



P&As Can't Do It Alone:
Forging Alliances
to Address & End
Violence Against
Women with Disabilities
and Deaf Women

A Resource Guide

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Disability Rights Wisconsin
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This Resource Guide was authored by staff of the Advocacy Center (Louisiana P&A); David Lord, Washington State Protection and Advocacy System; and Amy Judy, Disability Rights Wisconsin, who also served as editor.¹ Kaaryn Sanon, NDRN Communications Manager, designed and managed the Resource Guide's format and layout. Each of these individuals contributed their time and expertise to make this resource what we believe to be a meaningful tool for P&As throughout the country and U.S. territories.

Disclaimer

The Violence Against Women Act (VAWA) recognizes the impact that violence has on the lives of women with disabilities. In accordance with VAWA's statutory language and purpose, Wisconsin's Project and this resource focus on women victims with disabilities who currently are experiencing or have experienced domestic violence, sexual assault or stalking. Due to the fact that males overwhelmingly are identified as the perpetrators of these forms of violence, male descriptors will be used to refer to perpetrators, while female descriptors will be used to denote victims. Male victims/survivors, especially those with disabilities, do experience domestic violence, sexual assault, and stalking, and females can be perpetrators; however, for the purposes of this grant and this Guide, the focus is centered on adult women victims with disabilities.

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¹ Information on domestic violence, sexual assault, and stalking is excerpted from the Cross Training Workbook: Violence Against Women with Disabilities (April 2004), developed by the Violence Against Women with Disabilities Project in Wisconsin. This information is located in Appendix A.

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INTRODUCTION

Violence Against Women with Disabilities: A Collaborative Wisconsin Project

Domestic violence, sexual assault, and stalking committed against women with disabilities and Deaf women are pervasive. While Protection & Advocacy agencies (P&As) are well experienced and equipped to address abuse against people with disabilities, there are some unique issues and dynamics of these forms of violence that P&As might be less familiar with in their day-to-day advocacy. To provide a foundation for some of these unique abuse issues and dynamics, a substantive overview of domestic violence, sexual assault, and stalking is included in Appendix A. Congress itself has recognized the pervasive nature of these abuses and has responded in part through the Violence Against Women Act's grant programs. One of these grant programs focuses specifically on ending violence against women with disabilities and Deaf women. Wisconsin's and several other P&As have benefited from the opportunities this grant program provides.

IT HAS BEEN OUR EXPERIENCE IN LOUISIANA THAT WORK WITH THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS AND THE WOMEN WHO ARE SERVED BY THEM HAS BEEN MEANINGFUL AND PRODUCTIVE. IT HAS GIVEN THE P&A INSIGHT INTO A COMMUNITY THAT WAS PREVIOUSLY UNKNOWN TO US AND HAS GIVEN THE PROGRAMS ACCESS TO TECHNICAL ASSISTANCE, INFORMATION AND REFERRAL, AS WELL AS DIRECT REPRESENTATION FOR WOMEN WITH DISABILITIES WHO THEY SERVE.

STAFF OF THE ADVOCACY CENTER

Disability Rights Wisconsin (DRW) was originally awarded a two-year Education and Technical Assistance Grant to End Violence Against Women with Disabilities by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice. These federal grants focusing on violence against women with disabilities were made available for 2002-2004 through passage of the Violence Against Women Act (VAWA) of 2000. In 2004, DRW received two more years of funding to continue and expand its Project efforts. While DRW serves as the lead organization, this Project's mission and activities continue to be founded on collaboration. The Project partner

organizations are the Wisconsin Coalition Against Domestic Violence (WCADV) and the Wisconsin Coalition Against Sexual Assault (WCASA).

Wisconsin's Domestic Violence and Sexual Assault Coalitions provide training and technical assistance to their members, which are the community-based domestic violence and sexual assault programs. As in Wisconsin, state and territorial domestic violence and sexual assault coalitions are invaluable allies for P&As. More detailed information about these coalitions and the breadth of strategies they employ can be found in the "State and Local Anti-Violence Systems" segment of this Resource Guide.

Purpose of this Resource Guide

As a component of its current grant, DRW, in collaboration with the National Disability Rights Network (NDRN), devised this Resource Guide for P&As across the country and in the U.S. Territories. It is designed to promote the necessity for and benefits to P&As joining with state and local sexual assault and domestic violence coalitions and programs to forge powerful partnerships on issues of violence against women with disabilities and Deaf women. This jointly developed publication is intended to provide the impetus for a concerted effort among state P&As, domestic violence and sexual assault coalitions and programs to initiate and sustain collaborative activities that forge a collective force in each state/territory to effectively address sexual assault, domestic violence and stalking against women with disabilities.

In this Resource Guide, P&As will glean useful information about the types and prevalence of violence against women with disabilities, and the unique roles P&As can and do play in responding to this violence. The P&As' authority to address abuse and neglect of people with disabilities alone cannot change the violent landscape in which people with disabilities reside. Through leveraging scarce resources, P&As are poised to forge meaningful alliances with anti-violence organizations and agencies to positively impact the lives of women with disabilities. This Resource Guide will assist P&As to impact efforts in each state/territory to end the violence.

P&As Have a Lot to Offer

- ♦ No organization in any state, region or community can alone deal with the complexities and challenges of sexual assault, domestic violence and stalking committed against women with disabilities.

- ♦ Sexual assault, domestic violence, and stalking are complex issues involving multiple systems. P&As are uniquely situated to help navigate these multiple systems to the benefit of women victims with disabilities.
- ♦ To sustain effective services to women with disabilities who currently experience or have experienced violence, it is critical that as many resources as possible are leveraged on the local, statewide and national level. P&As' Congressional mandate to address abuse and neglect provides a strong foundation to ally with domestic violence and sexual assault coalitions and programs in their state in regards to victims of violence with disabilities.
- ♦ P&As have expertise to lend anti-violence programs regarding disability issues, laws, contacts, and expertise. For example, P&As can assist domestic violence and sexual assault programs to enhance accessibility and accommodations for women victims with disabilities seeking their support services.
- ♦ P&As can provide enhanced individual and systems advocacy strategies in serving women with disabilities and Deaf women who have experienced violence.
- ♦ Victims/survivors of violence with disabilities often need and want anti-violence and disability organizations to employ a combination of relevant services and advocacy support to meet their needs.

P&As are Natural Allies for Collaboration

- ♦ Broad, cross-disability focus;
- ♦ Federal support and mandate;
- ♦ Priority focus on abuse and neglect;
- ♦ Independence;
- ♦ Established connections with disability groups;
- ♦ Competency in multiple advocacy strategies, including legal, systems, information and referral, and training; and
- ♦ Experience with coalition building.

Benefits to P&As

- ♦ Domestic violence/sexual assault resources become available to P&A clients who have histories of abuse.
- ♦ Domestic violence/sexual assault agencies can educate and train P&A staff on more effectively assisting clients experiencing abuse and wanting access to domestic violence/sexual assault services and support.

- ♦ Domestic violence/sexual assault programs can serve as important allies in systems advocacy efforts.

Sharing a Common Philosophy

Meaningful collaboration among varied systems requires an understanding of the histories and philosophies that shape and drive each system. The anti-violence movement began in the early 1970s as a grassroots response to violence experienced by women in their homes and on the streets. Nearly four decades later, the values and

BASED ON OUR EXPERIENCE, PROTECTION & ADVOCACY AGENCIES WHO FORGE THESE PARTNERSHIPS WILL FIND THAT DOMESTIC VIOLENCE ADVOCATES ARE ALLIES WHO CAN HELP THEM IN THEIR WORK FIGHTING ABUSE, INCREASING ACCESSIBILITY OF COMMUNITY SERVICES, AND STRENGTHENING SELF DETERMINATION FOR PEOPLE WITH DISABILITIES.

THEY WILL FIND THE DOMESTIC VIOLENCE PROGRAMS ARE CONSISTENT ALLIES IN LEGISLATIVE AND OTHER POLICY WORK.

DAVID LORD, WASHINGTON
PROTECTION & ADVOCACY SYSTEM

philosophies of safety, advocacy, empowerment, self-determination and peer support continue to ground the service systems that have developed over time. Similarly, the P&A System, created in the mid to late 1970s, was a response to the abuse and neglect people with disabilities experienced. Through exposure to the breadth and depth of this degradation, Congress created the framework for the nationwide P&A System.

P&As share the philosophies of empowerment, self-determination, safety and advocacy espoused within the violence against women movement. The ways in which each movement employs these values and philosophies often differs, but forging alliances to

unite P&As with domestic violence and sexual assault organizations to end violence against women with disabilities and Deaf women is long overdue.

Several state and territorial P&As already have fostered effective and meaningful collaborations around these issues: cosponsoring legislation affecting victims/survivors and people with disabilities; jointly developing resources and publications for common constituencies; conducting cross training among P&A staff and violence against women organization staff; and providing confident cross referrals to ensure women with disabilities and Deaf women receive competent services and support as victims/survivors of violence.

With the passage of the Violence Against Women Act of 2000 (known colloquially as VAWA 2), and the recent reauthorization of VAWA 3 (2005), a concerted policy

emphasis with resources to back it up calls on disability advocacy and service organizations to join with domestic violence and sexual assault organizations to effectively address and respond to the pervasive violence experienced by women with disabilities and Deaf women. It is our intent that this *Resource Guide* encourage the initiation and development of alliances in all states and territories in a common cause to address these forms of violence.

Located in Appendix B of this *Resource Guide* is an article, excerpted with permission from the Wisconsin Coalition Against Domestic Violence's *Education Journal*, which thoughtfully addresses the relevance of forging anti-violence and disability advocacy alliances.

Prevalence and Incidence of Abuse of Women with Disabilities

While specific incidence and prevalence rates vary from study to study, research has well documented the pervasiveness of domestic violence and sexual assault committed against women with disabilities. Several often-cited studies reveal this prevalence:

- ♦ Research indicates that women with disabilities, regardless of race, age, ethnicity, class or sexual orientation, are assaulted, raped, and abused at a rate two times greater than women without disabilities.²
- ♦ Numerous national studies consistently show prevalence rates of sexual abuse histories to be at 22 to 54 percent among women receiving case management mental health services and 50 to 70 percent among women in inpatient psychiatric facilities.³
- ♦ One study estimates that more than 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. An estimated 49% of people with developmental disabilities who are victims of sexual violence will experience 10 or more abusive incidents. Only 3 percent of sexual abuse cases involving people with developmental disabilities are ever reported.⁴
- ♦ Among adults with developmental disabilities as many as 83 percent of females and 32 percent of males are victims of sexual assault.⁵

² Cusitar, 1994.

³ U.S. Department of Health and Human Services, 1994.

⁴ Valenti-Hein, D., Schwartz, L. 1995. The Sexual Abuse Interview for Those with Developmental Disabilities.

⁵ Johnson, I., Sigler, R. 2000. "Forced Sexual Intercourse Among Intimates," *Journal of Interpersonal Violence* 15 (1).

- ♦ 40 percent of women with physical disabilities reported being sexually assaulted.⁶
- ♦ The rate of violent victimization, including sexual assault, was 2½ times greater for women with psychiatric disabilities than in the general population (8.2 percent vs. 3.1 percent).⁷
- ♦ 88 to 98 percent of sexual abusers are male & known by the victim who has disabilities.⁸
- ♦ 33 percent of abusers are acquaintances; 33 percent are natural or foster family members; and 25 percent are caregivers or service providers.⁹

At Increased Risk

Awareness of the pervasiveness of abuse in the lives of women with disabilities and Deaf women often is met with surprise, shock and dismay, especially when the prevalence is compared to the already high rates of abuse for women without disabilities. For P&A staff, the prevalence rates likely are less surprising, but are disturbing nonetheless. Awareness of this pervasive abuse must be understood in the context of why and how the prevalence rates reflect the increased risks of abuse experienced by women with disabilities and Deaf women.

The diagram on the following page succinctly illustrates how externally imposed attitudes and expectations impact a person's safety and the responses (or lack thereof) by systems designed to attend to victims/survivors of violence. This cycle of victimization often is repeated due to a lack of effective response and support for a victim/survivor.

Barriers that many women experience that prevent reporting, intervention, safety and justice include, but are not limited to:

Loss of independence: experiencing violence might lead others (family, paid support) to restrict a person's freedom, e.g., where to live, with whom to associate.

⁶ Young, M. E., Nosek, M.A., Howland, C.A., Chanpong, G., Rintala, D.H. 1997. "Prevalence of Abuse of Women with Physical Disabilities," Archives of Physical Medicine and Rehabilitation. Special Issue. Vol. 78 (12 Suppl. 5) s34-s38.

⁷ Hiday, V.A., Swartz, M., Swanson, J., Borum, R., and Wagner, H.R. 1999. "Criminal Victimization of Persons with Severe Mental Illness," Psychiatric Services 50: 62-68.

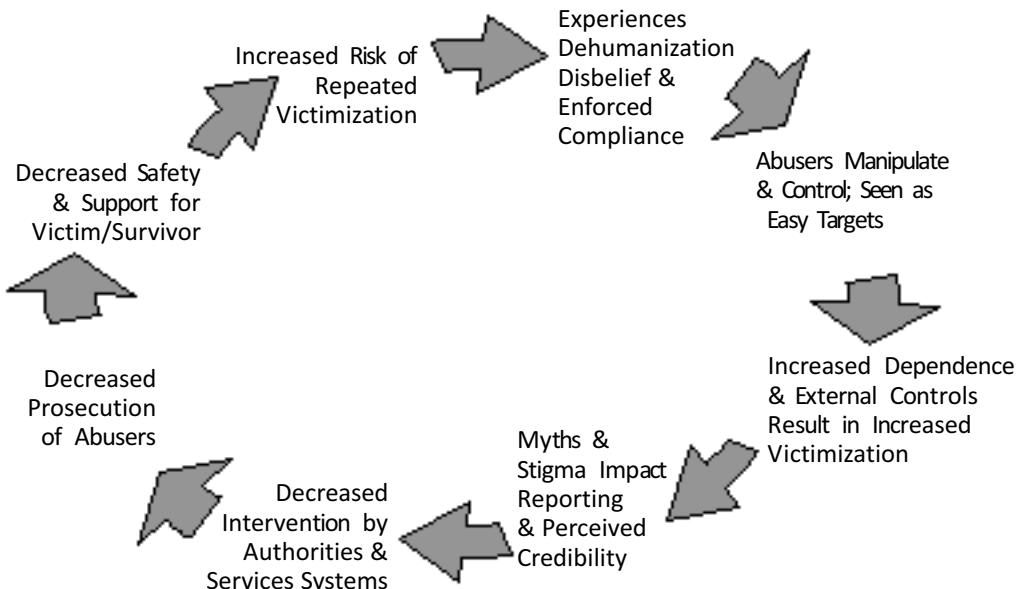
⁸ Sobsey, D. & Mansell, S. 1994. An International Perspective on Patterns of Sexual Assault and Abuse of People with Disabilities.

⁹ Sobsey, D. 1988. "Sexual Offenses and Disabled Victims: Research and Practical Implications," Visa Vis, Vol. 6 No. 4.

Retaliation: fear of being retaliated against by the abuser/perpetrator or others who do not believe a person's experience; retaliation can be a fear alone, a threat or actual actions of retaliation.

Fear of not being believed or actually experiencing that disbelief: people with disabilities often are overlooked/ignored as possible victims/survivors of violence. If raped, they experience statements such as, "don't make up stories" or "she always exaggerates." Many women with disabilities are not given the knowledge and tools they need about what is and is not abusive, setting them up as potentially "good" victims for perpetrators and abusers.

Inappropriate or ineffectual response by service providers: disability agencies supporting an individual in the community might not understand issues related to domestic violence or sexual assault, and might not provide information to the victim/survivor about available services and support as a result. Domestic violence and/or sexual assault services agencies might not feel that they adequately can provide services to someone with a cognitive disability, for example, so they rely on the support person for information and communication and fail to address the individual who experienced the violence.



(Cycle of Victimization for Women with Disabilities and Deaf Women, Disability Rights Wisconsin, 2006.)

Lack of understanding that what the person experienced was abusive or exploitative: someone who is kept ignorant of healthy sexuality likely will not recognize abusive and exploitative behavior when it is directed at them.

Attitudinal barriers: fear of people with disabilities; treatment of people as less human or subhuman; "they're different."

Whatever internally felt or externally imposed obstacles prevent a victim/survivor from disclosing abuse or obstruct a confident and competent response from service providers and the criminal justice system, they often are a sufficient enough deterrent to keep victims silent and isolated. At the same time, these very obstacles and obstructions reinforce the success of power-and-control tactics employed by abusers of women with disabilities and Deaf women.

PROTECTION & ADVOCACY SYSTEMS: CONSIDERATIONS

Although domestic violence and sexual assault programs have worked on enhancing accessibility, many of the places in which services are provided remain physically inaccessible. Attitudinal barriers, often hidden, constitute real obstacles that prevent women with disabilities from accessing support and crisis intervention services for domestic violence and sexual assault. P&As and their allies are uniquely situated to educate domestic violence and sexual assault advocates.

Cross training in collaboration with domestic violence and sexual assault coalitions and programs has been demonstrated to be an effective strategy for training advocates in abuse and disabilities. Domestic violence and sexual assault advocates understand how to provide advocacy, support, and safety planning for victims of violence, but they need to have an enhanced understanding of the additional issues faced and support needed by women with disabilities. To fully meet the needs of women with disabilities, domestic violence and sexual assault programs need to look at the range of their services including policies, procedures, physical space and staff attitudes to fully address the spectrum of accessibility issues. P&As can play a significant role in assisting, facilitating and ensuring inclusive and accessible domestic violence and sexual assault services for women with disabilities and Deaf women.

A COMMON ACCESSIBILITY ISSUE INVOLVES COMMUNICATION WITH DEAF OR HARD OF HEARING CALLERS. THE SENSITIVITY TRAINING INCLUDES A ROLE PLAY ON USE OF THE RELAY SERVICE, WHICH, WE BELIEVE, ILLUSTRATES THE CHALLENGES OF THAT SYSTEM AND THE NEED TO BE FAMILIAR WITH IT BEFORE ONE RELIES UPON IT. WE ALSO EXPECT EACH PROGRAM TO OBTAIN ITS OWN TTY AND TRAIN ALL STAFF ON ITS USE BY THE TIME THE PROJECT ENDS. MANY PROGRAMS ARE NOW AWARE OF THE NEED TO CONTRACT FOR INTERPRETER SERVICES WHEN NEEDED, AND TO INCLUDE A LINE ITEM IN THEIR BUDGETS FOR THIS COST. STAFF OF THE ADVOCACY CENTER

As a P&A, think about...

1. How have you handled situations with clients who have experienced, or currently are experiencing, abuse, even if the abuse was not the primary reason for contacting you?
 - a. What worked?
 - b. What were some obstacles?
 - c. Did you have competent referral resources, if needed?

DOMESTIC VIOLENCE ADVOCATES ARE AFFECTED BY THE SAME PREJUDICES AS THE REST OF SOCIETY. STIGMA PARTICULARLY RELATING TO MENTAL ILLNESS IS A MAJOR BARRIER TO ACCESS. DOMESTIC VIOLENCE PROGRAMS OFTEN ASK QUESTIONS THAT CAN BE USED TO SCREEN OUT PEOPLE WITH PSYCHIATRIC DISABILITIES. WPAS AND OUR PARTNERS ARE WORKING TO CHANGE THIS PRACTICE.

DAVID LORD, WASHINGTON PROTECTION & ADVOCACY SYSTEM

2. What would be helpful in the future if you were working with someone who has been, or currently is being, abused (e.g., a resource guide for referral information, support groups, more intensive training about these issues, etc.)?
3. How might you infuse your knowledge of domestic violence, sexual assault and stalking in the lives of people with disabilities into your day-to-day work?
4. What steps could you take to gain an agency-wide commitment to effectively address these issues?

5. What is or should be the P&A's involvement/response when a person is raped or assaulted and the facility/agency has contacted law enforcement to investigate?
6. As a P&A, do/should you consider including screening questions about abuse to individuals requesting P&A advocacy support (e.g., at intake) when working with a guardian, school, facility staff, etc.?

As you consider these questions and others related to P&A advocacy and violence against women with disabilities and Deaf women, think about how your P&A might initiate and/or strengthen its collaborative relationships with anti-violence organizations in your state or U.S. territory.

Described on the next several pages are three examples of P&A collaboration with domestic violence and sexual assault coalitions and programs arising from grants made available through the Office on Violence Against Women (OVW), U.S. Department of Justice. (*Information about the Office and the disability grant program is located in Appendix C.*)

PRACTICAL EXAMPLES OF COLLABORATION

Throughout this section, highlights of three P&A experiences of collaboration are explored. While Louisiana, Washington and Wisconsin P&As each benefited from the Office on Violence Against Women's (OVW) disability grants to formalize their collaborative efforts, the relationships fostered are replicable in whole or in part for all P&As. As you read through these three examples, consider how your P&A might implement strategies to foster similar alliances within your state or territory.

Alliance Structure and Focus

The purpose of these grant projects is to provide education, technical assistance and training to disability advocacy and service provider agencies about domestic violence, sexual assault, and stalking, while anti-violence organizations benefit from these same strategies to enhance their capacity to respond to women victims with disabilities and Deaf women. Each P&A's participation in a collaborative project to end violence against women with disabilities and Deaf women involved different roles, model approaches and implementation strategies. The table below encapsulates the differing frameworks employed, and is followed by summary descriptions of roles and activities.

PROTECTION & ADVOCACY AGENCIES SHOULD BE INTERESTED IN ONGOING COMMUNICATION, CROSS TRAINING, AND PARTNERSHIP WITH DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS BECAUSE SUCH INVOLVEMENT WILL ADVANCE THEIR MISSION AND ENLIST OTHER, CARING ADVOCATES TO WORK ON BEHALF OF THEIR CLIENTS' NON LEGAL NEEDS.

STAFF OF THE ADVOCACY CENTER

P&A	Role	Model	Common Implementation Strategies
Louisiana	Collaborative Partner	ten pilot sites	<ul style="list-style-type: none"> ♦ statewide training ♦ materials development ♦ technical assistance ♦ accessibility awareness and enhancement
Washington	Collaborative Partner	two pilot communities	
Wisconsin	Lead agency	six regional multi-disciplinary alliances	

Louisiana's Perspective as a Project Partner

In 2002, the Advocacy Center entered into a collaborative agreement as a project partner with three other Louisiana agencies: Louisiana Foundation Against Sexual Assault (LaFASA); Louisiana Coalition Against Domestic Violence (LCADV); and the lead agency Louisiana Commission on Law Enforcement (LCLE). Louisiana's project focuses upon improving the physical, programmatic, and attitudinal accessibility of 10 local domestic violence or sexual assault programs.

The role of the Louisiana P&A in this project has been twofold:

1. provision of technical assistance to the project partners, as well as to local domestic violence and sexual assault programs; and
2. education and training to the domestic violence and sexual assault programs and project partners through large group training settings as well as individual technical assistance to programs providing direct services to women with disabilities who have experienced domestic violence or sexual assault.

Washington's Partnership

WPAS has worked closely with domestic violence and sexual assault advocates since 2002. Our work with domestic violence advocates started when Washington State Coalition Against Domestic Violence (WSCADV) invited us to participate in their effort to provide trainings to domestic violence and disability advocates around the state. WSCADV had assembled a group of disability advocates, government officials, and domestic violence program staff to develop a curriculum and a plan for raising awareness of access issues in domestic violence programs.

Fighting abuse is a priority for WPAS, as it is for all P&As. While we frequently work in coalitions, we had not previously worked closely with domestic violence programs. However, we quickly realized the importance of the group's mission – to make domestic violence and sexual assault services accessible to people with disabilities – and were immediately impressed with the sincerity of their commitment. It was apparent that while the domestic violence advocates we worked with had little experience with disability issues and advocacy, they were very experienced and effective advocates with much to teach us about combating abuse. We found that working with these domestic violence advocates is a pleasure, and has resulted in substantial benefits for WPAS and our constituents.¹⁰

Wisconsin's Project Framework

Since 2002, DRW has served as the lead agency for the two-year OVW grants, yet the project's mission and activities are founded on partnerships with the Wisconsin Coalition Against Sexual Assault (WCASA) and Wisconsin Coalition Against Domestic Violence (WCADV). Wisconsin's project and its partners seek to:

- ♦ coordinate and enhance the efforts of these project partners and others to forge a unified approach to permanently elevate collaboration among state and local sexual assault, domestic violence, and disability programs in Wisconsin;
- ♦ enhance the capacity of local sexual assault, domestic violence and disability programs to respond to violence against women with disabilities and Deaf women; and
- ♦ promote the establishment of violence against women with disabilities as a priority issue for P&As nationwide.

Wisconsin's project seeks to ensure that the activities are centered around:

- ♦ the distinctive dynamics of domestic violence, sexual assault and stalking against women with disabilities and Deaf women;
- ♦ the paramount importance of victim safety in all of its undertakings;
- ♦ the necessity for appropriate and effective services to women victims with disabilities and Deaf women; and
- ♦ equal access through compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

¹⁰ In 2004, WSCADV partnered with WPAS, Abused Deaf Women's Advocacy Services (ADWAS) and Communities Against Rape and Abuse (CARA) in an Education & Technical Assistance Grant to End Violence Against Women with Disabilities, and recently we received another grant and added another partner: Washington Association of Sexual Assault Programs.

Differing Models to Approach Collaboration

Louisiana's Model: Disability Awareness & Accessibility Targeted to Pilot Sites

The Louisiana project partners worked intensively with ten domestic violence/sexual assault pilot sites to raise awareness about disability issues and services and to work directly with them to address accessibility barriers and promote greater inclusion of victims/survivors with disabilities. This intensive pilot site focus involved:

- ♦ Testing knowledge about accessibility issues via a simple True/False “pre-test” taken by all pilot site staff before the initial visit.
- ♦ Conducting a thorough on-site assessment of the domestic violence/sexual assault program and its facilities, using a survey instrument that was shared with the pilot sites prior to the on-site assessment.
- ♦ Providing informal results and possible solutions while conducting the on-site assessment.
- ♦ Detailing the overall assessment findings and providing recommendations via a written report.

Pilot site assessments were conducted by a team consisting of a member of the Advocacy Center staff and another project partner. After completion of the assessment, the pilot projects then developed strategic action plans to address the survey recommendations. Each pilot program received a small stipend to use in implementing these plans, and was encouraged to request technical assistance from project partners. The accessibility assessment process was supplemented with disability sensitivity training, and direction to begin discussions and meetings with local disability agencies.

The Louisiana P&A took the lead role in several collaborative activities: conducting disability awareness education and training on abuse, neglect, and the ADA; and assisting Project partners in developing the accessibility assessment tool.

Washington P&A: Consultation, Intensive Focus and Support of Pilot Sites

WPAS began its work as part of a large group of stakeholders to develop a curriculum for training. Many people with a diversity of disabilities and cultural experiences participated, resulting in a training curriculum that addressed much more than just the physical barriers in domestic violence shelters. Barriers relating to immigration status, confidentiality, communication, stigma and attitudes also were addressed in the materials and in the training exercises. The domestic violence advocates understood that

participation by people with disabilities was essential in the planning and presentation of the trainings. Following this initial work, WPAS played a major role in curriculum and materials development, recruitment of participants with disabilities, and presentation at trainings.

Over the past two years, WPAS has been very actively involved in the development and support of two pilot sites. Each of these pilot sites is hosted by a domestic violence program which received a “mini-grant” from our coalition for use in supporting a team of domestic violence and disability advocates. The advocates met regularly over the grant period and came up with strategies for increasing the safety of people with disabilities in their communities. Activities included development of materials and training, but the most significant outcome was the ongoing relationships that developed between domestic violence and disability advocates. WPAS helped recruit and train the disability advocates, most of whom were people with disabilities, and many of whom were not previously known to WPAS.

Wisconsin's Experience: Statewide Focus through Regionally-Based Action

DRW and its partner organizations engaged in a variety of activities to address statewide gaps in awareness, capacity and collaboration regarding the intersection of domestic violence, sexual assault and stalking against women with disabilities and Deaf women. Our statewide approach involved:

1. Developing **training/resource materials, curricula and response protocols** in Wisconsin focused on sexual assault, domestic violence and stalking in the lives of women with disabilities and Deaf women, including women with developmental disabilities, physical and/or sensory disabilities, and/or psychiatric disabilities.
2. Providing jointly sponsored **cross-training** events in all six regions of Wisconsin for combined audiences of staff working in sexual assault, domestic violence and disability provider/advocacy organizations, as well as representatives of consumer advocacy groups.
3. Conducting **statewide trainings** that addressed issues related to the intersection of mental health, substance abuse, domestic violence and sexual assault.
4. Promoting compliance with both the spirit and the letter of the **ADA** in local sexual assault and domestic violence programs around Wisconsin, and in county systems' overall provision of sexual assault and domestic violence services through training, materials development, and on-site technical assistance.

5. Providing **technical assistance** to local sexual assault, domestic violence and disability programs on both the programmatic and individual case level.

These initial statewide efforts set the stage for fostering regionally based action through the development of Regional Action Alliances (RAAs). These RAAs are designed to achieve capacity building, skill building, and collaboration among disability and anti-violence organizations within communities:

- ♦ RAAs are composed of local domestic violence/sexual assault program staff, disability providers, consumers/survivors (formerly battered women, sexual assault survivors, and women with physical, sensory or developmental disabilities, or mental illness), county human services staff, and others identified by a specific region;
- ♦ RAAs are tailored to respond to the unique issues identified and resources available within that community.
- ♦ Project's roles are to support, foster and enhance collaborative and effective strategies in each community to address violence.
- ♦ Overall strategies employed to increase collaboration, skill enhancement and response capacity include a three stage process:
 - ▶ initiating relationships among domestic violence, sexual assault, and disability programs within a region;
 - ▶ facilitating through training, technical assistance, and ongoing support the identification of, and response to, regional needs; and
 - ▶ working with RAAs to implement and sustain comprehensive strategies to positively affect services to women victims with disabilities.

Collaborative Strategies that Impact P&A Work

Advocacy Center, Louisiana

The impact on Louisiana's P&A has been far-reaching:

- ♦ By helping domestic violence/sexual assault programs become welcoming and accessible for persons with disabilities, we further the P&A goals of insuring the protection of such persons while advocating for their integration into the general community.
- ♦ This is not a discrete project within Louisiana's P&A. Due to our increased knowledge of the domestic violence/sexual assault service system, and their increased knowledge of us, referrals among programs have increased.

Example: The P&A often is appointed to represent adults with disabilities in adult protective services proceedings. In some cases, these clients have been sexually assaulted or physically abused by a family member or someone sharing their household. We now routinely seek support, counseling and other services for such individuals from their local domestic violence/ sexual assault programs while we concentrate on representing these individuals' wishes in court. – Staff of the Advocacy Center (Louisiana P&A)

- ♦ Knowledge gained through work on this project is shared with intake staff, who rely upon it in providing information and referral to callers with domestic violence or sexual assault issues.
- ♦ We also have involved our long-term care and community ombudsman staff in the program and they have attended training to better understand the signs of abuse or assault, and have assisted in the accessibility surveys.

Louisiana's project furthers several key aspects of the P&A's work:

- ♦ **Self-determination**, which is a core principle for both P&A and domestic violence/sexual assault work, is advanced when persons with disabilities who are threatened with, or are recipients of, violence have meaningful choices and access to services.
- ♦ **Understanding the power dynamics of caregiver abuse.** The insights the Louisiana P&A has gained from participation in this project have assisted it in realizing the important role the P&A can play in educating, empowering, and advocating for clients who face this issue.
- ♦ The priority of **community integration** is furthered when there are not "separate" parallel systems, one to respond to abuse in the general community, and another to respond to problems within the "special" community.
- ♦ Within facilities (too many of which still exist in Louisiana) the residents, staff, advocates and protective services investigators who have knowledge regarding the **dynamics of abuse** and sexual assault can more readily prevent, identify, and respond to it, providing both greater protection to vulnerable residents and respect and options for those who may be victimized. Creating such cross-connections will also decrease the chance that problems with abuse and assault within facilities are denied or covered up.
- ♦ The more the public and disability service providers are informed about domestic violence, sexual assault, and P&A work in this area, the better they will be able to refer clients to integrated, **appropriate services** related to domestic violence or sexual assault.

Washington Protection and Advocacy System

Because one of our project partners, Abused Deaf Women's Advocacy Services (ADWAS) serves deaf women, the Washington P&A has greatly increased its contact with the deaf community. We also have improved the skill level of our staff in working with interpreters. ADWAS provided invaluable information regarding barriers to access in courts to our legal team prior to an investigation of complaints about one county court's use of interpreters.

WPAS, WSCADV, and ADWAS have worked together on several policy issues. WPAS spearheaded a successful effort to secure legislation that allows people with disabilities who are survivors of abuse and witnesses to have an advocate of their own choosing participate in interviews and court proceedings. WSCADV and ADWAS both supported this effort. WPAS supported WSCADV's successful effort to create a statutory privilege for domestic violence advocates. We commonly request letters of endorsement and support on issues that affect both people with disabilities and survivors of domestic violence. As a result of our work together, we now have new allies on a wide variety of legislative initiatives. A significant number of disability advocates and providers have received training on the power dynamics of domestic violence, the importance of safety planning, and how to connect with local domestic violence programs for assistance. The strongest links have been forged in the two pilot areas; however, we hear from our constituents across the state about things that both do and do not work.

While we still have a long road ahead, domestic violence programs all recognize that they must make efforts to improve the accessibility of their programs for people with disabilities. Staff at all domestic violence programs in Washington have received a significant amount of information and training on the barriers to access in their programs and how they can improve accessibility. WPAS and our partners receive many calls asking for advice on how to link with local disability advocacy resources (e.g., Centers for Independent Living, ARC, Deaf Service Centers).

Disability Rights Wisconsin

The effects of collaboration at a statewide and community level have been far reaching. Disability Rights Wisconsin and its state coalition project partners (WCADV and WCASA) have committed to, and are capable of, sustaining a deliberative and intensive focus on domestic violence, sexual assault, and stalking committed against women with disabilities. Each organization has a demonstrated history, program focus, and

staff dedicated specifically to these efforts. Our P&A's respective capacities also have increased organization-wide as a result of trainings, in-services and accessibility assessments among the project partner organizations. To ensure sustainability, each Wisconsin project organization has committed to the following:

- ◆ Incorporating issues related to violence against women with disabilities in new staff training and orientation;
- ◆ Empowering staff within the state domestic violence and sexual assault coalitions to conduct accessibility assessments themselves and provide technical assistance to their member community-based domestic violence and sexual assault programs as a part of their core services; and,
- ◆ Continuing to build and support RAAs throughout Wisconsin to enhance skills and build capacity in communities to best serve women victims with disabilities. This approach ensures that the communities themselves are committed and equipped to identify and respond to women's unique experiences and circumstances.

DOMESTIC VIOLENCE AND SEXUAL ASSAULT COALITIONS & PROGRAMS

State Domestic Violence and Sexual Assault Coalitions

- ♦ Almost every state has a Domestic Violence and Sexual Assault Coalition, or a combined domestic violence and sexual assault coalition.
- ♦ Coalitions are made up of member, community-based domestic violence and sexual assault programs.
- ♦ Statewide Coalitions generally provide the following services:
 - ▶ Statewide voice for domestic violence and sexual assault victims;
 - ▶ Technical assistance to member programs;
 - ▶ Policy development;
 - ▶ Clearinghouse for educational resources;
 - ▶ Development of materials;
 - ▶ Legal information;
 - ▶ Training;
 - ▶ Community education and public awareness; and
 - ▶ Funding, in some cases, to domestic violence and sexual assault community-based programs.

Community Based Domestic Violence and Sexual Assault Programs

- ♦ Programs provide direct support and, generally, informal advocacy for victims of domestic violence, sexual assault and stalking victims.
- ♦ Programs provide a variety of services that differ from program to program:
 - ▶ Crisis and support telephone lines;
 - ▶ Legal advocacy;
 - ▶ Medical advocacy;

- ▶ Counseling, support groups, and peer support;
- ▶ Emergency shelter for domestic violence victims and family members;
- ▶ Children's programs;
- ▶ Safety Planning and Support;
- ▶ Criminal Justice Process Support;
- ▶ Information & Referral;
- ▶ Crime Victim Compensation Assistance; and
- ▶ Training and community education.

Contacting Your State/Territorial Coalitions

To facilitate forging alliances among P&As and state coalitions against domestic violence and sexual assault, we have included the contact information for the statewide coalitions in Appendix D. We encourage each P&A to contact their respective state or territorial sexual assault and/or domestic violence coalition.

STRATEGIES TO INITIATE AND/OR STRENGTHEN COLLABORATION

How Do We Begin To Work Collaboratively?

Wisconsin's Violence Against Women with Disabilities Project is intended to stimulate the possibilities for greater inclusiveness of women with disabilities by domestic abuse and sexual assault providers. It also is intended to increase awareness among those who support people with disabilities who are abused and to recognize that violence is a serious problem and may have serious, long-term consequences for the individual. P&As are integral in bridging the divide between women with disabilities and disability organizations and domestic violence and sexual assault coalitions and programs.

BUILDING RELATIONSHIPS THAT BRING TOGETHER THE DOMESTIC VIOLENCE, SEXUAL ASSAULT AND DISABILITY ADVOCACY CONSTITUENCIES TO WORK ON A COMMON CAUSE HAS DEFINED OUR COLLABORATION. IT'S BOTH CHALLENGING AND EXHILARATING TO EXPERIENCE THE BREADTH AND DEPTH OF THESE RELATIONSHIPS AND THEIR EFFECTS THROUGHOUT OUR P&A.

AMY JUDY, DISABILITY RIGHTS WISCONSIN

Where to Start

Collaboration can begin with initiating a relationship or in response to an individual case or identified problem. The phrase repeated over and over is that "we have to be sitting around the same table." Time has to be made to engage in these discussions. P&As, support providers for people with disabilities, sexual assault providers, domestic violence providers, people in law enforcement, mental health professionals, elder abuse and adult protective services workers, women who have been victims and survivors have to be around the same tables, in the same rooms, agreeing and disagreeing. The focus has to be on making sure that everyone who needs help receives it, and on creating a social climate in which fewer people will need help because abuse and violence will not be so common.

Getting organizations to the “same table” often is the most challenging step. There isn’t **one** way that proves successful for every community. Advocates need to be familiar with the individual and organizational dynamics and relationships that exist in their states. A useful starting point is to reach out to domestic violence and sexual assault coalitions and programs in your state/territory to convene a discussion about the issues facing women with disabilities who experience violence.

Suggested Steps to Initiate or Enhance Collaboration

1. Contact State domestic violence/sexual assault Coalitions;
2. Schedule in-services;
3. Solicit input on annual plans;
4. Request a list of the state's community-based programs;
5. Utilize community-based resources for I&R requests;
6. Offer disability awareness or disability issue trainings;
7. Work with coalitions and programs to enhance accessibility;
8. Co-sponsor trainings;
9. Develop materials jointly;
10. Identify consumers to sit on coalition/program boards and advisory committees.

Other Strategies Offered by P&As

At the 2005 NDRN Conference, participants in workshops focusing on these issues and collaboration strategies put forth the following collaboration ideas:

INITIATING CONTACT, EDUCATING EACH OTHER ABOUT ONE'S ORGANIZATIONAL CULTURE AND MISSION, AND ACTIVATING THE DEVELOPING ALLIANCE TO UNDERTAKE ACTION DESCRIBES HOW WE HAVE APPROACHED COLLABORATION. IT REQUIRES TIME, COMMITMENT, AUTHENTIC DIALOGUE AND TRUST. WE'VE MODELED THIS APPROACH WITHIN COMMUNITIES TO FOSTER MEANINGFUL ALLIANCES THAT HAVE RESULTED IN VICTIMS/SURVIVORS WITH DISABILITIES EXPERIENCING MORE EFFECTIVE AND DESIRED INTERVENTIONS.

AMY JUDY, DISABILITY RIGHTS WISCONSIN

- ♦ Train self advocates and systems advocates about violence against women with disabilities and about strategies to forge alliances;
- ♦ Inform domestic violence and sexual assault coalitions and programs that P&As have people with disabilities on staff who can provide sensitivity training;
- ♦ Offer P&As as a resource for including people with disabilities who could serve on boards or in other leadership capacities;
- ♦ Propose advisory boards directed at improving disability advocacy within the anti-violence movement;

- ♦ Recruit self-identifying survivors with disabilities who are willing to step forward and serve on boards, work groups, etc.;
- ♦ Jointly submit grant applications for serving women with disabilities who have experienced domestic violence, sexual assault or stalking.

Collaborative Strategies to Affect Access and Inclusion

The investment of P&A time and expertise is mutually beneficial to P&As and domestic violence/sexual assault organizations alike. More importantly, each system establishes increased capacity and confidence in supporting and advocating for clients with disabilities. A primary example of this mutual benefit can be illustrated through the collaborative work designed to affect domestic violence and sexual assault program accessibility. The Louisiana, Washington and Wisconsin P&As each joined their domestic violence/sexual assault partners to address accessibility barriers and recommend modifications.

- ♦ **Louisiana** conducted statewide trainings, developed an accessibility assessment tool and participated in on-site assessments of ten pilot sites.
- ♦ **Washington** concentrated its efforts on developing materials and providing training and consultation to WSCADV, who then provided accessibility assistance to their local programs.
- ♦ **Wisconsin** developed an accessibility guide and an accessibility assessment tool, led on-site assessments of dual domestic violence/sexual assault programs, and provided technical assistance statewide.

Louisiana

Initially, the P&A was met with caution and skepticism by many domestic violence/sexual assault staff who were not aware of the P&A System and, therefore, had no idea about the range and scope of services P&As provide. Domestic violence/sexual assault programs also were concerned about the confidentiality of the survivors/victims and that the P&A would “report” their inaccessibility, thus depriving all women in their community of services. Our initial approach was to visit with each pilot program, along with a representative of either the domestic violence or sexual assault partner agency, stress things that we had in common (i.e., empowerment of under-served populations) and clearly define our role as being assistive, not punitive. Once the programs realized we were not going to act punitively, we began to work cooperatively. Accessibility discussions and planning were designed to be non-threatening and to build upon the common goal of improving services to victims/survivors with disabilities.

Washington

The approach the Washington P&A used in its accessibility work with domestic violence advocates has been primarily consultative. Most of the recommendations for improvements in access have been communicated to domestic violence programs through the domestic violence advocates who we have worked with on the project. These advocates have had success in improving the accessibility of shelters and programs.

Wisconsin

Many domestic violence, sexual assault, and disability program staff have attended trainings and become more aware of the individualized support and services that women victims with disabilities want and need. Only through working together and building alliances can this individualized response be assured. Where linkages exist, there's a more coordinated response to meet a victim's needs for disability and violence-related issues. Through on-site assessments and tailored training and technical assistance, attitudinal, procedural, and physical barriers to access for women with disabilities seeking domestic violence and sexual assault services are addressed. The on-site assessment teams – comprised of project and independent living center staff – provide direct feedback on programmatic and physical accessibility issues through verbal and written communication, supplemented by follow-up technical assistance. General accessibility-related tips are routinely disseminated to domestic violence, sexual assault and disability programs statewide to educate and promote change among those who do not have a formal assessment. Technical assistance may be provided through training, phone consultation, on-site discussion or email communication.

Conclusion

Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it's the only thing that ever has. – Margaret Mead

Employing the success of our primary partnership in Wisconsin, Disability Rights Wisconsin joined with the National Disability Rights Network to develop this Guide. It is designed as a tool to encourage all P&As **to join with their respective state and local domestic violence and sexual assault coalitions and programs** to forge powerful partnerships on anti-violence issues. While P&As cannot do it alone, working together we **can** end domestic violence, sexual assault, and stalking committed against women with disabilities and Deaf women.

APPENDICES

APPENDIX A

DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND STALKING

P&As are well aware of the abuse people with disabilities experience in institutional and community settings and within their families of origin. If you suspect that a P&A client has experienced, or currently is experiencing, domestic violence, sexual assault, or stalking, you will want a deeper understanding of the dynamics of these forms of violence and learn what resources are available for her.

This appendix explores the dynamics of domestic violence, sexual assault, and stalking, providing a broader context for P&A understanding and response to individual cases and systems responses necessary to address this violence.

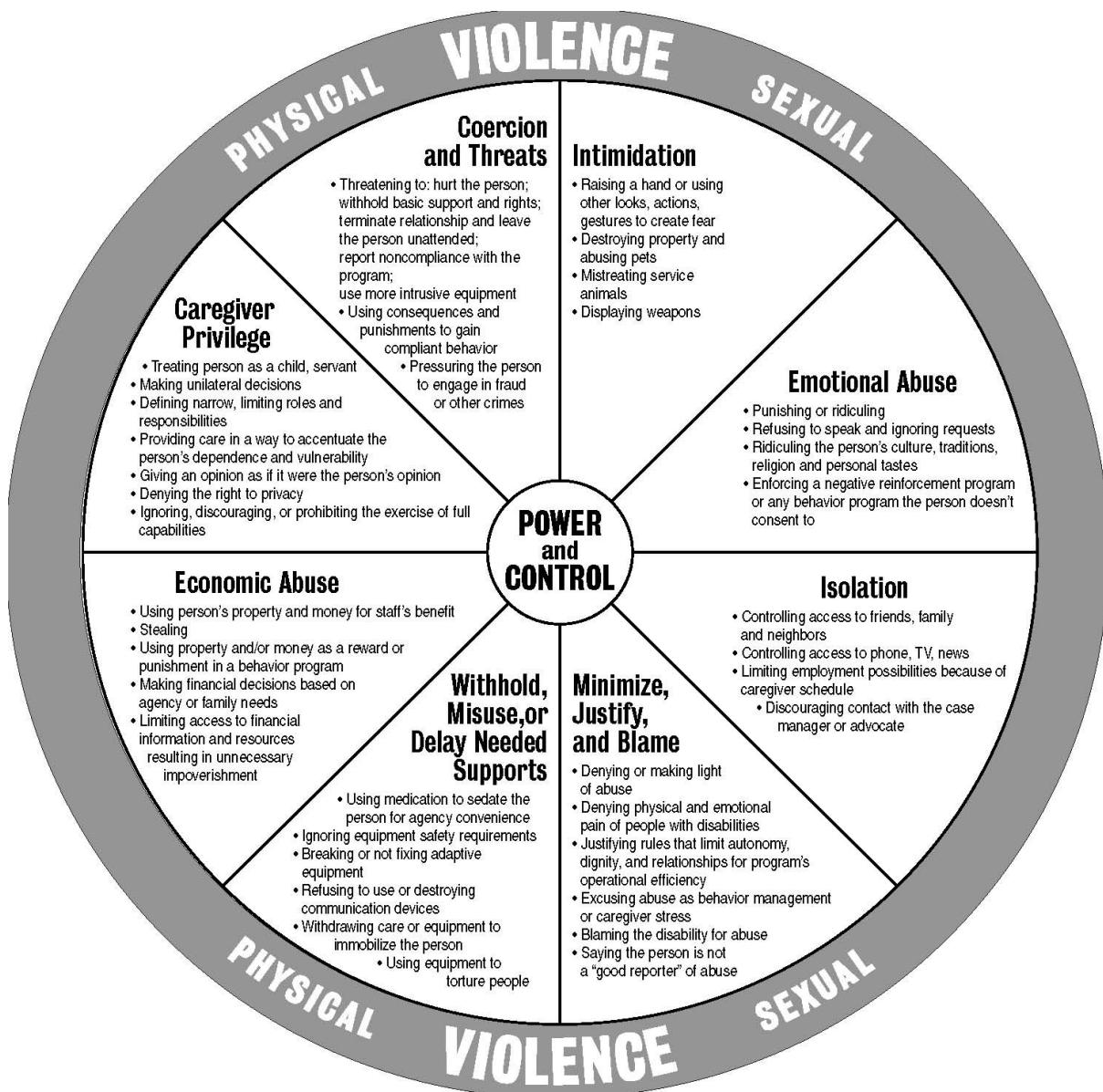
FIRST AND FOREMOST, ASK THE PERSON; HOWEVER, BE PREPARED TO RESPOND APPROPRIATELY IF THEY DISCLOSE ABUSE. A FIRST RESPONSE TO DISCLOSURE SHOULD BE TO BELIEVE THE PERSON. THEN, YOUR RESPONSE INCLUDES NOT ONLY YOUR P&A ADVOCACY ROLE, BUT ALSO STEPS TO ENSURE THE WOMAN IS SAFE AND HAS THE OPPORTUNITY TO AVAL HERSELF OF SUPPORTIVE SERVICES (E.G., COUNSELING, SUPPORT GROUPS, LEGAL ADVOCACY FOR CRIMINAL JUSTICE PROCEEDINGS, EMERGENCY SHELTER, ETC.).

AMY JUDY, DISABILITY RIGHTS WISCONSIN

What Are Domestic Violence, Sexual Assault And Stalking?

The following descriptions of domestic violence, sexual assault and stalking provide a glimpse of some unique characteristics associated with these forms of violence. These descriptions are not legal definitions, but reflect a framework for thinking about the tactics used against women with disabilities and Deaf women. Contact your domestic violence and sexual assault state coalitions for specific statutes that apply to your jurisdiction. (See Appendix C for state and U.S. territorial assault coalition information.)

Power and Control Wheel: Abuse of People with Disabilities



(Developed by: Wisconsin Coalition Against Domestic Violence, 307 S. Paterson St., Madison, WI 53703.)

Unique Dynamics of Power and Control

To understand abuse in the context of domestic violence and sexual assault, P&As will benefit from the expertise of the anti-violence movement. The circle graphic depicts a “power and control wheel.” The original power and control wheel, developed by the Domestic Violence Training Project in Duluth, Minnesota, illustrates the variety of tactics used by abusers to exert power and control over another person. The Wisconsin Coalition Against Domestic Violence modified it to reflect the abusive power and control dynamics that many individuals with disabilities experience. The hub or center of the wheel is **power and control, which is widely understood as the primary explanation for abuse.** The outer area of the wheel shows physical and sexual abuse; overt physical tactics that abusers inflict upon another person. Inside the spokes of the wheel are a variety of additional tactics that abusers use to gain and maintain control in an abusive relationship. Abusers switch tactics often; a victim might try to change her behavior to prevent further abuse. Unfortunately, the abuse most likely will continue regardless of the victim’s attempts to prevent it.

What Is Domestic Violence?

Domestic violence or abuse is a pattern of aggressive and intimidating behaviors that abusers use to control their intimate partners through fear and intimidation, often including the threat or use of violence. It is described as “domestic” violence in response to this movement’s history of women telling other women about the violence they experienced in their own homes. Abuse also can occur with others living in the household — caregivers, siblings, peers. Abuse can be verbal, emotional, physical, sexual and/or economic and is based on power and control. People often think of domestic violence only in terms of the cuts and bruises that we can see. In reality, it is a pattern of assault and coercive behaviors designed to control another person.

Who Are Perpetrators Of Domestic Violence?

An abuser can be from any ethnic, social, educational, economic, or spiritual background, as well as be of any age, gender, sexual orientation or ability. There is no typical abuser, although there are tactics commonly used by abusers. Perpetrators of domestic violence believe they are entitled to use whatever means necessary, including physical violence, to get what they want. The abuse originates from a belief system that makes it acceptable to exert control over another person. To avoid being

held accountable, abusers might blame the people they harm or otherwise try to rationalize or justify their actions.

A perpetrator of domestic abuse used to be described only as an “intimate partner,” (e.g., a spouse, life partner, or significant other). More recently, the list of possible abusers has expanded as a result of newer information about abuse that is directed against older individuals and people with disabilities. Other family members, caregivers, transportation providers, co-workers, disability services providers or others with whom the victim has an ongoing, trusted relationship, now have been identified as abusers.

What Is Sexual Assault/Abuse?

Sexual assault/abuse is a verbal or physical act that is sexual in nature and violates a person’s sense of trust and/or a feeling of safety. It is **primarily motivated by one person’s need to exert dominance over another person through the use of power and control**, including the use of force. Some perpetrators target individuals they perceive to be vulnerable based on factors such as isolation, alcohol and drug impairment, age or disability. Often, the perpetrator feels entitled to engage in these sexual actions. Or, the person knows that he is committing a crime and believes that he can get away with it because the victim will be too afraid to tell anyone, is unlikely to be believed, is unable to communicate the abuse for a variety of reasons, or is unaware that what was experienced was abuse. This exertion of power and control is especially common when an inherent power difference already exists between a perpetrator and a victim (e.g., a caregiver and a care receiver).

Some perpetrators of abuse will **groom** their victims before the assault, often violating personal boundaries by testing how a potential victim responds to increasingly invasive and manipulative touch, attention and exploitation. Grooming involves promoting a relationship based on “secret keeping” between the groomer and victim, creating the perception that the groomer is “the only one who really cares” and understands the victim, all the while increasing the victim’s fear of retaliation (by the perpetrator and others with power over the victim) if she discloses what is happening. These tactics, and others, help secure a groomer’s access to and “cooperation” from a victim. While not a sexual activity in and of itself, grooming behavior often is used to “prepare” a victim for being receptive to sexual acts.

There are a number of ways by which a person can be sexually assaulted:

- ♦ Hands-Off or Covert Offenses do not involve physical contact (e.g., voyeurism, exhibitionism, forced viewing of pornography, sexual harassment, and threats).
- ♦ Hands-On or Overt Offenses involve physical contact and can include genital contact with or without penetration. The contact might be to the victim's vagina, breasts, anus, or mouth. The perpetrator might be making contact orally, genitally, digitally, or with objects.
- ♦ Harmful Genital Practices refers to unnecessary and unwarranted, or excessive, personal care to a person's genitals, breast, or anus. This type of abuse is specific to persons who rely on others for intimate personal care of their bodies.¹¹

Who Are Perpetrators Of Sexual Assault Or Abuse?

In general, perpetrators of sexual assault or abuse are known and trusted by the person who is victimized. They might be acquaintances, intimate partners, relatives, caregivers, peers, or sometimes, strangers.

- ♦ Acquaintance Assault: perpetrated by someone who is only casually known by the victim. This is the most common type of sexual assault.
- ♦ Partner Assault: perpetrated by someone already intimately known by the victim.
- ♦ Incest: perpetrated by an immediate or extended family member.
- ♦ Caregiver Assault: perpetrated by someone who has primary responsibility for providing care for a person.
- ♦ Peer Assault: perpetrated by someone who might be a house-mate or coworker.
- ♦ Stranger Assault: perpetrated by someone unknown to the victim. Although this type of assault is portrayed most frequently by the media, it occurs rarely.

Other Factors that Increase the Risk of Abuse of Women with Disabilities

Additional factors and circumstances that increase the occurrence of abuse experienced by women with disabilities include:

- ♦ Assistance with personal care needs: An abusive caregiver may take advantage of the intimate nature of personal care provision as well as the opportunity afforded in these situations to abuse an individual.

¹¹ Ramsey-Klawsnik, Holly. Widening The Circle: Sexual Assault/Abuse and People with Disabilities and the Elderly, Wisconsin Coalition Against Sexual Assault (1998).

- ♦ **Learned compliance:** Many women with disabilities have been socialized to comply with the instructions of “those in charge,” be they professionals, in-home care workers, volunteers or family members. Many perpetrators take advantage of this power imbalance to control the victim and sexually abuse her.
- ♦ **Lack of privacy:** Women with disabilities may rely on personal care services and have multiple care providers that serve a number of people. Care providers might forget to allow for privacy because it is easier and less time consuming. Conversely, a perpetrator may use the guise of offering privacy to abuse an individual.
- ♦ **Boundary Confusion:** Personal boundaries are often blurred when a person relies on others to provide intimate personal care and other forms of assistance. A person will feel close to a care provider because of the personal nature of the care provision or because she feels isolated and the individual is caring toward her. Perpetrators often take advantage of the trust that a person has developed.

What Is Stalking?

Although defined differently in state statutes, a stalker generally is described as someone who “intentionally engages in a course of conduct directed at a specific person that would cause a reasonable person to fear bodily injury or the death of him/ herself or his/her family or household.” A “course of conduct” typically means a series of acts carried out over time, however short or long, that show a continuity of purpose.

Who Are Perpetrators Of Stalking?

In order to gain and maintain control, or to establish a relationship with a victim, stalkers use tactics that will intimidate and instill fear. Stalkers can be convincing. There is no one psychological or behavioral profile for stalkers. The most common types of stalking are identified as “simple obsession” and “love obsession” stalking:

- ♦ **Simple obsession stalkers** are motivated by a need to dominate and intimidate. The stalker’s need to exert power and maintain control over the person being stalked adds the element of danger. Simple obsession stalking represents 70 to 80 percent of all stalking cases and is distinguished by the fact that some previous personal or intimate relationship existed between the stalk-

er and the victim before the stalking behavior began. “Stalking cases which emerge from domestic violence situations constitute the most common and potentially lethal cases of stalking.”¹²

- ♦ **Love obsession stalking** is characterized by a fixation on another person with whom the stalker has no personal or prior relationship; the target might once have been introduced to the stalker or be a complete stranger. These types of stalkers believe that they can make their victims love them. When the victim does not respond as expected, the stalker attempts to force the victim to comply by use of threats and intimidation.

¹² Stalking Resource Center, National Center for Victims of Crime.

APPENDIX B

Nothing About Us Without Us: A Philosophy for Collaboration

By Jane M. Sadusky

Jane M. Sadusky, Madison, WI, is a writer and independent consultant on community response to violence against women, with an emphasis on systems change and accountability. Her experience in the battered women's movement spans 25 years, at the local, state, and national levels, including Wisconsin Coalition Against Domestic Violence. She was the evaluator for Wisconsin's Violence Against Women with Disabilities Project from 2002-2004.

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The Invisibility of Rape and Gender

This paper uses the word rape rather than sexual assault, and speaks to violence against women. There is an increasing tendency to lump all kinds of sexual and intimate partner violence into single categories of sexual assault and domestic violence. We all do it; it's become a habit of vocabulary. So too with gender. I've decided to reclaim the words because their disappearance feeds a misperception of gender parity among victims and perpetrators, and distorts the reality of rape and violence in girls' and women's lives. This does not deny or diminish the hurt done to a boy victimized as a young child or the teenager sodomized in a sports team hazing, or the disabled man whose caregiver hits him and leaves him lying in a soiled bed for hours. It insists, however, that the context be clearly stated and understood. Who is doing what, to whom, and to what impact and to what degree? Who is afraid? Most likely it is the person who is visibly female or, as some boys and men have experienced, the person who is seen as weak, vulnerable, and lesser-than, who gets called the 'bitch, douche bag, whore, ho, fag, girly man' ... or any of the long list of words used to degrade and diminish what is considered female. — Jane Sadusky

Wander through a few issues of *Ragged Edge*¹³ magazine. Any notion that the battered women's or anti-rape movements are welcoming and inclusive will get a jolt. Aha ...Click! Here's Ingrid V. Tischer: "they are ignoring the connection between stigma, silence and oppression." And, "if denying equal protection under the law to women with disabilities through right-to-die laws isn't 'violence against women' just what is?" Or Mary Johnson: "People who want to eliminate 'racist, sexist or homophobic' speech never say a word about using 'blind' and 'deaf,' 'crippled' and 'paralyzed' as metaphors for something negative...disability is routinely left out of everyone's listings."

For those of us working to end violence against women, these voices rattle our assumptions, and insist that we go deeper in our thinking and understanding about what it means to live in the world as a woman and as a person with a disability. Even that term, a disability, categorizes in a way that does not reflect the reality of individual lives. The reality is not a single, fixed point along a continuum, but a pattern of interconnected and intersecting loops of facility, of the ease with which we can move, act, speak, understand, and do. Some of us negotiate around a few of those loops, and need relatively little support to make the daily journey. Others need more. And anyone who goes about their day in one easy loop could at any instant have to negotiate a dozen or more. All it takes is one car crash, illness, or fall at the swimming pool; or, a child being born or someone living long. Yet the dominant design of our surroundings pretends that this reality does not exist and the ideas of accessibility and reasonable accommodation are treated as impositions and annoyances instead of, as one commentator put it, "the very model for a new paradigm in thinking about civil rights and citizenship."¹⁴

Contemporary movements for change by battered women, rape survivors, and people with disabilities are anchored in the ferment of civil rights and feminism that emerged in the late 1950s and became increasingly visible in the subsequent three decades. Social change has been at the core of each movement, with an emphasis on grounding decision-making power in the very people whose lives and well-being are at stake. Each movement sought to frame violence, discrimination, and prejudice as inherent in a social structure that defined women and people with disabilities as less-than, as the "other." They rejected characterization of their lives as problems of individual pathology or medical condition. Each movement emphasized a maximum right to self-direction and self-determination. Their accomplishments are represented in part by

¹³ *Ragged Edge* is the successor to *The Disability Rag*; www.raggededgemagazine.com. "No Guts, No Glory," Ingrid V. Tischer, posted October 29, 2003; "Left Out," Mary Johnson, posted July 12, 2004.

¹⁴ Michael Bérubé, quoted by Mary Johnson

passage of the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Violence Against Women Act.

Historically, however, there has not been much conversation across the three movements, and not much of a united front in influencing public policy and resources. There has been little organizing across social and economic oppressions or alliance with other marginalized groups. Each has been largely going it alone, although that is less the case between anti-battering and anti-rape work, and more the case between violence against women movements and disability rights.

As shelters and rape crisis centers emerged they crafted mission statements that emphasized their work on behalf of “all women.” Thirty years later we find more of a mythology of inclusion rather than the actuality. We have support groups in basement rooms reached only via steps and twenty-six-inch doorways. We have crisis lines with no TTY, or no one who knows how to use one. We have wheelchair accessible rooms in shelters that are routinely unavailable or used for storage. We have few conversations with women who move, sit, stand, see, hear, or think in any way other than what has been dictated as “normal functioning.” “We don’t have requests for those services” is the explanation. We have quite a bit of contact with women who experience various mental illnesses — women with *chronic mental illness* are here not because we’re *the most appropriate place, but because we are there, and we’re free*, as one advocate put it. “We’re not equipped to serve them” is the frequent response, and women are sometimes actively turned away or encouraged to look elsewhere for help. Most shelters, support groups, and crisis lines are not organized to provide the help that women with disabilities need. There is a gap between what women need and what is available to them.

This gap is not any smaller for women who have been battered or raped and who seek help from disability service or advocacy agencies. Agencies that have traditionally centered their relationship with consumers around transportation, housing, and employment have not paid much attention to battering or sexual violence. Until recently, there has been little recognition, for example, of the pervasiveness of sexual violence in the lives of people with disabilities. Home care agencies and assisted living centers have too-often sidestepped the abusive behavior of their employees. Some have refused to acknowledge the experiences of women whose battering partners also are consumers in the same agency.

It is tempting to frame the problem as one of bad attitudes by individuals working in domestic violence programs, sexual assault agencies, and disability services agencies. The residue of ‘better dead than disabled’ and ‘better dead than raped’ and “I would never put up with it” and ‘why doesn’t she just leave’ is sticky and pervasive. But it shapes far more than attitudes. It has infused the institutional structure, the response to and management of what we categorize as domestic violence, sexual assault, and disabilities. Many very caring people are unable to do more than process someone’s experience as a case according to the parameters of their jobs, regardless of whether what they can offer fits the needs of the person across the desk from them. Along with attention to our fears and discomfort, we must also pay attention to the theories, resources, laws, rules, policies, procedures, and training that organize and coordinate our work, and affect who we hire and where we site leadership.

The stereotypical “battered woman” does not exist – nor does the stereotypical rape survivor or woman with disabilities. Institutions try their best to wedge everyone into some category of universal battered raped disabled woman. It is easier to manage her life with a single set of forms, processes, resources, and communication. That comes at a great injustice, however, to the realities and complexities of individual lives. In trying to drop those who come through our doors into this universal person – whether we call her a client, survivor, or consumer – we miss understanding the true nature of danger and risk in their lives, and we miss the opportunity to work alongside each woman to build safety from her strengths and resourcefulness. “Women’s lives are complex. Intimate relationships are sensitive and private areas of a woman’s life, and there are cultural and racial/ethnic differences in how women may describe these relationships to a stranger such as [an intervener]. Therefore, it is important for both researchers and helping professionals to provide many opportunities for a woman to tell them about her relationship [...and her life], without pushing her into the constraints of artificial categories. Interventions aimed at simplistic categories of woman will not succeed.”¹⁵ How might we account for this complexity of individual lives and their ‘everyday/everynight’ realities.¹⁶ As suggested by the disability rights movement: *Nothing about us without us.*

¹⁵ *The Chicago Women’s Health Risk Study: Report to the National Institute of Justice*, Carolyn Rebecca Block, Principal Author, Illinois Criminal Justice Information Authority, June 2000. Available at <http://www.icjia.state.il.us/public/pdf/cwhrs/cwhrs.pdf>.

¹⁶ The idea of anchoring our work and analysis in the everyday/everynight realities of peoples’ lives is central to the “sociology for people” developed by Dorothy E. Smith that has come to be known as institutional ethnography. See, for example, *Writing the Social: Critique, Theory, and Investigations*, University of Toronto Press, 1999.

Collaboration – both with and on behalf of people – is an easy and often required word to include in a grant application, but hard to accomplish off the page. Institutions tend to fit the person into some category of service, rather than work together to fit the service to her needs. The battered women's, anti-rape, and disability rights movements emerged with similar philosophies of empowerment, self-determination, and civil rights, but have remained largely disconnected from one another. Efforts are underway in Wisconsin to change this and “permanently elevate collaboration among state and local sexual assault, domestic violence, and disability programs.” The Wisconsin Coalition for Advocacy and its partners – the Wisconsin Coalition Against Sexual Assault, the Wisconsin Coalition Against Domestic Violence, and IndependenceFirst – have launched a joint effort to make violence against women with disabilities visible, to build alliances, and to “enhance the capacity” to respond to that violence.

There are a few pebbles in the path, however, to figuring out this intended collaboration and capacity. While there is common ground across sexual assault programs, domestic violence agencies, and disability services, there is also difference and uncertainty about key aspects of everyday practice, including confidentiality, self-determination, independence, advocacy, and safety.

Battered women's advocates, for example, have a longstanding practice of confidentiality, with an emphasis on both not collecting certain information to begin with and on not releasing what they have received to anyone, including other well-meaning interveners. This insistence on confidentiality has been one of the key safety supports that they offer women, and they have been historically reluctant to set it aside via a release of information. There is too much potential for a batterer to discover her location, or use information about her or her children against her in a custody action or child protection complaint. The more people with access to the information, the greater the possibility that it will be shared with unintended but harmful results. Disability services, in contrast, are typically coordinated across multiple agencies, with information readily shared. Many women with disabilities may have had little choice but to agree to this in order to obtain necessary services and supports. They are accustomed to the most intimate details of their lives being widely available, and are often encouraged early on in their lives to be compliant with such requests. In a battered women's shelter, however, her partner, parent, or case manager will not automatically know her whereabouts, or that she has filed for a divorce or a restraining order.

Safety is another arena for uncertainty across these new collaborations. We all agree that we want to ‘maximize safety,’ but we are likely to give different answers for how that might happen for a woman who has survived a sexual assault or battering or lives with a disability, or who has experienced them in combination. We agree that we want to protect people from ongoing physical, sexual, and emotional harm, coercion, and threats, but we can easily end up pointing fingers or accusing another intervener of not caring enough or not understanding. *What do people really need? Sexual assault may not be the central issue*, offers one advocate. *The vulnerability and lack of confidentiality in support groups can lead to stalking*, adds someone from the disability services direction. *If someone needs shelter, they should just get it*, regardless of whether you use a wheelchair. Or, the advice to those in independent living is ‘don’t talk to anyone, don’t socialize.’ The discussions about safety unwind from here, crossing into questions of where our rights to make decisions for ourselves and to take risks must be honored, and where and how we can rightfully intervene in someone’s life.

Sorting this out is a big order for collaboration. It requires a fair amount of getting to know one another, encouraged via such activities as regional meetings, planning groups, and cross-training conferences. It requires a fair amount of trust, which has a good foothold in some communities and requires small steps in others.

It also requires a common philosophy, which brings us back to Ingrid Tischer, Mary Johnson, and the principle of *nothing about us without us* as a foundation for collaboration. *Nothing about us without us* demands genuine dialogue and balancing the needs of individual lives with institutional processes. It requires attention to ‘stigma, silence, and oppression’ and how we routinely leave disability off our lists and out of our work. It reflects back the heart of the astonishing social change sparked by battered women, rape survivors, and people with disabilities. What better anchor for working together,

APPENDIX C

OFFICE ON

VIOLENCE AGAINST WOMEN,

U.S. DEPARTMENT OF JUSTICE¹⁷

Overview

About the Office on Violence Against Women

The Office on Violence Against Women (OVW) is a component of the U.S. Department of Justice. Created in 1995, OVW implements the Violence Against Women Act (VAWA) and subsequent legislation and provides national leadership against domestic violence, dating violence, sexual assault, and stalking. Since its inception, OVW has launched a multifaceted approach to responding to these crimes. By forging state, local and tribal partnerships among police, prosecutors, the judiciary, victim advocates, health care providers, faith leaders, and others, OVW grants help provide victims with the protection and services they need to pursue safe and healthy lives and enable communities to hold offenders accountable.

About the OVW Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program

The Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities Grant Program (Disability Grant Program) was created by the Violence Against Women Act of 2005 (VAWA 2005) 42 U.S.C 3796gg-7. Congress, OVW, and victim advocates recognized the need to focus on domestic violence, dating violence, stalking and sexual assault against individuals with disabilities

¹⁷ All information in Appendix C was excerpted from the Office on Violence Against Women web site located at <http://www.usdoj.gov/ovw/index.html>.

due to the proliferation of such violence and the gaps in service provision and the criminal justice response for this population. The goal of this program is to build the capacity of such jurisdictions to address such violence against individuals with disabilities through the creation of multi-disciplinary teams.

Disability Grant Program recipients will provide training, consultation, and information on domestic violence, dating violence, stalking, and sexual assault against individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C.12102)), and enhance direct services to such individuals.

The scope of the Disability Grant Program is defined by eight statutory purpose areas. Please note that for awards made in FY 2007, Disability Grant Program funds may not be used to provide training, consultation and information to, the criminal justice system. OVW has determined that in order to effectively incorporate the criminal justice system into the Disability Grant Program, no funds in this grant cycle may be used to address the criminal justice system.

Conditions for Making Proposed Physical Modifications

As of FY 2007, and subject to the conditions outlined in this call for concept papers, award recipients may use no more than 2% of Disability Grant Program funds for physical modifications.

Conditions for Providing Direct Services

Concept papers must address at least one statutory purpose area. Concept papers that propose to provide direct services must include a comprehensive, multi-disciplinary response to domestic violence, dating violence, stalking and sexual assault against individuals with disabilities. The focus of the Disability Grant Program is on capacity building and creating true multi-disciplinary, collaborative teams in order to effectively address the issue of such violence against individuals with disabilities. As such, concept papers that propose to provide direct services must propose to address the statutory purpose area number 3, "To provide cross-training for victim service organizations, governmental agencies, and nonprofit, nongovernmental organizations serving individuals with disabilities about risk reduction, intervention, prevention, and the nature of domestic violence, dating violence, stalking and sexual assault for disabled individuals".

Program Scope

The statutory purpose areas of the FY 2007 Disability Grant Program are as follows:

- ♦ To provide personnel, training, technical assistance, advocacy, intervention, risk reduction and prevention of domestic violence, dating violence, stalking, and sexual assault against disabled individuals;
- ♦ To conduct outreach activities to ensure that disabled individuals who are victims of domestic violence, dating violence, stalking, or sexual assault receive appropriate assistance;
- ♦ To conduct cross-training for victim service organizations, governmental agencies, and nonprofit, nongovernmental organizations serving individuals with disabilities about risk reduction, intervention, prevention and the nature of domestic violence, dating violence, stalking, and sexual assault for disabled individuals;
- ♦ To provide technical assistance to assist with modifications to existing policies, protocols, and procedures to ensure equal access to the services, programs, and activities of victim service organizations for disabled individuals;
- ♦ To provide training and technical assistance on the requirements of shelters and victim services organizations under Federal antidiscrimination laws, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973;
- ♦ To modify facilities, purchase equipment, and provide personnel so that shelters and victim service organizations can accommodate the needs of disabled individuals;
- ♦ To provide advocacy and intervention services for disabled individuals who are victims of domestic violence, dating violence, stalking, and sexual assault; or
- ♦ To develop model programs providing advocacy and intervention services within organizations serving disabled individuals who are victims of domestic violence, dating violence, sexual assault, or stalking.

OVW will support eligible teams that use training, consultation, information sharing and providing services to reach the following Disability Grant Program goals:

- ♦ Increase of efficient and appropriate services;
- ♦ Organizational and community capacity building;
- ♦ Cross-discipline collaboration; and
- ♦ Increased accessibility.

Each recipient of an award under the Disability Grant Program must provide training, consultation, and information on domestic violence, dating violence, stalking, and sexual assault against individuals with disabilities to victim services organizations, governmental agencies, and nonprofit, nongovernmental organizations serving individuals with disabilities.

Examples of organizations that may receive training, consultation and information under an FY 2007 award include:

- ♦ Disability related service organizations;
- ♦ Domestic violence programs;
- ♦ Sexual assault programs;
- ♦ State agencies, which either have a focus on disability or will provide services to individuals with disabilities, such as Adult Protective Services, benefit offices, or State Office on Disability; and
- ♦ Faith and community-based organizations (which include organizations that are used by individuals with disabilities, but are not disability specific service providers, such as job training programs).

Concept papers must clearly demonstrate the need for Disability Grant Program funds in the identified service area. Proposed multi-disciplinary team members and proposed activities must be directly related to the identified need. Concept papers must demonstrate a strong commitment to real, meaningful collaboration, both in the development of the concept paper and in the implementation of the project. The concept paper should demonstrate that the multi-disciplinary team is engaged in such a working partnership, or is in the process of developing such a relationship, and has a considerable likelihood of sustainability.

Successful concept papers must propose projects with a local, multi-county, or statewide focus only. Concept papers with a multi-state or national focus will not be considered for funding. Multi-disciplinary team members may have a state-wide or local focus (State Protection & Advocacy, Domestic Violence or Sexual Assault Coalitions, local domestic violence or sexual assault program). Multi-disciplinary team members do not have to be based in the service area. The project may focus on disability in general, or it may focus on a specific type of disability. The focus should be dictated by the need in the identified service area.

Program Requirements

OVW Multi-Disciplinary Team Requirement

Every program supported by Disability Grant Program funds must identify and support a multi-disciplinary team comprised of, at a minimum, the following:

- ♦ At least one nonprofit, nongovernmental victim services organization, such as a state domestic violence or sexual assault coalition; and
- ♦ At least one nonprofit, nongovernmental organization serving disabled individuals.

Multi-disciplinary teams may also include faith and community-based organizations.

VAWA defines “victim services” and “victim service provider” as a nonprofit, non-governmental organization that assists domestic violence, dating violence, sexual assault, or stalking victims, including rape crisis centers, domestic violence shelters, faith-based organizations, and other organizations, with a demonstrated history of effective work concerning domestic violence, dating violence, sexual assault, or stalking.”

Technical Assistance Requirements

Multi-disciplinary teams will be required to participate in all technical assistance events sponsored by OVW related to the Disability Grant Program. Technical assistance will be both substantive and skills-based in nature. Technical assistance will assist multi-disciplinary teams in building their capacity and develop, strengthen, and maintain collaborative relationships among team members and other key stakeholders. Technical assistance will be delivered through, but not limited to all award recipient meetings, site visits, tele/video conference calls, and web-based technical assistance. Awards on FY 2007 will be made as Cooperative Agreements. Multi-disciplinary teams should anticipate a high level of involvement with OVW and intensive technical assistance for the duration of the project.

Project Requirements

OVW will be funding multi-disciplinary teams to address violence against individuals with disabilities. The goal of the Disability Grant Program is to build capacity, enhance collaboration, and to create accessible, appropriate services for individuals with disabilities who are victims of domestic violence, dating violence, stalking, and sexual assault through the creation of multi-disciplinary teams. OVW has developed the following guidelines for such multi-disciplinary teams:

- ♦ Multi-disciplinary teams must include representatives from at least one non-profit, nongovernmental victim services organization, such as a domestic violence and/or sexual assault coalition and one nonprofit, nongovernmental victim services organization serving disabled individuals. These organizations may have a local or statewide focus.
- ♦ Multi-disciplinary teams must address activities described in at least one statutory purpose area.
- ♦ Multi-disciplinary teams must demonstrate a high level of commitment from all parties to work collaboratively.
- ♦ Multi-disciplinary team members will be expected to address issues of accessibility within their own organizational service and employment practices. Multi-disciplinary teams will be expected to develop and implement a plan to increase accessibility within their own organizations.
- ♦ Multi-disciplinary teams must focus on capacity and skill building activities during the first year of the grant. These activities should continue throughout the life of the project.
- ♦ Multi-disciplinary teams will be required to conduct a needs assessment of the service area and develop and implement a strategic plan.
- ♦ Multi-disciplinary teams must develop and implement a realistic plan to sustain project activities after OVW funding concludes.
- ♦ Multi-disciplinary teams, including all team members, must participate in all technical assistance opportunities sponsored by OVW.
- ♦ Multi-disciplinary teams must engage in cross-training.
- ♦ Multi-disciplinary teams must develop policies around confidentiality and information sharing.

In meeting these requirements, it is strongly encouraged for each multi-disciplinary team to have in place a structure for governing, planning, and implementation. This collaborative structure should include decision makers from each of the multi-disciplinary team members. This structure should have the authority and leadership to make decisions about policies and procedures that are essential to the project.

MOU Requirements

Each applicant must enter into a formal Memorandum of Understanding (MOU) with at least one nonprofit, nongovernmental domestic and/or sexual violence victim services organization AND one nonprofit, nongovernmental disability organization. The MOU must demonstrate a strong commitment by all parties to work as a multi-discipli-

nary, collaborative team in order to improve services to individuals with disabilities and to increase accessibility. Collaboration must be meaningful and ongoing and include fair compensation for participation.

Activities That May Compromise Victim Safety

Ensuring victim safety is a guiding principle underlying the Disability Grant Program. Experience has shown that certain practices may compromise victim safety rather than enhance it. Certain responses by the authorities may have the effect of minimizing or trivializing the offender's criminal behavior. Accordingly, consistent with the goals of ensuring victim safety while holding perpetrators accountable for the criminal conduct, applicants are strongly discouraged from proposing projects that include any activities that may compromise victim safety, such as the following:

- ♦ Developing materials that do not address the issue of targeted abuse;
- ♦ Developing materials that focus primarily on issues of physical accessibility and do not fully address issues of programmatic and attitudinal accessibility;
- ♦ Crafting policies that deny individuals access to services because of a disability;
- ♦ Crafting definitions of abuser and domestic and sexual violence that fail to consider the power dynamics between individuals with disabilities and personal care attendants, or care givers; and
- ♦ Developing safety plans that are not appropriate for individuals with disabilities.

Office on Violence Against Women (OVW)

800 K Street, N.W., Suite 920

Washington, D.C. 20530

Phone: 202-307-6026

Fax: 202-307-3911

TTY: 202-307-2277

Website: www.usdoj.gov/ovw

APPENDIX D

DOMESTIC VIOLENCE AND SEXUAL ASSAULT RESOURCES: STATE COALITIONS, ALLIANCES, AND NATIONAL HOTLINES

DOMESTIC VIOLENCE COALITIONS

**National Coalition Against Domestic
Violence**

P.O. Box 18749
Denver, CO 80218
Phone: 303-839-1852
Fax: 303-831-9251

**National Coalition Against Domestic
Violence — Public Policy Office**

1532 16th Street, NW
Washington, D.C. 20036
Phone: 202-745-1211
Fax: 202-745-0088

**National Network to End Domestic
Violence, Inc.**

660 Pennsylvania Avenue, SE, Suite 303
Washington, DC 20003
Phone: 202-543-5566
Fax: 202-543-5626

**Alabama Coalition Against Domestic
Violence**

P. O. Box 4762
Montgomery, AL 36101
(334) 832-4842 Fax: (334) 832-4803
(800) 650-6522 Hotline
Website: www.acadv.org

Email: acadv@acadv.org

**Alaska Network on Domestic and Sexual
Violence**

130 Seward Street, Room 209
Juneau, AK 99801
(907) 586-3650 Fax: (907) 463-4493
Website: www.andvs.org

Arizona Coalition Against Domestic Violence

100 W. Camelback, #109
Phoenix, AZ 85013
(602) 279-2900 Fax: (602) 279-2980
(800) 782-6400 Nationwide
Website: www.azcadv.org
Email: acadv@azadv.org

Arkansas Coalition Against Domestic Violence

1401 W. Capitol Avenue, Suite 170
Little Rock, AR 72201
(501) 907-5612 Fax: (501) 907-5618
(800) 269-4668 Nationwide
Website: www.domesticpeace.com
Email: kbangert@domesticpeace.com

California Alliance Against Domestic Violence

926 J Street, Suite 210
Sacramento, CA 95814
(916) 444-7163 Fax: (916) 444-7165
(800) 524-4765 Nationwide
Website: www.caadv.org
Email: caadv@cwo.com

Statewide California Coalition for Battered Women

3711 Long Beach Blvd. #718
Long Beach, CA 90807
(562) 981-1202 Fax: (562) 981-3202
(888) 722-2952 Nationwide
Website: www.sccbaw.org
Email: sccbaw@sccbaw.org

Colorado Coalition Against Domestic Violence

P. O. Box 18902
Denver, CO 80218
(303) 831-9632 Fax: (303) 832-7067
(888) 788-7091
Website: www.ccadv.org

Connecticut Coalition Against Domestic Violence

90 Pitkin Street
East Hartford, CT 06108
(860) 282-7899 Fax: (860) 282-7892
(800) 281-1481 In State
(888) 774-2900 In State Hotline
Website: www.ctcadv.org
Email: info@ctcadv.org

Delaware Coalition Against Domestic Violence

100 W. 10th Street, #703
Wilmington, DE 19801
(302) 658-2958 Fax: (302) 658-5049
(800) 701-0456 Statewide
Website: www.dcadv.org
Email: dcadv@dcadv.org

DC Coalition Against Domestic Violence

1718 P Street, Suite T-6
Washington, DC 20036
(202) 299-1181 Fax: (202) 299-1193
Website: www.dccadv.org
Email: help@dccadv.org

Florida Coalition Against Domestic Violence

425 Office Plaza
Tallahassee, FL 32301
(850) 425-2749 Fax: (850) 425-3091
(850) 621-4202 TDD
(800) 500-1119 In State
Website: www.fcadv.org

Georgia Coalition Against Domestic Violence

3420 Norman Berry Drive, #280
Atlanta, GA 30354
(404) 209-0280 Fax: (404) 766-3800
Website: www.gcadv.org

Hawaii State Coalition Against Domestic Violence

716 Umi Street, Suite 210
Honolulu, HI 96819-2337
(808) 832-9316 Fax: (808) 841-6028
Website: www.hscadv.org

Idaho Coalition Against Sexual & Domestic Violence

815 Park Boulevard, #140
Boise, ID 83712
(208) 384-0419 Fax: (208) 331-0687
(888) 293-6118 Nationwide
Website: www.idvs.org
Email: domvio@mindspring.com

Illinois Coalition Against Domestic Violence

801 S. 11th Street
Springfield, IL 62703
(217) 789-2830 Fax: (217) 789-1939
Website: www.ilcadv.org
Email: ilcadv@ilcadv.org

Indiana Coalition Against Domestic Violence

1915 W. 18th Street
Indianapolis, IN 46202
(317) 917-3685 Fax: (317) 917-3695
(800) 332-7385 In State
Website: www.violenceresource.org
Email: icadv@violenceresource.org

Iowa Coalition against Domestic Violence

515 28th Street, #104
Des Moines, IA 50312
(515) 244-8028 Fax: (515) 244-7417
(800) 942-0333 In State Hotline
Website: www.icadv.org

Kansas Coalition against Sexual and Domestic Violence

220 SW. 33rd, #100
Topeka, KS 66611
(785) 232-9784 Fax: (785) 266-1874
Website: www.kcsdv.org
Email: coalition@kcsdv.org

Kentucky Domestic Violence Association

P.O. Box 356
Frankfort, KY 40602
(502) 695-2444 Fax: (502) 695-2488
Website: www.kdva.org

Louisiana Coalition Against Domestic Violence

P.O. Box 77308
Baton Rouge, LA 70879
(225) 752-1296 Fax: (225) 751-8927
Website: www.lcadv.org

Maine Coalition To End Domestic Violence
170 Park Street
Bangor, ME 04401
(207) 941-1194 Fax: (207) 941-2327
Website: www.mcedv.org
Email: info@mcedv.org

Maryland Network Against Domestic Violence
6911 Laurel-Bowie Road, #309
Bowie, MD 20715
(301) 352-4574 Fax: (301) 809-0422
(800) 634-3577 Nationwide
Website: www.mnadv.org
Email: mnadv@aol.com

Jane Doe, Inc./Massachusetts Coalition Against Sexual Assault and Domestic Violence
14 Beacon Street, #507
Boston, MA 02108
(617) 248-0922 Fax: (617) 248-0902
TTY/TTD: (617) 263-2200
Website: www.janedoe.org
Email: info@janedoe.org

Michigan Coalition against Domestic & Sexual Violence
3893 Okemos Road, #B-2
Okemos, MI 48864
(517) 347-7000 Fax: (517) 347-1377
TTY: (517) 381-8470
Website: www.mcadv.org
Email: general@mcadv.org

Minnesota Coalition For Battered Women
1821 University Avenue West, #S-112
St. Paul, MN 55104
(651) 646-6177 Fax: (651) 646-1527
Crisis Line: (651) 646-0994
(800) 289-6177 Nationwide
Website: www.mcbw.org
Email: mcbw@mcbw.org

Mississippi Coalition Against Domestic Violence
P.O. Box 4703
Jackson, MS 39296
(601) 981-9196 Fax: (601) 981-2501
Website: www.mcadv.org

Missouri Coalition Against Domestic Violence
718 East Capitol Avenue
Jefferson City, MO 65101
(573) 634-4161 Fax: (573) 636-3728
Website: www.mcadv.org
Email: mcadv@sockets.net

Montana Coalition Against Domestic & Sexual Violence
P.O. Box 818
Helena, MT 59624
(406) 443-7794 Fax: (406) 443-7818
(888) 404-7794 Nationwide
Website: www.mcadv.org
Email: mcadv@mt.net

Nebraska Domestic Violence and Sexual Assault Coalition
825 M Street, #404
Lincoln, NE 68508
(402) 476-6256 Fax: (402) 476-6806
(800) 876-6238 In State
Website: www.ndvsac.org
Email: info@ndvsac.org

Nevada Network Against Domestic Violence

100 West Grove Street, #315
Reno, NV 89509
(775) 828-1115 Fax: (775) 828-9911
(800) 500-1556 In State
Website: www.nnadv.org

New Hampshire Coalition Against Domestic and Sexual Violence

P.O. Box 353
Concord, NH 03302
(603) 224-8893 Fax: (603) 228-6096
(866) 644-3574 In State
Website: www.nhcadv.org

New Jersey Coalition for Battered Women

1670 Whitehorse Hamilton Square
Trenton, NJ 08690
(609) 584-8107 Fax: (609) 584-9750
(800) 572-7233 In State
Website: www.njcbw.org
Email: info@njcbw.org

New Mexico State Coalition Against Domestic Violence

200 Oak NE, #4
Albuquerque, NM 87106
(505) 246-9240 Fax: (505) 246-9434
(800) 773-3645 In State
Website: www.nmcadv.org

New York State Coalition Against Domestic Violence

350 New Scotland Avenue
Albany, NY 12054
(518) 482-5464 Fax: (518) 482-3807
(800) 942-6906 English-In State
(800) 942-6908 Spanish-In State
Website: www.nyscadv.org
Email: nyscadv@nyscadv.org

North Carolina Coalition Against Domestic Violence

115 Market Street, #400
Durham, NC 27701
(919) 956-9124 Fax: (919) 682-1449
(888) 232-9124 Nation wide
Website: www.nccadv.org

North Dakota Council on Abused Women's Services

418 E. Rosser Avenue, #320
Bismarck, ND 58501
(701) 255-6240 Fax: (701) 255-1904
(888) 255-6240 Nationwide
Website: www.ndcaws.org
Email: ndcaws@ndcaws.org

Action Ohio Coalition For Battered Women

P.O. Box 15673
Columbus, OH 43215
(614) 221-1255 Fax: (614) 221-6357
(888) 622-9315 In State
Website: www.actionohio.org
Email: actionoh@ee.net

Ohio Domestic Violence Network

4807 Evanswood Drive, #201
Columbus, OH 43229
(614) 781-9651 Fax: (614) 781-9652
(800) 934-9840
Website: www.odvn.org
Email: info@odvn.org

Oklahoma Coalition Against Domestic Violence and Sexual Assault

3815 N. Sante Fe Ave., Suite 124
Oklahoma City, OK 73118
(405) 524-0700 Fax: (405) 524-0711
Website: www.ocadvs.org

Oregon Coalition Against Domestic and Sexual Violence

115 Mission Street SE, #100
Salem, OR 97302
(503) 365-9644 Fax: (503) 566-7870
Website: www.ocadv.org

Pennsylvania Coalition Against Domestic Violence

6400 Flank Drive, #1300
Harrisburg, PA 17112
(717) 545-6400 Fax: (717) 545-9456
(800) 932-4632 Nationwide
Website: www.pcadv.org

The Office of Women Advocates

Box 11382
Fernandez Juancus Station
Santurce, PR 00910
(787) 721-7676 Fax: (787) 725-9248

Rhode Island Coalition Against Domestic Violence

422 Post Road, #202
Warwick, RI 02888
(401) 467-9940 Fax: (401) 467-9943
(800) 494-8100 In State
Website: www.ricadv.org
Email: ricadv@ricadv.org

South Carolina Coalition Against Domestic Violence and Sexual Assault

P.O. Box 7776
Columbia, SC 29202
(803) 256-2900 Fax: (803) 256-1030
(800) 260-9293 Nationwide
Website: www.sccadvasa.org

South Dakota Coalition Against Domestic Violence & Sexual Assault

P.O. Box 141
Pierre, SD 57501
(605) 945-0869 Fax: (605) 945-0870
(800) 572-9196 Nationwide
Website: www.southdakotacoalition.org
Email: sdcadvsa@rapidnet.com

Tennessee Coalition Against Domestic and Sexual Violence

P.O. Box 120972
Nashville, TN 37212
(615) 386-9406 Fax: (615) 383-2967
(800) 289-9018 In State
Website: www.tcadsv.org
Email: tcadsv@tcadsv.org

Texas Council On Family Violence

P.O. Box 161810
Austin, TX 78716
(512) 794-1133 Fax: (512) 794-1199
(800) 525-1978 In State
Website: www.tcfv.org

Women's Coalition of St. Croix

Box 2734
Christiansted
St. Croix, VI 00822
(340) 773-9272 Fax: (340) 773-9062
Website: www.wcscstx.com
Email: wcscstx@attglobal.net

Utah Domestic Violence Council

320 W. 200 South, #270-B
Salt Lake City, UT 84101
(801) 521-5544 Fax: (801) 521-5548
Website: www.udvac.org

**Vermont Network Against Domestic
Violence and Sexual Assault**

P.O. Box 405
Montpelier, VT 05601
(802) 223-1302 Fax: (802) 223-6943
Website: www.vtnetwork.org
Email: vtnetwork@vtnetwork.org

Virginians Against Domestic Violence
2850 Sandy Bay Road, #101
Williamsburg, VA 23185
(757) 221-0990 Fax: (757) 229-1553
(800) 838-8238 Nationwide
Website: www.vadv.org
Email: vadv@tni.net

**Washington State Coalition Against
Domestic Violence**

101 N. Capitol Way, #302
Olympia, WA 98501
(360) 586-1022 Fax: (360) 586-1024

1402 – 3rd Avenue, #406
Seattle, WA 98101
(206) 389-2515 Fax. (206) 389-2520
(800) 886-2880 In State
Website: www.wscadv.org
Email: wscadv@wscadv.org

**West Virginia Coalition Against Domestic
Violence**

4710 Chimney Drive, #A
Charleston, WV 25302
(304) 965-3552 Fax: (304) 965-3572
Website: www.wvcadv.org

**Wisconsin Coalition Against Domestic
Violence**

307 S. Paterson Street, #1
Madison, WI 53703
(608) 255-0539 Fax: (608) 255-3560
Website: www.wcasa.org
Email: wcadv@inxpress.net

**Wyoming Coalition Against Domestic
Violence and Sexual Assault**

P.O. Box 236
Laramie, WY 82073
(307) 755-5481 Fax: (307) 755-5482
(800) 990-3877 Nationwide
Website: www.users.qwest.net/~wyoming-coalition

DOMESTIC VIOLENCE NATIONAL HOTLINES

National Domestic Violence Hotline

The National Domestic Violence Hotline (NDVH) provides the following services:

- ♦ Crisis intervention, information about domestic violence and referrals to local service providers to victims of domestic violence and those calling on their behalf;
- ♦ Highly qualified and trained Hotline Advocates to answer every call. Assistance in both English and Spanish. Hotline Advocates and volunteers also have access to translators in 139 languages;
- ♦ Assistance through email at ndvh@ndvh.org;
- ♦ Crisis intervention and referrals to the Deaf through the TTY line and email at deaf-help@ndvh.org;
- ♦ Informational materials on such topics as domestic violence, sexual assault, battering intervention and prevention programs, working through the criminal justice system and related issues

1-800-799-SAFE (Voice)

1-800-787-3224 (TTY)

www.ndvh.org (Web site)

STATE SEXUAL ASSAULT COALITIONS

Alabama Coalition Against Rape

P.O. Box 4091

Montgomery, AL 36102

phone: (334) 264-0123

toll-free: (888) 725-7273

fax: (334)264-0128

email: acar@acar.org

<http://www.acar.org/>

Alaska Network on Domestic Violence and Sexual Assault

130 Seward Street, Suite 209

Juneau, AK 99801

phone: (907)586-3650

toll-free: (800)520-2666

fax: (907)463-4493

email: info@andvs.org

<http://www.andvs.org/>

Arizona Sexual Assault Network

2018 N. Arizona Avenue, Suite D-140

Chandler, AZ 85225

phone: (602) 277-0119

fax: (480) 814-0373

email: info@azsan.org

<http://www.azsan.org/>

Arkansas Coalition Against Sexual Assault

215 North East Avenue

Fayetteville, AR 72701-5226

phone: (479)527-0900

toll free (866)632-2272

fax (479)527-0902

email: acasa@sbcglobal.net

<http://www.acasa.ws>

California Coalition Against Sexual Assault

1215 K Street, Suite 1100
Sacramento, CA 95814
phone: (916)446-2520
fax: (916)446-8166
email: info@calcasa.org
<http://www.calcasa.org>

CONTACT Delaware, Inc.

PO Box 9525
Wilmington, DE 19809
phone: (302)761-9800
fax: (302)761-4280
email: ptedford@contactdelaware.org
<http://www.contactdelaware.org>

Colorado Coalition Against Sexual Assault

PO Box 300398
Denver, CO 80203
phone: (303)861-7033
toll-free: (877)37-CCASA
fax: (303)832-7067
email: info@ccasa.org
<http://www.casa.org>

Florida Council Against Sexual Violence

1311 N Paul Russell Road,
STE A204
Tallahassee, FL 32301
phone: (850)297-2000
toll-free: (888)956-7273
fax: (850)297-2002
email: information@fcasv.org
<http://www.fcasv.org>

Connecticut Sexual Assault Crisis Services, Inc.

96 Pitkin Street
East Hartford, CT 06108
phone: (860)282-9881 (also TTY)
toll-free: (888)999-5545
Spanish: (888)568-8332
fax: (860)291-9335
email: info@connsacs.org
<http://www.connsacs.org>

Georgia Network to End Sexual Assault

131 Ponce De Leon Avenue, Suite 122
Atlanta, GA 30308
phone: (404) 815-5261
fax: (678)701-2709
email: gnesa@mindspring.com
<http://www.gnesa.org>

D.C. Rape Crisis Center

PO Box 34125
Washington, DC 20043
phone: (202)232-0789
fax: (202)387-3812
email: drcrc@dcrc.org
<http://www.drcrc.org>

Guam Healing Hearts Crisis Center

790 Gov. Carlos G. Camacho Road
Tamuning, GU 96911
phone: (671)647-5351
toll-free: (800)711-4826
fax: (671)647-5414

Hawaii Coalition Against Sexual Assault

P.O. Box 10596
Honolulu, HI 96816
phone: (808)733-9038
fax: (808)733-9032
email: catalst@aloha.net

Idaho Coalition Against Sexual and Domestic Violence

815 Park Boulevard
Suite 140
Boise, ID 83712
phone: (208)384-0419
toll-free: (888)293-6118
fax: (208)331-0687
email: domvio@mindspring.com
<http://www.idvs.org/>

Illinois Coalition Against Sexual Assault

100 North 16th Street
Springfield, IL 62703
phone: (217)753-4117
fax: (217)753-8229
email: sblack@icasa.org
<http://www.icasa.org/>

Indiana Coalition Against Sexual Assault

55 Monument Circle
Suite 1224
Indianapolis, IN 46204
phone: (317)423-0233
toll-free: (800)691-2272
fax: (317)423-0237
email: incasa@incasa.org
<http://www.incasa.org/>

Iowa Coalition Against Sexual Assault

515 28th Street
Des Moines, IA 50312-5259
phone: (515)244-7424
fax: (515)244-7417
email: director@iowacasa.org
<http://www.iowacasa.org/>

Kansas Coalition Against Sexual Assault & Domestic Violence

220 SW 33rd Street, Suite 100
Topeka, KS 66611
phone: (785)232-9784
fax: (785)266-1874
email: coalition@kcsdv.org
<http://www.kcsdv.org/>

Kentucky Association of Sexual Assault Programs, Inc.

PO Box 4028
Frankfort, KY 40604
phone: (502)226-2704
fax: (502)226-2725
email: executivedirector@kasap.org
<http://www.kasap.org/>

Louisiana Foundation Against Sexual Assault

509 W. Morris
Hammond, LA 70403
phone: (985) 345-5995
phone: (985) 320-2326
toll-free: (888) 995-7273
fax: (985)345-5592
email: admin@lafasa.org
<http://www.lafasa.org/>

Maine Coalition Against Sexual Assault

83 Western Avenue, Suite 2
Augusta, ME 04330
phone:(207)626-0034
toll-free: (800)871-7741
fax: (207)626-5503
email: info@mecasa.org
<http://www.mecasa.org>

Maryland Coalition Against Sexual Assault

1517 Gov Ritchie Highway, Suite 207
Arnold, MD 21012
phone: (410)974-4507
toll-free: (800)983-7273
fax: (410)757-4770
email: info@mcsasa.org
<http://www.mcsasa.org/>

Massachusetts Coalition Against Sexual Assault and Domestic Violence - Jane Doe Inc.

14 Beacon Street, Suite 507
Boston, MA 02108
phone: (617)248-0922
fax: (617)248-0902
email: info@janedoe.org
<http://www.janedoe.org/>

Michigan Coalition Against Domestic and Sexual Violence

3893 Okemos Road, Suite B2
Okemos, MI 48864
phone: (517)347-7000
fax: (517)347-1377
email: general@mcadsv.org
<http://www.mcadsv.org/>

Minnesota Coalition Against Sexual Assault

420 N. 5th Street, Suite 690
Minneapolis, MN 55401
phone: (612)313-2797
toll-free: (800)964-8847
fax: (612)313-2799
email: info@mncasa.org
<http://www.mncasa.org/>

Mississippi Coalition Against Sexual Assault

PO Box 4172
Jackson, MS 39296
phone: (601)948-0555
toll-free: (888)987-9011
fax: (601)948-0525
email: lkelly@jam.rr.com
<http://www.mscaса.org/>

Missouri Coalition Against Sexual Assault

PO Box 104866
Jefferson City, MO 65110
phone: (573)636-8776
fax: (573)636-6613
email: mocasajc@earthlink.net
<http://mocasa.missouri.org/>

Montana Coalition Against Domestic and Sexual Violence

PO Box 633
Helena, MT 59624
phone: (406)443-7794
fax: (406)443-7818
email: mcadsv@mt.net
<http://www.mcadsv.com>

Nebraska Domestic Violence Sexual Assault Coalition

825 M Street, Suite 404
Lincoln, NE 68508
phone: (402)476-6256
fax: (402)476-6806
email: info@ndvsac.org
<http://www.ndvsac.org/>

Nevada Coalition Against Sexual Violence

PO Box 530103
Henderson, NV 89053
phone: (702)940-2033
fax: (702)940-2032
email: jodi@ncasv.org
<http://www.ncasv.org/>

New Hampshire Coalition Against Domestic and Sexual Violence
PO Box 353
Concord, NH 03302
phone: (603)224-8893
fax: (603)228-6096
email: susan@nhcadsv.org
<http://www.nhcadsv.org/>

New Jersey Coalition Against Sexual Assault
2333 Whitehorse-Mercerville Road, Suite B
Trenton, NJ 08619
phone: (609)631-4450
toll-free: (800)601-7200
fax: (609)631-4453
email: mail@njcasa.org
<http://www.njcasa.org/>

New Mexico Coalition of Sexual Assault Programs, Inc.
3909 Juan Tabo, NE #6
Albuquerque, NM 87111
phone: (505)883-8020
toll-free:(888)883-8020
fax:(505)883-7530
email: nmcasaas@swcp.com
<http://www.swcp.com/nmcasaas/>

New York City Alliance Against Sexual Assault
St. Lukes Roosevelt Hospital CVTC
411 West 114 Street, Suite 6D
New York, NY 10025
phone: (212)523-4344
fax: (212)523-4429
email: contact_us@nycagainstrape.org
<http://www.nycagainstrape.org/>

New York State Coalition Against Sexual Assault
63 Colvin Avenue
Albany, NY 12206
phone: (518)482-4222
fax: (518)482-4248
email: info@nyscasa.org
<http://www.nyscasa.org/>

North Carolina Coalition Against Sexual Assault
183 Windchime Court, Suite 100
Raleigh, NC 27615
phone: (919) 870-8881
toll-free: (888)737-2272
fax:(919)431-0996
email:nccasa@nccasa.org
<http://www.nccasa.org>

North Dakota Council on Abused Women's Services / Coalition Against Sexual Assault in North Dakota
418 East Rousser, #320
Bismark, ND 58501
phone: (701)255-6240
toll-free: (888)255-6240
fax: (701)255-1904
email: ndcaws@ndcaws.org
<http://ndcaws.org/>

Ohio Coalition On Sexual Assault
933 High Street, Suite 120-B
Worthington, OH 43085
phone: (614) 781-1902
fax: (614) 781-1922
email: Ohiocoalition@aol.com
<http://www.ocosa.org/>

Oklahoma Native American Domestic Violence Coalition
108 West 135th Street
North Skiatook, OK 74070-3532
phone: (405) 619-9707
fax: (405) 619-9715
email: onadvc_pauline@hotmail.com
<http://www.onadvc.com/>

Oklahoma Coalition Against Domestic Violence and Sexual Assault
3815 N. Santa Fe Ave., Suite 124
Oklahoma City, OK 73118
phone: (405)524-0700
fax: (405)524-0711
email: ocdvsa@swbell.net
<http://www.ocadvsa.org/>

Oregon Attorney General's Sexual Assault Task Force
93 Van Buren Street
Eugene, Oregon 97402
phone: 541-342-5264
fax: 541-343-0316
email: taskforce@oregonsatf.org

Oregon Coalition Against Domestic and Sexual Violence
115 Mission Street, SE, Suite 100
Salem, OR 97302
phone: (503)365-9644
toll-free: (800)OCADSV-2 or (800)622-3782
fax: (503)566-7870
email: theresag@ocadsv.com
<http://www.ocadsv.com>

Pennsylvania Coalition Against Rape
125 N. Enola Drive
Enola, PA 17025
phone: (717)728-9740
toll-free: (800)692-7445
fax: (717)728-9781
email: stop@pcar.org
<http://www.pcar.org/>

Rhode Island Sexual Assault Coalition
300 Richmond Street, Suite 205
Providence, RI 02903
phone: (401)421-4100
fax: (401)454-5565
email: info@satrc.org
<http://www.satrc.org>

South Carolina Coalition Against Domestic Violence and Sexual Assault
PO Box 7776
Columbia, SC 29202
phone: (803)256-2900
toll-free: (800)260-9293
fax: (803)256-1030
email: vkbourus@sccadvasa.org
<http://www.sccadvasa.org/>

South Dakota Coalition Against Domestic Violence & Sexual Assault
PO Box 141
Pierre, SD 57501
phone: (605) 945-0869
toll-free: 1-800-572-9196
(Info/Referral only)
fax: (605) 945-0870
email: sdcadvsa@rapidnet.com
<http://www.southdakotacoalition.org/>

South Dakota Network Against Family & Domestic Violence
4513 Guest Road
Rapid City, SD 57702
phone: (605)863-1164
toll-free: (800) 670-3989
fax: (605)718-0747
<http://sdnafvs.org>

Vermont Network Against Domestic Violence and Sexual Assault
PO Box 405
Montpelier, VT 05601
phone: (802)223-1302
fax: (802)223-6443
email: vtnetwork@vtnetwork.org
<http://www.vtnetwork.org>

Tennessee Coalition Against Domestic and Sexual Violence
PO Box 120972
Nashville, TN 37212
phone: (615)386-9406
fax: (615)383-2967
email: tcadsv@tcadsv.org
<http://www.tcadsv.org>

Virginia Sexual and Domestic Violence Action Alliance
508 Dale Avenue, Suite B
Charlottesville, VA 22903
phone: (434)979-9002
toll-free: (800)838-8238 (crisis hotline)
fax: (434)979-9003
email: jwoodruff@vdsalliance.org
<http://www.vaasa.org/>

Texas Association Against Sexual Assault
7701 N. Lamar, Suite 104
Austin, TX 78752
phone: (512)474-7190
toll-free: (888)918-2272
fax (512)474-6490
email: taasa@taasa.org
<http://www.taasa.org/>

Women's Coalition of St. Croix
PO Box 222734
Christiansted - St. Croix, VI 00822
phone: (340)773-9272
fax: (340)773-9062
email: wcscstx@attglobal.net

Utah Coalition Against Sexual Assault
284 W. 400 North
Salt Lake City, UT 84103
phone: (801)746-0404
fax: (801)746-2929
email: info@ucasa.org
<http://www.ucasa.org>

Washington Coalition of Sexual Assault Programs
2415 Pacific Avenue, SE, #10-C
Olympia, WA 98501
phone: (360) 754-7583
fax: (360) 786-8707
TTY: (360) 709-0305
email: wcsap@wcsap.org
<http://www.wcsap.org/>

West Virginia Foundation for Rape Information and Services, Inc.

112 Braddock Street
Fairmont, WV 26554
phone: (304)366-9500
fax: (304)366-9501
email: fris@labs.net
<http://www.fris.org/>

Wisconsin Coalition Against Sexual Assault (WCASA)

600 Williamson Street, Suite N-2
Madison, WI 53703
phone/TTY: (608)257-1516
fax: (608)257-2150
email: wcasa@wcasa.org
<http://www.wcasa.org/>

Wyoming Coalition Against Domestic Violence and Sexual Assault

PO Box 236
409 S. 4th Street
Laramie, WY 82073
phone: (307)755-0992
toll-free: (800)990-3877
fax: (307)755-5482
email: wyomingcoalition@qwest.net
<http://www.users.qwest.net/~wyomingcoalition>

SEXUAL ASSAULT NATIONAL HOTLINES**National Sexual Violence Resource Center**

The National Sexual Violence Resource Center (NSVRC) is a comprehensive collection and distribution center for information, statistics, and resources related to sexual violence. It serves as a resource for state, territory, and tribal anti-sexual assault coalitions, rape crisis centers, allied organizations, community projects, policy-makers, government entities, media, educators, health care providers and others working to address and eliminate sexual assault. The NSVRC does not provide direct services to sexual assault victims but rather supports those who do, such as coalitions, rape crisis centers, national, state and local agencies and allied programs. The NSVRC refers requests for direct victim's services to the appropriate state coalition and to a local program conveniently located to the caller.

877-739-3895 (Toll-free 24 hour access)

www.nsvrc.org Web site

Rape, Abuse & Incest National Network (RAINN)

The Rape, Abuse & Incest National Network (RAINN) is the nation's largest anti-sexual assault organization. RAINN created and operates the National Sexual Assault Hotline at 1.800.656.HOPE. RAINN also publicizes the hotline's free, confidential services; educates the public about sexual assault; and leads national efforts to improve services to victims and ensure that rapists are brought to justice.

1.800.656.HOPE (The National Sexual Assault Hotline; This number will connect you to your local rape crisis center.)

disability**rights** | WISCONSIN

Disability Rights Wisconsin

131 West Wilson St., Suite 700
Madison, Wisconsin 53703
Tel: 608-267-0214
TTY: 888-758-6049
info@drwi.org
www.disabilityrightswi.org



Protection & Advocacy for Individuals with Disabilities

National Disability Rights Network

900 Second Street, NE, Suite 211
Washington, DC 20002
Tel: 202-408-9514
TTY: 202-408-9521
info@ndrn.org
www.ndrn.org