

Violence Against Women with Disabilities

A study of sexual assault and domestic violence
among women in Virginia who have mental health
and/or cognitive disabilities

October 2002 to September 2004

Compiled by **Allies for Women in Need of Services**



ACTIONALLIANCE

A Project of Virginia Sexual & Domestic Violence Action Alliance
Formerly Virginians Aligned Against Sexual Assault & Virginians Against Domestic Violence

Violence Against Women with Disabilities

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Virginia Sexual and Domestic Violence

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Technical Notes

This needs assessment is not meant to be construed as research. Since the respondents self-selected, this is not a representative sample. The focus groups represent a very small sample size and the responses should not be construed as typical of all people with disabilities.

Due to the funding source for this project, the focus of AWINS' efforts was on women; however, it is recognized that violence can impact all people with disabilities. This report does provide valuable information on which to build recommendations to improve services to women with cognitive disabilities and/or mental health disabilities who have experienced interpersonal violence. This project is only a small glimpse into the lives of women with disabilities and the kinds of barriers they may face as a result of those disabilities.

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Definition of the problem

People with mental and cognitive disabilities face significant barriers attitudinally, financially, and structurally that contribute to their vulnerability to increased victimization. Research shows that people with mental and cognitive disabilities do not receive equal access to community resources even though they are more likely to experience sexual and domestic violence than people without disabilities.

Description of the Project

Virginians Aligned Against Sexual Assault (VAASA) in partnership with Virginians Against Domestic Violence (VADV), and Global Organization of Feminists with Disabilities (GOFWD), received funds from the Office on Violence Against Women (OVW) to address the issues faced by women with mental health and cognitive disabilities, who have experienced sexual assault, domestic violence, and/or stalking. This partnership was one of only 18 recipients nationwide who received the *Education and Technical Assistance Grants to End Violence Against Women with Disabilities in 2002*. VAASA developed a study group, Allies of Women in Need of Services (AWINS), composed of mental health service providers, cognitive disability service providers, mental health consumers, and sexual and domestic violence service providers to conduct an assessment of domestic violence, stalking and sexual assault programs and mental health and cognitive disability service providers. This assessment addressed the frequency with which women with mental health and cognitive disabilities access domestic violence and sexual assault programs; the ability of service providers to identify domestic violence, sexual assault, and stalking among the women they serve; the extent of services provided; and the training, technical assistance, and resource needs of service providers. The assessment included two surveys and a series of focus groups.

* VAASA and VADV transformed October 1, 2004 to become Virginia Sexual & Domestic Violence Action Alliance

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And to all the courageous women who were willing to share their stories of survival and hope so that we may learn, we are eternally grateful.

Purpose

Based on the results of the needs assessment, AWINS developed recommendations for protocols, services, training, and resources for disability service providers and sexual and domestic violence programs who serve women with mental health and cognitive disabilities who are the victims of sexual assault, domestic violence, and/or stalking. Local communities, state agencies, and service providers can use this report, including the recommendations, to enhance victim safety through specialized domestic violence, sexual assault, and stalking services for women with mental health and cognitive disabilities.

The **Domestic Violence/Sexual Assault Survey** was sent to sexual assault and domestic violence programs, some of which were programs providing both sexual assault and domestic violence services.

The **Mental Health/Mental Retardation/Substance Abuse Survey** was sent to social workers, psychologists, psychiatrists, therapists, private hospitals, psychiatric hospitals and units, residential providers, Centers for Independent Living, substance abuse treatment programs and providers, clubhouses, Department of Social Services, outpatient clinics, Community Services Boards, and assisted-living facilities.

	Domestic Violence Programs	Sexual Assault Crisis Centers	Combined Sexual & Domestic Violence Programs	Mental Health/ Mental Retardation/ Substance Abuse Service Providers
Total sent	24	10	27	1632
Total responded	21	8	24	205
Response rate	88%	80%	89%	13%

No incentives were provided to respondents, yet there was an unusually high response rate, implying that participants viewed this issue as an important concern even without receiving incentives.

Focus Groups

Four focus groups were conducted, two that included only women with cognitive disabilities and two that included only women with mental health disabilities. The facilitators were experienced advocates and mental health and cognitive disability professionals, who were responsible for facilitating the group, and for making sure the participants were comfortable, safe, and had someone to talk to if they were experiencing difficult emotions because of the content discussed. Each focus group answered the same eight questions regarding their experiences with sexual and domestic violence and the services they subsequently sought.

In Their Own Words

The following excerpts are from women with mental health and cognitive disabilities, who were focus group participants. They were asked to tell about some of their experiences of abuse. These stories are just a glimpse into their world.

“When I first started trying to get help I went to see an individual therapist. I described what was going on in my relationship. I did not talk about being raped or sexually assaulted, but talked about being hit. I talked about name calling and various psychological abuses, being isolated and lied to and lots of different things. It was approached as a couple’s problem. I’ve been in and out of therapy for the last 15 years and it was not until this past year that someone finally said, you know, that sounds like an abusive relationship and yet it was still being addressed as a couple’s problem.”

“He always told me what to do and I always tried to do what he said. When I come back I was on a lot of medication and his favorite thing was to say if I didn’t do what he said or do what he wanted me to he would put me in [a mental hospital] and I wouldn’t see my daughter anymore. That was a fear that just was overwhelming.”

“My attorney suggested to me mental health. I went to mental health and it helped me. I couldn’t afford to keep going. It wasn’t but five dollars a visit, but when you have nothing and I was living in a house with no running water, no bathroom, no heat, I had a kerosene heater in the outhouse, it was almost impossible for me to come up with five dollars to go. I wanted to continue but I didn’t. They suggested to me the [domestic violence program] for all the abuse and stuff.”

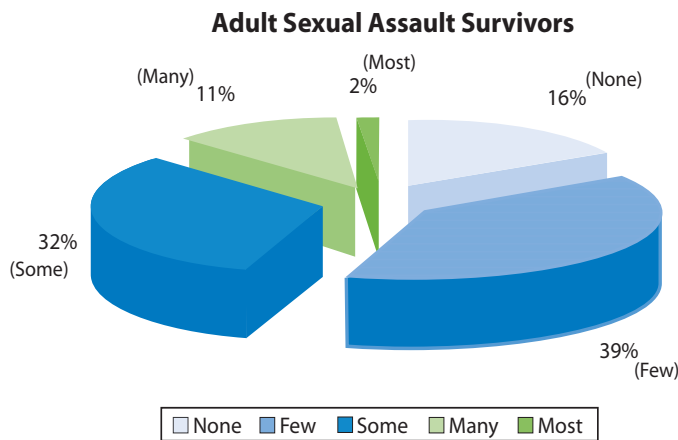
“My husband was in the military and he beat me with a hanger. My friend called the police and he was arrested. His captain bailed him out, said ‘your husband is needed on the ship, not sitting in jail’. He came home and beat me even worse.”

“I remember being tied to the bed, and a staff member came and slapped me on the thigh, my thigh. And then she left her handprint on my thigh. But, see, my mistake was not to get out of the restraints, but I didn’t have a choice. Either I was going to just let her hit me or you know, get out of restraints, and I couldn’t because they had it cutting into my skin. I said my father raped me, please help me. But nobody believes me.”

Disability Services

AWINS defines “disability services” as those services provided to women with mental health and cognitive disabilities. “Disability Services Providers” are defined as those professionals and/or organizations that serve women with disabilities.

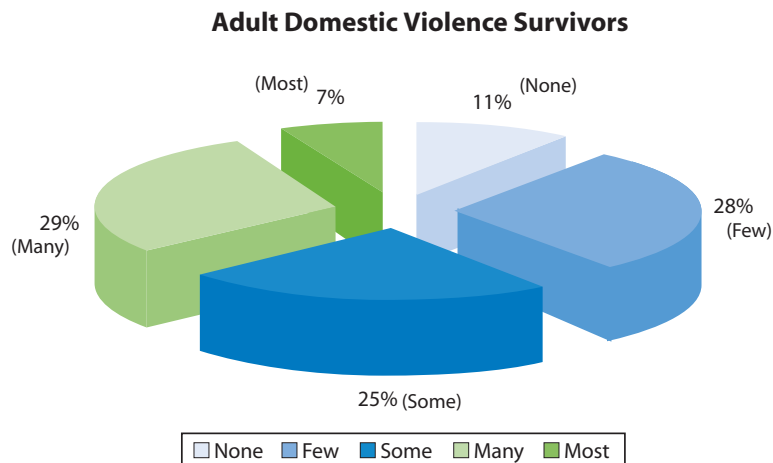
“Of the female clients you have seen in the past year, how many have been **sexually assaulted as adults?**”



Disability Services Providers were asked how many of the women they served had experienced **sexual assault** as adults. 32% of Disability Services Providers said that *some* of the women they served had experienced sexual assault as an adult, while 11% said *many*. This tells us that service providers are seeing a significant number of women who have experienced sexual assault.

“Of the female clients you have seen in the past year, how many have experienced **domestic violence?**”

Disability Services Providers were asked how many of the women they served had experienced **domestic violence** as adults. 7% of Disability Services Providers said that *most* of the women they served had experienced domestic violence. 29% said *many*, and 25% said *some*, which tells us that a large number of women they serve have experienced domestic violence.



Domestic Violence & Sexual Assault Services

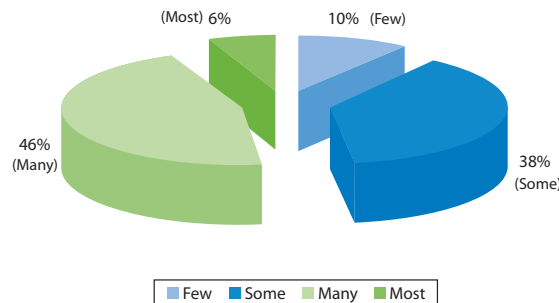
Domestic violence and sexual assault programs were asked to estimate the percentage of women they served **in the past year** who had the following disabilities, and how they identified that the women had these disabilities.

- Cognitive/learning/intellectual (e.g. mental retardation, Down Syndrome, autism)
- Psychiatric or mental illness (e.g. clinical depression, schizophrenia, bipolar disorder)
- Substance abuse

Program responses were evenly split between the victim self-identifying and staff assessments. Women who have experienced interpersonal violence will very commonly exhibit signs of post-traumatic stress disorder, depression, anxiety, etc., and therefore may have been labeled as having a mental illness even though it may be largely situational. Persons who have been traumatized may self-medicate using alcohol and other substances to dull the pain.

“Please estimate the percentage of women you have served in the past year who have the following disabilities...”

Mental Health Disabilities



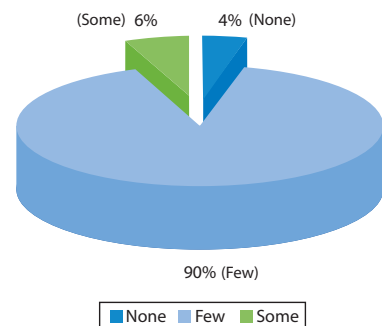
Mental Health Disabilities

(Left) 46% of sexual and domestic violence programs said *many* of the victims accessing their programs have **mental health disabilities**; 6% reported that most victims have mental health disabilities.

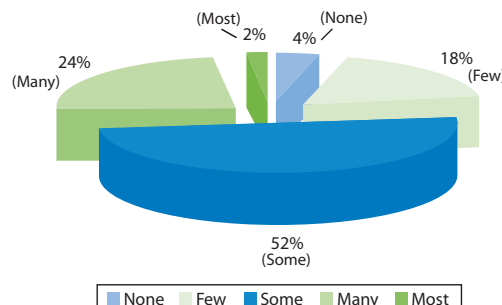
Cognitive Disabilities

(Right) 90% of sexual and domestic violence programs said that they see *few* women with **cognitive disabilities**.

Cognitive Disabilities



Substance Abuse



Substance Abuse

(Left) This pie chart shows that a very high percentage of women with **substance abuse issues** are accessing sexual and domestic violence programs.

Where Do Women with Mental Health and Cognitive Disabilities Go for Help?

During the focus groups, women were asked from whom they sought help, and what they did when they could not get help. The following charts reflect their responses.

“Who do you go to when you need help?”

Women with Mental Illnesses	Women with Cognitive Disabilities
Family doctor	Case manager
Daughter	Supervisor
Shelter	Social Worker
Individual therapist	Counselors
Friends	Staff members
Free clinic	Family
Crisis hotlines	Psychiatrist
Community Services Board	No one
Myself	
No one	

“I never said anything until I went to the shelter because my husband always told me if I called the police or went to the hospital or anything, he would kill me.”

“What do you do when you can’t get the help you need?”

Women with Mental Illnesses	Women with Cognitive Disabilities
Get depressed	Go to police
Pray	Talk to family members
Lose temper	Don't know
Get agitated	Talk to a friend
Get impatient	Cry
Internalize it	Get angry
Don't talk about it	
Go to bed	
Distance myself	

“This is the second time I’ve been at the shelter. The first time I stayed up in the library all the time. I was even sleeping up there. I didn’t want to have anything to do with anybody at all because all they done is hurt me.”

AWINS asked disability services providers how often they were able to provide a series of specialized services, such as transportation, support groups, or individual counseling, for sexual assault, domestic violence, and stalking victims. While the responses were varied, disability services providers assert that the clients' lack of communicating a need for a specific service was the primary obstacle to providing that service.

Disability Services Providers were also asked how they knew that the woman had had these experiences. Was it from the individual's self-disclosure, through staff member's assessment, or obtained from a referral source? The majority said it was from the individual's self-disclosure. However, when asked what the **biggest obstacles to providing services** to women who have experienced domestic and sexual violence, the majority said it was the **client's lack of recognition that interpersonal violence is an issue**, and that there was a lack of recognition of her own victimization.

Domestic and sexual violence programs were asked how able their agency is to provide a specific service to women with mental health, cognitive, and/or substance abuse disabilities. If they responded *rarely* or *never*, they were asked the reason. The checked boxes (below) indicate the most frequent responses.

Obstacles for Sexual and Domestic Violence Agencies

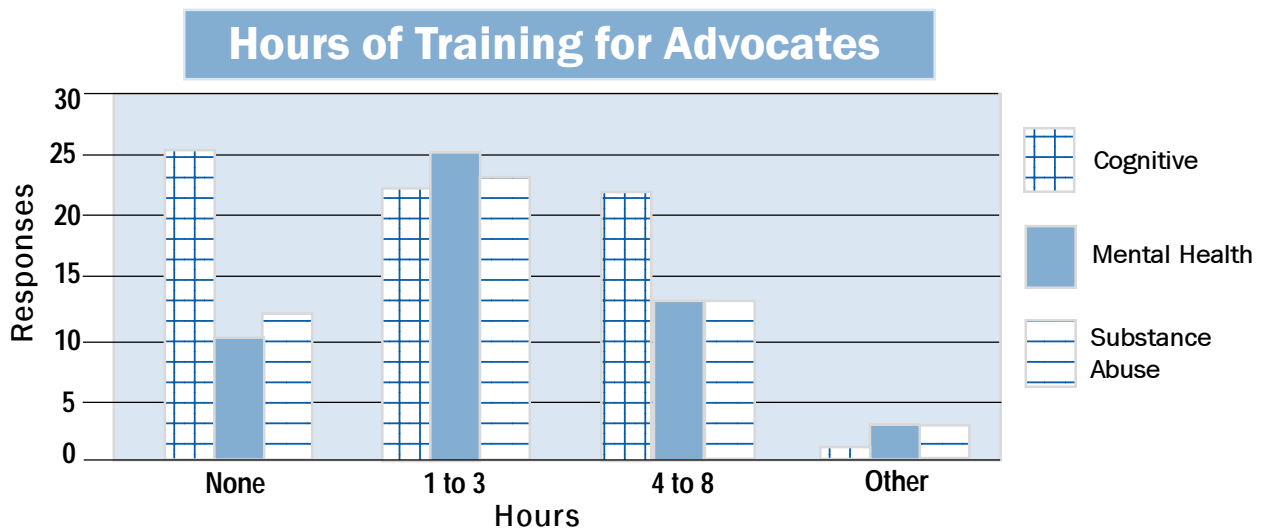
Services

	Lack of funding	Lack of Training/ Technical Assistance	Agency Policy	Not Aware of Need	No Requests for Service
For women somewhat able to care for themselves			X		
For women not able to care for themselves	X	X	X		
Transportation	X		X		
For women to have access to their own medications			X		
For women to bring their own personal care assistant			X		X
For women to work with a personal care assistant provided by the agency	X				X
For women to receive personal care assistance from staff	X				X
Accompaniment	X	X	X		
Shelter		X	X		
Support group		X	X		
Individual counseling		X	X		

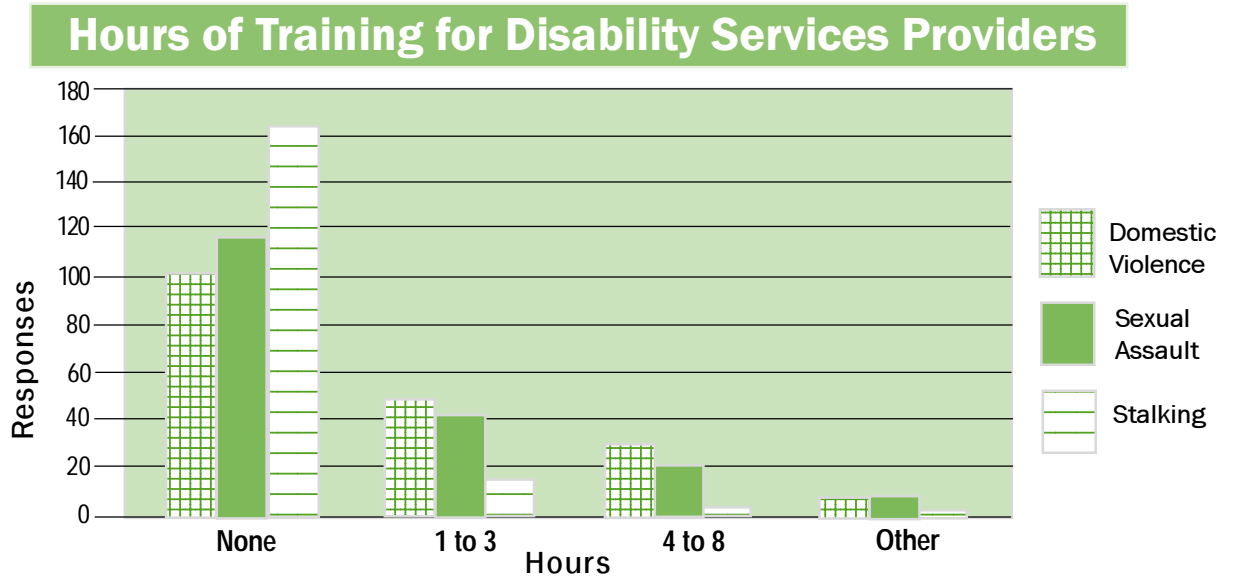
Training and Assessments

Disability services providers were asked how often they screened for sexual and domestic violence and stalking. The responses indicated that the more hours of training community agencies received, the more likely they were to screen for sexual and domestic violence and stalking. Similarly, the more hours of training domestic and sexual violence programs had regarding mental health, cognitive, and substance abuse disabilities, the more likely they were to screen for those disabilities.

The graph below shows the number of training hours that sexual and domestic violence agencies report having received regarding cognitive, mental health, and substance abuse disabilities.



The graph below shows the number of hours of training that disability services providers report having received regarding domestic and sexual violence and stalking.



“ I think it’s very important that people know there’s somewhere to go. I wouldn’t have known without the doctor telling me.”

Individual collaboration is defined as efforts on the part of agencies and/or staff members to work together on individual client issues.

Systems collaboration is defined as efforts on the part of agencies to work together on community responses to issues.

Percentages of DV/SA Centers Indicating Collaboration with the Following Entities

	Cognitive Disabilities Case Managers	Cognitive Disabilities Other Community Agencies	Mental Illness Case Managers	Mental Illness Other Community Agencies	Substance Abuse Case Managers	Substance Abuse Other Community Agencies	Therapists
Rates of Collaboration: Individual	56%	55%	86%	79%	90%	83%	73%
Rates of Collaboration: Systems Level	76%	71%	94%	84%	84%	79%	92%

This chart reveals two important findings:

1. People report that they are collaborating,
2. There is less collaboration on a systems level for women with cognitive disabilities than for women with substance abuse and mental illness.

Access & Services

In an effort to provide enhanced services for women with mental illnesses, substance abuse issues and/or cognitive disabilities, AWINS recommends:

All agencies:

1. Include funds in their annual budgets to support training needs, personnel, and organizational costs associated with providing sexual and domestic violence services to women with disabilities.
2. Determine if agency policies include a nondiscrimination policy that addresses the intent to be fully accessible and available to serve all women with disabilities.
3. Develop materials that increase public sensitivity and awareness thereby reducing the stigma associated with mental illnesses, substance abuse and cognitive disabilities.

Disability services providers:

1. Provide all women accessing their programs information about, referral to, or assistance in contacting a domestic or sexual violence program if needed.
2. Include information on domestic violence and sexual assault in agency materials and relevant "awareness month/week/day" activities.
3. Have sexual assault, domestic violence and stalking resources readily available for anyone receiving services and who wishes to obtain the information anonymously.

Sexual assault crisis centers and domestic violence programs:

1. Provide all women accessing their programs information about, referral to, or assistance in contacting a disability services provider if needed.
2. Designate a staff position to serve as the "disability services coordinator". This position will receive specialized training, network with community disability services and assist other staff in addressing the needs of women with disabilities.
3. Include information on disabilities in agency resources and Domestic Violence and Sexual Assault Awareness Month(s) materials and activities.

Community Collaboration

Effective public awareness campaigns, networking and cross training most likely contributed to the successful reported collaborations on substance abuse issues. To this end, AWINS recommends communities:

1. Encourage community teams (e.g. Sexual Assault Response Teams, Domestic Violence Task Forces, Disability Services Boards, etc.) to have representatives from mental health, cognitive disability services, special education, Centers for Independent Living, substance abuse treatment providers, and sexual and domestic violence agencies.
2. Study local successful systems-level collaborations (e.g. substance abuse agencies, criminal justice, etc.) and consider replicating them to address violence against women with disabilities.
3. Promote community accountability in addressing violence against women with disabilities through community team case reviews, cross-trainings, and public awareness events.

Training

To enhance effective services and support additional services for victims with disabilities who have experienced sexual assault, domestic violence and/or stalking, AWINS recommends:

All agencies:

1. Receive training on the Americans with Disabilities Act.
2. Provide opportunities for women with mental health, cognitive and substance abuse disabilities to attend training on domestic and sexual violence and stalking.

Disability services providers:

1. Train new staff on domestic violence, sexual assault and stalking during orientation, and on a regular basis (6-8 hours annually) thereafter.
2. Support staff attending training on interpersonal violence (e.g. provide coverage for the staff person's job while at the training, budget for travel and registrations, etc.) and then provide in-services for other staff.
3. Offer training on disabilities to sexual assault and domestic violence advocates.
4. Support opportunities (cross-training, in-services, conferences, etc.) for staff to receive information on providing services to women experiencing interpersonal violence including:
 - Screening for violence among persons receiving services
 - Adult Protective Services and relevant civil and criminal laws
 - Community sexual violence and domestic violence resources

Sexual assault crisis centers and domestic violence programs:

1. Train new staff on mental health, cognitive, and substance abuse disabilities during orientation, and on a regular basis (6-8 hours annually) thereafter.
2. Support staff attendance at training on disabilities (e.g. provide coverage for the staff person's job while at the training, budget for travel and registrations, etc.) and then provide in-services for other staff.
3. Offer training on sexual assault, domestic violence and stalking to disability services providers.
4. Support opportunities (cross-training, in-services, conferences, etc.) for staff to receive information on providing services to women with mental illnesses, cognitive disabilities and/or substance abuse issues including:
 - Screening for disabilities among persons receiving services
 - Americans with Disabilities Act and related laws
 - People First language
 - Identifying a survivor's issues related to the violence experienced and those attributed to the disability so appropriate services can be provided
 - Community resources for people with disabilities

Further recommendations

In consideration of the coalition's capacity to conduct training and promote service enhancements statewide, AWINS recommends the **Action Alliance**:

Promote enhanced **access & services** using the following objectives:

1. Create a tool for agencies to biannually evaluate and reaffirm their ADA compliance and commitment to serve women with disabilities.
2. Create an ADA compliance resource for sexual and domestic violence agencies.
3. Develop a sexual and domestic violence screening tool for disability services providers.
4. Develop resources for survivors in alternative formats.
5. Create and/or distribute materials on violence against women with disabilities to sexual and domestic violence agencies and disability services providers.
6. Develop and post on the web a list of resources related to violence against women with disabilities. Provide links to additional web resources from the coalition website. Distribute the list to sexual and domestic violence agencies.

Support **training** initiatives using the following objectives:

1. Initiate training opportunities on violence against women with disabilities.
2. Share information on non-Alliance trainings being offered on this topic.
3. Support Alliance staff receiving training on violence against women with disabilities, the Americans with Disabilities Act, in their advocacy for women with disabilities, and on resources available.



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