United States Government Accountability Office

Report to Congressional Requesters

September 2024

FEDERAL DOMESTIC VIOLENCE ASSISTANCE

HHS Should Assess Accessibility-Related Technical Assistance for Local Centers

GAO-24-106366

GAO Highlights

Highlights of GAO-24-106366, a report to congressional requesters.

September 2024

FEDERAL DOMESTIC VIOLENCE ASSISTANCE

HHS Should Assess Accessibility-Related Technical Assistance for Local Centers

Why GAO Did This Study

HHS's family violence prevention program provides grants to states to support domestic violence shelters and other services delivered by local centers. Federal law requires these services to be accessible to people with disabilities. For example, to make its services more accessible, a local center might provide a survivor who is blind with information in braille. GAO was asked to examine efforts to ensure such services are accessible.

This report (1) describes the prevalence of reported domestic violence against people with disabilities, (2) describes actions that selected local centers funded by the family violence prevention program have taken to improve accessibility and any challenges, and (3) assesses the extent to which HHS monitors and supports states' efforts to ensure accessibility.

GAO analyzed data from two nationally representative federal surveys for 2016/2017 and 2017–2022; reviewed related literature, relevant federal laws and regulations, and HHS documents; interviewed officials from three states, one Tribe, and 12 local centers that were selected for geographic diversity and other factors; and interviewed officials at HHS and stakeholder organizations.

What GAO Recommends

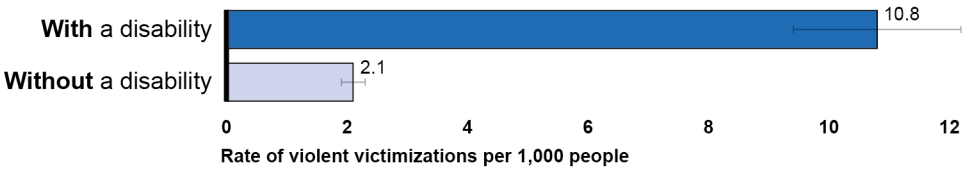
GAO recommends that HHS implement a process to systematically review whether the accessibility-related technical assistance it supports meets the needs of local centers receiving family violence prevention program funds and, if warranted, take steps to improve it. HHS agreed with GAO's recommendation.

View GAO-24-106366. For more information, contact Elizabeth Curda at (202) 512-7215 or Curdae@gao.gov.

What GAO Found

The estimated rate of reported violence against people with disabilities by an intimate partner or relative (domestic violence) was about five times higher than the rate for people without disabilities from 2017 through 2022, according to Department of Justice data (see figure). Among people with disabilities, rates of domestic violence were higher for those with cognitive disabilities compared to those with other disability types, women compared to men, and certain racial and ethnic groups compared to others.

Estimated Rate of Reported Domestic Violence by Disability Status of the Victim, 2017–2022



Source: GAO analysis of Dept. of Justice Bureau of Justice Statistics' National Crime Victimization Survey data. | GAO-24-106366

Note: Estimates are based on the noninstitutionalized U.S. resident population aged 12 or older. The rate for the population without a disability was age-adjusted.

Officials from selected local domestic violence centers funded by the federal family violence prevention program reported taking actions to make services accessible to survivors with disabilities, but said challenges remain. For example, local center officials GAO interviewed reported reaching out to disability groups, providing survivors opportunities to disclose a disability, and modifying facilities to make them more physically accessible. However, officials at local centers and at domestic violence groups described challenges such as identifying local disability groups for outreach, finding interpreters for Deaf survivors, and having limited knowledge of how to work with survivors with disabilities.

The Department of Health and Human Services (HHS) has taken steps to monitor and support family violence prevention program grantees' accessibility efforts, but gaps remain with its assessment of technical assistance.

- HHS routinely collects information from grantees on the services they provide but has not asked specifically about services for people with disabilities. The agency is planning to add more accessibility-related questions to its monitoring forms.
- HHS supports some accessibility-related technical assistance for grantees. However, it lacks comprehensive data on accessibility-related technical assistance that would allow it to assess whether such technical assistance is reaching and meeting grantees' needs. Furthermore, most officials at local centers GAO interviewed said they could benefit from additional guidance on topics such as how to work with survivors with various types of disabilities and how to identify mental health issues. A better understanding of technical assistance efforts and any needed improvements would help HHS ensure that those efforts are meeting the needs of local centers to better support survivors with disabilities.

Contents

Tables

Figures

Abbreviations

ACS	American Community Survey
ADA	Americans with Disabilities Act of 1990
ADWAS	Abused Deaf Women's Advocacy Services
ASL	American Sign Language
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DOJ	Department of Justice
HHS	Department of Health and Human Services
OMB	Office of Management and Budget

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
441 G St. N.W.
Washington, DC 20548

September 12, 2024

The Honorable Robert C. “Bobby” Scott
Ranking Member
Committee on Education and the Workforce
House of Representatives

The Honorable Suzanne Bonamici
House of Representatives

Evidence suggests that people with disabilities may experience a higher rate of domestic violence than those without disabilities. For example, according to a 2021 Department of Justice (DOJ) Bureau of Justice Statistics report, from 2017 to 2019, 14 percent of violent victimizations against people with disabilities were committed by relatives other than intimate partners compared to 7 percent of such victimizations against those without disabilities.[1] Further, a 2018 media report has drawn attention to the challenges that domestic violence survivors with disabilities may face when obtaining services, particularly people with intellectual disabilities.[2]

The Department of Health and Human Services (HHS) works to address the issue of domestic violence under the Family Violence Prevention and Services Act program (family violence prevention program), which supports services for survivors and their families. This includes people who have experienced violence at the hands of intimate partners or other family members. In fiscal year 2022, HHS allocated approximately $200 million to serve nearly 1.2 million adults and children.[3] HHS distributes

[1]Erika Harrell, *Crime Against Persons with Disabilities, 2009-19 – Statistical Tables* (Washington, D.C.: Bureau of Justice Statistics, 2021). This report showed a similar percentage of violent victimization against people with or without disabilities committed by an intimate partner (11 percent and 13 percent, respectively). This report shows the percentage of violent victimizations committed against people with and without disabilities committed by those with whom the victim had a domestic relationship (intimate partners and other relatives).

[2]Joseph Shapiro, *The Sexual Assault Epidemic No One Talks About* (Washington, D.C.: National Public Radio, Jan. 8, 2018), accessed May 1, 2024, from https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about.

[3]In fiscal year 2022, about 20 percent of the people served by the family violence prevention program received shelter services. The remaining 80 percent received nonresidential counseling, case management, or other supportive services.

funds to states and territories (states) and tribal grantees to support programs and projects that work to prevent incidents of domestic violence.[4] States, in turn, issue subgrants to local domestic violence centers (local centers) that provide emergency shelter and supportive services for adult and youth survivors of domestic violence and their dependents. HHS also funds state domestic violence coalitions (state coalitions) that provide support to local centers. In addition, state coalitions and a network of national, state-based, and special issue resource centers (national resource centers) provide training and technical assistance about domestic violence issues to local centers.

Under federal law, family violence prevention program services are required to be accessible to people with disabilities. For example, to make its services more accessible, a local center might provide a sign language interpreter to a survivor who is deaf to interact with center staff or information in braille to a survivor who is blind. Given questions about people with disabilities' ability to access domestic violence services, you asked us to examine the accessibility of family violence prevention program services. This report (1) describes the prevalence of reported domestic violence against people with disabilities, (2) describes actions that selected local centers funded by the family violence prevention program have taken to help people with disabilities access their services and the challenges that remain, and (3) assesses the extent to which HHS monitors and supports states' efforts to ensure family violence prevention program services are accessible for people with disabilities.

For our first objective, we examined data from two nationally representative federal surveys: the DOJ Bureau of Justice Statistics National Crime Victimization Survey (DOJ violent crime survey) and the Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (CDC public health violence survey). The DOJ violent crime survey collects data on nonfatal personal crimes (e.g., rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) as reported by respondents. These data are weighted to produce generalizable annual estimates of victimization for people aged 12 or older living in U.S. households, excluding people who live in

[4]In this report, we refer broadly to Tribes and related organizations receiving family violence prevention program funding from HHS as "tribal grantees."

institutions or who are homeless.[5] We calculated the estimated rates of nonfatal violent victimization committed by intimate partners or other relatives (including parents, children, and other relatives) against people with and without disabilities.[6] We also analyzed these rates for people with disabilities by disability type, sex, race and ethnicity, sexual orientation and gender identity, age, and type of crime.

We obtained and analyzed data for the period of 2017–2022. 2017 was the first full data collection year when the disability status was collected for all respondents based on the Census Bureau's American Community Survey (ACS). The 2022 data are the most recent data available. Because there is a limited annual sample of people with disabilities who report violent incidents on an annual basis, when analyzing subgroups by disability type, sex, and race and ethnicity, we combined 6 years of data (2017–2022) to obtain a large enough sample to produce national estimates.

The CDC public health violence survey collects data about intimate partner violence, sexual violence, and stalking victimization as reported by respondents. These estimates are weighted to represent the U.S. adult noninstitutionalized population. We obtained estimates from CDC survey data of the lifetime prevalence of ever experiencing sexual violence, stalking, and physical violence committed by intimate partners and sexual violence and stalking committed by other relatives against people with and without disabilities. We also obtained these estimates for people with disabilities by sex and by race and ethnicity. We obtained CDC public health violence survey data collected in 2016 and 2017 (2016/2017), which were the years the survey used questions developed for the ACS to assess disability status and the most recent years for which data are

[5]The DOJ violent crime survey is "the nation's primary source of information on criminal victimization," according to DOJ. On an annual basis, DOJ collects self-reported data from a nationally representative sample of about 240,000 people in about 150,000 households. It collects data about crimes both reported and not reported to the police. Because the DOJ's violent crime survey relies on a sample rather than a census of the entire population, weights are designed to adjust to known population totals and to compensate for survey nonresponse and other aspects of the complex sample design.

[6]Unless otherwise noted, all comparisons between estimates highlighted in the text are statistically significant at the 95 percent confidence level.

available.[7] See appendix I for a comparison of the methodologies of the DOJ violent crime survey with that of the CDC public health violence survey.

To assess the reliability of these data, we reviewed DOJ and CDC survey documentation and reports and interviewed knowledgeable DOJ and CDC officials. Based on this information, we found these data to be reliable for the purposes of our reporting objectives. In addition, we conducted a literature review on the prevalence of domestic violence against people with disabilities in the United States since 2013. Our analysis was based on the results from 12 articles. See appendix II for a summary of our literature review.

For our second objective, we selected three states (Maryland, Mississippi, and Washington), as well as a Tribe located in Washington, for in-depth interviews to explore efforts to make domestic violence services accessible and challenges to accessibility that people with disabilities may face in obtaining services from local centers. We selected these states to reflect a range of family violence prevention program funding levels and estimated percentage of people with disabilities within a state and to include at least one state that had received additional federal grants to support accessibility in domestic violence programs. We also considered recommendations from HHS officials about state coalitions with innovative practices for promoting accessibility for people with disabilities. We selected the Tribe based on its location near other planned site visits, the amount of family violence prevention program funding it received, and its willingness to speak with us.

We conducted interviews with representatives from state program administrators, state domestic violence coalitions, and protection and advocacy systems working at the state level that advocate for the rights of people with disabilities.[8] We asked about challenges that the people with

[7]The ACS categorizes disability into six potentially overlapping categories: hearing difficulties, vision difficulties, ambulatory difficulties, cognitive difficulties (i.e., difficulty remembering, concentrating, or making decisions), self-care difficulties (i.e., difficulty bathing or dressing), and independent living difficulties (i.e., difficulty doing errands such as shopping or visiting a doctor's office alone. The 2016/2017 CDC public health violence survey data could not be combined with prior data years due to changes in the data collection methodology.

[8]Protection and advocacy systems are entities that work at the state level to protect individuals with disabilities by empowering them and advocating on their behalf. There are 57 such entities in the United States and its territories. Each operates independently and may partner with agencies that provide other services.

disabilities may face in accessing domestic violence services as well as how they work with local centers in their respective states to help make their services accessible. We also toured 12 local centers and interviewed center officials about their efforts to serve people with disabilities; any challenges they faced; how they work with disability groups to support people with disabilities; and their relationships with state administrators, state coalitions, and HHS and other federal agencies. We selected local centers based on geography (e.g., to achieve a mix of urban, rural, and suburban) and state officials' recommendations of centers that had innovative practices or experienced challenges in providing services to people with disabilities. We also conducted interviews with seven national groups to include those that work with or represent people with a range of disabilities—including deafness, blindness, and cognitive disabilities—as well as domestic violence survivors.

For our third objective, we reviewed HHS documentation that pertained to the family violence prevention program. We interviewed HHS officials about the program's efforts to monitor and provide technical assistance to program grantees related to accessibility. We sent a web-based survey to all 20 national resource centers funded by the family violence prevention program as of fiscal year 2023 about (1) the kinds of training and technical assistance they furnish to grantees and subgrantees, (2) the extent to which that training and technical assistance pertains to serving survivors with disabilities, and (3) examples of disability-related technical assistance that they have provided or plan to provide.[9] We obtained nongeneralizable responses from 16 national resource centers. See appendix IV for a list of the 20 national resource centers we surveyed. We obtained the perspective of family violence prevention program grantees and subgrantees about how HHS oversees and supports the program with respect to serving people with disabilities through our interviews with state and local officials in the three selected states and officials with one Tribe.

We conducted this performance audit from November 2022 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe

[9]In June 2023, HHS officials confirmed that there were 20 national resource centers. We surveyed these national resource centers between August and December 2023. As of March 2024, HHS funded a total of 23 national resource centers.

that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Family Violence Prevention Program Administration

The family violence prevention program is the primary federal funding stream dedicated to the support of emergency shelters and related assistance for victims of domestic violence and their dependents.[10] Under the Family Violence Prevention and Services Act governing the family violence prevention program, HHS is required to allocate not less than 70 percent of program funds for grants to states and not less than 10 percent for grants to Tribes and related organizations, contingent upon fiscal year funding levels.[11] The Administration for Children and Families within HHS manages these grant programs. The grants are designed to establish, maintain, and expand programs and projects that respond to, prevent, and raise public awareness about domestic violence.[12] In addition, HHS is generally required to allocate not less than 10 percent of program funds for state coalitions that assist state agencies and local centers on policies and practices and provide training and technical assistance to support local programs. HHS is also generally required to allocate not less than 6

[10]Department of Health and Human Services, Administration on Children, Youth and Families, *Navigating the Family Violence Prevention and Services Program: A Guide for State and Territorial Administrators* (Washington, DC: Department of Health and Human Services, November 2012). Program regulations define domestic violence in part as "felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim" among other people. This definition "includes but is not limited to criminal or non-criminal acts constituting intimidation, control, coercion and coercive control, emotional and psychological abuse and behavior, expressive and psychological aggression, financial abuse, harassment, tormenting behavior, disturbing or alarming behavior, and additional acts recognized in other Federal, Tribal State, and local laws as well as acts in other Federal regulatory or sub-regulatory guidance." 45 C.F.R. § 1370.2. The program regulations also contain definitions for family violence and dating violence. In the regulations, family violence is defined as "any act or threatened act of violence, including any forceful detention of an individual, that results or threatens to result in physical injury and is committed by a person against another individual, to or with whom such person is related by blood or marriage, or is or was otherwise legally related, or is or was lawfully residing." 45 C.F.R. § 1370.2.

[11]If more than $130,000,000 is appropriated for a fiscal year under 42 U.S.C. § 10403(a)(1), the required percentages for each of the allocations discussed in this paragraph will be lower. For such fiscal years, no less than 25 percent of the amount appropriated over $130,000,000 shall be made available to provide grants intended to expand the capacity of family violence programs to prevent future domestic violence by addressing, in an appropriate manner, the needs of children exposed to family violence.

[12]Family violence prevention program documentation uses the terms family violence and domestic violence interchangeably.

percent of funds for national resource centers to provide, among other things, training and technical assistance on domestic violence issues to local centers. The training and technical assistance provided by state coalitions and national resource centers may include products such as toolkits and briefs, in-person meetings, and webinars intended to improve the capacity of programs to respond to and prevent domestic violence.

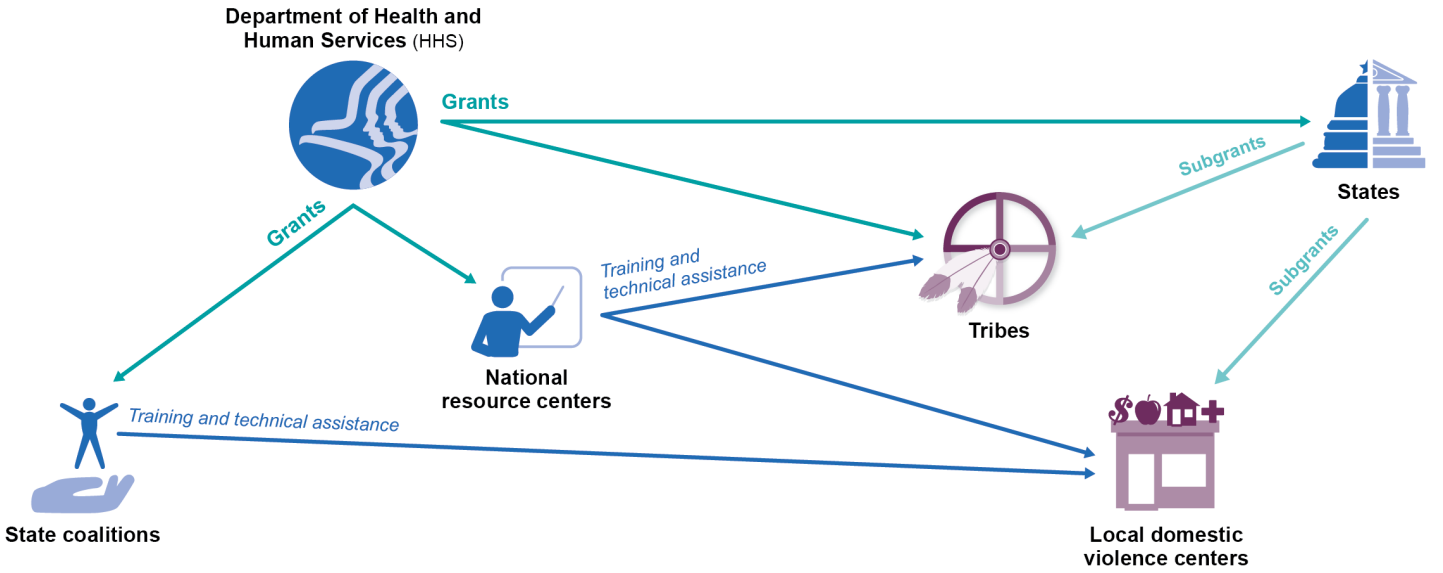
HHS regulations state that grantee performance should be measured in a way that will help HHS improve program outcomes, share lessons learned, and spread the adoption of promising practices. They also state that performance reporting frequency and content should be established to allow HHS to understand grantee progress.[13] Annually, state and tribal grantees submit applications for funding and performance progress reports with aggregate data about services and supports provided to domestic violence survivors and their dependents.[14] State grantees are responsible for monitoring the activities of their subgrantees to ensure that program funding is used for authorized purposes and, in compliance with relevant requirements and that relevant performance goals are achieved.[15] The family violence prevention program funding and assistance structure is shown in figure 1.

[13]45 C.F.R. § 75.301.

[14]Department of Health and Human Services, Administration for Children and Families, *Standing Notice of Funding Opportunity for Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services/Awards to States*, HHS-2024-ACF-OFVPS-FVPS-0028 (Washington, D.C.: 2024) and *Standing Announcement for Family Violence Prevention Services/Domestic Violence Shelter and Supportive Services/Grants to Native American Tribes (including Alaska Native Villages) and Tribal Organizations*, HHS-2024-ACF-OFVPS-FVPS-0127 (Washington, D.C.: 2024). States and Tribes can apply each fiscal year, but the expenditure period for these grants under the family violence prevention program is 24 months.

[15]45 C.F.R. § 75.352(d).

Figure 1: Overview of Family Violence Prevention and Services Act Program Administration



Source: GAO analysis of HHS documentation; GAO (icons). | GAO-24-106366

Note: HHS distributes funds to states and territories (states). The term "state coalitions" refers to state and territorial domestic violence coalitions. The term "national resource centers" refers to the network of information and technical assistance centers that includes special issue and culturally specific resource centers funded by the Family Violence Prevention and Services Act program.

Accessibility Requirements Pertaining to Family Violence Prevention Program

Federal law requires that services provided with family violence prevention program grant funds be accessible to people with disabilities.[16] Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against qualified individuals with a disability in programs and activities receiving federal financial assistance.[17] In addition, under the Americans with Disabilities Act of 1990 (ADA), both state and local governments[18] and places of public accommodation[19] are similarly prohibited from

[16]The determination of whether a particular program or activity is accessible depends on facts and circumstances. We did not assess the accessibility of any specific program or activity or its compliance with any law or regulation pertaining to accessibility.

[17]29 U.S.C. § 794. The statute governing the family violence prevention program states that, for purposes of section 504 of the Rehabilitation Act of 1973, programs and activities funded under this statute are considered to be receiving federal financial assistance. 42 U.S.C. § 10406(c)(2)(A).

[18]42 U.S.C. § 12132.

[19]42 U.S.C. § 12182.

discriminating against qualified individuals with a disability.[20] Such individuals should not be excluded from participation in state or local government services or denied the full and equal enjoyment of the services and facilities of a place of public accommodation on the basis of a disability. Examples of actions that governments or places of public accommodation might take to increase accessibility could include computer screen readers for people with vision impairments, or sign language interpreters for people with hearing impairments.

People with Disabilities Reported Experiencing Domestic Violence at Higher Rates Than Those without Disabilities

People with Disabilities Reported Higher Rates of Domestic Violence, and Those with Cognitive Disabilities Reported among the Highest Rates

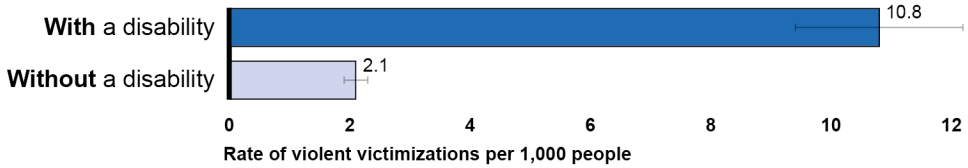
According to DOJ violent crime survey data, from 2017 through 2022, the estimated rate of nonfatal violent victimizations (violent victimizations) committed by intimate partners or other relatives (including parents and children) against people with disabilities was about five times the estimated rate among people without disabilities (10.8 and 2.1 victimizations per 1,000 people, respectively) (see fig. 2).[21] People with disabilities were almost equally likely to be victimized by intimate partners as by other relatives. Among people with disabilities, the estimated rates of violent victimizations committed by intimate partners and by other relatives were 5.3 and 5.5 per 1,000 people, respectively, between 2017 and 2022. In addition, people with disabilities accounted for about one-

[20]Section 504 of the Rehabilitation Act of 1973 uses the same definition of disability set forth in the ADA: a physical or mental impairment that substantially limits one or more major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment. 29 U.S.C. § 705; 42 U.S.C. § 12102.

[21]Between 2017 and 2022, about a quarter—an estimated 26.1 percent—of all violent victimizations among people with disabilities were committed by intimate partners or other relatives, according to DOJ violent crime survey data. An estimated 73.4 percent of victimizations were committed by well-known or casual acquaintances, strangers, or unknown offenders. For purposes of the DOJ violent crime survey, violent victimizations are nonfatal crimes such as rape or sexual assault, robbery, aggravated assault, and simple assault.

third (32.1 percent) of all violent victimizations committed by intimate partners or other relatives, although they accounted for 12.3 percent of the population. Simple assault was the most common type of violent victimization committed against people with disabilities by intimate partners or other relatives, according to the survey data.[22]

Figure 2: Estimated Rates of Reported Violent Victimization Committed by Intimate Partners or Other Relatives by Disability Status of the Victim, 2017–2022



Source: GAO analysis of Department of Justice Bureau of Justice Statistics' National Crime Victimization Survey data. | GAO-24-106366

Note: Department of Justice violent crime survey estimates are based on the noninstitutionalized U.S. resident population aged 12 or older. Because the age distributions are different by disability status, rates for the population without a disability were adjusted using direct standardization to facilitate comparisons between the groups. The age distribution of the population with a disability was the standard population. Violent crime includes rape or sexual assault, robbery, aggravated assault, and simple assault. The lines represent the lower and upper bounds of the 95% confidence interval for each estimate.

Among people with disabilities, the estimated rate of violent victimization by intimate partners or other relatives decreased from 2018–2019 to 2020–2021 (12.5 and 8.4 victimizations per 1,000 people, respectively).[23] However, a systematic review of articles focusing on domestic violence during the COVID-19 pandemic reported that numerous articles showed an increase in intimate partner violence in the United States. Some of these articles recruited participants and other articles examined hospital records, legal records, or service calls. This systematic review reported that mass quarantine procedures were associated with psychological distress, widespread food and economic insecurity, decreased access to in-person health care, disruptions in education, and increased distrust and uncertainty with publicly available information. Each of these factors

[22]The DOJ violent crime survey defines simple assault as an attack or attempted attack without a weapon that results in no injury, minor injury (e.g., bruises, black eyes, cuts, scratches, and swelling), or an undetermined injury requiring fewer than 2 days of hospitalization.

[23]Estimates are based on 2-year rolling averages. For example, the 2018–2019 estimate was based on combining 2018–2019 data. While there were also changes in the total rate of domestic violence victimizations among people with disabilities between (1) 2017–2018 and 2018–2019 and (2) 2020–2021 and 2021–2022, they were not statistically significant at the 95 percent confidence level.

can increase the risk for intimate partner violence or make it more difficult for an individual to leave an abusive partner.[24]

Our review of the CDC public health violence survey estimates also found a higher prevalence of domestic violence among people with disabilities. The proportion of people with disabilities who at some point in their life had experienced sexual violence, physical violence, or stalking by an intimate partner—referred to as lifetime prevalence—was an estimated 54.7 percent in the 2016/2017 CDC public health violence survey. This is compared to 41.7 percent among people without disabilities. The lifetime prevalence of sexual violence or stalking by another relative was an estimated 13.4 percent among people with disabilities and 6.1 percent among people without disabilities.[25]

Further, eight of the 12 articles we reviewed compared the prevalence of victims of domestic violence among people with and without disabilities.[26] All eight articles—which rely on data sources other than the DOJ's violent crime survey or the CDC's public health violence survey—reported an association between having a disability and higher prevalence of domestic violence.[27] For example, in an article using 2018 to 2020 survey data about pregnancy risk, people with disabilities had an estimated 2.6 times the odds of experiencing intimate partner violence before pregnancy and 2.5 times the odds of experiencing intimate partner violence during pregnancy than people without disabilities.[28] Another

[24]Prachi H. Bhuptani, Caroline Goodwin, Julia Hunter, Christopher Millman, and Lindsay M. Orchowski, "Characterizing Intimate Partner Violence in the United States During the COVID-19 Pandemic: A Systematic Review," *Trauma, Violence, & Abuse*, vol. 24 (2023).

[25]CDC's public health violence survey does not collect data about physical violence committed by other relatives. Therefore, unlike the DOJ violent crime survey estimates, we were unable to combine estimates by intimate partners and other relatives.

[26]Alhusen et al., 2023; Li et al., 2023; Scherer, Snyder, and Fisher, 2016; Hahn et al., 2014; Mitra and Mouradian, 2014; Pollard, Sutter, and Cerulli, 2014; Mitra, Mouradian, and McKenna, 2013; and Scherer, Snyder, and Fisher, 2013. The remaining four articles we reviewed examined the prevalence of domestic violence among people with disabilities. See appendix II for further details on our literature review and full bibliographic information.

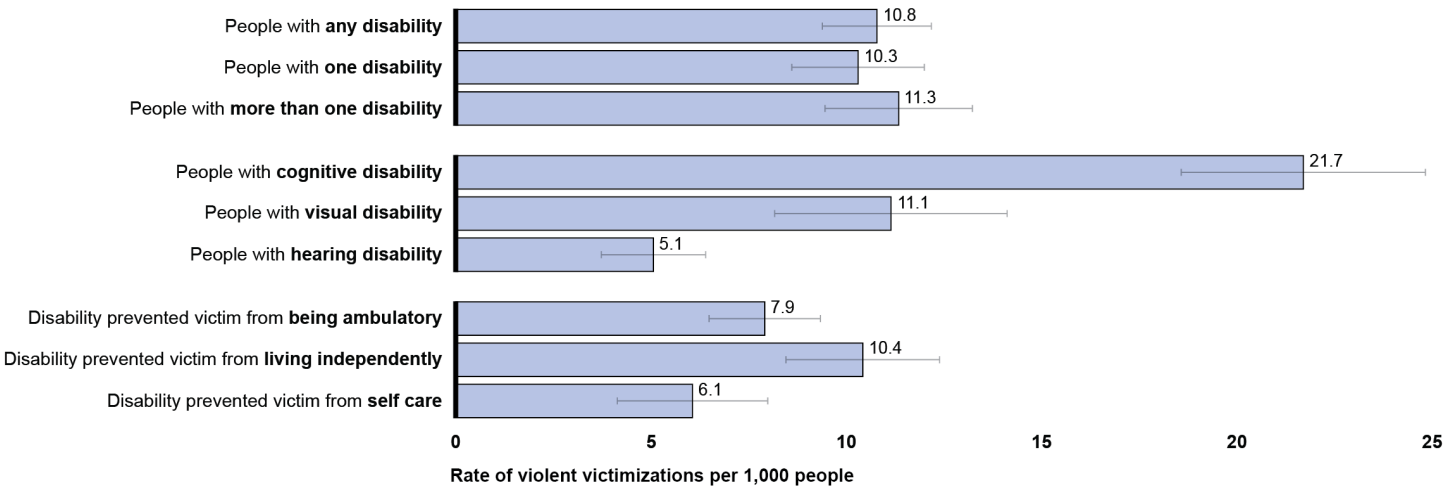
[27]The articles we reviewed used data sources such as the CDC's Pregnancy Risk Assessment Monitoring System and the National Institute on Alcohol Abuse and Alcoholism's National Epidemiologic Survey on Alcohol and Related Conditions.

[28]Alhusen et al., 2023. The article used data from the Pregnancy Risk Assessment Monitoring Survey, which is a sample survey of women who recently had a live birth. The data were from 24 states where participants were asked about their disability status and intimate partner violence.

article using 2005 to 2007 survey data about health behaviors found that women and men with disabilities were more likely to report experiencing intimate partner violence in their lifetime than women and men without disabilities. For example, an estimated 35.5 percent of women with disabilities reported any lifetime intimate partner violence compared to 22.1 percent of women without disabilities.[29]

In terms of domestic violence by victims' disability type, the rate of violent victimizations committed by intimate partners or other relatives was highest among people with cognitive disabilities, according to DOJ violent crime survey data.[30] Specifically, people with cognitive disabilities experienced an estimated 21.7 violent victimizations per 1,000 people while the rate experienced by people with other disability types ranged from 5.1 to 11.1 (see fig. 3).

Figure 3: Estimated Rates of Violent Victimization Committed by Intimate Partners or Other Relatives against People with Disabilities by Number of Disabilities and Disability Type, 2017–2022



Source: GAO analysis of Department of Justice Bureau of Justice Statistics' National Crime Victimization Survey data. | GAO-24-106366

Note: Estimates are based on the noninstitutionalized U.S. resident population aged 12 or older. Rates are per 1,000 people aged 12 or older except for the rates for independent living disabilities, which are per 1,000 people aged 15 or older. Disability type was assessed in the Department of Justice's violent crime survey using the questions developed for the U.S. Census Bureau's American Community Survey. Violent victimization includes rape or sexual assault, robbery, aggravated

[29]Mitra and Mouradian, 2014. This article used data from the Behavioral Risk Factor Surveillance System, which is a state-based telephone health survey. Sixteen states and territories that administered the intimate partner violence questions were included.

[30]Disability type categories are not mutually exclusive; respondents can select one or more disability types.

assault, and simple assault. The lines represent the lower and upper bounds of the 95% confidence interval for each estimate.

Similarly, two of the articles we reviewed focused on cognitive disabilities and found higher rates of intimate partner violence among people with cognitive or mental health impairments compared to those without these impairments. An article using data from a nationally representative sample of hospitalization discharges in the United States found that those with cognitive disabilities had higher estimated rates of diagnosed intimate partner violence–related hospitalizations than those without cognitive disabilities.[31] An article using survey data representing the U.S. population found that college students with disabilities were approximately twice as likely to experience intimate partner violence compared to those without disabilities, and students with mental disabilities and multiple disabilities have the greatest likelihood of experiencing intimate partner violence.[32]

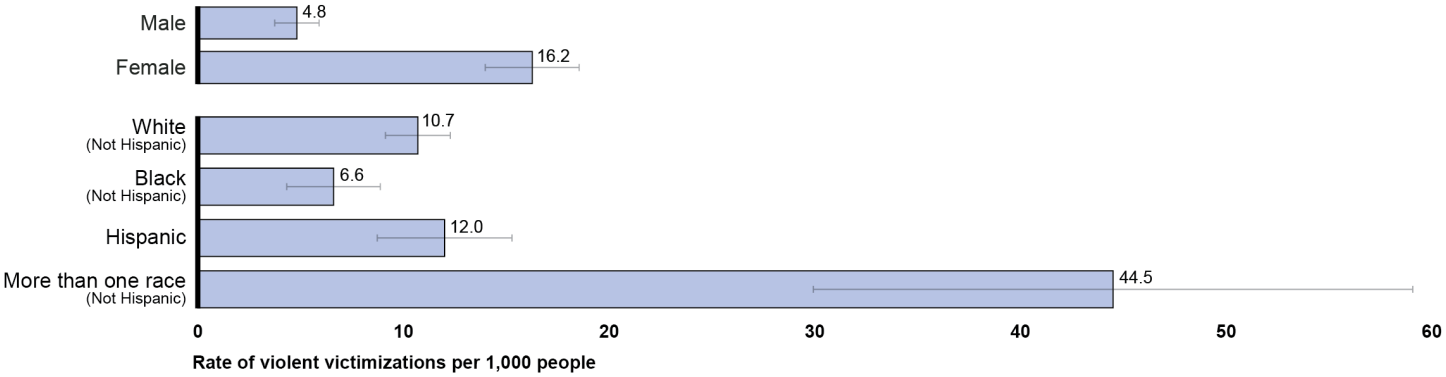
Women and People from Certain Race and Ethnicity Groups with Disabilities Reported Higher Rates of Domestic Violence

Among people with disabilities, women were more likely to have reported a violent victimization by intimate partners or other relatives than men, according to DOJ violent crime survey data. Specifically, the estimated rate of violent victimization committed by intimate partners or other relatives was about 3 times higher among women with disabilities compared to men with disabilities (16.2 and 4.8 per 1,000 people, respectively) between 2017 and 2022. Furthermore, non-Hispanic individuals with disabilities reporting more than one race reported a higher estimated rate of violent victimizations by intimate partners or other relatives (44.5 per 1,000 people) compared to people with disabilities of other race and ethnicity groups (see fig. 4).

[31]Li et al., 2023.

[32]Hahn et al., 2014.

Figure 4: Estimated Rates of Violent Victimization Committed by Intimate Partners or Other Relatives against People with Disabilities by Sex and Race and Ethnicity, 2017–2022



Source: GAO analysis of Department of Justice Bureau of Justice Statistics' National Crime Victimization Survey data. | GAO-24-106366

Note: People reporting White, Black, or more than one race excludes people of Hispanic origin. People of Hispanic origin may be of any race. We do not report estimates for the non-Hispanic American Indian/Alaska Native, non-Hispanic Asian, and non-Hispanic Pacific Islander populations because these estimates do not meet our reliability standards (per these standards, we do not include estimates for which the relative standard error is greater than 30 percent or unweighted sample size of less than or equal to 10). The lines represent the lower and upper bounds of the 95 percent confidence interval for each estimate.

An analysis of the CDC's public health violence survey data corroborates the DOJ results. See appendix III for estimates from CDC public health violence survey data by sex, race and ethnicity, and age.

In addition, six of the 12 articles we reviewed examined domestic violence committed against women and men separately.[33] Of those, four of the articles found that women with disabilities had a higher prevalence of domestic violence than men with disabilities.[34] For example, one article based on a sample of adults from self-selected states in 2005 to 2007 found that among those with disabilities, an estimated 35.5 percent of women and 19.0 percent of men experienced a type of intimate partner violence during their lifetime.[35]

[33]Li et al., 2023; Hahn et al., 2014; Mitra and Mouradian, 2014; Pollard, Sutter, and Cerulli, 2014; Mitra, Mouradian, and McKenna, 2013; and Scherer, Snyder, and Fisher, 2013.

[34]Li et al., 2023; Mitra and Mouradian, 2014; Mitra, Mouradian, and McKenna, 2013; and Scherer, Snyder, and Fisher, 2013.

[35]Mitra and Mouradian, 2014.

Further, five of the 12 articles we reviewed examined domestic violence focused on women and girls.[36] For example, one article reported that nearly 70 percent of Deaf female undergraduates at one university had experienced at least one instance of sexual assault in their lifetimes.[37]

Among people with disabilities, the lesbian, gay, bisexual, and transgender population were more likely to have reported a violent victimization by intimate partners or other relatives than those who did not identify as such, according to DOJ violent crime survey data. Among people with disabilities aged 16 or older surveyed during selected periods during 2017 to 2022, the lesbian, gay, bisexual, and transgender population reported 51.9 violent victimizations by intimate partners or other relatives per 1,000 people compared to 10.9 per 1,000 among those who did not identify as such.[38]

Selected Local Centers Provided Various Accommodations for Survivors with Disabilities but Reported Challenges Addressing Certain Needs

[36]Alhusen et al., 2023; Walsh et al., 2016; Elliott Smith and Pick, 2015; Anderson and Kobek Pezzarossi, 2014; and Mitra, Mouradian, and McKenna, 2013. See appendix II for full bibliographic information.

[37]Elliott Smith and Pick, 2015.

[38]We analyzed data for the periods when sexual orientation and gender identity questions were asked of respondents aged 16 or older from January 2017–June 2019 and January 2022–December 2022. Because of small numbers, we categorized those who identified as lesbian, gay, bisexual, "something else" (that is, not lesbian, gay, bisexual, or straight), transgender, or having a current gender that differs from their birth sex as being part of the lesbian, gay, bisexual, and transgender population.

Selected Local Centers Conducted Outreach to, and Intake for, Survivors with Disabilities but Identified Challenges in These Areas

Outreach

Local centers have conducted outreach to disability groups to raise awareness among people with disabilities about domestic violence and the services local centers provide, according to our interviews with officials at selected local centers and an analysis HHS conducted of information provided by 33 states.[39] Specifically, eight of the 12 local centers we interviewed told us that they partnered with disability groups to increase awareness among people with disabilities. In addition, 15 of the 33 states in the HHS analysis provided information noting that states or local centers conducted outreach to disability groups. Examples of efforts included

- Using written materials for outreach in formats intended to be more accessible (e.g., written using simple language); and
- increasing awareness of services at health fairs, conferences, trainings, and other events.

Despite these efforts to improve outreach to people with disabilities, officials at several local centers told us that people with disabilities represent a low proportion of individuals receiving services. For example, officials at one local center in Mississippi told us that they had low participation rates for survivors with disabilities as only 3 percent of participants they served in fiscal year 2022 had a disability, which they said was a low number.[40] Two local centers said people with certain types of disabilities—such as blindness, severe visual impairment, and deafness—have low participation rates. In addition, one local center in Maryland said survivors with disabilities constitute a small share of their total caseload, with the lowest numbers for survivors who are deaf or hard of hearing or who have cognitive disabilities. Officials at four local centers

[39]In December 2022, HHS conducted an analysis of accessibility-related information submitted by 33 states. It also asked state grantees to respond to follow-up requests for information on accessibility-related services. These states did not include Maryland and Mississippi, which were included in our in-depth interviews, but did include Washington.

[40]Many of the local centers we visited told us that they collected data about survivors they served by disability status and type for federal or private funding purposes.

speculated that low participation rates among survivors with certain types of disabilities may reflect a lack of awareness of the variety of services that the local centers provide.

Challenges in forging connections between local centers and disability groups may be one factor limiting centers' outreach efforts. Officials at four of the 12 local centers we interviewed told us that they face challenges in identifying or partnering with disability groups. Representatives of several disability groups told us that local centers often do not reach out to them. For example, officials from the National Federation of the Blind told us that their local affiliates do not typically receive calls from local centers.

In addition, according to our interviews with selected disability groups, survivors with disabilities may face specific challenges that limit their awareness of domestic violence services. Specifically, the Abused Deaf Women's Advocacy Services (ADWAS) and DAWN told us that there are few Deaf-focused organizations that address domestic violence, and these may be limited to certain geographic locations, which may limit survivors awareness of resources for domestic violence safety and support.[41]

Intake

Officials at most of the local centers (11 of 12) we interviewed told us that they provide multiple opportunities during the intake process for a person to voluntarily self-disclose that they have a disability. Officials at three local centers told us that they also conduct a health screening that might identify a disability. In addition, officials from nine local centers told us that during the intake process for individuals seeking services, they ask specific questions about the need for reasonable accommodations.

Despite multiple opportunities for a survivor to self-disclose a disability, officials at most of the local centers (9 of 12) we interviewed cited challenges in identifying whether a survivor has a disability. Officials at eight local centers also said survivors may be unaware that they have a disability because it was never properly diagnosed or was mistaken for another condition, survivors may think they will be screened out of services if they disclose their disability, or survivors may want to keep

[41]ADWAS is a nonprofit organization that is run by and for Deaf people that provides comprehensive services to survivors of domestic violence and their families, including an emergency shelter and supportive housing program, as well as community education and advocacy on systems and policy issues. DAWN provides services to reduce abuse in the Deaf community in the Washington, D.C. area.

their disability status confidential. In addition, officials from eight centers said staff turnover or the lack of experience or clear process may affect staff ability to identify whether a survivor has a disability needing accommodation.

People with disabilities who require caregivers may face challenges in qualifying for or even seeking domestic violence services. Eight of the 12 local centers told us that survivors who were abused by non–family caregivers may not meet eligibility requirements for shelter services, and the survivor would be referred to another social services program for vulnerable adults. One domestic violence group said the definition of domestic violence in some states may not include violence committed by caregivers such as personal care aides.[42] Officials from two of the selected state coalitions we spoke to told us that people with disabilities may rely on others to meet basic needs, and that the use of multiple caregivers increases opportunities for abuse.

Similarly, one disability group said caregivers such as personal care aides often have intimate relationships with people with disabilities, such as helping them with dressing, toileting, and financial and personal matters. In addition, officials from one domestic violence group told us that some people with disabilities who require caregiving to live in their homes may not seek domestic violence services because they are reluctant to report the abuse they have suffered. Officials from that group said people with disabilities who require caregiving may be worried that if they seek domestic violence services from a local center, law enforcement or other authorities will be notified of the abuse and move them from their preferred living situations into institutions.

[42]Family violence prevention program regulations defining domestic violence cover people with various relationships to the victim. For example, they state that the term includes felony or misdemeanor crimes of violence committed by any person against a victim who is protected from that person's acts under the domestic or family violence laws of the relevant jurisdiction. GAO did not analyze state laws or make any determinations about whether any state protects against nonfamily caregivers under the state's domestic or family violence laws.

Selected Domestic Violence Centers Have Taken Steps to Improve Accessibility for Survivors with Disabilities but Reported that Challenges Remain

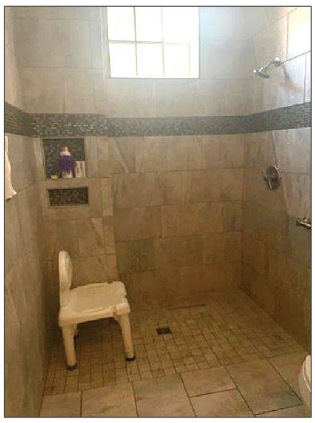
Structural Modifications

Officials at all 12 local centers we interviewed took several steps to improve the physical accessibility of their shelters to survivors with disabilities. Officials at 11 local centers told us that they designed their new or recently renovated facilities with federal accessibility-related compliance in mind. In addition, according to our analysis of information provided by 21 states to HHS, states or local centers have taken efforts to comply with federal accessibility requirements. Officials at four of the 12 local centers told us that they use private or federal funding sources such as DOJ funding and private foundation grants to fund construction or major renovations, and some noted that family violence prevention program funds cannot be used for this purpose.[43] Efforts we learned about from our local center visits and HHS included

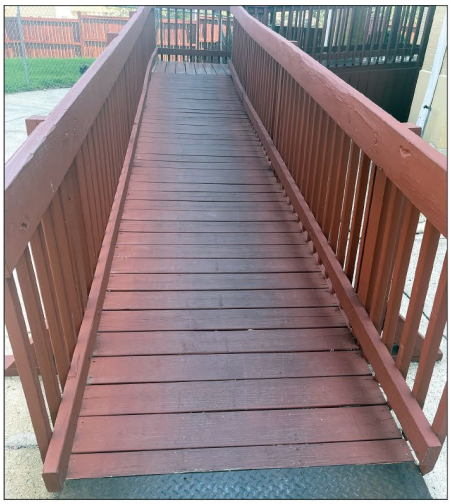
- providing a room and apartment unit on the ground level;
- modifying a bathroom to provide a roll-in shower;
- installing ramps at entrances;
- constructing wide hallways for survivors with physical limitations;
- installing alarm systems and doorbells with flashing lights for deaf or hard of hearing survivors; and
- installing braille safety signage for the blind or visually impaired. See figure 5.

[43]DOJ's Office for Victims of Crime has a victim assistance formula grant program under the Victims of Crime Act of 1984. Also, DOJ's Office on Violence Against Women makes grants available under the Violence Against Women Act of 1994, including a disability grant program that seeks specifically to improve the response to individuals with disabilities and Deaf individuals who are victims of sexual assault, domestic violence, dating violence, and stalking.

Figure 5: Examples of Local Domestic Violence Centers' Efforts to Address Physical Accessibility



Shower is open with a level floor.



Ramp facilitates access to the interior of the shelter.

Facilities for boarding pets and service animals.

Elevator to help access living quarters above ground level.

Wide hallways with bare floors help people with mobility issues.

Doorbell transmitter that flashes, and lamp that flashes when doorbell rings to alert people with hearing issues.

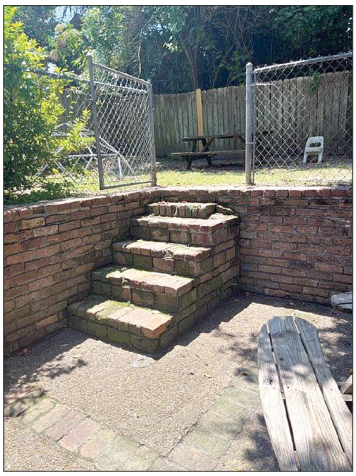
Signage includes braille writing.

Source: GAO. | GAO-24-106366

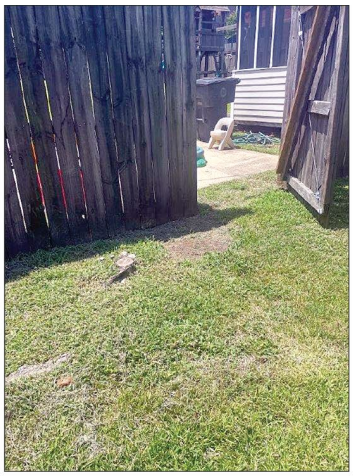
Officials from all three selected state coalitions we spoke to told us that they have partnered with disability groups to improve the physical accessibility of domestic violence shelters. For example, the Mississippi state coalition partnered with a statewide disability-focused group to conduct a needs assessment for ADA compliance at local centers. Officials at one local center we interviewed in Mississippi told us that that they made structural improvements to make facilities ADA compliant after their assessment.

Even with these efforts, officials at five of the 12 local centers we interviewed told us that they needed other updates or repairs to make their facilities more accessible for people with disabilities. This included adding handrails in hallways, making showers more accessible for wheelchairs, installing a ramp for the entrance, and installing an elevator in a shelter without a bedroom on the ground level. See figure 6.

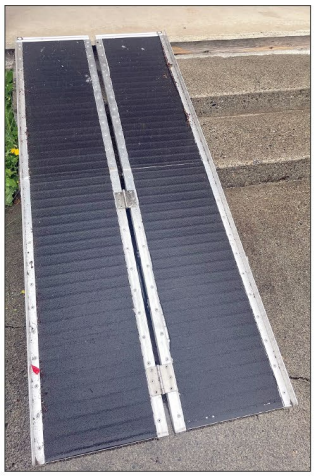
Figure 6: Examples of Challenges to Accessibility that Survivors May Face at Local Domestic Violence Centers



Irregular stairs lead to community outdoor space.



Non-level grass entrance leads to shared outdoor space.



Steep temporary ramp is challenging to use.

Stairwell of historic building lacks a ground floor bedroom.

Source: GAO. | GAO-24-106366

Other Accommodations

Beyond structural modifications, local centers provide a range of accommodations that help survivors with disabilities access services, according to local centers we spoke to and an HHS analysis. These accommodations included

- using assistive services for the Deaf community, which may include video interpreters or other audiological equipment or services;
- using American Sign Language (ASL), which can include providing interpreters for survivors who are deaf;
- providing screen reader software for blind or visually impaired survivors;
- allowing service animals for blind survivors and pets for emotional support; and

- extending shelter stays for survivors with disabilities to allow more time to find permanent housing.

Even with these efforts, officials at 11 of the 12 local centers we interviewed told us that they faced challenges in meeting the specific needs of survivors with certain disabilities. In addition, according to an HHS analysis, 15 states reported various challenges in addressing all unique needs of survivors. Challenges mentioned by local centers and states included

- identifying and working with ASL interpreters for Deaf or hard of hearing survivors because the need for interpreter services can be difficult to predict;
- meeting the high demand for mental health services because of lack of skilled staff internally;
- finding suitable and affordable housing after shelter stay ends;
- retaining staff with experience working with people with disabilities; and
- providing shelter for survivors who cannot care for themselves during their shelter stay because they do not have sufficient staff to care for such survivors or do not allow caregivers to enter or stay in the shelter.

HHS Is Taking Steps to Ensure Family Violence Prevention Program Services Are Accessible, but Gaps Remain with Technical Assistance

HHS's Monitoring Efforts Capture Some Information on Services for Survivors with Disabilities, and HHS Plans to Collect More Systematic Information about This Population

According to HHS officials, the agency uses several approaches to monitor the performance of family violence prevention program grantees with respect to program accessibility requirements that are outlined in a monitoring guide that the agency revised in May 2022. Among them are

- regular data collection through the performance progress reports that grantees must submit;
- on-site and virtual monitoring visits, selected using a program strength assessment tool the agency developed;
- desk reviews, which involve agency officials reviewing applications and reports filed by program grantees using a monitoring tool; and
- progress calls in which grantees and agencies periodically discuss grantee progress implementing program activities.

HHS's monitoring efforts collect information about accessibility to varying extents, and grantees vary in the accessibility-related information they submit. Some grantees submitted information about the steps they took to serve people with disabilities while others did not. As a result, HHS has a partial picture of this aspect of grantee performance. However, HHS officials reported that the agency is revising its monitoring approach to focus more on accessibility. This strategy includes revisions to performance progress reports, program strength assessments, and a monitoring tool.[44]

Performance Progress Reports

HHS requires all states, state coalitions, and tribal grantees to submit annual performance progress reports. Each form contains a narrative section in which grantees may describe any efforts they undertook during the prior fiscal year to meet the needs of underserved populations, which may include people with disabilities. Grantees may voluntarily include information on this population, such as the number of people with disabilities served or what kinds of services they received. HHS officials told us that, at present, this type of information is not uniformly provided by all grantees.

HHS provided us with a summary of narrative information that states provided either as part of the performance progress reporting process or via additional follow-up activity that HHS conducted. This summary

[44]In addition to these three types of monitoring documents, HHS reported that it is also revising other family violence prevention program grant guidance documents to focus more on accessibility, including the Standing Notice of Funding Opportunity and Grantee Manual.

indicated that about two-thirds of the states (33) reported information about serving survivors with disabilities. For example, California reported that one local center established guidelines for providing language-accessible services to individuals who are deaf or hard of hearing. The state coalition in New Mexico reported working with a nonprofit to help local centers deliver accessible services to victims in need of service animals or support animals. New Hampshire reported that one of its service providers helped a survivor with intellectual disabilities access housing assistance.

HHS officials told us that the agency plans to update the performance progress report forms to collect more uniform data about people with disabilities. The revised form for state and tribal grantees would, according to HHS officials, require those grantees to submit information on the number of people with disabilities served by the funding each year, while the form for the state coalitions would collect information on their efforts to provide training, technical assistance, public awareness services, and resource development for local centers related to accessibility. These revised forms would help the agency collect more complete data and help them improve services to people with disabilities, according to HHS officials. The agency submitted the proposed revisions to the Office of Management and Budget (OMB) OMB February 2024 and is awaiting their approval. According to HHS officials, the agency plans to implement the updated forms in time for fiscal year 2024 reporting.

In addition, HHS officials told us that, in 2023, they developed a specialized performance progress report form for national resource centers that each center will be required to complete twice per year. This new report form will collect information from the resource centers on the number of activities that they have completed to enhance responses and services for survivors with different types of disabilities, including the number of trainings they provided that pertained to appropriately responding to or serving people with disabilities. This report form was approved by OMB in June 2024.

Program Strength Assessment Tool

HHS uses a program strength assessment tool to select grantees for further monitoring, including site visits, and to identify grantee needs for technical assistance, according to HHS officials. HHS reported that it has used its revised May 2022 Monitoring Guide to complete site visits with grant recipients in five states and one territory. Among other things, this tool examines whether grantees have submitted their annual performance progress reports in a timely fashion and the completeness and accuracy of the information in those reports. The current program strength

assessment tool does not, however, contain any questions about serving people with disabilities, such as whether any information about serving people with disabilities was included in any of the grantee's performance progress reports. HHS told us that the agency is updating its program strength assessment tool to include a new section on service accessibility for people with disabilities with additional questions related to disability accessibility compliance. HHS said this planned change is expected to be completed by December 2024, and the agency will use the new tool as part of its future assessments.

Monitoring Tool

HHS officials told us that the agency uses a monitoring tool that asks how grantees ensure accessibility per relevant laws and regulations when conducting on-site or virtual site visits, as well as desk reviews and progress calls. HHS reported no accessibility-related findings from the on-site visits they conducted in a total of 17 states and territories between 2019 and 2022. HHS officials told us that they are revising this monitoring tool as a part of their overall accessibility strategy. The revisions, according to HHS officials, would include more specific accessibility compliance questions, including questions about policies, services, training, and technical assistance related to accessibility for people with disabilities. HHS officials told us that agency plans to complete these revisions by December 2024.

National Resource Centers Provide Accessibility-Related Technical Assistance, but HHS Has Not Systematically Assessed Whether This Assistance Meets the Needs of Local Centers

Most (15 of 16) of the national resource centers that responded to our survey reported providing one or more forms of technical assistance related to people with disabilities to state administrators, state coalitions, or tribal grantees as well as local centers.[45] Eight of the 16 national resource centers we surveyed reported having (1) one or more staff who specialize in issues related to people with disabilities, including people who are deaf or hard of hearing, or (2) an ongoing contract with external individuals or groups. The two most common categories of technical assistance that national resource centers reported offering were identifying or sharing best practices for working with survivors with disabilities and developing culturally responsible approaches to working with racially and ethnically diverse populations of domestic violence survivors with disabilities. Table 1 shows how many of the national

[45]To determine the kinds of technical assistance these national resource centers provide to family violence prevention program grantees and subgrantees, we conducted a survey of these national resource centers. Of the 20 total resource centers that were funded by the family violence prevention program in fiscal year 2023, 16 responded to our survey. We asked respondents to report all the types of technical assistance related to accessibility that they provide from a list and included an open-ended text field for respondents to report any other type of such assistance that they provided.

resource centers we surveyed reported providing each of the following types of technical assistance related to accessibility.

Table 1: Reported Types of Accessibility-Related Technical Assistance Provided by National Domestic Violence Resource Centers

Type of Technical Assistance Related to Accessibility	Number of Resource Centers Providing Accessibility Technical Assistance
Developing culturally responsible approaches to working with racially and ethnically diverse populations of domestic violence survivors with disabilities.	11 of 16
Identifying or sharing best practices for working with survivors with disabilities.	11 of 16
Identifying and supporting mental health conditions, cognitive disabilities, and traumatic brain injuries among survivors of domestic and family violence.	10 of 16
Producing accessible resource materials (e.g., translation, American Sign Language interpretation, large print, and Braille resources).	7 of 16
Assisting with Americans with Disabilities Act of 1990 and legal accessibility requirements.	6 of 16
Developing policies for shelters to better serve survivors with disabilities.	4 of 16
Assisting survivors with disabilities with obtaining or retaining public benefits.	3 of 16
Developing shelter alterations to accommodate people with disabilities.	2 of 16

Source: GAO survey of national domestic violence resource centers. | GAO-24-106366

Note: We surveyed the 20 national domestic violence resource centers funded by the family violence prevention program as of fiscal year 2023, of which 16 submitted responses. We asked respondents to report all the types of technical assistance related to accessibility that they provide from a list and included an open-ended text field for respondents to report any other type of such assistance.

Some national resource centers that responded to our survey also provided specific examples of the accessibility-related technical assistance they have provided or are developing. For example, the Asian Pacific Institute on Gender Based-Violence, one of the national resource centers we surveyed, provided tip sheets on developing a plan for providing services to people who are deaf and hard of hearing and working with ASL interpreters. The National Center on Domestic Violence, Trauma, and Mental Health, another such center, has developed and refined a training curriculum to help local centers become more accessible, culturally responsive, and trauma informed. This national resource center is also developing a fact sheet on traumatic brain injuries (TBI) with the help of a state coalition and developing products and activities for local centers and coalitions on working with people who are experiencing mental health issues, scheduled to be completed in June 2024. In addition, the National Indigenous Women's Resource Center is developing a fact sheet on helping survivors with disabilities obtain access to tribal housing.

Further, officials at all three of the state coalitions we interviewed told us that they provide various forms of accessibility-related technical assistance to local centers. For example, officials from one state coalition said they have small, informal meetings with local centers' staff, called "advocate coffee breaks," on different topics including providing services to people with disabilities. Specifically, they told us that in one of these meetings, they advised staff on purchasing lift beds to address challenges that people who need wheelchairs or have other mobility difficulties experience in getting in and out of bed. Officials from another state coalition told us that they help local centers have conversations with disability groups about topics such as appropriate language to use when speaking about disabilities and how to inform disability-focused experts about domestic violence.

However, findings from our site visits raise questions about whether the assistance provided by national resource centers and state coalitions effectively addresses the needs of local centers. Officials at nine of the 12 local centers we visited told us that they would benefit from additional technical assistance on accessibility issues, such as how to work with survivors with various disabilities, how to identify and treat mental health illnesses or TBIs, and how to partner with disability groups. For example, staff at one center told us that they did not know where to turn for information on how to work with survivors who had epilepsy. Technical assistance and training on disability issues may be especially important since officials at local centers reported that frequent staff turnover and lack of experience working with survivors with disabilities can lead to a lack of institutional knowledge about how to make their services more accessible to those survivors. Furthermore, four of 16 national resource centers that responded to our survey reported that requests for disability-focused training and technical assistance have increased since 2020.[46]

Further, it is not clear if the technical assistance provided by the national resource centers is consistently reaching staff at local centers who may need it. In two of the three states we visited, state domestic violence coalitions often serve as the conduit between the national resource centers that develop and disseminate technical assistance and the local centers that provide direct services. Officials at five of 12 local centers told us that they use technical assistance provided by state coalitions,

[46]Four national resource centers reported that the volume of such requests remained about the same. The remaining eight national resource centers were unable to determine whether there was any change in the number of requests for accessibility-related technical assistance. None reported a decrease in the volume of such requests.

while officials at four local centers told us that they have regular contact with one or more of the national resource centers. Also, each state coalition may obtain accessibility-related technical assistance resources from a limited number of national resource centers.

Two of the three state coalitions we spoke to mentioned only the National Network to End Domestic Violence as a national resource center they consult with for accessibility-related technical assistance. Officials from the other state coalition told us that they work most closely with the National Center on Domestic Violence, Trauma, and Mental Health but have relationships with other national resource centers. National resource centers do not all provide technical assistance on the same accessibility-related topics. Therefore, if a state coalition relies only on certain national resource centers for technical assistance, it could be missing technical assistance on certain topics and not passing this assistance on to local centers.

While HHS is taking steps to assess grantees' technical assistance needs and the quality of the technical assistance it supports, these efforts have not to date included a focus on accessibility. As mentioned previously, HHS told us that it uses its program strength assessment tool to assess the technical assistance needs of local centers so that national resource centers and state coalitions could address any unmet needs for technical assistance. As mentioned above, the program strength assessment tool does not currently include questions related to accessibility, though HHS plans to add such questions. Because HHS has not yet finalized the accessibility-related questions that will be included in the program strength assessments, it is unclear if planned revisions will provide HHS with comprehensive data to evaluate the accessibility-related needs of local centers and whether the accessibility-related technical assistance being provided meets those needs.

In addition, HHS's process for assessing the quality of technical assistance may not focus on accessibility-related technical assistance. HHS officials told us that they observe a sample of training and technical assistance provided by the national resource centers and state coalitions. They said the agency schedules routine mandatory observations of technical assistance in the form of site visits and may participate in observations of technical assistance upon request or as they are being implemented. HHS reported conducting 122 observations of the family violence prevention program's technical assistance in fiscal year 2023 and 23 such observations in fiscal year 2022. Of those 145 observations, four were of technical assistance programs that had titles suggesting they

pertained to accessibility. HHS officials told us that they use the program strength assessment tool to prioritize grantees—including national resource centers and state coalitions—for more in-depth monitoring, and, as mentioned above, the agency is revising this form to focus more on accessibility. However, HHS has not articulated a process for selecting individual examples of technical assistance to observe or how the revised program strength assessment tool with its increased focus on accessibility will inform this process in the future.

Furthermore, HHS lacks comprehensive data about the accessibility-related technical assistance requested by family violence prevention grantees or subgrantees. HHS does not systematically collect consistent data about requested technical assistance from national resource centers. Six of the 16 national resource centers that responded to our survey were able to provide estimates of the number of times accessibility-related technical assistance was requested by grantees, subgrantees, or both.[47] Of the remaining 10, seven national resource centers responded that they did not receive requests for accessibility-related technical assistance from either grantees or subgrantees, and three did not respond to either question.

HHS plays a role in ensuring that the accessibility-related technical assistance it supports meets the needs of local centers. HHS's Office of the Assistant Secretary for Planning and Evaluation partnered with Mathematica to identify a set of practices for conducting needs assessments for training and technical assistance that include collecting and analyzing data about recipients' needs, noting that it is critical for providers of technical assistance to understand the needs of users to inform the design of that assistance.[48] Further, the Standards for Internal Control in the Federal Government call for federal agencies to use and

[47]In our survey, we asked 20 national resource centers about the forms of technical assistance provided to either a grantee (e.g., states) or subgrantees (local centers) on issues related to people with disabilities, including people who are Deaf or hard of hearing. Of the 16 national resource centers that responded to our survey, six provided estimates for grantees and five for subgrantees.

[48]Mary Anne Anderson et al., *Issue Brief - How to Assess and Address Technical Assistance Needs: Insights from the Literature and Practice* (Mathematica, Princeton, N.J.: January 2021). Mathematica co-developed the methodology for this study with HHS's Office of the Assistant Secretary for Planning and Evaluation.

externally communicate quality information necessary to achieve the entity's objectives.[49]

By conducting a systematic review of the technical assistance needs of local centers related to accessibility and assessing whether the national resource centers and state coalitions are meeting those needs, HHS would have the opportunity to ensure that the appropriate resources on the right topics are provided to those local centers. The new data collection activities that the agency plans to conduct, as discussed below, could play a key role in that systematic review.

Conclusions

Evidence suggests that domestic violence disproportionately affects people with disabilities. Nonetheless, survivors with disabilities may not be aware of services offered by local domestic violence centers, and those centers reported facing challenges with making their services fully accessible. HHS has an important role to play in helping to ensure accessibility in the local centers that receive family violence prevention program funds. With a process to assess the accessibility-related technical assistance it supports through state coalitions and national resource centers, HHS could determine the extent to which this assistance is reaching local centers and meeting the needs of local centers to serve people with disabilities and potentially take steps to improve that technical assistance and better support accessibility.

Recommendation for Executive Action

We are making the following recommendation to HHS:

The Secretary of HHS should ensure that the Administration for Children and Families establishes and implements a process to systematically review whether the accessibility-related technical assistance that it supports under the family violence prevention program is reaching and meeting the needs of local centers and, if warranted, take steps to improve the quality and dissemination of technical assistance and ensure that it covers needed topics. For example, HHS could use its revised monitoring tools to collect input from grantees and subgrantees on their accessibility-related technical assistance needs, consider accessibility-related technical assistance when selecting training to observe, or improve the consistency of the data on requests that national resource

[49]GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: September 2014).

centers receive for accessibility-related technical assistance from local centers.

(Recommendation 1)

Agency Comments

We provided a draft of this report to HHS and DOJ for review and comment.

In its comments, reproduced in appendix V, HHS concurred with our recommendation and noted steps it plans to take to address the recommendation. For example, HHS said that after it has implemented the new performance progress report form for national resource centers discussed in our report, the agency plans to survey family violence prevention program grantees on their technical assistance needs to help ensure that resource centers are addressing those needs, including needs related to serving survivors with disabilities. HHS plans to develop this survey in fiscal year 2025. While this survey could represent a first step toward implementing our recommendation, HHS will need to use the information it collects from the survey as input for a systematic review of its accessibility-related technical assistance. In addition, we revised our recommendation to reflect the fact that HHS has developed a new mechanism to collect data from national resource centers on the accessibility-related technical assistance they provide, but the agency continues to lack consistent data on requests that the centers receive for such technical assistance. HHS and DOJ also both provided technical comments, which we incorporated as appropriate.

As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretary of Health and Human Services, the Attorney General, and other interested parties. In addition, the report will be available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last

page of this report. GAO staff who made key contributions to this report are listed in appendix VI.

Elizabeth H. Curda, Director
Education, Workforce, and Income Security Issues

Appendix I: Analysis of Federal Data about the Prevalence of Domestic Violence among People with Disabilities

To describe the prevalence of reported domestic violence against people with disabilities, we reviewed two federal data sources that provide nationally representative data about nonfatal domestic violence as reported by victims (see table 2). While both data sources relied on the respondents to self-report, they differed in how the surveys asked respondents about their experience of violence. Specifically, the National Crime Victimization Survey (violent crime survey) from the Bureau of Justice Statistics asks respondents about violent crimes while the National Intimate Partner and Sexual Violence Survey (public health violence survey) from the Centers for Disease Control and Prevention (CDC) asks respondents about their experience of violence.

Table 2: Comparison of Certain Characteristics of Federal Surveys Examining Prevalence of Victimization of People with Disabilities from Domestic Violence

	National Crime Victimization Survey (Violent Crime Survey)	National Intimate Partner and Sexual Violence Survey (Public Health Violence Survey)
Survey characteristics		
Survey sponsor	Department of Justice, Bureau of Justice Statistics	Department of Health and Human Services, Centers for Disease Control and Prevention
Timeframe	Initiated in 1972, each household is interviewed twice during the year; most recent data are 2022	Initiated in 2010, data collection is periodic; most recent data are September 2016–May 2017
Sample	Nationally representative sample of U.S. households; persons aged 12 or older. In 2022, 143,794 households were interviewed representing 226,962 persons.[a]	Nationally representative sample of noninstitutionalized English and/or Spanish-speaking men and women; persons aged 18 or older. In 2016/2017, 15,152 women and 12,419 men were interviewed.
Self-reported information	✓	✓
Disability questions designed for the American Community Survey	✓	✓
Types of violence		
Fatal intimate partner violence	×	×
Physical violence (e.g., punching, kicking, pushing, physical restraint)	✓	✓
Sexual violence (e.g., rape, other sexual assault)	✓	✓
Psychological aggression (e.g., stalking and bullying)	×[b]	✓
Aggravated assault (e.g., an attack or threatened attack with or without a weapon resulting in injury)	✓	✓

	National Crime Victimization Survey (Violent Crime Survey)	National Intimate Partner and Sexual Violence Survey (Public Health Violence Survey)
Terminology of violence – survey categories	Violent victimization: • Rape, other sexual violence/assault • Robbery • Simple assault • Aggravated assault	Intimate partner violence: • Contact sexual violence • Physical violence • Stalking Other relative: • Contact sexual violence • Stalking
Offender		
Intimate partners (e.g., spouse, boy/girlfriend)	✓	✓
Other relatives	✓ (other relative)	✓ (family member)
Caregivers	×[c]	×[c]
Estimate of violence	Rate: Violent victimizations per 1,000 people	Percentage: Lifetime prevalence
Years of data examined	2017–2022	2016/2017

Legend ✓ included × not included.

Source: GAO analysis of Departments of Justice and Health and Human Services documents. | GAO-24-106366

[a]Households include group quarters such as dormitories while excluding correctional institutions, nursing homes, and military bases.

[b]The National Crime Victimization Survey Supplemental Victimization Survey measures stalking. However, we did not include stalking data in our analysis because these data were outside the scope of our analysis either because of the limited population in the survey or the years collected data were available.

[c]The National Crime Victimization Survey does not have a separate category for caregivers, but caregivers are included in the "other nonrelative" category, according to Department of Justice officials. We reported estimates from the National Intimate Partner and Sexual Violence Survey for intimate partners and other family members separately. Most of their estimates for non-family caregivers did not meet the survey's stability criteria.

Further, the years of data we examined also varied by survey, depending on the availability of data. For the violent crime survey, we used data from 2017 to 2022 because 2017 was the first full year of data collection when the disability status could be ascertained for all respondents, allowing us to calculate victimization rates for people with and without disabilities. 2022 was the latest available data as of the time of analysis. Because there is a limited sample of people with disabilities who report violent incidents on an annual basis, for most estimates, we combined 6 years of data (2017 to 2022) to obtain a large enough sample to produce national estimates. For the public health violence survey, we used data collected in 2016 to 2017, the latest available data as of the time of analysis. CDC

officials told us that these data were not comparable to prior public health violence survey data collection efforts due to changes in the methodology.

The surveys also differed in the measures of violence that may be reported. Data from the violent crime survey are reported as a rate: victimizations per 1,000 people. The number of victimizations reflects how many criminal acts were reported as experienced by survey respondents and capture how one respondent may report experiencing multiple victimizations. The violent crime survey data are weighted to produce estimates of victimization for people aged 12 or older living in U.S. households, excluding people who live in institutions or are homeless. Data from the public health violence survey are reported as a percentage of adults. The public health violence survey data are weighted to produce estimates representative of the noninstitutionalized English- or Spanish-speaking U.S. population aged 18 or older.

Both surveys used questions designed for the Census Bureau's American Community Survey to ascertain disability status. Respondents with an affirmative response to any of the following questions were categorized as having a disability:

- Are you deaf or do you have serious difficulty hearing? (**Hearing** limitation.)
- Are you blind or do you have serious difficulty seeing even when wearing glasses? (**Vision** limitation.)
- Because of a physical, mental, or emotional condition, do you have serious difficulty:
  - Concentrating, remembering, or making decisions? (**Cognitive** limitation.)
  - Walking or climbing stairs? (**Ambulatory** limitation.)
  - Dressing or bathing? (**Self-care** limitation.)
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands, such as visiting a doctor's office or shopping? (**Independent living** limitation.)

For the purposes of this report, domestic violence includes both intimate partner violence and similar violence committed by other relatives. In other words, we consider both the type of crime and victim-offender relationship in the definition of domestic violence. Both surveys collect data about violence committed by intimate partners and other relatives. In

the violent crime survey, violent crimes include rape and sexual assault, robbery, aggravated assault, and simple assault, including threatened, attempted, and completed crimes. That survey defines an aggravated assault as an attack or attempted attack with a weapon, regardless of injury, or an attack without a weapon when serious injury results. We used data from the public health violence survey on contact sexual violence, physical violence, and stalking by intimate partners and contact sexual violence and stalking by other relatives. Data about physical violence is not collected for other relative offenders.

To assess the reliability of the surveys, we reviewed relevant agency documentation, compared our results to related information reported by the federal agencies, and interviewed knowledgeable agency officials. Based on this information, we determined that the data were sufficiently reliable for the purposes of providing information on the prevalence of domestic violence among people with disabilities.

All national estimates produced from our analysis of the federal data are subject to sampling errors. We express our confidence in the precision of our results as a 95 percent confidence interval. This is the interval that would contain the actual population value for 95 percent of the samples the respective agency could have drawn. For estimates from the violent crime survey, we calculated generalized variance function parameters to estimate the 95 percent confidence intervals as specified in the violent crime survey technical documentation. For the estimates from the public health violence survey, CDC provided the 95 percent confidence intervals. All the comparisons highlighted in the text of this report are statistically significant at the 95 percent confidence level unless otherwise noted.

We age-adjusted estimates for the population without disabilities from the violent crime survey. Because the age distributions of the populations with and without disabilities are different—people with disabilities tend to be older—we performed an age-adjustment to facilitate comparisons between the groups. The age-adjustment was only performed on estimates among people without disabilities using the population with disabilities as the standard population. We used the direct standardization method as specified in the violent crime survey technical documentation.

There are several important considerations for this analysis. Both surveys are cross-sectional and designed to provide a snapshot of respondents' demographic characteristics and experience of violent victimization. We cannot use these data to determine if a victimization caused a disability or

if a disability caused a victimization. For several of these reasons, these estimates are potentially underestimates of the true prevalence of violent victimizations:

- Neither survey includes fatal victimizations.
- Neither survey includes a specific category for caregiver offenders, which may be particularly relevant to people with disabilities.
- Neither survey includes people who live in institutions, including residential schools for people with disabilities and nursing facilities, or who are homeless.
- The mode of interviews, generally a phone interview, may not be suited to people who have difficulty communicating by phone.
- The data rely on respondents' self-reporting, which requires understanding the question, recalling an incident, and disclosing the incident to the interviewer.
- The public health violence survey experienced low response rates. Specifically, the response rates for the landline and cell phone frames were, respectively, 10.6 percent and 6.5 percent.

However, both surveys take steps to improve reporting. For example, the violent crime survey describes criminal incidents using everyday language to ascertain whether the respondent has been victimized In addition, both surveys created weights to adjust for selection probabilities and potential nonresponse bias.

Appendix II: Summary and Key Findings of Literature Review on Prevalence of Domestic Violence among People with Disabilities from 2013 to 2023

We conducted a literature review on the prevalence of domestic violence against people with disabilities based on any of the specific activity limitations measured in the American Community Survey as well as more general terms used to identify populations with disabilities.[1] To identify relevant articles, we searched a variety of databases (including Scopus, ProQuest, and APA PsycINFO) with the assistance of a research librarian, limiting our formal review to articles that were included in peer-reviewed publications from 2010 to 2023. The search included data sources other than the Department of Justice (DOJ) Bureau of Justice Statistics National Crime Victimization Survey (DOJ violent crime survey) and the Centers for Disease Control and Prevention's (CDC) National Intimate Partner and Sexual Violence Survey (CDC public health violence survey), which we examined separately.

After reviewing each article for sound methodologies and relevant content, we ultimately included 12 publications. Eight of the 12 articles we reviewed compared the prevalence of domestic violence among people with and without disabilities while the other four focused on a particular disability population.[2] Articles defined domestic violence in varying ways, which are not always consistent with how we use the term in this report. For the purposes of this report, domestic violence includes intimate partner violence—sexual violence, physical violence, and stalking by a spouse, boyfriend or girlfriend, dating partner, or ongoing sexual partner—and similar violence committed by other relatives (e.g., people currently or formerly related by blood or marriage or residing with the victim).

[1]We based the literature search on the six activity limitations measured in the American Community Survey disability questions (see appendix I). However, the methods used to assess disability status in the articles varied. For example, one article used the Washington Group Short Set of Questions on Disability to assess disability status.

[2]See table 3 for full bibliographic information.

Table 3: Summary of Key Findings of Articles on Prevalence of Domestic Violence among People with Disabilities, 2013–2023

			Definitions		
Article	**Data source and population description**	**Data collection year(s)**	**Disability status**	**Domestic violence**	**Prevalence of domestic violence by disability status**
Alhusen, Jeanne L., Genevieve Lyons, Kathryn Laughon, and Rosemary B. Hughes. “Intimate partner violence during the perinatal period by disability status: Findings from a United States population-based analysis.” Journal of Advanced Nursing 79, (2023): 1493–1502.	The Pregnancy Risk Assessment Monitoring System is a state-based sample survey of persons who recently had a live birth. Data were from 24 states, and respondents were asked about their disability status and intimate partner violence.	2018–2020	The Washington Group Short Set of Questions on Disability asks respondents about difficulty seeing; hearing; walking or climbing steps; remembering or concentrating; practicing self-care; and communicating, understanding, or being understood. Those who responded “I cannot do this at all” or that they had “a lot of difficulty” to any of the questions were considered to have a disability.	Intimate partner violence was defined as being pushed, hit, slapped, kicked, choked, or physically hurt by a husband or partner during the year before or during pregnancy.	During the year before pregnancy, the reported prevalence of intimate partner violence was an estimated 9 percent among respondents with at least one disability and 2 percent among those without a disability. During pregnancy, the reported prevalence of intimate partner violence was an estimated 6 percent among those with at least one disability and 2 percent among those without a disability. Differences were statistically significant.
Anderson, Melissa L., and Caroline M. Kobek Pezzarossi. “Violence against deaf women: Effect of partner hearing status.” Journal of Deaf Studies and Deaf Education 19, no. 3 (2014): 411–421.	Deaf female undergraduate students aged 18 to 25 who were in at least one relationship in the past year were recruited from Gallaudet University, a university for Deaf and hard of hearing students in Washington, D.C.	Not specified	The respondents identified as Deaf and hard of hearing.	The Revised Conflict Tactics Scales measure engagement in or experience with intimate partner violence (psychological aggression, physical assault, and sexual coercion, among others).	Among the respondents with Deaf partners, the reported prevalence of psychological aggression was 73.8 percent, physical assault was 31.1 percent, injury was 11.7 percent, and sexual coercion was 54.4 percent.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Crowe, Teresa V. “Intimate Partner Violence in the Deaf Community.” JADARA 46, no. 3 (2021): 4.	A sample of 167 Deaf and hard of hearing individuals completed an anonymous online survey about their current and past relationships.	Not specified	The respondents were Deaf or hard of hearing individuals.	The HITS (Hurt, Insult, Threaten, Scream) questionnaire asks respondents how often their partners physically hurt, insulted, threatened with harm, and screamed at them. Responses to each question are never=1, rarely=2, sometimes=3, fairly often=4, and frequently=5. A score of 10 or greater is considered indicative of the presence of domestic violence.	7 percent of respondents indicated the presence of domestic violence in their current relationship, and 44 percent indicated the presence of domestic violence in their past relationships.

Hahn, Josephine W., Marie C. McCormick, Jay G. Silverman, Elise B. Robinson, and Karestan C. Koenen. “Examining the Impact of Disability Status on Intimate Partner Violence Victimization in a Population Sample.” Journal of Interpersonal Violence 29, no. 17 (2014): 3063–3085.	The National Epidemiologic Survey of Alcohol and Related Conditions is a survey of adults designed to reflect the demographic characteristics of the U.S. population.	2001–2005	The questionnaire Includes items about both physical and mental health impairments.	The HITS (Hurt, Insult, Threaten, Scream) questionnaire measures engagement in or experience with intimate partner victimization during the past year.	Among respondents with and without physical health impairments, an estimated 4.3 percent (4.1 percent of women and 4.7 percent of men) and 3.2 percent (3.0 percent of women and 3.6 percent of men), respectively, reported experiencing past-year intimate partner victimization. Among respondents with and without mental health impairments, an estimated 6.4 percent (6.5 percent of women and 6.1 percent of men) and 2.7 percent (2.2 percent of women and 3.3 percent of men), respectively, reported experiencing past-year intimate partner victimization. Differences in past-year intimate partner victimization among women between those with and without physical and mental impairment were statistically significant. Among men, only the association between mental impairment and past-year intimate partner

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
					victimization was significant.
Li, Frank S., Sabrina Chow, Ilhom Akobirshoev, and Monika Mitra. "Partner Violence Hospitalizations Among Adults With Intellectual Disabilities." American Journal of Preventive Medicine 64, no. 1 (2023): 117–121.	The Hospital Cost and Utilization Project, National Inpatient Sample, is a representative sample of hospitalization discharges from community hospitals in the U.S. Hospitalizations of adults aged 18 or older were included in the analysis.	2013–2019	Intellectual disabilities were identified from hospitalization discharge records using diagnosis codes for intellectual disability.	Inpatient hospitalizations were identified from diagnosis codes indicating adult abuse, the perpetrator of abuse, or observation after abuse were present as either primary or secondary diagnoses.	Men and women with diagnosed intellectual disabilities experienced higher estimated rates of diagnosed intimate partner violence–related hospitalization (80.0 and 219.1 per 100,000 visits, respectively) than men and women without intellectual disabilities (13.3 and 44.8 per 100,000 visits, respectively). Differences were statistically significant.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Mitra, Monika, Vera E. Mouradian, and Maria McKenna. "Dating Violence and Associated Health Risks Among High School Students With Disabilities." Maternal and Child Health Journal 17 (2013): 1088–1094.	The Massachusetts Youth Health Survey is a representative sample of Massachusetts high school students. Students who had ever dated were included in the analysis.	2009	Students who responded "yes" to either "do you have any physical disabilities or long-term health problems?" or "do you have any long-term emotional problems or learning disabilities?" were considered to have a disability.[a]	Students who responded "yes" to the question "have you ever been hurt physically by a date or someone you were going out with? (include being hurt by being shoved, slapped, hit, kicked, or forced into any sexual activity)" were classified as ever having experienced dating violence.	Among Massachusetts high school students with disabilities who had ever dated, an estimated 18.1 percent (25.9 percent of girls and 9.1 percent of boys) reported experiencing dating violence victimization. Among those without a disability who had ever dated, an estimated 6.4 percent (8.8 percent of girls and 4.5 percent of boys) reported experiencing dating violence victimization. Differences by sex and disability status were statistically significant.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Mitra, Monika, and Vera E. Mouradian. "Intimate Partner Violence in the Relationships of Men with Disabilities in the United States: Relative Prevalence and Health Correlates." Journal of Interpersonal Violence 29, no. 17 (2014): 3150–3166.	The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based sample survey. Sixteen states and territories that asked respondents about intimate partner violence were included in the analysis.	2005–2007	Those who responded "yes" to questions about whether they had limitations because of physical, mental, or emotional problems or whether they had a health problem that required the use of special equipment were classified as having a disability.	Respondents answering "yes" to any of the following were classified as having experienced any lifetime intimate partner violence: whether they ever had been threatened with physical violence by an intimate partner; whether an intimate partner had ever attempted physical violence against them; whether an intimate partner had ever hit, slapped, pushed, kicked, or hurt them in any way; and whether they had ever experienced any unwanted sex by a current or former intimate partner. Past-year intimate partner violence was defined as reports of experiencing any physical violence by or unwanted sex with an intimate partner in the past year.	Among men, an estimated 19.0 percent and 13.3 percent of those with and without disabilities, respectively, reported any lifetime intimate partner violence. Of those, 12.2 percent and 8.0 percent, respectively, reported any intimate partner violence in the past year. Among women, an estimated 35.5 percent and 22.1 percent of those with and without disabilities, respectively, reported any lifetime intimate partner violence. Of those 7.1 percent and 7.8 percent, respectively, reported any intimate partner violence in the past year. Differences in lifetime intimate partner violence by sex and disability status were statistically significant.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Pollard Jr., Robert Q., Erika Sutter, and Catherine Cerulli. "Intimate Partner Violence Reported by Two Samples of Deaf Adults via a Computerized American Sign Language Survey." Journal of Interpersonal Violence 29, no. 5 (2014): 948–965.	Respondents under age 65 from three data sources: (1) Rochester sample: Deaf residents recruited from the greater Rochester, New York, area; (2) national sample: Deaf adults recruited during a National Technical Institute for the Deaf reunion event; and (3) Monroe County respondents to the BRFSS survey representing Monroe County, New York, which includes Rochester.	Rochester and national samples: 2008; Monroe County BRFSS: 2006.	Rochester and national Samples: Deaf adults; Monroe County BRFSS: disability status was not assessed.	Rochester and national Samples: Respondents were asked about physical abuse, emotional abuse, and forced sexual experiences by an intimate partner. Monroe County BRFSS: Respondents were asked about physical abuse and forced sex by an intimate partner. For all three data sources, respondents were asked about lifetime and past-year abuse experiences in each category.	The reported prevalence of ever being physically abused in the Rochester sample, national sample, and Monroe County BRFSS was an estimated 21.0 percent, 20.1 percent, and 13.9 percent, respectively. The reported prevalence of being physically abused in the last 12 months was an estimated 3.1 percent, 2.1 percent, and 2.7 percent, respectively. The estimated prevalence of ever being forced to have sex was 20.8 percent, 14.5 percent, and 5.8 percent, respectively. The reported prevalence of being forced to have sex in the last year was an estimated 3.8 percent, 2.1 percent, and 0.7 percent, respectively. Estimates for ever being physically abused and ever experiencing forced sex were higher for the Rochester and national samples than the Monroe County BRFSS.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Scherer, Heidi L., Jamie A. Snyder, and Bonnie S. Fisher. "A Gendered Approach to Understanding Intimate Partner Victimization and Mental Health Outcomes Among College Students With and Without Disability." Women & Criminal Justice 23, no. 3 (2013): 209–231. "Intimate Partner Victimization Among College Students With and Without Disabilities: Prevalence of and Relationship to Emotional Well-being." Journal of Interpersonal Violence 31, no. 1 (2016): 49–80.	The National College Health Assessment II is a biannual survey of 2- and 4-year college students in the U.S. Only respondents who were undergraduates and aged 18 to 25 were included in the analysis.	Fall 2008	Respondents were coded as having a disability if they reported having any of the following mental, physical, or learning impairments: attention-deficit/hyperactivity disorder, deafness/hard of hearing, learning disability, mobility/dexterity disability, partial sightedness/blindness, psychiatric condition, speech or language disorder, bipolar disorder, obsessive-compulsive disorder, phobia, schizophrenia, or other mental health conditions.	Respondents were asked whether in the past 12 months they had been in an intimate relationship that was psychologically abusive, physically abusive, or sexually abusive. Those who responded "yes" to any of the above were categorized as having experienced intimate partner victimization.	Among female respondents with and without disabilities, 20.4 percent and 11.1 percent, respectively, reported experiencing any intimate partner victimization in the past 12 months. Among male respondents with and without disabilities, 11.2 percent, and 6.2 percent, respectively, reported experiencing any intimate partner victimization in the past 12 months. Among all respondents with and without disabilities, 17.7 percent and 9.7 percent, respectively, reported experiencing any intimate partner victimization in the past 12 months.

Article	Data source and population description	Data collection year(s)	Definitions		Prevalence of domestic violence by disability status
			Disability status	Domestic violence	
Smith, Rebecca A. Elliott, and Lawrence H. Pick "Sexual Assault Experienced by Deaf Female Undergraduates: Prevalence and Characteristics." Violence and Victims 30, no. 6 (2015): 948–959.	Respondents were Deaf females aged 18 or older who were members of the undergraduate community at a large university serving Deaf individuals.	Not specified	The respondents identified as Deaf.	The researchers modified the sexual assault questions in the Revised Conflict Tactics Scales, which include questions about sexual assault by an intimate partner, to include perpetrators who were not intimate partners. In addition, the researchers added questions about sexual assault when the victim was drugged or too inebriated to consent.	69 percent of respondents reported experiencing at least one sexual assault during their lifetime.
Walsh, Kate, Deborah Hasin, Katherine M. Keyes, and Karestan C. Koenen. "Associations Between Gender-Based Violence and Personality Disorders in US Women." Personality Disorders: Theory, Research, and Treatment 7, no. 2 (2016): 205.	The National Epidemiology Survey of Alcohol and Related Conditions is a survey of adults designed to reflect the demographic characteristics of the U.S. population. Only women were included in this analysis.	2004–2005	The Alcohol Use Disorders and Associated Disabilities Interview Schedule was used to assess personality disorders.[b]	Questionnaire asks about exposure to gender-based violence, specifically sexual assault, physical assault, and stalking. Respondents who provided an affirmative response to any of these items were coded as having experienced gender-based violence.	The reported prevalence of having any personality disorder was an estimated 33.5 percent among women who had experienced any gender-based violence and 11.1 percent among women who had not experienced any gender-based violence. Differences were statistically significant after accounting for demographics.

Source: GAO analysis of the cited articles. | GAO-24-106366

[a]Long-term refers to difficulties that have lasted or are expected to last 6 months or longer.

[b]The Alcohol Use Disorders and Associated Disabilities Interview Schedule assessed antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid, and schizotypal personality disorders.

Appendix III: Additional Analysis of Centers for Disease Control and Prevention Public Health Violence Data from 2016/2017

Table 4: Estimated Prevalence of Domestic Violence against Adults with Disabilities by Sex, 2016/2017

Lifetime prevalence of contact sexual violence, physical violence, and stalking victimization by an intimate partner against people with disabilities	
	Weighted percentage (95% confidence interval)
Women	58.0% (55.5%, 60.4%)
Men	50.7% (47.9%, 53.4%)
Lifetime prevalence of contact sexual violence and stalking victimization by a family member against people with disabilities	
	Weighted percentage (95% confidence interval)
Women	19.7% (17.9%, 21.5%)
Men	5.8% (4.8%, 7.1%)

Source: Centers for Disease Control and Prevention (CDC) National Intimate Partner and Sexual Violence Survey, 2016/2017 data. | GAO-24-106366

Table 5: Estimated Prevalence of Domestic Violence among Adults with Disabilities by Race and Ethnicity, 2016/2017

Lifetime prevalence of contact sexual violence, physical violence, and stalking victimization by an intimate partner against people with disabilities	
	Weighted percentage (95% confidence interval)
Hispanic	48.6% (43.4%, 53.7%)
Black, non-Hispanic	63.9% (59.0%, 68.6%)
White, non-Hispanic	54.0% (51.8%, 56.2%)
Asian or Pacific Islander, non-Hispanic	41.9% (28.8%, 56.2%)
American Indian or Alaska Native, non-Hispanic	61.5% (49.0%, 72.7%)
Multiracial, non-Hispanic	74.5% (66.7%, 81.0%)
Lifetime prevalence of contact sexual violence and stalking victimization by a family member against people with disabilities	
	Weighted percentage (95% confidence interval)
Hispanic	11.8% (9.1%, 15.2%)
Black, non-Hispanic	12.5% (9.6%, 16.0%)
White, non-Hispanic	13.4% (12.1%, 14.8%)
American Indian or Alaska Native, non-Hispanic	22.0% (14.1%, 32.8%)
Multiracial, non-Hispanic	22.8% (17.2%, 29.7%)

Source: Centers for Disease Control and Prevention (CDC) National Intimate Partner and Sexual Violence Survey, 2016/2017 data. | GAO-24-106366

Note: We do not report estimates for the non-Hispanic Asian or Pacific Islander population with disabilities because the estimates do not meet the CDC's reliability standards.

Appendix IV: List of National Resource Centers Receiving Funding from the Department of Health and Human Services under the Family Violence Prevention

Table 6: List of National Domestic Violence Resource Centers Receiving Funding through the Department of Health and Human Services' Family Violence Prevention Program, Fiscal Year 2023

Resource Center Name
Alaska Native Women's Resource Center
Asian-Pacific Institute on Gender Based Violence
Battered Women's Justice Project
Caminar Latino – Center on Child Custody and Protection
Esperanza United (formerly Casa de Esperanza)
Futures Without Violence: National Health Resource Center on Domestic Violence
Futures Without Violence: Promising Futures Children's Capacity Building Center
Minnesota Indian Women's Sexual Assault Coalition
Monsoon Asians and Pacific Islanders in Solidarity
Mujeres Latinas En Acción
National Capacity Building Center on Safe and Supportive Housing for Survivors
National Center on Domestic Violence, Trauma, and Mental Health
National Domestic Violence Hotline
National Indigenous Women's Resource Center
National LGBTQ Institute on IPV
National Network to End Domestic Violence - Formula Grantee Capacity Building Consortium
National Resource Center on Domestic Violence
Pouhana O Nā Wāhine
STTARS - NIWRC Tribal Safe Housing Capacity Center
Ujima: The National Center on Violence Against Women in the Black Community

Source: GAO analysis of U.S. Department of Health and Human Services documentation. | GAO-24-106366

Appendix V: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

August 9, 2024

Elizabeth H. Curda
Director, Education, Workforce, and
Income Security
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Curda:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, **"FEDERAL DOMESTIC VIOLENCE ASSISTANCE: HHS Should Assess Accessibility-related Technical Assistance for Local Centers" (GAO-24-106366).**

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – FEDERAL DOMESTIC VIOLENCE ASSISTANCE: HHS SHOULD ASSESS ACCESSIBILITY-RELATED TECHNICAL ASSISTANCE FOR LOCAL CENTERS (GAO-24-106366)

The Department of Health & Human Services (HHS) appreciates opportunity to respond to the draft report.

GAO Recommendation

The Secretary of HHS should ensure that the Administration for Children and Families establishes and implements a process to systematically review whether the accessibility-related technical assistance that it supports under the family violence prevention program is reaching and meeting the needs of local centers and, if warranted, take steps to improve the quality and dissemination of technical assistance and ensure that it covers needed topics. For example, HHS could use its revised monitoring tools to collect input from grantees and subgrantees on their accessibility-related technical assistance needs, consider accessibility-related technical assistance when selecting training to observe, or improve the consistency of the data that national resource centers collect on their accessibility-related technical assistance.

HHS Response

The Administration for Children and Families (ACF), Office of Family Violence Prevention and Services (OFVPS) appreciates the opportunity to review the GAO report and recommendation focused on the accessibility of Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. §§ 10401—10414, funded local domestic violence shelters and programs for survivors with disabilities.

ACF agrees with the GAO recommendation to systematically review whether the accessibility-related technical assistance provided by the FVPSA is reaching and meeting the needs of local domestic violence centers.

ACF's OFVPS has been taking steps to strengthen its ability to review training systematically for all grant recipients, including FVPSA funded resource centers by improving the ability to collect measurable and quantifiable training data. Specifically, over the past two years, OFVPS has been implementing a data modernization project to improve the collection and analysis of quantifiable performance progress reporting data submitted by all FVPSA grant recipients. In fact, OFVPS has made significant progress in efforts to improve the consistency of reporting and analysis of data from FVPSA-funded national resource centers about accessibility training and technical assistance for domestic violence programs. In 2023, OFVPS developed a specialized performance progress report for all FVPSA-funded training and technical assistance resource centers that each will be required to complete semi-annually in accordance with the Department of Health and Human Services (HHS) discretionary grants reporting requirements.

The OFVPS specialized performance progress report, entitled *Family Violence Prevention and Services: National, Special Issue, and Culturally Specific Resource Centers,* was approved for implementation on June 7, 2024. Please see attachment A, the approved Information Clearance Request (ICR) and attachment B, the performance progress report form. Notably, the performance progress report form includes disability specific reporting requirements (see Tables B through E, Table H, and Table J).

This new specialized performance progress report form for all FVPSA funded-resource centers includes requirements to report the number of people trained on disability rights; the number of trainings provided on accessible services and Americans with Disabilities Act (ADA) requirements; the number of trainings provided about appropriately responding to and serving survivors with disabilities or who are deaf. In addition, the new specialized performance progress report form will collect information from all FVPSA-funded resource centers on the number of site visits, technical assistance contacts, training activities, and technical assistance activities on disability rights and service accessibility for survivors with disabilities nationwide. This performance progress report form will include reported demographic information on people who participated in their technical assistance activities on persons who are: deaf/hard of hearing; have physical disabilities; or have cognitive disabilities. Further, the progress report will also include reported information from FVPSA funded resource centers on the number of activities that they have completed to enhance responses and services for survivors who are deaf/hard of hearing; have physical disabilities; or have cognitive disabilities.

Once OFVPS has completed the implementation of the new specialized performance progress report form for all FVPSA funded resource centers, the Office will begin development of a training and technical assistance survey in accordance with the Paperwork Reduction Act (PRA). While ACF believes that the OFVPS monitoring tool—an internal monitoring document with over 200 questions—would not be the appropriate tool to revise for such a purpose as it is too exhaustive and burdensome to be sent to local domestic violence programs who are underfunded to review and complete in a timely manner, a new training and technical assistance survey would enable FVPSA-grant recipients to share their technical assistance needs for serving survivors with disabilities and ensure that FVPSA resource centers are reaching and meeting the needs of local domestic violence centers. OFVPS anticipates development of this new survey to begin in fiscal year (FY) 2025.

Appendix VI: GAO Contact and Staff Acknowledgments

GAO Contact

Elizabeth Curda, (202) 512-7215 or curdae@gao.gov

Staff Acknowledgments

In addition to the contact above, the following staff members made significant contributions to this report: Lorin Obler (Assistant Director), Sheranda Smith (Analyst in Charge), Padma Chirumamilla, Alex Galuten, Timothy Jackson, Patricia Powell, Raquel Qualls-Hampton, Sirin Yaemsiri, and Timothy Young. Key support was also provided by James Bennett, Estelle Bowman, Tonnye Connor-White, Holly Dye, Lorraine Ettaro, Paige Gilbreath, Tangere Hoagland, Angela Jacobs, Kristen Jones, Jill Lacey, Amy MacDonald, Michael Murray, Jennifer Padgett, Lindsay Shapray, Joy Solmonson, Almeta Spencer, Kelly Troutman, Lisa Van Arsdale, and Adam Wendel.