



**THE DYNAMICS OF ABUSE
OF PERSONS
WHO ARE DEAF/HARD OF HEARING
OR
WHO HAVE A DISABILITY**

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There are a number of unique dynamics that affect women with disabilities or women who are Deaf/hard of hearing who experience rape/sexual assault, intimate partner abuse or caregiver abuse. In addition to the more prevalent tactics and issues of abuse faced by most victims/survivors, research has shown that women with disabilities are at a higher risk for experiencing sexual assault and/or intimate partner/caregiver abuse. The increased risk could be connected to the ways some perpetrators of abuse use tactics that expressly target a woman's limitations.

Examples of how a perpetrator of abuse might do this are relevant to understanding how sexual/domestic abuse can differently affect a woman with a disability or who is Deaf/hard of hearing and how you can more effectively provide services. These examples can include:

- ⇒ becoming a relied-upon, or primary, caregiver before assaulting her
- ⇒ “grooming” her for abuse
- ⇒ exploiting her trusting nature
- ⇒ taking advantage of her lack of sexual education or knowledge
- ⇒ stealing her adaptive equipment so she cannot call for or get help
- ⇒ striking or attacking before she can sense what is coming
- ⇒ threatening, injuring or scaring away her service animal
- ⇒ giving her drugs without her knowledge, forcing her to take medication, or giving her more medication than prescribed
- ⇒ encouraging or allowing people to think she is lying or manipulating the situation
- ⇒ preventing her from reporting any troubles through coercion, threats or force
- ⇒ exploiting her lack of access to accommodations, such as a qualified interpreter, in order for her to report the assault
- ⇒ exploiting the fact that she will likely not be believed by a police officer or court even if she does report

Additionally, practitioners in the field often note that women with disabilities or women who are Deaf/hard of hearing encounter barriers to accessing assistance and support when attempting to report a sexual assault, rape or domestic abuse to law enforcement services and when seeking to obtain counseling services. It is possible that this lack of access contributes to the extended length of abuse and to repeated victimization among this population.

Women who are Deaf/hard of hearing or who have a disability are at an increased risk for abuse due to:

- ⇒ An increased dependency on others for long-term care
- ⇒ Perpetrators are less likely to be discovered
- ⇒ Inability to act in self-defense or avoid the violence
- ⇒ Public perception of persons with disabilities as powerless or helpless
- ⇒ May not be believed or understood
- ⇒ Are more likely to be isolated and manipulated

Women who are Deaf/hard of hearing or who have a disability who do seek assistance often find serious barriers to accessing services, such as:

- ⇒ Difficulty finding an accessible shelter program
- ⇒ Hot-line counselors who have not been trained in disability issues
- ⇒ Police officers who use family members to interpret, who think the survivor with a speech disability is intoxicated, or who do not believe her
- ⇒ The court may give custody of children to the abuser for the sole reason that the survivor has a disability and the abuser does not.

At Peace Over Violence Deaf specific services are provided by a culturally Deaf counselor/advocate with many years of experience. TTY and VP services are available. Our hot-line counselors and our staff are trained on issues of abuse of persons with disability issues and we provide fully accessible services. We are available to provide training on issues of Deafness and/or disability and abuse for service providers or community based organizations.

Statistics and Facts About Persons with Disabilities and Violence

“The violence that women with disabilities experience includes verbal abuse, forced segregation, intimidation, abandonment and neglect, the withholding of medications, transportation, equipment and personal assistance services and physical and sexual violence.” (Myers, 1999 p.4)

Women with disabilities are assaulted and abused at rates more than two times greater than the general population (Myers, 1999; Sobsey, 1994).

Adults with developmental disabilities are at risk of being physically or sexually assaulted at rates for to ten times greater than older adults. Sixty-eight to eighty-three percent of women with developmental disabilities will be assaulted in their lifetime.” (Myers, 1999, p.4)

These rates are so high because these women are easy targets (Myers, 1999).

“Caregivers commit 25% of all crimes against women with disabilities.” (Myers, 1999, p.4)

“It has been estimated that 90% of the offenders are known to the women with disabilities they abuse” (Eastcott, 1994).

“The Colorado Department of Health estimated that about 85% of women with disabilities are victims of domestic violence. In the general population the rate ranges from 25 to 50%.”(Myers, 1999, p.4)

“Abuse is a major issue for women with disabilities. Estimates of the instances of abuse of women with disabilities range from 33% to 83%, depending on the type of disabilities and the definition of abuse.” (Myers, 1999, p.5)

There are approximately 54 million persons with disabilities in the U.S. (VSAarts, 1999).

It is estimated that 10 to 25% of developmental disabilities is due to violence (Sobsey, 1994).

“Abuse by caregivers in institutions or in homes is often not recognized as such because the actions of the abusers toward the persons with disabilities are supposedly for their own good.” (Strong & Freeman, 1997)

“Women with disabilities suffer from double devaluation due to both their gender and their disability.” (Strong & Freeman, 1997)

“Women with physical disabilities who are living in rural settings tend to experience violence and abuse over a longer duration and have fewer options for leaving the abusive relationship than victims with disabilities living in urban settings.” (Ollie Cantos, 2006)

TIPS ON RESPONDING TO VICTIMS OF CRIME WHO ARE DEAF/HARD OF HEARING OR WHO HAVE A DISABILITY

A lack of personal acquaintance with individuals who have a disability may cause you to feel awkward and uncertain in your response to victims of crime with disabilities. On the other hand, a person's impairment may not be obvious, so watch victims carefully for signs of any disability. You should also not be hesitant to ask victims directly if they have any individualized needs due to a mental or physical impairment. You can promote effective communication, reduce your own anxieties, and best serve victims of crime who have a disability by observing these guidelines:

- Rethink your own attitude about people who have a disability: the negative attitudes of others are sometimes the greatest impairment.
- Consider the fact that a person with a substantial disability may be healthier than you.
- Ask victims how you and they can communicate most effectively. The presence of someone familiar to victims, or a person knowledgeable about their impairment, may be extremely important for victims as well as helpful during your interview. Your respect and sensitivity will ensure that the words you use and accommodations made are appropriate, not detrimental.

- Don't act on your curiosity about the victim's disability. Stick to the issue at hand.
- Avoid words of pity such as: "**suffering from**" Alzheimer's Disease; "**a victim of**" mental illness; or "**afflicted with**" deafness.
- Speak directly to victims, even when another person accompanies them. People who have a disability are sometimes assumed to be incapable of making decisions for themselves.
- Listen to your own tone of voice and monitor your behavior to avoid talking down to victims, coming across in a condescending manner, or treating victims as children.
- Don't express admiration for the abilities or accomplishments of victims in light of their disability.
- Be mindful of the underlying painful message communicated to victims by comments such as: "**I can't believe they did this to someone like you**"; "**She's disabled and he raped her anyway**"; or "**To steal from a blind man. That's got to be the lowest.**" The message is that one considers people who have a disability as "less than" complete human beings.
- Document the victims' disability and support needs in your incident report as well as their individualized report.
 - (1) **communication**
 - (2) **transportation**
 - (3) **medication**
 - (4) **other accessibility or accommodation needs.**
- Do not refuse to provide support because of a lack of accessibility. Meet her at an accessible location.

SUGGESTIONS FOR IMPROVING ACCESSIBILITY

Blindness and Visual Impairments

- * Ask before touching or petting a service animal, it may distract the animal from working.
- * It is especially important to announce oneself when entering and leaving a room with a person who is blind or has a visual impairment. When introducing a person who is blind to a group, introduce each person individually.
- * Speak directly to the person in a normal tone and speed.
- * Use detail to describe people, objects and places thoroughly.

Mobility Impairments

- * Wheelchairs are part of a person's personal space, do not lean on, touch or otherwise maneuver someone's chair without permission.
- * Seek to communicate with people at an even level physically, i.e., if someone is using a wheelchair, sit down or kneel when conversing for an extended period of time.

Deafness and Communication

- * Use a normal voice tone and
- * Provide a clear view of your mouth.
- * Speak directly to the person who is deaf, not the sign language interpreter.
- * Ask the person to repeat themselves if you do not understand.
- * Use facial expressions, body language, and pantomime.
- * Explain any interruptions (such as beeper going off) before attending to it.

Learning Disabilities

- * Be aware that occasional inattentiveness, distraction, or lack of eye contact by the person with a learning disability is no unusual. This may be particularly important during law enforcement interviews.
- * Be sensitive to the fact that some information processing problems may affect social skills, causing inappropriate facial expressions, voice, tone or gestures. This is also important to keep in mind for counseling sessions.
- * Allow extra time for people with learning disabilities to learn certain skills. Remember, information-processing difficulties often interfere with learning. Once learned, there is no relationship between a learning disability and the performance of a task. This may mean making adjustments during staff and volunteer trainings.

Mental Illness

- * Learn more about the nature of the person's diagnosed mental illness. If a person is prescribed medication for his or her illness, locating information on the side effects and long-term health impact may help you better understand what that person may be experiencing after a sexual assault.
- * Remember that people with mental illness do not have lower intelligence. Some people with mental illness may experience difficulties with their attention span or discussing topics that produce anxiety, but have average or above average intelligence. This is particularly important during hotline calls or counseling sessions.

- * Be sensitive to the fact that some people with mental illness may overreact to emotionally charged topics or upsetting conversations. When this occurs, it is more likely that some people with mental illness may overreact to emotionally charged topics or upsetting conversations. When this occurs, it is more likely that miscommunication will result. For example, information about criminal charges, court decision or sentencing outcomes may be best explained in a calm and objective manner.

Developmental Disabilities

- * Adults with developmental disabilities and mental retardation are not children. They are adults and deserve to be treated as such. The role of crisis counselors and advocates as non-judgmental sources of support and information is especially important in working with survivors with developmental disabilities and mental retardation so that they are empowered to make decisions that affect their lives.
- * Be aware that developmental disability is not synonymous with mental retardation. Mental retardation refers to persons with lower levels of intellectual functioning, generally whose I.Q. levels are below 70-75. Developmental disability refers to any disability that was caused by differences in fetal development that result in impaired life functions of some type.

Acquired Brain Injuries (ABI) and Stroke

- * Help keep a conversation on track. People with acquired brain injuries may digress or change course during a conversation. Redirect them using appropriate cues and reminders of the topic when necessary during hotline call and in-person crisis counseling.
- * Repeat important information about the purpose, duration and guidelines for a presentation, support group, or training. Summarize previous progress and review where previous trainings left off if sessions continue. It may be necessary to provide summaries of previous phone conversations, counseling meetings, or court appointments to survivors with ABIs.
- * Keep the environment free of distraction. Try to meet in quiet spaces where there will not be interruptions or suggest having phone conversations during quieter times at the survivor's home.
- * People with ABIs may exhibit impulsiveness, irritability, or egocentric behavior. These are behavioral symptoms that can be consequences of the disability. These symptoms may need to be discussed with detectives or district attorneys before interviews or court dates.

Hidden Disabilities

- * This term refers to disabilities that may not be obvious to an outside observer, but still significantly affect the life function of the person who has the disability. Some examples are people living with AIDS or cancer.
- * It is important to recognize that people with certain hidden disabilities such as AIDS and cancer are not necessarily dying from these diseases. Treatments exist for both cancer and HIV and AIDS that can prolong a person's life. Sensitive terminology focuses on the act of living with these diseases, not dying from them, as in the term "living with AIDS."
- * Provide an environment conducive to self-disclosure. This includes hiring people with disabilities; establishing a reputation for confidentiality; and providing descriptive literature and speakers relating your interest in working with people of all abilities. People with hidden disabilities will be more likely to seek services at such agencies and to disclose their disability.

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