

## Domestic Violence Shelters and the ADA By Marc Dubin, Esq.<sup>1</sup>

It is widely believed that women with disabilities are disproportionately at risk of intimate partner violence<sup>2</sup>, yet they rarely seek the services of a shelter. It is the purpose of this Paper to raise the consciousness of providers of domestic violence services about how to better serve women<sup>3</sup> with disabilities, and to enhance the ability of programs serving survivors to reach out to survivors with disabilities<sup>4</sup>.

This paper is not intended to be a criticism of shelters. To the contrary, I have a great deal of respect for the commitment shelters have to serving survivors, and of the sacrifices they make to do so. Through my work with the victim's rights community and the disability rights community, however, I am also aware of the great number of women across the country with disabilities who stay in abusive relationships because their local shelter is either not in compliance with federal law or has failed to adequately let the community know of its compliance and desire to serve these women.

Consider the words of Kimberly Black Wiseman, a woman who is a quadriplegic as a result of a car accident when she was 16, who stayed in a violent relationship which almost resulted in her death:

Looking back on my experiences of abuse, during the battering relationship in 1990 I did not perceive a shelter as an option because of my need for physical accessibility and attendant care. Back in 1990, basic community services, even restaurants, were generally not accessible to me because that was just after the passage of the Americans with Disabilities Act. During the battering relationship, if I had had information on safety planning, education, and domestic violence, and had an accessible shelter available, I would have been better able to protect myself – to get out of the relationship before I was severely beaten and before the hospital and the police had to become involved to get me out.<sup>5</sup>

For how many women with disabilities is this statement still true?<sup>6</sup> What can be done to improve the situation? The Center for Research on Women with Disabilities Baylor College of Medicine Women, at Baylor College of Medicine, has done excellent work on the issue of women with disabilities and domestic violence for years, and offers some excellent observations and recommendations.<sup>7</sup>

### *Overview of the ADA*

The ADA is the most comprehensive federal civil rights law ever passed by Congress concerning discrimination against people with disabilities. Unlike prior federal civil rights laws concerning people with disabilities, such as the Rehabilitation Act of 1973, the ADA does not require the receipt of federal funds to apply. The ADA was passed in 1990, and took effect in 1992. It prohibits discrimination on the basis of disability in almost all aspects of an individual's life, and covers nonprofits as well as for-profit businesses.

Programs and services of state and local governments are covered by title II of the ADA, and these programs and services (including domestic violence shelters), when viewed in their entirety, must be usable by and accessible to people with disabilities.<sup>8</sup> Places of public accommodation<sup>9</sup>, including privately owned domestic violence shelters, have different standards, discussed in more detail below.

*Questions to consider:*

How well do domestic violence shelters serve people with disabilities? Do shelters comply with the federal laws mandating nondiscrimination on the basis of disability? Do people with disabilities feel welcome? Are women with hearing disabilities communicated with effectively? Are shelters accessible to women who use wheelchairs? How many women with disabilities are victims of abuse?<sup>10</sup> Can women with visual disabilities use the shelter? What services are provided to women in group homes for people with developmental disabilities? What services do women with mental illnesses receive? Are staff trained to address the needs of women who bring service dogs into shelter? These and many other questions all arise from the application of the ADA to shelters.

*Serving clients who are deaf or hard of hearing<sup>11</sup>:*

❖ *Review your literature advertising your services – is it welcoming to women with hearing disabilities<sup>12</sup>?*

- How do women contact you for services? Consider the following scenarios:

*A woman who is deaf and who uses sign language as her primary means of communication receives a brochure from your shelter while shopping. She reads the brochure, and wants to know how to reach you for services.*

- Does your brochure tell her that your staff welcomes women with hearing disabilities?
- Does it have a TTY number as well as the regular number?<sup>13</sup>
- Is your staff trained how to use a TTY?
- Does your shelter offer services by telephone after regular operating hours? If so, does your staff take the TTY home in the evening to answer calls? If not, how are women with hearing disabilities served after hours when they call for information and services? Are the hours of operation advertised? Does the advertisement distinguish between services for hearing individuals and individuals with hearing disabilities?
- Does your shelter operate a hotline? Does the hotline have a TTY number? If so, is the number prominently provided on your literature? Is the TTY number prominently displayed on the website?

*A woman who is deaf comes into your outreach office and wants to talk with your staff about the services provided by your shelter.*

- ❖ What kind of communication usually takes place? Is the conversation usually lengthy? Is the information conveyed usually complex? Is the consequence of getting the information wrong significant? These considerations are all factors in determining whether a sign language interpreter is required, or whether providing literature and writing notes will suffice. If a sign language interpreter is required (which is unlikely to be the case), an appointment may be made for a future date so that a sign language interpreter may be scheduled.
- ❖ How does your staff communicate with a woman who is deaf during an intake, or in shelter? What questions are asked during the intake? Does counseling take place at the shelter? Are women with hearing disabilities included or excluded? How do you effectively communicate with a woman with a hearing disability who uses sign language as her primary means of communication?<sup>14</sup> What arrangements have been made in advance to obtain a sign language interpreter? Have you considered partnering with the local title II agencies to share an on-call interpreter? Who does the police department or Sheriff's Office use when they need to interview a suspect or victim who is deaf? Who does the city hospital use? Who does the Court use? Who does the public defender use? Who does the prosecutor's office use? Who do other victim service agencies use? Who do other shelters and rape crisis centers use? Who does the local F.B.I. office use? What sign language interpreters are used at 4 a.m. when a rape suspect or victim who is deaf needs to be interviewed by local law enforcement?<sup>15</sup>
- ❖ Have you included money in your annual budget for sign language interpreter services? Did you do so in the past? If the Justice Department were to open an investigation, would you be able to prove that you provided sign language interpreter services when necessary to ensure effective communication? If you have received federal money, such as money from the Justice Department's Office on Victims of Crime or the Office on Violence Against Women, you are also subject to the Rehabilitation Act, a federal law which prohibits discrimination on the basis of disability by recipients of federal funds. Failure to effectively communicate with a person with a disability puts your federal money at risk of being cut off.<sup>16</sup>
- ❖ Who is responsible for paying for the sign language interpreter and can the client be asked to bring a relative or friend to interpret? The law is very clear on this issue – the service provider must pay for the interpreter – not the individual with a disability. Requiring the individual with a disability to pay for the interpreter violates the ADA.<sup>17</sup> In the context of domestic violence or rape, asking a family member to serve as the interpreter would also violate the law. A family member or friend in these circumstances would not be a qualified interpreter. It would also likely reveal information to the family members or friend that the woman may wish to keep from them. In addition, it would likely be very traumatic for the family member to learn of the abuse, and the decision to reveal this information should be made by the survivor. The shelter must make arrangements to provide the interpreter, and must pay the costs.<sup>18</sup>

- ❖ Is your shelter architecturally accessible to women with hearing disabilities?
  - Are there visual alarms?
  - Is there adequate signage?

*Serving clients who have a visual disability:*

- ❖ *Review your literature advertising your services – is it welcoming to women with vision disabilities?*
  - Is the literature available in alternative formats (Braille, large print, or electronic format)?
  - Does the literature discuss serving women with disabilities?
- ❖ Is your shelter architecturally accessible to women with vision disabilities?
  - For example, is there adequate lighting? Audible alarms? Braille signage? Are educational materials available in alternative formats?

*Serving clients who need policy modifications:*

The ADA requires a shelter to engage in reasonable policy modifications to ensure that they do not discriminate on the basis of disability.<sup>19</sup>

*Modification of the “no animal/no pets allowed” policy –*

*A woman with a dog comes into shelter. She tells your staff that she has a disability and that the dog is her service dog.*

- ❖ How do you determine that it is a service dog?<sup>20</sup> What are you required to do? What are you allowed to ask? What documentation, if any, are you allowed to ask for? Who is responsible for caring for the animal? Who is responsible for walking the animal? What about the concerns of other women in shelter? What if another woman in shelter is allergic to dogs? What if another woman in shelter is afraid of dogs? What if the dog constantly barks, or constantly growls at other residents?
  - How do you determine that it is a service dog? The ADA defines a service animal as any animal individually trained to assist a person with a disability. A service dog is an essential part of the individual’s life, and she has a right under the ADA to bring the dog into shelter. The service dog is not considered to be a pet. The Justice Department allows minimal inquiry – you may ask if the individual has a disability and what the dog does for her. You may not ask for documentation of the disability, and you may not ask intrusive personal questions. The dog need not have been trained by a school, and need not be certified as a service dog. In fact, she may have trained the dog herself. The key is whether the dog was individually trained to assist her in any way with her disability. It should be noted that service dogs come in all breeds, and perform a wide variety of tasks. For example, for a person who is deaf or hard of hearing, the dog will alert her to sounds. For a

person with a mobility disability, the dog will likely be trained to assist her with her balance, may pull her wheelchair, or may pick things up for her. Some service dogs alert people with epilepsy to the onset of seizures, and assist them when they have a seizure.

- Shelter staff is not required to care for the dog. The individual with the disability is responsible for cleaning up after the dog and for walking the dog.
- If other residents express a concern about the presence of the dog, it is important to recognize that the individual with the disability has a federally protected civil right to be accompanied by the dog. You may wish to have those who are allergic to the dog or afraid of the dog moved to another part of the shelter, if possible. What is not allowed is exclusion of the individual with a disability or refusal to let the animal stay with her.
- If the dog significantly misbehaves, then you may remove the animal. However, the disruption must be substantial – unsubstantiated fears will not suffice.

*Another common policy in shelters is the policy that clients are required to do chores while in shelter.*

- ❖ *A woman comes into shelter who is blind. The shelter has a policy that all clients are required to make their bed and clean up in the kitchen.*
- ❖ *Depending upon what protruding objects may exist in the kitchen, it may be necessary to allow her to do other chores, or no chores at all.*
- Does your shelter have a policy concerning the refrigeration and distribution of a client's medications?
- Does your shelter require a person with a disability to have an attendant? This requirement would constitute an unlawful eligibility criteria. While staff is not required to attend to the individual's personal care needs, the shelter cannot exclude an individual with a disability on the basis of her failure to have a personal care attendant.<sup>21</sup>

What other policies does your shelter have, and how might they be modified so as to ensure that the policy does not discriminate against a person with a disability?

#### *Serving Women with a History of Drug Abuse:*

- *A woman comes into shelter, and she has a long history of addiction to crack. Your staff is concerned for the safety of other residents. Do you have to let her in?*
- *A woman comes into shelter, and she has a long history of addiction to crack. She recently successfully completed a drug treatment program, and there is no evidence that she is currently using drugs. Do you have to let her in?*
- *A woman comes into shelter, and your staff believes that she has a long history of addiction to crack. They are mistaken. Based on this erroneous belief, your staff informs her that she will not be admitted into the shelter. Have they violated the ADA?*

According to the Justice Department:

Drug addiction is an impairment under the ADA. A public accommodation generally, however, may base a decision to withhold services or benefits in most cases on the fact that an addict is engaged in the current and illegal use of drugs.

What is "illegal use of drugs"? Illegal use of drugs means the use of one or more drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. It does not include use of controlled substances pursuant to a valid prescription or other uses that are authorized by the Controlled Substances Act or other Federal law. Alcohol is not a "controlled substance," but alcoholism is a disability.

What is "current use"? "Current use" is the illegal use of controlled substances that occurred recently enough to justify a reasonable belief that a person's drug use is current or that continuing use is a real and ongoing problem. Therefore, a private entity should review carefully all the facts surrounding its belief that an individual is currently taking illegal drugs to ensure that its belief is a reasonable one.

Does title III protect drug addicts who no longer take controlled substances? Yes. Title III prohibits discrimination against drug addicts based solely on the fact that they previously illegally used controlled substances. Protected individuals include persons who have successfully completed a supervised drug rehabilitation program or have otherwise been rehabilitated successfully and who are not engaging in current illegal use of drugs. Additionally, discrimination is prohibited against an individual who is currently participating in a supervised rehabilitation program and is not engaging in current illegal use of drugs. Finally, a person who is erroneously regarded as engaging in current illegal use of drugs is protected.

Is drug testing permitted under the ADA? Yes. Public accommodations may utilize reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual who formerly engaged in the illegal use of drugs is not now engaging in current illegal use of drugs.

*Serving women with developmental disabilities – outreach to group homes and coordination with law enforcement:*

Some domestic violence programs also serve as rape crisis centers. It is important to understand the increased risk that women (and girls) with developmental disabilities face of being the victim of sexual assault and rape.<sup>22</sup> It is essential that domestic violence shelters (and rape crisis centers) identify the group homes in their communities and engage in educational outreach. Center for Independent Living in local communities can assist in this effort. It is also essential that the programs coordinate with law enforcement, and cross-train with the Center for Independent Living to better understand how to most effectively communicate with residents of group homes. Police Dispatch should have information about where group homes are located, and should alert responding officers that the call for assistance emanated from a group home. All too often, the caretaker tells the officer that nothing is wrong – all too often, it is the caretaker who is engaging in the

violence. Officers must be trained to be suspicious of the caretaker, and must be taught how to interview the residents.<sup>23</sup>

*Serving Women with Mobility Disabilities - Architectural Barriers:*

*A woman with Multiple Sclerosis comes into shelter. She is in a wheelchair. Is your shelter accessible? What does the ADA require?*

In order to assess what you are required to do under the ADA regarding architectural barriers, it is necessary to assess whether the building was built before 1992 or after, and whether there have been any alterations. If not, the building is considered to be an existing building. Each status carries with it different responsibilities, as set forth below. There is no grandfather (or grandmother) clause.

*Existing Shelters:*

Existing shelters (which have not engaged in alterations), are required to engage in “readily achievable barrier removal.” (RABR). RABR is defined as barrier removal that is “easily accomplishable and able to be carried out without much difficulty or expense.” Examples include ramping the entrance, lowering paper towel dispensers and toilet paper dispensers, changing round doorknobs to levered handles, and ensuring that the parking lot and path of travel to the entrance is accessible. To assess what is readily achievable, one must look at the cost of the action and the income of the shelter. Barrier removal is an ongoing obligation, and steps to engage in barrier removal are supposed to have started in 1992.

*Altered Shelters<sup>24</sup>:*

Alterations conducted after 1992 <sup>25</sup>are required to be done in strict compliance with the ADA Standards for Accessible Design (available at [www.ada.gov](http://www.ada.gov)). In addition, up to 20% of the cost of the alteration must also be spent on the path of travel to the altered area, as well as on the bathrooms and water fountains serving the altered area.

*Newly Constructed Shelters:*

Shelters constructed after 1992<sup>26</sup> are required to be done in strict compliance with the ADA Standards for Accessible Design (available at [www.ada.gov](http://www.ada.gov)), regardless of cost.<sup>27</sup>

*Other issues:*

*Accessible Transportation:*

- How do women with mobility disabilities get to your shelter? What arrangements have you made to transport women to shelter? Do you have agreements with the police? What arrangements have the police made to ensure that women in wheelchairs are transported in an accessible vehicle?

*Sign language interpreters in court:*

*A woman who is deaf and who uses American Sign Language as her primary means of communication is accompanied by your staff to court. What issues arise?*

- To begin with, consider safety issues. It is important to allow the communication to remain confidential. Far too often, women who are deaf are forced to communicate with their sign language interpreter in the hallway. This is extremely dangerous, as the sign language can be observed by anyone in the area, including the defendant, the defendant's allies, and anyone else who knows sign language. Avoid having any communications in a public area.
- Second, consider who will pay for the services of the sign language interpreter. If the sign language interpreter is interpreting *in court*, then it is the responsibility of the court to pay for the interpreter, under title II of the ADA. If the interpreter is interpreting on behalf of the client's attorney, then it is the responsibility of the attorney under title III to pay for the interpreter. If the interpreter is interpreting on behalf of the shelter, then it is the responsibility of the shelter to pay for the interpreter. *It is never the obligation of the victim to pay for the interpreter*, and it would be unlawful to require the victim to use the services of a friend or relative under these circumstances, because of the nature of the communications and the relationship of the friends and relatives.

Conclusion:

The discussion of how to better serve women with disabilities who seek the services of domestic violence shelters is long overdue<sup>28</sup>. It is my hope that this paper will help generate and inform the discussion.<sup>29</sup>

While this Paper seeks to highlight many of the issues that arise when considering domestic violence shelter and the ADA, it does not address all of the issues that may arise. It is hoped that this paper serves to raise consciousness and improve services, and that it helps to spark a discussion among service providers and crime victims, and enhances alliances with disability rights advocates. Please feel free to contact the author<sup>30</sup> at [mdubin@ciladvocacy.org](mailto:mdubin@ciladvocacy.org) with any comments or questions, and please consider joining the CIL Advocacy Program's listserv.<sup>31</sup> We welcome your insights and comments, and stand ready to be of assistance.

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<sup>2</sup>The danger facing these women is considerable, at least as far as sexual violence is concerned. There are very few studies addressing statistics concerning intimate partner violence and women with disabilities. See, e.g., [http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR\\_disab.php](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_disab.php) "Abuse and Women with Disabilities", by Margaret A. Nosek, Ph.D. Carol A. Howland, M.P.H., 1998, published by National Resource Center on Domestic Violence. See also [http://www.bcm.edu/crowd/abuse\\_women/1PREVLNC.htm](http://www.bcm.edu/crowd/abuse_women/1PREVLNC.htm).

The major studies have focused on sexual violence against women with developmental disabilities.

Women with mental retardation and other developmental disabilities are among the most vulnerable members of our society, experiencing a far higher rate of sexual assault and rape than other women, and experiencing this victimization repeatedly. Far more work needs to be done to better assess this problem - the few studies that have been done provide a frightening picture of the world in which these women live. The existing studies reflect a rate of victimization for this population that may be as much as 10 times higher than that of the general population. One study found that more than 70% of women with developmental disabilities had been sexually assaulted, and that nearly 50% of women with mental retardation had been sexually assaulted 10 or more times in their lifetime (Sobsey and Doe, 1991). This represents a 50% higher rate than the rest of the population. Children with disabilities are also at greater risk. One study of children with disabilities found that they were 2.1 times as likely to be victims of physical abuse and 1.8 times as likely to experience sexual abuse as children without disabilities (Crosse, et al. 1993). Despite such high rates of victimization, few of these cases come to the attention of law enforcement. See also, <http://www.bcm.edu/crowd/?PMID=1325>.

<sup>3</sup> Survivors will be referred to as women throughout, since the vast majority of victims of domestic violence are female.. According to the Justice Department, 5-15% of victims of domestic violence are men, and this includes same sex intimate partner violence. See <http://www.cavnet2.org/details.cfm?DocID=3288> ("Men As Victims of Intimate Violence", by Marc Dubin, Esq. for a fuller discussion of this issue.)

<sup>4</sup> Under the ADA, An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more *major life activities*, or

Has a record of such an impairment, or

Is regarded as having such an impairment.

Examples of physical or mental impairments include, but are not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental impairments under the ADA.

"Major life activities" include functions such as caring for oneself, performing manual tasks,

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walking, seeing, hearing, speaking, breathing, learning, and working.

Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

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<sup>6</sup> See <http://www.mincava.umn.edu/library/disability/>

<sup>7</sup> See <http://www.bcm.edu/crowd/?pmid=1410#1>:

***Issue #1: Programs for battered women commonly have architectural, attitudinal, and policy barriers.***

For women who are in life-threatening abusive situations, crisis intervention includes escaping temporarily to a woman's shelter, escaping permanently from the abuser, and having an escape plan ready in the event of imminent violence if the woman chooses to remain with the perpetrator. These options may be problematic for the woman with a disability if the shelter is inaccessible or unable to meet her needs for personal assistance with activities of daily living, if there is no accessible transportation to the facility, if the shelter staff are unable to communicate with a deaf or speech-impaired woman, if she depends primarily on the abuser for assistance with personal needs and has no family or friends to stay with, or if she is physically incapable of executing the tasks necessary to implement an escape plan, such as packing necessities and driving or arranging transportation to a shelter or a friend's home. She may also be unable to make arrangements to take her children with her, and worry about leaving them alone with the perpetrator. She may have to devise a safety plan with a trusted friend or relative to help her make arrangements to escape.

According to the National Coalition Against Domestic Violence and the National Coalition Against Sexual Assault, inaccessibility in battered women's shelters is a serious problem. These programs generally operate on very thin budgets and covering the cost of accessibility modifications and services is a substantial challenge. There is currently a very high and growing demand for these shelters, making bed availability a problem for all women. According to Veronica Robinson, former director of the abuse program at Access Living in Chicago, (personal communication, November 11, 1996), making shelters accessible and generating an expectation that women with disabilities can be served there will only create cynicism when no beds are available. Vigorous advocacy is needed to increase funding for these programs and to expand options for temporary or transitional housing.

Despite these serious financial barriers, quality standards must be implemented for battered women's programs. Buildings must comply with the architectural requirements of the Americans with Disabilities Act, state laws, and local ordinances. Auxiliary aids and services must be made available. Program staff should receive training on basic disability facts, ways to communicate with women with disabilities, and the unique vulnerabilities and reduced escape options faced by women with disabilities living in the community and in institutions. In this way they can increase their sensitivity to disability issues and be more effective counselors. Women with disabilities should be hired as program staff and administrators.

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A point of debate is whether every shelter needs to be accessible or is it acceptable to establish a limited number of fully accessible shelters that serve only women with disabilities. One side of the argument is that one accessible shelter is better than none, which is the unfortunate reality for most communities. Also, the needs of women with disabilities would be met more effectively by a highly trained staff and a totally accessibility facility. The other side claims that segregated facilities create the perception that general programs are absolved of their responsibilities to accommodate women with disabilities. Further, the demand is so great that one program in a community could never meet the needs of abused women with disabilities seeking help.

***Issue #2: Service providers often fail to recognize abusive situations, are silent when abuse is recognized, and are unable to refer abused individuals appropriately.***

Anecdotal evidence indicates that providers of social services, including Social Security workers, human services workers, and rehabilitation counselors, do not generally believe that addressing the abuse-related needs of their clients is within their role or responsibility. The same can be said for physicians and the whole spectrum of health care workers. Information about abuse prevention and intervention, and the availability of community resources for battered women, was rarely included in the professional training for any of these disciplines. Service providers are often unaware of the degree to which abuse can interfere with their clients' achievement of program goals. In-service trainings are called for to enable service providers to increase their skills in discussing abuse with their clients and to establish an information base for referring their clients appropriately to community resources. Research is needed to identify the extent of this problem and to discover training techniques that would be the most effective.

***Issue #3: Churches may be the first point of contact and first point of rejection for abused women with disabilities who are reaching out for help.***

This statement by the Reverend Nancy Lane, Ph.D., an Episcopal priest who has cerebral palsy, (personal communication, November 18, 1996), illustrates the desperation of many abused women with disabilities. Churches generally offer counseling and some social services to their members, but for women with disabilities, the effectiveness of these services is sometimes diminished by religious stereotypes about disability. In some religious traditions women are devalued and women with disabilities are devalued even more. Obedience and submission to the husband is expected. Disability may be associated with punishment for past deeds or sins of the family. Since many churches place a high value on the authority and integrity of the family, they are silent when issues of abuse come to their attention. Their preoccupation with the disability may obscure their recognition of abuse within the family. They may even convince women with disabilities who have been abused to remain silent and seek resolution of their problems through prayer.

Dr. Lane found that the literature on abuse of power by the clergy over women never mentions disability, and that the literature on church and disability never mentions abuse. She cites a fundamental need to change church attitudes toward disability before this problem can approach resolution. Policy declarations about recognizing and addressing the abuse of women, including women with disabilities, must be made from the highest levels of church hierarchies and implemented uniformly through the ranks of community congregations. Although churches are familiar with and refer to battered women's shelters, there is rarely such communication between churches and independent living centers and other disability advocacy organizations. The involvement of religious organizations in

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community coalitions and organized disability advocacy will increase the breadth of outreach. Churches are the first and main point of contact for many people in minority communities and individuals who are in no other way connected to service providing systems. Their role in abuse prevention and intervention could be invaluable.

***Issue #4: Protective services are overwhelmed and often unresponsive.***

Adult Protective Services in most states have a mandate to protect only those adults with disabilities who reside in institutional environments; adults living in the community have to be at least 65 years old to receive protective services. These services, while generally regarded as well intended, are compromised by limited funding and very large caseloads. The bureaucracy in place to administer protective services often further compromises effectiveness. Shortcuts in the bureaucracy are necessary in order to reduce the response time when police calls are received about women with disabilities who are in danger. A more investigative approach is necessary in order to identify feasible living alternatives for abuse victims. Field workers and program administrators should receive extensive training to increase their awareness and sensitivity to the vulnerabilities and realities of living with a broad range of physical, intellectual, mental, and sensory disabilities. Advocacy is needed to expand the mandate of these services to cover a larger age range and variety of living situations, as well as to increase the resources available for the delivery of services.

***Issue #5: The lack of options for personal assistance forces dependence on abusive caregivers.***

The dynamics of receiving personal assistance from a family member or unrelated, hired person are very complex. Persons with severe physical disabilities depend on another individual to assist them with intimate daily survival needs, such as toileting, bathing, dressing, transferring, and eating. It is very easy to abuse such individuals by assisting in a way that causes pain, threatening not to assist with essential tasks, or abandonment altogether. The National Study received numerous reports of women whose assistants withheld medication or refused to give them their orthotic devices, such as wheelchairs, crutches, or braces, until money, sex, or other favors were given. Opportunities are ample for voyeurism and contact with genitals when assistance with toileting and bathing is necessary. Other types of non contact abuse, such as stealing and extortion, are also made easy when the individual cannot directly control their possessions.

In some cases, emotional and physical violence is not deliberate. Family members may resent their responsibility to provide assistance, or may feel stress, fatigue, jealousy, or displaced anger due to dysfunctional family relationships. Paid assistance may, out of incompetence, insensitivity, or general carelessness, be rough or inattentive to special needs resulting from painful limbs or joints, vulnerability to skin breakdowns, lack of sensation, hypersensitivity, osteoporosis, or susceptibility to respiratory or other types of infections. In many cases, despite repeated efforts to train and reinforce correct behaviors, assistants are unable or unwilling to change.

Tolerating abuse in these situations may be the only way to survive. Many women with congenital disabilities have lived with family all of their lives and were raised to believe that no other living options were available to them. Women who depend on their spouses for personal assistance are told by their spouse that they must tolerate the abuse because no one else would ever marry them. The small percentage of women who have resources to hire assistants from outside the

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family sometimes develop a high tolerance for abuse because the alternative of finding new assistants is too daunting. Advertising, interviewing, running background checks, trial work periods are all very time consuming and physically and emotionally stressful. It is very difficult to fire an abusive assistant and pursue the course of finding another of better quality without some type of backup system from family, friends, or a reliable, affordable agency.

On the personal level, the solution to this problem is to develop a tight network of family and friends to check up on one's well-being and be available if emergency assistance is necessary. On the societal level, we must expand affordable and feasible options for providing high quality, reliable assistants. Plans for a national system for funding and providing long-term, respite, and emergency personal assistance services have been under discussion by the National Council on Independent Living, the Coalition of Citizens With Disabilities, the Administration for Developmental Disabilities, and the U.S. Department of Health and Human Services for decades; however, little progress has been made beyond local and statewide demonstration programs. National legislation with ample funding allocation is necessary before a uniform national system of services can be made available. Only then will women with disabilities have a feasible and attainable alternative to abuse as the price of survival.

***Issue #6: Police have received little training in the special needs of women with disabilities.***

Crime statistics make no record of disability. To do so would require police officers to be able to identify the wide variety of disabling conditions using only superficial information. This is an almost impossible challenge; however, some documentation is necessary before violence against women with disabilities will gain the attention it deserves. Standards for reporting should require some indication of functional limitations, such as mobility, sensory, or mental impairment.

Police officers, court justices, and other law enforcement staff should receive training in accommodations needed by persons with disabilities. Some progress has been made in increasing awareness of the needs of persons who have hearing impairments or developmental disabilities. Children should never be used as interpreters and nondisabled individuals should never be asked to speak in place of a disabled person who is capable of rendering the necessary information.

The courts have not proven friendly toward women with disabilities. There is a tendency to order mediation, which forces women to confront their abusers and risk the possibility that the abuser will twist the facts to make her appear to be an abuser or harasser. When children are involved, there is a long and unfortunate tradition in the courts of judgments that the woman is not competent to serve as a mother solely on the basis of her disability. Solutions to these problems will come about when judges acknowledge the civil rights of women with disabilities and understand the principles of the Americans with Disabilities Act.

***Issue #7: There is a serious lack of affordable legal services.***

Many women with disabilities do not see legal representation as an affordable option. The extraordinary expenses associated with living with a disability combined with the financial exploitation suffered by many women make the cost of legal services out of reach. There is a serious need to expand the amount of pro bono and low-cost services

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available to women with disabilities who are entitled to seek legal recourse to resolve cases of violence and long-term abuse.

***Issue #8: Community services are not well integrated.***

The array of needs experienced by women with disabilities is very complex. The fragmentation of social services and the lack of communication among community-based helping resources feeds the perception that no help is available and, therefore, abuse must be tolerated. According to Sharon Johnson, a rehabilitation counselor in Duluth, Minnesota, who deals often with abuse among her clients, the integration of social services is a key to providing women with disabilities alternatives to abusive living situations (personal communication, November 14, 1996). She cites the following factors that contribute to the supportive environment in her community: (1) Protective orders are easy to get; (2) the police receive sensitivity training about disability issues; (3) the police know how to get interpreters quickly and easily; (4) perpetrators who are caught must go to "anger" management classes; (5) there are many high-quality battered women's programs; (6) service providers know about these programs and use them as resources for their clients; (7) there are crisis centers for children of battered women; (8) there is a county program that funds and refers individuals to serve as personal assistants; (9) there are various options for affordable housing, and (10) there is good communication among social service systems. Long term solutions to the problem of fragmentation depend on funding availability. In communities around the country, advocacy is needed to increase funding resources for disability-related social services, to encourage service providers to follow an integrated service model, and to train consumers on techniques to make the system work for them.

**RECOMMENDATIONS**

It has been established that emotional, physical, and sexual abuse of women with disabilities is a problem of crisis proportions. This population faces some unique vulnerabilities to abuse beyond those experienced by women in general. There are two key factors that may contribute to the tendency for women with disabilities to be subjected to abuse for significantly longer periods of time than most women. First is the perceived and real lack of options for escape and for receiving assistance from programs for battered women and other abuse relief services. Second is the general inability of disability-related service providers to identify women who are in abusive situations and refer them appropriately.

We offer the following recommendations for increasing the accessibility and availability of battered women's services for women with disabilities.

1. Modify shelters for battered women so they are fully accessible, including barrier-free access to sleeping rooms and common areas, architectural features that comply with the Americans with Disabilities Act, visual and auditory alarm systems, available interpreters, and TTYs for telephone communication.
2. Ensure that all services offered by battered women's programs are fully accessible and integrated for women with disabilities, including hot lines, individual counseling, and support groups.

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3. Provide or refer legal assistance for obtaining restraining orders and managing court systems.
  4. Keep statistics on the number of women with disabilities who call crisis hot lines or use other program services.
  5. Assist and encourage police in recording disability status in their crime reports, as well as encouraging adoption of a separate category for perpetrators who are caregivers.
  6. Train staff on how to communicate with persons who have hearing, cognitive, speech, or psychiatric impairments. Staff should understand environmental barriers faced by women with physical and sensory disabilities when offering advice or referrals for obtaining shelter.
  7. Have on hand an extensive network of community referrals and contact numbers, including volunteers or other community resources for obtaining personal assistance.
  8. Offer training to disability-related service providers, including independent living centers and churches, on recognizing the symptoms of abuse and the characteristics of potential batterers. Service providers should be familiar with and able to refer to resources for battered women in their community.

We further offer the following recommendations for social service providers who may have contact with women with disabilities, such as rehabilitation counselors, social workers, ministers, case managers, and persons working in medical settings:

1. Seek out information about how to recognize the signs and symptoms of abuse. Suggest that in-service training on this topic be offered for staff of your organization.
2. Incorporate into your work the practice of talking with clients directly and privately about the suspected abuse. Assess the degree of danger they may be experiencing. For situations of extreme danger, contact the police and Adult Protective Services.
3. Help clients suspected of being in abusive situations to develop a safety plan that they could follow to escape their situation should it become life threatening, including identifying accessible emergency shelter, transportation, supplies, medication, cash, and keys.
4. Document in the client's record your observations and discussions about abuse, including your suspicions of abuse.
5. Plan for follow-up to discuss the abusive situation.
6. Give clients information on resources that could help them deal with abuse, including phone numbers for the local program for battered women, family violence division of the local police department, and a legal services organization.

Solving the problem of violence against women with disabilities will require the involvement of segments of the community that have not traditionally been active in efforts to reduce domestic violence. It is essential that networks of communication be established

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among those working in the battered women's movement, the disability rights movement, disability service organizations, legal defense organizations, law enforcement, religious organizations, and health care. In this way we can expand the awareness and understanding of the critical importance of removing the barriers that face women with disabilities who are trying to remove violence from their lives.

<sup>8</sup> See discussion of architectural requirements, and see footnote 4, above.

<sup>9</sup> Places of public accommodation include over five million private establishments, such as restaurants, hotels, theaters, convention centers, retail stores, shopping centers, dry cleaners, laundromats, pharmacies, doctors' offices, hospitals, museums, libraries, parks, zoos, amusement parks, private schools, day care centers, health spas, and bowling alleys.

<sup>10</sup> See <http://www.bcm.edu/crowd/?pmid=1338> :

Caution is advised when citing the prevalence of violence against women with disabilities. Early studies tended to use highly heterogeneous samples, combining both genders, all disability types, and all ages. As a result, they reported that the rate of abuse among women with disabilities ranges from 31% to 83%, or double to quadruple the rate found among women in general.<sup>13-14</sup> Most previous studies focused on people with cognitive impairments or developmental disabilities, a group that includes people with and without cognitive impairments. Our position is that violence issues, such as prevalence, risk factors, and interventions, vary to such a high degree across disability types (sensory impairment, physical impairment, psychiatric impairment, cognitive impairment), that it is best to focus on one group at a time and speak of findings for that group only. It is very difficult to generalize statistics to the population of women with disabilities as a whole.

In our national study comparing women with physical disabilities to women without disabilities,<sup>5-6,12</sup> rates of physical, sexual, and emotional abuse were equally high in both groups. The prevalence of having ever experienced physical or sexual abuse was 52% for women both with and without disabilities. Important differences between the groups, however, were that women with disabilities reported a larger number of perpetrators, with the most common being intimate partners, followed by family members, and the duration of the abuse was longer. They were also more likely to experience abuse by attendants, strangers, and health care providers. Compared to women without disabilities, women with disabilities were more likely to report more intense experiences of abuse, including the combination of multiple incidents, multiple perpetrators, and longer duration.<sup>15</sup>

Based on excerpts from Nosek, M.A., Hughes, R.B., Taylor, H.B., Howland, C.A. (2004) Violence against women with disabilities: The role of physicians in filling the treatment gap. In: S.L. Welner and F.Haseltine (Eds.) *Welner's Guide to Care of Women with Disabilities*.(pp. 333-345) Lippincott, Williams & Wilkins, Philadelphia.

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<sup>11</sup> The requirements concerning services to people with disabilities are slightly different for shelters owned or operated by state or local governments. Domestic violence shelters owned or operated by state or local governments are covered by title II of the ADA. Programs and services owned or operated by state and local governments must be usable by and accessible to people with disabilities, when the program or service is looked at in its entirety. This is a different standard than those owned or operated by private entities. In addition, the obligation to people with hearing disabilities is slightly different as well. Unlike shelters owned by private entities, title II entities must give "primary consideration" to the means of communication preferred by the person with a hearing disability. The title II entity may still offer a different means than those desired by the person with a hearing disability, but the method chosen must be as effective or more effective as the method desired.

<sup>12</sup> See [http://wscadv.org/Resources/protocol\\_disability\\_screening.pdf](http://wscadv.org/Resources/protocol_disability_screening.pdf). Also see [http://www.wscadv.org/Resources/Disability\\_self\\_assessment.pdf](http://www.wscadv.org/Resources/Disability_self_assessment.pdf).

<sup>13</sup> The ADA does not require a shelter to have a TTY, unless the shelter allows clients to make outgoing calls on more than an incidental basis. (The term TTY is interchangeable with the term TDD.) As most shelters do not allow clients to make outgoing calls, out of a concern that the location of the shelter may be revealed, they are not in violation of the ADA when they do not have a TTY number. Instead, callers who are deaf or hard of hearing are able to call the shelter using the Relay Service, which utilizes the services of a hearing operator who acts as an intermediary between the caller and the shelter. While utilizing the services of relay operator complies with the law, it does not best serve the needs of the caller. When a caller is forced to use a relay operator, she is forced to tell her story through a third party (who may be a make operator), and may be reluctant to do so. It is highly recommended that all shelters purchase TTYs and train staff on how to use them. By failing to have a TTY number, or failing to advertise the number, your shelter is giving out the message that your shelter does not welcome survivors with hearing disabilities.

<sup>14</sup> To determine the answer to this question, it will be necessary to engage in a discussion with the individual. How does she normally communicate? Does she use American Sign Language? Does she use an oral interpreter? Does she use Signed English? How well does she read English? How well does she write English? American Sign Language is its own, complex language, with its own syntax. Many users of American Sign Language have very poor reading and writing skills in English, and may be embarrassed to admit this. Try to determine how far the individual has gone in school, and how long they have used American Sign Language. Late-deafened adults often know no sign language, or have limited skills, and may speak clearly. Others may be unable to speak.

<sup>15</sup> For an example of a Settlement Agreement concerning the failure to provide a sign language interpreter, see <http://www.ada.gov/tirone.htm>.

<sup>16</sup> A title III investigation by the Justice Department is usually initiated upon the filing of a complaint by an individual with a disability or by someone filing on their behalf. The investigation is usually conducted by a Senior Trial Attorney, and may be as expansive as the Department

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wants it to be. The Department is not limited to the issues raised in the initial complaint. A complaint that alleges a failure to provide sign language interpreter services may be expanded to include any other violations the Department wishes to investigate. The investigation may last a year or longer. The Department may also initiate the investigation of an alleged violation of Section 504 of the Rehabilitation Act and coordinate the cutoff of federal funds. If it is determined that a violation of the law has occurred, the Department may sue or may settle the case. The Justice Department is authorized by Congress to seek injunctive relief, as well as damages and civil penalties. For a first violation of the ADA, the Department may seek up to \$55,000 in civil penalties. For a subsequent violation, the Department may seek civil penalties of up to \$110,000.<sup>17</sup> For a detailed example and discussion of this point, see the Settlement Agreement between the Justice Department and attorney Gregg Tirone, at <http://www.ada.gov/tirone.htm>. The author negotiated this Settlement on behalf of the Justice Department. The complainant in the matter was a survivor of domestic violence who had sought Mr. Tirone's services to assist her in her divorce and child custody matter. On several occasions, Mr. Tirone refused to provide her with an interpreter, insisting instead that she bring her sister to serve as an interpreter.

Excerpts:

#### **ALLEGATIONS:**

4. The Complainant, Kathleen Culhane Rozanski, has a hearing disability and uses sign language and lip reading as her principal means of communicating.
5. Mr. Tirone represented Ms. Rozanski in her divorce. The divorce involved allegations of domestic violence, as well as matters of child custody, visitation, and issues relating to a restraining order.
6. It is alleged that Mr. Tirone failed to provide a qualified sign language interpreter during several meetings with his client.
7. When meeting with Ms. Rozanski in court, Mr. Tirone used the services of the court's interpreter. The Court's interpreter was provided by the Court at the Court's expense.
8. At other times, in the absence of a qualified sign language interpreter, Mr. Tirone communicated with Ms. Rozanski by pen and paper, fax, lipreading, and by use of the National Relay Service when communicating by phone. It is alleged that use of these alternatives took longer than would have occurred had a qualified sign language interpreter been used, resulting in higher costs to Ms. Rozanski. In addition, Ms. Rozanski alleges that due to the absence of a qualified sign language interpreter, she did not understand all that was conveyed. Mr. Tirone asserts that he represented Ms. Rozanski adequately and professionally, and that he effectively communicated with her. He further asserts that he believes that Ms. Rozanski understood him at all times.

#### **FINDINGS:**

19. Use of a family member as a sign language interpreter in a matter involving domestic violence was inappropriate. Because of her relationship as Ms. Rozanski's sister, the nature of the communications, and because of her emotional and personal involvement with her sister, she was not qualified to serve as an interpreter in this matter. In addition Ms. Rozanski's sister was not a qualified sign language interpreter, as she has a hearing disability as well, and uses a different sign language than her sister, (signed English), and lipreads. Born with a hearing loss, she has moderate to severe hearing loss in her left ear

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and severe to profound loss in her right ear. Her doctors have indicated that “with hearing loss of this degree and nature, (she) can be expected to have communication difficulties in all listening situations, especially when competing background noise is present and when speakers are at a distance or not facing her.” She also has had no specialized training in interpreting legal terms.

20. The Department of Justice has investigated the allegation that Mr. Tirone failed to provide Ms. Rozanski with effective communication and finds the allegation meritorious. Mr. Tirone acknowledges a single violation of the ADA and agrees to the terms set forth below as a resolution of the investigation. In exchange, the United States agrees to terminate its investigation of this matter, without resorting to litigation.

**REMEDIAL ACTION:**

21. Mr. Tirone agrees that it is his obligation to ensure effective communication with his clients who have hearing disabilities, and that he cannot charge them for the cost of the interpreter services or charge any other surcharge to recover this cost. He agrees to post the following statement in the local paper once a month for 2 months, or in the Bar Association’s newsletter or the local Daily Record once a month for 2 months:

*“The law office of Gregg Tirone welcomes clients with disabilities, particularly clients with hearing disabilities. Our firm is in compliance with the Americans with Disabilities Act, and will provide interpreter services when requested to do so. To ensure effective communication, when a client requires a sign language interpreter, this firm will provide a qualified sign language interpreter. The client shall not be charged for the cost of this service. The interpreter will be qualified to interpret legal terms.*

He also agrees to post this statement prominently in his office, in a place clearly visible to the public, for the term of this Agreement.

22. Mr. Tirone agrees to compensate Kathleen Culhane Rozanski \$2200, and agrees to forego any money due him from Ms. Rozanski.

<sup>18</sup> The shelter may assert that the cost of the interpreter services is an undue burden, a defense provided in the law. It must be noted, however, that in determining whether an undue burden exists. The entire budget of the shelter is considered, not merely the cost of the interpreter for the individual client. This is a very difficult defense to successfully raise, and requires that the Justice Department conduct a forensic accounting of the shelter’s budget.

<sup>19</sup> Consider partnering with your local Center for Independent Living to have people with disabilities meet with your staff to learn of the potential concerns that people with disabilities may have. Also consider offering selected members of the disability community a tour of your shelter, to obtain their assistance in identifying problems.

<sup>20</sup> <http://www.ada.gov/qasrv.htm>

<sup>21</sup> A public accommodation is not required to provide personal devices such as wheelchairs; individually prescribed devices (e.g., prescription eyeglasses or hearing aids); or services of a

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personal nature including assistance in eating, toileting, or dressing. Centers for Independent Living may be able to assist shelters in providing these services.

<sup>22</sup> The few studies that exist regarding violence toward people with disabilities have primarily concerned themselves with sexual violence against women with developmental disabilities. There is very little information concerning domestic violence and women with disabilities, other than anecdotal information. In 1998, Congress passed the Crime Victims with Disabilities Awareness Act (P.L. 301-105). This Act mandates the collection of statistics on the criminal victimization of people with disabilities. In addition, the Violence Against Women Act, as amended, contains additional emphases on violence against women with disabilities.

It is likely to be some time before these changes in the collection of data translate into significantly enhanced services to victims of domestic violence who have disabilities. See, "*Violence Against Women with Disabilities, Policy Implications of What We Don't Know*", by Joye Whatley, Program Specialist with the Special Projects Division of the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Published in *Impact Magazine*, Volume 13, Number 3, Fall of 2000. Joye may be reached at 202-305-1715 or at [whatleyj@ojp.usdoj.gov](mailto:whatleyj@ojp.usdoj.gov).

<sup>23</sup> This is also true of responses to group homes housing the elderly.

<sup>24</sup> An alteration is a change that affects usability of a facility. For example, if during remodeling, renovation, or restoration, a doorway is being relocated, the new doorway must be wide enough to meet the requirements of the ADA Accessibility Guidelines. Elevators are not required in facilities under three stories or with fewer than 3,000 square feet per floor, unless the building is a shopping center, shopping mall, professional office of a health care provider, or station used for public transportation.

When alterations are made to a "primary function area", such as the lobby or work areas of a bank, an accessible path of travel to the altered area, and the bathrooms, telephones, and drinking fountains serving that area, must be made accessible to the extent that the added accessibility costs are not disproportionate to the overall cost of the original alteration.

<sup>25</sup> Alterations after January 26, 1992 to existing places of public accommodation and commercial facilities must be accessible to the maximum extent feasible.

<sup>26</sup> The new construction requirements apply to any facility occupied after January 26, 1993, for which the last application for a building permit or permit extension is certified as complete after January 26, 1992.

<sup>27</sup> Following are examples of scoping requirements in new construction --

At least 50 percent of all public entrances must be accessible. In addition, there must be accessible entrances to enclosed parking, pedestrian tunnels, and elevated walkways.

An accessible route must connect accessible public transportation stops, parking spaces, passenger loading zones, and public streets or sidewalks to all accessible features and spaces within a building.

Every public and common use bathroom must be accessible. Only one stall must be accessible, unless there are six or more stalls, in which case two stalls must be accessible (one of which must be of an alternate, narrow-style design).

Each floor in a building without a supervised sprinkler system must contain an "area of rescue assistance" (i.e., an area with direct access to an exit stairway where people unable to use stairs may await assistance during an emergency evacuation).

One TDD must be provided inside any building that has four or more public pay telephones, counting both interior and exterior phones. In addition, one TDD must be provided whenever there is an interior public pay phone in a stadium or arena; convention center; hotel with a convention center; covered shopping mall; or hospital emergency, recovery, or waiting room.

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One accessible public phone must be provided for each floor, unless the floor has two or more banks of phones, in which case there must be one accessible phone for each bank.

<sup>28</sup> One of the best organizations in the country studying this issue is the Center on Research on Women with Disabilities (CROWD), at the Baylor College of Medicine, and they make the following observations and recommendations:

***Although women with disabilities and women without disabilities experience very high rates of emotional, physical, and sexual abuse, women with disabilities are more likely to experience abuse at the hands of a greater number of perpetrators and for longer periods.***

\* Women with physical disabilities reported emotional, physical, or sexual abuse in their lifetimes as frequently as women without disabilities (62%). About half of the women in each group (52%) reported experiencing physical or sexual abuse. 13% of women with physical disabilities describe experiencing physical or sexual abuse in the past year.

\* Women with physical disabilities and women without disabilities were equally likely to have experienced abuse during childhood.

\* The most common perpetrators were partners, or members of the family of origin. Women with disabilities were more likely than women without disabilities to experience abuse by health care providers and attendants. Women with disabilities were abused by a greater number of perpetrators than women without disabilities.

\* Women with physical disabilities were more likely to experience intense patterns of abuse over their lifetimes than women without disabilities.

\* Physical and sexual abuse are strongly associated with depression and stress in women with physical disabilities.

***In addition to the types of abuse experienced by women in general, women with disabilities experience some types of abuse that are specifically related to their disabilities.***

\* Disability-related emotional abuse takes the forms of emotional abandonment and rejection; threatening, belittling, and blaming; denial of disability; and accusation of faking.

\* Disability-related physical abuse takes the forms of physical restraint or confinement; withholding orthotic devices or medication; and refusing to provide assistance with essential personal needs, such as toileting, hygiene, and eating.

\* Disability-related sexual abuse takes the forms of demanding or expecting sexual activity in return for help, and taking advantage of physical weakness and an inaccessible

\* Certain disability-related settings, such as hospitals, doctors' offices, and special transportation services, may create a restrictive environment by separating disabled

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women from their mobility devices, imposing restraint, or forcing isolation from others who could provide assistance, thus diminishing their ability to defend themselves.

\* The need for personal assistance and the difficulty of locating and retaining persons, either within or outside the family, to provide that assistance make women with disabilities more tolerant of abusive behaviors.

\* Traditional screening questionnaires for determining abuse prevalence are not sensitive to abuse that is specifically related to disability.

***Although many battered women's programs report making accessible services available to women with disabilities, few women actually receive these services.***

\* Our survey of 598 battered women's programs showed a wide variation in the number of women with disabilities they serve, but the most common number was 20 women with disabilities served in the past year. These were primarily women with mental illness. Programs were least likely to serve women with visual or hearing impairments. In nearly half the programs, less than 1% of the women served had physical disabilities.

\* Of these programs, 83% offered referral to accessible shelters or safe houses, and 47% provided sign language interpreters for women with hearing impairments.

\* Only 35% of these programs offered disability awareness training for their staff. Only 16% dedicated a staff member to provide services to women with disabilities.

\* 49% of the programs reported that the most effective outreach activities for making women with disabilities aware of their services were community presentations and training, but only 16% conducted such activities.

***Rehabilitation counselors rarely ask their clients about problems of abuse, although they acknowledge that abuse can interfere with the achievement of rehabilitation goals.***

\* Our survey of 535 rehabilitation service providers showed that 75% were aware of the importance of the problem of abuse of women with disabilities. 95% indicated that abuse of a woman with a disability interferes with her vocational or independent living goals.

\* 75% believed they could recognize the signs of abuse. 74% indicated they were comfortable responding to abuse issues. 91% knew where in the community to refer abused women with disabilities. 80% believed it was within their job responsibilities to address their clients' abuse issues.

\* In spite of the high percentages of responses indicating a knowledge of and confidence in dealing with abuse issues, only 19% of the survey respondents indicated that they routinely ask their clients about abuse.

***Independent living centers (ILCs) can be an initial point of contact for abused women with disabilities.***

\* Most of the 41 ILCs that responded to our survey thought the most effective approach for them to address abuse of women with disabilities was to build a strong collaborative

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relationship with local abuse intervention programs, such as domestic violence shelters and sexual assault programs.

\* The service that ILCs offered most frequently was referral to local abuse intervention programs. ILCs have worked with these programs to improve their accessibility and responsiveness to women with disabilities. They have also helped to provide personal attendants to women who are in shelters or who need temporary services due to an abusive care provider.

\* Many of the ILCs in the survey were addressing abuse issues through their individual and group counseling services.

\* ILC staff sometimes offer to train staff of abuse intervention programs on the needs of women with disabilities, and invite abuse program staff to train ILC staff on abuse issues.

<sup>29</sup> Recommended resources include [www.ada.gov](http://www.ada.gov), [www.ciladvocacy.org](http://www.ciladvocacy.org), and [www.cavnet.org](http://www.cavnet.org).

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