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**Barriers Built In:
Accessing Survivor Justice and Care as a Woman with Intellectual and Developmental
Disabilities**

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Abstract

Women with intellectual and developmental disabilities (IDD) experience disproportionately high rates of violence, yet are often excluded from gender-based violence policy and legal protections. This thesis examines how the Violence Against Women Act addresses—and fails to address—the needs of women with IDD. Through qualitative interviews with survivors, advocates, and legal experts, along with legal case analysis, this research identifies critical failures in service accessibility, legal protection, and survivor autonomy. It finds that survivors with IDD face structural and interpersonal violence that is often compounded by institutional neglect, disbelief, and carceral responses. While the Violence Against Women Act offers important protections, it does not adequately serve this population. These structural failures reflect deeper flaws in how state systems conceptualize disability and gender violence. This thesis recommends reforms that expand accessibility, center survivor autonomy, invest in cross-sector coordination, and reduce overreliance on punitive systems.

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Note on Terminology

The terminology used to discuss disabilities throughout this thesis follows that given in the APA Style Guide on Bias-Free Disability Language – as such, I utilize both person-first and identity-first language (American Psychological Association, 2019). However, when referring to interviewees in the paper, I will honor how people described themselves, as suggested by the APA and National Center on Disability Journalism (American Psychological Association, 2019; NCDJ, 2021). I will also follow the NCDJ guideline to only refer to a disability when it is relevant to the narrative.

Introduction

The Violence Against Women Act of 1994 (VAWA) was meant to “combat violence and crimes against women on the streets and in homes” (S.11 - 103rd Congress: Violence Against Women Act, 1993). The bill made strides in initiatives to prevent and address gender-based violence and in providing support to survivors and their families to “access safety, justice, and healing” (Hidalgo, 2023). VAWA focuses solely on four violence categories—domestic violence, dating violence, stalking, and sexual assault—all pressing issues facing women in the U.S. However, the bill neglects issues of women with intellectual and developmental disabilities (IDD) experiencing violence and their ability to access justice retroactively. An even more ignored issue is the harmful impact of state policies on and government agencies’ actions toward women with IDD. Historically, the state has physically and mentally abused women with IDD, who are disproportionately impacted by forced sterilizations and other methods of reproductive

control, as well as institutionalization. The result of this lack of acknowledgment is that women's safety and security are undermined, perpetuating systems of structural discrimination for those with IDD. Such limitations raise the initial question: What are the underlying factors that make women with IDD especially vulnerable to domestic and state violence? In order to clearly identify the gaps in VAWA for these women and work towards closing them, I investigate these factors as well as their unique experiences, including interactions with VAWA and victim services.

While VAWA has been recognized for its steps towards protecting survivors of domestic violence, the research on how these protections serve disabled women specifically is limited, especially considering the compounded barriers they face. Generally, scholarship focused on women with disabilities is centered around broader access issues, such as lack of access to shelters or communication barriers that constrain their ability to report mistreatment or seek out services. However, specific analyses on VAWA's effectiveness for women with disabilities remain limited. Specifically, there is not much literature on how VAWA's provisions intersect with systemic issues such as state violence, legal injustice, and government agency complicity in violence. This research is acutely important as the majority of women with a variety of disabilities have ranked violence as their most personally impactful research topic (Sobsey, 2000). This work will contribute to the field by highlighting and analyzing the act's provisions for the specific compounded barriers and mistreatment faced by women with disabilities. My thesis adds to the current literature by examining the state's role—not just in failing to protect but in potentially perpetuating harm against disabled women. To answer these questions, I conducted a qualitative study consisting of semi-structured interviews with scholars, advocates, nonprofit leaders, and individuals with lived experience of violence across the U.S. I also analyzed legal

cases that test the limits of VAWA's current protections. I found that women with IDD are uniquely vulnerable to violence due to a combination of structural neglect, legal exclusion, cognitive barriers to reporting, and social stigmatization. State and legal actors frequently disbelieve or devalue their experiences, and the law lacks mechanisms to hold institutions accountable when they fail to act. Interviewees emphasized recurring themes of inaccessibility of trauma care, and the inability of VAWA's enforcement mechanisms to meet the needs of survivors with disabilities. These findings underscore how legal and institutional structures often marginalize survivors with IDD. Based on these insights, I propose a series of policy recommendations that focus on expanding civil rights protections, improving trauma-informed healthcare and legal services, and reducing reliance on punitive systems that disproportionately harm disabled women.

The thesis begins with a brief history of violence against women with IDD as well as historical context on the Violence Against Women Act. I then provide an overview of scholarly insights into the topic of violence against women with IDD, including various forms of interpersonal violence and state-sponsored violence. Next, I describe the research methodology that I used, including a breakdown of the interview recruitment and data collection process, as well as legal analysis. This is followed by a discussion of my research findings and analysis of major themes across the study. Finally, drawing on insights from the literature, interview findings, and public data sources, I outline key considerations for future, targeted policy development, including an analysis of implications for various stakeholders.

History/Background Information

History of VAWA

The Violence Against Women Act (VAWA) is a federal policy that aims to sustainably reduce domestic abuse against women by formulating actionable steps to create safer environments for women and greater sanctions for abusers. Established in 1994 as part of the Violent Crime Control and Law Enforcement Act, the bill was authored and sponsored by Delaware Senator and future President Joe Biden in 1990, and was signed into law in 1994 by President Bill Clinton. VAWA arose in response to public outcry around gender-based violence. Domestic violence and sexual assault survivors, along with scholars, legal experts, and advocates, testified to lawmakers in 1990 about the need for federal protection against these crimes that had been historically treated as private matters (United States Department of Justice, 2024). VAWA’s original design was meant to equip the justice system with resources, training, and statutes to respond to gender-based violence. As a crime bill, there is a heavy focus on law enforcement and criminalization.

VAWA created and supported comprehensive, cost-effective responses to domestic violence, stalking, sexual assault, and dating violence. Table 1 lays out these important terminology and their definitions from the U.S. DOJ’s Office of Violence Against Women (2016).

Table 1: VAWA’s core terminology

Domestic Violence	a pattern of abusive behavior in a relationship that is used by one partner to maintain power and control over another current or former intimate partner
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	encompasses any physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person
Stalking	a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear
Sexual Assault	any type of sexual contact or behavior that occurs without consent of the recipient
Dating Violence	any abuse committed by a person to exert power and control over a current or former dating partner often escalates over time

VAWA was a pioneering bill in the U.S., as the first federal legislation acknowledging domestic violence and sexual assault as crimes. It provides federal resources to bolster law enforcement and community-coordinated responses to fight violence against women, involving victim service providers, prosecutors’ offices, hospitals, transitional housing programs, tribal programs, and a variety of other stakeholders. The passing of VAWA was accompanied by the passing of four other supporting acts: The Civil Right Remedies for Gender-Motivated Violence Act of 1994, Equal Justice for Women in the Courts Act of 1993, Safe Homes for Women Act of 1993, and Safe Streets for Women Act of 1993. The reforms associated with these titles include amending the federal criminal code to authorize judges to increase sentences for repeat sex offenders up to twice that otherwise authorized by statute, and amending the Omnibus Crime Control and Safe Streets Act of 1968 to require the Director of the Bureau of Justice Assistance to make additional grants to areas of high rates of crime against women. It also established the Attorney General’s Task Force on Violence Against Women, which later recommended federal,

state, and local strategies for preventing and sanctioning violent crimes against women, including enhancing and protecting the rights of victims. VAWA also provided a grant for the nonprofit operation of a national, toll-free hotline to provide information and assistance to victims of domestic violence. To administer funding to grantees, VAWA created the Office on Violence Against Women in the Department of Justice. The initial act allocated \$1.6 billion over six years toward the investigation, prosecution, and prevention of violent crimes against both women and men. Since its authorization, VAWA has provided over \$8 billion in grants and cooperative agreements towards funding domestic violence and sexual assault programs and shelters, and strengthening effective law enforcement and prosecution strategies to combat violent crimes against women. However, it is important to note that the bill focuses primarily on intimate violence, meaning the violence of one individual onto a woman, while avoiding the topic of state violence altogether. State violence is rarely done within the confines of the home, and is rarely a one-off encounter of a woman on the streets.

Defining Intellectual and Developmental Disabilities (IDD)

Definitions of disability are important to carefully analyze because they carry serious implications for the disabled community. Definitions shape how disability is understood and addressed in policy, law, and society. Official definitions are frequently used to justify routine, and often invasive, interventions by social welfare and health professionals by grouping people into broad categories and assuming the same need (Oliver & Barnes, 2012). These definitions rarely reflect the lived experiences of disabled individuals.

The National Institute of Health defines IDDs as “differences typically present at birth that uniquely affect the trajectory of the individual’s physical, intellectual, and/or emotional development” (NIH, 2024). They often affect multiple body parts or systems simultaneously.

Intellectual disabilities are characterized by differences in “intellectual functioning or intelligence,” including learning abilities, reasoning, and problem solving, as well as in “adaptive behavior” such as daily social and self-management skills (NIH, 2024). ‘Developmental disabilities’ represent a broader category of disabilities in a range of physical, learning, language, or behavioral areas (NIH, 2024; Centers for Disease Control and Prevention, 2024). The term “IDD” is broadly applied to situations in which an individual has an intellectual and/or other disability. IDD primarily affect a person’s nervous system, sensory system, metabolism, and general functioning.

These outlined definitions primarily stem from the medical model of disability which centers disability within one’s body and asserts that individual mental, physical, and physiological impairments require medical solutions (Oliver & Barnes, 2012). As Michael Oliver critiques, this model isolates the individual and excludes broader social and institutional barriers (Oliver & Barnes, 2012). In contrast, the social model emphasizes the social and institutional structures which create the concept of disability, rather than individual impairment (Oliver & Barnes, 2012). The relational model of disability combines aspects of both the medical model and the social model, focusing on the interplay between biology and structural conditioning (M. Parthasarathy, personal communication, April 7, 2024). This thesis adopts the relational model to explore how women with IDD experience violence not only because of individual differences, but largely because of inaccessible systems and services, prejudiced institutions, and structurally embedded inequalities. Through the lens of this relational model, one could view VAWA as one of the institutional barriers that interact with a disabled survivors’ impairments to produce disability.

Defining Disability Justice

Disability justice expands on the traditional disability rights movement, focusing on “securing rights for disabled people by recognizing the intersectionality of disabled people who belong to additional marginalized communities”, and calling attention to “the ways that ableism is linked to multiple other systems of oppression” (CODE, 2021). The gender justice movement strives to create a world where gender does not determine one’s worth and is not a barrier to opportunities (Gender Justice, 2024).

Violence against Women with IDD

Violence against women with IDD is a pervasive and multifaceted injustice that has persisted historically. Women with IDD face disparately high rates of violence, often facing multiple different forms throughout their lives. Women with developmental disabilities experience sexual violence at a significantly higher rate than those without disabilities, facing an estimated 10.7 times greater risk (Wilson & Brewer, 1992). This alarming disparity underscores the heightened vulnerability of this population and highlights the urgent need for stronger protective measures, increased awareness, and improved support systems to address and prevent such exploitation. Researchers with more conservative estimates of violence against women with developmental disabilities (DD), concede that most women with DD will face unwanted sexual contact at some point in their lives (Sobsey, 2000). Beyond sexual violence, women with developmental disabilities are also acutely susceptible to physical assault, intimate partner and caregiver abuse, as well as emotional abuse (Abramson et al., 2000; Breiding & Armour, 2015; NCADV, n.d.; McConnell & Phelan, 2022; Sobsey, 2000). Women with IDD also face the violence of the intrusive and restrictive programs and living arrangements to which they are often confined (Sobsey, 2000; WVCADV, 2007). Caregivers are able to manipulate the power

dynamic established with individuals with developmental disabilities, often stripping them of various forms of autonomy, and leaving them unable to resist maltreatment (Sobsey, 2000). The four categories of violence mentioned earlier do not explicitly include caregiver abuse, and therefore women with IDD have little to no systematic protection against such violence. Subsequently, abuse victims with developmental disabilities who live with their caretakers often become increasingly dependent on them, resulting in harmful barriers for these women in reporting abuse and seeking support services. Of those women who are successfully able to report abuse and access services, many do not receive adequate resources because programs and policy initiatives for domestic violence victims are often not equipped to provide sensitive care for women with IDD (WVCADV, 2007). Sensitive care involves services that are accessible, trauma-informed, and tailored to the unique communication, cognitive, and support needs of women with IDD.

Women with IDD have also been subject to a state agenda of reproductive control that carried out waves of forced sterilization beginning in the early 1900s (Li et al., 2018). Sterilization is defined as “a process or act that renders an individual incapable of sexual reproduction” (Mosby, 2009). Forced sterilization occurs when a person is sterilized “after expressly refusing the procedure, without her knowledge or is not given an opportunity to provide consent” (Mosby, 2009). The state decided it had the power to decide which groups of women they deemed suitable to make autonomous choices about sex, parenting, and family structure. Due to societal prejudice and misinformation against women with disabilities in the U.S., many people, ultimately including legislators, believed that people with cognitive disabilities should not have children as they would not be ‘fit’ parents (Li et al., 2018). Similar reasoning was weaponized to sterilize many Black, Latina, and poor women as well. A Brandeis

study using data from the National Survey of Family Growth over the years 2011 to 2015 showed that women with cognitive disabilities were one and a half times more likely to be sterilized than women without disabilities (Li et al., 2018).

VAWA and Women with IDD

The Office on Violence Against Women allocated specific grant funding for individuals with disabilities called the *Grants for Training and Services to End Violence Against Individuals with Disabilities and Deaf People Program* which aims to create sustainable change both within and between organizations that respond to individuals with disabilities who have experienced violence and to increase accountability for perpetrators. This program was created in response to the growing public awareness of the disproportionate rates of sexual and physical abuse against women with disabilities. Labeled as a “capacity-building grant,” funds are distributed to “identify needs within the grantee’s organization and/or service area” and subsequently “develop a plan to address those identified needs that builds a strong foundation for future work” (United States Department of Justice Office on Violence Against Women, 2022). Grantee organizations are required to establish multidisciplinary teams to plan the allocation of these funds to victim and disability service providers.

One example of such a grant was awarded to the state of Illinois’s Department of Human Services (IDHS). The IDHS received a 2-year \$315,000 grant from the Office on Violence Against Women, joining Wisconsin as one of only two states to have successfully secured this funding since 2006, among competition from other states (Illinois.gov, 2015). The State of Illinois’ grant was targeted towards ending the rising rates of sexual violence against women with disabilities. IDHS, in partnership with multidisciplinary stakeholders including the Illinois Coalition Against Sexual Assault, Illinois Network of Independent Living Centers, Illinois

Family Violence Coordinating Council, Self-Advocacy Alliance and Blue Tower Training, used the grant funding to establish the “Illinois Imagines” initiative. Illinois Imagines envisioned a future where “survivors of sexual violence will be assured a proactive, individualized, compassionate response to their experience” (IDHS, 2014). Through this initiative, IDHS developed and implemented a statewide training series on its “Guide for Starting Empowerment Groups” (Illinois.gov, 2015). The goals of these trainings were to spread awareness and sensitivity in these Empowerment Groups, help women with disabilities support each other in preventing sexual abuse against their community, as well as to find concrete resources for survivors. Along with these trainings for service providers, the project also entailed the creation of many informational and outreach materials for survivors of sexual abuse with disabilities, including an “After Sexual Abuse” guide, a “What Happens When You Call a Rape Crisis Center” webinar, and many more resources. The Illinois Imagines Initiative lasted from 2006 through 2018 when it was no longer approved for continuation of funding. However, the Chicago team is still actively meeting and looking to gain new federal funding to continue their local program. A 2019 report by The Illinois Self-Advocacy Alliance outlines the grant initiative’s impact over the years including the previously mentioned provider toolkits and informational resources, as well as changes in sexual assault service standards and state codes regarding access to services such as rape kits, counseling, and confidentiality of records (The Alliance, 2019).

Literature Review

The current literature on violence against women with disabilities highlights how they are especially vulnerable to domestic and state violence due to their intersecting identities. Kimberlé Crenshaw’s intersectionality framework can be used to frame how disability, gender, and other

social classifications intersect to create specific forms of marginalization (Crenshaw, 1989). Crenshaw discusses intersectionality as the “double discrimination” of racism and sexism that Black women face. She emphasized the need to move beyond the “single-axis framework that is dominant in antidiscrimination law,” which focuses only on the experiences of the most privileged members of minority groups (Crenshaw, 1989). Crenshaw defines intersectionality as “a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking” (Crenshaw, 1989). Her discussion of the unique position of women with overlapping levels of identity-based marginalization highlights the greater need to study the vulnerability of women who face discrimination based on gender and disability, among other factors. The concept of intersectionality is vital when studying the unique vulnerabilities of disabled women in both interpersonal and institutional contexts. Institutional structures such as legal and policy frameworks often fail to account for intersectional identities in principle, leading to inadequate protections in practice.

Women with IDD are often viewed by abusers as the ‘perfect victim’ (Shapiro 2018). Many of these women have underdeveloped speech or limited cognition. Many women with IDD are taught from a young age to “be compliant, to obey, to go along with people” (Shapiro, 2018). Women with IDD are also heavily affected by societal stigmas and institutional prejudices. Disabled women are often assumed to be dependent, asexual, and lacking autonomy (Curry et al., 2009). This not only devalues their experiences, but also normalizes the control that other people, such as caregivers, and agencies exert over their lives (Curry et al., 2009). These stigmas also make it so people tend not to believe women with IDD when they come forward about abuse. They are often told they are making up or imagining their abuse (Shapiro, 2018). This

also increases the power of the perpetrator to shape the narrative in their favor if there is an investigation. Historically, attitudes toward individuals with disabilities have been clearly negative and patronizing, resulting in their marginalization and exclusion from society and legal protections (Chenoweth, 1996; Mackelprang & Salsgiver, 1996). State interventions tend to reinforce patriarchal structures—systems that prioritize male authority, normalize gendered power imbalances, and marginalize women’s voices—while additionally neglecting the nuanced experiences of disabled women, who face compounded barriers due to both gender and disability-based discrimination (MacKinnon, 1991). This internalized bias against women with disabilities and the resulting discrimination that they face also manifest in their interactions with state policies such as VAWA. Crimes against women with IDD go largely “unrecognized, unprosecuted, unpunished,” leaving the victim extremely vulnerable to repeat abuse (Shapiro, 2018).

In addition to general exclusion and inadequate service provision, disabled women experience structural violence by state institutions (Galtung, 1990), through both failing to account for their specific needs and challenges in dealing with domestic violence, and also through active maltreatment. Structural violence can roughly be explained as “violence that results in harm but is not caused by a clearly identifiable actor” (Vorobej, 2008). State interventions tend to reinforce patriarchal structures, neglecting the nuanced experiences of disabled women (MacKinnon, 1991). Women with IDD are often confined to prison-like institutions or group homes where they are mistreated, with research showing these living arrangements make them even more vulnerable to assault (Shapiro, 2018).

Several scholars have proposed explanations for the gaps in VAWA’s protections for women with disabilities. Scholars critique the disability-neutral approach that VAWA takes in

addressing abuse, assuming all survivors experience the same forms of abuse, and have the same capacity to access resources (Powers et al., 2002). In reality, disabled women face unique barriers that must be addressed in legislation, such as abusive caregivers and inaccessible shelters. Scholars also find that the specific needs of women with disabilities, such as personal assistance with daily living, are not addressed in existing legal frameworks such as VAWA (Nosek et al., 2001). Others argue that in seeking support or protection due to abuse, disabled women often face resistance, insensitivity, and even outright dismissal from authorities (Swedlund & Nosek, 2000). Swedlund & Nosek's study aligns with Crenshaw's (1989) intersectionality framework because it addresses how women with IDD have unique experiences of institutional violence and neglect that do not align with the dominant conversations about victimhood. The ableism that women with disabilities face from the state effectively undercuts any protections that state legislation provides them through VAWA provisions. Dean Spade (2015) also similarly critiques the state's complicity in violence against marginalized groups, arguing that state systems are inherently violent and state-based reforms are insufficient in addressing systemic inequalities. This analysis suggests that future reauthorizations of VAWA will not dismantle the structural factors that perpetuate violence against disabled women.

Scholars have utilized a range of qualitative methodologies to study the intersection of disability, gender, and violence. Powers et al. (2002) surveyed disabled women to examine barriers to reporting abuse and accessing services and found that disabled women often encountered difficulties in securing basic protections. Nosek et al. (2001) utilized qualitative interview data to explore the specific types of abuse that disabled women experience, finding that they were at increased risk of emotional, physical, and sexual abuse, particularly from caregivers. Saleme et al. (2023) conducted an integrative literature review to assess intervention

strategies for protecting disabled people from domestic violence, finding that most interventions focused on education and training, but failed to address systemic ableism, highlighting the need for more targeted interventions. Healey et al. (2013) take a policy perspective, analyzing domestic violence service standards and codes of practice, arguing for more inclusive and context-specific services. This study underscores the importance of creating sector-wide standards that address the intersection of disability and violence.

The literature provides insights into the injustices that women with IDD face, in terms of daily life, experiences of violence, and interactions with public institutions. However, an answer is still needed about the specific shortcomings of VAWA in serving women with IDD. Further, identifying these shortcomings is essential to understand whether future reauthorizations of VAWA can effectively address the specific vulnerabilities of disabled women, or whether alternative approaches are necessary to account for state complicity in perpetuating violence. This analysis of the effects of implementing a policy reform versus a radical policy reconstruction has significant implications for both scholarship and policy development, as well as the protection of the rights, integrity, and safety of women with IDD. Gaining a more comprehensive understanding of women with IDD, and their unique experiences, vulnerabilities, and policy accessibility can help create more inclusive and effective protections, and contribute towards the goal of supporting all survivors of violence.

Data/Methodology

To understand how VAWA currently serves women with intellectual and developmental disabilities (IDD) who are survivors of violence, and to evaluate what gaps remain in protection and services, I conducted a qualitative study using semi-structured interviews and legal case

analyses. My research aimed to uncover both the factors that heighten the vulnerability to violence for women with IDD and the barriers they face in accessing VAWA's protections and correlated services, such as healthcare and housing. Through the interviews, I analyzed gaps in protections for women with IDD who have experienced domestic or state violence. I also designed the interviews to generate policy recommendations by inviting participants to reflect on how existing systems could be transformed to address the needs of women with IDD who have survived violence.

I conducted fifteen interviews with individuals across the United States. I created two semi-structured interview guides tailored to different populations: one for individuals with professional, scholarly, or advocacy experience on this topic, and another for individuals with lived experience of IDD and/or violence. However, these categories frequently overlapped, in which case I asked questions that came from a combination of guides. Participants were initially recruited via email primarily, with phone outreach as a secondary method. If the initial outreach was unanswered, I did not send a follow-up message. This recruitment strategy may introduce some non-response bias, as the respondents may have had a vested interest in the topic or may have been more willing to speak about their experiences.

Participants were recruited based on their connection to at least one of the following areas: disability justice, gender justice, violence prevention, or state protections for women with IDD. I sought a range of perspectives and stakeholders across the U.S., including academics, nonprofit leaders, policymakers, healthcare providers, and individuals with lived experience—to reflect the multidimensional nature of this issue.

I first went about recruiting interviewees through email, reaching out to professionals in the advocacy or victim services space. While most early responses came from professors and

nonprofit organizations in Chicago and the Midwest, I was eventually able to gather insights from a geographically diverse group. Government agencies and law enforcement proved to be the most difficult to reach, with little success via email or phone.

As directly-recruited interviews progressed, I used snowball sampling to connect with women with lived experience of IDD and/or violence. Through connections made with nonprofit leaders, I was introduced to community members I would not have otherwise been able to engage with. Direct interviewees first contacted potential participants themselves, and with their consent, connected us both via email for scheduling and further information. I then coordinated directly with the participant.

Interviews were conducted via Zoom between November 2024 and April 2025. With participant permission, I recorded and saved audio files as .m4a files, and uploaded them to a secure Google Drive. Transcripts were then generated from the .m4a files using Otter.ai software and manually cross-checked against the original recordings for accuracy. The transcript files were then uploaded to Google Docs. In the Google Doc, all names and identifiers were anonymized. I then annotated the interview transcripts thematically by color to highlight the major topics each interview addressed. When quoting research participant interviews in the findings section that follows, I provided context for each interviewee, rather than providing parenthetical citations, as per APA Style (7th Edition).

To complement the interview findings, I conducted legal research using the Nexis Uni database. This included reviewing federal cases, statutes, and court opinions relevant to VAWA's application to disabled survivors. I selected legal cases that illustrated or contextualized the themes raised in interviews, allowing for triangulation between lived experiences and the legal landscape shaping survivor access and protections. This mixed-methods approach provided a

more grounded understanding of the interplay between statutory protections, enforcement, and systemic barriers.

Findings/Analysis/Discussion

Strengths of VAWA

Before analyzing the gaps in VAWA's provisions, it is important to first highlight the strengths of VAWA, as shared by respondents in this study. One of the most frequently mentioned strengths of VAWA was the federal protection it offers to survivors of domestic violence for transitional housing. As Leslie, a lawyer and scholar on gender-based violence and anti-carceral feminism, emphasized, "There are things that VAWA does that are very important: transitional housing, hugely important legal assistance for victims on the civil side, very important. Providing pathways to citizenship for undocumented women, right? Hugely important." This reflects VAWA's capacity to offer critical protections to survivors, particularly in securing safe housing and providing the necessary legal support for non-citizen victims seeking refuge from abusive partners. Leslie further expanded on the breadth of these protections:

I have seen, in the 30 years that I've done this, the expansion of the legal response to intimate partner violence - to make available lawyers and protective order cases, lawyers and family law cases, and the expansion of immigration protections. That's a huge change. Kind of the focus on anybody other than white, straight, middle class, you know, married women has been an enormous change. To think about intimate partner violence in the LGBTQ community, to think about it in the disabled community, to think intersectionally about intimate partner violence, that's a huge change.

This highlights the significant progress VAWA has made in addressing intimate partner violence and making legal assistance more accessible, especially for historically marginalized groups such

as people with disabilities, LGBTQ individuals, and women of color. As Leslie pointed out, VAWA's shift toward a more intersectional approach in addressing intimate partner violence has been a crucial and transformative change in the legal landscape. Sarita, a gender-violence scholar and survivor advocate in Chicago, echoed this sentiment, emphasizing the importance of VAWA in raising awareness and attempting to center marginalized groups, stating, “So I think, like at the level of consciousness raising, that's huge in terms of who is being centered in these movements, centering queer and trans people, women of color, people with disabilities.” Sarita also highlighted the importance of specific funding programs, such as those supporting supervised visitation:

A lot of those \$300 million went to necessary programs. So, for example, supervised visitation programs at the national level are funded through justice for family grants, which is part of OVW, which is part of VAWA. And so I know that for many people, supervised visitation programs are literally life-saving, right? Like they actually need them in order to not see their abusive partner and still allow their child to have a relationship with the father.

This highlights the tangible impact of VAWA in funding programs that provide critical services for families navigating domestic violence situations. State-funded supervised visitation programs help maintain and nurture family dynamics, especially for those with children who are deeply impacted by domestic violence, even if they themselves are not the direct targets of abuse.

Another funding initiative that respondents highlighted as a step in the right direction is the Office of Violence Against Women's Disability Grant Program designed to build and support services tailored for survivors with intellectual and developmental disabilities. Mallory, a policy leader at a national domestic violence organization, noted while the program remains limited in scale and is often slow-paced, “it definitely helps increase disability awareness and definitely educate a lot of service providers on, you know, what model programs look like.” This reflects how VAWA has the capacity to influence organizational practices by educating providers about

disability-specific needs and encouraging creative solutions. These insights highlight VAWA's strengths in terms of providing essential funding for services and resources, legal protections, and raising awareness for marginalized communities. However, while these provisions are vital, they also set the stage for understanding the persistent gaps and challenges that continue to prevent women with IDD from fully accessing justice and safety under VAWA's framework.

Limitations of VAWA & State Responses

As I continue to explore the experiences of women with IDD navigating violence and seeking justice, it is essential to acknowledge the limitations of state responses, including those facilitated by VAWA. While VAWA has provided significant advancements in recognizing and addressing gender-based violence and funding services for survivors, its implementation and the broader role of state policies reveal complicated dual effects, particularly for marginalized groups like women with IDD. Sarita articulated this duality, noting, "...the affordances and limitations of state response to gender-based violence... including the passage of VAWA...is a double-edged sword in some ways." On the one hand, VAWA symbolizes a necessary recognition that domestic violence is a matter of public concern, allocating funding and setting legal precedent. On the other hand, however, VAWA's structure often reinforces forms of state control and exclusion. At the core of this issue is the state's conception of who is deserving of protection and who qualifies as an innocent victim. "The state has always perpetuated gender-based violence," Sarita notes, "and at the same time, we can turn to the state for the protection of some people—and that's necessary." This paradox lies at the heart of VAWA's limitations; its interventions are often designed to protect only a narrow group of survivors and are limited in their ability to hold institutions accountable.

This structural limitation is illustrated in the *Romane Canty-Massey v. Vantage Management, Inc.* (2024), where a disabled Black woman filed suit after experiencing repeated harassment and stalking by her neighbors, which she reported to the property manager. Despite her efforts, Vantage took no meaningful action and even retaliated against her. Canty-Massey attempted to bring a claim under VAWA, asserting that her right to safety had been ignored by the property manager. However, the court dismissed her VAWA claim with prejudice, citing *United States v. Morrison* (2000), which invalidated the federal civil remedy provision. This case highlights a crucial gap between policy intention and legal enforceability. While VAWA offers symbolic and financial support to survivors, its lack of a federal private right of action means that women like Canty-Massey—especially those with disabilities—are left without a viable legal avenue to assert their rights or seek accountability when institutions ignore their trauma. As interview participants point out, the state’s recognition of violence is not enough when survivors cannot hold those responsible accountable.

Other limitations of VAWA stem from its vulnerability to political manipulation and lack of sustained protections. Mallory highlighted this issue, stating, “I think a challenging thing is that VAWA, in particular, gets so much attention from Congress and can really become a political pawn, so it's hard to go as far or do as much as people really want to do there.” This suggests that even when VAWA aspires to meet the needs of underserved survivors, its ability to expand is often hindered by political partisanship and stagnation. Celeste, a disabled survivor herself and a direct service provider for disabled survivors, pointed to another serious gap in the law’s durability, explaining, “There's no routine reauthorization, and when the Congress is hateful, they try to dismantle it. It requires congressional reauthorization, but it isn't baked into the legislation.” Without built-in mechanisms that guarantee reauthorization, regardless of the

political climate, VAWA is subject to delays, unjust amendments, and constant risk of defunding. This places essential survivor services in jeopardy every few years.

These insights lead me into my examination of how VAWA, despite its important contributions, is inadequate for addressing the unique vulnerabilities and barriers faced by women with IDD experiencing violence. Women with IDD encounter compounded challenges in accessing protection and justice: challenges that stem not only from interpersonal violence but also from neglect and violence perpetrated by the state itself. The gaps in VAWA's provisions, outlined below, call for critical reflection and reform to ensure that all survivors, regardless of ability, receive the protection and justice they deserve.

Vulnerabilities of Women with IDD to Violence

Women with IDD face heightened vulnerabilities to violence, often rooted in social stigma, dependency on caregivers, and difficulties in recognizing and reporting abuse. Many interviewees emphasized that women with IDD often do not fully understand when they are being exploited or mistreated, and may not always recognize warning signs of abusive or exploitative relationships. As Dr. P, a physician specializing in complex care for patients with IDD, noted, "Women with disabilities don't always know they're being abused or taken advantage of... they may not understand the nuances when someone isn't being honest with them or seeking a reciprocal relationship." This lack of awareness is often linked to inadequate sex and relationship education causing structural vulnerability. Grace, an advocacy and training manager at a nonprofit focusing on disabled survivors, explained that because society often feels very uncomfortable associating disabled people with sex, they often don't receive sexual education or "know what healthy boundaries or relationships look like." Celeste echoed the same educational disparity. When describing her time teaching healthy sexuality and relationship curricula to high

schoolers, she noted that there were segregated classrooms, so disabled students were denied this learning experience. She recalled, “The most vulnerable people to sexual violence were actually not allowed to have any kind of education.” In some cases, the consequences of this lack of education and awareness is harrowing. Grace described how people come into the lives of women with IDD, saying, “‘I’ll teach you what a healthy relationship looks like, I’ll teach you what sex looks like,’ and they don’t have anything to fact check it against.” This leads to cycles of often repeated abuse. Janice, a disability rights advocate focusing on exploitation of individuals with IDD and autism, shared an example of a survivor who said, “My dad, he likes my cookies,” referring to her vagina, revealing her lack of understanding that her father had been sexually abusing her. This lack of awareness can make them especially susceptible to coercion and manipulation, leading to high rates of abuse that go unrecognized and unreported.

Because they are denied opportunities to learn about their rights or boundaries, many disabled women are systematically taught compliance over autonomy. Grace, when discussing the harms of infantilizing people with IDD, highlighted, “A lot of people get no practice getting to say what they want or do what they want.” This becomes dangerous in moments of potential abuse because they “have no practice saying no or setting boundaries, and instead, have been taught to comply with really anyone around them.” This learned behavior creates an exploitative dynamic that greatly increases the risk of violence for women with IDD (Shapiro, 2018). Kacey, a disabled survivor of gender-based violence and communications director at a victim services organization, described a similar sentiment, stating that women with IDD are “trained from childhood to be accommodating, both because they’re female and because they’re disabled.” Kacey’s point highlights the need to address intersectional vulnerabilities in violence prevention.

Another recurring theme was the lack of control women with IDD often have over who enters their lives due to their support needs. Many rely on formal or informal caregivers, family members, or service providers. As Grace explained, “There's just a much higher likelihood of people harming them, committing sexual violence, because they just have a lot more people in their life, and people don't always have a say if they're in their life or not.” Kacey described this dynamic as the “forced intimacy of support,” noting that “people are just going to touch you, and they're going to move you... without communicating with you.” These circumstances allow abusers easy access to vulnerable women who may be unable to protect themselves or communicate their discomfort.

Women with IDD are sometimes dependent on their abusers for basic care or housing. This includes caregivers or more informal support networks. Scarlett, a program advocate at a disability rights organization who has an intellectual disability, stated, “It's usually paid staff or someone in their immediate circle, who commits the sexual assault and abuse. Janice similarly explained, “Women might stay with somebody that's abusive to them, because maybe they take care of them.” This suggests that women with IDD often do not have a choice but to stay in unsafe environments because they have nowhere else to go that will safely meet their daily needs.

This structural vulnerability extends beyond practical dependence; it also shapes the emotional and relational dynamics for women with IDD. For many, the desire for connection, affection, or social belonging may lead them into unsafe or exploitative situations. Dr. P described how women with IDD may engage in risky behaviors to fit in or seek affection: “They may do things out of their comfort zone just to get the attention they're craving... I've had patients who have been either serially monogamous or in volatile relationships just because they

want someone to love them.” This pattern of seeking affection, even at the cost of personal safety, demonstrates how social isolation and exclusion place women with IDD at greater risk.

Women with IDD may also struggle with processing and articulating their experiences, making it difficult for them to seek help. According to Dr. P, “People with disabilities are at the highest rate of physical and sexual abuse because frequently they can't talk about it.” This aligns with broader research highlighting that women with disabilities experience sexual violence at rates nearly three times higher than their non-disabled counterparts (Disability Justice, 2014). Their heightened vulnerability is compounded by a strong desire for social inclusion, which can lead them to remain in dangerous situations. In cases of intimate partner violence, survivors with IDD may lack the social support to validate their experiences, further isolating them. As Dr. P pointed out, “Their panic or behaviors are often a consequence of undiagnosed trauma, making it even harder for them to seek help or be believed.”

These delays in recognition and reporting are not just psychological or social challenges—they have tangible legal consequences. Women with IDD often process trauma differently and may require more time to understand or articulate their abuse. However, current legal frameworks rarely accommodate this reality. In *Seaton v. Seaton* (1997), a survivor alleged abuse by her husband and sought an extension of the statute of limitations based on mental and emotional incapacity. The court, however, concluded she had not sufficiently proven that her condition met the legal standard of being "of unsound mind" under Tennessee law, effectively barring her claim. This case foreshadowed the courts' resistance to broad interpretations that could benefit disabled survivors. This strict standard places an undue burden on women with IDD, who may face immense cognitive and logistical barriers in recognizing and reporting abuse within rigid legal timelines. This case reveals a similar dynamic to my interviews: survivors are

often unable to identify abuse or may lack the communicative tools to explain it. The legal system's refusal to adapt to these realities creates a structural disadvantage for women with IDD.

Healthcare & Service Accessibility Barriers

Healthcare inaccessibility significantly hinders women with IDD from receiving the care they need, particularly after experiencing violence. A recurring issue among respondents was that many healthcare providers lack training in working with individuals with disabilities. As Dr. P pointed out, "Therapists don't always know how to do CBT for IDD... they just put up a wall and say, 'I can't do it,' without even trying." This lack of training results in significant gaps in trauma-informed mental health care for women with IDD. Many survivors with IDD, even when they are able to articulate their trauma, find that healthcare professionals dismiss their concerns or fail to provide appropriate accommodations.

Additionally, survivors encounter systemic and bureaucratic barriers to accessing services. Clare, a policy and advocacy manager at a gender-based violence organization, emphasized how "these benefits are really hard to access when you are a person without the barriers of having a disability," and it becomes almost impossible to navigate the bureaucratic complexity on one's own when also faced cognitive or communicative challenges. She added that "unless you are connected to an efficient, well organized nonprofit... you really need a social worker to help you navigate." These insights suggest that access to essential services is often structured around assumed competency and institutional literacy, such as the knowledge of what services are available or understanding of complicated timelines and application processes. This structurally excludes many disabled survivors from gaining services and care.

Another major barrier is the misconception of what constitutes "accessibility." Many service providers and organizations mistake basic physical modifications for comprehensive

accessibility, however this rarely meets the true needs of survivors with IDD. Mallory described how federal policies state that shelters should be accessible, “but we know a lot of building accessibility might not be programmatic accessibility.” This highlights how accessibility is often assumed rather than intentionally designed. Celeste echoed this, critiquing the performative nature of compliance with accessibility laws: “Shelters think that they are accessible, and what signals accessibility to them is a ramp, and that is not it. There is this hubris and lack of engagement with learning more about the world of disability.” This symbolic rather than substantive inclusion leads to inadequate trauma care and healing opportunities for women with IDD.

Communication barriers compounded with insufficient service provider training can also create significant harm and re-traumatization for survivors. Kacey explained how communication for disabled survivors can mean “any number of things”, and that “most places are not trained on how to interact with folks with IDD.” When communication challenges go unsupported, it can have dangerous consequences. She shared the story of a young non-speaking girl who communicates with her parents through ‘Bluey’ episodes: “If something were to happen to that little girl and she had to be interviewed by someone, they would not be able to understand or communicate with her.” Kacey further explained that this gap is compounded by a lack of patience and tools to support augmentative and alternative communication methods. This form of inaccessibility isolates disabled survivors, rendering them unable to express or process trauma. Accessibility also means being heard and understood.

Language and cognitive accessibility within healthcare settings also remain a major problem. Betty, a woman with IDD and survivor of institutional and interpersonal violence, shared, “Sometimes, a psychologist... they don't always put everything in plain language, and

then they expect you to answer questions... They use big words, medical terms.” This often results in confusion, insufficient treatment, or disengagement. Moreover, Betty noted that communication breakdowns and misunderstanding of behavioral cues can lead providers to rely on overmedication: “There's a lot of meltdowns because people are not listening to you... and what they always think that's cared for is medication, but it's not... people need to be loved and cared for.” Because of these barriers, providers may gloss over comprehensive support and stability, in favor of temporary, often insufficient, solutions that fail to address the root of trauma.

Medical procedures, especially gynecological exams, pose additional barriers due to physical inaccessibility and lack of provider sensitivity. Some women with mobility impairments struggle to access basic medical care because facilities do not have adjustable tables or appropriate support. “We sometimes need two people to hold someone’s legs during a pelvic exam,” Dr. P explained, underscoring the extreme difficulty many women with developmental disabilities face in accessing routine care, let alone specialized care following sexual violence.

Beyond physical accessibility for women with developmental disabilities, another major issue is insurance barriers. Many women with IDD rely on Medicaid, which limits their options for healthcare providers. As Dr. P elaborated, “Not every place takes Medicaid... unless you're on a parent’s private insurance as a disabled dependent, access to healthcare is significantly limited.” This creates a two-tiered system in which those with private insurance have broader access to services, while those on Medicaid, which is often the case for disabled women, face restrictions that can delay or entirely prevent care. The difficulty in navigating Medicaid further exacerbates these barriers, as many women with IDD may require a caregiver or advocate to assist them in securing healthcare coverage and services.

Furthermore, the process of obtaining medical care itself can be traumatizing. Dr. P detailed the difficulties women with IDD face when seeking care for sexual violence: "If someone came in for a SANE exam [a certified sexual assault exam] with a sexual assault nurse, they'd have to be coordinated with law enforcement and sedation would have to be planned... but many providers aren't prepared for those complexities." These logistical barriers mean that many women with IDD may not receive the medical attention they need after experiencing violence. This failure to provide timely and accessible care only compounds the trauma of survivors, leaving them with limited pathways for healing.

Legal System Barriers

Despite legal protections under VAWA, women with IDD face significant obstacles within the legal system. A core theme that emerged across interviews was the widespread disbelief and dismissal of survivors with IDD in courtrooms. As Janice explained, "Most people with IDD and autism aren't considered credible witnesses. District attorneys only prosecute about 10% of these cases." This prosecutorial hesitancy is rooted in stereotypes that individuals with IDD are unreliable or unstable, especially when they struggle with memory recall or communicating a consistent narrative, exacerbated by traumatic experiences. This systemic misunderstanding leads to instances where survivors with IDD are unable to gain justice, as their trauma symptoms or disabilities are misinterpreted in legal systems as incompetence. Kacey echoed this point, saying, "People who communicate in a way that is atypical... are considered unreliable witnesses." This means that their experiences, their evidence, and ultimately, their lives and well-being are often cast aside. These insights together expose a major flaw in the system: the legal credibility of survivors is often evaluated based on their ability to align with

normative standards of communication and behavior, thereby excluding many women with IDD from legal protection.

This credibility bias is compounded by a variety of accessibility failures in legal procedures. Participants explained this from both a logistical and statistical perspective. Janice discussed that practical barriers can be just as harmful as legal biases, stating, “You have to actually be able to go and get [a protection order]... if you can't get somewhere by yourself... how are you going to do these things?” This illustrates that design flaws in legal processes create structurally enabled inaccessibility for disabled survivors. Grace underscored the systemic consequences of these gaps, noting, “Someone with an intellectual disability... less than 1% are experiencing any form of justice in the criminal legal system or consequences for the person that harmed them.” This alarming statistic suggests that these accessibility failures are endemic, not isolated incidents. This reveals systemic failures of investigation and prosecution of abuse of people with IDD.

Beyond inaccessibility and disbelief in the legal system, several interviewees also pointed out its active role in causing further harm to survivors with IDD. Clare highlighted how guardianship structures can be weaponized to subvert survivors' rights, pointing out, “People's legal authority and competency is undermined by conservatorships... Somebody can really use the legal system to strip you of your rights.” This speaks to the broader problem of legal structures pushing control rather than protection. Similarly, Janice discussed how expectations around testimony retraumatize survivors, noting that “the person has a harder time constructing their story... they're probably already mistrustful of the legal system... and they're being told to come in front of a judge and craft their perfect story.” This demand for clarity and linearity in

legal settings often silences or penalizes survivors whose trauma expression doesn't meet those expectations. Mallory powerfully articulated the emotional toll of the process, expressing:

The legal system and the criminal justice system are inherently traumatic, and what they require a survivor to do, to participate, in terms of reliving their experience, the time commitment, the effort, the energy, the ways that they are interacting with all these different people.

The demanding legal system requires extreme mental and emotional labor which makes the system itself a site of further trauma. For many women with IDD, even starting the process can feel insurmountable.

Finally, narrow legal definitions and thresholds for protection often exclude the kinds of violence most commonly faced by people with IDD. Leslie explained, "We provide a very narrow conception of justice that doesn't work for a lot of people." Mallory provides a specific example about protective orders: "The threshold is pretty high... Particularly with individuals with disabilities, there is a lot more emotional abuse, financial abuse, technological abuse, and those things are very hard to secure protective orders for." Many legal statutes pertaining to VAWA still hinge on "imminent bodily injury," however the violence that women with IDD experience is much more complex than this due to the compounded vulnerabilities outlined previously. They often face chronic and multifaceted harm that the law does not recognize.

All of these insights taken together demonstrate that the legal system, from courtroom bias to statutory definitions, fails to adequately serve women with IDD. Further, it actively reproduces the trauma and exclusion that it must protect these survivors against. This necessitates not only legal reform but a fundamental reframing of how justice is conceptualized and made truly accessible.

Institutional & Government Neglect / Structural Oppression

Government inaction and neglect play a major role in exacerbating the vulnerabilities of women with IDD. As Scarlett succinctly framed it, “Oftentimes when we're victimized, it's usually two fold, we're victimized by the perpetrator and the government.” This dual victimization, by both interpersonal and structural forces, was echoed by many interviewees and offers a powerful lens through which to view the failures of state systems. The consequences of government neglect are far-reaching, including leaving women in prolonged abusive situations, dangerous environments, or without support altogether. Dr. P highlighted the inadequacy of housing and care infrastructures, recalling situations where “disabled 50 and 60 year olds are living with elderly, 80 year old parents, who are barely... taking care of their own health.” She believes that this shows one way in which the state is neglectful. Clare added a broader state critique: “Homeless shelters are more dangerous than prisons and jails... that is our government's work. That is at the end of the day how our government responds to these issues.” These insights underscore how the government not only fails to provide adequate pathways to safety, leaving women with IDD trapped in abusive or unstable situations, but often actively places survivors in harmful environments by default.

The legal framework in which these failures occur is also extremely revealing of the state's neglect. Clare pointed to a fundamental principle on which the U.S. government operates, explaining, “It is constitutional case law that the states do not have an affirmative duty to take basic care of their citizens.” This speaks to a system where the state is not just complicit in neglect, but rather it has neglect built into its legal infrastructure. This reflects a state philosophy of non-intervention and inaction, even in cases of imminent harm. This notion played out in multiple interviewees' experiences. Scarlett shared the story of a young woman, a survivor with

IDD, she had worked with who was turned away from services due to inaccessibility. The state claimed they had “nowhere to put her because of her disability.” The government told her to “go back to where she was being abused until [they] could figure this out.” Scarlett emphasized how this response from the state is “very common to people with disabilities,” and how this response is “a level of victimization all over again.” This re-traumatization of sending survivors back into abusive situations because the state lacks accessible alternatives exemplifies how state systems designed to protect people frequently perpetuate violence.

Institutional neglect is especially prevalent in contexts such as housing, group facilities, and caregiver arrangements. One of the starkest legal illustrations of this is again found in *Canty-Massey v. Vantage Management, Inc.* (2024), where the property manager’s refusal to intervene left the disabled survivor trapped in a hostile environment. VAWA, despite offering some housing protections, did not require the landlord to transfer her or provide alternative accommodations. This mirrors the experiences of women with IDD shared in this study—where institutional actors, from caseworkers to housing providers, are often unresponsive or dismissive. The Canty-Massey case underscores how institutional inaction is rarely met with legal consequences, even when survivors are clearly at risk. As such, institutional neglect becomes not just a bureaucratic issue, but a legally sanctioned one.

State neglect often results in institutionalization for women with IDD, which has jarring implications. Betty recounted her experience of sexual, physical, and emotional abuse at an institution throughout her childhood, saying, “I was actually assaulted at the school I was at. The institution. I was sleeping one night, and somebody came in and sexually assaulted me and told me, if I said anything, they'd kill me... I was sexually assaulted when I was under eight years old.” She also described being silenced, punished, and told she would never amount to anything.

“When I was discharged, they told me you are not going to amount to anything. You will have to live in a group home for the rest of your life. And work in a shelter workshop.” This additional layer of emotional abuse and manipulation shows how state institutions for disabled individuals can have profoundly harmful impacts in many aspects of their lives. These spaces operate like prisons. Betty recalled, “I had to go to bed at seven o'clock at night to get up at four... and then get hit.” Betty’s reflections reveal how institutions not only actively commit violence but enforce rigid control that strips residents of dignity and autonomy, leaving them with lifelong trauma and mistrust. As Grace aptly stated, “When we put people in institutions and groups homes and forget about them, that is all they'll ever be, because you aren't giving them an opportunity to be more.” These carceral spaces restrict growth, safety, and future outcomes for women with IDD.

Even potentially well-intentioned state policies can actually be methods of structural oppression and reinforce harmful dynamics. Mandatory reporting requirements, for instance, often result in increased fear and surveillance rather than support. Grace explained:

Mandatory reporters are required to speak to adult protective services if they suspect abuse or learn of abuse... and a lot of people with disabilities that are abused, tell us that it stops them from talking about it, because they don't then have any control about where the information goes, who it goes to, or what gets done with it. And so they keep it to themselves and they don't disclose.

The fear of losing control over one’s life, of being institutionalized or punished rather than supported, becomes a silencing force that renders many disabled survivors powerless. Celeste described the stark consequences of the mandatory reporting system: “People who are living independently are often abducted from their lives and put into institutions... increasing the risk of person-to-person violence and sexual violence immensely, and then people are stuck there.” This ultimately dissuades disabled survivors from reporting violence, and Celeste notes that “the percent of people who report is really low.”

Beyond policy failures, interviewees critiqued the very systems meant to protect against harm as being rooted in patriarchal and ableist assumptions. Janice posited that “people just think they can do whatever they want and get away with it because [the state’s] basically telling people that right now.” This lack of accountability or protective enforcement by state actors exacerbates the sense of impunity that abusers of disabled individuals often exploit.

Caregiver abuse, particularly by state-appointed direct service professionals, was another recurring theme mentioned by participants. Janice referenced 2022 data from Pennsylvania: “Over 16,000 cases [of caregiver abuse]... Over 8000 of those cases were founded... and we also know that abuse, neglect, exploitation and abandonment is underreported.” Survivors are often too afraid to report abuse from state-appointed caregivers due to fear of retaliation or loss of vital services. Betty added nuance to the discussion of caregivers, sharing that one guardian helped her escape institutional abuse, saying, “I had to get a legal guardian. She was great. And she said, Well, I’m getting you out of here. And she did.” However, she also noted that other caregivers had caused her and some of her friends harm, saying it “depends on the guardian.” This shows that caregiving relationships can be extremely helpful to women with IDD, but they can also inflict violence. This suggests that a reform to the caregiving system is needed to ensure that disabled individuals’ needs are met, while simultaneously protecting them from abuses of the system.

Celeste underscored a pattern of horrifying state-sanctioned abuses: forced sterilization. She related that “Women are told that they’re going into surgery for, like, a kidney thing, and they are actually sterilized, their uteruses are removed so that they cannot have families... It happens routinely. Many of the women who are my age in my life, that happened to them.” This

coercion and reproductive violence strips women with IDD of one of the most precious decisions of their lives, and is one of the most blatant examples of state-sponsored abuse.

These examples demonstrate that the state systems tasked with caregiving and protection—group homes, shelters, state-appointed guardians, adult protective services—often produce harm by design, complicity, or neglect. Violence against women with IDD is not simply the result of interpersonal violence; it is embedded in state infrastructures that are ill-equipped, underfunded, and founded on discriminatory assumptions. To truly protect these women, reforms must address not only gaps in service provision but also the state ideologies and protocols that legitimize abandonment, violence, and control.

Carceral System / Criminalization & Law Enforcement's Role

VAWA's heavy reliance on law enforcement funding exacerbates harm for survivors, particularly those with IDD. Sarita pointed out that "states receiving VAWA funds must allocate 55% of them to law enforcement and courts," leaving little room for survivor-centered services. This means that the majority of resources are funneled into policing and prosecution rather than community-based support. Leslie declared that this overfunding of carceral institutions "helps nothing" and that it is "not preventative." This underscores the urgent need to rebalance funding priorities away from punishment and toward prevention, healing, and survivor autonomy.

As Leslie explained, this structure not only restricts funding flexibility but embeds law enforcement in all grant programs, even those geared toward marginalized populations who historically have poor experiences with law enforcement. She notes that the grant programs are "great," however "they all require law enforcement to be a part of it." The result is a narrowed, and often retraumatizing, scope of response.

Interviews also revealed that criminalization is not a one-size-fits-all solution—many survivors reject or avoid law enforcement. Mallory emphasized how the data on law enforcement’s role goes both ways, stating, “There is an overwhelming amount of survivors who do not want to interact with law enforcement at all... and some survivors who found it very helpful, particularly in cases of stalking. It really depends on what a survivor wants.” Sarita agreed, stating, “Some survivors want their abusers to go to jail. They need to go to court. They need to call 911. That is true.” Meanwhile, Scarlett pushed for systemic alternatives, explaining:

Clearly the criminalization is not working, or people with disabilities wouldn't be victimized, unreported and unprosecuted at such a high rate. I'm not saying that it's not necessary. It does need to be a piece of it, absolutely. But I do think there need to be some alternative systems and procedures in place and some strategies in place because people with disabilities are in such a unique situation.

Her insight speaks to the urgent need for justice models that reflect the realities of disabled survivors' lives, where state involvement often leads to increased surveillance, retraumatization, or institutionalization rather than safety or accountability. The fact that she does not dismiss the utility of carceral responses altogether, but rather calls for them to be one part of a broader toolkit, reflects a nuanced demand for structural transformation and diversity of options for survivors.

Betty, reflecting on her own experience as a survivor, offered a different perspective in favor of harsher criminalization measures for abusers. She stated, “You do that, and you sit the rest of your life, everything should be taken away from you... I have no mercy or pity for them.” Her stance reflects that some survivors, especially those who have endured extreme trauma, believe criminal consequences are necessary. These conflicting views reveal the complexity of survivors’ needs and desires, and underscore the importance of policies accommodating multiple pathways to justice, including both carceral and restorative practices.

The consequences of the carceral model, however, extend beyond ineffectiveness. Leslie directly critiqued the carceral approach ingrained in VAWA, declaring, “Criminalization of intimate partner violence is not serving women at all, it doesn't deter intimate partner violence, it exacerbates the correlates of violence, and it's leading to the criminalization of women.” Celeste added that law enforcement often misreads trauma-related and disability-related behaviors that look “different,” saying:

Law enforcement will criminalize people who do not communicate in a way that is understandable... They can assume that the person that they're coming across who is experiencing trauma is maybe drunk or on drugs... For example, for a person with cerebral palsy, movement can look a little different sometimes, and law enforcement make assumptions, and then it could end up sending people to jail.

Such misinterpretations, driven by lack of training and implicit bias, place disabled survivors in danger of being misidentified as offenders and facilitate further harm.

Further still, law enforcement not only fails to protect but can perpetrate abuse against disabled survivors. Celeste provided examples of verbal abuse: “Law enforcement talk to survivors in horrendous ways. I've heard ‘you're seeking attention.’ I've heard ‘there's no way he could have raped you, because you're smarter than him.’” This dynamic between law enforcement and women with IDD show that law enforcement are not only unresponsive, but also complicit in the perpetuation of trauma. This underscores how VAWA's alignment with law enforcement is often problematic.

The lack of disability training among law enforcement is another critical barrier. Grace recounted an officer in Texas who assessed intellectual disability by asking ‘how many dimes are in a dollar.’ She mentioned another case, in which a Florida officer, recognized as a leader in his field, used a video of officers mishandling a disabled survivor's augmentative and alternative communication (AAC) device as a ‘training tool,’ removing the device from the survivor's hands

while talking over her. This message, that no one can communicate with a disabled survivor, has incredibly harmful implications for law enforcement's continued engagement with these survivors. These examples highlight that law enforcement's ignorance about disability is not just a training issue, it's a structural issue. When law enforcement is the primary access point to protection, and yet remains unequipped to engage with disabled survivors, those survivors are effectively excluded from justice.

Together, these insights show that the carceral system, and law enforcement's role in it, often reinforces harm for survivors with IDD, even though they are framed as protective. A more just response would prioritize flexible options, community-centered services, and accountability models that are inclusive and trauma-informed, while bolstering and enforcing sensitive law enforcement responses for those who want it.

Policy Gaps & Recommendations for Reform

The findings of this study highlight critical gaps in VAWA's protections for women with IDD. Interviewees across sectors, including survivors, advocates, legal scholars, and service providers, repeatedly emphasized that VAWA often falls short of meeting the needs of women with IDD because its policies are generally designed around a narrow image of the survivor. These policies frequently assume a degree of legal literacy, communicative clarity, and systemic navigation that excludes individuals who are at the intersection of disability and gender-based violence. Many of the state's failures are not simply oversights; they reflect the state's broader abdication of responsibility. Clare explained, "The government isn't being punished for its violence, and without addressing government violence, we're never going to get rid of interpersonal violence." Her insight draws a clear link between institutional neglect and lack of accountability to interpersonal violence and the continued vulnerability of disabled survivors.

Several interviewees critiqued how VAWA and related policies often prioritize emergency response over long-term care and prevention. Clare noted, “Our policies are focused towards crisis response... In scope, that's awfully narrow.” This suggests we should rethink current prevention models. Similarly, she noted that “[the state] is requiring people to step forward and come to the door. They’re going to miss people who they’re intending to serve.” These comments suggest the reactive system that places the burden of disclosure and navigation on survivors, despite their trauma, is inherently flawed. This system is especially harmful for women with IDD as they may face communication or mobility challenges or they may not recognize abuse due to lack of education or past institutional trauma.

The VAWA framework often fails to provide adequate support outside of the legal system. Mallory highlighted the need for “options to be survivor-driven,” stating that “There needs to be no automatic entanglement with the legal system if they do not want.” This call to decenter the criminal legal system resonates with Sarita’s framing of survivor-centered advocacy as “rooted in intersectional feminism.” Together, these insights push for a radical shift in how safety, support, and justice are conceptualized.

Some interviewees suggested that the answer is not necessarily more funding, but smarter investment of funding. Grace, who helped lead a 10-year project to help the sexual violence prevention field find out what organizations need to strengthen national sexual assault services, found, “It wasn't money. It was training.” Training providers in the various forms of accessibility, in disability-specific communication methods, and in trauma-informed care, was repeatedly mentioned as a key reform priority. Leslie urged policymakers to redirect funding from law enforcement towards neglect prevention, economic support for survivors, community accountability mechanisms, as well as broader transformative justice frameworks. Sarita

discussed additional creative funding streams, moving away from “state-funded and state-based options, so that there are no strings attached in the same way,” such as “grassroots options and mutual aid and reproductive justice circles.”

Legal reform was another priority. Celeste highlighted a major policy gap that hinders effective support: “There's no mechanism for legal enforcement. And so if there were, perhaps shelters would be more accessible.” Without enforceability, even strong statutes or protocols risk becoming symbolic rather than transformative. MD also recommended stronger investment in civil legal services, suggesting that policies shift away from carceral investment and instead build out community-based supports.

Ultimately, these insights converge around the theme that truly inclusive and effective gender-violence policies for women with IDD must challenge the foundational assumptions of the systems we rely on. Sarita addresses these harmful assumptions, stating, “General patriarchal worldviews shape then patriarchal laws shape patriarchal policies.” Justice for survivors, particularly disabled survivors, cannot be separated from the conditions in which they exist. The interviews make it clear that a fundamental reimagining of care, justice, and survivor support is necessary for a future that is just for women with IDD and all survivors.

Conclusion & Policy Recommendations

This thesis set out to examine the unique vulnerabilities of women with IDD to both interpersonal and state violence, and the extent to which VAWA addresses, or fails to address, those needs. Through qualitative interviews and legal analysis, I found that survivors with IDD are often rendered invisible in policy frameworks, experience persistent structural and interpersonal violence, and are failed by systems that were not designed for their needs. These women are routinely excluded from VAWA’s protections and retraumatized by institutions that

claim to support them. While VAWA has made important strides in addressing gender-based violence, federally, through funding, housing protections, and intersectional expansions, its provisions fall short in protecting women with IDD. These gaps stem from a lack of accessibility, rigid legal procedures, underinvestment in disability-specific services, and a carceral approach that often inflicts further harm rather than providing protection.

At the core of these findings is a recognition that violence against women with IDD is not solely the result of individual actors but is also deeply embedded in systems that marginalize, criminalize, and neglect disabled survivors. State systems, whether courts, institutions, healthcare providers, housing authorities, or guardianship systems, frequently function as sites of further trauma and abuse. For these reasons, this thesis calls for centering disability and all its nuances, along with survivor autonomy, in all aspects of policy development, service provision, and institutional design. It also calls for a reframing of the broader discussion around disability.

This research provides an opportunity to reimagine gender-based violence responses in ways that benefit everyone. It is crucial to emphasize priorities for the most marginalized communities because, when we design policies that serve those who face the steepest barriers and highest vulnerability, we create systems that are more effective, compassionate, and comprehensive for all survivors.

Below, I offer policy recommendations grounded in collective discussion and my research insights from disabled survivors, scholars, advocates, and service providers. These proposals are not only about reforming VAWA but about reshaping the broader landscape of disability and violence policy to uphold dignity, autonomy, and access. The following policy recommendations are grouped into four key categories: (1) Reframing and Expanding Access and Autonomy, (2) Rethinking Safety and Legal Protections, (3) Survivor Education and

Empowerment, and (4) Building Structural Support through Cross-Sector Collaboration. The following recommendations are a compilation of suggestions and demands that interview participants shared with me, and I attempt to delineate them in a manner that is clear and actionable for policymakers moving forward.

Reframing and Expanding Access and Autonomy

The first recommendation, and arguably the most important takeaway, is that the state must center disabled people in every stage of policy and service design, as well as in implementation, as they have the most authentic understanding of the challenges they face. Disability justice begins with “Nothing about us without us,” as Scarlett succinctly put it. Their lived experiences, perspectives, and expertise are critical for creating policies that actually work. This bottom-up policy structure involves hiring disabled people into leadership roles in policymaking spaces and in victim services, consulting with disability justice organizations, building feedback loops between policy implementation and disabled communities. VAWA-funded programs and protocols should include inclusivity committees that consist of individuals from various marginalized groups, including women with IDD, to evaluate these provisions in practice.

We must also expand how we define and implement ‘accessibility’ as a society. As participants mentioned, accessibility extends far beyond simply installing ramps and basic physical accommodations in facilities, and it should account for cognitive, linguistic, and relational dimensions of access. This includes addressing attitudinal accessibility, which entails making survivors with IDD feel welcomed, by increasing training and constant dialogue to promote an inclusive mindset among staff (Office for Victims of Crime, 2012). This also includes addressing programmatic accessibility, which means critically analyzing how policies

and practices can inadvertently keep people with disabilities from receiving services (Office for Victims of Crime, 2012). The Office for Victims of Crime set a great example, that should be scaled federally, through lowering the reading level on all vital public tools/resources from a college level to an elementary school level in order to assist the widest range of victims possible. Policies should mandate plain-language materials in legal and service settings and standardize inclusive practices like speaking slowly, using open-ended questions, and providing information in multiple formats such as audio and visual versions. This also includes continually training victim services staff to properly interact with people who communicate differently, such as through AAC devices or methods of signing. Training must include interaction with disabled survivors and trauma-informed practices. To enforce this, VAWA should fund accessibility audits in domestic violence shelters, courts, law enforcement agencies, and hospitals, to ensure there are consequences for noncompliance. The audits should also enforce annual renewal of training to ensure that disabled survivors are always receiving the most supportive and applicable forms of care. Lastly, guardianship laws should be altered to allow for alternatives such as supported decision-making frameworks that protect both autonomy and safety.

Rethinking Safety and Legal Protection

This recommendation involves reducing the system's overreliance on carceral responses to violence. This includes developing and funding community-based alternatives like restorative and transformative justice models, especially for survivors who distrust or are harmed by law enforcement. These should be implemented in partnership with disabled survivors and grassroots organizations.

Rethinking legal protections involves strengthening the civil legal aid infrastructure to ensure that survivors with IDD can access vital supports such as housing, public benefits, and

protective orders, without being forced to navigate the criminal legal system. Additionally, due to the complexity of legal processes, there should be more specialized legal resources for survivors with IDD, such as advocates or attorneys trained to understand the intersection of gender, disability, and violence. Appointed advocates or peer navigators could guide survivors through the entire process of gaining legal protection from a trauma-informed lens. This would help ensure that survivors' claims, even if they are complex or difficult to articulate, are not dismissed as "vague" or "inconclusive."

Survivor Education and Empowerment

A critical step toward reducing vulnerability and supporting healing for women with IDD is equipping them with accessible, actionable knowledge about their rights and safety. Survivor education, and general sexual education for individuals with IDD, must be designed with accessibility at the forefront, employing multiple formats, such as visuals, plain language, social stories, role playing, and peer-led storytelling, ensure comprehension across a wide range of communication styles and cognitive abilities. These tools not only help survivors process their experiences but also build autonomy and capacity. Programs must be designed by and for people with disabilities, centering trust-building, agency, and their lived experiences. This also involves practicing expressing and advocating for their desires, as this thesis has shown the dire consequences of forced compliance. Peer-led initiatives in particular can create safer, more affirming spaces for survivors to learn about consent, boundaries, and self-advocacy. Education should not rely on institutions or formal services as points of outreach. Instead, community-centered strategies must be prioritized to ensure that isolated or underserved survivors, especially those not already engaged with disability or victim services, are reached. This would require some of VAWA's disability grant funds to be reallocated to bolstering sexual

and healthy relationship education for disabled individuals as a preventative measure. Without robust education, women with IDD may remain unaware of abuse, lack the language to report it, and remain excluded from both protections and pathways to healing, or remain in unsafe situations.

Building Structural Support through Cross-Sector Collaboration

For women with IDD, navigating the fragmented landscape of legal, medical, housing, and social services is often a barrier itself. Ensuring long-term structural support requires sustained investment in cross-sector collaboration. The state would have to allocate specific funding for consistent case managers who are well-trained in disability and trauma-informed care, such as individuals with lived experience, or individuals in the disability and/or gender violence advocacy space. The process of moving between uncoordinated services without assistance is overwhelming, especially for disabled survivors. Thus, inter-agency protocols should be formalized within VAWA to reduce miscommunication and bureaucratic complexity.

Participants also identified the need to stabilize and protect VAWA funding in the long-term by including automatic reauthorization and emergency safeguards that preserve essential services during periods of political instability. VAWA should be amended to have reauthorization written into the legislation itself.

Lastly, the concept of safety must go beyond just crisis response, it must include investment in long-term stability and material security. Cross-sector collaboration is crucial for this goal of accessing safety to be realized, including expanding access to accessible, affordable housing, mental health services, and job training. Multi-system frameworks can support long-term stability and recognize the layered needs of disabled survivors.

Addressing violence against women with IDD requires acknowledging institutional complicity, expanding what counts as justice, and placing autonomy and access at the core of survivor support. While further research is needed to assess the impact of these reforms, this thesis makes clear that we cannot address gender-based violence without including disability, and we cannot support survivors if we do not believe, accommodate, and empower them first.

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Appendix 1: Interview Guide 1

Sample Interview Guide: Interview with an Expert/Non-profit leader

Hi! Thank you so much for taking the time to meet with me today and answer some questions. As I mentioned in my email, my research focuses on exploring protections for disabled survivors of violence, particularly in examining how VAWA addresses or falls short in this area. Real quick before we get started, I just wanted to remind you that you do not have to answer any questions you don't want to, and I won't use your name, any other name, or any other identifying phrases that you may mention in my project. The purpose of this interview is just for me to learn more about you and your experiences. Do you have any questions for me? Is it alright if I record this interview?

To start, can you tell me a bit about your background and your involvement with [gender-based violence work/disability advocacy]?

How long have you been working in this area, and what led you to focus on these specific issues?

[Probes: could be personal or professional motivations]

What unique challenges have you observed for women or gender non-conforming individuals with disabilities?

[Probes: could be on a day-to-day basis or more broadly]

Follow up: Any specific challenges in accessing or experiencing public resources? [Healthcare system, other public institutions, government agencies]

Any specific challenges in interpersonal relationships? (getting into issues with caregivers, family, community, IPV)

In your view, what are the most significant obstacles or gaps in protection for disabled women survivors of violence in the U.S.?

Do these challenges stem more from specific agencies, societal attitudes, or legal frameworks like VAWA, or something else entirely?

To what extent do you believe that government or institutional systems contribute to the challenges disabled survivors face, especially regarding domestic or state violence?

How do you feel like the disabled community experiences institutional violence differently than non-disabled survivors?

[Probes: What is the state's role in remedying this moving forward?]

Currently, VAWA addresses domestic abuse but may not fully acknowledge institutional violence or unique needs of disabled survivors. How effectively do you feel VAWA serves disabled women?

[Probes: How does this population interact with the act (benefit or not)?]

What gaps do you see in VAWA's language, application, or enforcement that could affect disabled survivors' protections?

Considering the existing gaps, what changes to VAWA would you recommend to better protect disabled women from both domestic and state violence?

Would a reauthorization of VAWA be sufficient, or do you think alternative approaches are necessary to adequately address the vulnerabilities of disabled survivors?

{{For people who have been in the space for many years}}

Based on your experiences advocating for disability and gender justice, have you observed any changes in how protections for disabled survivors are added, implemented or enforced over time?

[Potential follow-up: What role has VAWA played in these changes, if any?]

Anything else: Thank you so much for all of this information. I really appreciate your time. Is there anything else you want to share with me that might be useful for me to know when thinking about improving protections for disabled survivors of violence, either through VAWA or alternative pathways?

[Probe: any other issues or solutions]

Appendix 2: Interview Guide 2

Sample Interview Guide: Interview with a Survivor of Violence

Hello! Thank you so much for taking the time to meet with me today. My name is Nitya, and I am doing research to understand the experiences of women with intellectual and developmental disabilities who have faced violence, either in their personal lives or from systems like government agencies. This is to learn how we can improve policies like the Violence Against Women Act (VAWA) to better protect and support women with disabilities.

Real quick before we get started, I just wanted to remind you that you do not have to answer any questions you don't want to. Everything you share will be kept private. Your name and any details that could identify you will not be included in my research. You can ask for a break, stop the interview, or choose not to continue at any time, and that's absolutely okay.

The purpose of this interview is just for me to learn more about you and your experiences. Do you have any questions for me?

As I mentioned in the consent flyer, I would like to record the interview to turn it into a transcript. This transcript will be protected with a password and will be deleted after the research study is complete. Is it alright if I record this interview? If not, I'll just take notes instead.

Ok, I have begun recording now. Any last questions or concerns before we begin?

Can you tell me a little bit about yourself?

[Probes: your interests, hobbies, or anything you feel comfortable sharing.]

How would you describe your day-to-day life? What does a typical day look like for you?

Have you ever experienced someone treating you unfairly or hurting you? This could be at home, in a relationship, or even by someone working for the government or in a service you've used.

You may use as much or as little detail as you are comfortable with.

[Probes: Do you feel that it was because of or connected to your disability status?]

Depending on comfort level: How did this make you feel?

Do you feel like the places you go to for help (like shelters, hospitals, or government offices) understand the needs of women with disabilities?

[Probes: Why or why not?]

When you've needed help in the past, did you find it easy to get support?

[Probes: What challenges did you face?]

[Examples: physical barriers, people not believing you, difficulty expressing your situation, lack of sensitivity]

Have you ever tried to use laws like the Violence Against Women Act (VAWA) or similar programs?

[Probes: If so, how did that go? If not, why not?]

Sometimes, people experience harm from systems like government agencies, the police, public housing programs, healthcare centers, or schools. Have you ever had an experience like this? Would you feel comfortable sharing?

Do you/did you trust the government to support you in these situations?

In your opinion, what could be done to make government services and programs safer and more supportive for women with disabilities?

What do you wish to see changed in laws like VAWA to better protect and support women with IDD?

Are there other kinds of support or services you think would have helped you when you needed them?

[Probes: community-based programs or services?]

Is there anything else you'd like to share about your experiences or ideas that might help create more fair and equal protections for women with disabilities who experience violence?

Thank you so much for sharing your thoughts and experiences with me today. Your insight is so important, and I really appreciate you taking the time to help with this research. If you have any questions later or think of something you'd like to add, feel free to contact me. Also, here is a list of resources if you'd like support or information after this interview.