary of the Report of the National Task Force on Parents with Disabilities and Their Families*. Berkeley, CA: Author.
- Traustadottir, R. (1990). *Women With Disabilities: The Double Discrimination*. Syracuse, NY: Center on Human Policy.
- Tucker, J. & Wolfe, L.R. (1997). *Victims No More: Girls Fight Back Against Male Violence*. Washington, DC: Center for Women Policy Studies.
- Tyiska, C.G. (1998). *Working with Victims of Crime with Disabilities*. Washington, DC: National Organization for Victim Assistance.
- Waxman, B.F. (1991). Hatred: The unacknowledged dimension in violence against disabled people. *Sexuality and Disability*, 9, No. 3.
- X., L. (1998). Accomplishing the impossible: An advocate's notes from the successful campaign to make marital and date rape a crime in all 50 U.S. states and other countries. In *Special Issue: Wife Rape, Journal of Violence Against Women*, forthcoming.

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