



# Domestic Violence Programs and Women with Disabilities

FPG Snapshot

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## Significance and structure of study

Violence against women with disabilities and the potential lack of services for such victims are of particular concern when one considers the proportion of women in the US who have a disability.

Although estimates of the prevalence of disability among women differ, it is clear that many women have some type of disability. For example, the Centers for Disease Control and Prevention report that 24% of the noninstitutionalized civilian women in the US have a disability.

To address these concerns, advocates for domestic violence victims in NC wanted to know the proportion of clients contacting domestic violence programs who have a disability and the types of services these programs offer women with disabilities. Advocates also wanted to know limitations and challenges faced by programs and strategies used to overcome these challenges.

Participants in the planning of the surveys to address these issues included the NC Coalition Against Domestic Violence, NC Domestic Violence Commission and several units at The University of North Carolina at Chapel Hill, including the FPG Child Development Institute. Information was collected in 1999 by written surveys and phone interviews. Of the 85 surveys sent to NC domestic violence programs, data was collected from 72 for an 85% response rate.

<b>Percentage of domestic violence programs serving clients with particular type of disabilities</b>	
<b>TYPE OF DISABILITY</b>	<b>% OF DOMESTIC VIOLENCE PROGRAMS SERVING WOMEN WITH PARTICULAR TYPES OF DISABILITIES (RESPONDENTS = 67)</b>
Mental retardation/developmental disabilities	73
Physical disability/mobility impairment	69
Hearing impairment	38
Visual impairment	24
Other	9

## Results of study

### **SERVING WOMEN WITH DISABILITIES**

Of programs that answered questions about services for women with disabilities, 99% said they had provided services to at least one woman with disabilities in the previous 12 months.

Some 73% of the programs said they had served women with mental retardation or developmental disabilities, and 69% served women with mobility or physical disabilities.

The majority of programs that offered emergency shelter also offered shelter to women with physical or mental disabilities and 77% of these programs said their shelters were wheelchair accessible.

### **MEETING THE NEEDS OF WOMEN WITH DISABILITIES**

When asked about their capacity to meet the needs of clients with disabilities, between 94% and 99% of the programs reported being either somewhat able or very able to provide effective outreach, anticipate needs, provide basic services and access to facilities, and collaborate with community disability-related service providers.

Of all respondents, 16% reported having difficulties communicating with women who have hearing, speech, or learning disabilities.

## CHALLENGES TO SERVING WOMEN WITH DISABILITIES

Programs described two main challenges: lack of funding and structural limitations in program facilities. Providers explained that lack of funding made it difficult to ensure adequate staffing, provide sufficient training for staff, buy equipment, and make structural changes in their shelters needed to meet the needs of women with disabilities.

Several respondents admitted they often prioritized basic, more general services because women with disabilities did not constitute a large proportion of their clients.

Many shelters lacked the space to store medical equipment or to house personal care attendants. Several said they could not accommodate service dogs. Many shelters do not have bedrooms on the ground floor and could not afford to make entrance ramps or convert bathrooms to make them wheelchair accessible. Others described a lack of adapted equipment or assistive technology for clients with hearing or vision loss.

## STRATEGIES FOR OVERCOMING CHALLENGES

As for strategies that have worked, the overwhelming response was networking with other agencies and services that address the needs of individuals with disabilities. Several people commented on the importance of cross-referrals between agencies, as well as the need for domestic violence agency staff to serve on boards of other agencies and to establish good working relationships with these agencies.

A few programs described creative strategies, such as recruiting volunteers from disability organizations and agencies and renting vans or other accessible transportation.

## RESOURCES AND TRAINING NEEDS

Asked what technical assistance and resources would be helpful, most responses revolved around training, support with outreach, and increased resources and staffing.

Training topics included information on strategies for improving the ability to offer accessible emergency shelter services, education on physical and mental disabilities, communication skills, information on alternative funding, ways to upgrade shelter accessibility, and guidance from model programs on establishing better community networking.

Respondents wanted outreach support to help reach women with hearing and vision loss and those with developmental disabilities.

More resources, especially funding, was an often-cited need in order to hire more staff and provide training on disability-related issues; improve shelter accessibility; buy equipment for the hearing impaired; and interpreters for American Sign Language and Braille. ■

## Discussion

Domestic violence programs in NC attempted to accommodate clients with disabilities rather than turn them away, reflecting the grass roots, advocacy character of these programs. Despite the general “can do” attitudes, the domestic violence programs reported barriers that limited their ability to provide the best care to women with disabilities.

The primary challenges were lack of funding for additional equipment, making structural changes to facilities, and providing specific training on disabilities issues for staff. These programs are likely to struggle with prioritizing their expenditures even with some additional funding, unless it is specifically designated for disability-related services.

Experts and advocates for people with disabilities have suggested partnering with local disability organizations. For example,

common strategies for safety planning to escape escalating abuse may not be feasible for women who are physically dependent on their perpetrators. Safety planning may then need to involve creative methods of communicating for help and will need to include disability-related strategies, such as packing spare equipment and medical supplies.

Cross-training between violence and disability advocates would improve service provision to women with disabilities.

**Note:** Although this study described almost all of the community domestic violence programs in NC, data may not reflect the experiences and situations faced by hospital-based domestic violence programs or programs in other states. Also, the study is cross-sectional in design and relies on self-reporting from representatives of the domestic violence programs. ■

### FOR MORE INFORMATION

NC Office on Disability and Health  
[www.fpg.unc.edu/~ncodh](http://www.fpg.unc.edu/~ncodh)

This *Snapshot* is based on “Helping Women with Disabilities and Domestic Violence: Strategies, Limitations, and Challenges of Domestic Violence Programs and Services” in the *Journal of Women’s Health*, Vol. 12, No. 7, 2003. The lead author is Judy C. Chang of the University of Pittsburgh, and among the other authors are Donna Scandlin of the FPG Child Development Institute, UNC-Chapel Hill, Sandra Martin of Maternal and Child Health, School of Public Health at UNC-Chapel Hill, and Kathryn Morraco, Health Behavior Health Education, School of Public Health, UNC-Chapel Hill. The study was funded by the Injury Prevention Research Center at UNC-Chapel Hill and the Robert Wood Johnson Clinical Scholars’ Program.



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