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Systemic Barriers to Preventing Violence and Abuse

Many violence shelters lack access for disabled
written by George Watson,
Chicago Tribune, Chicago, Illinois, February 28, 2001, p. 7

In this newspaper story it was reported that few domestic violence shelters can accommodate women with disabilities. The story highlights the experience of two sisters with physical and developmental disabilities who were physically assaulted and psychologically tormented by their mother and sexually assaulted by their father. The women reported that it took years to find a shelter. Their experience is not unique. Of the over 2,000 shelters in the United States, the majority of them were inaccessible to people with disabilities. A coordinator for Vermont's Shelters acknowledged the problem and stated, "It's a huge challenge" (p. 7). The coordinator went on to say, "Part of the problem has been that the shelters that have been developed were planned by women who don't have disabilities" (p. 7). The President of Barrier Free Living, an independent living center, reported that of the 1,300 shelter beds in New York City, only two could accommodate a woman using a wheelchair.

In a more recent newspaper story published in the Los Angeles Times, two women with disabilities shared the difficulty they had trying to access shelter services and getting help from service providers who actually understood their disabilities (Daniels, 2004). The problems identified in the newspaper stories are not unique to domestic violence shelters. The systemic barriers—organizational and societal—for people with disabilities who are abused are widespread. This story was selected to help you to begin to think about your experiences and understanding of systemic barriers.

? Ask Yourself...

Can I relate to the experiences of the women in the newspaper story?

Have I been denied access to services or received second-rate services because I have a disability?

Have people that I support been denied access to services because they have a disability or received second-rate services because they have a disability?

OVERVIEW OF THE ISSUE

All of the information that you have read so far is very important to help you prevent and stop violence and abuse. Knowing the environments and situations where abuse is more likely to occur will help you in your efforts to prevent abuse from happening. In order to stop unwanted behavior early, it is important to pay attention to those gray areas where it is not quite clear if the behavior of others is abuse. Recognizing abuse when it occurs to you or someone with disabilities whom you support is the first step in preventing future abuse. It is equally important to understand the barriers that people with disabilities experience on a daily basis, especially those barriers that make it difficult for people with disabilities to prevent violence and abuse.

Systemic barriers are organizational and societal obstacles that perpetuate violence to and abuse of people with disabilities and make it difficult to end abusive relationships and situations (Barile, 2002; Fitzsimons-Cova et al., 2000). Systemic barriers exist in the environments in which people with disabilities live, work, learn, and play. The systemic barriers add to the increased vulnerability to violence and abuse experienced by people with disabilities. You will recall that the Social Model of Disability helps us understand that it is social and environmental barriers that create the most problems for people with disabilities. It is very important to be aware of the systemic barriers in order to avoid blaming victims who stay in abusive situations or to avoid suggesting easy solutions to a complex problem. If you are a person with a disability, hopefully you find it helpful knowing that your experiences are not unique and that you are not the source of the problem.

The systemic barriers are grouped into five categories:

- Physical barriers
- Economic barriers
- Communication barriers
- Service system barriers
- Attitudinal barriers

As you read about the systemic barriers, you or someone you support may have encountered a barrier that is not mentioned. Not every possible type of systemic barrier is being discussed. You may also notice that there is some overlap between the different categories of barriers. It is not possible to create totally separate categories. The different types of barriers are really interconnected—they are all related to one another. Let's start with looking at physical barriers.

PHYSICAL BARRIERS

Texas courts ignore disabled-access laws
written by James C. Harrington,
San Antonio Express-News, San Antonio, Texas, December 6, 1996, p. 9B

This newspaper story is about the accessibility of court buildings and courtrooms in Texas. In order to determine how accessible the Texas courts were, the Texas Civil Rights Project conducted a random survey of 111 courthouses in 74 counties in Texas and sent a written survey to all 2,555 state judges. According to Harrington, legal director of the Texas Civil Rights Project, "virtually no court building or courtroom is completely accessible to individuals with disabilities" (p. 9B). The problems inside the courtrooms included inaccessible jury boxes, counsel tables, and witness stands; lack of appropriate public seating for people with disabilities; and no accommodations for people who are blind or deaf. Harrington equated the lack of accessibility to a failure of the courts "to practice the democratic ideal of equal access to justice" (p. 9B).

This newspaper story was written 6 years after the Americans with Disabilities Act (ADA; PL 101-336) required that people with disabilities have equal access to all government services, including federal and state courthouses. Essentially, the ADA requires that all physical barriers to access be removed. Equal access to the court system is important for people with disabilities who have been crime victims. Perhaps you are thinking that this story represents how things were in the past or only in one particular state.

? Ask Yourself…

Have physical barriers ever stopped me or someone I support from entering a public building or fully participating in the community?

Physical barriers are architectural and structural barriers that physically prevent people from taking part in all aspects of community life. Institutionalization and segregation are the most extreme forms of physical barriers. In the United States, the ADA was passed in 1990 (PL 101-336) to provide equal opportunity for people with disabilities in accessing government services, public accommodations, private businesses, and transportation (U.S. Department of Justice [DOJ], 2005). The ADA is one of many federal laws protecting the rights of people with disabilities (see Table 4.1).

Although major efforts have been made to get rid of architectural and structural barriers, these barriers still exist and can prevent people with disabilities from accessing community-based supports and services. Lack of accessible domestic violence shelters and other victim services is a barrier for people with disabilities (although the literature seems to only refer to women with disabilities) (Baladerian, 2005; Cramer et al., 2003; Milberger et al., 2003; Nosek, Howland, & Young, 1997; Saxton et al., 2001). The lack of affordable and accessible housing, including transition housing, is another problem for people with disabilities trying to leave abusive situations (Gilson et al., 2001a). Problems with the access to the courts remains a

Table 4.1.   Federal laws protecting the rights of people with disabilities

Americans with Disabilities Act (ADA) of 1990 (PL 101-336): Prohibits discrimination based on disability in employment, state and local government, public accommodation, commercial facilities, transportation, and telecommunications.

Telecommunications Act of 1996 (PL 104-104): Requires manufacturers of telecommunications equipment and telecommunication service providers to ensure that equipment and services are accessible to people with disabilities.

Fair Housing Amendments Act of 1988 (PL 100-403): Amended the law to include people with disabilities as a protected class under the Fair Housing Act. Prohibits housing discrimination on the basis of disability, race, color, religion, familial status, and national origin.

Air Carrier Access Act of 1986 (PL 99-435): Prohibits domestic and foreign air carriers from discriminating against qualified individuals with physical or mental impairments.

Voting Accessibility for the Elderly and Handicapped Act of 1984 (PL 98-435): Requires that polling places be physically accessible to people with disabilities for federal elections.

National Voter Registration Act (NVRA) of 1993 (PL 103-31): Commonly referred to as the *Motor Voter Act.* Requires all offices of state-funded programs that are primarily engaged in providing services to people with disabilities to provide all program applicants with voter registration forms, to assist them in completing the forms, and to transmit completed forms to the appropriate state official.

Civil Rights of Institutionalized Persons Act (CRIPA) of 1997 (PL 104-150): Provides federal oversight and protections for people confined to state and local government institutions, including institutions for people with developmental or psychiatric disabilities, to ensure health and safety of residents of institutions.

Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476): Requires public schools to provide children with disabilities with a free appropriate education in the least restrictive environment appropriate to their individual needs.

Rehabilitation Act of 1973 (PL 93-112): Prohibits discrimination on the basis of disability in all federal agencies, in federal employment, and in all federal programs receiving federal dollars.

Architectural Barriers Act of 1968 (PL 90-480): Requires that all federal buildings and buildings built with federal dollars meet federal standards for physical accessibility.

Source: Definitions taken from U.S. Department of Justice (2005). http://www.ada.gov/cguide.htm

problem today, even though the ADA was passed in 1990. A status report from the U.S. Department of Justice (2007) on enforcing the ADA reported on three court access-related cases dealing with physical accessibility. Physical barriers, perhaps the easiest type of systemic barrier to eliminate, continue to be a major obstacle for people with disabilities.

ECONOMIC BARRIERS

Chance encounters; Job hunters with disabilities crave an opportunity
written by Shandra Martinez, Grand Rapids Press,
Grand Rapids, Michigan, November 25, 2007, p. F1

Imagine that you filled out 200 job applications, with only 3 resulting in a callback. This is the experience of Jon, a 23-year-old man with a hearing impairment. In the newspaper article, Jon said that "one of the interviews was an obvious waste of time. The interviewer's lack of interest was evident: averted eyes, nervous nods, and limp handshake" (p. F1). Yolanda, a 34-year-old woman with cerebral palsy reported, "I do get called for interviews, but I don't get called back. A lot of people, they generally form an opinion without giving the person with the disability a chance" (p. F1).

Perhaps you can relate to Jon and Yolanda's struggle to get a job. The most recent data from the U.S. Census Bureau is that only 37.7% of working-age people (ages 21–64) with disabilities are employed (StatsRRTC, 2007). For working-age people without disabilities the percent employed is 79.7%. Clearly, there is a dramatic employment gap between people with and without disabilities. Getting an education and having a job, particularly a job that pays a livable wage, is important for anyone to achieve financial independence and security.

? Ask Yourself...

What barriers to financial independence and security have I experienced?

What barriers to financial independence and security have people with disabilities whom I know experienced?

Economic barriers (also called *financial barriers*) are obstacles people with disabilities experience in education and employment that limit their ability to become financially independent and secure. The Americans with Disabilities Act (ADA) of 1990 (PL 101-336) makes discrimination in employment and in education against the law (U.S. Department of Justice, 2005). The ADA helps to make sure that people with disabilities have the opportunity to become financially self-sufficient. Unfortunately, this goal has yet to be achieved, particularly for people with more severe physical, sensory, and intellectual disabilities (StatsRRTC, 2007) and women with disabilities (Collins & Valentine, 2003).

Let's examine what is known about the employment, income, and education status of people with disabilities in the United States. The data on economic barriers comes from the 2006 American Community Survey (ACS) collected by the U.S. Census Bureau and reported in the *2006 Disability Status Report United States* (StatsRRTC, 2007).

Employment

You already know that less than 40% of working-age people with disabilities are employed. People with a sensory disability were the most likely to be employed (47.5%). When we look at full-time/full-year employment, the picture for people with disabilities looks even worse. Only 21.7% of working-age people with disabilities are employed full-time/full-year. For working-age people without disabilities the percent employed full-time/full-year is 56.6%. See Figure 4.1 for a breakdown of employment by disability type.

Earnings/Income/Poverty

People with disabilities who work full-time/full-year earn on average $30,000 a year, which is $7,000 less than the average wage earnings of people without disabilities. The difference in household income is even greater. The average household income of working-age people with disabilities was $36,300.00. For working-age people without disabilities that average household income was $65,000.00. Based on the data on worker earnings and household income you will not be surprised to read that people with disabilities are more likely to be poor than people without
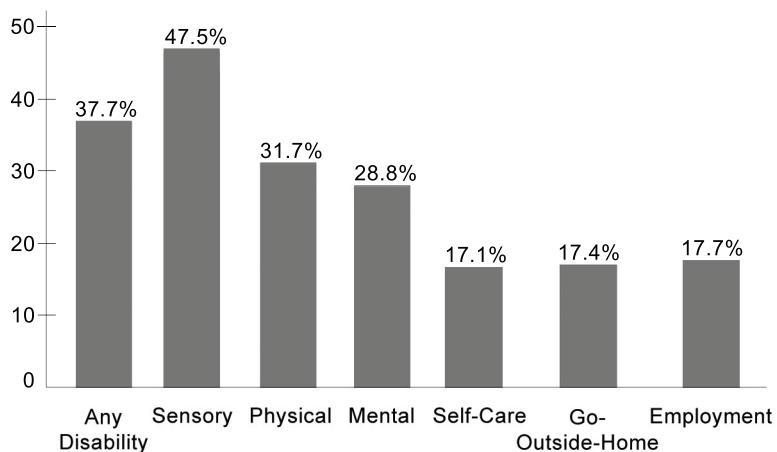
Figure 4.1. The percentage of noninstitutionalized people, working-age (ages 21–64), who are employed either part-time or full-time by disability category in the United States in 2006. (From Rehabilitation Research and Training Center on Disability Demographics and Statistics [StatsRRTC]. [2007]. *2006 disability status report* [pp. 22–23] . Ithaca, NY: Cornell University. Adapted with permission.)

disabilities. One quarter (25.3%) of all working-age people with disabilities live in poverty. This poverty rate is almost three times the rate for working-age people without disabilities (9.2%). People with a mental disability (32.5%) are the most likely to be poor. Figure 4.2 shows the prevalence of poverty by disability type.

Level of education has a direct impact on achieving financial independence and security. People without disabilities are more likely to obtain a higher level of education than people with disabilities. For example, only 12.5% of working-age people with disabilities have a bachelor's degree or higher level of education. Almost one third (30.3%) of working-age people without disabilities have at least a bachelor's degree. Getting a college degree is highly valued in our society and is one important step to achieving the "American dream." For many people with disabilities, the "American dream" is left beyond their reach. Figure 4.3 indicates
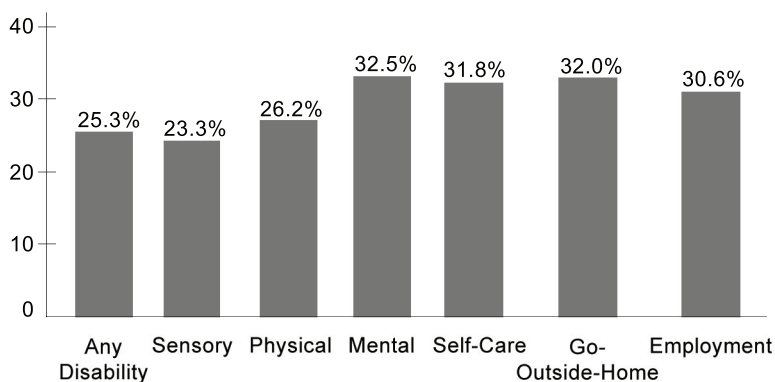
Figure 4.2. The poverty rate of noninstitutionalized working-age people (ages 21–64) with a disability by disability category in the United States in 2006. (From Rehabilitation Research and Training Center on Disability Demographics and Statistics [StatsRRTC]. [2007]. *2006 disability status report* [pp. 32–33]. Ithaca, NY: Cornell University. Adapted with permission.)
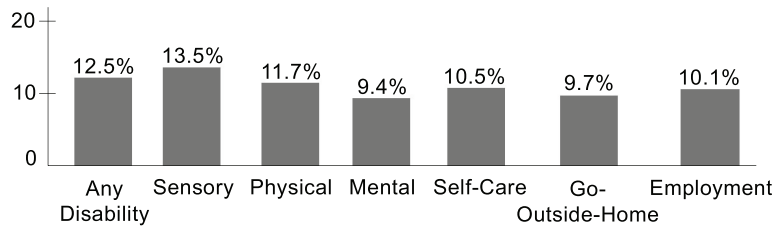
Figure 4.3. The percentage of noninstitutionalized working-age people with a bachelor's degree or more by disability category in the United States in 2006. (From Rehabilitation Research and Training Center on Disability Demographics and Statistics [StatsRRTC]. [2007]. *2006 disability status report* [pp. 40–41]. Ithaca, NY: Cornell University. Adapted with permission.)

the prevalence of a bachelor's degree for working-age people with disabilities by type of disability.

Economic Barriers and Abuse

Unemployment, low wages, and poverty compound the problem of violence and abuse for all people, including people with disabilities. Lack of financial resources limits the options to get out of abusive or potentially abusive relationships and situations. People with disabilities may have no realistic option other than to continue to employ an abusive care provider, stay with an abusive partner, or live with an abusive family member.

COMMUNICATION BARRIERS

Let's look at another newspaper story about women with disabilities accessing domestic violence services.

Group aims to assist deaf victims of abuse:
Specially trained counselors could help bridge speech barrier
written by Suzanne Wilder,
The Columbus Dispatch, Columbus, Ohio, June 16, 2005, p. 01C

A young woman endured three years of abuse by her high school boyfriend. The abuse ended when her parents learned of the physical and psychological violence and moved her to another school. Sadly, because she was unable to find counseling services that could accommodate her disability—deafness—she had to deal with the aftereffects of the violence and abuse by herself. According to the Director of Communication Services for the nonprofit group Deaf of Ohio, "many deaf women are uncomfortable going to women's shelters because of the communication barriers they face" (p. 01C). As a result, "a lot of times they'll just resort to living with the violence" (p. 01C).

In another newspaper story a woman who is Deaf talked about the communication barriers she encountered at two domestic violence shelters (Daniels, 2004). During her second use of shelter service, interpreter services were provided for meetings with her case manager and group meetings, however she was without a means to communicate with others during nonformal programming times,

resulting in feelings of isolation and distance from the other women receiving services. Communication barriers at domestic violence shelters deny people who are deaf the opportunity to receive informal support and encouragement from other victims of domestic violence living through similar experiences.

Communication barriers are inaccessible public and private sector services caused by the lack of readily available ways to engage in effective communication. Like physical barriers, communication barriers stop people with disabilities from participating fully in their communities. The ADA (1990; PL 101-336) includes requirements about communication to make sure that people with disabilities can access public and private goods and services (U.S. Department of Justice, 2005). The ADA authorized nationwide **telecommunications relay services** to make sure that people with and without hearing or speech impairments can communicate with one another (see Table 4.2). The ADA also requires that reasonable accommodations in the form of **auxiliary communication aids** and services be provided by public and private businesses and organizations to make sure people with disabilities can access goods and services.

Communication barriers that limit access to victim assistance services and the criminal justice system include

- Lack of written materials in alternative formats

- Lack of qualified sign language interpreters

- Lack of knowledge on how to use a text telephone (TTY) or telecommunication device for the deaf (TTD)

- Lack of knowledge about the telephone relay service

- Lack of staff that know how to interact with people who have cognitive limitations or communication disorders (Baladerian, 1997; Carlson, 1997; Cramer et al., 2003; Gilson et al., 2001a; Merkin & Smith, 1995; Nosek et al., 1997)

A recent status report from the U.S. Department of Justice (2007) on enforcing the ADA reported on two criminal justice-related cases involving the failure to provide sign language interpreters. In one of the cases a New Mexico attorney failed to provide a qualified sign language interpreter in order to communicate with his client and withdrew from the case. The New Mexico attorney relied on written notes, e-mail, and the sign language interpretation of his client's 9-year-old son. Under the settlement agreement, the attorney agreed to adopt and enforce a policy of effective communication that included "providing qualified interpreters and other appropriate auxiliary aids free of charge" (p. 5). It is difficult to know

Table 4.2.   Accessing telecommunication relay services (TRS)

Title IV of the ADA (1990) requires states to provide telephone relay services that are regulated by the Federal Communication Commission (FCC). The TRS is a telephone service that allows people with hearing or speech disabilities to place and receive telephone calls. TRS is available in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories for local and/or long distance calls. There is no cost to use the service. All conversations are confidential.

TRS provides a communication assistant (CA) who uses a standard telephone and a TTY/TDD to type voice communication to the TTY/TDD user. The CA reads the TTY/TDD user's typed communication to the voice user. Users can dial 711 from anywhere in the U.S. to access the services.

Source: U.S. Federal Communications Commission (2008).

how widespread communication barriers are in the criminal justice system. It is likely that just a fraction of violations actually get reported and investigated.

For people who are deaf, communication barriers go beyond a lack of readily available ways to communicate. A lack of understanding about people who are deaf and the Deaf community create barriers (Edwards, Vaughn, & Rotabi, 2005). There is widespread misunderstanding about sign language versus the English language and about lipreading. The most common form of sign language used in the United States is **American Sign Language** (ASL). For people who communicate using ASL, ASL is their first language and English, both the written and spoken forms, is most likely their second language. ASL is a complex language that uses "signs made with the hands and other movements, including facial expression and postures of the body" (National Institute on Deafness and Other Communication Disorders [NIDCD], 2000, para. 1). In spoken English, language sounds created by words and tone of voice are used to communicate meaning. ASL also "has its own rules for grammar, punctuation, and sentence order" (NIDCD, 2000, para. 5). Lipreading (or speechreading) is also a less reliable form of communication for people whose first language is ASL or another form of sign language. Only 30% of the English language is visible on the lips (Edwards et al., 2005). There is a lot of room for miscommunication when relying on lipreading. Communicating with a person who is deaf using spoken or written English language is a less reliable form of communication than ASL.

Lack of information about the Deaf community and Deaf culture also creates barriers. For example, Deaf culture does not view deafness as a disability (Edwards et al., 2005). The Deaf community is able to meet most of the needs of its members within the community. Therefore, from the perspective of people who are deaf, problems only occur when they must go outside of their community.

Communication Barriers and Violence and Abuse

It is pretty clear that communication barriers prevent people with disabilities who have already been abused from accessing the services that exist to serve and protect victims. In addition, communication barriers make it more likely that a person will be abused. People who have difficulty communicating are seen as "highly desirable victims" (Ramsey-Klawsnik & Klawsnik, 2004, p. 49). Communication barriers make it more difficult to report the violence and abuse and reduce the perceived credibility of victims. Abusers count on communication barriers in order to avoid facing the consequences of their abusive actions.

SERVICE SYSTEM BARRIERS

Virginia rarely prosecutes cases of neglect, abuse;
Lack of expertise, victims' disabilities hamper investigators
written by David S. Fallis,
The Washington Post, Washington, D.C., May 26, 2004, p. A13

In this newspaper story, it was reported that in the state of Virginia between 1994 and 2002 there were 4,400 incidents of abuse of vulnerable adults at assisted living

faculties; only 43 cases of abuse and neglect were actually prosecuted. Joseph Soos, a former Alexandria police detective, reported that "law enforcement officials are often reluctant because they lack the expertise and determination to investigate and prosecute this type of case" (p. A13). Also noted was the failure of social workers to report abuse to the police because they are not properly trained or qualified to determine "what constitutes a crime" (p. A13).

The service system barriers in this newspaper story involve several systems: disability services, adult protection services (APS), the police and other parts of the criminal justice system.

?⟩ **Ask Yourself...**

Does my community have some of the same service system problems that have been reported in the state of Virginia?

What service system barriers have I encountered?

What service system barriers have the people with disabilities whom I know encountered?

Service system barriers are limitations in the service delivery system that prevent people with disabilities from obtaining the protection, services, and supports they need to prevent abuse. The ADA (1990; PL 101-336) was created to get rid of barriers to accessing public and private services; however, many barriers to equal access still remain. Let's examine some of the problems with domestic and sexual violence services, disability services, the criminal justice system, and APS.

Domestic Violence/Sexual Violence Services

Domestic violence shelters are very important to people experiencing abuse at home. Shelters are often unable to provide disability-appropriate interventions and meet the personal care needs of women with disabilities (Cramer et al., 2003; Hassouneh-Phillips, 2005; Milberger et al., 2003; Nosek et al., 1997); accommodate women who have children with disabilities (Nosek et al., 1997; Saxton et al., 2001); and they often poorly serve people who are lesbian, gay, bisexual and transgender (Cook-Daniels, 2007b; DeMonnin & Fun, 2005). One woman with a physical disability described her experience:

> I tried to get into a shelter, and I couldn't take a (nonabusive male) care provider with me. Um, I had to be out of there by 8 o'clock in the morning, and it's wintertime, you know. Um, and also taking my equipment with me and find a place that was accessible. They didn't have accessible places. (Hassouneh-Phillips, 2005, p. 75)

Domestic violence and sexual assault services are not prepared to meet the needs of men with disabilities (Cook-Daniels, 2007a; Saxton et al., 2006), including men who are gay or transgender (Cook-Daniels, 2007b). Cook-Daniels reported that while nearly all programs serve male victims, the men who use these services report experiencing many problems accessing and using the services. One of the reasons is that men are more likely to be viewed as the abuser rather than the victim. This belief can result in agencies sending a subtle or not-so-subtle message that "men are not welcome here" (Cook-Daniels, 2007a, p. 67).

Domestic violence and sexual violence services are not prepared to address violence and abuse of people with intellectual disabilities (Carlson, 1997, Hook, 2001a). According to Hook (2001a), "domestic violence and rape crisis centers turn away people with intellectual disabilities or provide substandard services" (p. 91).

The ability of domestic violence programs to serve people who are deaf and deaf-blind is another area of concern (Merkin & Smith, 1995). Problems for people who are deaf or deaf-blind include

- Having to teach service providers about communication and Deaf culture
- Decreased privacy and confidentiality because of the need to use a third person for communication
- Use of the children of victims as interpreters, which may undermine the role and authority of their parents

In addition, most shelters are designed for group activities. Without adequate supports for inclusion, an emphasis on group activities can result in communication isolation and increase the likelihood that people who are deaf will return home to their abusers.

Disability Services

Reports of the problems with the disability service system include

- Overprotection
- Failure to recognize abusive situations
- Disbelief of the victim and nonabusing care providers when reports are made
- Attributing claim of abuse to the disability

You may know of other barriers that you or someone you know with a disability has encountered. Let's look at a few of the problems with the disability service system that contribute to abuse of people with disabilities.

Overprotection   Overprotection, particularly for women with disabilities and people with intellectual disabilities, is a serious and widespread problem (Baladerian, 1997; Carlson, 1997; Chenowith, 1997; Collins & Valentine, 2003; Cramer et al., 2003, Powers et al., 2002; Saxton et al., 2001). A care provider of women with mild intellectual disabilities shared her view of the problem of over-protection:

> The women in the group are extremely vulnerable to sexual assault because they have been so protected all their lives—like they have been "contained" as children. They have never talked to boys, never been allowed to go out, and so when they do they are open slather [part of a "free-for-all"]. They haven't had all the building blocks of growing up—like…how to get rid of someone who is annoying you or how you don't give your address to a complete stranger. (Chenowith, 1997, p. 34)

In general, people with disabilities are not provided with the knowledge, skills, and resources needed to protect themselves from abusive relationships and harmful situations. Information is needed about sexuality and healthy, mutually respectful intimate relationships; recognizing abuse; assertiveness; choice making; and personal rights. Protection for people with disabilities is designed to come

from the people who work within or regulate the systems. Overprotection is often justified as being in the person's best interest. The end result is disempowerment of people with disabilities and increased vulnerability to violence and abuse.

Failure to Recognize Abusive Situations   Let's revisit June Doe's story (see Chapter 3). You already know that the sexual assault of June went on for 13 years. Read more about how the administrators of the facility responded to the reports of abuse.

More About June Doe's Story

When June's parents confronted officials at the home, they […] were told not to listen to their daughter and were admonished for hurting the employee's reputation and name and told that they would have to live with the guilt for their accusations. The parents were told to pray to God for June's comments to end. June's descriptions of the sexual assault did not end, but rather the accusations continued to be consistent and became more graphic. The officials at the institution speculated that June was fantasizing, had dreams of men, had seen her parents in sexual positions or had seen the sexual positions on a television show. Moreover, the officials stated that the accusation was absurd, that it was a shame to accuse the institution of such a thing, and that there had never been such complaints. The officials also discredited, belittled, and demeaned June, asking the parents why the employee would have picked June as she was a blabber-mouth and not pretty (Burgess, 2005, pp. 913 & 914).

Lack of staff training in recognizing abuse and silence when abuse is recognized perpetuate the problem (Cramer et al., 2003; Galpin & Parker, 2007; Nosek et al., 1997). Some disability scholars go so far as to say that violence and abuse is designed into the service delivery system for people with intellectual disabilities. The system is characterized by lack of reporting, lack of staff training in recognizing abuse, a failure to keep records of allegations of abuse, lack of staff supervision, barriers to disclosure, and isolation (Cambridge, 1999; McCarthy & Thompson, 1996). June's story certainly supports this belief. During the initial sexual assault it was possible that the people who worked with June did not recognize the signs that she was being abused. However, once reports were made to the administration, other problems with the system clearly came into play.

Disbelief When Reports Are Made   Another problem with the system for people with disabilities is that when reports of abuse are made victims are not believed (Andrews & Veronen, 1993; Baladerian, 1997; Baladerian, 2005; Calderbank, 2000; Cramer et al., 2003; Nosek et al., 1997; Saxton et al., 2006). Once again, think about June Doe's story. June's story is a horrifying example of not being believed when abuse is reported. In June's case, her reports of abuse were repeatedly disregarded by the institution. Administrators of the institution even convinced June's parents that she was not to be believed. June became increasingly upset and "would cry, scream, and hyperventilate, while insisting that [the abuse] was true" (Burgess, 2005, p. 914). As was true in June's case, sexual assault is met

with disbelief because of the negative attitudes and false beliefs about people with disabilities, like being viewed as sexually unattractive. Such myths will be discussed later in the chapter.

One man with a disability described his view of the problem for men with disabilities: "We [disabled men] are easily discredited…and for that reason you [care providers] get away with things" (Saxton et al., 2006, p. 7). Not only are people with disabilities not believed, but nonabusing care providers may be discredited and experience retaliation when they report abuse perpetrated by other care providers (Calcraft, 2007; Cambridge, 1999). When care providers report the abusive actions of co-workers it is referred to as **whistle blowing.** Whistle blowing can have serious consequences for care providers who report abuse, such as

• Counterallegations made against the person who reported the abuse

• Questioning of the credibility of the reporter

• Intimidation by the alleged offender and other co-workers (Calcraft, 2007).

One bad experience with whistle blowing can greatly diminish the likelihood that a care provider will report the abusive actions of others again. One personal assistant who reported the abuse of a co-worker described the experience:

> I'd never whistle blow again or raise concerns because it really it was completely, I don't know, I don't like the way it was all handled, it was handled really wrongly. I was made to feel like I was the one in the wrong. (Calcraft, 2007, p. 20)

People with mental illness also experience disbelief when reports are made (Galpin & Parker, 2007). Just having the medical label of mental illness can raise questions of credibility by mental health practitioners and others. People with severe mental health conditions are often seen as engaging in violent and unpredictable behavior. They are more likely to be seen as the abuser rather than the victim. Systems focus on protecting society from people with mental health conditions, rather than seeing "people with mental illness as vulnerable to abuse and in need of protection" (Galpin & Parker, 2007, p. 10).

The barriers to reporting violence and abuse are quite real and very powerful for both people with disabilities and care providers alike. Threats and intimidation are never an excuse for not reporting abuse. However, it is important to understand the harmful and disempowering environments where some people live and work in order to develop strategies to ensure that reports are made and that people who report are protected.

Attributing the Claim of Abuse to the Disability   One specific way of disbelieving reports of abuse is to attribute the abuse to the disability. Once again, think about June Doe's story. It seems pretty clear that the administrators at the faculty were trying to explain June's accusations as fantasy or confusion on June's part because of her intellectual disability. You can imagine that people with intellectual disabilities and severe mental health conditions can be easily discredited, especially by people who would rather not believe allegations of abuse. For example, "a woman with a mental health disability told of providers attributing, without investigation, her report of abuse to the informant's own hallucinations" (Cramer et al., 2003, p. 194).

The failures of the disability service system have serious consequences for people with disabilities. As was the case in June Doe's story, victims are subjected to repeated and prolonged abuse. Offenders are not held accountable for their criminal actions. People with disabilities are not referred for victim services and are denied the supports they need to heal from the abuse.

Criminal Justice System

The criminal justice system often poorly serves people with disabilities who have been crime victims. Let's examine what is known about the experiences of people with disabilities within different parts of the criminal justice system. Read Nikki's story.

Nikki's Story

Nikki, a 27-year-old woman with Down syndrome, told her mother that the reason that she no longer rode her bike was because "she had been bothered." Fifteen months later her mother overheard Nikki tell a family friend that she was "afraid of the boy who took her into the bushes and hurt her." Upon further questioning it was discovered that a neighborhood boy raped her in the woods behind Nikki's house. The police had no experience interviewing a person with an intellectual disability. They quickly concluded that Nikki was unable to identify the offender and they wanted to give up. However "when allowed to tell her story in her own way, Nikki was able to name her abuser and point out the house where he lived" (Hook, 2001a, p. 90).

Nikki's experience with the police is not uncommon. In fact, there is every reason to believe that police officers have limited knowledge about people with disabilities and their lives (Baladerian, 1997; Guidry Tyiska, 1998; Keilty & Connelly, 2001; Milberger et al., 2003; Nosek et al., 1997; Sobsey, 1994; Powers et al., 2002; Saxton et al., 2001). Calling the police can be of little value in dealing with abusive relationships and situations. One woman with a disability reported:

> Sometimes abuse from a provider can be violent. The police may not be familiar with this relationship. They're familiar with spousal abuse, abuse by children of elderly parents. But they don't know about [personal assistant] providers being in a close intimate relationship. (Saxton et al., 2001, p. 409)

Another person with a disability said, "The cops don't understand.…it's treated as though it's a social worker problem. That it's not a crime? It devalues disabled people because it's seen as a medical model problem" (Saxton et al., 2001, p. 409). In a study of women with disabilities, the women reported that calling the police was "one of the least helpful strategies" for dealing with domestic violence (Powers et al., 2002, p. 12).

As Nikki's story shows, police officers are often unprepared to respond to violence toward and abuse of people with intellectual disabilities (Baladerian, 1997; Davies, Mansell, Northway, & Jenkins, 2006; Hook, 2001b; Keilty & Connelly, 2001; Modell & Mak, 2008). Areas of concern include not recognizing when someone

has an intellectual disability, responding to people based on stereotypes, and not knowing how to modify interview techniques to obtain a victim statement. Credibility of the victim is often called into question. A sexual assault worker reported, "The first thing the police asked me was 'Do you believe her'? The impression was that she was making it up to get attention" (Keilty & Connelly, 2001, p. 285).

People who train police officers about violence and abuse of people with disabilities, including the author of this book, know that the problem goes deeper than the lack of training or attitudes of individual police officers (see Table 4.3). "Poor response protocols, lack of motivation to investigate, and systemic resistance to pursuing cases" (Hook, 2001a, p. 90) are the outcomes of a system-wide problem within individual police departments and the larger criminal justice system.

Lawyers, or attorneys, play an important role in helping victims obtain equal protection under the law. Although not a concern only for people with disabilities, the lack of affordable legal services is particularly problematic for people with disabilities because of their overall lower socioeconomic status (Nosek et al., 1997). Unwillingness or disinterest by prosecuting attorneys to prosecute cases involving abuse of people with disabilities is also a problem (Davies et al., 2006; Hook, 2001b; Sobsey, 1994). The newspaper story discussed earlier in this chapter highlighted the problem in one community. Over an 8-year period of time, only 43 out of 4,400 reported cases of abuse, neglect, or exploitation of people with disabilities in Virginia were prosecuted. Another example was the sexual assault of five women with intellectual disabilities. When one woman reported the assault, the District Attorney refused to prosecute on the grounds that the woman "would have zero credibility in court" (Hook, 2001b, p. 3).

Another systemic barrier in the criminal justice system is the inconsistent and narrow definitions of abuse (Cramer et al., 2003; Davies et al., 2006; Sobsey, 1994; Saxton et al., 2006). State laws or statutes determine definitions of *physical assault, sexual assault, neglect,* and *financial exploitation*. These laws vary from state to state. Therefore, behavior that is considered a crime in one state may not be considered a crime in another state. Very narrow definitions leave out types of abuse that are unique to or particularly harmful to people with disabilities. For example, abuse by control and restraint, such as threatening to or taking away assistive devices, is quite harmful to people with disabilities. On the other hand, very broad definitions of abuse can be a problem because the laws are difficult to enforce. Think about the subtle abuse and gray areas that were discussed in Chapter 3.

Judges also play an important role in making sure victims receive equal protection under the law. The role of judges is to make sure that the rules and

Table 4.3.   Examples of law enforcement barriers

Lack of knowledge about people with disabilities
Response to people with disabilities based on negative attitudes, myths, and stereotypes
Lack of knowledge on how to modify interview questions and protocols
Questioning of the credibility of abuse victims based on their disability
Lack of motivation to investigate violence and abuse
Systemwide resistance to pursuing crimes committed against people with disabilities

Table 4.4. Examples of criminal justice system barriers

Lack of affordable legal services

Lack of knowledge about people with disabilities

Prosecutors and judges responding to people with disabilities based on negative attitudes, myths, and stereotypes

Unwillingness or lack of interest in prosecuting abuse of people with disabilities

Inconsistent and narrow definitions of abuse

procedures of the court are followed. Judges make decisions about who is competent to give testimony in court. The issue of competency is most often raised with people who have intellectual disabilities and severe mental health conditions. Judges also have "final decision-making authority for imposing sentences in most criminal cases and in civil cases" (Minnesota Judicial Center [MJC], n.d., p. 8). In addition, if there is no jury, judges decide "what are the relevant facts in the case and what laws should be applied to the facts" (MJC, n.d., p. 8). In cases of domestic violence, victims with disabilities rely on judges to grant Orders for Protection (OFP) and to make just decisions in custody disputes involving children. When judges lack adequate knowledge about people with disabilities, it is difficult for people with disabilities to receive equal protection under the law. For example, one woman with a physical disability was found by a judge to be incompetent to serve as a mother based on the fact that she had a disability (Nosek et al., 1997).

The failures of the criminal justice system deprive people of their rights and contribute to perpetuating the abuse of people with disabilities (see Table 4.4). The information in Chapter 6, Understanding the System, will help you and the people you support assert your rights within the criminal justice system.

Adult Protection Services

The role of **Adult Protection Services** (APS) is protecting vulnerable adults and providing services to ensure and maintain their safety. The role of the police is investigating crimes and arresting alleged offenders. APS professionals typically work closely with local police. You will learn more about APS in Chapter 6. There are limitations in the ability of APS to protect and serve vulnerable people with disabilities (Baladerian, 1997; Nosek et al., 1997) (see Table 4.5). One problem is that laws vary from state to state regarding who is protected and in the legal definitions of the various forms of abuse. Another concern is limited funding and large caseloads leading to APS professionals who are overworked. The focus of APS on the elderly, with less emphasis on people with disabilities who are under age 65, is also a concern.

Table 4.5. Examples of Adult Protection Services (APS) barriers

Variation in legal definitions of *vulnerable adult*

Variation in legal definitions of *abuse of vulnerable adults*

Lack of adequate funding for services

Large caseloads

Poor coordination of APS, disability, and other services

Disempowering practices of APS workers and the APS system

People with disabilities have raised concerns about APS professionals taking over and not listening to the preferences and fears of people with disabilities. For example, in one study fear of being institutionalized greatly decreased the likelihood people would report abuse (Saxton et al., 2006). The men in the study reported

> [T]here is a real danger when you go to those people [APS].…they think that their answer to protect the disabled person is to take them out of their home and the next thing they find themselves in a nursing home.…they look at it as poor victims who need to be protected.…they take your independent life.…and put you in a disabled person's prison.… (p. 13)

Poor coordination between agencies providing APS and those providing disability services is another limitation of the system. Despite these limitations, APS play an important role in protecting and providing services to adults with disabilities who are victims of abuse.

It is important to be aware of the role and the limitations of APS. APS focuses mainly on the safety and service needs of victims. APS will work with family members and others in the home (or other environment) when it is believed that services will help to improve a situation. APS can help the police in their investigation of the abuse—hopefully leading to the arrest of offenders. However, APS is not part of the criminal justice system. Without the involvement of the police, APS can do very little to prevent offenders from continuing their abuse. APS cannot hold offenders criminally accountable for their illegal actions. The police are the gateway into the criminal justice system. If the police do not become involved, vulnerable adults will not have a shot at getting their day in court. APS should not be used as a substitute for the criminal justice system for vulnerable adults with disabilities. People with disabilities have the right to receive the protections and services of both the APS and the criminal justice system.

Final Thoughts About Service System Barriers

The consequences of a poorly coordinated, unprepared, and unresponsive service delivery system can be quite serious for people with disabilities who are victims of abuse. Victims may feel more alone and become more hopeless. They may believe that there is no help available, that there is no point in reporting further abuse, and that the violence and abuse must be tolerated.

ATTITUDINAL BARRIERS

Instead of beginning this section with a headline or story, think about your own experiences with and understanding of attitudinal barriers. As a person with a disability, you have your own stories about attitudinal barriers. As a family member, friend, or professional you have witnessed how negative attitudes and stereotypes have caused pain to the people with disabilities whom you know.

Attitudinal barriers are the myths, negative views, and stereotypes about people with disabilities that result in the denial of equal opportunity, equal protection under the law, and equal participation in community life. They are connected to and reinforce all other kinds of barriers. As the Social Model of Disability explains, societal attitudes are perhaps the greatest barrier people with disabilities encounter.

Table 4.6.   Myths about people with disabilities

Dehumanization myth
Myth of insensitivity to pain
Lesser quality of life myth
Helpless myth
Asexual myth
Sexually unattractive myth
Sexually promiscuous myth
Lack of credibility myth

Negative attitudes about people with disabilities stem from myths or false beliefs. The myths discussed in this chapter create some of the greatest barriers to preventing abuse (see Table 4.6). You likely have many additional myths to add to the list.

Dehumanization Myth

In the late 1980s I was a social worker for 60 adults with intellectual disabilities who resided in a large, private residential facility. There were three men with very severe physical and intellectual disabilities who lived in one of the units. They were totally dependent on others for their care. Early in my employment, I overheard the staff that provided direct care saying that they were working with the "non-mobs" (referring to the individuals' lack of mobility). I am embarrassed to admit that at first the use of the term "non-mobs" did not prompt me to take any action. Eventually, and I cannot recall the length of time that passed, I began confronting staff when they referred to the people that they were caring for as "non-mobs." Sadly, whenever the term "non-mobs" was used everyone at the facility knew who was being talked about. In part because of my advocacy the practice of calling the men "non-mobs" was ended. People First language and the recognition that all people had the right to be called by their name became the policy at the facility. Before discussing how this story relates to the dehumanization myth,

⟩ Ask Yourself...

What is my reaction to the term "non-mob"?

How is the use of the term "non-mob" dehumanizing?

Dehumanization refers to "the actions, attitudes and beliefs associated with treating a person or a group of people as less than human" (Sobsey, 1994, p. 310). The **dehumanization myth** is the belief that people with disabilities are less than full members of society (Sobsey, 1994; Sobsey & Mansell, 1990). The men were not recognized as people. They were identified solely by their physical and intellectual limitations. When people are not called by their own names, they are stripped of their humanity as if they are less than complete human beings. The dehumanization of people with disabilities can be used by offenders as an excuse for abusive treatment. In the mind of offenders, if people with disabilities are not complete

human beings, then they do not have to be treated with respect and dignity. The principle "do unto others as you would like done unto you" does not apply if you believe that the others are not really like you.

Myth of Insensitivity to Pain

While working at a residential facility for adults with intellectual disabilities, I worked for an administrator who believed in the myth of insensitivity to pain—at least insensitivity to emotional pain. In my role as a social worker, I was responsible for making sure that people received all of the services that they needed to be in good health. From my perspective, this also included good mental health. I knew that people with intellectual disabilities could experience mental health conditions. I knew that some of the adults I supported were experiencing psychological or emotional pain and that they required appropriate mental health services. Sadly, the administrator did not believe that people with intellectual disabilities experienced mental health conditions. From his point of view, people with intellectual disabilities were unable to feel emotional pain.

Perhaps you can relate to this story. Perhaps you or someone you know with a disability was not given appropriate medical or mental health care because of a false belief that they did not experience pain like other people. The **myth of insensitivity to pain** is closely related to the dehumanization myth (Sobsey & Mansell, 1990; Sobsey, 1994). The belief that people with disabilities do not have feelings or feel pain in the same way as people without disabilities is often applied to people with intellectual disabilities. For example

> A psychiatrist testified that a woman with autism who was sexually assaulted at the institution of which he was the director could not have been injured by the assault because people with autism do not have feelings. Unfortunately the case was decided on his testimony. (Baladerian, 1997, p. 4)

Another example of the myth of insensitivity to pain is the idea that people with intellectual disabilities who are victims of sexual assault suffer less harm than other people because they do not fully understand what happened to them (McCarthy & Thompson, 1996; Sobsey & Mansell, 1990). This belief has absolutely no basis in reality. Think about June Doe's story. June experienced **posttraumatic stress disorder** (PTSD) as a result of repeated and prolonged sexual assault. The belief in the myth of insensitivity to pain helps offenders excuse their actions and justify continuing abuse of their victims. Victims are denied treatment for PTSD and other mental health conditions that occur as a result of the abuse. In addition, when this myth is believed by the larger community it can provide the rationale for not providing and funding appropriate supports and services and not seeking justice within the criminal justice system.

Lesser Quality of Life Myth

Latimer parole fair, rights group says
written by Doug Ward, The Vancouver Sun,
Vancouver, B.C., Canada, February 28, 2008, p. A4

On October 19, 1993, Tracy Latimer's father took his daughter's life and claimed it was a "mercy killing." Mr. Latimer placed Tracy in his truck, attached one end of a hose to the exhaust pipe and the other end inside the car and used the exhaust fumes to kill her. Tracy Latimer was a 12-year-old girl who had severe cerebral palsy. According to Hughes and Abramson (2000) Tracy could not walk, talk, or feed herself. In November of 1994 Mr. Latimer was convicted of second-degree murder and sentenced to 25 years to life in prison. There was considerable support from the public and media on Mr. Latimer's behalf. A social work professor at the University of B.C. stated "the public response has been that either Mr. Latimer should never have been charged or that he should have been let off more lightly" (Ward, 2008, p. A4). The case was appealed all the way up to the Canadian Supreme Court. The Supreme Court upheld Mr. Latimer's life sentence, with no chance for parole for 10 years. In the end, Mr. Latimer served 7 years in prison. Mr. Latimer was paroled on February 27, 2008. The Executive Director of the British Columbia Civil Liberties Association (BCCLA), upon hearing that parole was granted, said his reaction was "joy that the rule of law was upheld and that the Latimer family finally got a break" (Ward, 2008, p. A4). The Association for Community Living expressed concern saying, "we continue to be concerned that Mr. Latimer has shown no remorse" (Ward, 2008, p. A4). A spokesperson for the Catholic Archdiocese of Vancouver said, "holding Mr. Latimer to the original sentence would have done a better job of sending the message that all Canadians' lives are worth protecting, including those of the disabled" (Ward, 2008, p. A4).

Before discussing Tracy's story,

?▷ **Ask Yourself…**

Do I believe that Mr. Latimer acted out of love and compassion when he killed his daughter?

Would I look at Tracy's story any differently if she did not have a severe physical and intellectual disability?

The story of Tracy Latimer has been making headlines since 1993. The Council of Canadians with Disabilities, among other groups and news organizations, has web sites devoted to tracking the 15-year history of this case. Tracy's story is perhaps one of the most extreme examples of the belief that people with disabilities are "damaged goods." The **lesser quality of life myth** is based on the idea that, because they are "damaged," they have a lesser quality of life, are lesser human beings, and in some cases are "better off dead" (Campbell, 2002; Sobsey & Mansell, 1990; Sobsey, 1994).

Quality of life is very personal. What you think is a good quality of life may be different from what another person thinks is a good quality of life. Although some people without disabilities may think that the lives of people with disabilities are not worth living, this belief does not reflect the reality of the vast majority of people with disabilities (Campbell, 2002). There is no reason to believe that people who have disabilities enjoy their lives less than people without disabilities, with the exception that "the quality of their lives may be damaged" by others (Sobsey, 1994,

p. 316). In fact, Gill (2006) found that people with disabilities "report as much satisfaction with life as anyone else" (p.188).

Belief in the lesser quality of life myth poses significant dangers for people with disabilities, including so-called "**mercy killing,**" abortion of fetuses with disabilities, sterilization (without knowledge or consent), and **passive euthanasia** (failure to provide life-saving medical treatment) in the health care system.

Helpless Myth

Treating people with disabilities as helpless victims "only encourages aggressors to take advantage of them without fear of consequence" (Barile, 2002, p. 3). People with disabilities are often portrayed as weak and treated as helpless. The **helpless myth** implies that helplessness is an automatic outcome of disability (Calderbank, 2000; Sobsey & Mansell, 1990). The belief that all people with disabilities are helpless is dangerous because it suggests that people who have disabilities are completely vulnerable, unable to assert their rights, and incapable of self-advocacy. It is true that people who have more severe disabilities rely to a greater degree on others for care and support. However this is not the case with the majority of people with disabilities. The dangerous outcome of belief in the helpless myth is that we have largely created and maintained a disability service system that is overprotective and disempowering. One important exception is Centers for Independent Living, whose mission is empowerment of people with disabilities.

The helpless myth can also affect how people with disabilities, especially people with intellectual disabilities, are treated in the criminal justice system. Family members, disability service providers, and criminal justice professionals may advocate against prosecuting crimes out of a desire to protect people with disabilities from further trauma (Keilty & Connelly, 2001). Overprotection is based on the helpless myth and promotes disempowerment of people with disabilities.

Asexual, Sexually Unattractive, and Sexually Promiscuous Myths

Before discussing the myths related to sexuality and people with disabilities,

?▷ Ask Yourself…

How do you think myths about the sexuality of people with disabilities could contribute to their being sexual assaulted?

When it comes to issues of sexuality, people with disabilities are subject to many different and opposing myths. The **asexual myth** refers to the belief that people with disabilities are not sexual beings. Some people believe that people with disabilities are not capable of having sex, do not desire sex, or should not want to engage in sexual activity (Anderson & Kitchin, 2000). This myth is particularly problematic for women with disabilities because "once a woman's identity is constructed as asexual, the license to commit many abuses usually follows" (Chenowith, 1997, p. 36). People with intellectual disabilities are also often thought of as being asexual. An advocate for people with intellectual disabilities described the problem as follows:

> Some providers assume that people they serve are not sexual beings: "they're just not interested in sex; it's not an issue for them." Having made this assumption, they proceed blithely to ignore any responsibility they have to be vigilant about possible sexual exploitation of the person with the [intellectual disability], or the responsibility they have to teach about appropriate sexual functioning. (Sundram, 2005b, p. 98)

Belief in the asexual myth provides one reason for not providing sex education. It also provides an excuse for not supporting people with disabilities in having healthy, age-appropriate sexual relationships. As a result, people with disabilities are less likely to recognize, understand, and resist sexual assault.

Equally harmful is the **sexually unattractive myth.** People who buy into this myth believe that people with disabilities are sexually unattractive and therefore are immune from sexual assault. Think back to June Doe's story. One of the reasons June's reports of sexual assault by a care provider were discounted by administrators was because June "was a blabbermouth and not pretty" (Burgess, 2005, p. 911). Attractiveness has nothing to do with sexual assault. Sexual assault is about power and control, not about sexual attraction. It is not about physical beauty (however that is defined). The failure to recognize the true causes of sexual assault leaves many people with disabilities, particularly women, vulnerable to sexual predators. A belief in the sexually unattractive myth can result in people with disabilities not being provided with the tools they need to avoid potentially dangerous situations, resist pressure or bullying, and protect themselves. Another danger of this myth is when women with disabilities buy into the belief that they are not attractive. This increases the likelihood that they will put up with abusive partners because they believe no one else will be attracted to them (Nosek et al., 1997).

People with disabilities are also sometimes believed to be **sexually promiscuous** or have an overactive sex drive (Anderson & Kitchin, 2000; Chenowith, 1997; Furey, 1994; Keilty & Connelly, 2001). At this point you may be thinking to yourself: Which is true, people with disabilities are not interested in sex or are overly interested in sex? In one study of women with intellectual disabilities, police officers were quoted as saying, "Just like rabbits. They seem to have a higher sex drive than other people. They seem to get sexual very young, and have a high sex drive. Maybe they have something to prove" (Keilty & Connelly, 2001, p. 280).

The rationale for institutionalization, segregation, and sterilization is based in part on the belief that both men and women with disabilities are sexual menaces (a danger to society) that must be controlled.

Lack of Credibility Myth

You already learned about the problem of disbelief when reports of abuse are made by people with disabilities. The disbelief comes, in part, from believing that when people with disabilities report abuse they are not telling the truth or are exaggerating. The **lack of credibility myth** is perhaps the most damaging belief about people with disabilities, especially within the criminal justice system. Think back to the story about the state of Virginia and the failure to prosecute cases of abuse. Although it is not known for sure, given the problems with the criminal justice system for people with disabilities, it is likely that the issue of credibility had some-

thing do with the low prosecution rate. Think back to the story of June Doe. Her credibility was questioned by the administrators at the facility. Think about your own experiences.

⟩ **Ask Yourself...**

Has my credibility ever been questioned because I have a disability?

Have I questioned the credibility of people with disabilities whom I support?

Have I ever been accused of making up a story to get attention? Have I ever accused a person with disabilities of making up a story to get attention?

Time and again it has been documented that when women with disabilities report violence and abuse they are not viewed as credible (Collins & Valentine, 2003; Cramer et al., 2003; Gilson et al., 2001a; Nosek et al., 1997, 2001). The questioning of credibility is also problematic for people with intellectual disabilities (Baladerian, 1997; Baladerian, 2005; Davies et al., 2006; Keilty & Connelly, 2001; Sobsey, 1994) and people with mental health conditions (Andrews & Veronen, 1993; Cramer et al., 2003; Galpin & Parker, 2007; Jennings, 1999). Whether or not a person is viewed as credible determines how reports of abuse will be handled by care providers in the disability service, vulnerable adult advocacy and protection, and criminal justice systems.

Final Thoughts About Attitudinal Barriers

The following quote from a woman with a physical disability sums up the problem with attitudinal barriers best:

I would say to agencies, I realize I have a disability and that my disability is not so much what is supposedly wrong with me but I find my disability is more your attitude about what is wrong with me.…if you would just put your attitude aside and help me, I'd appreciate that greatly. (Cramer et al., 2003, p. 194)

LEARNING ACTIVITY

▶▶▶ **Identifying Systemic Barriers**

Read Joyce's story. Refer to Figure 4.4 for a checklist of systemic barriers that were covered in this chapter. Think about the possible systemic barriers that might affect Joyce's ability to end the abusive relationship with her husband.

Joyce is a woman with multiple sclerosis who met her husband while they were in college. The domestic violence began after they were married. "He seemed to care so much about me. He got a little jealous. Well, that was supposed to happen, right, after all he was in love with me. It started out with the controlling aspect. In other words, he wanted to know who I was with—where I was all the time. Constant jealousy…" Verbal abuse escalated into physical and psychological abuse. "Every

___ Physical barriers
___ Economic barriers
___ Communication barriers
___ Domestic violence/sexual violence service barriers
___ Overprotection
___ Failure to recognize abusive situations (disability services barrier)
___ Disbelief when reports are made (disability services barrier)
___ Attributing the claim of abuse to the disability (disability services barrier)
___ Criminal justice system barriers
___ Adult protection services barriers
___ Attitudinal barriers
___ Dehumanization myth
___ Myth of insensitivity to pain
___ Lesser quality of life myth
___ Helpless myth
___ Asexual, sexually unattractive, or sexually promiscuous myths
___ Lack of credibility myth

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Figure 4.4.   Checklist of systemic barriers to preventing violence to and abuse of people with disabilities.

house we ever lived in had either a hole in a wall or a hole in the door. He would always say, 'If you hadn't made me so mad I wouldn't have done it.' And he said, 'You know I'll get the kids….cause all I have to do is go and prove that you're disabled and I'll get the children.' Toward the end he had pushed me down, and of course he said, "You know with your MS you're so damn clumsy you just fell down. In time I began to pull back, thinking, 'I have got to get myself and my daughters out of this.' And when it got right down to it, it was a very scary time. I knew at that point that leaving is usually the most dangerous, and I knew he was getting more and more violent toward me and threatening more violence" (Fitzsimons, 2005, p. 25).

Now that you have read Joyce's story, review the systemic barriers in Figure 4.4. Place an X next to all of the systemic barriers that you think apply to Joyce's situation.

Thoughts About Joyce's Story

The purpose of this learning activity is to help you think more deeply about systemic barriers and to give you a chance to apply what you have learned. You most likely checked several of the systemic barriers. Joyce encountered physical barriers, economic barriers, communication barriers, service system barriers, and many of the attitudinal barriers. Refer to the answer sheet on pages 183 and 184 for Joyce's thoughts about how the systemic barriers affected her.

FINAL THOUGHTS

If you are a person with a disability, you have likely experienced many barriers— some that were discussed in this chapter. If you are a person without a disability,

you may now have a much better appreciation for the barriers that people with disabilities encounter on a daily basis. You should have a good understanding of the systemic barriers that make it harder to prevent violence and abuse. Perhaps you feel a bit overwhelmed by the sheer number of barriers. That's okay; the systemic barriers are a bit overwhelming. It is important to remember that the barriers are obstacles that can be overcome through individual and collective advocacy and self-advocacy. You're getting closer to reading about what you can do as an advocate or self-advocate to overcome barriers. However, first you need to learn about the personal barriers to action to help you get a complete picture of the barriers.

RESOURCES

Web Sites

ADA Enforcement, U. S. Department of Justice, http://www.ada.gov/enforce.htm
Disability Statistic: Online Resource for Disability Statistics, Cornell University, http://www.ilr.cornell.edu/edi/disabilitystatistics/
National Center on Domestic and Sexual Violence (refer to Resources section of web site), http://www.ncdsv.org

Curriculum/DVD

Advocating Change Together. (2000). *Changing attitudes: Recognize and challenge everyday misconceptions about disability!* [Curriculum and DVD]. Syracuse, NY: Program Development Associates, http://www.disabilitytraining.com

Suggested Readings

Dubin, M. (2005, September). *Domestic violence shelters and the ADA.* Retrieved August 13, 2008, from http://www.ncdsv.org/images/DVSheltersADA.pdf
Rehabilitation and Research Training Center on Disability Demographics and Statistics. (2006). *2006 disability status report United States*. Retrieved August 18, 2008, from http://www.ilr.cornell.edu/edi/disabilitystatistics/
U.S. Department of Justice. (n.d.). *ADA status reports.* Retrieved August 13, 2008, from http://www.ada.gov/enforce.htm
U.S. Department of Justice. (2005, September). *A guide to disability rights laws.* Retrieved August 13, 2008, from http://www.ada.gov/cguide.pdf
U.S. Department of Justice. (2006, January). *Communicating with people who are deaf: An ADA guide for law enforcement officers.* Retrieved August 13, 2008, from http://www.ada.gov/lawenfcomm.pdf
U.S. Department of Justice. (2006, April 4). *Commonly asked questions about the ADA and law enforcement.* U.S. Department of Justice, http://www.ada.gov/q%26a_law.pdf
Washington State Coalition Against Domestic Violence. (2004). *Increasing agency accessibility for people with disabilities: Domestic violence agency self-assessment guide.* Retrieved August 13, 2008, from http://www.wscadv.org/resourcesAlpha.cfm?aId=59543DD0-C298-58F6-0638C1A7DCD01A9B