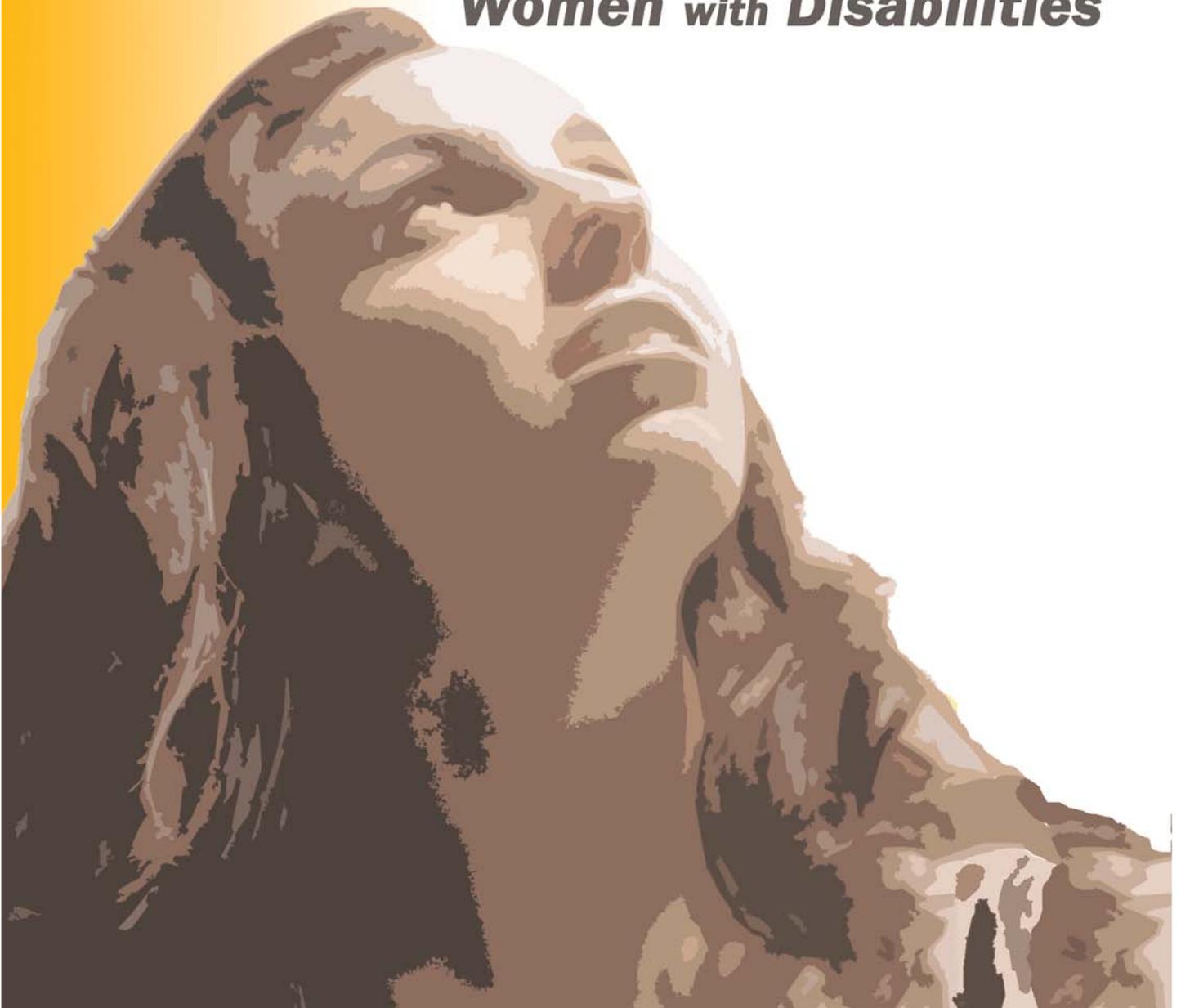


The
Unheard Voice



**A Handbook for
Healthcare Providers
to Address**

**Violence Against
Women with Disabilities**



Introduction

Approximately 54 million Americans live with a wide array of physical, cognitive, and emotional disabilities. As such, people with disabilities constitute the single largest minority group identified in the U.S., surpassing older adults (about 33.2 million), African Americans (about 32.7 million), and Hispanics (about 30.4 million). As a group, people with disabilities tend to be poorer, less educated, and less employed than people without disabilities. It is estimated that up to 70 percent of people with disabilities are unemployed.

People with disabilities experience violence and abuse at least twice as often as their non-disabled peers. When taking into consideration the evidence of multiple perpetrators, researchers estimate that abuse can occur 3 to 10 times as often. The practice of compliance training—training for people with disabilities to comply with or submit to sometimes degrading or submissive behavior in the name of behavior management or classroom control—reinforces the unequal power structure often found in abusive relationships. If an individual is not allowed to say “no” to an authority figure (i.e., teacher or parent), how can she or he be expected to develop the ability to say no to abuse if and when it occurs?

Study findings (Nosek et al, 1997; Sobsey & Doe, 1991) overwhelmingly point to the fact that people with disabilities are more vulnerable to abuse and may be experiencing violence and abuse in their daily lives at home, in school or a work environment, on a bus, or in a group home or other residential facility. In addition, more than half of the abuse experienced by people with disabilities is believed to be perpetrated by someone they know, someone who may be a caregiver responsible for intimate and life-supporting personal care or another person with a disability. Abusers can be family mem-

bers, partners, friends, hired caregivers, personal care attendants, healthcare providers, institution/ nursing facilities staff, other persons with disabilities, or strangers. Abusers can be anyone from any race, educational level, cultural background, socioeconomic level, sexual orientation, occupational group, any city, state, or country

According to data referring to non-disabled women, almost one-third of physicians make no record of a patient’s complaint about abuse. Ninety percent of physicians do not document domestic violence adequately and only 10 percent of physician reports offered some information to patients on how to access domestic violence services and assisted patients in safety planning. One-third of physicians said they did not feel confident about counseling patients who reported domestic violence. Correlating data for women with disabilities is not available.

A. What is Abuse of Women with Disabilities?

Abuse is any control exerted by another person on a woman with a disability against her will. There are many types of abuse. Some examples are:

- ✓ Physical abuse (hitting, beating, slapping, or biting)
- ✓ Emotional abuse (criticizing, belittling, blaming, shouting)
- ✓ Sexual abuse (forcing a woman to have sex against her will, rape, exploiting her sexually, touching her inappropriately, pornographic/fetish exploitation)
- ✓ Financial (stealing her money or assets, controlling her resources)
- ✓ Verbal Abuse (name-calling, threatening, raising voice)
- ✓ Withholding access to family members, health care, medicines, friends, co-workers

- ✓ Removing/destroying assistive devices
- ✓ Keeping her from getting food or water, bathing, using the toilet, or caring for herself
- ✓ Isolating her and preventing access to community and services
- ✓ Exploiting her power of attorney; making decisions that affect her against her will
- ✓ Intimidating or coercing her
- ✓ Controlling her reproductive decisions.
- ✓ Withholding TTY, telephone, electronic speaking device, computer

B. Possible Signs of Abuse

- ✓ Bruising, burns, abrasions, broken bones, dislocations, sprains
- ✓ Internal injuries
- ✓ Bed sores, dehydration, malnourishment
- ✓ Lack of adaptive devices
- ✓ Inadequate sanitation or cleanliness
- ✓ Mood swings, regressive behaviors, flashbacks, lack of trust, isolation
- ✓ Sleeping difficulties, eating disorders, substance abuse, behavioral cues

C. Risk Factors for Abuse

Several studies (Frantz, Beverly L; Carey, Allison C; Bryen, Diane Nelson, 2006) have described the following main risk factors for violence against adults and children with disabilities:

- ✓ Negative public attitudes about disability
- ✓ Reliance of people with disabilities upon others for care
- ✓ Lack of support services for caregivers
- ✓ Social isolation of people with disabilities and their families
- ✓ Lack of opportunities to develop social skills through typical social interaction
- ✓ Nature and severity of disability
- ✓ Gender, in reference to sexual abuse, where older women face higher risk

- ✓ Poverty and other economic factors affecting people with disabilities
- ✓ Low income and limited opportunities for employment
- ✓ Lack of control or choice over their personal affairs
- ✓ Lack of credibility afforded to people with disabilities when they report or disclose abuse
- ✓ Socialization of people with disabilities to be compliant
- ✓ Alcohol and drug abuse by perpetrators

D. Which Women with Disabilities are at greater risk for abuse?

Although any woman with a disability has the potential to be abused, there are some types of disability where the risk is increased:

- ✓ Women with intellectual, cognitive, and developmental disabilities
- ✓ Women with sensory disabilities (hearing loss, blindness)
- ✓ Older women with disabilities
- ✓ Women with severe speech disabilities
- ✓ Women with **severe** forms of mental illness, intellectual, cognitive disabilities
- ✓ Women with disabilities from different cultures
- ✓ Institutionalized women with disabilities
- ✓ Women with disabilities in human trafficking

II. Impact of Abuse on Women with Disabilities

Abuse can result in physical injury, harm, and death. It can also result in additional disabilities or secondary medical conditions including mental illness such as depression and suicide. Women with disabilities who are abused may experience decreased self-esteem and lose the

ability to “fight back.” They often believe that they are unworthy of a “normal” relationship. Many times women with disabilities who are abused may become enablers because of fears and their desire to avoid further abuse. They fear for the safety of their children or that their children will be taken away. Women with disabilities who are abused, experience fear, emotional distress and isolation. Other examples are:

- ✓ Abuse is directed at their differences, compound isolation by withholding medications, guide dog, assistive equipment, (i.e. hearing aid, wheelchair);
- ✓ Women with disabilities, especially cognitive disabilities, are often not considered “credible” by police, courts, shelters, and their own service providers; they are taught to comply and as a result perpetrators (often male staff) exploit this situation;
- ✓ They may experience difficulties dealing with police, court systems, healthcare, finding safety, and other related matters, and become frustrated and depressed and surrender to the abusive situation;
- ✓ Women with disabilities in an institutional setting (nursing home, developmental center, group home) are subject to fraudulent documentation about an episode of abuse and/or intimidation by staff and retaliation against the victim, which can in turn lead to more abuse.

A. Why do Women with Disabilities live with Violence and Abuse?

Many women with disabilities do not know how to respond to abuse and violence. Barriers to obtaining help may make it hard for women with disabilities to escape and protect themselves from abuse. Identified barriers include:

- ✓ Lack of knowledge of disability issues by domestic violence and sexual assault personnel

- ✓ Lack of knowledge of disability agencies about abuse
- ✓ Lack of accessible housing
- ✓ Lack of accessible shelters



How to Assess for possible Abuse of Women with Disabilities

- ✓ Assess for abuse during your emergency encounters, medical appointments, therapy sessions, social service investigations, etc. with a woman with disabilities
- ✓ Explain confidentiality issues before asking about abuse
- ✓ Arrange to be alone with the woman to assess for abuse
- ✓ Do not assume that a caregiver is not the abuser
- ✓ Screen all women for abuse to identify possible abuse
- ✓ Learn about disability and about abuse to develop skills in screening, counseling, and making appropriate referrals
- ✓ Interact directly with the woman as much as possible
- ✓ Ask if the woman has assistive equipment/technology that is not present
- ✓ Ask if American Sign Language interpreter is needed

It is important to use a screening tool to assess for abuse; ask 6 important questions outlined below:

1. Within the last year, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?
2. Within the last year, has anyone forced you to have sexual activities?

IV. Cultural Competence Overview

3. Within the last year, has anyone prevented you from using a wheelchair, cane, or respiratory or other assistive device?
4. Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?
5. Within the last year, have you been threatened, intimidated, coerced, or manipulated to do things that made you fearful and/or do things that you did not wish to do?
6. Within the last year, have you been humiliated or shamed, called names, overly criticized, or otherwise belittled?

If the woman responds positively to *any* of the preceding questions, she *is* being abused and should be asked about available support and resources and a safety plan. Additional issues to be considered when providing an assessment are:

- ✓ Assess for behavioral cues (lack of eye contact, appearance of fear, depression) that may occur when a woman is being abused; note that behavioral cues may be different in different cultures
- ✓ Because women in some cultures may never disclose abuse to a male health care provider, have another woman carry out the assessment; Every effort should be made to use a female assessor who speaks the same language as the abused woman
- ✓ Women with profound cognitive disabilities may manifest abuse via behavior, or are unable to be assessed via standard assessment
- ✓ There is a need to repeat the assessment and to come back to it each time there is interaction with the woman who has acknowledged that she is being abused

Abuse affects women across race, class, sexual identity, and type of disability. These factors intersect in various ways for different individuals. Appreciation of the cultural frame of reference of a woman with a disability is essential along with being aware of one's own assumptions. For a successful health care interaction with women from diverse groups, healthcare providers must identify a woman's social and cultural information, her hopes and fears, and her need for privacy and dignity. Cultural competence refers to the recognition of and respect for the beliefs, behaviors, and attitudes of individuals from a different culture. Because attitudes and beliefs about health, the health care system, help- and health-seeking behavior, family dynamics, and specific illnesses may be influenced by one's culture, ethnic identity and religion, it is essential for health care professionals and others providing services and support to women with disabilities to learn about these issues. It is essential to address multicultural health issues as well as disability issues to provide quality services to women with disabilities who are being abused. One cannot assume that other organizations are taking care of the disability and ethnic needs of women who have been abused.

- ✓ Women with disabilities from minority groups face double jeopardy of stereotyping, ethnic view of disability or of women, language/communication barriers (e.g., non-English speakers, those who communicate only using electronic language board, those who only use sign language).
- ✓ Ethnicity and culture play a significant role in the stress and coping process for women with disabilities and for their caregivers. How stress and coping play out may differ among diverse cultures and ethnic groups. Ethnicity and culture also influence how

one appraises stressful events, one's perceptions and use of family support, and one's coping behaviors.

- ✓ Gender roles and expectations differ among cultures and this may influence the cultural acceptability of violence, aggressiveness, and unequal power relationships among men and women. Gender roles and expectations of women in some cultural, ethnic and religious groups may lead to general acceptance of submission of women even if they are being abused.
- ✓ In some ethnic and cultural groups and religions, decisions are made only by male members of the family. Health care providers need to be aware of different ethnic, cultural and religious orientations and views about disability, abuse, and violence. Women from many ethnic and cultural groups and religions may believe that it is their responsibility to maintain the family at any cost and fear "betraying" their cultural communities. Women in some ethnic and cultural groups and religions are expected to remain in the background and not to voice concerns or report problems in the family, including abuse.
- ✓ The timing, extent, and choice of health care may vary for women with disabilities who are or have been abused and who have limited English proficiency or are immigrants, refugees, or survivors of human trafficking.
- ✓ Lack of trust of health care providers and the legal systems, feeling unwelcome and previous discrimination and racism make it difficult for women with disabilities who have had negative experiences in the past to report abuse to seek assistance or shelter.
- ✓ Individuals with significant disabilities who are also culturally and linguistically diverse may be disadvantaged in assessment, placement and instruction processes because of the potentially discriminatory effects of language and culturally biased testing procedures and instruments.

V. Rights and Legal Aspects

A. Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 1990 guarantees people with disabilities equal opportunity to participate in and benefit from services and programs, including health care. The ADA requires healthcare providers and health-care facilities to provide accommodations (accessible facilities, sign interpreters, etc.) for persons with disabilities.

B. New Jersey Prevention of Domestic Violence Act (PDVA)

The New Jersey Prevention of Domestic Violence Act (PDVA) provides relief via restraining order forbidding the batterer ANY contact with the victim, relatives, friends or anyone else at your home, workplace, school or other locations. The PDVA provides a presumption of temporary custody of children to non-violent parent. The batterer can be forbidden from entering and living at home.

C. NJ Law Against Discrimination

The New Jersey Law Against Discrimination mandates that places of public accommodation, including health care facilities must make reasonable modifications to its policies, practices, procedures to ensure people with disabilities have access to public places.

D. Violence Against Women Act (VAWA) of 2000 and 2005

1. Responding to Elder Women and Women with Disabilities - The Violence Against

Women Act of 2000, Title VIII protects elder women and women with disabilities who are victims of violence. This Act is authorized to provide funding to develop or strengthen policies and training for police, prosecutors and the judiciary in recognizing, investigating, and prosecuting instances of domestic violence and sexual assault against older individuals.

2. Responding to Communities of Color - VAWA of 2005 addresses specifically the issues for women of color and immigrant women and violence. It does not specify disability. It is a core service offered to all victims of domestic violence, dating violence, sexual assault, or stalking. (Core service is a guaranteed service provided specific to the agency's mission, i.e., information & referral would be provided in a victim's native language) from a service provider within the victim's own culture, and with participation by culturally specific community organizations.
3. Immigrant Issues - Title VIII also protects immigrant victims of domestic violence, sexual assault, and human trafficking from deportation. It extends relief to all victims of family violence (e.g., the children of victims or abuse perpetrated by a U.S. citizen) and guarantees economic security for immigrant victims and their children. Further, its goal is to stabilize and secure the safety of trafficking victims, allowing them to immediately seek permanent residence and protecting relatives living abroad from retaliation by traffickers.

- ✓ Offer support to individual to self-report.
- ✓ Any concerned party can call and report an alleged abuse
- ✓ Inform the woman that she has the right to decline APS services

VI. Safety Planning for Women with Disabilities

The most dangerous time is when a woman tries to leave the abuser. It is very important for women living with domestic violence to think about safety and to be prepared in advance for danger. The longer domestic violence goes on, the more dangerous it becomes. Remember, more than 4,000 women a year are killed by their abusers!

To stay as safe as possible, it is often necessary for women to develop and practice a safety plan. This plan helps women to think about all the resources available to help and to identify violence; women should also identify the steps that they can take to increase safety for themselves and their children during a violent incident. Although a woman may not be able to prevent a violent episode from occurring, she does have a choice about how to respond to the abuser and how to get herself and her children to safety.

It is important that the individual developing the safety plan be provided assistance when requested and appropriate support and encouragement. Many individuals who are trying to leave an abusive relationship are encouraged to apply for a Protective Order (P.O.). It is important to remember that the individual knows the abuser best, and therefore has a better idea about how the abuser will respond to different legal and police actions. If the individual expresses concern that the P.O. could cause more harm or increased threat to her safety, the

F. Reporting Abuse: Adult Protective Services

- ✓ Offer to make report with individual present

wishes of the individual need to be respected. Alternate plans may be developed to assist the individual in finding a safe place and/or in leaving for good.

VII. Interacting with People with Disabilities

A. Disability in General

1. Communication Tips

- ✓ Relax. Be yourself. Don't be embarrassed if you happen to use accepted common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.
- ✓ Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted BEFORE you help. Listen to any instructions the person may want to give.

- ✓ Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- ✓ When talking with someone who has a disability, speak directly to that person rather than through a companion who may be present.
- ✓ It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

2. Use People-First Language

People-first language emphasizes the person, not the disability. By placing the persons first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.

- ✓ Following are some examples of appropriate language as well as "labels" in non-people-first language that should be discontinued.

People-First Language	Non-People-First Language
People with disabilities	The disabled
Woman who uses a wheelchair	Wheelchair-bound woman
Accessible parking	Handicapped parking
Girl with epilepsy	Epileptic girl
Women with Down Syndrome	Mongoloid
Man who is Deaf	The Deaf and dumb
Boy with cerebral palsy	Suffering from cerebral palsy
Woman with mental illness	Crazy lady
Accommodations	Special needs
Man of short stature	A midget
Boy with autism	Autistic boy
Overcome barriers	Overcome the disability
People without disabilities	Normal person

B. Hearing Loss

This disability can range from mild hearing loss to profound deafness. Some persons who have hearing loss use hearing aids. Others may rely on speech read (lip reading) or sign language, but many do not.

Communication Tips

- ✓ To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder or wave your hand
- ✓ Follow the person's cues to find out if she prefers sign language, gesturing, writing or speaking
- ✓ Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Do not write or speak when looking away. Those who do will rely on facial expressions and other body language to help in understanding. Remember, not all persons who are deaf or hard of hearing can lip-read
- ✓ Ensure that assistive listening devices or sign language interpreter is available
- ✓ Speak in a normal tone of voice. Talking too loudly or with exaggerated speech can cause distortion of normal lip movements. Shouting won't help.
- ✓ Place yourself facing the light source and keep your hands and food away from your mouth when speaking. Do not try to communicate while smoking or chewing gum.
- ✓ Try to eliminate background noise.
- ✓ Written notes can often facilitate communication
- ✓ Encourage feedback to assess clear understanding
- ✓ If you have trouble understanding the speech of a person who is Deaf or hard of hearing, let her know

- ✓ If it is necessary to wear a mask, establish a method of communicating with the woman who is Deaf or hard of hearing before donning the mask

C. Vision Loss

As with hearing impairments, there is a wide range of vision loss. Some people who are legally blind have limited vision with correction. Others may have a total loss of vision.

Communication Tips

- ✓ When greeting a person with a severe loss of vision, always identify yourself and others who may be with you. Say, for example, "On my right is Penelope Potts."
- ✓ When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues.
- ✓ Speak in a normal tone of voice, indicate when you move from one place to another and let it be known when the conversation is at an end.
- ✓ When you offer to assist someone who has vision loss, allow the person to take your arm. This will help you to guide rather than propel or lead this person. When offering seating, place the person's hand on the back or arm of the seat.
- ✓ Let the person know if you move or need to end the conversation. Let the person know if you leave or return to a room.
- ✓ Use specifics such as "left a hundred feet" or "right two yards" when directing a person with a visual impairment.

D. Service Animals

An important component of interacting with a person with a disability can be knowing how to interact with that person's service animal.

Service animals, such as guide dogs and assistant monkeys should not be considered as pets.

They are working animals.

- ✓ Service animals should not be petted or otherwise distracted when in harness.
- ✓ If the animal is not in harness, permission from the animal's companion should be requested and received.

E. Speech Disabilities

Speech disabilities are seldom related to intelligence. A person who has had a stroke, is severely hard of hearing, or has a stammer or other type of speech disability may be difficult to understand.

Communication Tips

- ✓ Give whole, unhurried attention when you're talking to a person who has difficulty speaking. Allow extra time for communication.
- ✓ Keep your manner encouraging rather than correcting. Be patient—don't speak for the person.
- ✓ If necessary, ask short questions that require short answers or a nod or shake of the head.
- ✓ Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will clue you in and guide you to understanding.
- ✓ Use hand gestures and notes.

F. Cognitive Disabilities

Cognitive disabilities may be attributed to brain injuries, developmental or learning disabilities, or speech and language impairments.

Communication Tips

- ✓ Be patient. Take the time necessary to assure clear understanding. Give the person time to put his/her thoughts into words, especially when responding to a question.
- ✓ Use precise language incorporating simpler words. When possible, use words that relate to things you both can see. Avoid using directional terms like right and left.
- ✓ Be prepared to give the person the same information more than once in different ways.
- ✓ When asking questions, phrase them to elicit accurate information. People with cognitive disabilities may be eager to please and may tell you what they think you want to hear. Verify responses by repeating each question in a different way.
- ✓ Too many directions at one time may be confusing.
- ✓ Depending on the disability, the person may prefer information provided in written, verbal, or pictorial form. Ask the person how you can best relay the information.

G. Mental Health Disabilities

A mental health disability is the result of a mental illness. People with mental health disabilities may have thoughts, behaviors and feelings that distress them and/or others. Their thoughts and actions do not appear to be real or

reasonable to others. Mental illness is often episodic, with people experiencing long periods without any symptoms.

Communication Tips

- ✓ Listen and be attentive
- ✓ Validate the person's perspective
- ✓ Avoid arguments with the person

H. Mobility Disabilities

Mobility disabilities can affect coordination or use of muscles and may be attributed to various injuries or conditions that limit one's ability to get around, such as spinal cord injury, spina bifida, cerebral palsy, amputation, etc. Often persons with mobility disabilities use assistive devices such as a wheelchair, cane, or walker.

Communication Tips

- ✓ Remember that any aid or equipment a person may use, such as a wheelchair,

guide cane, walker, crutch, even an assistance animal, is part of that person's personal space. Don't touch, push, pull or otherwise physically interact with an individual's body or equipment unless you are asked to do so

- ✓ When speaking with someone in a wheelchair, talk directly to the person and try to meet his/her eye level, but do not kneel. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you
- ✓ Always ask before you move a person in a wheelchair—out of courtesy, but also to prevent disturbing the person's balance
- ✓ If a person transfers from a wheelchair to a seat, leave the wheelchair within easy reach. Always make sure that a chair is locked before helping a person transfer

VIII. Resources

- ◆ Adult Protective Services: 800-792-8820*
- ◆ American Medical Women's Association: Website: <https://secure.amwa-doc.org/index.cfm?objectid=72EC8DC4-D567-OB25-5430954022F33718>
- ◆ Battered Lesbian Helpline: 800-224-0211*
- ◆ Commission for the Blind and Visually Impaired: 973-648-3333, TTY: 973-648-4559
- ◆ Community Health Law Project: 888-838-3180, TTD: 973-275-1721
- ◆ County Offices for the Disabled: 201-336-6500, TTY: 201-336-6505
- ◆ Independent Living Centers - See NJ Statewide Independent Living Council
- ◆ Legal Services of NJ: 732-572-9100*
- ◆ Local Domestic Violence Shelter Hotline: 800-572-SAFE (7233), TTY: 888-252-SAFE (7233)
- ◆ NJ Coalition Against Sexual Assault State Hotline: 800-601-7200*
- ◆ NJ Coalition for Battered Women State Office: 609-584-8107, TTY: 609-584-0027
- ◆ NJ Coalition on Women and Disabilities, Inc.: 733-323-8600*
- ◆ NJ Division of Deaf and Hard of Hearing: Voice / TTY: 800-792-8339
- ◆ NJ Division of Disability Services: 800-285-3036, TDD: 609-292-1210
- ◆ NJ Division of Developmental Disabilities: 800-832-9173, TTY: 800-792-8339
- ◆ NJ Division of Youth and Family Services: 800-331-3937*
- ◆ NJ Division of Youth & Family Services Hotline: 877-652-2873; TTY: 800-835-5510
- ◆ NJ Office of Civil Rights-Newark: 973-648-6262, TTY: 973-648-4678

- ◆ NJ Office of Civil Rights-Trenton: 609-984-3100), TTY: 609-292-1785
 - ◆ NJ Protection & Advocacy: 800-922-7233, TTD: 609-633-7106
 - ◆ NJ State Domestic Violence Hotline: 800-572-SAFE (7233), TTY: 888-252-SAFE (7233)
 - ◆ NJ Statewide Independent Living Council: 877-917-4500, TDD: 609-581-4550
 - ◆ Office of Ombudsman for Institutionalized Elderly: 877-582-6995*
 - ◆ Office on Prevention of Violence Against Women: 609-292-8840, TTY: 609-777-0799
 - ◆ Rachael Coalition: 973-740-1233 ext. 203*
 - ◆ United Way Help/Homeless Hotline (Central Jersey): 211 / TTY: 888-908-4636
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