Tips for Women's Service Providers Working with Women with Disabilities

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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 with disabilities face the same forms of gender based violence faced by all women, plus additional risks of abuse by caregivers who provide services specifically related to her disability.

Caregivers can be paid attendants, paid homemakers, unpaid friends, family members, service providers such as medical personnel (doctors, nurses, rehabilitation specialists, health care aides), therapists, transportation providers; as well as the woman's partner. Caregiver abuse therefore, can overlap with domestic violence because it is often committed by the same person.

A DisAbled Women's Network Canada (DAWN Canada) study found that although women with disabilities constitute approximately 13% of the Canadian population (i.e., 2.2 million women; and 16.8% or 2.8 million women according to Statistics Canada), 40% of their respondents have experienced some form of violence in their lives.[1] Another study indicated that 60% of women with disabilities are likely to experience some form of violence in the course of their adult lives.[2] Yet, despite of the greater risk many disabled women have fewer options to escape the violence in their lives due to a number of factors, including the lack of accessible crisis services.

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 women with disabilities.

Please note that Education Wife Assault's has produced another document Tips for Service Providers Working with Women who are Deaf/Deafened/Hard of Hearing 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 with disabilities (client intake tips, direct intervention tips), many other service providers (e.g., health care professionals, therapists, police) will find much of the information transferrable to their area of service.

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

Forms of Abuse

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

[2] Roeher Institute (1995*), Harm's Way: The Many Faces of Violence and Abuse Against Persons With Disabilities*. Toronto.

Physical abuse/Force or neglect within the context of caregiving - hitting, slapping, pushing; hair pulling; kicking; strangling, assault; rough transfers (e.g., handling a woman roughly during transfers from her bed to wheelchair); forcing a woman to eat at a pace exceeding her ability and comfort; leaving her in soiled clothes/bed sheets; leaving her on the toilet or in the bath for an extended period of time; physical restraints and chemical restraints (i.e., forced drugging).

Sexual abuse, including unwanted or forced sexual contact, unwanted touching or displays of sexual parts (pornography, exhibitionism); violating a woman's space and privacy during intimate routines such as inappropriately watching or touching a woman during bathing, dressing, toiletting; making sexual jokes, tricking or manipulating a woman into sexual activity; sexual assault; rape; forced abortion, sterilization, and forced birth control.

Denial of rights, necessities - denial of food/fluids; denial of assistance to get out of bed, to wash, dress, use the bathroom; withholding medications; removing her wheelchair, cane, listening devices, and other essential assistive devices (e.g., visual aids, walker, etc.).

Acts by which social interaction/inclusion are denied - her partner or caregiver refusing to help a woman leave her home; taking away a woman's guide dog; taking away the technology a woman uses for communication or social interaction (e.g., her wheelchair, hearing aid, Bliss symbolics board).

Emotional/psychological abuse - demeaning, ridiculing, threats, insults, harassment; threatening to leave without feeding or toileting a woman with a disability; threatening to hurt, leave and take her children; threatening her with institutionalization, including psychiatric institutionalization; psychological degradation and humiliation; mistreating or refusing to feed pet(s) or service animal; speaking to a woman with a developmental disability in an intentionally complex or confusing way.

Isolation - controlling what a woman does, who she sees and speaks with, where she goes, what she reads, denying access to television, radio or telephone/TTY.

Economic abuse - controlling finances; refusing to provide information about finances; preventing a woman with a disability from getting or keeping a job or receiving job training, education; theft by caregivers/service providers theft; overcharging for services (e.g., charging for three hours of work when only two hours were worked).

Factors Contributing to Higher Rates of Abuse of Women with Disabilities

Socio-Cultural

Violence against people with disabilities has been taking place for as long as recorded history. One of the most glaring historical atrocities against people with disabilities occurred during the Nazi era during which they were the first group to be experimented upon and systematically executed. The fear (and hatred) of differences, and the societal requirement for "normalcy" and

"perfection" continues to this day and places people with disabilities in jeopardy of human rights violations.

- The belief in the superiority and the right of non-disabled people to exercise power and control over people with disabilities.

- The belief among abusers that people with disabilities in general, and women with disabilities in particular, are "easy targets". This belief is widespread and reinforced in society at large (e.g., the popular media, professions, justice system and the general public).

- The belief/myth held by abusers (and often protective services) that women with disabilities are not harmed by abuse (e.g., the myth that women with paralysis do not feel abuse; or that women with development disabilities aren't aware of the abuse).

- Poverty - Lack of employment (as high as 80% among some groups) results in a severe lack of access to financial resources. This high unemployment rate creates a forced dependency on paid and unpaid caregivers, family members and partners. This dependency in turn reduces the options for women with disabilities to leave abusive environments.

- Exacerbation of barriers posed by racism, heterosexism and sexism - Immigrant women with disabilities, Native women with disabilities, disabled women of colour in general, and lesbians with disabilities have additional barriers to surmount in a society which privileges its white and straight members. For example, they are at greater risk than white, straight women of losing their children, being poor, being institutionalized in psychiatric hospitals, being disbelieved, etc.

Environmental

- Social isolation through:

  . segregated schooling

  . segregated employment

  . segregated transportation

  . institutionalization

  . limited access to society's public services and facilities.

- Lack of privacy for women living in group homes & institutions; lack of private rooms; the lack of entitlement to close/lock one's door.

- Lack of safe, alternative settings when leaving the abuse:

  . shelters
  . transition houses
  . accessible social housing

- Geographical location - Rural areas and reserves often lack essential crisis services for women in general and for women with disabilities in particular. This is particularly problematic for those in the Native community since the rate of disability is twice the national rate (31.3% vs 16.8%) and more than twice the rate on reserves (33%).[3]

Services

- Since paid/unpaid caregivers have access to women's homes, money, keys, and bodies, women with disabilities are more vulnerable to abuse than non-disabled women because they are exposed to a higher number of potential offenders, in higher risk situations and have less power in those situations.

- Specifically, the greater number of caregivers providing service to a woman with a disability, the greater the number of opportunities for contact with women's homes and their bodies, and greater vulnerability to assault.[4]

- These situations, combined with the devaluation of disabled people can lead to higher rates of abuse among disabled women. A number of independent studies indicate that women with disabilities are 150-200% more likely than non-disabled women to be abused by their partners and caregivers/service providers.[5]

- Lack of safe, alternative service providers.

- Lack of control or choice regarding caregivers (including gender of caregivers).

Nature of Disability

- Before discussing the nature of disability and vulnerability to abuse, it should be emphasized that the biological/physical fact of disability does not in and of itself create greater risk. Rather, it is the perception of vulnerability or the lack of accessible services and supports that creates the risk. Some example of risks faced by women with disabilities are highlighted below:

- Attackers may perceive women with mobility, sensory or other disabilities to be easier "targets".

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[3] First Nations Confederacy of Cultural Education Centres (1996), *Facing A Life of Barriers - Aboriginal People with Disabilities.*

[4] Sobsey, Dick & Tanis Doe (1991), "Patterns of Sexual Abuse and Assault", *Sexuality and Disability*. Vol.9 No.3.

[5] Stimpson, Elizabeth & Margaret Best (1991), "Courage Above All: Suxual Assault against Women with Disabilities. Toronto, ON: DAWN.

- A woman with a developmental disability may find it difficult to distinguish between appropriate/non-appropriate touch due to lack of education about sex, sexuality, and abuse.

. A woman with communication/speech disabilities may not be able to verbalize the abuse if she lacks the appropriate assistive devices. Further, her communication board may not have the terms for the anatomy and other related terms for her to communicate her experience.

Barriers to Reporting/Escaping Abuse

Women with disabilities may be reluctant to report abuse for many of the same reasons as non-disabled women (e.g., fear of retaliation, fear of losing her children, dependency and shame). However, factors related to a woman's disability further exacerbate the difficulty she faces in disclosing abuse. These can include:

- Fear of losing essential services, such as homemaking, personal care, transportation, communication).

- For women whose caregivers are also their partners, the fear of losing their primary relationship, their home, and services (such as physical assistance, interpretation, readers of print material).

- Fear of institutionalization - e.g., a woman labelled with a psychiatric disability may hesitate to call the police if she has had a negative experience with them. She may fear being sent to a hospital, forced drugging, confinement & (re)institutionalization. Other women (e.g., with physical or developmental disabilities) may fear being sent to a nursing or group home.

- Fear of losing financial support and/or health insurance coverage from their partners.

- Lack of accessible 24-hour emergency services such as:
    - accessible transportation
    - sign language interpretation
    - multi-lingual advisors
    - multi-lingual attendant care services
    - deaf-blind intervenor services.

- Lack of accessible shelters, sexual assault centres, transition houses.

- Lack of accessible housing.

- Lack of awareness among women with disabilities about available services due to:

    - inaccessible public education materials about community/crisis services, courts, police and legal clinics.

    - too few women-centred agencies which provide outreach services to disability organizations that work with women with disabilities.

- Fear of losing their children, particularly among lesbians, women of colour and Native women with disabilities.

- Fear among women of colour and Native women with disabilities of being ostracized from their communities; fear of deportation among refugee women; fear of greater racial prejudice in society about her community.

- Lack of perceived credibility among police services ascribed to women with disabilities, particularly women of colour, Native women, lesbians, women with a psychiatric history, women who are blind, who have a developmental disability, who are non-verbal or who have a severe communication disability such as women with cerebral palsy.

- Caregivers are often seen as credible and are more likely to be believed.

- Belief that women with disabilities in general are not sexual beings, are not involved in intimate relationships, and therefore not at risk of violence from their partners. Some exceptions include the offensive myths that women with developmental disabilities, Native Women with disabilities or women with psychiatric histories have an elevated or uncontrolled sexuality. The consequences of such myths are that these women's complaints are trivialized or ignored or there is victim blaming.

- Lack of access to legal services & advocates for abuse survivors with disabilities.

- Lack of awareness about their human rights, particularly among women with developmental disabilities who often do not receive education about their bodies, sex, sexuality, abuse, protective legal services, and rights to access crisis services.

- The nature of a woman's disability may make it harder to disclose abuse (e.g., a woman who is non-verbal and dependent on alternate forms of communication) or potentially dangerous to escape from an abusive caregiver/spouse (e.g., those who rely on respirators will need to have someone trained to assist her immediately).

- Many women with disabilities who have been institutionalized or live in protective family environments have extremely limited knowledge of their bodies and sexual activity, and have been told not to talk about it. They may also be very embarrassed, uncomfortable and hesitant to disclose abuse.

- Socialization of girls and women with disabilities, particularly those requiring many medical interventions and contact with medical personnel, to be passive, compliant, accepting of intrusive physical contact.

Attitudes

- Believe in the abilities and strength and right to self determination of women with disabilities.

- Work **WITH**, not **FOR**, women with disabilities.

- Believe in her expertise and ability to advise you about her needs, but do not expect the woman to be the expert on all women with disabilities or to teach you about what all women with disabilities need.

- Do not assume that women with disabilities want to be non-disabled or that living with disability is tragic. Rather, women with disabilities want a society to remove the disabling barriers which prevent them from full participation in social and public life. However, it is quite common for a recently disabled woman to express the wish to not be disabled.

- Understand that the life of a woman with a disability is not wholly defined by her disability.

- Give yourself permission to make mistakes. Try to use language you believe is respectful and appropriate, and be open to the woman correcting it.

- Do not assume that because you have not received calls from women with disabilities that they do not require your services.

- Don't assume that every woman who calls and visits your agency is non-disabled; many women have invisible disabilities (e.g., HIV/AIDS, diabetes, epilepsy, psychiatric or learning disabilities).

- Provide ongoing training (by women with disabilities) about various types of disabilities, and disability & gender issues.

- One mistake made by many well-intentioned service providers is the tendency to be patronizing or reverential towards a woman with a disability. This serves only to further isolate and alienate her.

Communication Tips

General

- When a woman with a disability experiences violence, every effort should be made to determine if and how her disability has been affected. For example, a woman with epilepsy may be more prone to seizures after an attack. Also, a woman with a learning disability or head injury may be more easily distracted, disorganized and less able to cope with stressful situations.

- At the same time however, remember that the most important part of the service provider's reaction is to deal with the incident of violence without an over-emphasis on the woman's disability.

- If unsure about the best method of communication, ask the woman directly about her

needs - take her lead as you would with non-disabled women.

- Speak to the woman with a disability directly, not to her personal aide, family member, interpreter, or other person accompanying her.

- People with disabilities generally prefer language that affirms their humanity first and acknowledges their disability second - e.g., 'people with disabilities' instead of 'the disabled'. However, every woman has the right to self-definition, and some will proudly call themselves disabled women.

- Non-disabled people have also assigned terms, like the word "challenged", to describe people with disabilities. Many people with disabilities find these terms patronizing and inappropriate.

- Not all women with disabilities identify with a specific term. Use the language that the woman uses herself to represent her identity and needs.

- Some women with invisible disabilities (AIDS, epilepsy, psychiatric, learning) are reluctant to disclose the nature of their disability given the stigma often attached to them.

- Even if a women does not have an intellectual disability or head injury, clear, plain language will be appreciated by women who have experienced trauma, particularly among those whose first language is not English.

- Remember that many women with disabilities who have been institutionalized or live in protective family environments have extremely limited knowledge of their bodies including genitalia, and sexual activity, and have been told not to talk about it. They may also be very embarrassed, uncomfortable and hesitant to disclose abuse.

- Be patient if the woman with a disability does not understand or does not answer questions put to her. Do not rush to re-word a question, or ask a follow-up question - allow for quiet time as she thinks of her response.

- Do not assume that she is refusing to cooperate or is withholding information.

- Use the first name of a person with a disability only if you are extending the familiarity to others.

- Do not complete tasks for a woman with a disability unless asked to do so (e.g., assisting her with removing a coat, or dialing a telephone number). Feel free to offer help the same way you'd offer others. Be willing to accept her response, be it a yes or a no thanks.

- Be aware that the person who identifies herself/himself as the interpreter or caregiver for a woman could be the person that abuses her. Ask her privately if she is okay with that person being present.

- Talk with women with disabilities about self-protection and assertiveness to prevent future victimization. This may include information about how to know when a situation is dangerous, how to say no to unwanted sexual activity, the importance of telling someone what happened, and individualized self-defense techniques.

Communicating with a Woman who uses a Wheelchair

- Remember that the individual considers her wheelchair as a part of her body space.
- Do not lean on or drape bags on a woman's wheelchair.
- Do not push, turn or move a woman using a wheelchair unless asked.
- Do not turn off the power on electric wheelchairs even if the chair is stationary.
- Do not be patronizing towards a woman using a wheelchair (e.g., patting her on the head).
- Ask if the woman requires assistance - do not assume she does. Be prepared to be told that she does not.
- Do not assume that a woman who has a physical disability has an intellectual/cognitive disability.
- If your interaction with a woman using a wheelchair is going to last longer than a few minutes, sit in a chair to ensure that you are at eye level.
- Use language as you normally would, such as phrases like "gotta run" or "let's take a walk".

Communicating with a Woman who is Blind or who has Partial/Low Vision

- Introduce yourself as you approach and try to give her some indication that you are approaching (e.g., shaking coins in your pocket).
- Speak in your normal tone and speed. Do not shout.
- Speak directly to the woman, not to a third party.
- Do not pet a guide dog. Ask permission of the owner before interacting with the dog.
- Ask if the woman needs assistance before providing it.
- If she requests assistance, let her take your arm.
- If she needs seating guidance, simply guide her hand to the back of the chair and inform her if the chair has arms.
- Guide on the side the woman prefers.
- Respect her personal space, including any equipment or assistive aids that she uses. Do not move her cane or her guide dog.

- If you are entering or leaving the room, inform the woman.

- Ensure that your agency's print information is available in alternate formats -e.g., on computer diskette, audiotape, large print.

- Use language as you normally would, such as phrases like "Do you want to see if we can get an appointment for...", "I see (understand)".

Communicating with a Woman who is Non-Verbal & Uses Augmentative Communication

- Women who are non-verbal (e.g., some women with cerebral palsy or autism) may use augmentative and alternative communication (AAC) systems. This may be in a form of a graphic language like Bliss Symbolics, adapted communication devices (ACD), or a simple word/letter board or word cards with pictures.

- Be patient. The woman may need considerable time to communicate her thoughts and experiences.

- Do not assume that a woman who is non-verbal has an intellectual/cognitive disability. At the same time, do not assume that having one type of disability precludes having others (i.e., many women have more than one disability).

- Do not mistake a woman's communication disability (e.g., if she has a speech disability) for drunkenness.

- Ask the woman if she wishes to have an interpreter.

- What can often happen is silence between an agency staff member and a woman while waiting for an interpreter to arrive - it is okay for you to ask the woman if you may look at the communications board or word cards to learn some of the terms (which are sometimes written in English below an image) so that you may initiate a conversation with her. Starting with yes/no questions may help, because then you can learn how she says yes/no, and perhaps move on to questions which require short answers.

- Consult with your local chapter of Cerebral Palsy Canada, the Bloorview MacMillan Centre in Toronto, or the Autism Treatment Services of Canada (http://www.autism.ca/) for some assistance and information about various communication devices.

Communicating with a Woman who has a Learning Disability

- Learning disabilities do not affect the person's overall intelligence but may result in a woman being more easily distracted, disorganized, and less able to cope with stressful situations.

- Some women with reading disabilities may benefit from alternate formats used for people with visual disabilities (such as audiotaped information).

- Some women with difficulty processing oral information may benefit from using printed information (on paper, typing conversation on a computer screen, etc.).

- Organize information sequentially.

- Use concrete examples.

- Minimize distractions.

- Where appropriate, write down information using varied letter size, different typefaces, underlining or spacing.

- Review key concepts to ensure that they are understood.

Communicating with a Woman with Head Injuries or Acquired Brain Injury

The accommodations for women with head injuries are similar to those required by women with learning disabilities.

- A woman may be more easily distracted, disorganized, and less able to cope with stressful situations.

- Some women with head injuries may benefit from alternate formats used for people with visual disabilities (such as audiotaped information).

- Some women with difficulty processing oral information may benefit from using printed information (on paper, typing conversation on a computer screen, etc.)
- Organize information sequentially.

- Use concrete examples.

- Minimize distractions.

- Use clear language (e.g. "A lot of feelings" instead of "overwhelmed").

- Use pictures, drawings or dolls to help demonstrate what you are talking about, if necessary.

- Where appropriate, write down information using varied letter size, different typefaces, underlining or spacing.

- If you are unsure if the woman understands what you are saying, ask her to repeat it in her own words.

Communicating with a Woman who has a Developmental/Cognitive Disability

- Women with developmental disabilities may have difficulty comprehending, remembering or discerning information.

- Be patient.

- Speak clearly and concisely.

- Refrain from speaking too quickly, using complex words or combining too many concepts.

- Break instructions or conversations into small steps/tasks

- Use plain, clear language (e.g. "A lot of feelings" instead of "overwhelmed").

- Use pictures, drawings or dolls to help demonstrate what you are talking about, if necessary.

- Do not talk down or speak to a woman as if she is a child. Speak to her in an age appropriate fashion.

- Ask "who," "what" or "where" questions. "When" or "how" questions may be more difficult to answer. Avoid confusing questions about time, sequences, or reasons for behaviour.

- If you are unsure if the woman understands what you are saying, ask her to repeat it in her own words.

- Use repetition, rephrasing and careful explanation.

- Do not add to or finish her sentences. Once she completes a sentence, use reflection or rephrasing to be sure you understood.

Communicating with a Woman with a Mental Health Disability or who is Labelled Psychiatrically Disabled

- Remember that some women may be on various types of medication which affect their ability to communicate effectively, and that side effects can be mistaken for drunkenness.

- If you are finding it difficult to follow the discussion, be very patient.

- The woman may be experiencing severe depression or fear and anger - be very patient and supportive, even if an outburst occurs. Do not take any outburst or anger personally.

- Do not automatically refer women with a mental health/psychiatric disability to a psychiatric facility.

- Be aware that some women with psychiatric histories may be very fearful of the police and health care professionals - e.g., many women with mental health disabilities have been abused

in psychiatric institutions (by both staff and inpatients).[6] If they express opposition to being sent back, respect the woman's decision.

- If possible, provide a woman with mental health/psychiatric disabilities with her own room.

Resource Information/Alternate Formats

- Provide information in large print (e.g., not less than 18pt).

- Provide information on computer diskettes, saved in ASCII text.

- Provide information in Braille - contact your local Canadian National Institute for the Blind, Transcription Services to assist you.

- Provide information in video format, including videos with interpretation in American Sign Language.

- Have a staff member/volunteer read and record information/flyers, etc. onto audiocassettes.

- Ensure that there are colour contrasts in your communications material.

- Have information available in clear language.

- Have pictorial information available.

- Include portrayals of women with disabilities in agency literature and publications.

- Provide a reader for a woman who can not access print information.

Physical/Environmental

- Identify disability organizations (e.g.,DAWN Canada http://www.dawncanada.net/, Canadian Association of Independent Living Centres (CAILC) http://www.cailc.ca/) and other organizations who can advise and consult on the "how to's" of accessibility.

- Obtain the "Access Survey & Planning Guide" (from National Coalition Against Domestic Violence http://www.ncadv.org/) to help facilitate the process of evaluating accessibility in your agency. This Guide provides questions an agency needs to address organized under various components (e.g., transportation, safety, building accessibility, communication, attitudinal, referrals, medication).

- Ensure that there:

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[6] Jacobson, A., and Richardson, B. (1987), "Assault Experiences of 100 Psychiatric Inpatients: Evidence for the Need for Routine Inquiry", *American Journal of Psychiatry*, 144, No.7: 908-913.

. is an accessible entrance (non-step entrance, a ramp, a wide doorway).

. are curb cuts available at sidewalks and entrances near agency property.

. is at least one accessible bedroom (for shelters).

. is an accessible bathroom (with grab bars, a raised toilet, adequate space for a wheelchair, and access to the sink (including levers on the faucets).

. is a lowered telephone with amplification options.

. are accessible handles or levers (operable with a closed fist) on doors.

. an accessible kitchen/eating area.

. an accessible social area.

. an accessible laundry room or ensure that staff or someone else assists with the laundry.

. is no obstruction to mobility created by tables, chairs, display racks, counters, and other furniture

. are a portion of accessible staff offices and counselling rooms.

. are a correct number of spaces designated as accessible parking.

. are raised letters or Braille included on signs within the building and elevator control buttons.

. are yellow markings on steps/railings to help highlight these areas for women with partial vision.

. is a TTY available and in an easy-to-access yet private area.

. are alarms with flashing lights and audible sounds.

- Involve women with disabilities in the accessibility evaluation of your facilities and programs.

Intervention Resources

- Identify and compile a listing of local disability organizations and resources for women with disabilities.

- Develop a list of caregivers, particularly those available to provide services in emergency situations. Ensure confidentiality of service by developing service contract agreements

- Develop a list of interpreters, particularly those available to provide services in emergency situations.

- Develop a safety/escape plan checklist which can assist you in helping a woman with a disability who is planning how to leave her abuser - e.g., does a woman have her:

  . medications
  . assistive devices and charger
  . health card/insurance information
  . birth certificate/passport
  . driver's license
  . list of attendant care/service providers she trusts
  . money and/or credit cards/ATM card/bank books/account information/checkbook
  . legal documents (work permits, custody orders, restraining orders, etc.)

- Contact your local Canadian National Institute for the Blind and identify the person working in transcription/Braille services.

- Contact your local chapter of Canadian Hearing Society or your local phone company to acquire TTYs and other assistive devices. Some women may prefer that these devices are purchased from a phone company vs a service agency because of confidentiality concerns with the latter.

- If your facilities are not currently accessible develop a list of accessible locations in which to hold meetings/counselling sessions.

- Negotiate with individual taxi companies using accessible cabs and parallel transit services for priority use for women with disabilities in crisis. Some provinces have "taxi savers" or emergency vouchers. These should be extended to disability related transit like parallel van services.

- Work with taxi licensing authorities to ensure that all taxi companies provide accessible taxis for priority use.

Policies and Procedures

- Revise intake/welcoming process so that it allows for an opportunity for each client to identify and discuss the kinds of assistance she needs.

- Some women with invisible disabilities (AIDS, epilepsy, psychiatric, learning) are reluctant to disclose the nature of their disability given the stigma often attached to them. Pose a general question which leaves the door open for a woman to discuss/disclose her disability and requirements if she wants - e.g., "in what way can our service better meet your needs at this time?"

- Mention that there are/have been other women with disabilities using your services so that she feels safer.

- Develop policies and procedures to assist your organization to assess and monitor the presence of women disabilities as clients (e.g., the Domestic Violence Initiative for Women With Disabilities (DVI) in Colorado developed a statistics sheet to record the number of women with disabilities who were using their services.)

- Update emergency response protocols such as transportation, attendant services and sign interpretation to ensure access.

- Keep accurate and consistent records about the numbers of women with disabilities seeking services, the types of disabilities, the accommodations requested and the accommodations provided.

- Provide a policy stating what kind of service your agency can provide women with disabilities (e.g., feeding/dressing/bed transfer assistance/toiletting/reading/transportation, etc.). Identify whether your agency can provide services in-house by staff/volunteers and/or by purchasing the services of service providers on a contract basis.

- Ensure that you appropriately screen attendants/caregivers for past offences. Consult with disability advocacy organizations and independent living centres to determine the service record of caregivers, and whether any complaints have been lodged by people with disabilities.

- Examine and rewrite procedures which have a negative systemic impact on women with disabilities. For example:

  . rules that restrict entry of a third party with the abused woman can discriminate against women with disabilities who wish/need to bring their personal assistant or a friend to assist with daily living.

  . rules which restrict the definition of domestic violence to include only partners/family members, thereby excluding abuse perpetrated by paid caregivers/professionals.

  . rules which define the maximum length of time a woman can use the telephone can have an adverse impact on women who use TTYs who generally require more time using this device, or have a negative impact on women with speech disabilities.

  . rules which outline a set number and type of chores for women to undertake may have a negative impact on women with disabilities - moreover, women with invisible disabilities (e.g., arthritis, chronic fatigue syndrome) may also face skepticism among service workers and women clients who may not think they're "really" disabled and are trying to avoid responsibility.

  . rules that disallow animals can have a negative impact on women who require service animals

- Develop medication policy which distinguishes between prescribed drugs and other drugs in determining whether a woman has direct access to her medications.

- Adapt cooperative living agreements for those women with disabilities who are unable to abide by a provision(s) due to their disability.

- If requested, assist a woman with completing any necessary forms, correspondence, and/or making telephone calls.

Financial

- Women with disabilities face poverty to a much greater degree than non-disabled women. This is even more true among women of colour, immigrant/refugee and Native women with disabilities. Often, women with disabilities may not have funds to pay for an accessible cab to get her to a shelter, or to hire service providers such as attendants or interpreters.

- Budget for subsidization of these costs to allow for services free of charge.

- Fund emergency personal assistant systems to ensure on-call registries of service providers (not just for instances of abuse, but also for when a caregiver/interpreter, etc. doesn't 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.

- Write joint funding proposals with disability service providers to increase access to services.

Organizational

- Involve women with disabilities in the process of developing policies. It would be particularly useful to involve women who have used your service, as well as staff with disabilities and leaders in women's/disability organizations.

- Develop a policy that describes your commitment to provide accessible services/ accommodations for women with disabilities.

- Ensure that all staff are aware of and know how to act on the policies concerning how services are to be provided to women with disabilities. Review during orientation sessions for new staff members as well as during regular service sessions.

- Undertake accessibility audits/ reviews (with consultation expertise from the disability community).

- Integrate woman with disabilities and their issues throughout the organization, from client service, staffing, volunteers, to the board of directors.

- Schedule disability awareness training for all staff/volunteers (provided by women with disabilities).

- Ensure that volunteer opportunities are accessible for women with disabilities (i.e., training materials available in alternate formats, training sessions held in physically accessible locations).

- Institute mechanisms for comments and complaints about accessibility from staff, clients and the public.

Outreach/Networking

- Make ongoing efforts to inform disability community about accessibility initiatives and services offered.

- Indicate what your agency can provide (i.e., types of accessibility) on all your outreach materials, in the telephone book and on the internet.

- Identify disability and women's disability organizations and develop meaningful partnerships.

- Reach out to disability organizations and invite women with disabilities to be on boards or serve as staff or volunteers. Do not involve women with disabilities in token positions: their involvement must be real and appropriate.

- Develop training that integrates issues as identified by both women's and disability rights movements.

- Ensure that all agency events/training sessions and meetings are held at accessible locations and provide accommodations as needed.

- Facilitate ongoing efforts to get evaluation and feedback from the various disability communities served.

- When attending professional development opportunities (conferences, seminars), inquire early about their accessibility to staff with disabilities and who are deaf. If inaccessible, work with organizers to address accessibility issues.

- Work with parallel transit and taxi services with accessible cabs to provide training on sexual harassment and abuse against women with disabilities.

- Identify other service providers which have implemented successful disability initiatives and develop partnerships.

As can be seen, many of the tips are simple to put in effect and cost-free. Others require more planning and financial commitment. Fortunately, service agencies do not need to reinvent the wheel. Many workers in women's services, as well as in health and social services 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 address violence against women with disabilities in the short term, and to develop alliances which advocate for broader social change in the lives of women with disabilities in the long-term.

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