

The intersection of disability, domestic violence and diversity: Results of national focus groups

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Abstract

Using data from two national focus groups of nineteen key informants, this article explores the unique issues faced by people with physical and sensory disabilities in accessing help for domestic violence, with a particular emphasis on the experiences of people of color with disabilities. In addition, this study explores the programmatic preferences of people of color with disabilities in seeking help in regards to domestic violence, and assesses the cultural competence, disability awareness and domestic violence awareness of domestic violence service providers and disability organizations.

Key Words:

Disability
Domestic Violence
Diversity
People of Color
Cultural Competence
Help Seeking
Service Providers

Introduction

There has been a growing awareness in the area of domestic violence that generic services and supports for women experiencing domestic violence are inappropriate for all women. Women of color and women with disabilities both have unique experiences of domestic violence and distinct needs for services and outreach. A growing body of literature is beginning to reflect these distinctions, and a small but growing array of services is available to serve women of color or women with disabilities who are experiencing domestic violence. Women of color *with* disabilities who experience domestic violence represent another unique group that require distinctive services, however this population has received almost no attention in research or service provision. This article describes the results from two focus groups comprised of expert informants whose purpose was to gain an initial understanding about the differing needs of people of color with physical and sensory disabilities in regards to issues related to domestic violence.

In recent years, the field of domestic violence has begun to recognize that the one-size-fits-all perspective of domestic violence prevention and services is inappropriate in working with people of color (Gondolf 1998; Bent-Goodley 2005; Goodman & Epstein 2005; Sokoloff & Dupont 2005). People of different racial and ethnic backgrounds have different experiences of domestic violence and require different strategies for preventing domestic violence, providing outreach, and supporting the survivors of domestic violence (Williams and Becker 1994; Bell and Mattis 2000; Hampton, Oliver et al. 2003). Domestic violence organizations that are culture-blind cannot provide these services, and in fact are likely creating a variety of barriers to women of color in receiving the supports they need. There is a growing call for the provision of culturally competent domestic violence services in order to serve women of color experiencing domestic violence more appropriately.

Similarly to the growing realization that people of color have differing needs regarding domestic violence, the field of domestic violence is now recognizing the differing needs of people with disabilities in regards to domestic violence. People with disabilities also have different experiences of domestic violence, and have different needs in accessing help for the domestic violence they experience. There has been extremely limited research on the nature of and interventions regarding domestic violence among people with disabilities (Hassouneh-Phillips and Curry 2002). Current research has found that people with disabilities are abused at a higher rate than people without disabilities (Powers, Curry et al. 2002). While people with disabilities experience many of the same types of abuse as people without disabilities, they also may experience other abuses that may be related to having a disability. For example, abuse for a person with a disability can include additional types of control or restraint by the abuser, such as withholding medications, moving someone without their permission, or deliberately placing barriers to their access (Gilson, Cramer et al. 2001; LaLiberte & Lightfoot, 2008). People with disabilities who need personal assistance may be at a greater risk for these types of abuses (Nosek, Foley et al. 2001), and if the abuser is a person's personal care provider, he or she may not be able to find the personal assistance necessary to leave an abusive relationship (National Coalition Against Domestic Violence, 1996).

The field of domestic violence has not historically made provisions for serving people with disabilities. A 1997 survey by the Center for Research on Women with Disabilities of domestic violence programs found that domestic violence shelters serve very few people with physical and sensory disabilities (Nosek and Hughes 2005). Further, while 83% of the domestic violence shelters reported that they were physically accessible to people with disabilities, only about one-third provided disability awareness training to staff and only six percent offered any type of personal assistance to women with disabilities who needed help with tasks of daily living. In addition, the screening instruments used by many domestic violence organizations to determine whether abuse has occurred does not include specific types of abuse relating to people with disabilities, such as withholding medications or restricting a person's movement (Nosek, Foley et al. 2001). Thus, there have been calls for the field of domestic violence to become more aware of the needs of women with disabilities, including training of staff and creating both physical and programmatic access for women with disabilities (Chang, Martin et al. 2003).

While the domestic violence field has been lacking in providing appropriate services to people of color or people with disabilities, there are very few programs that focus

on the needs of people of color with disabilities experiencing domestic violence. People of color with disabilities who experience domestic violence may also have unique needs that are dissimilar from people of color without disabilities, or people with disabilities who are white. The focus groups presented in this article represents a first step toward learning more about the issue of people of color with disabilities who experience domestic violence.

Methods

Purpose

The purpose of this exploratory study was to gain an understanding of the issues related to domestic violence among people of color with disabilities. The specific purposes of the study are as follows:

- 1) to explore the issues faced by people with physical and sensory disabilities¹ in accessing help for domestic violence;
- 2) to explore the issues faced by people of color with physical and sensory disabilities in accessing help for domestic violence;
- 3) to identify programmatic preferences of people of color with physical and sensory disabilities when seeking help in regards to domestic violence;
- 4) to explore the cultural competence and disability awareness of domestic violence service providers; and
- 5) to explore the cultural competence and domestic violence awareness of disability organizations.

Data Collection

The study collected data using two focus groups held during winter 2003 in St. Paul, Minnesota. Focus groups are a valuable tool for collecting data in exploratory research, and especially for identifying salient issues as is one of the purposes of this study (Morgan 1988). The first focus group centered primarily on issues facing Deaf and Hard of Hearing people of color in regards to domestic violence, while the second focused on issues facing people of color with physical or other sensory disabilities. These two subgroups were chosen because there was virtually no information on providing domestic violence supports to these groups (Nosek and Hughes 2005).

This study purposively sampled key informants who were service providers serving people of color with disabilities in the area of domestic violence, and/or advocates for people of color with disabilities in the area of domestic violence. The main inclusion criteria for participation in the focus was that a participant had to work for an organization that provided some sort of domestic violence services, advocacy or information to people of color with disabilities. In order to ensure a diversity of information, the number of participants from each metropolitan area was limited to three per focus group, and each focus group included participants from the east, south, west and Midwest. Participants were recruited until there were at least nine participants in each group. The Deaf and Hard of Hearing focus group had nine participants, all of whom were women, and included seven Deaf or hard of hearing people and seven people of color. The people of color with physical or other sensory disabilities focus group had 10 participants, including six people with

¹ We use “disabilities” in this study, while acknowledging that many Deaf people prefer being referred to as a “cultural group” rather than as people with a “disability”.

disabilities, seven people of color and nine women. All participants received an honorarium for participation in the focus group as well as reimbursement for travel.

Each focus group was facilitated with a networked portable computer lab using GroupSystems software by two facilitators from the Center for Planning and Policy Studies at Indiana Institute for Disability and Community at Indiana University (CPPS). Each participant had their own computer, which was networked with all the other computers. Structured focus group questions were asked to participants via their computer screen, and were also explained verbally. The main questions were on the topics: unique issues people with disabilities face; unique issues people of color with disabilities face; how people of color with a disability choose a program/organization for help; and the cultural competence of disability and domestic violence programs. Some of the questions had sub-questions built in as probes. The entire focus group was three hours long, but only two hours were devoted to issues related to service provision for people of color with disabilities. The third hour was devoted to research issues, which is reported in another article in this issue. Facilitators asked participants to enter their responses to focus group questions into a laptop computer, and then responses were shared anonymously with other participants. GroupSystems software allows for anonymous responses, so there was no way for other participants, facilitators or researchers to connect an individuals answers with the individual.

There are several advantages to using GroupSystems software in conducting focus group research. First, the software allows all participants to simultaneously enter in responses to questions anonymously, and participants can see all the other responses immediately. The ability to simultaneously answer questions allows focus group participants to have equal access to answering questions (Dennis and Gallupe 1993; Nunamaker, Briggs et al. 1996-1997), which sometimes is a drawback in focus groups when several people may dominate the group. Further, as all people are entering simultaneously, groups can be much more efficient and gather much larger amounts of data.

Second, an important rationale for using focus groups is that they can result in enriched data, as the group process itself can help stimulate individual participants to develop and contribute ideas (Krueger, 1994xx). Using GroupSystem software, the content of the ideas stimulate individual responses, rather than a verbal group process. Participants are encouraged to enter in one idea at a time, and to read others answers to encourage additional idea generation. Because of the anonymity of the responses, participants may generate additional ideas based on others responses, without being distracted by the personality of the individual making the response (Dennis and Gallupe 1993; Nunamaker, Briggs et al. 1996-1997).

CPPS uses GroupSystems software primarily with focus groups involving disability organizations and state agencies, and has extensive experience with providing disability accommodations with this software (Pappas and Davenport 1994). CPPS used two facilitators when running focus groups, including a process facilitator and a technical facilitator. One of the facilitators had a disability, and both facilitators have extensive experience with group facilitation involving groups including people with disabilities. Participants were informed about the use of the networked computers when recruited to participate in the focus groups. Minimal previous computer experience was required, and there were accommodations available for this task, including reading of screens, and typing.

Data Analysis

Data from focus groups using GroupSystems software is in the form of transcripts that are available immediately after the focus group ends. The transcript shows each individual answered shared, but does not link answers to participants so there is no way of knowing how many answers each participant shared or even a linkage between various answers. The transcript from the Deaf and Hard of Hearing Focus group included 216 separate answers, for an average of 24 entries shared per participant. The transcript for the people of color with disabilities focus group included 330 separate answers, for an average of 33 answers shared by each participant. While participants had been encouraged to submit one idea per answer, many included numerous ideas in a single answer.

The written transcripts from the two focus groups were coded using a thematic analysis technique. The data for each focus group were first coded based on a set list of themes derived from the research questions, and other themes emerged from the data. A single entry could have multiple codes, with codes assigned to text depending on separateness from other meaning. Like codes were then combined and themes were developed for each research question. Six themes emerged regarding unique issues related to persons with a disability, and eight themes emerged regarding unique issues related to persons of color with a disability (See Table 1). In addition, themes were coded related to programmatic preference for people of color with disabilities in seeking help for domestic violence. As the codes emanating from the two focus groups differed so much related to this question, codes were not combined across groups in this section. Finally, major themes were developed related to cultural competency and disability awareness of domestic violence programs and cultural competency and domestic violence awareness of disability programs.

Table 1 about here

Results

Unique Domestic Violence Issues for People with Disabilities

Six primary themes emerged in regards to the unique issues related to people with disabilities in seeking help for domestic violence: lack of accessible services; different manifestations of abuse; isolation; negative attitudes towards people with disabilities; varied experiences among people with disabilities; and Deaf community is a small world. They are explained in detail below.

Lack of accessible services. The most widespread theme discussed by participants in both focus groups was the lack of accessible services. Participants listed a number of ways that domestic violence programs were not accessible, including physical barriers such as stairs or obstructions in hallways, the banning of personal assistants from domestic violence shelters, requirements that people perform chores which might not be appropriate for people with disabilities, lack of easy access to medications, inaccessibility of procedures for obtaining restraining orders, forms not available in simple language for people with limited language skills, and lack of inexpensive and accessible transportation. Further, as so many services were inaccessible to people with disabilities, people with disabilities may fear that those in shelters or domestic violence agencies will actively try to deny them services, or that the population of the shelter will target them.

Many participants in the Deaf and Hard of Hearing focus group noted the lack of communication accessibility and lack of knowledge of Deaf culture in domestic violence service providers, as well as in the judicial system and other social service agencies. Participants cited the lack of qualified interpreters most frequently as the largest agency and structural barrier to receiving help for Deaf people. Further, there was a concern that the lack of emergency interpreters available for police resulted in lost evidence of domestic violence. Interpreter expense and time lag often leads prosecutors to drop cases involving Deaf persons they never get to court. Participants also noted a tendency for service providers to use hearing children or other family members as interpreters, rather than a certified interpreter. The lack of access to a text telephone was also mentioned frequently as a communication barrier.

A related sub-theme was the lack of access for people with disabilities in the judicial system. Participants pointed out that courts and judges are often unaware of ADA requirements in the judicial system. This lack of accessibility can hurt cases involving people with disabilities. The following example speaks to the communication barriers in the judicial system.

Prosecutors say that if you can't look at the jury they will think you are lying, but the Deaf have to look at the Interpreter and their answers are delayed. So they are likely to be thought of as a liar, especially if there is an interpreter error, which often happens.

Many people with disabilities thus need coaching in order to understand the court system, as well as how to participate in investigations and trials.

Further, participants suggested that batterers are often able to take advantage of the inaccessibility of the system. For example, a Deaf victim may even be interviewed by the police using the abuser as an interpreter. These types of situations can make it difficult, if not outright impossible, for a person with a disability to access help regarding domestic violence.

Different manifestations of abuse. Another common theme was that abuse has different manifestations for people with disabilities as compared to people without disabilities, which can affect their ability to access help. While people with disabilities experience many similar types of domestic violence, they may also face additional types of abuse related to their disability. For example, respondents noted that people with disabilities experience abuse such as withholding of medication, not providing special meals, or confiscating of assistive devices. The person's disability is being used as a weapon. If a person needs help changing clothes, the abuse can be happening during this process. The domestic service provider might not see that as real abuse.

Further, many people with disabilities do not know that they are being abused. They have often experienced abuse for years and have become desensitized to abuse. They have also experienced a variety of medical procedures which have conditioned them to certain types of invasions of their personal space. Finally, the domestic sphere can be very different for people with disabilities, especially if they live in an institution. They are not allowed to have choice in human decisions, and thus lack self-determination. People with disabilities experience a lot of intervention in their lives. It's difficult to know where to disclose domestic violence or where to access services about domestic violence. This context is very different from the context for people without disabilities.

Isolation. A significant theme related to the isolation that people with disabilities who experience domestic abuse face.

Many people with disabilities seem not to be aware of how to respond to abuse or how to move beyond the abuser. Many people with disabilities have different layers of people between them and their community; these create a buffer between the people with disabilities and the community as a whole. People with disabilities may lack the knowledge of the available services, or even lack the knowledge that what they are experiencing is abuse. Further, as services are so lacking, people with disabilities can feel extremely isolated when confronted with abuse and feel they have nowhere to turn.

Negative attitudes towards people with disabilities. Respondents noted that society, the judicial system, and domestic violence service providers often have a negative attitude towards people with disabilities, which creates numerous barriers for people with disabilities in accessing domestic violence services. These attitudes can result in subtle differentiation of treatment or outright discrimination against people with disabilities. One participant contributed, people might not think that people with disabilities are sexual, that they need relationships in their lives. Many who speak of domestic violence leave people with disabilities out of their discussions. Services providers forget that people with disabilities exist. Another participant commented, the perception [is] that the Deaf are second class citizens, or are citizens that mooches off the system. Others said that some people look at disabilities as a curse, or that the perception of sign language in general is negative and viewed as an oddity. There is an attitude by many that Deaf people need to be made as hearing as possible. For example, child protection workers demand Deaf people to wear hearing aids 24 hours per day. These negative attitudes towards people with disabilities affect the services that people with disabilities experiencing domestic violence receive.

Varied experiences among people with disabilities. Another common theme was that people with disabilities are not a monolithic group, and people with different types of disabilities have different domestic violence issues that might relate to their specific disability. For example, a person with an intellectual disability may not be able to understand that there is help available for them to stop abuse, while a woman who uses a personal assistant may not be able to leave her batterer if the batterer is her personal assistant, and a person with an invisible disability may not receive appropriate accommodations because his disability is not recognized. Participants also noted that people with the same disability label do not necessarily have the same needs or issues related to domestic violence. As one participant noted, Hearing people fail to recognize that [Deaf people] come in different colors with different experiences and different needs. We also have different ways in which we communicate: ASL, Signed English, Home Sign. Thus, the issues in accessing help vary between individuals.

Deaf community is a small world. Finally, a theme particular to the Deaf and Hard of Hearing group was that the Deaf community was a well-connected global network. We know each other around the country its a small world. Its hard to find a hiding place. Several participants discussed the stigma from the Deaf community that Deaf people would face in trying to access services for domestic violence, or even to disclose that such problems existed within the community. A Deaf person who comes from a Deaf family may worry about embarrassing his or her family if he or she sought help for domestic violence. The Deaf community doesnt accept the notion of domestic violence the Deaf com-

munity would be angry. They would say to keep quiet about it. This small community may limit a Deaf persons ability to receive services related to domestic violence.

Unique Domestic Violence Issues for People of Color with Disabilities

There were eight primary themes related to unique issues a person of color with a disability would face in accessing help for domestic violence issues. These eight themes include: double oppression, lack of culturally appropriate accessible services, isolation and shame, lack of knowledge about services, lack of trust in the system, multiple cultural identities, double communication barriers, and cultural differences regarding disabilities.

Double oppression. The most common theme emanating from both focus groups was the concept of double oppression; oppression that comes from being both a person with a disability and a person of color. Several participants said that the types of discrimination and oppression faced is similar among people of color and among people who have a disability, such as a lack of understanding of their culture, frustration due to oppression, discrimination in the legal system, or inequality of resources, but that among people for people of color with disabilities, this discrimination and oppression is doubled. As one participant noted, along with facing the issues common for any person with disability, the added issue of color will compound these issues, such as poverty, lack of access to disability and abuse services, lack of access to safe and affordable housing, [and] lack of access to jobs. Another participant said, People of color must deal with other social stereotypes and stigmas, [such as] racism, discrimination, poor financial resources, poor education, impoverished living conditions and high unemployment. This double oppression exacerbates all the barriers people with disabilities face in accessing help for domestic violence.

Also related to this theme is a general sense of confusion that people of color with disabilities experience in identifying the source of discrimination or oppression. A woman of color with disability may become exhausted trying to identify whether she was experiencing racism, sexism, ablism, or some combination of the three. This fatigue with all the systematic deterrents can really lock a person into a dangerous situation, where at least I know whats happening here and discourage them from seeking help from strangers.

Lack of culturally appropriate accessible services. Another recurring theme is the lack of services available in general, such as accessible, affordable housing or transportation, as well as services that target people of color with disabilities specifically. Participants noted that the services available to people with a darker complexion were inferior. People of color do not have access to services available to them because these programs are often the ones that are cut by politicians. Another participant said, There is no voice for people of color with disabilities when states are making budget cuts, and thus resources for people of color with disabilities are the first to be cut. Further, many noted that they had witnessed outright racism by some service providers.

Further, the services that do exist tend to be not coordinated. Fragmentation of services makes it difficult to address the multiple needs of people of color.

For example, a domestic violence agency who does not deal with racism issues or cultural differences that are a very real part of people of color, or agencies that work with individual who have disabilities but do not have an adequate understanding of intimate partner violence.

Participants related that agency staff tends to be most knowledgeable about their own type of service provision. For example, in agencies where domestic violence is the focus, staff may not take the time and energy to educate themselves about the needs of people with disabilities. In addition, agency rules and regulations create barriers that prevent service providers from providing help outside of their main knowledge base, resulting in survivors of domestic abuse having to access a variety of different services to address their needs. Participants suggested co-location of services could help alleviate such service fragmentation.

Participants indicated that there are stereotypes of ethnic and cultural groups that influence the type of services available to people of color with disabilities. People perceive certain ethnic groups as more amenable to services and therefore more deserving, while others are perceived as abusers of services and therefore unworthy. As another participant put it, The larger community responds to people of different backgrounds really differently. There is an inherent pecking order with communities, although the bottom of the totem pole may shift between groups, the top of it is rich white folks.

Isolation and shame. The theme of isolation and shame as a deterrent to help seeking was also prevalent. However, the notion of isolation differed from the isolation related to solely people with disabilities. As one participant described,

People of color are often part of a distinct community within the larger community, and may be isolated from the mainstream of social services by cultural isolation in addition to the isolation they experience as a person with a disability.

This theme was particularly prevalent in the Deaf and Hard of Hearing focus group. Many Deaf women of color feel that there is no one to talk to, and feel family pressure and/or cultural pressures to stay in abusive relationships. Participants noted that some Deaf women of color feel that there is no one to talk to regarding domestic violence. Several participants indicated that the notion of shame is even more significant when children are involved, in that most victims often choose to go without services because of the same that comes with exposing your child to the process of getting assistance. There is an attitude among the communities from which we come, the hush hush attitude in both the Deaf community as well as within several communities of color. The attitude of handle it on your own. This can create an enormous sense of isolation for people of color with disabilities experiencing domestic abuse.

Lack of knowledge of services. Participants also discussed that people of color with disabilities might not be aware of the resources available for assistance regarding domestic violence. One participant said,

Many people of color seem unfamiliar with various services and how to access them. While many are very well aware of services by paid professionals, they often have little understanding of these services and what the aim or purpose of a particular service is. Service providers often serve people of color rather than empower or assist them in accessing and using services themselves.

Or, as another participant said, [if] you dont know anything because of your disabilities and your color, it will be very hard for you to access services for your needs.

A related concern is the lack of outreach by domestic violence service providers to people of color with disabilities. As domestic violence service providers often do not target or advertise their services to people of color with disabilities, people of color with dis-

abilities are not aware of the services that are available or that they are welcome at services that they may have heard about.

Lack of trust in the system. A related theme is the lack of trust of the system by people of color with disabilities. A number of participants signaled out that people of color with disabilities often have a distrust of the system, including the judicial systems, the police, and social service providers. This distrust stems from past discrimination they themselves have faced within the system in relation to their race or ethnicity as well as their disability, or their knowledge of the general treatment of people of like them by the system. By reporting [domestic violence], they may fear that they won't be believed or that they won't receive sufficient help. Thus, when a person of color with a disability experiences domestic violence, they may be less likely to seek help from law enforcement, legal services or social services than a white person with a disability.

Multiple cultural identities. Respondents in both focus groups spoke about issues related to identification with two or more groups, specifically the disability community and their own cultural community or communities. Oftentimes people feel have to choose between their identities, as the two identities are not always compatible. People of color with disabilities exist in a cross-section of multiple issues and agendas. Respondents noted how this can cause barriers to receiving services. For example, one participant noted that Hmong people do not view it as acceptable to receive services and assistance that is not from other Hmong. Thus, a Hmong person with a disability would be discouraged from going to a disability organization or a domestic violence organization that was not run by and for Hmong people.

This theme surfaced repeatedly in the Deaf and Hard of Hearing focus group. First, participants consistently stressed that most Deaf people consider Deafness not to be a disability, but rather a culture. Generally, Deaf people do not view themselves as disabled due to the fact that they have their own culture, language, and heritage to pass down. The cultural difference of Deafness is the result of communication barriers in the hearing society. Although the Deaf are like any other ethnic group, what makes this a unique group is the communication and language barrier from the hearing world. Because Deafness is considered a culture, Deaf people of color often feel they have to decide which identity comes first when accessing services: Deafness or their ethnic/cultural background. They have to determine which is more relevant in accessing services and which has the most or least barriers. The victims are often forced to decide which is more vital: their deafness or their race/ethnicity, as there are specific programs designed for each category.

A number of participants indicated that many Deaf people feel similarities across ethnic backgrounds. As one participant stated, it does not matter which ethnicity you are from, you will still miss out on what is happening or what is being discussed. There was a substantial notion that barriers that Deaf people experience in obtaining services are common among Deaf people regardless of race or ethnicity, and that in many cases Deafness trumps culture. However, a competing, but less prevalent sub-theme was that Deaf people of different ethnic backgrounds do have differing barriers related to their backgrounds. As one participant noted, Deaf people might have similar cultures, but when it comes to color, the differences in culture increases. Or, as another put it, just as the needs from different ethnic groups differ, so might the barriers.

Double communication barriers. A related theme regards the double communication barriers that exist for some people of color, particularly Deaf and Hard of Hearing

immigrants and others who do not speak English as their first language. There is also an assumption that everyone who is Deaf speaks ASL. Some women never learn to sign because the parents don't put them in the school system when they come to the U.S. Many Deaf immigrants know neither English nor ASL, and thus are not able to communicate their needs regarding domestic violence. In addition, while communication barriers are present in general for Deaf people in accessing services, participants noted that communication could be even more difficult among Deaf people of color who speak in different dialects or styles of ASL. There are distinct styles of ASL in the Black Deaf community, so it is even harder to find a qualified interpreter. Thus, Deaf people of color need to have not just a certified interpreter, but also an interpreter who understands and speaks in their ethnic or regional style of ASL.

Cultural differences towards disabilities. A number of participants discussed the cultural differences regarding understanding the concepts of both disability and domestic violence, and that these differences can cause barriers in receiving services. People of color with disabilities are varied in their traditions and beliefs, which systems are not set up for nor do systems want to change to meet their needs. Another participant noted that many cultural differences toward disabilities and towards domestic violence create barriers, and these need to be overcome by reaching out to leaders within the community and determining the cultural attitudes towards people with disabilities, to determine how the culture treats people with disabilities in general. Participants noted that if you are from a different country, it is very hard to adapt to the new systems. And that cultural differences and belief systems exacerbate the problem of powerlessness and learned helplessness felt by people with disabilities.

Programmatic Preferences

Participants in each focus group were asked which type of organization people of color with disabilities would go to for getting help regarding domestic violence. In the Deaf and Hard of Hearing issues focus group, the participants were in unanimous agreement that Deaf Programs would be the first choice for a Deaf person of color experiencing abuse, followed by disability programs and domestic violence programs. The general sentiment was, it takes a Deaf person to understand another Deaf person. However, for the particular issue of domestic violence, many Deaf people might not want to go to a Deaf program because they would not want the broader Deaf community to know about their personal situation. However, Deaf women may instead not seek out any services, rather than go to another type of an organization. As many Deaf people do not consider themselves to have a disability, they would not be likely to go to a disability organization unless the organization had a specific Deaf program or had Deaf people on-staff. A domestic violence organization would be the last resort for many Deaf people. They would not go unless they have no other options and are faced with life or death, because of existing barriers and notions of shame.

In the focus group on domestic violence issues faced by people of color with physical disabilities, participants had mixed reactions as to where a person of color with a disability would go for receiving help regarding domestic violence. Many participants indicated that people with disabilities would go to a disability organization for help with domestic violence because they are familiar with disability services and programs, and are not familiar with domestic violence services or programs. One participant indicated if the pro-

gram staff specifically asked them about whether anyone has ever tried to hurt them, then they would go to a disability program for help with domestic violence. Participants indicated that people of color with a disability would go to a domestic violence program if it were both accessible and culturally competent

Cultural Competency and Disability Awareness of Domestic Violence Programs

Participants were asked to assess the cultural competence and disability awareness of domestic violence programs. A predominant theme in the focus groups was that domestic violence programs were generally trying to be culturally competent in terms of race and ethnicity, but that the notion of cultural competency rarely was expanded to include disability. Programs attempt to be culturally competent by training staff on the needs of specific cultures, by employing ethnically diverse staff, developing an anti-racist agenda or mission, and convening multicultural committees. A sub-theme was that most of the agencies that are truly culturally competent are agencies that work within a particular ethnic or racial community, and have evolved from the grassroots efforts of people of color. One participant said, agencies that are mainstream or dominant culture are rarely, truly, culturally competent, even if they hire some diverse staff and have diversity training. Another strong theme was that cultural competence in domestic violence service providers rarely extended to include disability or Deaf culture. Many domestic violence programs have been expanding their cultural awareness for years, but have only recently begun exploring disability issues.

Most participants in both focus groups discussed the lack of accessibility and lack of disability knowledge as being the largest downfalls of domestic violence service providers in providing services to people with of color with disabilities. While there are some agencies that provide specific programs for the Deaf and Hard of Hearing, train their staff about disability issues, or employ staff from various disability communities, there was a general sense that domestic violence service providers do not make it a priority to be accessible.

While accessibility was the most dominant theme, a second theme was that many domestic violence organizations believe that being physically accessible is adequate. Many believe that putting a ramp out front makes them accessible when becoming truly able to serve people with disabilities require more than that. Finally, participants noted that domestic violence programs often become aware of the issue of people with disabilities on an individual basis. Domestic violence organizations tend to be reactive, rather than prepared, and generally do not provide outreach to people with disabilities.

Participants in both focus groups suggested a number of ways that domestic violence service providers could improve in cultural competence and disability awareness. Participants suggested that domestic violence service providers needed to hire more staff with disabilities, to hire bi-cultural/bi-lingual staff, and to involve people with disabilities as volunteers, advisors or board members. Many participants stated that staff, board members, volunteers and funders need to have on-going training and education in the areas of cultural competency and disability awareness, with a particular note that these trainings should be run by people who are Deaf or Hard of Hearing or people with disabilities. All agency personnel need to be aware of relevant anti-discrimination legislation, particularly the Americans with Disabilities Act and the Rehabilitation Act, and should be aware of disability service providers and agencies that work specifically with people of color.

Finally, domestic violence organizations were encouraged to develop broader definitions and understanding of what domestic violence looks like within various cultures. As one participant said, the assumption that leaving your family and seeking shelter is the best possible solution to family violence only represents the views of the dominant culture. Scornful attitudes about other cultures that imply that other cultures are backwards or tolerant of abuse or promote abuse is just harmful to serving a diverse population. Further, domestic violence service providers were encouraged to extend their advocacy beyond domestic violence advocacy to include broader participation in anti-racist and disability rights activities.

Cultural Competency and Domestic Violence Awareness of Disability Programs

Participants also assessed the cultural competence and domestic violence awareness of disability programs. A major theme emanating from both focus groups was that disability programs are not very culturally competent. While some agencies may employ staff from varied cultural backgrounds, provide diversity training, and attempt to understand diversity, disability programs most often understand diversity as meaning diversity of disability types, rather than racial or ethnic diversity. There are few people of color on staff or in leadership positions at disability agencies. As one participant said, most are led by white folks who haven't thought a lot about cultural competency. But some are in the process of transforming by starting to participate in anti-racist workshops. Because of the lack of cultural competency, many disability organizations assume that all people desire a standard, middle class lifestyle. A minor competing theme suggested that the disability community was open to all races and ethnicities due to a shared experience of discrimination.

There was a split among participants about the level of domestic violence awareness by disability programs. Many participants, particularly in the Deaf and Hard of Hearing focus group, indicated that disability programs were not very aware of the issues surrounding domestic violence or the resources available for helping people of color with disabilities with domestic violence. Many observed that it is very difficult for disability organizations to address domestic violence, due to lack of staff expertise and training in the area of domestic violence. However, a competing theme, particularly in the physical and other sensory disabilities focus group, was that disability programs were indeed aware of the prevalence and unique nature of domestic violence people with disabilities experience.

Many participants suggested that training in diversity, cultural competency and domestic violence issues would help disability programs be more culturally competent and aware of domestic violence issues. People of color with disabilities should do training on cultural diversity, and local domestic violence organizations would be ideal to provide domestic violence training. Participants considered hiring a more diverse staff and recruiting diverse volunteers as essential for improving cultural competence. Similarly, disability programs could also hire staff that has experience working in domestic violence programs.

Finally, participants suggested that disability organizations should partner with domestic violence programs and cultural organizations. Collaboration between these agencies could help all three types of agencies provide better services, supports and advocacy in the area of domestic violence for people of color with disabilities, or Deaf and Hard of Hearing people of color.

Discussion

The results of the focus groups indicate that people with disabilities, as well as people of color with disabilities face unique issues related to domestic violence. In general, people with disabilities have some unique experiences in accessing help for domestic violence in comparison with people without disabilities, including the lack of accessible services, differing manifestations of abuse, being isolated, negative attitudes towards people with disabilities, and for Deaf and Hard of Hearing People, living within in small, tight knit community. People with disabilities are not a monolithic group, and there is within group and between group variations among people with different types of disabilities that can also impact how they seek help for domestic violence.

People of color with disabilities have additional issues in seeking help for domestic violence that differ from other people with disabilities. The focus groups reveal eight unique issues people of color with disabilities encounter, including: double oppression; lack of culturally appropriate and accessible services; isolation and shame; lack of knowledge about services; lack of trust in the systems; multiple cultural identifies; double communication barriers; and cultural differences towards disabilities. The focus group findings also show that people of color with disabilities are also not a monolithic group, with different issues coming to the forefront depending on individuals specific disabilities and/or ethnic and cultural background.

The results from this study provide some direction on providing culturally appropriate domestic violence services for people of color with disabilities, both through increasing the cultural competence and domestic violence awareness of disability agencies, as well as increasing the cultural competence and disability awareness of domestic violence programs. Disability or Deaf organizations will often be the first stop for people of color with disabilities experiencing domestic violence, as these organizations are the most likely to be accessible. However, while disability organizations are more likely to be accessible and understand the needs of people with disabilities, they might not be culturally competent in terms of race and ethnicity. Disability organizations can improve their services to people of color with disabilities by training staff on domestic violence and diversity, hiring staff that is diverse in terms of disability and race/ethnicity, and collaborating with both domestic violence organizations and organizations serving people of color.

While findings from this study suggest that people of color with disabilities would likely not seek out services from a domestic violence service provider as a first option, this could change if domestic violence service providers became more accessible and demonstrated a greater knowledge of disability issues. Domestic violence service providers could benefit from increased training on disability issues, including the unique types of domestic violence that people with disabilities experience. In addition, domestic violence service providers can hire more diverse staff, and collaborate with disability organizations and organizations serving people of color.

Both domestic violence service providers and disability agencies need to be aware of the unique issues that people of color with disabilities experience in seeking help for domestic violence. Yet service providers must also be careful to look at the individual needs of people of color with disabilities, and not make assumptions based on the race, ethnic background or disability of an individual seeking help.

Table 1. Domestic Violence Issues for People with Disabilities, and People of Color with Disabilities

Unique Domestic Violence Issues for People with Disabilities	Unique Domestic Violence Issues for People of Color with Disabilities
<ul style="list-style-type: none"> • Lack of accessible domestic violence services • Different manifestations of abuse • Isolation • People with disabilities not a monolithic group • Negative attitudes towards people with disabilities • Deaf community is a small world 	<ul style="list-style-type: none"> • Double oppression • Lack of culturally appropriate accessible services • Isolation and shame • Lack of knowledge about services • Lack of trust in the system • Multiple cultural identities • Double communication barriers • Cultural differences towards disabilities

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