Tips for Service Providers Working with Women who are Deaf, Deafened, Hard of Hearing or Deaf-Blind

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Produced as a collaboration between British Columbia Institute against Family Violence, the National Clearinghouse on Family Violence, Education Wife Assault and the Canadian Health Network

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Introduction

Violence against women poses the greatest health risk to women in Canada today. Women who are Deaf/deafened/hard of hearing or deaf-blind face the same forms of gender-based violence experienced by all women, plus additional risks specifically related to their deafness in a hearingdominated world. It should be emphasized that the biological fact of hearing loss/deafness does not in and of itself create greater risk. Rather, it is the socially sanctioned acquisition and abuse of power over deaf individuals that creates their vulnerability.

It is also important to note at the outset that many people who are deaf do not identify themselves as having a disability, but rather as a member of a distinct linguistic and cultural group (the Deaf community) who share the characteristic of being deaf. Having said that, however, societal barriers are disabling to people who are deaf/deafened/hard of hearing/deaf-blind, and therefore deafness is often grouped with and included in studies about disability, accessibility and abuse issues.

A DisAbled Women's Network Canada (DAWN Canada) study found that although women with disabilities constitute approximately 13% (2.2 million women) of the Canadian population, 40% of their respondents have experienced some form of violence in their lives. We do not know what percentage of the sample identified as Deaf//deafened/hard of hearing or deaf-blind.

Other research has shown that the level of sexual abuse against deaf girls is twice as high as girls who are hearing (50% vs 25%).²

Further, a number of independent studies also indicate that women with disabilities are 150-200% more likely than non-disabled women to be abused by their partners and caregivers/service providers.³ Yet, those same women facing greater risk, have fewer options to escape the violence in their lives due to a number of factors, including the lack of accessible crisis service providers (e.g., sexual assault care centres, transition houses, interpretors, counsellors, women's services administrators). Additionally a woman may continue to live in an abuse situation for fear of being ostracized by her community if she leaves her abuser or speaks of her abuse.

This resource provides information to service providers (e.g., sexual assault care centres, transition houses, intervenors, counsellors, women's services administrators) who seek to make their services accessible to deaf women.

¹ Masuda, S. & Ridington, J. (1992), Meeting Our Needs: An Access Manual for Transition Houses. Vancouver, British Columbia: DAWN Canada.

² Roeher Institute, "Violence and People with Disabilities: A Review Of The Literature", (prepared for the National Clearinghouse on Family Violence), Toronto, Ontario, August 1994.

³ Roeher Institute, "Violence and People with Disabilities: A Review Of The Literature", (prepared for the National Clearinghouse on Family Violence), Toronto, Ontario, August 1994.

Please note that Education Wife Assault's has produced another document Tips for Service Providers Working with Women who are Disabled which is also available on the Website http://www.womanabuseprevention.com/

While these tips are written for service agencies providing services to women survivors of abuse (client intake tips, direct intervention tips), many other service providers (e.g., health care professionals, therapists, police) will find much of the information transferable to their area of service.

We hope this information and set of tips help you to assist deaf women in breaking free from the violence in their lives. We also hope it helps you to establish alliances within the deaf women's community for bringing about broader social change in the lives of deaf women.

Definitions

Hearing loss can range from partial to profound (deafness), and include individuals who are hard of hearing, deaf, oral deaf, late deafened and deaf-blind, etc. Some people who are deaf use sign language of which there are a few forms: ASL (American Sign Language, a visual language), SE (Signed English), SEE (Signed Exact English) or home signs (specific to a family, individual or community). Immigrant women who are deaf may use sign language specific to their country of origin.

Deaf

Some individuals who are deaf identify themselves as a member of the Deaf community. They do not see deafness as a disability, but more like an ethnicity that gives them a cultural identity and shared language, and which is a source of great pride. The use of sign language and close and regular contact with the Deaf community are a fundamental part of Deaf culture. The use of the capital D in Deaf signifies the focus on cultural identity vs. the biological characteristic of (small d) deafness.

Oral Deaf

Individuals who are oral deaf include deaf individuals who grew up in mainstream culture with little or no exposure to the Deaf community and culture. They may be, but are not necessarily, fluent in either oral speech, signed English or ASL, and may interact in both Deaf and hearing communities. Individuals who are oral deaf are more likely to speech read and to use assistive listening devices.

Hard of Hearing

A person who is hard of hearing is an individual who has a hearing loss that may range from mild to profound and whose usual means of communication is spoken language. Generally, hearing aids and other assistive devices are used to supplement their hearing.

Late Deafened

A person who is late deafened describes those who became deaf as a result of disease, genetics or injury. For those women deafened due to partner assault, there may be a trauma associated with deafness that may not be experienced by those born deaf or hard of hearing. Many late deafened

individuals do not know sign language or are not fluent in sign language. They are more likely to speech read and type/write notes.

Deaf-Blind

Although the term "deaf-blind" may at first seem absolute, in reality people who are deaf-blind experience a broad range of auditory and visual perceptions. Someone may be completely blind but only partially deaf, or have some vision early in life, no hearing at all, and gradually lose that vision. Only a very few people described as "deaf-blind" are profoundly deaf and totally blind. Depending on the level of blindness or deafness, the individual may identify primarily with deafness and secondarily with blindness, or vice-versa.

The form of communication often used is tactile/manual signing, two-handed spelling vis-à-vis hand over hand movement, print-on-palm (tracing capital block letters on another's palm), Braille & communication boards. Those who assist people who are deaf-blind are called intervenors who communicate not only the spoken word, but all visual/environmental information. Deaf-blind people may also use devices to assist with daily living.

Common Characteristics

While there are various forms of deafness and hearing loss, there are some common characteristics in the deaf communities:

- Among the culturally Deaf English is not usually a first language. Communication is primarily through a visual (signed) language with its own grammar structure and syntax. This means that there are culturally specific ways of thinking and understanding certain concepts and abstractions. Some abstractions may be difficult to comprehend to those outside the community. This does not reflect the woman's own level of intelligence, but a systematically different way of comprehending/organizing information.
- Due to the lack of access to education and lack of adaptive strategies, many experience a high rate of underemployment and unemployment. The level of unemployment is approximately three times that of hearing persons.
- Due to the high level of unemployment, many experience high rates of poverty, and receive social assistance or unemployment insurance.
- Many in the Deaf community have little or no access to social life in the hearing world and to its various resources.
- Among those who lived in strict secular and religious boarding schools for the deaf, there is a learned tendency to respect authority, and to be more compliant.

Forms of Abuse

In addition to the gender based forms of violence women face, those who are deaf/deafened/hard of hearing or deaf-blind experience forms of abuse related to their deafness such as:

- Breaking or preventing the woman from using her assistive devices such as hearing aids, FM transmitter system, TTY, home assistive devices (e.g., visual and/or vibrating alarms), the tools she uses to write Braille. Modern technical devices such as pagers and portable computer equipment can also be broken or hidden to prevent a woman from contacting others.
- Hitting the woman's ears; forcing a woman's assistive device in her ear; if she has partial hearing in an ear, targeting that ear for physical assault; increasing or decreasing the volume on the woman's hearing aid, making it either difficult or painful to use; shouting into a woman's hearing aid.
- Injuring a woman's hands so that she cannot communicate.
- Breaking visual contact in order to cease communication i.e., refusing to look at ("listen to") the woman while she is signing/communicating.
- If the abuser knows sign language, refusing to communicate using sign language; (i.e., communicating only through speech).
- Preventing a woman from signing/reading Braille/using her communication board.
- Forcing a woman to use speech.
- Controlling/denying access to information such as captioned television news, telephone/TTY calls, discussions.
- Preventing a woman from making contact with the Deaf community, interpreters and deafblind intervenors.

Barriers to Reporting Abuse

Communication/Physical Barriers

- Most telephones linked to 911 emergency lines are not equipped with TTYs. Those lines with TTY capability are often not set up to answer immediately or staff may not be trained to use them; delays often result in miscommunication or disconnection.
- Even if a TTY is available through 911, some women may not be able to use it, as it requires the ability to read/write English, which for many Deaf women is not their first language.
- For services which do not have TTYs, it requires the woman to use Message Relay Service (MRS) or Bell Relay Service (BRS). This may serve as a deterrent for some women who fear the lack of privacy/ confidentiality when communicating through a third party. Problems of waiting for a MRS operator, and the additional length of time involved in communicating through a third party also serves to deter some women from calling.

- Many crisis services lack TTYs and amplification devices which are needed by hard of hearing women.
- If TTY and other communication and assistive devices are available in the agency, staff are often not trained nor receive ongoing training in their use.
- Many crisis services do not have arrangements in place to provide interpreter/intervenor services, particularly in an emergency/on-call basis.
- There are no counsellors and support workers on staff trained in the area of Deaf culture & sign language.
- There are no trained intervenors on staff who know tactile communication used with women who are deaf-blind.
- Many women don't know which services might be accessible to them since communication/educational materials may not indicate the types and levels of accessibility.

Attitudinal Barriers

- Many services lack understanding of the various forms of deafness, Deaf culture and needs.
- Deaf women may also be objects of curiosity, prejudice and discriminatory behaviour by hearing women (both service providers and clients).
- They are often not perceived as credible witnesses because non-disabled people in general tend to assume that people with disabilities (including people who are deaf) lack the same level of intelligence, and therefore, lack the ability to both comprehend abuse and to accurately identify the abuser.
- A woman's hearing spouse is often advantaged in family court (particularly in custody matters).

Cultural Barriers

The Deaf community is small. This can be both a great support or an additional source of control over and isolation for the woman.

In the context of abuse, Deaf women can become isolated within the Deaf community. While the dynamics of being connected to a small or insular community are beneficial in many respects due to close ties and common bonds, it can also create further dependence upon both the abuser and the deaf community itself. For example:

If her abuser/spouse is a member of the Deaf community, Deaf women may fear hurting the 'family', in this case, the Deaf family or culture itself.

- She may fear rejection by the Deaf community if she discloses the abuse by one of its members. Due to the lack of education about violence against women within the Deaf community, there is not enough support for survivors of violence in the community.
- She may therefore fear severing ties with her only support system in a hearing-controlled world.
- She may fear that her plans for escape may become known in the community.
- She may fear being confronted by her former Deaf partner and her partner's friends.
- She may fear not being able to find a new Deaf partner.
- Struggles for the rights of Deaf community have been addressed to a great degree, while the interplay of Deaf and women's rights have not.
- Her upbringing may lead to a greater sense of obligation, submission and guilt.

Education/Information Barriers

Information about violence against women often does not reach women who are deaf/deafened/hard of hearing/deaf-blind because:

- There is limited access to mass media and its public service announcements.
- There is a lack of information about violence against women in general, and violence against Deaf women in the Deaf community in particular.
- There is a lack of accessible information (e.g., visually/pictorially represented, signed and captioned videos, etc.) about women's crisis services and other available resources.
- There is limited access in general to information about sexuality, abuse, and human rights.

Personal Barriers

- In crisis situations, the woman's ability to sign, speak or write may be made more difficult by fear and panic.
- If physically injured, a woman may not be able to type on the TTY, use her communications board or use sign language. Further, her abuser may break or hide her assistive devices.

Attitude Tips

- Believe in the abilities and strength and right to self determination of women who are deaf/deafened/hard of hearing or deaf-blind. Understand that the lives of deaf/deafened/hard of hearing/deaf-blind women are very interesting, and that their lives are not wholly defined by their deafness or disability.
- Work **with**, not **for** deaf/deafened/hard of hearing or deaf-blind women i.e., take direction from the woman to meet her needs. Don't assume you know what her needs are and what is best for her. Acknowledge her expertise and her ability to advise you of her needs.
- Be aware of the power and privilege held by hearing persons in this society.
- Do not assume that being deaf is a tragedy and that women who are Deaf/deafened/hard of hearing/deaf-blind want to be hearing and sighted members of society. Rather, what is desired is the removal of disabling barriers which prevent them from full participation in social and public life.
- Give yourself permission to make mistakes. Try to use language you believe is respectful and appropriate, and be open to the woman correcting it.
- Be honest and open about how you are feeling and limitations in your experience. Get support from other staff.
- Educate/provide training to staff and volunteers about attitudinal barriers and Deaf culture.
- Ensure that deaf/deafened/hard of hearing/deaf-blind women serve as training facilitators.

Crisis Intervention Tips

- Know the location of the region's sign language interpretation agency and what services it offers. (e.g., Canadian Hearing Society) for both standard and 24-hour emergency intervention.
- Contact the Association of Visual Language Interpreters of Canada (AVLIC http://www.avlic.ca/) which provide lists of members, including their credentials and specializations. AVLIC has provincial member organizations that you can contact as well.
- Ensure prompt availability of sign language interpreters, intervenors and other communication support.
- If the deaf woman requests a specific interpreter whom she trusts, acquire their services.
- Use the same interpreter throughout the intervention process if possible and if preferred by woman.

- Use only qualified, certified interpreters in cases involving investigations or interviews involving abuse where police or child protection services are involved.
- Be aware that the woman may feel that the interpreter is not truly representing what she is saying, and respect her wishes for another interpreter who she feels comfortable with.
- If the woman's reply indicates that she is comfortable with her interpreter, but her physical cues seem to indicate otherwise, check in with her again privately during a break.

Direct Access Tips

- In addition to a resource list of service agencies working with people who are deaf/deafened/hard of hearing/deaf-blind, develop a list of certified freelance interpreters/intervenors that you can call on in an emergency.
- Install a TTY in an easy to access yet private location; provide training on its use and ensure that everyone in the agency knows where it is located.
- Make other assistive devices/accommodations available, such as:
 - . FM transmitter systems and other amplification devices
 - . communication boards
 - . tele-braillers for women who are deaf-blind.
 - . visual/flashing or vibrating infant monitors
 - . visual/flashing or vibrating fire alarms
 - . open/closed captioned videos
 - . open/closed captioned television
 - . telephone amplification device attachment, or phone volume control.
- Provide training to staff in the use of technical devices. Have someone from a deaf women's organization, the Canadian Association of the Deaf (http://www.cad.ca/), or hard of hearing organizations to provide training to staff. Alternatively, have this individual train key personnel in your organization (i.e., "train the trainer") who will then provide training to other members of your staff and volunteers.
- Provide training to make staff familiar with telephone relay services (e.g., Message Relay Service, an operator-assisted service which facilitates communication between a TTY user and a non-user).
- Involve deaf women in the training of staff to work with deaf women e.g., specific needs, Deaf culture, the various forms of deafness, various forms of intervention.

Resources and Information

- Make information accessible to deaf/deafened/hard of hearing/deaf-blind women by adapting information and intervention material to the communication method and level of language:

- . illustrated or captioned videos and film
- . sign language videos
- . printed material (written concisely in plain language)
- . pictorial material (posters, drawings, slides, etc.)
- . photographic material
- . use of an optacon, a reading device which converts the image of a printed letter into a vibrating tactile form felt with one finger
- . use of computer technology which magnifies print on screen
- . Braille
- . printed material in large print (not less than 18pt font size).
- Develop new information adapted to their communication needs (e.g., produce a video in which a deaf woman describes the services of a shelter in sign language, in signed English; produce a video with photographic language about violence).
- Written information should have:
 - . minimal text
 - . many pictures
 - . vocabulary & syntax of people who are deaf
 - . generous spacing
- Develop public service announcements on television that are captioned or signed.

Communication Tips

- Communication may take longer. Be patient and positive.
- Always ask the women what she needs to communicate with you (e.g., a woman who became deaf later in life may prefer written or computerized notetaking than a woman who grew up in the Deaf community and learned ASL and speech reading).

Communicating with a Woman who is Hard of Hearing

Some women with hearing loss use one or two hearing aids which help to amplify sound. Also, many use an assistive listening device such as an FM system that consists of a transmitter (worn on the speaker) and the receiver (worn on the woman who's hard of hearing). Your cooperation in wearing a transmitter will greatly help the communication process. (It is not a recording device). Note that these devices are assistive not corrective devices.

- Obtain a FM or similar transmitter/receiver system from your local chapter of the Canadian Hard of Hearing Association or the Canadian Hearing Society.
- Establish appropriate ways of getting her attention (touching her may initially be too threatening she may prefer a wave, or vibration through shaking or knocking on the table).

- If possible, approach the woman from the front, not from behind. She will appreciate seeing you coming. If you want to give her warning from behind so as not to startle her, try to provide some form of notification (e.g., stomping your foot).
- If you are having difficulty understanding a woman who is hard of hearing, ask her to repeat
 what she has said. If that doesn't work and she can write, ask her if she could write down her
 thoughts.
- Maintain eye contact when communicating. If you look away, she may think that the conversation is ended.
- Be sure the light, whether natural or artificial falls on your face (don't stand in front of a window or with the sun to your back. Even at night, room lights will reflect in the window, resulting in glare for the lip reader.
- Speak naturally and clearly.
- Keep your lips visible at all times. Do not cover your mouth, wave your hands in front of your mouth
- Do not talk with food or gum in your mouth.
- Do not keep your head down or turn head away while speaking.
- Feel free to use gestures, facial expressions, body language.
- Have paper and pens available.
- Allow more time per session, or schedule more sessions.
- Provide visual aids for the topics discussed.
- If the person has greater hearing in one of her ears, stand or sit on that side.
- Try to eliminate background/environmental noise. This is particularly important for women who use hearing aids which pick up these noises as loudly as one's voice.
- Do not shout. Shouting can often result in distortion of speech and can also give a negative visual signal.
- If asked to repeat a question, paraphrase. Don't repeat the same question.

Communicating with a Woman who is Profoundly/Totally Deaf

- Be aware that each deaf woman has her own preferred method of communication. Each

method may change from situation to situation.

- Some women who normally use ASL may not want to use an interpreter out of concern for anonymity. Since there are very few interpreters, they know most members of the Deaf community in her region.
- Ask the woman if there is an interpreter whom she trusts to provide services.
- Ask her for names of a few interpreters in order of preference in case her first choice is not available.
- If the woman uses an interpreter, remember that she is the communicator, not the interpreter. Speak directly to the woman, not to her interpreter.
- Some women prefer to use other communication methods, including lip-reading; fingerspelling; writing notes back and forth; typing; gesturing. Be flexible.
- Ask the woman where she would like you and the interpreter to sit. This is not only logistical
 in terms of maximizing the effectiveness of the meeting, but gives her control in the
 communication process, something which she often lacks in a hearing-dominated society.
 This issue of control is even more important given the loss of control experienced through
 violence.
- Remember that the interpreter translates the message which may require further explanation from you. It is your responsibility to provide further and clear information/explanation if needed.
- If possible, make contact with interpreter prior to session with clients regarding your approach and the terms you will be using; find out about the interpreter's style and method of with these issues.
- Do not discuss the woman or her situation with the interpreter.
- For meetings or discussions longer than two hours in length, two interpreters should be used. Schedule adequate breaks for the woman and the interpreters.
- Provide training to staff about communication barriers and communication methods.
- Allow time for the interpreter to interpret what is being said. Use short sentences and don't rush ahead.
- Regularly check that messages are being understood but not by asking "did you understand what I just said", but by asking her to summarize the issue just discussed.
- Since ASL is not English, and is its own visual language with a distinct grammatical structure, the woman's written words may require clarification. Do not assume that difficulty writing in English is a reflection of her level of intelligence. Some women who are deaf/deafened/hard of

hearing/deaf-blind have also been mis-identified as having mental health or developmental disabilities to misconceptions about her speech patterns.

- Note that ASL is not a universal language among women who are deaf. Many immigrant & refugee women use a different sign language than ASL. In these situations, Deaf Interpreters (DI) are also required. They observe the ASL interpreter and interpret the ASL into a more simplified language for the deaf woman.
- If possible, approach the woman from the front, not from behind. She will appreciate seeing you coming. Stomp the floor to help notify her of your approach through vibration.
- When initiating a discussion, establish contact in a respectful way (e.g., a sign with your hand or arm or a vibration such as shaking the table).
- Maintain eye contact when communicating. If you look away, she may think that the conversation is ended.
- Be sure the light, whether natural or artificial falls on your face (don't stand in front of a window or with the sun to your back. Even at night, room lights will reflect in the window, resulting in glare.
- Have paper and pens available.
- Interpreters have a professional code of ethics they follow. Get a copy and familiarize yourself.
- Some situations, such as a physical exam, may require the woman to re-evaluation her decision about having an interpreter present. She may want to develop another communication strategy in order to increase her comfort and privacy.

Communicating with a Woman who is Deafened

In addition to above - Also note that:

- Women who have lost their hearing as a result of abuse trauma must be treated differently than those who became deaf by other causes (at birth, illness).
- She may be having more difficulty adapting to and compensating for her deafness.
- For her, deafness may not be a source of pride (at least initially). It may remind her of her experience and be isolating from other members of the Deaf community.
- A woman who is late deafened may find it difficult to ask others to repeat themselves or to reveal her deafness, and may give the impression that she has understood you. This coupled with trauma and lowered self-esteem can exacerbate her sense of feeling inadequate or incompetent.

- Allow more time to communicate.
- A computer or TTY or hand written notes may be the best communication method for some women who are late deafened.

Communicating with a Woman who is Deaf-Blind

- Women who are deaf and blind often use intervenors who mediate between people who are deaf-blind and their environment enabling them to communicate effectively with and receive information from the world around them.
- Depending on the degree of sensory loss, devices designed to help people who are deaf may be useful, such as a TTY (teletypewriter), where the typed information appears on a screen.
- A similar device for people who are deaf-blind is the TeleBraille. Instead of typed information appearing on a screen (be it a computer or the miniature screen of a TTY), a device converts the typed information to another device which creates Braille on a page for the woman to read with her fingers. The TeleBraille can also be used for face-to-face communications between a person who is deaf-blind and a sighted person.
- Contact your local chapter of deaf, blind or deaf-blind organizations to purchase these assistive
 devices. Having this particular type of device in your agency will facilitate communication with
 deaf-blind survivors of abuse without an intervenor. This is particularly important given the
 scarcity of trained intervenors.
- Women who are deaf-blind often use finger-spelling, or 2-hand manual communication whereby the woman places her hands over the hands of the person signing ASL or signed exact English.
- With the above methods of communication, patience is very important, as it may take some time, particularly if it is letter by letter communication. Schedule more time per session and/or more sessions.

Organizational Tips

- Hire staff who are deaf/deafened/hard of hearing/deaf-blind who have a demonstrated ability in intervention among deaf survivors of violence.
- Ideally, have at least two staff members who know sign language or have readily available a list of certified interpreters.
- Ensure that your volunteer base also includes women from the deaf/deafened/hard of hearing/deaf-blind communities.

- Involve women from these communities to prepare and lead training activities for crisis service workers.
- Involve women from these communities to organize and deliver services for survivors of violence.
- Integrate deaf/deafened/hard of hearing/deaf-blind issues into all wife assault/domestic violence/sexual assault initiatives (i.e., staffing, policy development, programs and services development, outreach/community education, fundraising, and volunteerism).
- Include ASL in languages as an asset when you advertise for jobs.

Financial Tips

- Women who are deaf/deafened/hard of hearing/deaf-blind face poverty to a much greater degree than hearing women and may not have funds to pay for an interpreter or intervenor. This is even more true among women of colour, immigrant and Native women.
- Budget for subsidization of these costs to allow for services free of charge.
- Fund emergency provision of on-call service providers (not just for instances of abuse, but also for when an interpreter or intervenor does not show up or is ill).
- Build into existing and future budgets an Access Fund. Request accessibility funds in addition to program funds in order to ensure that money is available for accommodations and are not used for other programming expenses.
- Develop partnerships and write joint funding proposals with disability and deaf service providers to increase access to services.

Networking

- Routinely advertise your services as accessible in the deaf/deafened/hard of hearing/deaf-blind community. Indicate what your agency can provide (i.e., services and types of accessibility) on all your outreach materials, in the telephone book and on the internet.
- Implement ongoing efforts to make these communities aware of accessibility initiatives and projects.
- Given their different and complementary skills, violence against women organizations and those dealing with the deaf/deafened/hard of hearing/deaf-blind issues, would benefit from coordinating their efforts, sharing resources and establishing partnerships.
- Provide training about violence against women to those working with deaf/deafened/hard of hearing/deaf-blind communities.

- Receive training from deaf rights advocates.
- Partner up with deaf advocates to deliver joint training about deaf and women's rights issues.
- With deaf women's advocates, raise awareness among women in the deaf communities about issues that affect their status as women.
- Outreach to other women's crisis services to identify what they are doing to improve accessibility in their agencies.
- Partner with other women's organizations to provide joint accessibility initiatives.

As can be seen, many of the tips are simple to put in effect and cost-free. Others require some more planning and financial commitment. Fortunately, crisis service agencies do not need to reinvent the wheel. Many workers in your field and in the wider deaf and disability communities have developed successful accessibility initiatives and partnerships. These organizations can be a great source of information as your agency starts to implement its own set of initiatives.

With the commitment to accessibility in place, your agency is in a unique position to assist women survivors who are deaf/deafened/hard of hearing/deaf-blind in the short term, and to develop alliances which advocate for broader social change in their lives in the long-term.

Bibliography

Anello, Barbara, "Report on the Intersectoral Workshop on Violence Against Women with Disabilities and Deaf Women, & Access to the Justice System - Participants Manual", (Workshop by Roeher Institute, Education Wife Assault); report prepared for DAWN Ontario, September 1998.

Baladerian, Nora J., "*Tips and Resources for Serving Adult Assault Survivors with Disabilities*", (Disability, Abuse and Personal Rights Project.) <u>Education Wife Assault Newsletter</u>, Toronto, Ontario, vol. 10, issues 1&2, Fall 2000.

Berkeley Planning Associates, "Service Needs of Women with Disabilities", BPA, Oakland, California, 1997.

Bacon, Joanne, "Deaf" initions, Education Wife Assault, Toronto, Ontario (Fall 2000)

Center for Research on Women with Disabilities, "Facts About Programs Delivering Battered Women's Services to Women with Disabilities", C.R.O.W.D., Houston, Texas, 2000.

Centre for Research and Education in Human Services, "Violence Against Women who Have Developmental Challenges: Prevention and Education", Kitchener, Ontario, September, 1998.

Center for Research on Women with Disabilities, "Ten Things Independent Living Centers Can Do to Assist Women with Disabilities Who Are Experiencing Abuse", C.R.O.W.D., Houston, Texas, 1999.

Center for Research on Women with Disabilities, "Findings from the Study of Independent Living Center Abuse Services", C.R.O.W.D., Houston, Texas, 1999.

Center for Research on Women with Disabilities, "Guidelines for Physicians on the Abuse of Women with Disabilities", C.R.O.W.D., Houston, Texas, 1999.

Civjan, Sheryl Robinson, "Making Sexual Assault and Domestic Violence Services Accessible", Impact, Vol.13, Number 3, Fall, 2000, pp.10-11. Institute on Community Integration, Minneapolis, Minnesota,

Davis, Leigh Ann, "More Common Than We Think: Recognizing and Responding to Signs of Violence", Impact, Minnesota, Vol.13, Number 3, Fall, 2000, pp.8-9. Institute on Community Integration, Minneapolis,

Deaf Women Against Violence, "Violence and Abuse: Problems Deaf Women Face", D.W.A.V., Hayward, California, http://www.dway.org/index.html

Demas, Doreen, "Aboriginal Women, Disability and Violence", Education Wife Assault Newsletter, Vol.10, Issues 1/2, Fall, 2000, p.5. Toronto, Ontario

Doe, Tanis, Power, Violence and Empowerment, Education Wife Assault Newsletter, Vol. 10, Issues 1/2, Fall, 2000, pp.1, 3-4. Toronto, Ontario

Dolomont, Lori, Protecting Ourselves: Deaf Women's Way, Education Wife Assault Newsletter, Vol.10, Issues 1/2, Fall, 2000, p.8. Toronto, Ontario

DisAbled Women's Network of Ontario, "Fact Sheet", DAWN-Ontario, North Bay, Ontario, 1998.

Elder, Marge, "Deaf Survivors of Sexual Abuse: A Look At The Issues", Moving Forward Newsjournal, Vol.2, Number 5, 1993. Arlington, Virginia

Emanuel, Ellie J., "Breaking The Power of Discrimination", Impact, Vol. 13, Number 3, Fall, 2000, pp.6-7. Institute on Community Integration, Minneapolis, Minnesota

First Nations Confederacy of Cultural Education Centres, "Facing A Life of Barriers: Aboriginal People with Disabilities", F.N.C.C.E.C., Hull, Quebec, 1996.

Focht-New, Virginia, "Beyond Abuse: Treatment Approaches for People with Disabilities", Positive Approaches, Vol.1 No.2, September 1997.

Forster, S., L. Davis-Bonar, "Saying No To Abuse: Strategies for Safer Services", Abilities, Summer 1998, Issue 35, pp.17-18.

Frazee, Catherine, Patricia Seeley, "Aftermath: Domestic Abuse Leaves Destruction In Its Wake", Abilities, Summer 1999, pp.41-44.

Gushue, Marc, "Ending The Cycle Of Abuse: The Victimization of Canadians with Intellectual Disabilities", Abilities, Summer 2000, Issue 43, p.48.

Health Canada, "Family Violence Against Women with Disabilities", Ottawa, 1992.

Health Canada, "Family Violence and People with a Mental Handicap", Ottawa, 2001.

Health Canada, "Special Program on Violence Against Women with Disabilities: Annotated Bibliography of Available Literature and Resources, and a Statement of Need Report", Ottawa, 1997.

Justice Institute of British Columbia, "Charting New Waters: Responding to Violence Against Women with Disabilities: Facilitator's Guide", 1996.

Kovacic, Laura, "Safeguarding Yourself - Women-Centred Agencies Learning to Support Women with Disabilities", Abilities, Spring 1998, pp.20-23.

Langlais, Line, Marthe Larochelle, Denise Lemieux, Nicole Racine, *Intervening with Deaf* Women Who Are Victims of Spousal Violence, Comite d'aide aux femmes Sourdes de Quebec, 1996.

Lunn, Donna, "Rural and Farm Women", Education Wife Assault Newsletter, Vol.9, Issue 2, Winter 1999, p.1, p.4.

Masuda, Shirley, "Violence Against Women with Disabilities", Abilities, Summer 1992, Issue 12, pp.86-66.

Moorey, Kelli, "Orientation to Disability for Crisis Service Providers", (prepared for the Independent Living Resource Centre of Calgary), 2001.

Moses, Judith, "Violence Against Women with Disabilities: Guidelines for Service Providers", Kingston Independent Living Resource Centre, Kingston, Ontario, 1998.

National Aboriginal Network on Disability, "Voices In The Wilderness: Aboriginal Women and Disabilities", N.A.N.D., Cornwall, 1992.

National Coalition Against Domestic Violence, "Open Minds, Open Doors: Technical Assistance Manual", Denver, CO, 1996.

National Resource Center on Domestic Violence, "Abuse and Women with Disabilities", N.R.C.D.V., Minnesota, 1998.

Nosek, M.A., C.A. Howland, M.E. Young, "Abuse of Women with Disabilities: Policy *Implications*", Journal of Disability Policy Studies, Vol.8, pp. 1997,157-176. Fayetteville, Arkansas

Odette, Fran, "Reflections: Interview with Tanis Doe", Education Wife Assault Newsletter, Vol.10, Issues 1/2, Fall, 2000, pp.10, 12. Toronto, Ontario

Odette, Fran, "Reflections: Interview with Catherine" MacKinnon, Education Wife Assault Newsletter, Vol.10, Issues 1/2, Fall, 2000, pp.11-12. Toronto, Ontario

Odette, Fran, Enza Ronaldi, "Emotional Abuse of Women with Disabilities", Education Wife Assault Newsletter, Vol.9, Issue 2, 1999, p.11.

Ontario Association of the Deaf, "Working with Deaf Patients: A Guide for Medical Professionals", OAD-Deaf Outreach Project, http://www.deafontario.org/index.htm

Pinedo, Maria Rosa, Ana Maria Santinoli, "Immigrant Women and Wife Assault", Education Wife Assault Newsletter, 1997. Toronto, Ontario

"Responding To Women with Disabilities Who May Be Experiencing Abuse: A Workshop for Service Providers" in Haldimand-Norfolk, Simcoe, 1992. Haldimand-Norfolk Project on the Abuse of Older Adults http://fp.kwic.com/~jpreston/

Roeher Institute, "Violence and People with Disabilities: A Review Of The Literature", (prepared for the National Clearinghouse on Family Violence), Toronto, Ontario, August 1994.

Roeher Institute, Education Wife Assault, "Intersectoral Workshop on Violence Against Women with Disabilities and Deaf Women, & Access to the Justice System: Participants Manual", Toronto, Ontario, September 1998.

Roeher Institute, Education Wife Assault, "Violence Against Women with Disabilities and Access to the Justice System: Tool Kit", Toronto, Ontario, September 1998.

Roeher Institute, "Out Of Harm's Way: A Safety Kit for People with Disabilities Who Feel Unsafe and Want To Do Something About It", Toronto, Ontario, 1997.

Smith, Marilyn J., Supporting Deaf Women In Seattle: Abused Deaf Women's Advocacy Services, Impact, Vol.13, Number 3, Fall, 2000, pp.2-3, p.17. Institute on Community Integration, Minneapolis, Minnesota

Sobsey, Dick, "Faces of Violence Against Women with Developmental Disabilities", Impact, Vol.13, Number 3, Fall, 2000, pp.2-3, p.25.

Institute on Community Integration, Minneapolis, Minnesota

Strong, Marlene F., Ann Cupolo Freeman, "Caregiver Abuse and Domestic Violence In The Lives of Women with Disabilities", Berkeley Planning Associates, Oakland, CA, 1997.

"The Risk of Physical and Sexual Assault", Abilities, Spring 1995, Issue 22, pp.32-33.

Ticoll, Miriam, Melanie Panitch, "Opening The Doors: Addressing The Sexual Abuse of Women with an Intellectual Disability", Canadian Woman Studies, Vol.13 No.4, pp.84-87.

Tomlinson, Debra, "Family Violence and Abuse: Independent Living Approach to Prevention", Abilities, Fall 1993, Issue 16, p.37.

University of British Columbia Disability Resource Centre, "Definitions, Communication Strategies and Interaction Tips", University of British Columbia, Student Services, 2001.

Whatley, Joyce, "Violence Against Women with Disabilities: Policy Implications of What We Don't Know", Impact, Vol.13, Number 3, Fall, 2000, pp.4-5. Institute on Community Integration, Minneapolis, Minnesota,

Weaver, Amethya, "Women who Experience Woman Abuse and Child Sexual Abuse: Deaf, Hard of Hearing, Deaf-Blind, Late-Deafened and Oral Deaf: A Resource Manual for Service Providers", Klinic Community Health Centre, Winnipeg, Manitoba, 1995.

Wilson, Stephanie, "Solutions To Family Violence: A National Resource for All Canadians", Abilities, Fall 1998, Issue 36, p.46.

Wiseman, Kimberly Black, "You're My Pretty Bird In A Cage", Impact, Vol.13, Number 3, Fall, 2000, p.1, p.24. Institute on Community Integration, Minneapolis, Minnesota,

"Women with Disabilities, Deaf Women and the Domestic Violence Courts", Education Wife Assault, Toronto, Ontario, 1998.

Zak, Omer, "Strategies for Communication Between the Hearing and the Hearing-Impaired" 1995. http://www.zak.co.il

Your feedback wanted

We hope that you found Tips for Service Providers Working with Women who are Deaf, Deafened, Hard of Hearing or Deaf-Blind useful. This resource was produced as a collaboration between the British Columbia Institute against Family Violence, the National Clearinghouse on Family Violence, Education Wife Assault and the Canadian Health Network. We invite you to provide us with feedback and/or join our mailing list so we can inform you of new resources and developments.

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