



SPECIAL POPULATIONS | People with Disabilities

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A note on language: Person-first language focuses on an individual's personhood before their disability -- "person with a disability" rather than "a disabled person." The Americans with Disabilities Act (ADA) of 1990 utilized person-first language after the People First movement of the 1970s.¹ Due to wide variations in experience among the disability population, not all communities agree on the use of person-first language. Some prefer identity-first language because their disability feels core to their identity and separating their disability from their humanity suggests being disabled is a negative trait. In the interest of representing multiple communities within the disability community, both person-first and identity-first language will be used interchangeably throughout this report.

According to the Centers for Disease Control and Prevention (CDC), a disability is a mental or physical condition that impairs an individual's ability to participate in and complete activities.² The World Health Organization (WHO) indicates three dimensions to disabilities including impairment in body or functioning, activity limitation, and participation restrictions.³ Disabilities can appear at any stage of life and occur for a variety of reasons. Some disabilities are present at birth (such as Down Syndrome or Spina Bifida) while others are discovered through childhood development (such as Autism Spectrum Disorder). Other disabilities can evolve later in life due to an injury or a medical condition.

The Disability and Health Data System (DHDS) provides estimates of the disabled population collected from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a telephone-based survey of non-institutionalized adults 18 or older, conducted in all 50 states. Below are statistics about Virginia's disabled population, collected through the BRFSS in 2021.⁴

All Types of Disability	24.4%
Cognitive Disability	11.7%
Mobility Disability	10.9%
Independent Living Disability	7%
Vision Disability	4%

Male	21.6%
Female	27.2%
18-44	19.4%
45-64	25%
65+	39%

Multiracial	29.6%
Hispanic/Latinx	26.8%
Black/African American	24.9%
White	24.7%
Asian	12.9%

While frequently grouped together as a single population, people with disabilities vary in degree of disability and in needs. Even two people with the same disability may find their needs on different ends of a spectrum. Disability crosses all categories of race, ethnicity, gender, sexual orientation, and age. At some point in life, most humans will experience disability where the ability to participate and complete activities is diminished, whether temporarily or permanently. Many disabilities appear hidden due to individuals accommodating or compensating for their disability in their environment, so it is not always apparent when someone is disabled.

Why are disabled people a “special population” for family violence?

People with disabilities are particularly vulnerable to family violence. Following overall trends in the perpetration of violence, violence against people with disabilities is more likely committed by someone the individual already knows, such as a family member or service provider. Additionally, disabled people are more likely to experience violent crime. When compared among disability types, those with cognitive disabilities experience the highest victimization rates across types of crime. In 2017, The National Crime Victimization Survey found that 20% of crime victims with disabilities believed that their disability was the primary motivation for the attack. Providing safe, accessible, accommodating, and intersectional services is paramount in preventing violence against all individuals.⁵

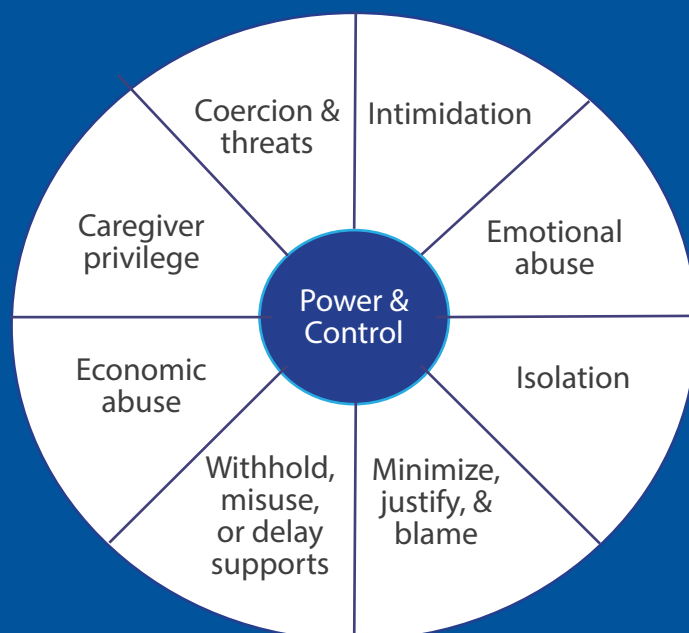
Sexual Assault

- People with intellectual disabilities are more than seven times as likely to experience sexual assault compared to their peers:
- Disabled women are 12 times more likely to experience sexual assault in their lifetime when compared with nondisabled women.⁶
- Assaults are frequently perpetrated by someone that the disabled survivor trusts.⁷ While this is the case for the vast majority of sexual assaults against all people, people with intellectual disabilities are even more likely to know their perpetrator.
- Studies on male survivors with disabilities are limited; however, men with disabilities were more likely to report experiencing sexual violence in their lifetime.
- The National Crime Victimization Survey of 2017 found that 65% of sexual assault victims who reported being disabled were experiencing multiple types of disability.⁵

Intimate Partner Violence

- Women with disabilities are more likely to report violence from an intimate partner such as stalking, physical and psychological violence, or reproductive coercion than nondisabled women.
- Men with disabilities report higher rates of stalking and psychological aggression by intimate partners than nondisabled men.⁹
- Disabled women are significantly more likely to report negative mental health consequences, such as difficulty sleeping or going to work, after experiencing intimate partner violence than their nondisabled peers.

Power & Control Wheel for People with Disabilities⁶⁰



Violence against any community is rooted in power and control.¹⁴ For the disabled community, there are unique factors that contribute to a perpetrator’s ability to maintain that power and control. Depending on an individual’s needs for assistance, they may already experience a lack of autonomy in their environment that allows further isolation, exploitation, and violence to occur. Some additional tactics that perpetrators may employ to maintain power and control are:

- Removing access or tampering with a mobility device, such as a wheelchair or walker.
- Tampering with medication or medication schedule.
- Forcing an individual to take medication.
- Refusing to assist with daily self-care tasks like bathing or toileting.
- Non-consensual sexual touch while assisting in bathing or dressing.
- Minimizing and blaming the abusive behavior on the partner’s disability.
- Denying access to resources for community or healthcare, i.e., isolation.

Child Abuse

- Estimates suggest that children with disabilities are three times more likely to experience abuse and neglect when compared with their peers and almost four times more likely to experience physical abuse than nondisabled children.
- Disabled children ages 12-15 have the highest victimization rate for violent crime across all ages over twelve.¹¹
- Children who experience hearing impairment or are nonverbal are more likely to experience neglect or sexual abuse.

Children with multiple caregivers for assistance have increased contact with various adults compared to other children, which increases their risk for violence. These children may be trained in compliance towards these caregivers. A parent may encourage a child to “always listen” and “do as they are told” when caregivers are around. This can prevent the child from recognizing the abusive behavior or create fear of being punished for non-compliance if they tell someone. Additionally, based on the child’s needs, their caregiver may already be assisting with more intimate tasks such as dressing and toileting and the child may be unequipped to identify when a boundary is crossed. Depending on the type of disability, and the amount of education provided, children with disabilities may not understand the boundaries and social rules of relationships. Paid caregivers might spend such significant time with the child, including family vacations and school breaks, that the caregiver may feel like family to the child.

However, having multiple caregivers is not always a risk factor. Trusted adults in a child’s life are the most important protective factor against adverse childhood experience (ACEs). Having multiple caregivers who are educated on the issue of abuse perpetration and signs of abuse can reduce the risk while increasing the chances that abuse committed will be reported.

In 2016, a study found that children with disabilities were more likely to be referred to Child Protective Services (CPS) multiple times and were found to experience abuse more frequently than nondisabled children.¹⁵ Additionally, they are more often placed into foster care; those with intellectual disabilities were more likely to lack stability in their foster care placement and less likely to be reunited with their family.¹⁶

In some cases, child abuse and neglect result in disability. Children who experience head trauma or other permanent bodily injury may require additional care and assistance that was previously unneeded. In 2018, a study revealed that survivors of head trauma from childhood abuse were quite likely to experience developmental delays, motor function loss, difficulties with daily activities, and seizures.¹⁷ Similarly, childhood neglect can have long-lasting impacts on socioemotional and cognitive well-being.¹⁸ The National Survey of Child and Adolescent Well-Being II found that almost half of the households investigated by child protective services (CPS) had a child that was not showcasing typical childhood development.¹⁹ While some of this could be explained by previous disability, studies have shown that children who experience neglect are at higher risk for developing emotional, cognitive, or behavioral disorders.

^{20,21}

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are traumatic experiences during childhood, such as experiencing violence and abuse or witnessing violence, that impact children’s sense of stability and safety. Certain populations are at a greater risk for experiencing higher rates of ACEs. Exposure to stressful and adverse experiences over a long period without positive mitigating factors can become toxic, particularly for children’s developing brains. The effect is a significant increase in likelihood of chronic health and mental health problems which may continue through adulthood. Ultimately, increased exposure to ACEs results in the inability to develop coping skills needed to manage daily stress and function in a healthy way.

Even after adjusting for physical and mental health conditions, disabled people report higher ACE scores compared to nondisabled people.^{22,23,24} This trend was found to exist even when examining individual types of disability.^{25,26} Children with a disability, ages 5-17, were more likely to report exposure to neighborhood violence, a guardian who served time in jail, and living with someone who has mental illness and/or relies on substances like alcohol and drugs to cope.²⁴

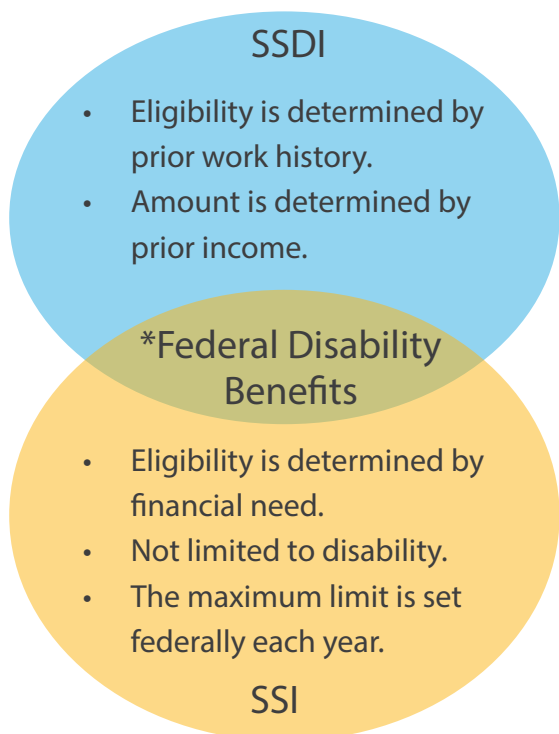
ACEs increase wear and tear on the body—through sustained release of stress hormones that can lead to multiple health issues including high blood pressure, high glucose levels, and a weakened heart and circulatory system. Disabled adults are more likely to have depression, diabetes, cancer and heart disease.²⁷ However, only one in four adults with disabilities has a regular health care provider and one in five did not have a routine check-up in the last year. Financial barriers impacted one in four adults with disabilities’ access to needed healthcare.

Structural Barriers

Poverty & Homelessness

Disabled adults are twice as likely to experience poverty when compared to nondisabled adults.²⁸ Following overall poverty trends, disabled people of color and disabled women experience higher rates of poverty. If unable to maintain employment, a disabled adult may receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits* as their only income. Even with a recent increase, the federal SSI rate is set to a maximum of \$914/month for an individual, and \$10,968 annually, an amount that falls short of the Department of Health and Human Services 2023 poverty guideline of \$14,580 annually for an individual. Disabled adults who are able to work earn lower salaries compared to nondisabled workers.²⁹ Higher levels of poverty also contribute to higher rates of homelessness within the disability community. Point in time counts, a single-day count of local homeless populations across the United States, reveal that 25% of those experiencing homelessness also have a disability.³⁰ Between 2020 and 2022, the number of disabled people experiencing chronic homelessness increased by 16%.³¹

Financial insecurity is one of the main reasons why survivors stay in or return to abusive relationships. Some people with disabilities are unable to manage finances on their own, making them more vulnerable to financial exploitation/abuse. *For more information on the connection between poverty and family violence, please check out our previous issue brief on Economic Trauma.*



Accessibility

- Accessible, affordable housing for people with disabilities is often scarce, especially for people with mobility difficulties.³²
- Less than five percent of U.S. homes are accessible for individuals with moderate mobility difficulties and less than one percent are wheelchair accessible.³³
- People with disabilities who need long-term supportive services are three times more likely to experience inadequate housing conditions, such as a leaky roof, faulty electrical wiring, or broken appliances compared to households without a disability.³⁴
- In 2019, 40% of households had a disabled member who did not have access to the features they need to safely move around the home, such as a ramp or entry level bedroom.³³
- Disability status represents the largest percentage of Fair Housing Act complaints since 1989, accounting for 53.7% of complaints in 2021. The second most reported type of housing discrimination in 2021 was based on race at 15%.³⁵

More information about assisted living facilities and their connection to family violence will be discussed in the next issue brief.

- 24.6 million Americans have self-reported having a disability that impacts travel. Of those, 3.6 million do not leave their home because of their limitations.³⁶
- People with disabilities in the workforce are more likely to live in a household without a vehicle compared to workers without disabilities.³⁶
- When faced with transportation challenges, 70.6% of disabled respondents reported reducing their day-to-day travel and 22.6% said they limit their travel to the daytime to compensate for limitations in available transportation.³⁶

When a disabled survivor of family violence is looking for services, they may not find shelter or programs that are accessible to them. Additional barriers that someone with a disability may face while accessing shelter include:

- Inability to physically access and navigate the building/restroom due to mobility level.
- Lack of assistive technology on shelter/program websites making the information inaccessible.
- Inability to access crisis hotlines without accommodations for various hearing or speech abilities.
- Difficulty managing medications needed for their disability while in shelter.
- Lack of education for staff on how to adapt their services to meet the client's specific needs.

ABLEISM IS BIAS & DISCRIMINATION TOWARDS PEOPLE WITH DISABILITIES

Multiple studies have found that ableist attitudes and preferences are prevalent within the United States.^{37,38,39,40} Even among those who self-report having little to no bias, their implicit attitudes show a preference for nondisabled people.⁴¹ Disabled people have been associated with being less competent, less friendly, and more likely to harm others.^{38,39} These negative stereotypes and beliefs have led to a devaluing of people with disabilities within society.

Ableist beliefs and behaviors continue to uphold violence against people with disabilities. A 2019-2020 qualitative study analyzed interview data from 50 participants and found a range of attitudes and contexts in which disabled people experience ableism.⁴² One of the three contexts they studied was interpersonal interactions. Within these contexts, participants detailed experiences ranging from understanding to dehumanizing. Participants described even their closest friends and family as “not understanding” of the context of their disability. Frequently these interpersonal interactions came from well-intentioned people in the lives of disabled people; however, participants expressed feelings of responsibility to comfort their loved one to avoid further exclusion.⁴²

Occasionally this behavior crosses the line leaving people with disabilities feeling devalued by their peers, colleagues, or family. Examples of this given by participants included moments where they were infantilized and treated like a child. Participants also shared how their friends’ unwillingness to accommodate their disability needs made them feel further isolated and unworthy of friendships. For many disabled people, having to ask for accommodations continually can be exhausting, tedious, and discouraging. It can feel as though society was not meant to include disabled people and that the asks are burdensome for others.

A theme identified by multiple participants as especially dehumanizing was the feeling of being “invisible”. Participants who used mobility aids described strangers avoiding eye contact or bumping into them while passing in the street contributing to their feelings of invisibility. Another participant detailed a time after falling in gravel when it took over an hour for a bystander to help, even though many people were available to help.

Dehumanization occurs when a person or group is perceived as not having human qualities. This is often accompanied with references to the group as animals

or inanimate objects, such as someone who is unable to move being referred to as a vegetable. There are many theories that attempt to uncover the root of dehumanization and its connection to violence.^{43,44,45} Many of these theories attempt to define “humanness”; however, Hasam’s (2006) model⁴⁶ explains two distinct ways of understanding humanness that have held true across various cultures. The first way distinguishes humans from animals based on cognitive ability and civility while the second distinguishes humans from inanimate objects through our emotions and vitality. One’s cognitive function, ability to relate to others, and emotional control can all be impacted by disability; therefore pushing the limits of what others might see as uniquely human.

Structurally, power plays an important role in increasing dehumanizing attitudes.^{47,48} One study found that individuals who were primed to feel powerful within a medical context were more likely to dehumanize their fictitious patient and prescribe more painful treatment.⁴⁷ This sentiment is echoed in descriptions of medical dehumanization found in interviews conducted by Reber et al.⁴²

The impacts of dehumanization range from disregard to outright violence. Dehumanized groups are less likely to be offered help, empathy, and forgiveness.^{49,50,51} Dehumanization has been associated with bullying⁵², harsher punishment⁵³, and support for the exclusion of the dehumanized person from society.⁵⁴ While the majority of the effects of dehumanization come from external sources, studies have shown that after experiencing or recalling an incident of social exclusion or powerlessness, participants will view themselves as lacking human nature traits.⁵⁵ Studies on the connection between the dehumanization of disabled people and experiences of family violence are limited; however, several studies have shown a connection between dehumanization and violence against women.^{56,57,58,59}

Societal structures that devalue people with disabilities through policies and practices will continue to uphold and tolerate interpersonal violence. Nondisabled people are primed through these structures to further dehumanize disabled people, even unconsciously. Rejecting and dismantling ableist attitudes and behaviors creates a space where everyone’s humanity can be recognized.

What can I do as an individual?

- Adjust your language to remove ableist speech.
- Trust a disabled person as the expert of their experience and ask instead of assuming their level of ability.
- Speak directly to disabled people rather than their paid caregivers or family members.
- If you are having difficulties understanding the disabled person you are speaking with, practice patience and continue to seek understanding in what they are communicating with you so they feel heard.
- Ask before providing assistance - mobility aids are an extension of a disabled person's body and should not be touched without consent.
- Further educate yourself about disability history.

What can I do as an organization?

- Conduct accessibility audits/access tests for your agency (both physical and online spaces) to identify potential barriers for clients.
- Include Deaf/Hard of Hearing accessibility as part of your language access plan.
- Collaborate with disability service providers to develop deeper community connections.
- Ensure family violence programming is relevant to people with disabilities and provides accessible modalities.
- "Nothing about us without us" is a common phrase used within the disability community. Involve disabled community members in every step of your process.
- Include photos and graphics of people with disabilities in your print and online materials.

A QUICK PLACE TO GET STARTED:

Ableist language is heavily baked into everyday speech, often in ways that are so incredibly casual that they fly under the radar for most people. Below are some examples of common ableist language and non-ableist alternatives. While not all of these words are considered slurs or offensive to many disabled people, they are rooted in ableist ideas. Adjusting language is one step towards dismantling negative stereotypes about disabled people. Some examples of language rooted in ableism include: crazy, stupid, insane, crippled, "turn a blind eye" / "fall on deaf ears."

For more information on ways to combat ableism within your organization and community, visit: www.fact.virginia.gov/special-populations

Endnotes

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