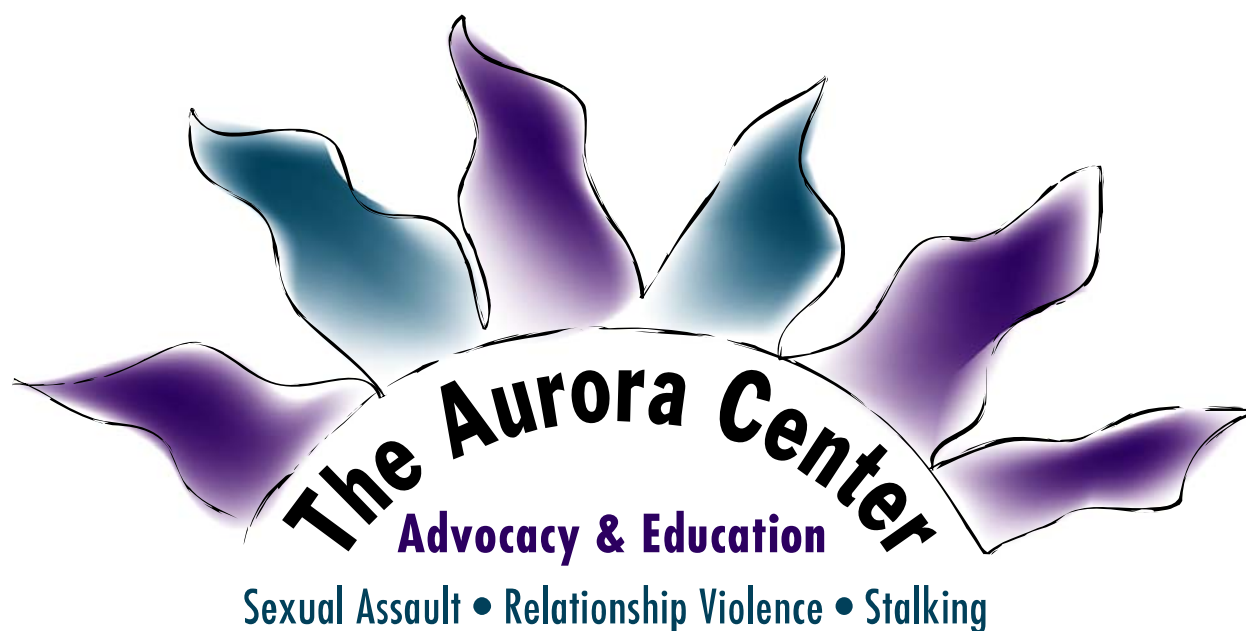


# Violence Against Women with Disabilities

## *Info Packet*



**The Aurora Center for Advocacy & Education**  
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UNIVERSITY OF MINNESOTA  
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## 24hr Crisis Line: (612) 626-9111

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Dear Reader,

This information packet was created for several reasons: First, we hope and believe that information and education will help survivors to reach a healthy recovery. Second, we hope that people concerned about a survivor can learn to be an excellent support person by understanding more about the issue affecting their loved one. And finally, we believe the information can be helpful to those reading it for educational purposes because it deals with an issue that is important to them.

If you are a survivor of violence, you may find some comfort in the following pages. You may also read some things that are upsetting. Please remember that The Aurora Center crisis line is operational 24 hours a day, 365 days a year: 612-626-9111.

All of the statistics and facts in this packet are followed by their source. The information in this packet is updated on an annual basis, but please confirm any information contained herein if you are concerned about its source or its accuracy. This packet was created for informational purposes only and should not be taken as legal advice.

Readers will notice that the female pronoun “she” is used to refer to the survivor of violence in the following pages. This usage is reflective of statistics and our practice which have shown that on a college campus, the survivors of sexual assault, relationship violence and stalking are overwhelmingly female. We have therefore chosen to avoid the cumbersome use of he/she, him/her, and his/hers. This does not mean that males are not victimized by these crimes, they are, but not in nearly the numbers that females are. Please note that we have devoted some sections of various information packets entirely to male survivors and we welcome male survivors to access our services.

Readers will also notice that we limit our use of the word “victim” when talking about a survivor. It is important for survivors to feel empowered and in control of their lives; labeling a survivor as a victim may cause a survivor to feel disempowered, and helpless. The term survivor implies that a person has lived through something traumatic by their own inner strength and endurance.

We hope that all readers of this information packet find it helpful and we welcome comments on its content sent to: [aurora.center@umn.edu](mailto:aurora.center@umn.edu).

Sincerely,  
The Aurora Center



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## PEOPLE WITH DISABILITIES: GENERAL STATISTICS

Certain statistics can be misleading or even appear to be conflicting. Statistics should always be taken in the context of the study from which they come; for that reason, The Aurora Center includes sources for all its statistics so that those who wish further information can locate the source of the statistic.

Between 15-20% of people in the United States live with some level of disability; about 12% of Americans live with a severe level of disability. *Disability Statistics Center, University of California San Francisco* ([dsc.ucsf.edu](http://dsc.ucsf.edu))

According to 1994 National Health Interview data, an estimated 7.4 million people in the U.S. rely on devices to compensate for mobility impairments: 4.8 million use canes, 1.8 million use walkers, 1.6 million use wheelchairs. *Disability Statistics Center, University of California San Francisco* ([dsc.ucsf.edu](http://dsc.ucsf.edu))

It was estimated that 15.4 percent of U.S. women have a disability and are living in the community. It was also reported that women with disabilities reported more activity limitations and were more likely to need assistance with instrumental activities of daily living than were men with disabilities. *LaPlante and Carlson, 1996* (*Violence Against Women*, April 2001)

Women with disabilities are more likely to live in low-income neighborhoods with higher rates of crime, which further increases their vulnerability to victimization. *Nosek, et al., 1997* (*Violence Against Women*, April 2001)

Of those needing assistance with activities of daily living, 61.3 percent are women. *Kennedy and LaPlante, 1997* ([dsc.ucsf.edu](http://dsc.ucsf.edu))

Based on the 1994 National Health Interview Survey data, of all school-age children in the United States, 650,000 (1.3%) are limited in mobility, 470,000 (0.9%) have a self-care limitation, 2,743,000 (5.5%) have a communication limitation, and 5,237,000 (10.6%) have a limitation in learning ability. Overall, 6,075,000 school-age children in the U.S. (12.3%) have some type of functional limitation. *Hogan, et. al., 1997* ([dsc.ucsf.edu](http://dsc.ucsf.edu))

Approximately 2.4 million children have a learning disability. *Kaye and Longmore, 1997* ([dsc.ucsf.edu](http://dsc.ucsf.edu))

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## DEFINITIONS RELATED TO PEOPLE WITH DISABILITIES

**Ableism:** Discrimination based on whether or not a person has a disability and/or the attitudes and conditions associated with this type of discrimination.

**Acquired disability:** A disability acquired due to an accident, violence, or other trauma.

**ADA:** The Americans with Disabilities Act, signed into law in 1990. See handout in this packet.

**Caretaker abuse:** Abuse that occurs between a person with a disability and a personal care assistant or caretaker. Many survivors of this kind of abuse are reluctant to report the abuse due to barriers in reporting and the difficulty of finding a reliable personal aide.

**Developmental disability:** A cognitive and/or physical disability that manifests before age 22 and is likely to continue indefinitely.

**Disability:** Any physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment.

**Domestic violence:** When abuse—mental, physical, emotional, or psychological—occurs between two people who are in an intimate relationship. While traditionally this definition has referred to persons in a dating or marital relationship, there is a movement within the disabled community to consider caretaker abuse a form of domestic violence.

**Handicap:** A physical or attitudinal constraint imposed upon a person, regardless of whether or not that person has a disability. "Handicapped" is *not* a synonym for disability and should not be used as such.

**Impairment:** Good term to imply diminishment of an ability.

**Learning disability:** A disorder in one or more of the basic cognitive processes involved in the understanding or use of spoken or written language.

**People-first language:** People-first language refers to emphasizing the personhood of people with disabilities. An example of people-first language is using the phrase "a person with paraplegia" instead of "a paraplegic." People-first language acknowledges a disabled person's humanity first and his or her disability second.

**Sexual assault:** Unwanted and/or forced sexual contact or penetration. For people with disabilities who require assistance with activities that require intimate contact, such as dressing and bathing, perpetrators may claim that the contact was without malicious intent and necessary to get the victim/survivor bathed and/or dressed, making the survivor even less likely to be believed.

*Definitions drawn from multiple sources; please refer to the Resources handout for more information.*

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## MYTHS & FACTS: PEOPLE WITH DISABILITIES

**Myth:** Women with disabilities are never sexually assaulted.

**Fact:** Women with disabilities are sexually assaulted at nearly twice the rate of nondisabled women. They also tend to have more perpetrators, and endure abuse for longer periods than nondisabled women (see the “Women with disabilities and sexual assault” handout in this packet for more information on this topic.).

**Myth:** It’s easy for people with disabilities to locate and access sexual assault support services.

**Fact:** Contacting mainstream sexual assault support services can be difficult for survivors with disabilities. Organizations may not be trained or equipped to work with disabled survivors; survivors may not be able to locate or contact resources due to their disability. A study found that 45.8 percent of survivors with disabilities had difficulty finding services to deal with their sexual assault; over half of these problems were due to lack of resources at the service for disabled clients. Only 22 percent of services successfully aided disabled clients (Sobsey and Doe, 1991). See the “Barriers to accessing services” handout in this packet for more information.

**Myth:** People with disabilities are not sexual.

**Fact:** People with disabilities are not any more or less sexual than people without disabilities, and they have the right—just like nondisabled people—to choose who their sexual partners are and when they have sex.

**Myth:** People with disabilities can’t be sexually assaulted. They’re lucky someone’s having sex with them.

**Fact:** Sexual assault is NOT a pleasurable experience! It is about one person seizing control over another and abusing that power. People with disabilities are no different from nondisabled people in wanting to have consensual, loving relationships that are sexual if they choose. Rape and sexual assault are not consensual, they are not loving, and are not about choice.

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**Myth:** Everyone's disabilities are visible; people with disabilities look different, talk differently, have scars, use wheelchairs, etc.

**Fact:** Disabilities are not always immediately evident just by looking at a person. For instance, people with a cognitive disability may not be identified as such based on their behaviors and mannerisms. Other disabilities that may not be readily apparent include epilepsy, diabetes, mental illness, and other physical or sensory impairments. Not everyone with a physical disability uses a wheelchair or other mobility aid. It's impossible to accurately tell who has and who does not have a disability based on outside appearances.

**Myth:** People with disabilities always need help.

**Fact:** The needs of people with disabilities vary from person to person. Many people with disabilities are living independently and want to do things for themselves instead of having someone else do things for them. Always ask a person with a disability if she wants or needs help and what kind of help is wanted before aiding her.

**Myth:** People with disabilities are sick or have something wrong with them.

**Fact:** Having a disability and being sick, are not the same thing. Everyone can be ill from time to time, but not everyone has a disability. Additionally, suggesting that people with disabilities "have something wrong with them" implies that people with disabilities need to be cured. Mistaking a disability for sickness both fails to respond to individual needs and perpetuates negative stereotypes.

**Myth:** People with disabilities have a poor quality of life.

**Fact:** This is one of the most common and damaging stereotypes because it discourages social interactions and the development of mature relationships. People with disabilities have needs just like those who are nondisabled, and they strive for a high degree of quality of life as other individuals. The attitude that disability is a bad thing and that disability means a poor quality of life is often more disabling than the disability itself.

**Myth:** Anyone who uses a wheelchair is chronically ill or sickly.

**Fact:** A wheelchair serves as legs and/or feet for people who are either temporarily or permanently unable to use their own legs and/or feet. A wheelchair, by itself, does not indicate sickness, weakness, or other chronic condition.

**Myth:** People with disabilities are more comfortable "with their own kind."

**Fact:** People with disabilities are just like people without disabilities in that people with disabilities know and befriend both people who are disabled and people who are not. People with disabilities can and often do have a wide variety of acquaintances and friends. Generalizing about the preferences of an entire group of people is unrealistic and creates false impressions about individual members of that group. There is a wide range of disabilities, causes of disabilities, and people with disabilities. To group all people with disabilities together as a single "kind" implies that there is no diversity within the disabled community, which is completely false.



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## RIGHTS OF PEOPLE WITH DISABILITIES

The Aurora Center believes that people with disabilities should have the same rights and benefits as other members of society. Traditionally, people with disabilities have been prevented from taking advantage of their full rights. While this is by no means a comprehensive list, we believe that the following are some basic rights that all people, with or without disabilities, should enjoy:

- An independent, active, and full life;
- Equipment, assistance, and support services necessary for productivity;
- A life free of violence and/or abuse;
- Equal opportunities for employment and adequate income to support life necessities;
- Accessible, integrated, and affordable housing in a universally accessible community;
- Quality physical and mental health care;
- Accessible transportation;
- Safe and healthy relationships with the person(s) of their choice;
- An individual sexual identity, sexual orientation, and gender identity;
- To develop and relate to others as sexual beings;
- Information about sexuality—increased knowledge can increase self-esteem and can help counter incorrect information received from media and friends;
- Privacy—touching, dressing, and grooming in private, as well as being allowed “private time and space”;
- To choose whether or not to marry, whom to marry, and when;
- To choose whether or not to have children;
- To understand the consequences and responsibilities of sexual activity and raising a child;
- Access to public and higher education;
- To benefit from accessible recreation and entertainment;
- A barrier-free environment;
- Access to needed community services—i.e., parent education, day care, counseling, family planning, and shelter;
- Legal representation and full protection of legal rights;
- To make or participate in decisions that affect one’s own life, determine one’s own future, and make personal life choices;
- Full access to all voting processes.

*adapted from the Center for Independent Living, Berkeley, CA*

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## TWO MODELS OF DISABILITY

Models are useful to help us understand complicated concepts and phenomena. Models simplify and direct our thinking. They give us a frame upon which to build our ideas. However, models can also limit our thinking by limiting the questions we ask and the way we answer them. In the comparison below, the Medical Model of disability places disability into a category of an "abnormality" that needs "fixing." This model and the attitudes that support it are sometimes perpetuated by popular culture as well as some professionals. The Interactional Model of disability challenges the idea that disability needs to be cured, and instead encourages us to see disability as a difference. The Interactional Model views disability as present in the interaction between the individual and society, wherein the agent of change is anyone who can positively affect that interaction.

Medical Model	Interactional Model
<ul style="list-style-type: none"><li>• Disability is a deficiency or abnormality</li><li>• Disability resides in the individual</li><li>• Being disabled is negative</li><li>• The remedy for disability-related problems is cure or normalization of the individual</li><li>• The agent of remedy is the professional</li></ul>	<ul style="list-style-type: none"><li>• Disability is a difference</li><li>• Being disabled, in itself, is neutral</li><li>• Disability derives from the interaction between the individual and society</li><li>• The remedy for disability-related problems is a change in the interaction between the individual and society</li><li>• The agent of remedy can be the individual, an advocate, or anyone who affects the arrangements between the individual and society.</li></ul>

*Carol Gill, Director; Chicago Institute of Disability Research*

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## **VIOLENCE AGAINST WOMEN WITH DISABILITIES: GENERAL STATISTICS**

In a 1996 survey, 92% of women with disabilities said that the most important research topic affecting their lives was violence. *Doe 2000*

Until recently, neither the FBI Uniform Crime Reports nor the National Crime Victimization Survey, the two major surveys of crime and crime victims, collected information on the disability status of the survivor. *Whatley 2000* (Impact, Fall 2000)

Women with developmental disabilities have among the highest rates of physical, sexual, and emotional violence by spouses, ex-spouses, boyfriends, and family members of all women with and without disabilities. *Emanuel 2000* (Impact, Fall 2000)

At least 85 percent of women with disabilities have experienced domestic abuse and much of this abuse is chronic or severe. *Feuerstein 1997, Sobsey 1994* (Impact, Fall 2000)

In a 1997 study, researchers found that women with physical disabilities experienced physical and/or sexual abuse for a longer duration than women without disabilities. *Young, Nosek, Howland, Chanpong, and Rintala 1997* (Journal of Rehabilitation, Oct.-Dec. 2000)

There is a serious lack of research on women with disabilities and violence; what research has been done focuses on sexual abuse of children and adults with developmental disabilities. *Curry, Hassouneh-Phillips, and Johnsnton-Silvergerg 2001*

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## WOMEN WITH DISABILITIES AND SEXUAL ASSAULT

Women with disabilities, regardless of age, race, ethnicity, sexual orientation, or class are assaulted, raped, and abused at a rate two times greater than nondisabled women. *Sobsey 1988, 1994; Cusitar, 1994; Stimpson and Best, 1991, DisAbled Women's Network (DAWN) 1988* ([www.geocities.com/discool.geo/woman.htm](http://www.geocities.com/discool.geo/woman.htm))

Researchers state that the more disabled a woman is, the greater the risk of her being assaulted. *Sobsey 1994, DAWN 1998* ([www.geocities.com/discool.geo/woman.htm](http://www.geocities.com/discool.geo/woman.htm))

Women with disabilities have a significantly larger number of abuse perpetrators than women without disabilities. *Nosek, Walter, Young, and Howland, in press* (Journal of Rehabilitation, Oct.-Dec. 2000)

Eighty-three percent of disabled women (compared with 25 percent of nondisabled women) will be sexually assaulted during their lifetimes. *Sobsey 1988* ([www.geocities.com/discool.geo/woman.htm](http://www.geocities.com/discool.geo/woman.htm))

Fifty percent of women with disabilities have been sexually abused as children, and 39 to 68 percent of girls with developmental disabilities before the age of 18 will be assaulted. *Roehrer Institue, 1988* ([www.geocities.com/discool.geo/woman.html](http://www.geocities.com/discool.geo/woman.html))

A 1991 study showed that 44 percent of abusers had a relationship to the survivor that was specifically related to the survivor's disability. The same study showed that in over 95 percent of cases involving sexual assault and disabled persons, the perpetrator was known to the survivor, but only 22.2 percent of the perpetrators were charged and only 8 percent were convicted of sexual assault. *Sobsey and Doe, 1991* (Violence Against Women, Jan 2001)

Sixty-six percent of disabled women are physically or sexually assaulted before they are teenagers. *DAWN 1994*

Women with developmental disabilities are 10.7 times as likely to be sexually assaulted as other women. *Wilson and Brewer, 1992* (Impact, Fall 2000)

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## **ABUSE, NEGLECT, AND PEOPLE WITH DISABILITIES**

Society often views people with disabilities as more vulnerable than people without disabilities. However, this does NOT mean that people with disabilities are to blame for either their disability or any abuse or mistreatment to which they are subjected. Just like any other victim/survivor of sexual and/or relationship violence, people with disabilities are NEVER to blame or at fault for violence perpetrated upon their persons. The fault ALWAYS lies with the abuser. It is from this understanding that The Aurora Center discusses vulnerability of people with disabilities to abuse and neglect.

Research indicates that people with disabilities experience abuse more frequently than people without disabilities. Some vulnerability factors include:

- People with physical disabilities may depend on others to meet some of their basic needs. Care providers may be involved in the most intimate and personal parts of the individual's life, which can increase the opportunity for abusive acts. People with physical disabilities may also be less able to defend themselves or escape violent situations.
- People with disabilities may be perceived by offenders as easy targets. Society generally views people with disabilities as nonsexual, lacking intelligence, and not credible witnesses.
- People with cognitive limitations may be overly trusting of others and easier to trick, bribe, or coerce. They may not understand the differences between sexual and nonsexual touch. People with cognitive disabilities who are abused may not understand that the violation is not normal, especially in cases of sexual abuse.
- People with speech impairments may have limited vocabulary or communication skills that can pose barriers to disclosing abuse. They may be misunderstood or viewed as intoxicated or making a prank call when making a report. Communication boards need to include vocabulary for reporting abuse and neglect.
- Many people with disabilities are taught to be obedient, passive, and to control difficult behaviors. This compliance training teaches them to be "good victims" for abuse.
- Many people with disabilities grow up without receiving sexuality education, abuse prevention information, or self-defense training. They may lack knowledge about their bodies, healthy relationships, and how to protect themselves.
- A person who has a mental illness label can be vulnerable to victimization if they have difficulty discerning between reality and fantasy, are dependent on others for their mental and physical care, do not trust their instincts, view themselves as unworthy, and/or have been taught to misinterpret the intentions of others.
- In general, social isolation is associated with higher risk for sexual abuse. Unfortunately, many people with disabilities still face barriers to fully participate in the community and remain socially isolated.

*adapted handout from © Personal Safety Awareness Center, a program of SafePlace, 1999.  
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## **BARRIERS TO ACCESSING SEXUAL ASSAULT SERVICES FOR VICTIMS/SURVIVORS WITH DISABILITIES**

- Survivors may not be able to contact mainstream services in person due to lack of information about available help and/or lack of transportation.
- A survivor's disability may prevent her from using a phone or obtaining information on available services.
- Services may not be equipped to handle the needs of the victim/survivor with a disability; the facility may not be wheelchair-friendly, have ASL interpreters, have a TTY, or be suited to the survivor's other needs.
- Mainstream services may not be attitudinally prepared to handle a survivor with a disability—service providers may make insensitive comments, lack training in communication with a survivor who is disabled, and/or be unaware of the additional issues and difficulties survivors with disabilities have in accessing and utilizing support systems.
- Resources and information about relationship violence, sexual assault, stalking, and other forms of sexual violence, may not be available in alternative formats, such as Braille, large print, audio tape, plain language, or computer disk.
- Survivors may fear losing their independence, their health benefits, and other needed services, as well as their partner.
- Many shelters are not prepared to take in survivors that are disabled; additionally, many shelters focus on intimate partner violence and as a result may not serve survivors of caretaker abuse.
- Survivors may not be believed simply because they are disabled, particularly in cases involving a survivor with a cognitive or developmental disability. Additionally, non-disabled caretakers may be perceived as more credible than the survivor.
- A survivor with a disability may be physically dependent on her abuser and as a result may be unable to escape the abuse.

*Adapted from Disability Cool and the Disability Cyberchicks, [www.geocities.com/discool.geo/wom-bar.htm](http://www.geocities.com/discool.geo/wom-bar.htm) and Tips for Women's Service Providers in Working with Women with Disabilities, [www.womanabuseprevention.com/distips.pdf](http://www.womanabuseprevention.com/distips.pdf).*

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## LEAVING AN ABUSIVE RELATIONSHIP

Although leaving an abusive relationship is difficult for anyone, women with disabilities have additional factors to take into consideration. While the basic suggestions for leaving an abusive relationship are the same, the execution of those steps is frequently more complicated for women with disabilities. Here are some suggestions for battered women with disabilities when leaving an abusive relationship:

- **Trust your knowledge of the abuser.** What is their normal schedule? Are there certain times the abuser is more or less likely to be abusive? Is the abuser a personal care attendant? Does the abuser have outstanding warrants? All this information can be useful in getting the abuser out of your life.
- **Make a plan.** How will you leave? When? Is accessible transportation available to get you to a safe place? Will your personal care assistant (providing that the personal care assistant is not the abuser) know that you are leaving and where you will be staying? Will the assistant continue to work for you while you are away from your home? Questions such as these can be worked through with a trusted friend or an advocate familiar with the issues that arise when leaving an abusive relationship.
- **Confirm accessibility.** If you (or a dependent who will be leaving with you) uses a wheelchair or needs other special accommodations, verify that the place where you will be staying—whether with a friend or at a shelter—can provide what you need.
- **Make copies** of keys, important papers, financial information, medical information (including contact information for any doctors or other persons involved in your personal care), insurance cards, and prescriptions and leave the copies in a safe place or with a trusted friend so that you will have access to them when you leave.
- **Gather necessary equipment.** Be certain that you have whatever adaptive equipment you need, as well as supplies to maintain the equipment and contact information for those who would be responsible for repairing the equipment. If you have a guide dog or other service animal, make sure you take food, water dishes, leashes, toys, and other supplies for the animal as well.
- **Make a contact list.** Be sure to have phone numbers for back-up personal assistants or others who are willing to help you with your personal care, if necessary.

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- **Ensure access to money.** Make sure you have some financial support of your own, be it a stash of cash or traveler's checks you carry on your person, or a checking or savings account in your name. Having a financial base can help you function outside of the abusive relationship.
- **Seek support.** The Aurora Center is just one of many local and national resources that support and aid survivors of relationship violence.
- **Don't give up.** Although getting out of an abusive relationship may be difficult, it is possible. It is safer, healthier, and better for your self-esteem to not be abused.

*adapted and expanded from Saxton, Marsha, et al, "Bring my scooter so I can leave you:  
a study of disabled women handling abuse by personal service providers,"  
Violence Against Women, April 2001*



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## LEGAL PROTECTIONS FOR PERSONS WITH DISABILITIES

### THE AMERICANS WITH DISABILITIES ACT (1990)

The Americans with Disabilities Act (ADA), passed in 1990, was a landmark piece of legislation for preserving the rights of persons with disabilities or persons associated with persons with disabilities. While it is not the only legal protection for persons with disabilities, it is critically important legislation.

Under the ADA, a person with a disability is defined as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment." The ADA prohibits discrimination on basis of disability, and also provides for equal access to services for disabled persons.

The ADA is broken into 5 sections, called "titles"; each title deals with a separate area. Title I deals with employment; Title II and III, public services; Title IV, telecommunications; and Title V, miscellaneous provisions.

Title I deals with discrimination against persons with disabilities in employment. The ADA prohibits employers from making hiring decisions solely based on whether an applicant is disabled and requires employers to make reasonable accommodations for employees who have disabilities. Employers with 15 or more employees are required to comply with the ADA.

Titles II and III focus on access to public services, including mass transit and building access. These sections of the ADA require agencies that provide public services, whether publicly or privately owned, to provide reasonable accommodations for persons with disabilities, including lifts on buses, seating to accommodate wheelchairs, and restrooms that are disability-accessible.

Title IV requires telephone and television companies to establish and maintain telecommunication lines that can transmit closed captioning and TDD lines.

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## OTHER LEGISLATIVE PROTECTIONS...

### **MINNESOTA HUMAN RIGHTS ACT (1973)**

The Minnesota Human Rights Act, Minnesota's comprehensive civil rights law, declares that certain types of differential treatment are unfair discriminatory practices. Like the ADA, the Human Rights Act prohibits discrimination by employers based on disability and guarantees people with disabilities equal access to public accommodations and services. However, the Human Rights Act not only protects people with disabilities, but also prohibits discrimination based on race, color, creed, religion, national origin, sex, sexual orientation, marital status, age, public assistance, familial status, and local human rights commission activity. The Act also has a broader range of protections than the ADA, including protections from discrimination in education, housing, use of private facilities, credit services, and business.

### **ARCHITECTURAL BARRIERS ACT (1968)**

The Architectural Barriers Act (ABA) provides that any building built with federal funds must meet federal accessibility standards, such as requiring passenger loading zones, elevators in multi-level buildings, doors wide enough to accommodate walking aids, and accessible bathing and restroom facilities.

### **SECTION 504, REHABILITATION ACT (1973)**

Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability by any agency or organization that receives federal funding.

### **FAIR HOUSING ACT (1988)**

The Fair Housing Act prohibits denial of housing on basis of disability, as well as allows residents with disabilities to make reasonable modifications to their living space to accommodate their physical needs and requires landlords to make reasonable exceptions to their normal housing policies to accommodate residents with disabilities, for instance, allowing a person who is blind to live with her guide dog in a no-pets apartment.

For more information about legislation about persons with disabilities, contact:

#### **ADA Information Line**

(800) 514-0301 (voice)

(800) 514-0383 (TTY)

[www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm)

#### **Access Board**

800-872-2253 (voice)

800-993-2822 (TTY)

[www.access-board.gov](http://www.access-board.gov)

#### **Disability Services**

##### **University of Minnesota**

McNamara Alumni Center, Suite 180

(612) 626-1333

[disserv3.stu.umn.edu](http://disserv3.stu.umn.edu)

#### **Minnesota Department of Human Rights**

Army Corps of Engineers Centre

190 E. 5th Street, Suite 700

St. Paul, MN 55101

800-657-3704/651-296-5663 (voice)

651-296-1283 (TTY)

[www.humanrights.state.mn.us/](http://www.humanrights.state.mn.us/)

*federal information excerpted from "A Guide to Disability Rights Laws,"  
U.S. Dept. of Justice, Civil Rights Division, Disability Rights Section.*



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- Swedlund, Nancy P. and Nosek, Margaret A. "An exploratory study in the work of independent living centers to address abuse of women with disabilities." Journal of Rehabilitation, Oct-Dec. 2000 Vol. 66, Issue 4 p57

## ORGANIZATIONS

Disability Services, University of Minnesota  
McNamara Alumni Center, Suite 180  
612-626-1333 (V/TDD)  
[disserv3.stu.umn.edu](http://disserv3.stu.umn.edu)

National Council on Disability  
1331 F St. NW, Suite 850, Washington, DC 20004  
(202) 272-2004 (V), (202) 272-2022 (fax), (202) 272-2074 (TTY)  
[www.ncd.gov](http://www.ncd.gov)

National Institute on Disability and Rehabilitation Research  
400 Maryland Avenue SW, Washington, DC 20202  
(202) 205-8134 (V), (202) 205-4475 (TTY)  
[www.ed.gov/offices/OSERS/NIDRR](http://www.ed.gov/offices/OSERS/NIDRR)

This information is available in alternative formats by calling The Aurora Center for Advocacy and Education at (612) 626-2929.

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