



DELAWARE COALITION AGAINST DOMESTIC VIOLENCE

Breaking the cycle of violence.

Disabilities. What are they and why focus on them?

Part 1 of the 3 Part Series:

Disabilities, Mental Illness, and the Trauma Informed Approach to Care

To help facilitate learning and move towards improved and expanded services for individuals with disabilities, including mental illness, who experience domestic violence, we have decided to share a series of articles. This is the first in the 3 part series about disabilities, mental illness, and the trauma informed approach to care.

What is disability?

A *disability* is a physical, sensory, intellectual or mental impairment that substantially limits one or more major life activities. A disability may be temporary – for instance a broken bone – or lifelong. It may be visible, or it may not be apparent. Mental illness is considered a disability as it may limit a person's ability to work or live independently.

A *developmental disability* is a severe, chronic condition that manifests before the age of 22 and is attributable to a mental and/or physical condition that limits activities such as language, mobility, learning, self-help and capacity for independent living; the condition is likely to continue indefinitely. Developmental disabilities are diverse; cerebral palsy, autism spectrum disorders, hearing impairment and intellectual disabilities are all examples of developmental disabilities.

Why focus on disabilities?

- *20% of adults in Delaware have a disability.*
- *At one point every family in the United States will experience disabilities, whether by disease, accident or simple aging.*
- Women with disabilities experience the highest rates of abuse and violence of any group in our society – from spouses, partners, boyfriends, family members, caregivers and strangers.
- Women with disabilities report more types of abuse over a longer period.
- Men with disabilities are twice as likely to be sexually abused as their non-disabled counterparts.

In a 2007 survey of Delaware residents, the University of Delaware found that nearly 31% of women with disabilities had been sexually assaulted in their lifetimes (this rate is 11% for women without disabilities in Delaware); for women with mental illness this climbs to 41%. The reported rates for men with disabilities are not as high as those for women, but significantly higher than for men without disabilities.

People with disabilities experience abuse in the same settings as most people - at home, school, and work. Unlike most people, they may reside in institutions and group homes. Women with disabilities not only are more vulnerable, they are exposed to more potential abusers - these include family members, caregivers, neighbors, housemates, medical personnel, drivers, aides and complete strangers.

In addition to the number of potential abusers, those with disabilities have more ways to be abused; their equipment or medicine may be withheld or manipulated, they can be isolated, financially abused and humiliated. A woman whose abuser is also her caregiver may be threatened with institutionalization or neglect. An individual with a disability may have no control over where, or with whom, they live, who provides their care or where they spend their days – they may never have made decisions, or been given an opportunity to say ‘no’. Some factors that increase vulnerability to abuse include:

- the cultural devaluation of women and persons with disabilities
- overprotection by families resulting in a lack of knowledge about sex and relationships
- social stereotypes and reduced societal expectations
- denial of sexuality in people with disabilities
- disabilities which have associated cognitive limitations, such as traumatic brain injury, mental illness, and intellectual disability, may limit the woman’s ability to recognize violence and *may limit her believability when reporting abuse*
- lack of economic independence

A challenge to providers

Many domestic violence shelters operate with low budgets, few staff and stretched resources. They may have only a single room that is accessible to someone who uses a wheelchair; they may not understand the unique needs of a woman with disabilities, cannot accommodate service animals, don’t know how to communicate with someone who may not be verbal, and may feel intimidated by a lack of experience or knowledge about disabilities; they may not have staff available to help a woman who needs assistance using the toilet or eating. In addition, the services that they offer to help women end and escape violence may not be appropriate for women whose expectations for housing, employment and transportation are limited.

Last year DCADV, with community partners NAMI DE and The Center for Disabilities Studies at the University of Delaware, was awarded a three-year grant from the Office of Violence Against Women to improve and expand services to individuals with disabilities, including mental illness, who experience domestic violence.

People First Language

People First Language (PFL) represents more respectful, accurate ways of communicating. People with disabilities are not their diagnoses or disabilities; they are people, first. By avoiding words (and labels) which promote pity, preconceptions and marginalization and using affirmative language we are less likely to see a person as a diagnosis rather than an individual.

- Avoid group designations like “the blind” or “the disabled” – *they do not reflect the individuality, equality or dignity of these individuals.*
- A person “uses a wheelchair”; *they are not “wheelchair bound”*
- A person has autism, *they are not autistic*