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▣ AAATE

See Association for the Advancement of Assistive Technology.

▣ ABLEISM

Ableism describes prejudicial attitudes and discriminatory behaviors toward persons with a disability. Definitions of ableism hinge on one's understanding of normal ability and the rights and benefits afforded to persons deemed normal. Some persons believe it is ableism that prevents disabled people from participating in the social fabric of their communities, rather than impairments in physical, mental, or emotional ability. Ableism includes attitudes and behaviors emanating from individuals, communities, and institutions as well as from physical and social environments.

HISTORY

The term *ableism* evolved from the civil rights movements in the United States and Britain during the 1960s and 1970s, but prejudice and discrimination against persons with a disability has existed across the globe and throughout history. During the civil rights era, disability activists transformed religious and scientific understandings of disability into a political paradigm.

In religious and scientific paradigms, disability is an individual characteristic. The disabled individual bears primary responsibility for enduring or remedying the disability through prayer in the religious paradigm or through medical intervention in the scientific paradigm. Although disabled persons are sometimes isolated from nondisabled persons, the dominant theme in both religious and scientific traditions is that nondisabled persons should behave compassionately toward disabled persons. From the civil rights perspective, often called a minority oppression model, society creates disability by creating physical and social environments hostile to persons different from the majority or "abled" culture. *Ableism* has become a term used to describe "the set of assumptions and practices that promote unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences" (Terry 1996:4–5).

MANIFESTATIONS OF ABLEISM

Discriminatory attitudes and practices that promote unequal treatment of disabled persons share many similarities with the discrimination against other minority groups. Discrimination may be direct or indirect, legally or culturally encoded, based on scientific norms or based on false assumptions. Stereotyped notions of the minority group, whether chosen by an individual or ascribed to an individual by others, may prevent members of the majority group from even perceiving

individual characteristics. Common components of ableism include lowered expectations, normalization as beneficence, limitations in self-determination, labeling, and eugenics.

Lowered Expectations

Expectations refer to beliefs about probable future occurrences based on current observations. Expectations of parents, teachers, employers, and others often influence one's self-concept and one's achievement. Research demonstrates correlations between high expectation and high achievement among students in elementary through higher educational settings, as well as correlations between low expectation and low achievement. Moreover, research demonstrates that the younger the person, the stronger the influence of expectations held by others. The consequences of low expectation are particularly pernicious when those forming expectations erroneously evaluate ability and when they assume that low achievement in one performance domain automatically transfers to low achievement in other performance domains. For example, children with speaking impairments are often erroneously assumed to have more difficulty learning than those who are easily understood.

Two areas of lowered expectations receive special attention in the disability literature and in public policy: education and employment. Across continents, many nations prohibit certain forms of discrimination in educational and employment opportunity. In the United States, the Individuals with Disabilities Education Act (1975, 1997) requires schools to provide "free and appropriate education" for all students, and the Americans with Disabilities Act (ADA; 1990) provides employment protections for qualifying persons with disability. In Australia, the Disability Discrimination Act (1992) supports nondiscrimination in education and training and the Disability Services Act (1986) provides that a person with disability has a right to achieve his or her individual capacity for physical, social, emotional, and intellectual development. In the United Kingdom, the Disability Discrimination Bill (1995) prohibits employer discrimination against disabled persons in recruitment, employment conditions, training, and promotion. One limitation

of these and similar acts in other nations is that they cannot adequately protect persons from unspoken judgments of inadequacy that follow a person throughout childhood and adulthood.

Ableism manifested by lowered expectations in education may be remedied in several ways. Hehir (2002) wrote at length about policies to reduce ableism in schools. He asserted that children with learning disabilities should have access to the rest of the curriculum even if evidence suggests that reading and writing will always be weak. He proposes the elimination of policies in which schools are allowed to a priori exclude the performance of children with disabilities from overall school performance. Laws with this type of exclusion reinforce lower expectations, and consequently lower achievement, of children with disability.

Ableism causing lowered expectation in employment is also pervasive across cultures. Especially in capitalist economies, persons with disability are viewed as expensive labor or not suited for labor at all. The inordinate focus on the characteristics of the disability to the exclusion of that which a person can do exacerbates lower expectations and produces discrimination.

Normalization as Beneficence

Ableism is manifest whenever people assume that normal physical, mental, and emotional behavior is beneficial regardless of a person's actual physical, mental, and emotional attributes. Especially when strong research evidence supports alternate conclusions, the equating of normal with desirable may be harmful to disabled persons. For example, educators and parents may assume that deaf children will better negotiate the hearing world with oral language than with manual language (e.g., sign language). A large body of research, however, demonstrates that deaf children make greater educational achievements when manual, rather than verbal, language skills are emphasized. Language provides organization for the acquisition and utilization of knowledge. It is therefore logical that an emphasis of oral language over manual language would be detrimental to most deaf children. Normalization may be particularly noxious when persons without disability assume positions of power over persons with disability.

Limitations in Self-Determination

Self-determination describes the right and the responsibility of people to make decisions for themselves. Self-determination includes freedom to associate with whomever one chooses, authority to control money owned by or used to purchase services for oneself, autonomy to be the boss of one's own life, and assuming responsibility for the consequences of one's decisions. Self-determination is an internationally endorsed value. The United Nations General Assembly adopted the "Universal Declaration of Human Rights" in 1948. This document affirms that the "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." A problem is that these inalienable rights have often been denied to disabled person. Ableism occurs whenever a group of persons endorse self-determination among most group members but restrict or inhibit disabled persons from making basic life choices. Even when legal codes establish the rights of disabled persons to exercise the same rights of self determination that are afforded to abled persons, disabled persons often are not able to exercise their rights to self-determination in education, employment, transportation, housing, medical decision making, and social interchange. These rights may remain inaccessible to disabled persons due to inaccessibility of physical and social spaces, limited financial resources, and disabling attitudes.

Labeling

Labeling a person as "disabled" requires a judgment, usually by a professional, that an individual's behaviors are somehow inadequate, based on that professional's understanding of community expectations about how a given activity should be accomplished. Professionals typically consider methods used by "abled" person of the same age, sex, and cultural and social environment to accomplish a task to be normal, and all other methods to be abnormal. A problem with this interpretation of disability is the duality of categorization. People are either "disabled" or "abled." "Able" persons set the criteria for the categorization, and "abled" persons make the judgments that assign people to one of the two categories. The label "disabled"

implies inadequacy as a person. The social meaning of a classification often more strongly influences the daily life of a labeled person than the characteristics that cause the person to meet the classification criteria. When a label carries positive social meaning, the labeled individual may experience expanded opportunities. When the label carries negative social meaning, opportunities often contract. The label "disabled" carries negative social meaning. In the United States, the authors of the ADA recognized the seriousness of the negative consequences of being thought of as "disabled." The ADA protects persons thought of as "disabled" equally to persons who otherwise meet the criteria for disability under the act. Few other countries have enacted laws to address disadvantage that results from simply being called "disabled."

Eugenics

Eugenics may be defined as development and improvement of the human race. Eugenic methods include preventing persons deemed deviant and defective from being born, preventing persons born deviant or defective from reproducing, and isolating persons deemed deviant and defective through institutionalization or murder. The systematic killing of disabled children by the Nazi regime in Germany during World War II illustrates an extreme form of ableist behavior. The identification of the human genome (entire genetic makeup of human beings) facilitates selective abortion based on ableism. Selective abortion is a contemporary form of eugenics. Societies that permit abortion for fetuses likely to be born disabled, but do not permit abortion for those likely to be born abled, invalidate the lives of disabled persons.

—Sandra J. Levi

See also Americans with Disabilities Act of 1990 (United States); Disability Discrimination Act of 1992 (Australia); Eugenics; Individuals with Disabilities Education Act of 1990 (United States); Stigma; Stigma, International.

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4 Abu 'L-`Ala Al-Ma`arri (973-1057)

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▣ ABU 'L-`ALA AL-MA`ARRI (973-1057)

Arab poet and freethinker

The renowned Arab poet and philologist Abu 'L-`Ala lost most of his sight to smallpox in his fourth year, and was blind as a youth. His memory developed well, and he retained huge amounts of Arabic literature. Abu 'L-`Ala took up the role of blind poet, having a tiny pension for himself and his sighted attendant. When that income failed, he moved to Baghdad and joined literary circles there, managing briefly to earn a precarious living from writing and public recitation of verses. While his talents were appreciated, they did not save him from some quarrels and humiliations. Within two years, he had returned to Ma`arrat and resumed his life there, in 1010. Extant correspondence shows him active in literary affairs and teaching. As his teeth began to drop out, he complained of his own mispronunciation leading to his amanuensis writing mistakenly. Abu 'L-`Ala actively courted controversy with unorthodox religious views, even writing a book

that could be considered as attempting to rival the Qur'an.

—Kumur B. Selim

See also Abu 'l Aswad ad-Duwali; `Ata ibn Abi Rabah; Jahiz, Al- (Abu Othman Amr bin Bahr); Khalil, Al-; Middle East and the Rise of Islam.

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▣ ABU 'L ASWAD AD-DUWALI (603-688)

Arab scholar

The scholar and innovative grammarian Abu 'l Aswad ad-Duwali lived in Basra, Iraq, and for a short period may have been city governor, under the caliphate of `Ali. In later life, Abu 'l Aswad suffered paralysis and could hardly walk, yet insisted on going to market in person, though he was wealthy. An acquaintance remarked that there was no reason to put himself to this trouble, so Abu 'l Aswad explained why he would continue to appear in public as long as he could: "I go in and out, and the eunuch says: 'He is coming,' and the boy says: 'He is coming,' whereas, were I to continue sitting in the house, the sheep might urine upon me without anyone preventing them." Another reason was that Abu 'l Aswad had lost all real influence after the murder of his patron `Ali, but in public he was still recognized as a man who had been of some consequence.

—Kumur B. Selim

See also Abu 'l-`Ala al-Ma`arri; `Ata ibn Abi Rabah; Jahiz, Al- (Abu Othman Amr bin Bahr); Khalil, Al-; Middle East and the Rise of Islam.

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[Q: Source for the "I go in and out" quote?]

▣ ABUSE AND HATE CRIMES

Abuse and hate crimes are serious problems in the lives of many disabled people. Abuse can take many forms, including: physical, sexual, emotional, medical, and financial abuse, as well as maltreatment and neglect. Physical abuse can include hitting, slapping, and pushing; sexual abuse can involve unwanted touching, sexual contact, or rape; emotional abuse can include bullying, threatening, and intimidating a person; medical abuse can involve overmedicating a person or denying them appropriate medications; financial abuse involves wrongfully using someone else's finances; and neglect may range from failure to provide basic necessities to putting someone at risk through unsafe practices.

Many studies show that disabled people are far more likely than nondisabled people of the same age and gender to be the victims of abuse. However, the studies that have been carried out on disability abuse have often been conducted on small populations of people with specific impairments. For instance, Sullivan, Vernon, and Scanlan (1987) and Elder (1993) reported sexual abuse among Deaf youths at rates higher than 50 percent. Jacobson and Richardson (1987) found that 81 percent of psychiatric inpatients with multiple disabilities had been abused. Pava (1994) studied the vulnerability of vision-impaired people to sexual and physical assault, concluding that one in three of her sample had been targets of either attempted or actual assault. In an Australian study, Wilson and Brewer (1992) reported that people with an intellectual disability were 10 times more likely to experience violent crime victimization than other adults. McCabe, Cummins, and Reid (cited in Chenoweth 1999) found that 20.5 percent of people with an intellectual disability had been raped, compared to 5.7 percent of a control group of nondisabled people.

There is an abundance of literature suggesting that disabled children experience far higher rates of abuse than nondisabled children. Ammerman and Baladerian (1993) concluded that the rate of maltreatment of disabled children is 4 to 10 times higher than nondisabled children. Sullivan and Knutson (1998) examined nearly 40,000 hospital records and reported rates of maltreatment among children with disabilities

that were 1.7 times higher than nondisabled children. A later review of school records by Sullivan and Knutson (2000) indicated maltreatment among 31 percent of disabled children compared to 11 percent of the overall school population. A number of studies suggest that abuse is often carried out by people who are known to the victim—family, friends, other disabled people, and even paid caregivers. However, many cases of abuse are not reported to authorities because of the victim's shame, fear of retaliation, fear of not being believed, or reliance on third parties to report the abuse.

Sobsey, Randall, and Parrila (1997) suggested that there may be different patterns of abuse for disabled boys than disabled girls. They reviewed the case files of 1,834 children and found that 62 percent of girls with disabilities and 38 percent of boys with disabilities experienced sexual abuse, 59 percent of girls with disabilities and 41 percent of boys with disabilities had been emotionally abused, and 56 percent of disabled boys were neglected, compared to 44 percent of disabled girls.

Dick Sobsey's (1994) major study, *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* suggested that disabled people are more likely than nondisabled people of the same age and gender to experience abuse and that this abuse is more likely to be prolonged and severe. Sobsey also suggested that a "culture of abuse" often existed in certain institutions. This argument is supported by Furey, Neilsen, and Strauch (1994), who reviewed cases of substantiated abuse and neglect of mentally retarded adults in Connecticut. They found that such abuse and neglect is far more likely to occur in group homes and institutional settings than in private residences. Chenoweth (1996) acknowledged that there may be a "culture of cover-up" in institutions and group homes. However, she emphasizes the importance of other social factors in creating environments where abuses take place, including the dehumanization of residents in institutions, a "paradox of care and abuse within the one system," and the enormous power differentials between people and the system.

The rates of abuse experienced by disabled women are particularly high. Nosek et al. (2001) also stated that 62 percent of physically disabled women in their

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study reported experiences of sexual abuse. The Disabled Women's Network of Canada surveyed 245 women with disabilities in 1989 and found that 40 percent had experienced abuse, and 12 percent had been raped (Riddington 1989). The most frequent perpetrators in these cases were spouses and former spouses. Less than half of these cases of abuse and rape were reported.

A number of studies suggest that the vast majority of perpetrators of abuse are male and are known to the victim (National Center for Injury Prevention and Control 1998). Perpetrators of abuse include caregivers, family members, other disabled people, health care providers, and acquaintances. The fact that many disabled people have a number of caregivers in their lives, whose work often involves rather intimate tasks, may be one of the factors that puts them at increased risk of abuse. Social and personal boundaries are often at risk of being blurred in the provision of personal assistance (Saxton et al. 2001).

Some of the responses that have been developed to prevent abuse include the following: training programs for both potential victims and caregivers to increase awareness of abuse issues; sex education programs that emphasize choice making, personal rights, and assertiveness training; and staff screening programs involving reference and police checks to weed out convicted sex offenders from caregiving positions (Sobsey and Mansell 1990). It is essential that child protection workers, law enforcement personnel, and educators (particularly in special education settings) be provided with sufficient training to appropriately respond to cases of disability abuse.

Unfortunately, many child protection workers lack knowledge about disability issues. This lack of confidence dealing with disability issues has led to the situation where disabled children are overrepresented among victims of abuse but underrepresented among the caseloads of child protection workers (Orelove, Hollahan, and Myles 2000). As a result, disabled victims of abuse often experience significant difficulty in accessing appropriate services. Over 50 percent of the services studied by Sobsey and Doe (1991) did not provide any accommodations to meet the needs of their disabled clients. Many professionals also report a lack of training in dealing with abuse

histories of male clients, which may compound these problems (Lab, Feigenbaum, and De Silva 2000).

DISABILITY HATE CRIMES

Disability hate crimes are criminal acts aimed at a person because of their disability identity, or because of their connection with someone who is disabled. To prove that a crime is actually a hate crime, there must be evidence to demonstrate conclusively that the perpetrator discriminated in the selection of the victim. There are two victims in hate crimes: individuals and communities. Hate crimes not only represent an attack on the rights and freedoms of individuals, they indicate a lack of physical safety for anyone in the community that has been attacked. Because hate crimes have two victims (both individuals and communities), offenders are often given extra penalties for these crimes.

The unique aspect of hate crimes is that they involve "parallel crimes" (Jeness and Grattet 2001:130). That is, there are two crimes embedded in a single act: a crime such as vandalism, theft, arson, murder, or assault, and another crime, a bias crime. To prove that a bias crime has occurred, it is necessary to demonstrate that the offender discriminates in the selection of his or her victim. To prove a disability hate crime exists, discrimination on the basis of real or perceived disability must be a substantial reason for discriminating against this particular individual. Evidence of hate can include words or symbols associated with hate, demeaning jokes about a particular group, the destruction of that group's symbols, a history of crimes against a group, a history of hate crimes in the community, and the presence of hate group literature.

Hate crime legislation typically outlines specific identity categories that are protected from bias crimes. This has led some critics to suggest that there is a hierarchy of protected categories, with race, religion, and ethnicity being the least controversial categories and gender, sexual orientation, and disability being the most controversial (McPhail 2000). In *Hate Crimes: Criminal Law and Identity Politics*, James Jacobs and Kimberly Potter (1998) argued that protecting certain categories of identity generates political conflict, produces an overly negative picture of intergroup relations,

and creates recurrent occasions for intergroup conflict. The proponents of hate crimes legislation counter these arguments by arguing that the legislation responds to, rather than creates, intergroup conflict—particularly the violent suppression of marginalized identities and the violence defense of hegemonic identities.

Hate crimes tend to be associated with high levels of violence. Compared to other forms of crime, hate crimes are far more likely to involve physical threat and harm to individuals, rather than property. Victims of a hate crime are three times more likely to require hospitalization than victims of a nonbias assault (Bodinger-DeUriate and Sancho 1992). In one study, half the victims of hate crimes were assaulted. This is a significantly higher rate than the national crime average, where only 7 percent of crimes involve assault (Levin and McDevitt 2002:17). The psychological consequences of hate crimes also seem to be more significant than those for nonbias crimes, in terms of depression, anger, anxiety, and posttraumatic stress (Herek, Gillis, and Cogan 1999; Herek et al., 1997).

Many hate crimes are committed by complete strangers—people who do not know the victim at all. Hate crimes are also often unprovoked (McPhail 2000). This aspect of the crime reinforces the sense that it is not something about the particular individual, but simply the person's shared identity with a collective group, that is the source of the victimization. In fact, this aspect of the crime is often seen as pivotal in establishing that the act was a hate crime rather than another form of crime.

Only a very small minority of disability hate crimes involve organized hate groups. However, it is important to acknowledge that some organized hate groups also overtly display their hostility to disabled people. Some neo-Nazi groups rely on eugenic ideas to debase disabled people and deny the right of disabled people to live. For instance, the white supremacist group Stormfront often discusses the need to “eliminate bad genes” and rid the world of disabled people.

Hate crimes often involve multiple perpetrators (whereas most assaults usually involve two mutual combatants), and often the victims are unarmed while the perpetrators are armed (Bodinger-DeUriate and Sancho 1992). Also, perpetrators of hate crimes often

do not live in the area where they commit the crimes. They frequently spend time and money in traveling to unfamiliar areas in order to perpetrate the crime (Medoff 1999). And in most property crimes, something of value is stolen, but hate crimes that involve property are more likely to entail the destruction rather than the theft of that property (Medoff 1999).

Few countries retain national data on disability hate crimes. Often these crimes are not reported to police, or not recorded even if they are reported. Even when crimes against disabled people are neither random nor circumstantial, they are almost never acknowledged as “hate crimes.” However, the FBI has published some data on disability hate crimes in America, suggesting that the most common forms of disability hate crimes are assault, intimidation, destruction of property, and vandalism. FBI data on American disability hate crimes from 1997 to 2001 indicate that the most common forms of disability bias crime are simple assault and intimidation, both of which comprise 29 percent of all disability bias crimes. The next most common form of disability bias crime is destruction, damage, or vandalism, which comprised 14 percent of all disability bias crimes.

For a range of bureaucratic reasons, those agencies responsible for reporting hate crimes may not have reported all crimes in their jurisdictions. This is a problem generally with hate crime statistics, and not just disability hate crimes. One of the serious misgivings that has to be voiced about these data is that less than 2,000 of the eligible 17,000 law enforcement agencies have ever filed a report of any sort of hate crime—whether by racial, religious, gender, sexuality, nationality, disability, or other bias (Center for Criminal Justice Policy Research and Justice Research and Statistics Association 2000).

The problems with these data stem from the fact that submitting hate crimes reports is voluntary, not all jurisdictions within states submit reports, and time frames for reporting are uneven—ranging from one month to one year (American Psychological Association 1998). Another problem is that there is a great deal of inconsistency in the location of hate crime units, the nature and amount of training received by responsible officers, procedures for screening and handling cases, and record-keeping systems (Martin 1995). Balboni

and McDevitt (2001) suggested that lack of departmental infrastructure, lack of training and supervision, and communication breakdowns between line officers and those responsible for reporting the crimes may inhibit accurate reporting of hate crimes. Green et al. (2001:295) commented, "One cannot compare jurisdictions that use different reporting standards or have different levels of commitment to the monitoring of hate crime." Potok (2001) argued that the process is riddled with errors, failures to pass along information, misunderstanding of what constitutes a hate crime, and even falsification of data. Despite these misgivings, it must be acknowledged that many police departments are making significant efforts to implement hate crime policies and to monitor the incidence of hate crimes in their jurisdiction. Other factors may contribute to the failure to report hate crimes in such circumstances (Haider-Markel 2001).

—Mark Sherry

See also Child Abuse; Violence.

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ACCESSIBILITY

Accessibility is a term with no precise definition. In the disability field, the concept of accessible environments is used to describe environments that are approachable, obtainable, or attainable. Often this means that the environment can be altered to enhance the individual's probability to participate in that environment in a way that is meaningful to the individual. Such environments are thus viewed as accessible. In this sense, issues of access and accessibility are usually not discussed in isolation, but rather in terms of specific environments to which access is desired. Examples of environments where accessibility is discussed are communication systems, education, employment, health care, housing, information technology, medical offices, polling places, public transportation,

and websites. This list is by no means exhaustive. Any environment can be deemed as one to which accessibility is desirable.

Accessibility is a distinct characteristic from both participation and the environment. By its nature, *participation* refers either to an act of taking part or to a state of being related to a large whole. *Accessibility* is not an act or a state but a liberty to enter, to approach, to communicate with, to pass to and from, or to make use of a situation. The *environment* is either that large whole or parts thereof or that situation which is accessed. From these distinctions, it is clear then that the elements of accessibility are characteristics of an environment's availability but not characteristics of the environment itself.

By its nature, accessibility is interactive. An environment that is accessible to one person may not be accessible to another. As such, accessibility references issues to the interaction of persons and their environment. Hence, questions can be raised as to whether an environment has been formed or designed in such a way that a person can approach, obtain, or attain some aspect that is desired by that individual. Yet some enhancement of the individual's ability to obtain such access may be desirable. For instance, Braille can make linguistic communication that is usually obtained through sight attainable to persons who are blind, but those persons must know how to use the sense of touch to access Braille. Thus, written communication will not be accessible to persons who are blind if both of these conditions do not obtain—(a) written works must be available in Braille and (b) individuals who are blind must know how to read Braille. However, even the second part raises an issue of accessibility—the access of individuals who are blind to training in Braille. In this sense, accessibility is not a static phenomenon but can occur across different planes.

For more than 30 years in the United States, the concept of accessibility has been legally codified in Section 502 of the Rehabilitation Act of 1973, which created the Access Board. The work of this board interfaces not only with the Rehabilitation Act but also with the Architectural Barriers Act, the Americans with Disabilities Act, and Section 255 of the Telecommunications Act. The board grew out of the creation by Congress in September of 1965 of the