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“Not Our Population to Serve”: An Examination of Resources for Women with Physical
Disabilities Experiencing Intimate Partner Violence

By

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Mankato, MN

Spring 2012

ABSTRACT

This thesis examines services provided to women with physical disabilities who are survivors of intimate partner violence (IPV). Women with disabilities experience IPV at alarming rates and examining resources they may turn to when leaving abusive relationships is crucial to improving such services. In order to analyze services provided to this population, I surveyed staff at both domestic violence shelters and group homes. Two separate surveys were constructed, one for domestic violence shelter staff and one for group home staff. Surveys were administered to facilities throughout Minnesota in the spring of 2012. To ascertain these professionals' capacity to help this group of women, I asked questions about their training, the facilities accessibility, referral processes, and staffs' personal experiences. Six participants responded to the survey constructed for domestic violence shelter staff and eight participants responded to the survey constructed for group home staff. Findings suggest that each type of facility has considerable limitations in providing services to women with physical disabilities who are survivors of IPV. This study found that these institutions can each assist this population, but changes are needed to more effectively help these clients.

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CHAPTER I

INTRODUCTION

Women with disabilities experience oppression due to their gender and disability status (Mays 147). Along with their able-bodied counterparts, women with disabilities are at risk of experiencing abuse by those closest to them, their partners. When discussing women with disabilities it is important to note that their partners often double as caretakers. Jennifer Nixon explains the importance of taking into account the “potential for increased dependency on caregivers and partners” (Nixon 78). This dependency on partners can lead to an increased vulnerability to intimate partner violence (IPV) among women with disabilities (Nixon 78). Because women with disabilities experience IPV at such alarming rates, it is crucial to examine services provided to this population.

This thesis will examine and analyze the resources available to women with physical disabilities attempting to leave violent intimate relationships, specifically domestic violence shelters and group homes. The goal of this thesis project is to ascertain Minnesota service providers’ capacity to assist women with disabilities who are survivors of IPV. My goal was to assess the accessibility of facilities and training that domestic violence shelter staff and group home staff received regarding women with physical disabilities and IPV. Another goal was to gauge the strengths and recommended improvements of each type of facility, as well as get a sense for service providers’ individual experiences aiding women with disabilities who are survivors of IPV. Surveys were administered to facilities throughout Minnesota in the spring of 2012. While this is

a small geographic sample, conclusions were drawn from the data, and the results point to areas for further research.

This research project addresses a gap in existing literature on women with disabilities and violence. Brownridge explains that, “Despite an apparent consensus on the importance of and need for research on violence against women with disabilities, the issue remains an understudied social problem” (805). Much of the existing literature on violence against women with disabilities focuses on prevalence and the different forms of abuse this population experiences. With this thesis project I aim to fill a gap in existing literature by examining and analyzing services provided to women with disabilities who are survivors of IPV.

The dynamics of IPV among women with disabilities differs from the dynamics of IPV within partnerships in which both parties are able-bodied (Nixon 79). Women with disabilities often experience abuse that is specific to their disabilities (Barranti and Yuen 119; Chenoweth 391; Mays 150; Nixon 81). These disability-specific forms of abuse include “purposefully not toileting, bathing, feeding, or hydrating a woman; sabotaging assistive devices (e.g., unplugging the battery pack to a scooter); beating, strangling, or withholding medication; sexual abuse and exploitation; verbal and emotional abuse; and so on” (Barranti and Yuen 119). Because of increased dependency on partners who serve as caretakers, women with disabilities often stay in abusive relationships for a longer period of time than able-bodied women (Barranti and Yuen 117; Brownridge 807; Nixon 79). It is important for service providers to be aware of these differences so they can adequately assist this population.

Women with disabilities experience violence at alarming rates (Barranti and Yuen 115) but I am hesitant to rely on statistical evidence in this thesis. Brownridge explains the discrepancies in statistics on violence against people with disabilities. For example, “it is common in the literature to see very high estimates of violence against persons with disabilities, such as being 50% more likely to encounter abuse than the rest of the population...or having 2 to 5 times the likelihood of abuse compared to nondisabled persons” (Brownridge 805). Furthermore, there is some research that suggests less extreme prevalence rates of violence against people with disabilities.

In their article, “Intimate Partner Violence and Women with Disabilities,” Barranti and Yuen cite a 2002 survey conducted by the Center for Research on Women with Disabilities (CROWD) on the prevalence of IPV against women with disabilities. CROWD surveyed 429 women with disabilities and 421 able-bodied women nationwide about physical and sexual abuse. CROWD found that 62 percent of women with disabilities experienced physical or sexual violence throughout their lifetimes as compared to 52 percent of able-bodied women. It is important to be aware of the discrepancies in statistical data on violence against women with disabilities. Therefore, I hesitate to rely on such data in this thesis.

This thesis is divided into three main chapters. The literature review in Chapter Two is broken up into three bodies of knowledge that are integral to my thesis: feminist disability studies, violence against women with disabilities, and laws and public policies that shape what women have to deal with when leaving an abusive relationship. For this project I will draw from each body of knowledge and contribute to it.

The methodological statement in Chapter Three explains the process I went through to obtain the results. In short, I emailed 33 surveys to contact people at domestic violence shelters throughout Minnesota and asked them to forward the survey on to their staff and co-workers. I sent 23 surveys to contact people at group homes throughout Minnesota, also asking them to forward the survey to staff and co-workers. The surveys inquired about training staff at each kind of facility received regarding women with disabilities and IPV and resources offered to survivors. I also inquired about the facilities' strengths and places for improvement when providing services to women with disabilities who are survivors of IPV.

In Chapter Four, I present the survey results and discuss them. I begin by examining the results of the surveys sent to domestic violence shelter staff and then move on to discuss the results of the surveys sent to group home staff. The discussion focuses on how the service providers view their facilities in regards to women with physical disabilities who are survivors of IPV. In this chapter I also spend time integrating feminist disability studies, research on violence against women with disabilities, and research on laws and public policies as these topics pertain to the responses by service providers. The final concluding chapter summarizes the arguments of this project, reviews limitations of the research and difficulties I encountered. This chapter also focuses on possible areas for further research.

Part of my inspiration for writing this thesis came from a statistic published by the nonprofit organization, DisAbled Women's Network of Canada (DAWN Canada). According to DAWN Canada's website, "women and children with disabilities are twice

as likely to be victims of violence than non-disabled women and children” (“Welcome to DAWN-RAFH”). During my first semester in the Gender and Women’s Studies Department I did an assignment researching this nonprofit organization. I wanted to find a nonprofit that was specifically for women with disabilities in the U.S. Surprisingly, I could not find such an organization and decided to study the work of DAWN Canada. One role of this organization is to advocate for domestic violence shelters in Canada to be more accessible for women with disabilities (Welcome to DAWN-RAFH). I was impressed and inspired by the work DAWN Canada does and disappointed that no similar organization exists yet in the U.S. This made me suspect that women with disabilities may find a lack of services if they experience IPV. In part, this is what motivated me to research services provided to women with disabilities who are survivors of IPV.

Throughout the process of writing this thesis, I began working at a local domestic violence shelter and interning at a nonprofit organization for adults with disabilities. These wonderful opportunities have been eye opening and have influenced this project in many ways. On the other hand, my thesis work has molded my perspective toward these institutions. I now have a better understanding on the way shelters are operated. I also have gained experience working with adults with disabilities. In conversations with female clients they have disclosed stories regarding unhealthy relationships and abuse.

In this thesis I use “people-first” language (Griffin 335). This language encourages the use of the phrase “people with disabilities,” rather than “disabled person.” I made this decision in order to avoid defining people by their disabilities. I use the term

“service provider” to refer to individuals employed at domestic violence shelters or group homes. Finally, I made the decision to use the term “survivor” rather than “victim” in order to recognize the fortitude of women who have experienced IPV. Additionally, a survivor of IPV might not identify as a “victim” and I would not want to victimize a woman who does not identify with the term.

CHAPTER II

LITERATURE REVIEW

Introduction

The purpose of this literature review is to examine existing literature relating to my research topic. I have separated this literature into three main bodies of knowledge: feminist disability studies, domestic violence against women with disabilities, and laws and public policies. Feminist disability studies is a crucial aspect to this research project, as it looks at disability through a feminist lens and recognizes disability as a form of oppression worthy of analysis. Domestic violence against women with disabilities takes specific forms that differ from violence experienced by temporarily able-bodied women and, therefore, is an important component of this research. Examining literature on laws and public policies is a necessary portion of this research project because of the social systems women with disabilities may have to interact with when leaving an abusive relationship. These three bodies of knowledge are integral to understanding and analyzing the resources that are available to women with physical disabilities leaving abusive relationships.

Feminist Disability Studies

Theorists in feminist disability studies argue for the incorporation disability as an axis of oppression in feminist thought. In their chapter “Smashing Icons: Disabled Women and the Disability and Women’s Movements,” Blackwell-Stratton et al. explain how a woman with disabilities has “no place in society she can call her own” (307). They

go on to explain that disabled feminists have no movement to fit into because they deal with sexism in the disability movement and discrimination in the women's movement, as it does not fully address their "disability-based political concerns" (307). This chapter discusses that parenting a disabled child, education, voting rights, and employment have specific implications for disabled women and provides suggestions to how the women's movement can work with the disability rights movement.

This text was published in 1988, predating most of the work on feminist disability studies. These authors suggest that the women's movement could learn from the disability rights movement in order for disabled women's issues to be more integrated within feminist thought. This article showed the connections between the disability rights and women's movements and pointing out where the women's movement has left out the concerns of women with disabilities.

In her article "Integrating Disability, Transforming Feminist Theory," Rosemarie Garland-Thomson urges feminists to incorporate disability as a category of analysis and oppression in feminist theory. She argues that feminist disability studies is a legitimate academic field and can be used in the efforts of social justice. Instead of proposing "yet another discrete feminism," Garland-Thomson suggests ways that "thinking about disability transforms feminist theory" (4). In this article, she incorporates disability into feminist topics such as representations of women, the physical body, identity politics, and activism.

Garland-Thomson explains that disability studies is composed of four aspects: first, it is a system for exploring bodily variations; second, the study of relationships

between people and their environments; third, an explanation of how cultural practices produce able-bodied and the disabled; and finally, it describes the instability of “the embodied self” (5). To explain what disability can bring to the discussion of the physical body, Garland-Thomson discusses the politics of appearance and the medicalization of bodies. She makes connections between cosmetic or “aesthetic” surgery and people with disabilities being encouraged to “fix” their “problems” through surgery. She spends a good portion of her text to exploring cultural stereotypes of disabled women and gives popular culture examples such as Barbie’s disabled friend, Becky. By incorporating disability into feminist topics, Garland-Thomson shows how feminist disability studies can further feminist theory.

In her article, “Misfits: A Feminist Materialist Disability Concept,” Garland-Thomson explores the lived identity and experience of disability. For the purpose of this article, the term “misfit” is used to describe both a person who does not fit in as well as the act of not fitting into a space. This article argues against the concept of a “generic disabled body” (591). She explains that fitting and misfitting occurs on a spectrum based on the consequences of misfitting. For example, when a person in a wheelchair encounters a flight of stairs they cannot proceed, but when they encounter an elevator they can get to their destination.

Garland-Thomson points out that a fundamental principle of disability studies is that it is not peoples’ bodies that cause inequality, but rather it is the shape and design of the world around us that causes social inequality. She uses this premise to argue for a more accessible world and to argue against the “normalization” of people with

disabilities. For instance, it would be preferable for the world to be better designed for Deaf people than to make Deaf people into hearing people with technologies like cochlear implants or hearing aids. She concludes her article by explaining that misfitting can result in subjugated knowledge and create a new standpoint for analysis.

In “Notes Toward a New Theory” Barbara Hillyer uses her personal experiences caring for her daughter with physical and mental disabilities to demonstrate gaps in feminist and disability theory. Through these arguments, she puts forth a new feminist disability theory. Hillyer not only talks about women with disabilities in her work but also women who are caretakers of people with disabilities. Hillyer explains that one challenge within the dependent-caregiver relationship is the concept of equality. She explains that “Disabled people force us to face the problem of reciprocity, the investment in a relationship by both participants” (18).

While connecting disability and feminism, Hillyer explains that people with disabilities and their caretakers have more than average contact with patriarchal institutions such as medicine, government, social service departments, and education. This is one reason she claims feminist theory needs to recognize disability as an axis of oppression. To connect disability and feminism, Hillyer also notes the different reactions female caregivers receive by males and females with disabilities. The caretaker, traditionally a woman’s role, is expected to be “available, dependable, and constant” (11). She explains that these characteristics can be perceived as emasculating if the caretaker is male. Because of these unique experiences of caretakers and people with disabilities, Hillyer argues for disability to play a larger role in feminist theory.

In “Beyond Pedestals,” Adrienne Asch and Michelle Fine explain that most people will experience disability at some point in their lives. They also note that the gender of people with disabilities is largely ignored by rehabilitation and medical professionals, social scientists, and disability rights activists. The authors bring gender into the conversation of disability by pointing out that disability is threatening to the traditionally male attributes of virility, autonomy, and independence. At the time of this publication, feminists were wary of discussing disability. This is shown by a question a feminist academic presented to a co-author of this essay: “Why study women with disabilities? They reinforce traditional stereotypes of women being dependent, passive, and needy” (4). In this essay the authors challenge the belief that disability threatens independence.

One way the authors make this argument is through comparing the sex/gender difference to the disability/handicap difference. They claim that disability is a biological condition, while handicap refers to the social consequences of disability, such as not being able to get into inaccessible buildings. They claim that obstacles in education, resources and employment create situations where people with disabilities become dependent on others. Asch and Fine go on to refute the stereotype that women with disabilities make unfit partners and mothers. The authors conclude this discussion by making connections between the disability rights movement and the women’s movement, such as arguing against essentialism and employment discrimination.

Domestic Violence Against Women with Disabilities

The second body of knowledge I will draw from and contribute to is domestic violence against women with disabilities. Theorists in this body of knowledge explore the different forms of domestic violence this population experiences, victim blaming, and the reasons it may be difficult for women with disabilities to escape abusive relationships. Barranti and Yuen devote their article, “Intimate Partner Violence and Women with Disabilities: Toward Bringing Visibility to an Unrecognized Population” to expanding on research exploring the unique experiences and aspects of IPV women with disabilities deal with, as such research is limited. Barranti and Yuen explain that women with disabilities are viewed in our society as asexual, unfit mothers, and those unlikely to be involved in intimate relationships. These ideals themselves can contribute to IPV vulnerability (117). These factors also foster an attitude of “relationship unworthiness” in women with disabilities. This attitude of “relationship unworthiness” may make violence and abuse difficult to recognize when it happens in an intimate relationship (118).

The researchers cite multiple studies that point to the fact that women with disabilities experience IPV at higher rates than non-disabled women and that women with disabilities often stay in abusive situations longer than their non-disabled counterparts (117-18). Barranti and Yuen explain that women with disabilities experience abuse that is specifically linked to their disabilities and are more often victimized by health care providers, caretakers, or personal attendants. The researchers claim these are abuses of a “helping relationship” (119). Some examples of these different forms of abuse are

purposeful starvation, dehydration, not bathing, sabotaging assistive technologies, and withholding medication (119). They also explain that in these situations escape is difficult, as the woman often relies on her abuser for help with “activities of daily living, financial needs, or both” (120). disabilities more effective. Moreover, the authors note that in 1996 the National Coalition Against Domestic Violence developed a manual and guidelines for implementing the ADA, and explained how this was still not being implemented in domestic violence shelters or programming (123-124). The article by Barranti and Yuen explained why women with disabilities are at higher risk for IPV than their non-disabled counterparts, and what those forms of domestic violence may be. No suggestions were offered for solving the problem or outlining what domestic violence shelters can do to alleviate this problem.

Australian researcher Jennifer M. Mays uses her article "Feminist Disability Theory: Domestic Violence Against Women with a Disability" to argue for an integration of material feminism and disability theory in the discussion of domestic violence against women with disabilities. Like Barranti and Yuen, Mays notes that violence against women with disabilities takes more diverse forms than violence against non-disabled women (150). Also, like Barranti and Yuen, Mays suggests that stereotypes of women with disabilities as being unfit mothers and as asexual people influences the prevalence of domestic violence against women with disabilities (151).

Mays argues that studies of domestic violence remain limited to examining personal characteristics of dysfunction, dependency, and poor self-concept (153), that does not seem to take into account *feminist* research on domestic violence. She does,

however, argue that a materialist feminist account of domestic violence recognizes the “personal worth and dignity of women with a disability, their collective identity and political organization” (153). She briefly discusses the economic oppression women with disabilities experience that can lead to them being a more vulnerable population, and then moves into discussing welfare reform as it relates to ableism. However, as she is an Australian researcher, this analysis was focused on Australia, and proved of little help for my own research project. Mays’ overall argument is that integrating material feminist theory would provide for a model that better recognizes the oppression women with a disability experience in domestic violence situations (155).

Darja Zaviršek discusses sexual abuse of people with disabilities in the article, “Pictures and Silences: Memories of Sexual Abuse of Disabled People.” The aim of this article is to “de-individualise” the sexual abuse of disabled people, and focuses more specifically on women. Zaviršek argues that “both the sexual and asexual identity of impaired persons are invariably fashioned within the institutional arrangement of domination and subjugation” (270). Zaviršek argues that whether the person is seen as sexual or asexual, they can often not escape sexual violence (270). This article provided personal testimonies of sexual violence by people with disabilities from Slovenia. While much of this information was not useful to my project, as it focused on Slovenia, it did provide some interesting, if disturbing, information on the way domestic violence against people with disabilities is viewed.

Zaviršek notes that caretaking is gendered and traditionally is women’s work. Therefore, men performing care work are often seen as exceptional, or are forgiven for

their poor performance of caring duties, because that is “not their work” (272). Završek explains that in one model “sexual abuse performed by family members as caregivers is a consequence of the emotional co-dependency of the family members, or the consequence of the stress among unpaid caregivers caused by financial problems” (272). Also, Završek explains that abuse is blamed on the victim in situations where the victim is a person with a disability. The caretaker/abuser often claims that the person they care for is “difficult,” therefore the victim is to blame for the abuse. This attitude facilitates “forgiving and excusing of parents and paid caregivers for their violent behavior” (272). This article provided some valuable information on the excuses made for abusing people with disabilities, victim blaming, and the ways in which our collective understanding of people with disabilities and caregivers affect responses to violence against people with disabilities.

Another Australian researcher, Lesley Chenoweth, discusses the silencing of women with disabilities in her article, “Violence and Women with Disabilities: Silence and Paradox.” This article provided interesting and new information on why the socialization of women with disabilities can often make them more vulnerable to violence than others. Also, Chenoweth was one of the only researchers I have read thus far who situated herself in her work. She provided testimonies of women with disabilities who were victims of violence, their mothers, and women who worked with them. She provided statistics on violence within Australian institutions, rates of violent crimes, and discussed issues of reproduction and violence (393-399).

Chenoweth explains that women with disabilities have been denied control over their bodies, their finances, have been limited to low income job prospects, and experience isolation (401). All of these factors lead women with disabilities to remain invisible and marginalized. Because women with disabilities remain on the margins of society they are often silenced in abusive situations. Chenoweth explains how the socialization of women with disabilities can lead to vulnerability. She explains that “Practices such as overprotection, segregation, the training of women with disabilities to comply with requests from staff, and a prevailing view that women with disabilities are simultaneously asexual and promiscuous all increase the incidence of abuse and violence rather than prevent it” (391). These kinds of socialization behaviors influence the silencing of women with disabilities in society, and within violent situations. Chenoweth moves away from discussing the different forms of violence and abuse women with disabilities encounter and explains the social factors that contribute to such violence. She makes connections between the ideas people have about women with disabilities and the way these women are socialized to the violence they experience.

In her article, “Domestic Violence and Women with Disabilities: Locating the Issue on the Periphery of Social Movements,” Jennifer Nixon echoes other literature in regards to the dynamics of abuse women with disabilities experience compared to their non-disabled counterparts, and reviews what is known about this kind of abuse. However, Nixon brings a new question to the discussion: why has domestic violence against women with disabilities not been on the agenda of activists battling domestic violence or “disabled people’s movements” in the UK?

Nixon notes that women are on the margins of the disability rights movement, and women with disabilities are on the margins of the women's movement (84). She notes that one reason women with disabilities may feel excluded from feminism is that their perspectives have not been acknowledged in the debates over motherhood, abortion, and reproductive control. One reason she gives that women with disabilities do not play a central role in these social movements is that there is an "underlying assumption" that racism, sexism, or other oppressive experiences of women with disabilities will "be met by other social movements" (86). She concludes by noting how detrimental it is that women with disabilities are left on the margins of social movements, because if they experience abuse, this may make it difficult to obtain help from either disability or domestic violence service providers (86). Nixon, like the other authors mentioned, proves an understanding of different forms of violence women with disabilities experience, but she attempts to locate the issue within social movements.

In his 2006 article, "Partner Violence Against Women with Disabilities: Prevalence, Risk, & Explanations," Brownridge noted the abundance of research regarding violence against people with disabilities and the insignificant amount of research that focused on women with disabilities who are abused by their intimate partners (805-806). In a study of 7,027 married Canadian women he identified factors that contributed to violence among women with disabilities. Brownridge designated these characteristics to three categories: relationship factors, victim related characteristics, and perpetrator related characteristics. Relationship factors included the level of dependence the woman with disabilities had with her partner, the level of educational resources, and

the length of the relationship (807). He identified socio-economic status, education level, and the duration of the relationship as victim related characteristics (808). While discussing perpetrator related characteristics, Brownridge explained that “it is possible that women with disabilities are perceived by men who espouse a patriarchal ideology as being less difficult to dominate” (809). He also noted substance abuse as a significant perpetrator related characteristic (809).

In his study, Brownridge found that among the sample of married Canadian women, women with disabilities were 40% more likely than their able-bodied counterparts to experience violence by a partner in the five years preceding the interviews he conducted (805). However, he did explain that one year prior to the interviews the difference of prevalence of relationship violence among women with disabilities and able-bodied women was not significant (812). In his discussion he cautioned against intimate partner violence (IPV) research that used comparative data between women with disabilities and able-bodied women because women with severe developmental disabilities are underrepresented among women in relationships (817). To conclude his article, Brownridge called on society and perpetrators to remedy this systemic issue. He says, “Men who espouse patriarchy and sexual proprietariness need to receive the message that such ideologies are inappropriate and, along with violence, such behaviors toward women, including women with disabilities, will not be tolerated” (820).

Laws and Public Policies

Public policy and laws shape the responses to domestic violence in U.S. society: these policies are often shaped by those in power, white, heterosexual males. Therefore, it is important to look at the gendered aspects of law and public policy. Women with disabilities looking to leave abusive situations will likely have to deal with social systems or entities that are governed by laws and public policies.

In her introduction to her text *Introduction to Feminist Legal Theory*, Martha Chamallas explains that feminist legal theory “proceeds from the assumption that gender is important in our everyday lives and recognizes that being a man or woman is a central feature of our lives” (1). Feminist legal theory examines how gender has shaped the development of law and explores how women experience the law different than men (1). Feminist legal theory rightly assumes that gender discrimination and bias is a central feature of our law, rather than isolated instances of injustice (2). Chamallas also makes it clear that to fully understand what a case is really about, placing it in a theoretical framework is necessary (4). For the purposes of my research I will place the cases I look at within the framework of feminist legal theory.

Chamallas also explains the three stages of feminist legal theory during respective times in U.S. history. The “equality stage” took place in the 1970s, the “difference stage” was set in the 1980s and the “diversity stage” took up the 1990s. This text aims to connect gender and law, and I will use the connections made in this text to look at gendered aspects of law as it pertains to women with disabilities who have experienced domestic violence.

Catharine MacKinnon, feminist legal scholar, discusses gender and law in her essay, “Sex Equality: On Difference and Domination” in her text *Toward a Feminist Theory of the State*. In this chapter, MacKinnon explains the sameness vs. difference approaches to treatment of men and women under the law. She explains there are two legal paths to equality. One path is arguing for “sameness.” If women want equality they need to “be the same as men” (219). The other path is difference, that looks at “equal recognition of difference is termed the special benefit rule or special protection rule” (218). However, “From this perspective, considering gender a matter of sameness and difference covers up the reality of gender as a system of social hierarchy, as an inequality” (218). So to achieve equality under the law, women either have to prove that they are the same as men, or they deserve equality because of their differences from men. While MacKinnon does not discuss disability, I argue that the sameness vs. difference approaches to treatment under the law would be methods people with disabilities would have to think about. People with disabilities would either have to argue that they are the same as able-bodied people, and therefore deserve the same rights, or they would have to argue that they are different than able-bodied people and special accommodations should be made.

MacKinnon rightly notes, though, that “What sex equality law fails to notice is that men’s differences from women are equal to women’s differences from men. Yet the sexes are not equally situated in society with respect to their relative differences” (224-25). The sameness/difference approaches to equality do not take into consideration gender hierarchies, or social inequalities. Sex equality law makes it clear that to be

human in our society, is to be male (229). The fault with law is that “law of equality assumes that society is already fundamentally equal” (234), which we know is not the case.

MacKinnon’s chapter “Toward a Feminist Jurisprudence” is another text on feminist legal theory. To begin, MacKinnon defines jurisprudence as “a theory of relation between life and law” (237). She then goes on to explain how law is dominated by male-centered views. She notes that law is based on a “male standpoint,” which, because it dominates in the world, “does not appear to function as a standpoint at all” (237). This means that because the male standpoint is so overarching and inescapable in our society, it appears as objective, and that makes the fight for equal rights much more difficult.

MacKinnon goes on to argue for a women’s standpoint. When discussing sexual abuse MacKinnon notes that “sexual abuse has not been seen to raise sex *equality* issues because these events happen specifically and almost exclusively to women as women” (243). She outlines some steps to move toward a feminist jurisprudence of the state, which include “claiming women’s concrete reality” and recognizing that male forms of power over women are embodied in individual rights within the law (when men lose power, they feel they are losing rights) (244). MacKinnon briefly mentions something that Kirsten Rambo discusses at length: the way the role of “privacy” in our society has kept women out of the fight for equal rights with men.

Kirsten Rambo’s online text, “*Trivial Complaints*”: *The Role of Privacy in Domestic Violence Law and Activism in the U.S.* provides an analysis of the history of the

role of privacy in the U.S. legal system. Throughout history, women have been subjected to domestic violence and have not been able to fight in courts because of the perception that these were “private” matters, to be dealt with in the home. The legal system has been extremely wary of intruding too far into people’s personal lives. In her book, Rambo outlines some important cases in legal history that have dealt with privacy in this text.

In the introduction to the text, Rambo explains that privacy is linked to individualism, a concept that U.S. society holds dear. She also explains that privacy in our society is considered a “negative right,” that is “one that does not guarantee benefits, but instead ensures relief from the burden of intrusion by the state” (5-6). She uses her text to argue that the role of privacy has been damaging to women who have experienced violence and advocates for an empowering notion of privacy, one that “suggests an affirmative right to bodily integrity and autonomy” (17). This text fills a spot in this specific body of knowledge by providing an analysis of gendered law, explained in detail by Catharine MacKinnon, that specifically focuses on the role of privacy, that has kept many women from being able to leave domestic violence situations in the legal system.

In the introduction to her text, *Caring for Justice*, Robin West explains one way that our legal institutions have failed. She claims that “good connections,” meaning healthy, nurturing relationships (parent-child relationships, for example) are not sufficiently protected, and are sometimes threatened. This occurs while “bad connections,” abusive marriages, for example, are all too often protected by the state (2-3). West would agree with Kirsten Rambo, in the belief that “privacy,” as a negative

right, can be dangerous. West explains that a “social, legal, and constitutional veil of privacy ‘protects’ relationships against any community intervention” on the behalf of the safety of those involved in the relationship (5).

West goes on to explain that women’s caring work is *moral* work, and necessary for society to thrive. She notes that her work has been construed by other scholars as essentialist, and outlines for detailed reasons why it is not. Her goal is to change the way law is thought about, and to deconstruct the dichotomy between “caring” and “justice” (18).

In the 2011 article “Facilitators and Barriers to Disclosing Abuse Among Women with Disabilities,” Curry, et al. distributed anonymous audio computer-assisted self interviews (A-CASI) designed to increase awareness of abuse to 305 women with disabilities (430). Among the 305 women who were interviewed, 276 (or 90 percent) women reported abuse, and 208 (or 68 percent) reported abuse within the last year (430). In this article physical, sexual, emotional, and disability-specific abuses were included in the definition of “abuse.” The authors identified facilitators to disclosing IPV as “validation, respect, positive change, increased safety for self and others, and access to resources” (432). The authors identified the risk factors and barriers to disclosing IPV as, “shame, fear of increased violence and retaliation, loss of confidentiality and independence, and fear of involving police and courts” (432).

The authors of this article agreed that an awareness of the facilitators and barriers to disclosing IPV among women with disabilities will help service providers be more effective encouraging disclosure and “help seeking” (440). One main concern among

victims of abuse were their beliefs about whether or not their privacy and confidentiality would be upheld. Also, many participants did not believe that their needs and wishes would be respected if they chose to disclose abuse. The authors explained that participants' previous experiences with health and social service professionals could have affected their opinions about their needs and wishes being respected (440). One limitation to this research was that the questions asked about disclosing abuse to professionals, and excluded options of disclosing abuse to friends or family (441). Also, these results may have been affected because of the fact that many health care professionals and social service providers are mandated reporters of abuse in regards to "vulnerable adults," meaning that participants' needs, wishes, and confidentiality may not have been respected (441). The authors explained that the facilitators and barriers to disclosing abuse were similar to those of able-bodied women. However, this article found that women with disabilities reported more abuse in the past year and more dangerous perpetrators. Cognitive disabilities tended to result in fewer facilitators and more barriers to disclosing abuse. This illustrates the unique challenges facing women with disabilities.

Jacqueline V. Switzer's chapter, "The ADA as Policy" starts with the passage of the ADA and explains the process by which the law is being enforced, discusses the agencies responsible for implementation of the law, and outlines some litigation that has resulted because of the passage of the ADA. Switzer begins by explaining the components of the ADA, which is made up of five Titles. Title I relates to employment discrimination (public and private), Title II "affects all activities of state and local governments" and also deals with public transportation. Title III covers private entities,

such as hotels, restaurants, private schools, etc. Title IV outlines regulations for telecommunication services and Title V covers miscellaneous provisions, such as the relationship of the ADA to other statutes (113-115). Various governmental agencies are responsible for enforcement and implementation of the ADA. The Equal Employment Opportunity Commission is responsible for implementing Title I, the Department of Justice is responsible for the implementation of Titles II and III, and other bureaucracies are responsible for other miscellaneous aspects of the ADA (116-119). The National Council on Disability provided reports to Congress for the tenth anniversary of the passage of the ADA. Their reports mentioned the gains made from the ADA, but also highlighted a “lack of leadership” and “insufficient resources” from federal agencies in the implementation of the ADA.

Switzer explains that one way of examining the ADA’s implementation is to analyze court cases, which are usually filed by plaintiffs in federal district courts (128). Switzer did explain that this is an incomplete form of analysis, as the Department of Justice has its own procedures for enforcement (128). She explains that settlement agreements are the most common, but these are difficult to gauge, as they are confidential (128). According to Switzer, despite the government’s fear of being buried by ADA lawsuits, “it has now become clear that litigation is becoming a primary tool of the disability rights movement” (131). Accessibility is something women with disabilities would need to consider when turning to a domestic violence shelter.

Conclusion

This literature review has briefly examined feminist disability studies, domestic violence against women with disabilities, and laws and public policies. The review of this existing literature assists me in the journey to analyzing and evaluating services provided to women with physical disabilities in violent relationships. My first body of knowledge, feminist disability studies, is a pertinent area of research because it incorporates disability as an axis of oppression that is important for analysis. Feminist disability theory brings ableism to the center of feminist discussions, which is what I aim to do in this thesis. Women with disabilities have unique concerns when it comes to domestic violence, and that is why my second body of knowledge is imperative to this project. By using existing literature on women with disabilities' unique experiences with domestic violence I will contribute to this body of knowledge by examining the resources available to this population. It is also necessary for me to draw from the third body of knowledge, social systems, because public policies and social systems shape domestic violence intervention strategies. These policies and systems are also gendered and abelist, which is an important aspect to this thesis.

CHAPTER III

METHODS

Women with disabilities are often cared for by their partners and experience IPV at alarming rates (Brownridge 805). Women with disabilities also experience different forms of abuse that are specific to their disabilities than their non-disabled counterparts, as discussed in chapter four of this thesis. Domestic violence shelters are one of the main resources for able-bodied women in abusive relationships. Since seeking services at domestic violence shelters is not always an option for women with disabilities because of accessibility issues, I looked at another resource for this group of women attempting to leave abusive situations, group home facilities. These types of facilities do not have a focus on domestic violence or abuse. So analysis of resources for women with disabilities who have experienced IPV is necessary to explore. This research will fill a gap in current literature on women with disabilities and IPV.

To analyze the adequacy of services provided to this population of women I used feminist survey research. To gauge the confidence that shelter advocates and group home staff have in assisting women with disabilities in IPV situations, I used a combination of qualitative and quantitative research methods. For this research project, I administered two surveys, one for each type of facility. For the purpose of this project I will use the term “group home.” Individual group homes may use different terms such as assisted living, supportive housing, or assisted living. However, group home is the term many professionals of the field use.

For the purpose of this project I am limiting my research to physical disabilities. I made this decision in part to narrow the scope of the research, understanding that including cognitive and developmental disabilities would be too extensive for the time frame that this research is conducted in. I also did not want to be in the position of defining disability for the participants of this research. What I consider a cognitive or developmental disability may not be what the research participant or their clients define as a disability.

I made the decision to narrow the scope of my project by differentiating between domestic violence (DV) and intimate partner violence (IPV). According to Minnesota Statute 609.2242 domestic violence is violence used against a family or household member (United States). For instance, if a woman is living in a group home and is being abused by a staff person, that could be considered domestic violence, as it is taking place within the woman's domestic sphere (Nixon 78). DV can also include violence against children or among people who are not in intimate relationships. IPV narrows the term to include only violence that occurs between intimate partners or those who have had a significant intimate relationship in the past (Nixon 78). Women with disabilities are often cared for by their partners, and for this reason, I will examine IPV among victims and their partner-caretakers. It is important to note that both DV and IPV are characterized by an imbalance of power and control between the perpetrator and victim (Nixon 78). By narrowing my research to IPV, I focus on violence between partners who are their victims' caretakers rather than DV that can occur between a staff person and a client in a group home setting.

The surveys were conducted online through the website surveymonkey.com. I constructed both surveys using the Likert Scale, in which respondents marked their answers to the questions based on a one to five scale, one meaning “strongly disagree,” three meaning “unsure,” and five meaning “strongly agree.” I then coded the numerical results that made up the quantitative portion of my research. Most questions had a space for comments as well. This made up the qualitative portion of my research. A text box was provided for participants to tell me their job positions. A text box was also provided for questions regarding the facilities’ greatest strengths and improvements that could be made.

I hypothesized receiving fewer responses from group home staff than from domestic violence shelter staff. I anticipated that group home staff might have a more difficult time understanding how they would be helpful in this research. I also anticipated that not many clients at group home facilities had ever disclosed being a survivor of IPV. Six surveys were completed by domestic violence shelter staff and eight surveys were completed by group home staff.

I began this research by administering one survey to domestic violence shelter staff and one to group home staff members throughout Minnesota. To contact domestic violence shelter staff I obtained a list of shelters through the Minnesota Coalition of Battered Women website (“Minnesota Services.”). I proceeded with an internet search to find an email address of shelter managers or executive directors at each facility but numerous websites did not contain this information. In these cases I emailed the shelter through the “contact us” tab. The I sent included a cover letter that explained my project

and attached a link to the survey. The cover letter I utilized for domestic violence shelters can be found in Appendix II. Several emails were returned undeliverable.

For group home staff I obtained a list of licensed group home facilities for people with disabilities on the Minnesota Department of Human Services website ("Program Lists in PDF Format."). I proceeded with an internet search for email addresses of managers or executive directors at the group homes. Similarly to domestic violence shelters, many websites did not publish staff contact information. In these cases, I emailed the general group home email address listed under the "contact us" section. I included a cover letter to group homes explaining my project and attached a link to the survey. The cover letter for group homes can be found in Appendix IV. In each cover letter I requested that the recipients send the survey to co-workers who would be "better suited to participate." This however, the manner in which I made this request did not garner the desired effect. In hindsight, I should have requested that the survey be forwarded to all employees in order to obtain more results and data.

The survey for domestic violence shelter staff included basic questions about the type of shelter they work in and how long they have been at their positions. The next section included questions about the accessibility of the shelters. Next, I inquired about the training they received on disability. The last section of the survey included open-ended questions asking about their experiences with women with disabilities, the best aspects of their shelter in regards to providing services to women with disabilities and what they believed could use the most improvement. The full survey can be found in Appendix III.

The survey for group home staff also included basic questions about the type of facility they work in and how long they have been at their position. I then inquired whether any clients had ever disclosed that they were survivors of IPV. I asked whether they received training on violence, abuse, or IPV. I then inquired about whether there is a staff member at their facility who would be able to refer a survivor to more appropriate services, if they felt they were unable to adequately assist a survivor. The last section of the survey included an open-ended question about staffs' experiences assisting survivors of IPV. Participants were also asked about the facilities' best aspects in regards to providing services to survivors and what they felt could be improved. The full survey can be found in Appendix V.

My goal in administering surveys was to gain an understanding of the knowledge of these professionals in relation to women with physical disabilities and IPV. To explore these research questions I used feminist survey research with both quantitative and qualitative components. Web-based surveys were a cost- and time-effective way to reach a wide range of participants. Web-based surveys were preferable to interviews or focus groups because they gave participants a sense of anonymity and insured confidentiality. It was important for participants to understand that the survey was anonymous because this is a serious topic, and participants are being asked to be candid about their workplace. Participants were asked to respond to closed-ended questions where they marked a number on the Likert Scale. Closed-ended questions were chosen because they are "often quicker and easier to answer, making individuals more likely to respond" (Rubino and Jayarante 313). Also, the Likert Scale was chosen because most people are familiar with

this method, which minimized confusion. The Likert Scale also offers participants a range of options. However, there were some open-ended questions and comment boxes along with each question. This was desirable because it allowed participants the opportunity to put their experiences and opinions into their own words.

As Rubino and Jayarante note in “Feminist Survey Research,” qualitative methods are “helpful for determining the best course of action in implementing social change for women because such techniques help us to identify patterns of gender oppression and reveal how oppression operates” (Rubino and Jayarante 303). The surveys provided me with a broad understanding of these professionals’ knowledge.

In her article, “Why Standpoint Matters,” Alison Wylie explains the concept of situated knowledge. She says, “social location systematically shapes and limits what we know, including tacit, experiential knowledge as well as explicit understanding” (343). My own social location has shaped and limited what I know.

No one can come to a research project with complete objectivity, and I am no exception. I am a graduate student in the Gender and Women’s Studies department at Minnesota State University, Mankato. As a self-identified feminist, I recognize gendered violence as a systemic cultural issue. I have spent a good portion of my two years in this program researching various topics dealing with women with disabilities. My social location as a feminist graduate student in a Gender and Women’s Studies program clearly shapes and limits what I know.

In her article, “Learning from the Outsider Within,” Patricia Hill Collins uses Black domestic workers to illustrate the position of the outsider within. As Black women,

they remain outsiders in the dominate white world where they work. However, their proximity to the white families gives Black domestic workers a special insider status that not many Black people would be privy to. Drawing from Hill Collins' theory of the outsider within, I have identified how I am an outsider and an insider to this research topic.

I am an outsider to this research because I identify as a temporarily able-bodied woman. However, I do recognize that ability is not a static location and I could become disabled at any time. Also, I have never been in a position of being dependent on an intimate partner. I am aware of my privileges such as being white, lower-middle class, and heterosexual. I recognize these privileges and how this status makes me an outsider to this research. Furthermore, I am not, nor have I ever been in an abusive relationship or needed to seek domestic violence services, which also makes me an outsider to this research.

I am currently employed at Mankato's domestic violence shelter, Committee Against Domestic Abuse (CADA). This gives me unique insight to this research. I have had the opportunity to observe what kinds of provisions are made for women with disabilities at CADA and other shelters throughout Minnesota. I am also an intern at LifeWorks, a nonprofit organization for people with disabilities in North Mankato. Most of the clients at this organization live in group homes. My position as an intern at LifeWorks also makes me an insider to this research. My positions at these facilities have influenced my research. I also feel like my research has influenced my work in these positions. I feel like I am a better service provider because of the research I am doing.

My interest in this topic was sparked by my experience of having a brother with disabilities, which provides me with a unique standpoint in regards to this research. I have seen how disability is a form of oppression in our society, and the lack of resources available to this population in general. Growing up with a brother with disabilities was a large source of inspiration for focusing on disability throughout my time in the Gender and Women's Studies department and conducting this research.

CHAPTER IV

RESULTS AND DISCUSSION

In examining services provided to women with physical disabilities who are survivors of IPV, domestic violence shelter employees and group home staff persons proved to be an insightful and knowledgeable population. While the number of responses from each type of facility was relatively small, the data yielded interesting results. First, this chapter will analyze survey results from domestic violence shelter staff. Second, I will examine the results from the survey administered to group home staff. To analyze the data from each survey I will discuss the main themes of the results. I will examine the general demographics, the accessibility of each type of facility, the training each type of professional received, and their experiences providing services to this population of women. I emailed surveys to contact persons at 33 domestic violence shelters and 23 group homes and asked for the email to be forwarded their co-workers. My goal was to receive 10 responses from each survey, and I received six responses from domestic violence shelters and eight from group homes. While the number of surveys completed was small, the data did point to interesting results from which I was able to draw some general conclusions. The data also raised questions that could serve as the basis for further research. The domestic violence shelter survey and group home survey can be found in Appendices II and IV respectively.

Domestic Violence Shelter Survey Data Analysis

General Demographics

The first questions of the survey were general demographic questions that were used to gain a better understanding of the shelters and the work the participants do. My intent in asking these questions was to get a feel for the shelter and staff in order to better examine the services they provide to women with physical disabilities who are survivors of IPV. Of the six participants, four described their shelters' setting as rural, one described the setting as suburban, and one described the setting as urban.

When asked to identify their job positions, three participants identified themselves as executive directors. One respondent identified as a shelter advocate and one participant identified her/himself as a "manager/shelter advocate." The other participant identified as an administrator. My original goal was to administer this survey mainly to shelter advocates, as they are the professionals who have the most direct contact with the shelter environment and the clients. The small number of shelter advocates who participated in the survey could be due to the fact that the contact information of people I sent the survey to was mostly upper management. The contact information I was able to find online was an email address of an executive director or shelter manager, which explains the high participation rate from such professionals as compared to shelter advocates. In the cover letter sent to these contact people I requested that they send the survey to co-workers or colleagues who would be better suited to participate. However, in hindsight the manner in which I made this request did not garner the desired effect.

Five participants answered the question that asked them to describe daily job duties. As expected, these responses varied significantly. One participant explained that her/his job duties are to assist women and children staying in shelter and assist in navigating the social service sector. This participant also stated that she/he acts “as a support for women and children and assists in empowering them during their stay.” This participant also assists in safety planning, answering crisis calls, and discussing issues relating to domestic violence and sexual assault. Another participant explained her/his daily job duties include, attending court hearings, doctor appointments, and police stations. Other participants explained that their daily job duties consist of overall administration including “staffing, human resources, funding, grant writing and reports,” working with clients, and public education.

The next question inquired about the amount of time participants had worked in their jobs. Possible answers were less than one year, one to two years, two to four years, four to eight years, or eight or more years. All six participants answered this question. Two participants have worked at their positions for less than one year, three have worked at their positions for four to eight years, and one participant has worked in her/his position for eight or more years. There was a wide range of experience among participants of the survey.

Participants were asked whether they work at a privately or publicly owned shelter. Four participants answered this question. Three work at a privately owned shelter and one works at a publicly owned shelter. In hindsight I recognize that I might have improved this question by including “nonprofit organization” as an option. The low

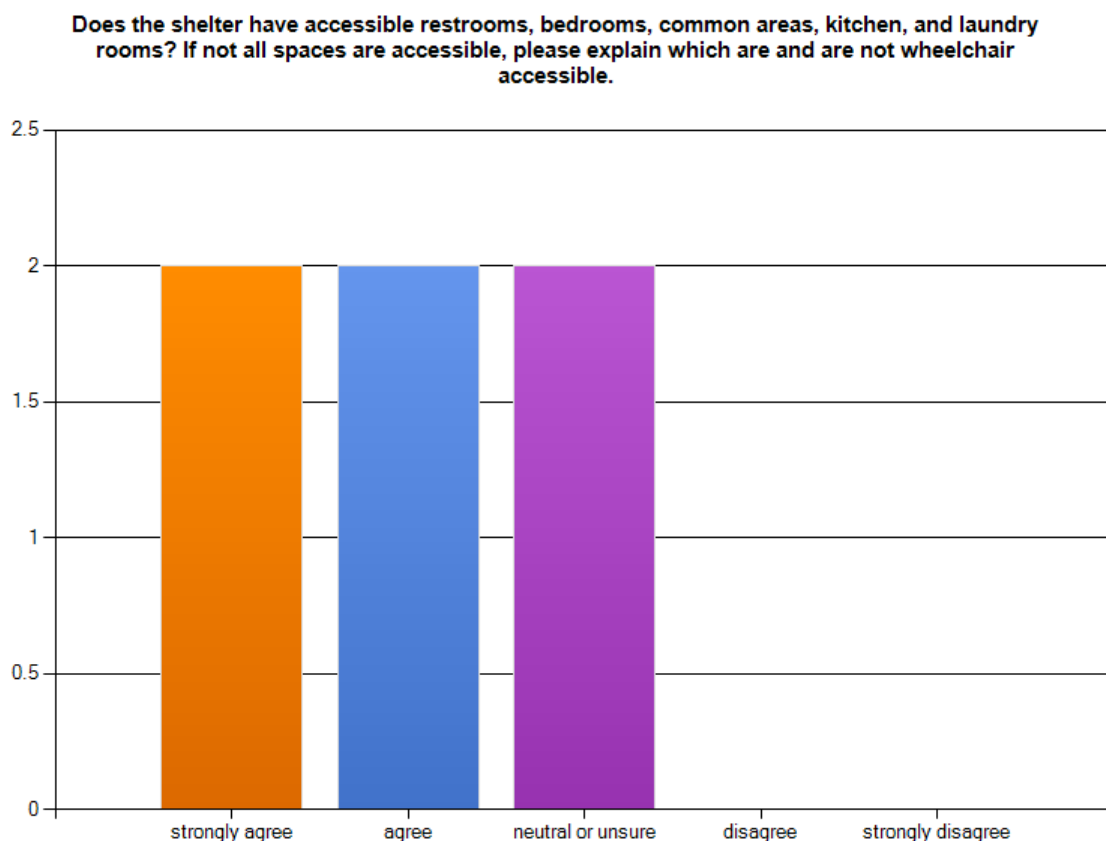
participation rate for this question may be due to the lack of “nonprofit organization” as an option.

Women with Physical Disabilities in Shelters

The sixth question asked participants how many women with physical disabilities their shelter assists per year. All six participants responded to this question and no one utilized the comment box. Two responses showed that the shelters assist fewer than five women with physical disabilities per year, and two responses showed that their shelters assist five to ten women with physical disabilities per year. One response showed the shelter assists ten to fifteen women with physical disabilities per year, and one response showed the shelter serves fifteen to twenty women with physical disabilities per year. No participants claimed that their shelter assists more than twenty women of this population per year. The high numbers of women with physical disabilities served was an unexpected result of this question.

Participants were asked whether their shelter has accessible restrooms, bedrooms, common areas, kitchen, and laundry rooms. Participants were asked to explain what spaces are and are not wheelchair accessible. Table 1 shows the results of this question. Four participants commented on this question.

Table 1



In the comment boxes, participants gave details about their answers. One participant explained that, “our physical shelter is not handicap accessible, however for people with disabilities, we shelter them in our hotels which are fully accessible.” At this facility women would be able to receive emergency housing off-site, but because she would not be located in the shelter, participating in the programs would most likely be difficult. Another participant explained that her/his “safehomes” can accommodate “someone with accessibility issues.” Another participant explained that while her/his shelter is not

accessible to people with disabilities they are able to shelter women in hotels that are fully accessible. The other participant explained that since her/his shelter is rural, housing options are limited if the client wishes to stay in town, “however, wherever I put them is accessible for handicapped people.” The results of this question show that while shelters may not be accessible, staff will make sure clients have a safe and accessible place to stay if possible.

When asked whether the shelter has the ability to provide a sign language interpreter three participants answered strongly agreed. Two participants agreed and one participant was neutral or unsure. In the comment box, one participant explained her/his shelter uses an interpreter service and that communication could also be done via writing. This participant appeared to have a thorough understanding of the interpreter service. Another participant said, “This is something we have to call in and find someone, for sign language, or other language [sic].” Based on this comment it is unclear whether this shelter utilizes an interpretation service or whether this employee has a clear understanding of such a service.

The next question inquired about whether the shelter has information on accessible transportation. Three participants strongly agreed, two participants agreed, and one participant was neutral or unsure. In the comment section, one shelter worker explained that she/he had information on public transportation, and if the client was on medical assistance, the shelter would provide transportation to medical appointments. Another respondent explained that “staff transports clients periodically.” The geographic area of the shelters should be taken into consideration with this question. If the shelter is

in a rural area, staff transporting clients would be more practical than if the shelter was located in an urban area. Likewise, in an urban area, it would be more imperative that clients have information about accessible public transportation.

Question ten asked, “Does your shelter provide accommodations for women who need personal care, such as being lifted, bathing, medication, or other personal care needs?” Three participants disagreed with this question, two participants agreed, and one strongly disagreed. No participants utilized the comment box for this question. The results of this question were anticipated, as shelter employees are not necessarily trained on these personal care needs. I anticipate that having a shelter employee perform these duties could be a liability issues as well.

The eleventh question asked whether the shelter would allow a personal care assistant to stay in the shelter with a victim. Based on the results of question ten, most shelters are not equipped to perform personal care duties, which is why it is important that a personal care assistant be able to stay in the shelter with a woman. Three participants strongly agreed with this question, two participants agreed, and one participant was neutral or unsure. One participant utilized the comment box and explained that “it would depend on the situation.” The results from this question were unexpected. Allowing a personal care assistant to stay in shelter with a survivor would be beneficial, especially when shelter staff is not equipped to provide services such as lifting, bathing or medicating, which was indicated in question ten.

The next question inquired about the process of referring a woman to another service provider if the shelter is unable to accommodate women with physical

disabilities. Rather than provide multiple choices for this question, I provided a text box so they could tell me in their own words what they would do in this situation. Three participants responded to this question. One participant explained that her/his shelter makes use of a system that “highlights all available beds in shelters in MN” and that the advocate would call another shelter on the client’s behalf to check on the availability prior to transferring the victim. This participant also explained that she/he can put a woman up in a hotel and that “this might be an option for a short-time stay in order to ensure safety.” Another participant also explained she/he would utilize hotels for short-term shelter, and they would also provide hotel accommodations for a personal care assistant. This participant went on to explain, “If no shelter could assist, we would still offer our assistance to where ever they would be staying.” By this she/he may mean that the shelter would allow a woman in this situation to participate in shelter programs, even if she were not able to stay in the shelter. The last participant to respond to this question explained that she/he would “call the hospital, and see if they could stay there until a shelter that meets their needs is found.” This response raises the question if this shelter has an adequate referral process in place, or if this employee is aware of it.

Training and Staff Experiences

When asked if participants felt they received adequate training on disability as it relates to IPV, the majority, four participants, agreed with the question. One participant disagreed and another strongly disagreed. When writing this question I anticipated more shelter employees and advocates responding to the survey. As three of the participants

were in management positions, the responses to this question could reflect their positions, and these results may not be representative of the training shelter staff or advocates have received. No participants responded with a comment to this question.

The fourteenth question asked participants to elaborate on a personal experience providing service to a woman with physical disabilities in the shelter environment. I inquired whether they felt they were adequately able to assist that woman or their shelter was able to adequately serve the woman. A text box was provided for this question and four participants responded. One participant rightly stated that she was unsure whether they are able to ever “fully” help any woman, “regardless of the intersections of her identities.” This participant went on to say that “Depending on what resources the woman has had and what she wants, I would advocate for her needs, regardless of if that means within the shelter setting or in regards to other systems players.” Another participant explained that she/he had not personally assisted a woman with disabilities. One participant noted she/he had assisted a woman with disabilities and reiterated the effectiveness of the hotels they had utilized to provide a safe place for the survivor while she assisted the client in filing order for protection and safety planning. The last participant explained that her/his shelter has been able to assist “everyone who comes to us, some have physical disabilities, some mental disabilities, we have had no problems thus far.”

The next question asked participants what they felt their shelters’ greatest strength is in assisting women with physical disabilities. Three participants responded to this question and three skipped this question; a comment box was provided for this question.

One participant said their greatest strength is “Adaptability and a genuine willingness to make whatever accommodations within reason to make women and children feel safe, both mentally and physically.” One participant explained her/his shelter’s greatest strength when assisting women with disabilities is the “variety of safe home locations that could accommodate a victims [sic] specific needs.” Another participant explained the shelter’s greatest strength in this area is “the funding for the options that we can offer to provide services.”

Three participants responded to the final question that inquired about what their shelter could do to improve services for women with physical disabilities. One participant explained that accessibility improvements could be made, specifically “lower counters in the kitchen” and a more accessible pathway to the front of the shelter. One participant explained that her/his shelter could improve by asking more questions of the women because “they may have needs that we have not identified just by looking at them.” The last participant explained that she/he would like to rebuild the shelter to make it more accessible to women and children with disabilities. There is a combination of accessibility and advocacy changes that could be made to provide better services to women with disabilities in IPV situations.

Group Home Survey Data Analysis

General Demographics

The first questions on this survey were general demographic questions that were used to gain a better understanding of the group homes and the work the staff does. Of

the eight participants, six responded to the first question that inquired whether the group home provides services to women with physical disabilities. All six participants responded “yes.”

The second question inquired about the location of the group homes. Seven out of the eight participants responded to this question. Zero participants described their group home as being in an urban environment. One participant described her/his group home as suburban and four described their shelter as being in a rural setting. Two participants chose “other.”

Next, participants were asked about their job positions at the group homes. For this question participants were provided a comment box so they could tell me their job positions in their own words. One participant skipped this question. Two participants identified themselves as program managers and two others identified themselves as program directors. One participant identified as a residential instructor. One participant identified as a director and one other identified herself/himself as an executive director. As anticipated there was a wide variety of participants’ position in group homes.

When asked to describe their daily job duties, seven out of the eight participants responded. For this question participants were again provided with a comment box. One participant explained she/he is involved in direct client care such as “personal hygiene needs, help residents do programs to increase their independence such as exercises, cooking, writing, and communication needs.” Another participant explained her/his direct care duties as “facilitation of residential services to our clients, through meeting with clients, families, outside community members as well as the client’s additional team

members.” Along with these two participants, two others also included direct care to clients as a part of their job descriptions. Five participants explained their job duties as more managerial. For one participant, these tasks include training new staff, checking on programs, and dealing with finances. One participant has worked 28 years as a direct care provider and now is the supervisor of four group homes and deals with employee concerns and maintaining “[relationships] of staffing and clients needs [sic].” Another participant explained her/his job duties include overseeing supervisors and group home services. Another participant oversees 35 programs “that support individuals with disabilities (primarily developmental disabilities).” As anticipated, the jobs of participants varied greatly. Similarly to the shelter surveys, more people in management positions responded to this survey as opposed to staff members. These employees are responsible for client care and that would put them in more contact with clients and the group home environment.

When asked how many years participants have worked in their positions, seven participants responded and one skipped the question. Two participants have worked in their position for less than one year. One participant has worked at her/his job for one to two years. Zero participants have worked at their positions for two to four years or four to eight years. Four participants have worked in their job positions for eight years or more. Two participants utilized the comment box for this question. One participant explained that they have been a supervisor for 12 years. The other participant commented that they started as “direct care staff” and moved through the positions until becoming the

executive director. Therefore, the survey results provided me with a wide range of job experience from participants.

The sixth question asked whether participants work at a publicly owned, privately owned, or a nonprofit organization. Zero participants work at a publicly owned facility and four participants work at a privately owned facility. Three participants work at a nonprofit organization. Two participants utilized the comment box for this question and both explained that they work at an “ESOP,” or an employee stock ownership plan. Prior to conducting this survey I was unaware of ESOPs, which is why this option was not included in the survey.

Women with Physical Disabilities in Group Homes

The seventh question inquired about how many women compared to men live in the group homes. Two participants explained that they serve mostly men. Four participants work at group homes that serve approximately an even number of women and men, and one participant works at a group home that serves primarily women. No participants utilized the comment box for this question.

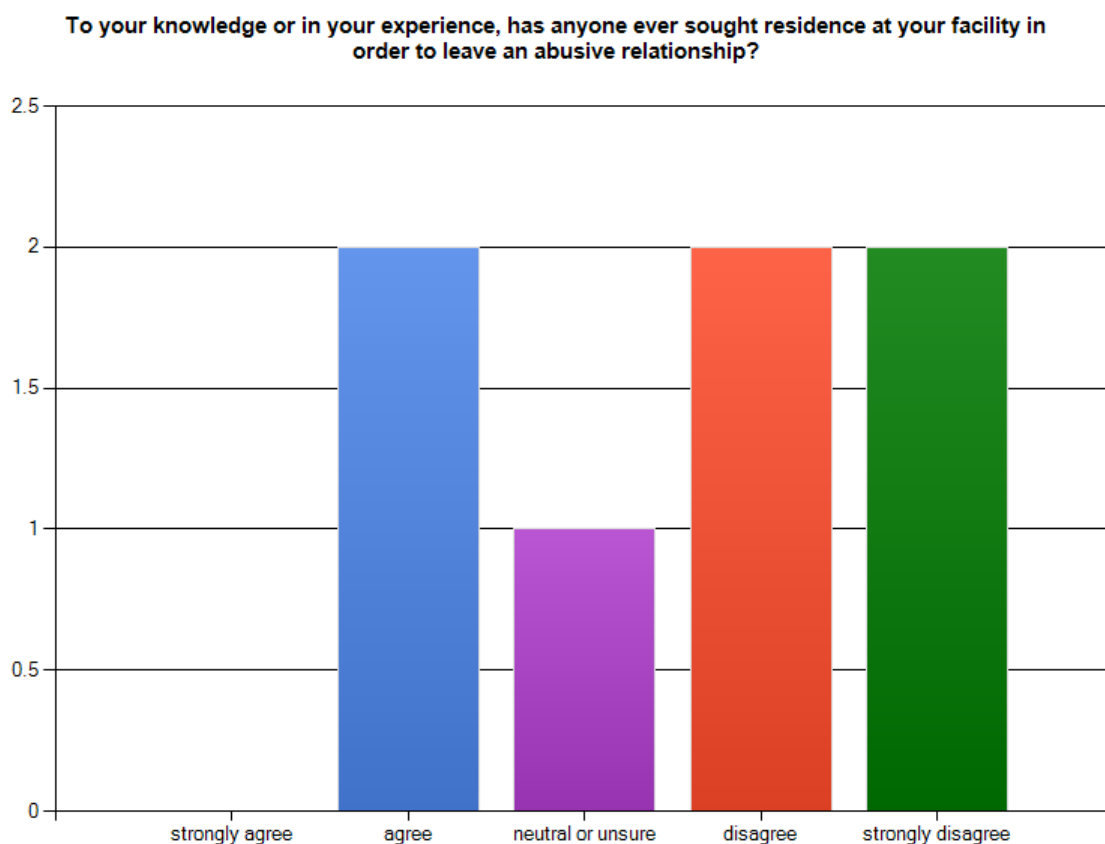
The next question inquired about the number of women with physical disabilities that are served at the group homes who have disclosed that they are survivors of IPV. Six participants responded to this question and no one utilized the comment box. Three participants indicated that less than one woman disclosed being a survivor of IPV. Two participants responded that one to two women disclosed being survivors of IPV and one participant indicated that two to five women disclosed being survivors of IPV. The results

of this question were unanticipated as I hypothesized a very low number of women disclosing being survivors of IPV to group home staff.

The ninth question asked whether anyone had ever sought residence at their group home facilities in order to leave an abusive relationship. Seven out of the eight participants responded to this question and no one utilized the comment box. Table 2 shows the results of this question. The results to this question were also unanticipated, as I was not expecting to have anyone claim women seeking residence at a group home due to IPV because these facilities are not usually viewed as emergency housing, unlike domestic violence shelters.

Table

2



The tenth question asked whether or not participants have received training on violence, abuse, or IPV for their positions. Seven out of the eight participants answered this question. Three participants strongly agreed with this question and four agreed. Two participants utilized the comment box and explained that they had not received training on IPV, but had received training on abuse and violence. Given the prevalence of IPV among women with disabilities this is troubling.

The eleventh question inquired whether the group home has made additional or optional trainings on violence, abuse, or IPV available to staff and whether staff was encouraged to attend these trainings. Seven participants responded to this question. Three participants strongly agreed, three agreed, and one was neutral or unsure. No participants utilized the comment box. However if IPV was not covered in initial training, I am led to question whether that these additional trainings also excluded the topic of IPV.

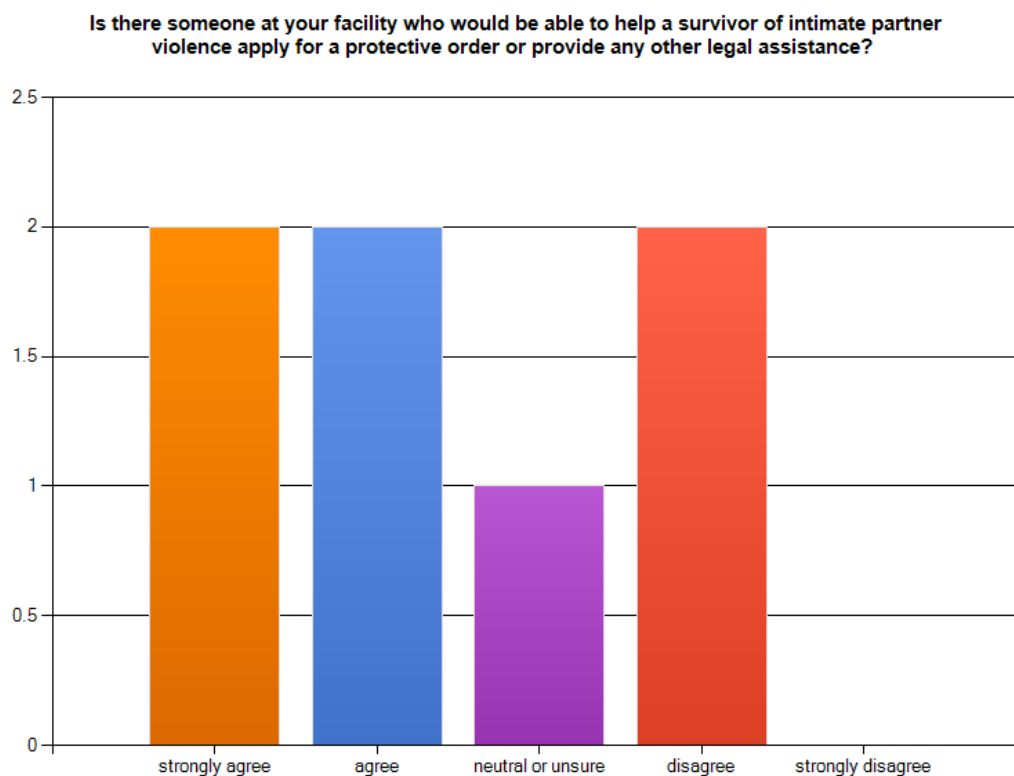
Next, I inquired whether or not group homes would be able to accommodate a woman in need of immediate shelter due to IPV. Seven out of the eight participants responded to this question. Zero participants strongly agreed, one participant agreed, and two were neutral or unsure. One participant disagreed and three strongly disagreed. Two participants utilized the comment box. One participant explained that when housing someone in need of immediate shelter, staff would need to take the “vulnerability caused to roommates” into consideration. Based on this response I gather that in a situation where someone seeks immediate shelter they would be housed with a roommate and the roommate’s safety would need to be considered. The other participant who commented explained that “the people that we serve must have a primary diagnosis of Mental Retardation. We don’t receive referrals on the sole basis of the client needed to leave a violent environment [sic].” A lack of funding for emergency housing may be a reason for this gap.

The thirteenth question inquired whether there is a staff person at the group home who would be able to refer survivors of IPV to a service provider who would be more equipped to provide services. Seven out of the eight participants responded to this

question. Two participants strongly agreed, four participants agreed, and one participant disagreed. Two participants left comments. One of these participants explained that in these cases she/he would seek the assistance of the client's case manager. The other participant commented that the group home's registered nurse is on the board of a women's shelter and "I was employed at a survivors of sexual assault agency." These comments indicate that the group homes may be so equipped, but are not necessarily so.

The next question asked if there is someone at the group home who would be able to help a survivor of IPV apply for an order for protection or provide any other kind of legal assistance. Seven of the eight participants responded to this question. The results are shown in Table 3. Three participants commented on this question. One participant explained that she/he would consult the client's case manager; another explained that she/he would make a referral in these situations, and the other participant simply wrote "HR." I assume this would mean she/he would seek assistance of a human resource staff person.

Table 3



Staff Experiences

The fifteenth question asked whether participants had ever knowingly worked with a client who is a survivor of IPV and whether they felt they were adequately able to provide services to this woman. This question also asked whether the participants felt their group home was a good place for the woman. A text box was provided for the participants to respond to this question, and six out of the eight participants responded. Four of these participants explained that they have never knowingly worked with a survivor of IPV. One of these participants explained that while she/he had never helped a

client who is a survivor of IPV “due to my training and the kind of facility I work for, I feel like I could adequately help a woman in this situation and that our facility would be a good place for her.” Two participants commented that they had worked with a survivor of IPV. One of these participants said, “Yes I have. Staff support provides adequate help. Our facility is a good place. Only concern again is the vulnerability of roommates. Would abuse partner be a threat to them [sic].” Based on this comment it is unclear whether the participant means that the abuser was also a resident at the group home or if the abuser would find the survivor and become a possible threat to roommates. The other participant who indicated she/he has worked with an IPV survivor explained that the group home provided services to both the survivor and her abuser. This participant goes on to say, “We were able to provide her with as much support, a safe place to go, and information as possible as well as a referral to counseling (separately and together).” This participant did explain that both of these clients’ primary disability is cognitive and not physical.

The next question asked participants to explain what their facilities’ greatest strength is in assisting women with physical disabilities who are survivors of IPV. A text box was provided for this question and six of the eight participants responded to this question. One participant said the group home’s greatest strength was that the staff people are “good communicators.” Another participant said that her/his group home provides mandatory training so they know how to respond to these types of situations and that clients’ information is kept entirely confidential. Another participant explained that her/his staff assists clients in finding value in themselves and that they have the “strength to survive without a male in their life.” Another response said, “We provide excellent

physical care and a happy home that is incentive for women to stay away from abuse relationship and not go back. Also we have many resources. Our can do attitude ensure that if we don't have knowledge or training we need we will seek it out." One participant said they were unsure of her/his facility's greatest strength. The final response explained that the staff is knowledgeable of the community's support systems. This participant went on to explain that, "We also have placed information regarding violence (and the local women's shelter) in each of the homes for both staff and clients." This was an unanticipated response. This seems to be a good way to ensure residents become aware of services for survivors of IPV and gives them the autonomy to decide whether or not to seek out these services.

The final question asked participants what their facilities could do to improve services provided to clients who are survivors of IPV. A text box was provided to answer this question and six of the eight participants responded. One participant was unsure about improvements her/his facility could make. Another participant said, "We could provide better short term or temporary services for women in these situations." One participant said that if the need arises additional training would be given to ensure the needs of the client were met. Another participant explained that most of her/his clients have a guardian that allows them to ensure protection from abuse. This participant went on to explain that they do not have a lot of information or training on "why women would want to return to an abusive relationship." One participant claimed that women with physical disabilities who are survivors of IPV are "not our population to serve." Another

participant explained that they would “Continue to be overtly vocal about our position as a support system.”

Based on these responses some significant changes that could be made are “short term or temporary services” for survivors of IPV. Having a bed reserved for emergency housing is something that would improve short term services for this population. One participant explained that they would rely on the client’s guardian, which could be problematic if their abusive partner also serves as their guardian. Based on responses to previous questions staff is trained on violence and abuse, but not specifically IPV. Providing training on IPV would ensure better services for survivors. Disturbingly, one participant claimed that women with disabilities who are survivors of IPV are not their population to serve.

Discussion of Results

Domestic Violence Shelters

Three participants indicated they would house women with physical disabilities in “fully accessible” hotels or motels. While this option would get a woman away from an abusive partner, hotels or motels do not parallel shelters’ security measures. While putting a woman up in a hotel or motel may only be a temporary solution until more suitable housing can be established, finding a woman at a hotel would be easier than finding a woman at a shelter, especially in a small town.

One participant explained that her/his shelter uses a “system that highlights all available beds in shelters in MN.” If an advocate needed to refer a survivor to another

shelter in Minnesota, this would possibly remove the survivor from her existing support system. Only one participant indicated knowledge of this system, which is problematic, as it seems like a valuable resource. The results did not indicate that participants have a clear understanding of a referral process, if any is in place.

Regarding shelter accessibility, all participants strongly agreed, agreed, or were neutral or unsure about shelters being accessible to people with disabilities. However, the comments to this question indicated that many shelters utilize hotels or motels, which does not necessarily mean that the actual shelters are accessible. One participant explained her/his shelter has a few improvements to make regarding accessibility, such as lowering counters. Another participant commented that one of her/his shelter's goals is to rebuild the shelter to make it more accessible to women and children with disabilities. The results indicate that most shelters need to make improvements regarding accessibility.

While the results of this survey point to a lack of referral processes and accessibility issues with shelters, most participants displayed a genuine willingness to do whatever possible in order to provide services to women with disabilities who are survivors of IPV. One participant explained that her/his shelter makes a sincere effort to "make whatever accommodations within reason to make sure women and children feel safe, both mentally and physically." The majority of participants also indicated they felt they had received adequate training on disability as it relates to IPV. Two participants explained that even if a woman was unable to stay at the shelters, they would still provide services, such as assisting with an order for protection and safety planning.

Group Homes

The majority of participants indicated that group homes would not be able to accommodate a woman in need of immediate or emergency housing due to IPV. This is problematic considering the personal care services group homes can provide to clients. A woman with physical disabilities who is a survivor of IPV may need such services, but would have few options in regards to emergency housing.

The data indicated few women with physical disabilities have sought residence at group homes in order to leave a violent relationship. This could be due to the fact that women often do not disclose abuse to others. Since so few survivors have sought shelter at group homes, emergency housing for survivors of IPV does not seem to be a high priority for these facilities.

Only one participant explained that her/his shelter provides clients and staff with information “regarding violence (and the local women’s shelter).” Other participants indicated that in the case of a client disclosing she was a survivor of IPV, the group home would refer her to other services. However, the services they would refer a survivor to were not made clear. Most participants explained that they have never worked with a survivor of IPV. However, they very well may have, but just been unaware of the client’s history.

Conclusion

Service providers at domestic violence shelters and group homes proved to be a fruitful source of information in regards to women with physical disabilities and IPV. In general, while service providers may not have specific experience providing services to women with disabilities who are survivors of IPV or have specific procedures in place for referrals, the staffs' genuine concern for the safety and well-being of clients ensured they would find appropriate services when necessary.

Based on the survey results, I see a need for coalition building between domestic violence shelters and group homes in order to provide better services to women with physical disabilities who are survivors of IPV. One suggestion is that shelters provide group homes with training sessions on IPV, domestic violence, and sexual assault. In turn, group homes could provide information to all clients and staff about local domestic violence resources and shelters in the area.

One of my goals when distributing this survey was to start a conversation among service providers. Hopefully, after completing my survey they were able to reflect on the type of services they are able to provide to women with physical disabilities who are survivors of IPV. One of my goals in asking what their facilities could do to improve these services was to get service providers to think of the gaps in their programs. So while the participants did me a service by completing the survey, I also hope to have provided a service to them by getting them to think about the resources their facilities have and how they can improve these facilities.

While this data represented a relatively small sample of domestic violence shelters and group homes I was able to pull generalizations about services provided to women with physical disabilities who are survivors of IPV. While no specific procedures for assisting women with physical disabilities who are survivors of IPV were indicated in the results, participants displayed a genuine willingness to assist these women in any way they could. This data also raised important questions and areas for further research, which will be discussed in Chapter Five.

CHAPTER V

CONCLUSIONS AND LIMITATIONS

The purpose of my study was to examine and analyze services provided to women with physical disabilities who are survivors of IPV. In order to do this, I administered surveys to domestic violence shelter staff and group home staff. I wished to investigate the accessibility of domestic violence shelters, the training professionals from each type of facility receive on disability and IPV, and to learn about professionals' personal experiences aiding women with disabilities, and inquire about the strengths of their facilities and the improvements that could be made to better assist this population. My goal was to determine whether women with physical disabilities who are attempting to leave violent relationships receive adequate assistance or fall through the cracks of social services.

To investigate these questions I created one survey for domestic violence shelter staff and one for group home staff. I emailed contact people at shelters and group homes throughout Minnesota. I received six responses from shelter staff and eight from group home staff. Service providers at domestic violence shelters and group homes provided to be an enlightening group from which to draw information regarding services for women with physical disabilities who are survivors of IPV.

While a small number of surveys were completed, the results were extremely informative and raised questions for further research. Participants from domestic violence shelters made it clear that if a woman with physical disabilities is unable to stay at their shelters due to accessibility issues, they would find a safe place for the woman and still

offer her shelter services. The data suggests that in general the shelters would allow a personal care assistant to stay in shelter with a survivor with disabilities, if necessary. Overall, the participants at domestic violence shelters expressed a genuine willingness to do whatever necessary to ensure survivors' physical and mental safety. If their services would not be appropriate or a best fit for a woman with physical disabilities, participants explained they would do what they could to find more appropriate services.

Participants at group homes offered interesting information as well. While they are trained on abuse and violence, there seems to be a lack of training regarding IPV, which is disturbing due to the prevalence of IPV among women with disabilities (Barranti and Yuen 115). It should be noted that most of the group homes from which I received responses provide services to people with developmental and cognitive disabilities, as well as physical. Participants who work at group homes also expressed a willingness to find more appropriate services for a survivor of IPV if they felt ill equipped to assist a survivor. The data from this survey suggested that many group homes do not have emergency housing available for survivors in crisis situations, which could be problematic if a woman is in need of direct care services that group homes can provide.

One obstacle I ran into during this research process was finding email addresses of contact people to send the surveys to. I obtained a list of shelters from the Minnesota Coalition of Battered Women's website ("Minnesota Services") and proceeded with an Internet search for a manager or director to email the surveys to. However, many shelters' websites did not include this information. In these cases, I sent emails to the shelters'

general email addresses, usually listed under the “contact us” tab. Many emails that I sent were returned, as the addresses were no longer valid.

It was similarly difficult to find contact information for managers or directors at group homes. I obtained a list of licensed group homes for people with disabilities via the Minnesota Department of Human Services website ("Program Lists in PDF Format."). Again, it was difficult to find an email address of a manager or director on the group homes' websites. Several of these emails were also returned undeliverable.

A shortcoming of this research was a small return rate of surveys from each type of facility. If I were to continue this study, I would make some changes to raise participation rates. In the cover letter I sent to shelter and group home contact people I said, “If this email has reached you and you believe that one of your colleagues would be better suited to participate, I would greatly appreciate if you forwarded this email.” Instead, I would have requested that they send the email to their staff, in order to gain a large number of survey responses and data. Another change I would have made regarding the cover letters would be to place a stronger emphasis on the confidentiality of responses. I suspect that managers or directors who received my email might have been wary about forwarding the survey to their staff for this reason.

This research could be expanded to include a larger geographic sample. Because of the way public policies and laws vary from state to state I found it necessary to conduct this research in Minnesota. A larger geographic sample would provide more diverse data for this study. Using web surveys proved to be a cost and time effective way to collect data and would be effective tool to use when expanding the geographic sample.

It would be constructive to ask follow-up questions to the original survey questions in order to better decipher participants' responses. While some participants did utilize the comment boxes attached with each question, I would have appreciated more comments to clarify the answers to the survey questions. Additionally, some comments were unclear, and follow-up questions would have been a good tool to better understand participants' responses. One way to expand this research would be to include an interview component. Interviews would be a good way to clarify participants' answers and obtain more data. For instance, an interesting question to ask to group home staff would be why certain group homes for people with disabilities do not accept women. I would also like to survey or interview social workers who assist women with disabilities.

An interesting way to expand this research would be to get the opinions on services women with physical disabilities who are survivors of IPV received when leaving abusive relationships. In-depth interviews of this population would provide data explaining how well they felt they were served by domestic violence shelters or group homes. As women with physical disabilities know best what they need, gaining this information would be crucial to improving services.

Upon analysis of the two surveys, my recommendation to improve services for women with physical disabilities who are survivors of IPV is coalition building between shelters and group homes. Because the group home participants indicated a lack of training regarding IPV, shelters could step in and provide such training. Shelters could also make group homes in their area aware of the services they provide. In turn, group homes could provide clients and staff with information regarding IPV and domestic

violence services in the area. Coalition building between shelters and group homes is one step to take in order to assure women with physical disabilities who are survivors of IPV do not fall through the cracks of service providers.

This research contributes to the three bodies of knowledge that I drew from for this project: feminist disability studies, domestic violence against women with disabilities, and law and policy. A great deal of research has been conducted on women with disabilities and domestic violence, but this research holds significant value in this discussion by examining resources available to women with physical disabilities who are survivors of IPV. Much of the existing literature focuses on the prevalence of IPV among women with disabilities and the unique forms of abuse this population experiences. This research takes a different approach by focusing on the services provided to survivors. An examination of services provided to this population is often overlooked in the scope of research on women with disabilities and domestic violence. Because violence against women with disabilities is a systemic issue that affects many individuals, it is necessary to examine and evaluate the resources provided to this population. It is important for service providers to recognize this systemic issue and make providing services to this population a priority.

I hope my research can be a starting point for similar, yet larger scale surveys of service providers or research conducted *with* women with disabilities who are survivors of IPV. This project fills a gap in the existing literature, as it focuses on services provided to this population, and I hope this type of research is continued. I am optimistic that I have started a conversation among participants of this survey. One of my goals was to get

service providers thinking about this issue and this population of women, and to seriously examine the resources they make available to them.

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APPENDIX I**IRP APPROVAL LETTER**

January 31, 2012

Dear Maria Bevacqua:

Re: IRB Proposal entitled "[295133-1] An Examination of Resources for Women with Disabilities in

Domestic Violence Situations"

Review Level: Level I

Your IRB Proposal has been approved as of January 31, 2012. On behalf of the Minnesota State University, I wish you success with your study. Remember that you must seek approval for any changes

in your study, its design, funding source, consent process, or any part of the study that may affect participants in the study. Should any of the participants in your study suffer a research-related injury or

other harmful outcome, you are required to report them to the IRB as soon as possible.

The approval of your study is for one calendar year from the approval date. When you complete your data

collection or should you discontinue your study, you must notify the IRB. Please include your log number

with any correspondence with the IRB.

This approval is considered final when the full IRB approves the monthly decisions and active log.

The IRB reserves the right to review each study as part of its continuing review process.

Continuing

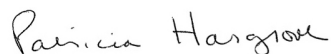
reviews are usually scheduled. However, under some conditions the IRB may choose not to announce a

continuing review. If you have any questions, feel free to contact me at

patricia.hargrove@mnsu.edu or

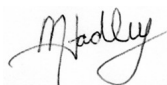
507-389-1415.

Sincerely,



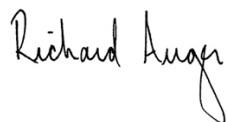
Patricia Hargrove, Ph.D.

IRB Coordinator



Mary Hadley, Ph.D.

IRB Co-Chair

A handwritten signature in cursive script that reads "Richard Auger". The signature is written in black ink and is positioned below the text "IRB Co-Chair".

Richard Auger, Ph.D.

IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Minnesota State

University's records.

APPENDIX II

COVER LETTER TO DOMESTIC VIOLENCE SHELTERS

Hello!

My name is Kristen Walters and I am working on my master's degree in Gender and Women's Studies at Minnesota State University, Mankato.

My thesis project focuses on the services that are available to women with physical disabilities who experience intimate partner violence. I am interested in examining whether domestic violence shelters are able to adequately aid women with physical disabilities. I believe that you, as a service provider at a domestic violence shelter, are in an excellent position to share your expertise and experiences surrounding this topic.

My research includes a survey that inquires about the effectiveness of domestic violence shelters' capacity to aid women with physical disabilities. The survey will take approximately 20-30 minutes to complete and you may quit at any time. You may choose to answer as many or as few questions as you wish. Participation in this survey will yield no direct benefits to you, but your answers will help advance scholarship surrounding disability and domestic violence.

If you wish to participate in this survey please click the link below.

<https://www.surveymonkey.com/s/BTPSBFY>

If this email has reached you and you believe that one of your colleagues would be better suited to participate, I would greatly appreciate if you forwarded this email.

If you have any questions, please email at kristen.walters@mnsu.edu.

Thank you so much for your time!

APPENDIX III**DOMESTIC VIOLENCE SHELTER SURVEY****ONLINE SURVEY CONSENT FORM**

You are requested to participate in research that will be supervised by Principal Investigator, Dr. Maria Bevacqua on resources available to women with physical disabilities experiencing intimate partner violence. This survey should take approximately 20 minutes. There is no direct benefit associated with your participation in this research.

Participation is voluntary and responses will be kept anonymous. However, whenever one works with email/the internet there is always the risk of compromising privacy, confidentiality, and/or anonymity. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be less than minimal.

You have the option to not respond to any questions that you choose. Participation or nonparticipation will not affect your relationship with Minnesota State University, Mankato. Submission of the completed survey will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

If you have any questions about the research, please contact Dr. Maria Bevacqua (maria.bevacqua@mnsu.edu) or Kristen Walters (kristen.walters@mnsu.edu). If you have questions about the treatment of human subjects, contact the IRB Administrator, Dr. Barry Ries, at 507-389-2321. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato Information and Technology Services Help Desk (507-389-6654) and ask to speak to the Information Security Manager.

Print a copy for your records

MSU IRB LOG # 295133-1

Date of MSU IRB approval: January 31, 2012

1. How would you describe the setting in which your facility is located?

- How would you describe the setting in which your facility is located? Urban
- Suburban
- Rural
- Other

Comment

2. What is your role or position at this facility?

What is your role or position at this facility?

3. Please, briefly explain your daily job duties.

Please, briefly explain your daily job duties.

4. How many years have you worked in this position?

- How many years have you worked in this position? Less than one year
- 1-2 years
- 2-4 years
- 4-8 years
- 8 + years

Comment

5. Do you work at a publicly or privately owned shelter?

- Do you work at a publicly or privately owned shelter? Privately owned

- Publicly owned
Comment

6. In your opinion, approximately how many women with physical disabilities does your shelter assist per year?

- Less than 5
 5-10
 10-15
 15-20
 More than 20

Comment

7. Does the shelter have accessible restrooms, bedrooms, common areas, kitchen, and laundry rooms? If not all spaces are accessible, please explain which are and are not wheelchair accessible.

- strongly agree
 agree
 neutral or unsure
 disagree
 strongly disagree

Comment

8. Does the shelter have a sign language interpreter or does the shelter have a plan in place to provide a translator to a woman with an auditory or vocal disability?

- strongly agree
 agree
 neutral or unsure

- disagree
- strongly disagree
- Comment

9. Does the shelter have information about accessible transportation?

- strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree
- Comment

10. Does your shelter provide accommodations for women who need personal care such as being lifted, bathing, medication, or other personal care needs?

- Does your shelter provide accommodations for women who need personal care such as being lifted, bathing, medication, or other personal care needs? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree
- Comment

11. Would your shelter allow a personal care assistant to stay in shelter with a victim?

- Would your shelter allow a personal care assistant to stay in shelter with a victim? strongly agree
- agree
- unsure or neutral

- disagree
- strongly disagree

Comment

12. If the shelter where you work cannot accommodate women with disabilities, please explain the referral process that is used to get these women the assistance they need.

If the shelter where you work cannot accommodate women with disabilities, please explain the referral process that is used to get these women the assistance they need.

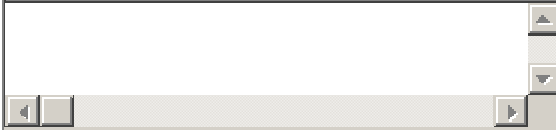
13. Do you feel that you received adequate training on disability as it relates to intimate partner violence situations?

- Do you feel that you received adequate training on disability as it relates to intimate partner violence situations? strongly disagree
- agree
- neutral or unsure
- disagree
- strongly disagree

14. If you have ever personally provided services to a woman with a physical disability in your shelter, please explain your experience. Did you feel you were able to fully help this woman? Did you feel your shelter was able to serve this woman adequately?

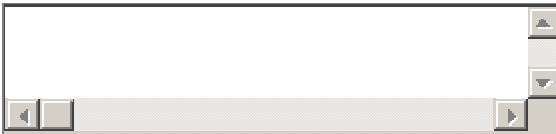
If you have ever personally provided services to a woman with a physical disability in your shelter, please explain your experience. Did you feel you were able to fully help this woman? Did you feel your shelter was able to serve this woman adequately?

15. What do you think is your shelter's greatest strength in assisting women with physical disabilities?

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What do you think is your shelter's greatest strength in assisting women with physical disabilities?

16. What do you think your shelter could do to improve services for women with physical disabilities?

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APPENDIX IV

GROUP HOME COVER LETTER

Hello!

My name is Kristen Walters and I am working on my master's degree in Gender and Women's Studies at Minnesota State University, Mankato.

My thesis project focuses on the services that are available to women with physical disabilities who experience intimate partner violence. I am interested in examining whether group home facilities are able to adequately aid women with physical disabilities that have been in situations of intimate partner violence. I believe that you, as a service provider at a group home, are in an excellent position to share your expertise and experiences surrounding this topic.

My research includes a survey that inquires about the effectiveness of group home facilities' capacity to aid women who are survivors of intimate partner violence. The survey will take approximately 20 minutes to complete and you may quit at any time. You may choose to answer as many or as few questions as you wish. Survey responses are totally anonymous. I will not know your name, or the facility you work for. Participation in this survey will yield no direct benefits to you, but your answers will help advance scholarship surrounding disability and domestic violence.

If you wish to participate in this survey please click the link below.

<https://www.surveymonkey.com/s/BRDS3ZV>

If this email has reached you and you believe that one of your colleagues would be better suited to participate, I would greatly appreciate if you forwarded this email. Or, if this email has reached you and you are a group home manager or director, I would greatly appreciate it if you would forward this survey to your group home employees.

If you have any questions, please email at kristen.walters@mnsu.edu.

Thank you so much for your time!

APPENDIX V
GROUP HOME SURVEY

ONLINE SURVEY CONSENT FORM

You are requested to participate in research that will be supervised by Principal Investigator, Dr. Maria Bevacqua on resources available to women with physical disabilities experiencing intimate partner violence. This survey should take approximately 20 minutes. There is no direct benefit associated with your participation in this research.

Participation is voluntary and responses will be kept anonymous. However, whenever one works with email/the internet there is always the risk of compromising privacy, confidentiality, and/or anonymity. Despite this possibility, the risks to your physical, emotional, social, professional, or financial well-being are considered to be less than minimal.

You have the option to not respond to any questions that you choose. Participation or nonparticipation will not affect your relationship with Minnesota State University, Mankato. Submission of the completed survey will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

If you have any questions about the research, please contact Dr. Maria Bevacqua (maria.bevacqua@mnsu.edu) or Kristen Walters (kristen.walters@mnsu.edu). If you have questions about the treatment of human subjects, contact the IRB Administrator, Dr. Barry Ries, at 507-389-2321. If you would like more information about the specific privacy and anonymity risks posed by online surveys, please contact the Minnesota State University, Mankato Information and Technology Services Help Desk (507-389-6654) and ask to speak to the Information Security Manager.

Print a copy for your records

MSU IRB LOG # 295133-1

Date of MSU IRB approval: January 31, 2012

1. Do you work in a group home facility that provides services to women with physical disabilities?

Do you work in a group home facility that provides services to women with physical

disabilities? Yes

No

2. How would you describe the setting in which your facility is located?

How would you describe the setting in which your facility is located? Urban

Suburban

Rural

Other

Comment

3. What is your role or position at this facility?

What is your role or position at this facility?

4. Please explain your daily job duties.

Please explain your daily job duties.

5. How many years have you worked at this position?

How many years have you worked at this position? Less than 1 year

1-2 years

2-4 years

4-8 years

8 years or more

Comment

6. Do you work at a publicly owned, privately owned facility, or a nonprofit organization?

- Do you work at a publicly owned, privately owned facility, or a nonprofit organization? Publicly owned
- Privately owned
- Nonprofit organization

Comment

7. Approximately, how many women compared to men live in the group home?

- Approximately, how many women compared to men live in the group home?
Mostly men
- Approximately an even number of women and men
- Mostly women

8. In your opinion, approximately how many women that your facility provides services to disclose that they are survivors of intimate partner violence per year?

- In your opinion, approximately how many women that your facility provides services to disclose that they are survivors of intimate partner violence per year? Less than 1 woman
- 1-2 women
- 2-5 women
- 5-10 women
- More than 10 women

9. To your knowledge or in your experience, has anyone ever sought residence at your facility in order to leave an abusive relationship?

- To your knowledge or in your experience, has anyone ever sought residence at your facility in order to leave an abusive relationship? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

10. Have you received training on violence, abuse, or intimate partner violence for your position?

- Have you received training on violence, abuse, or intimate partner violence for your position? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

Comment

11. Has your group home made special trainings on violence, abuse, or sexual assault available and have you been encouraged to attend these special trainings?

- Has your group home made special trainings on violence, abuse, or sexual assault available and have you been encouraged to attend these special trainings? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

12. Would your facility be able to accommodate a woman in need of immediate shelter due to intimate partner violence?

- Would your facility be able to accommodate a woman in need of immediate shelter due to intimate partner violence? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

Comment

13. Is there a staff member at your facility who is equipped to refer survivors of intimate partner violence to a service provider who might be able to better assist them?

- Is there a staff member at your facility who is equipped to refer survivors of intimate partner violence to a service provider who might be able to better assist them? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

Comment

14. Is there someone at your facility who would be able to help a survivor of intimate partner violence apply for a protective order or provide any other legal assistance?

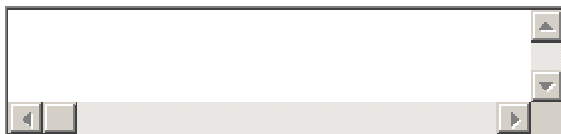
- Is there someone at your facility who would be able to help a survivor of intimate partner violence apply for a protective order or provide any other legal assistance? strongly agree
- agree
- neutral or unsure
- disagree
- strongly disagree

Comment

15. Have you ever knowingly worked with a client who was a survivor of intimate partner violence? Did you feel you were able to adequately help this woman? Did you feel your facility was a good place for this woman?

Have you ever knowingly worked with a client who was a survivor of intimate partner violence? Did you feel you were able to adequately help this woman? Did you feel your facility was a good place for this woman?

16. What do you think is your facility's greatest strength in assisting women with physical disabilities who are in intimate partner violence situations?



What do you think is your facility's greatest strength in assisting women with physical disabilities who are in intimate partner violence situations?

17. What do you think your facility could do to improve services for women with physical disabilities who are in intimate partner violence situations?

