A few years back, the Vermont Network received a grant from the Office on Violence Against Women to collaborate with disabilities groups to create a coordinated community response to domestic and sexual violence within the community of people with disabilities in Vermont. The grant project was challenging. It was our first experience with a grant project that required us to work deeply with the grantor and it took us quite a while to get a feel for the expectation of the funder and the scope of the project. Added to that, our work together was difficult and it took us time to unpack our history and assumptions.

But it was clear that this project would be vitally important in Vermont because the need to create a collaborative approach to serving survivors of domestic and sexual violence with disabilities is so great. The numbers are staggering: as many as 80% of people with developmental disabilities have experienced sexual assault\(^1\). And 40% of women with physical disabilities reported being sexually assaulted\(^2\).

In the end, and despite the challenges, we created many products and equally important we gained understanding. Today, we remain aligned with Vermont’s disabilities rights organizations, standing shoulder to shoulder on public policy issues and working together to create the capacity and services necessary to meet the needs of survivors with disabilities.

In this issue of the Network News, we offer four powerful articles that reflect the on-going issues faced by survivors with disabilities. The voices in these articles are those of our...

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Victims with Disabilities:
A Conversation with The Vermont Center for Independent Living

By Auburn Watersong, Economic Justice Specialist

Earlier this month, I had the distinct honor and privilege of interviewing three staff people (Ericka Reil, Information Referral and Assistance Coordinator; Denise Bailey, Direct Services Coordinator; Kim Brittenham, Civil Rights Manager) from the Vermont Center for Independent Living (VCIL), a statewide organization whose mission is to “...empower Vermonters with disabilities, Deaf Vermonters, and others to tear down the physical, communication, and attitudinal barriers that keep us from realizing our full human potential.” VCIL identifies itself as a group of citizens with disabilities working together for dignity, independence and civil rights.

Statistics indicate that one in five people have some form of disability. Disability is an equal opportunity condition which crosses race, class, gender etc. People with disabilities experience violence twice as often as people without disabilities, and people with developmental disabilities experience the most crime and violence. While people with disabilities experience violence at a higher rate, the violence is underreported. When they do actually get to violence response agencies, studies indicate that there is a mixed experience. Much of the success for the victim living with a disability depends upon how experienced the domestic or sexual violence staff are, or fearful, and whether they’re coordinating with the local disability rights organization or not.

In discussing some of the common threads shared by victims of domestic violence and people with disabilities, the VCIL staff with whom I spoke emphasized that victims and people with disabilities share a common sense of violation: people who have disabilities are people who have been oppressed – and oppression is a form of violence. Likewise, people who experience domestic or sexual violence are likely to have non-visible disabilities resulting from the violence such as Post Traumatic Stress Disorder (PTSD). Given this, it is probable that victims at some point in their lives will be protected by the Americans with Disabilities Act (ADA) and all that it offers to people living with disabilities.

I am grateful to the staff at VCIL for providing this learning opportunity. My hope is that all who read this interview will come away sharing my new found understanding of the complexities faced by victims with disabilities. As the World Health Organization explains: disability is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives. VCIL staff are passionate advocates of this truth: It is not the disorder, but society’s reaction to it that creates the disability.

Q: When do you most often work with victims of domestic or sexual violence?

ERICKA: As an example, we have had two callers in just two days, both victims of care giver abuse. Both women were afraid to call shelters because they have service animals and feared they were going to lose them. Women are afraid. They don’t know who is going to take care of them, they don’t know what is going to happen to their animals, or who is going to take care of their medication. A lot of people with disabilities are afraid they are going to end up in nursing homes due to lack of housing options.

DENISE: We are peer to peer and there’s a whole lot of value in that. People tend to open up to us because we disclose that we’re people with disabilities. So they feel more comfortable talking to us. In this situation, I think it’s crucial when somebody can say “I understand, and yes we can talk about the domestic violence” – but also when somebody can say, “I understand about your disability as well”.

Q: When you work with victims or survivors of DV/SV who are also living with disabilities, what are some of the largest challenges they face in Vermont?

ALL: Housing is the number one challenge. Transportation is the second. Transportation is a real challenge if you don’t drive yourself or you use a wheelchair. There is limited wheelchair accessible transportation, especially in rural areas of the state. Accessible shelter for them to stay in is the
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third most challenging issue.

Q: Over the years that you have worked in the field, have you noticed positive changes in Vermont in terms of overcoming some of the challenges faced by victims with disabilities?

ERICKA: I think that on the whole people are more aware now that there are victims with disabilities. Shelters and crisis lines are becoming more aware that they need accessible programs. People are talking about it, which is a big improvement from 10 years ago. There are lots of improvements, but we still have a long ways to go.

Q: With regard to the three biggest challenges: housing, transportation, and shelter, has anything gotten any better over the years?

ERICKA: (10 years @ VCIL) It's gotten a little better, but we're not expecting things to change tomorrow.

DENISE: (3 years @ VCIL) I see ebb and flow – yes, there is overall progress, there is more awareness, people are talking about it more. But when it comes down to the nuts and bolts, it seems to follow the economic climate – when there are cuts, what are the first things that are cut? Services. Who's most affected by those cuts? The most vulnerable populations. Well, who are they? People with disabilities.

KIM: (5 years @ VCIL) I came to VCIL under the OVW (Office of Violence Against Women) collaborative grant and because of that beginning, I am aware of physical access improvement to shelters in the time that I've been here. I know that kind of physical access didn't exist before. Now people are having conversations about service animals and recognizing that they are an accommodation, that service animals come with the person. It seems like the complexity of the conversation has increased. In a good way, positively. The conversations are more detailed.

Q: You have indicated that housing is the number one challenge for victims who have disabilities. What are some of the largest hurdles? Accessibility? Affordability?

DENISE: Because it's such a huge challenge for us to help our peers find affordable accessible housing, we started a VCIL Housing Team so that we could figure out ways to go about this. It seems like our bottom line is that there is just not enough housing to go around. So people are on waiting lists. We're looking at all kinds of creative options, such as working to see that the money follows the person wherever the person finds housing or is trying to find more money to be used to build some bricks and mortar units... it's our number one challenge.

ERICKA: Some housing services do have priorities for people in domestic violence situations. Unfortunately, there are not any housing services that prioritize people with disabilities.

Q: Even for low income housing vouchers, there's no disability preference?

ERICKA: No.

KIM: Any affordable housing project that is built is going to have x number of units that are accessible, but they don't have to be filled by people that need them. That's crucial – there are accessible units that have people in them that do not need them for their access. So you've got somebody in the accessible unit who does not need it, for years on end. And then when the unit does come available, then matching it with the local need of someone with a disability who wants to live there is often difficult. It is hard to get that match made. Even if the sensibility is there at the local level. When this happens, some people believe that since there are accessible units available and people who are not people with disabilities are housed in these units, that we must have more than enough units that are accessible because people with disabilities are not moving into them. But the truth is that it more about timing and match than a lack of need.

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"It's not the disorder but society's reaction to it that creates a disability."
Q: So it seems that best practice would be to simply keep the accessible units open and available?

KIM: Right, but then the units are not generating income and there are many other people on waiting lists looking for housing already.

Q: I’m curious about definition of “accessible”. When someone says to you that they have an accessible unit, what does that mean?

KIM: I think that in general most landlords understand it as an “ADA unit”. But then when you get down into the nitty-gritty of the ADA definition: some people interpret that to mean that it must have a roll in shower, some people interpret that to mean that there is a tub that has a bench that folds down and has a grab bar. So it can depend on what that interpretation is and in some cases that interpretation will get down to case law.

ERICKA: I have been to beautiful new “accessible” units that had a nice shag rug that you could not push a wheelchair chair across.

Q: If someone calls VCIL and says “I’ve got this beautiful apartment that comes very close to meeting my needs BUT it doesn’t have a roll-in shower, or it has a shag rug there and I think that the landlord would work with me if I had someone advocating on my behalf...” would they then talk to Kim?

KIM: Yes, possibly, or I would refer it to Denise as a Peer Advocate Counselor (PAC) referral – which is not a case management model but an advocacy model. Then, Denise would help the local peer advocate (in one of our 5 offices statewide) understand what the ADA says and how to work with that situation. It is important to note that, when it comes to housing and accessibility, there is ADA compliance and then there is usability by an individual. For example, an individual might be a person that’s very small, so access for them might mean something very different. Maybe it means child-reach ranges rather than adult-reach ranges. So then you get into meeting individual need and you get into what’s called “accommodations”.

ERICKA: Sometimes “accommodations” can also mean something simple like raising something up on blocks.

DENISE: We have two programs that can help people with modifications inside their homes:
- **The Home Access Program**: the program has funding for bathrooms, entry ways and ramps.
- **The Sue Williams Freedom Fund**: it is annually refunded in October for small items like extra grab bars which cannot be afforded.

VCIL’s PACs can help people find other sources of funding for all kinds of things to help them with their housing.

Q: What are the recent successes?

DENISE: Awareness has gone up. Not just among our colleagues, but also among our PACs. We’re finding more avenues to house people. We’re getting more familiar with what is available. For example, for veterans. So we’re utilizing new information more.

ERICKA: I think also there is more awareness at the national level. There is national coverage about homelessness with more people talking about it. Compared to even just 15 years ago, more victims coming out and more people are talking about sexual violence too and that’s spectacular.

Q: How can being a person with disabilities, who is also a domestic or sexual violence survivor, present added challenges to acquiring housing?

KIM: This has been my experience: if you’ve got layers of oppression then you are completely out of luck. For example, if you are a person of color, you use a wheelchair, and then maybe you are also from another country (so you have an accent) all three of those – people are just saying, “no, no, no”. When you have that many barriers added up that it just makes a wall. It took months and months to find housing for one individual with these barriers and income wasn’t even an issue. This person finally left the state. Another with multiple barriers said that she had not felt so demoralized since she was a child.

DENISE: When we are faced with these issues at VCIL, it comes down to this: we want to do what the peer wants. If the peer wants to stay in Vermont we want to help her try to do that.

KIM: Our moral compasses are pretty strong, we know it’s wrong that she should face such walls and we work to make it right. We’ve got to have faith that other people are going to agree. They are going to say “yes, it is wrong.”

Q: If you could change one thing with regard to housing for victims with disabilities, what would be the one thing be and why?

ERICKA: Everything would be universally designed. Meaning everything would be set up so that everything’s accessible so that a person can age in-place. For example, a building with 10 apartments would have all of them fully accessible and the people that are in the units may or may not have disabilities. It all would be affordable housing and there would be more money for subsidizing housing as well.

DENISE: There would also be tons of hours of affordable personal care for those who need it, so that people can age in their own home. The people giving the personal care would be paid well, trained and supported well, and have health benefits. The disabilities movement is working with unions on the state and national level in organizing with
domestic care workers (which includes personal care attendants). VCIL Executive Director Sarah Launderville has felt very strongly about this and has advocated nationally for this for some time.

KIM: Imagine this: If you have everything universally designed, then all of the bathrooms everywhere are accessible. There are ramps everywhere and there are no wheelchair signs anywhere. Then disability doesn’t exist, right? If you look at the World Health Organization’s definition of disability – it’s about the way you interact with your world.

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So how disabling your world is, how inaccessible your world is to you depends upon how great your disability is. I try to explain to people this image that I have of what a healthy community looks like. Any community serving organization has a mission statement. Unless you have people with disabilities as a part of that group or school, they are not meeting their mission. Not for the people with disabilities or for the people without disabilities. For example, if you don’t have access to somebody with an autistic mind then, you’re limited. It’s not the person with autism who is limited. If there is a school where there is not one person who is blind or deaf helping to make decisions, then it is the school that is limited. ☺

Service Animals In Domestic Violence Shelters

By Sonya Rochon, Voices Against Violence/Laurie’s House

Service animals are not pets. Service animals are animals that assist and support a person in their daily activities. The most common type of service animals are guide dogs who assist people who can’t see or hear. However there are many other types of service animals which may not be so obvious such as a snake that can warn its owner of an on-coming seizure, a cat that provides comfort to its owner during a panic attack or a rabbit that helps ease the symptoms of PTSD (post-traumatic stress disorder).

There are many factors to contemplate when considering bringing a survivor with a service animal into your shelter, but first let’s take a brief look at the law.

There is no national license for service animals. Vermont does not license service animals either. Some service animals will wear a vest or a special leash, but some may not. How do you know if an animal is a service animal? Disability experts recommend you take the survivor’s word for it. The law does allow you to ask what tasks the animal assists with - however only if you do this consistently with every service animal. The law also allows you to ask for documentation that the animal assists a person but, again, only if you consistently require this documentation from every survivor with a service animal. Also you must consider that someone fleeing a violent situation may not have brought the animal’s paperwork with them and therefore may have no way of providing it to you.

There are two laws that need to be considered when looking at taking service animals into your shelter. The first is the Americans with Disabilities Act (ADA) and the second is the Fair Housing Law.

Under the ADA, service animals are ONLY dogs and miniature horses. The animal must perform a physical task or provide psychiatric support to the survivor. Because domestic and sexual violence shelters are considered transient (temporary) housing, they fall under the ADA and therefore they MUST follow the guidelines outlined by the ADA. Homeless shelters, hotels and bed & breakfasts also fall under the ADA law.

The ADA requires that you must “provide reasonable accommodations” to someone with a disability. In some cases, having a dog or a miniature horse in your shelter may not fall under “reasonable accommodations”. You must consider things such as shelter space and rooming situations. For instance, if a survivor has a very large dog such as a Great Dane, you must consider if you are able to make “reasonable accommodations” in that case.

The Fair Housing Law is much more open. Under the Fair Housing Law, a service animal can be ANY animal (i.e. cats, rabbits, ferrets, snakes, hamsters, tarantulas, etc.). Shelters are NOT bound to the Fair Housing Law and only need to follow it if they CHOOSE to. However, you must bear in mind that if you follow it for one survivor you must follow it for all survivors. This is a great topic of conversation for the staff at your shelters. You must decide if you are going to follow only the guidelines you are bound to under the ADA,

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which is mandatory for shelters, or if you’re going to leave things more open and also follow the Fair Housing Law — thereby allowing any type of service animal into your shelter.

Survivors with service animals are responsible for the care of their animals. However, some may need assistance, especially if a partner cared for the animal in the past. You may have volunteers willing to help or if not, perhaps your local humane society or animal shelter might be able to help in recruiting volunteers.

If a service animal is disruptive in your shelter, first you should work with the survivor to control the animal’s behavior. If the disruptive behavior continues, then you may ask that the animal leave, but not the survivor. In some cases your local human society or animal shelter may be willing to foster the animal temporarily until the survivor gets back on their feet. Also local kennels are sometimes willing to foster animals temporarily.

Allergies are something else to consider. If another resident in your shelter has allergies to an animal then you should do everything you can to minimize contact. For example, make sure the resident with allergies and the resident with the service animal have rooms that are as far apart as possible. The disability of the person with the service animal always trumps the person with allergies as allergies do not normally rise to the level of disability. If, however, a person’s allergies do rise to the level of disability, then your organization would need to explore options for accommodating both individuals’ needs.

Here at Voices Against Violence / Laurie’s House we have had several experiences with service animals in our shelter. Thus far we have only had dogs (from Chihuahuas to Labrador Retrievers) and cats and the experiences have been positive for the most part. Most of the service animals we have had in our shelter have been emotional support animals for anxiety, PTSD and depression however we have also had a seizure detection dog.

We did have one situation where a service dog was being disruptive. We talked to the survivor and asked if she would be willing to stay at the shelter without her dog, and that we would find temporary shelter for her dog. She was not willing to do so. Therefore, we made other accommodations for both the survivor and her dog. In another instance we had a dog that was nipping at other shelter residents and staff. We asked if the survivor was willing to put a muzzle on her dog while he was in any “common areas” of the shelter and she said yes. So we purchased the muzzle and everything was fine for the rest of her stay.

Having service animals in your shelter is a very positive experience, especially when you see how much the survivor thrives with the support of the animal.

My hope is that this article will open the door for some conversations within your organizations about handling service animals within your shelters. If you ever have any questions or concerns, please feel free to call Sonya Rochon at Voices at 802-524-8538 or Erica Reil at the Vermont Center for Independent Living at 802-224-1824.

Serving People with Disabilities
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original grant partners: the Vermont Center for Independent Living; Deaf Vermonter Advocacy Services; and Green Mountain Self-Advocates. Then and now, these groups generously share their expertise and experience so that we can work together to make the changes needed by survivors with disabilities.

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or library@vtnetwork.org
Technology = Access for Deaf Survivors

By Keri Darling, Director of DVAS, and Chani Waterhouse, Associate Director of Member Program Support

What do smart phones and iPads have to do with domestic and sexual violence advocacy? These portable devices can be powerful tools for facilitating communication.

Deaf Advocates Love Technology

Deaf survivors who contact DVAS (Deaf Vermonters Advocacy Services) usually start by sending an email or a text message and then set up an appointment to talk with an advocate – either by video phone or in person.

While some hearing advocates remain cautious about using email or texting to conduct advocacy, Deaf advocates have been relying on these methods for years. As popular as texting is among hearing people, it may be even more popular among Deaf people, many of whom use texting as a primary tool for communicating with friends, family and professional contacts. Facebook is also popular with many Deaf people and survivors will sometimes contact DVAS through the organization’s Facebook page.

When available, videophone communication can be the best option for Deaf people to communicate with a Deaf advocate. A videophone call is similar to a Skype call and allows Deaf people to communicate in ASL (American Sign Language), which for many is their first language. And yes, Deaf people do leave each other “sign mail” messages (like voicemail, but in video format, and using ASL rather than audio).

ASL is a visual language with no written form and many Deaf people are not fluent in written English. When a videophone call is not an option, “short, sweet and simple” is a good rule for written communication, whatever form it takes.

Smart phones are the devices of choice for many Deaf people, as they allow for communicating via texting, email and even videophone, while being ultra portable. Tablets (like iPads) are also portable and the larger screens offer a better interface for videophone calls or email. But connectivity can be more limited. Tablets need to connect to a wireless internet connection unless they are set up to access cell phone signals, which can be expensive. Of course, laptop or desktop computers also offer a range of communication options, including email and videophone.

What about those “old fashioned” devices: fax machines and TTYs (Teletypewriters)? Some Vermonters still do not have internet access, but may have a standard phone line and this is all that is needed to use a fax machine or a TTY. Occasionally, a survivor will write a message by hand and fax it to DVAS. TTY calls to DVAS are more frequent than faxes, but still relatively rare in this age of portable and versatile devices.

As you can see, the key for Deaf advocates is flexibility. Deaf advocates share a willingness to communicate with Deaf survivors using any method that works.

Hearing Advocates Love Technology Too

Hearing advocates rely primarily on standard telephones and cell phones for conducting their advocacy. Luckily, 24/7 “relay” services offer a bridge between audio telephones and the videophones or TTYs used by many Deaf people. Relay operators facilitate communication between Deaf and hearing people by providing interpretation for videophone calls and reading TTY text out loud to hearing people who don't have a TTY to receive the call directly.

In the past, advocacy programs installed TTYs and published the numbers to encourage calls from Deaf survivors. These days, we discourage programs from focusing limited resources on making a TTY system work. First of all, TTYs are not portable, so someone needs to physically be with the TTY 24 hours a day to ensure accessibility and that’s just the beginning of the challenge. To communicate effectively via TTY, a person needs to be able to understand and use a complex set of

DVAS provides comprehensive domestic and sexual violence services to Deaf and Hard of Hearing victims statewide, including peer support and advocacy in court, social services or medical settings. DVAS also provides education and training statewide to improve communication accessibility for Deaf and Hard of Hearing victims and promotes awareness and prevention of domestic and sexual violence in the Deaf and Hard of Hearing community.

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abbreviations and short-hand. It can be difficult to ensure all hearing advocates will be prepared to do this, given how infrequently they may receive TTY calls or get real-life opportunities to practice.

Instead, we encourage hearing advocates to focus on other strategies to make their programs more accessible for Deaf survivors. Programs can install videophones in their shelters, so Deaf people staying in shelter can place and receive phone calls just as other shelter residents can. Programs can also ensure they are ready to use a video relay service on their office computers. This allows for daily communication with a survivor staying in a shelter when a live interpreter is unavailable or the communication is so brief that it doesn’t make sense to bring in a live interpreter.

In the future, we expect to see advocates using portable tablets or laptops to facilitate communication with Deaf people in a variety of settings. For example, a Deaf advocate and a Deaf survivor meet with a hearing advocate at the local courthouse to request a protection order. It’s late in the day and there is no time to find a live interpreter, who might have to travel a significant distance to get there. Instead, using a tablet with special software installed, they can connect to the internet via a cell phone signal and initiate a video call with a live interpreter. Paying by the minute for this service can be cheaper than paying for a live interpreter’s travel time, and allow for immediate communication in everyone’s native language.

But What About Safety?!

Safety concerns look different depending on the device being used to facilitate communication. For example, a standard telephone service may keep a record of the numbers associated with all incoming and outgoing phone calls. Stored text messages and emails may contain much more information. Safety planning with any survivor should include thinking about risks from a perpetrator who may be attempting to monitor a survivor’s communications. Using new devices and communication services requires smart thinking about safety issues. We also support survivors’ safety and autonomy when we are flexible enough to communicate with survivors in the ways that work best for them.

Technology = Access
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For more information about advocacy with Deaf people and people with disabilities, please visit our website: http://www.vtnetwork.org/advocate-accessibility

VCIL
Vermont Center for Independent Living

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“The barriers of discrimination must come down.”

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Planned Parenthood of Northern New England (PPNNE) and the Green Mountain Self-Advocates (GMSA) have recently released a new curriculum for individuals with disabilities called Sexuality Education for Adults with Developmental Disabilities. The one-of-a-kind curriculum is designed for teams of self-advocates, staff and teachers to co-teach together, following a model of peer education and advocacy. It is cognitively accessible and includes 20 lessons, scripts, handouts, and teaching tools. It comes with a manual that provides tips on how to establish a sexuality education class and how to be an effective, engaging sexuality educator.

Teaching healthy sexuality is seen as an important piece of sexual violence prevention. It is an opportunity to practice using proper language around body parts, define and learn to respect boundaries, discuss sexual decision making, talk about controlling and supportive relationships, and think about how power impacts a variety of relationships.

I sat down with Max Barrows and Karen Topper of GMSA and Katherine McLaughlin, formerly of PPNNE who now has her own sexual health education consulting business, to talk with them about the curriculum.

Q: Why did you decide the peer education model was the best fit for this curriculum?

MAX: It is a sensitive topic when sexuality is brought up with individuals with disabilities. We connect through what I call the peer to peer connection. It is a unique connection. When somebody who joins a self-advocacy group and meets another peer, it’s like the information they may get doesn’t feel controlling, it comes directly from another person who is experiencing the same challenges, the same feelings of growing up with a disability. The information is not all sugar coated.

KATHERINE: GMSA taught me the concept of “nothing about us without us” and they were actively involved in reviewing the lessons and changing the language that felt, like Max’s term, too controlling or just brought up feelings like “it feels like you are trying to control me with that word, versus trying to get me to think something through.” They were part of developing the curriculum and it was coming from them.

Peers who are trained as educators might just talk to a friend one-on-one about sexuality, where others actually teach the curriculum locally or nationally through self-advocacy workshops. There are lots of roles for peer educators.

Q: Do you think there are aspects of sexuality education that are unique to the disability community?

MAX: There are a lot of myths out there that people with disabilities are not sexual beings and those myths can get embedded in the way our society looks at us to a point where individuals with disabilities get restricted from education. It is a challenge that individuals with disability have to face. We try to make individuals with disabilities feel like we are sexual beings and we have the same sexual rights as everyone else. To make people with disabilities feel like the only people that can really control them is themselves when it comes to the topic and not somebody else.

KAREN: I think that there are barriers that people with development disabilities face that other people don’t. Some people with disabilities have difficulty reading so that is a barrier to them getting accurate information. A lot of people with disabilities don’t have as broad a network of friends and a lot of times people get information about sexuality from their friends. People with disabilities are at such a high risk for being abused or exploited and I think that is another big barrier sometimes. People think they are protecting people with disabilities by not giving them the information because they are afraid it will open them up to abuse when actually the exact opposite is true.

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KATHERINE: In general, the culture has this thinking that if you talk about it [sex], they will do it – anyone, not just people with disabilities. So I think people are worried about exploitation and decide that the best thing to do is just to not address [sexuality], because that is safe. Also agencies might not know how to address it and are worried they don’t have skills, so they don’t talk about it.

Q: Can you say more about the concept of sexual self-advocacy?

KAREN: In self-advocacy, we mean people being able to make their own decisions, being able to advocate for themselves and others. But when it comes to sexuality it is tougher. It’s an area where there are a lot of uncharted waters for people with disabilities because they have been restricted from having relationships in the past.

KATHERINE: If you say you want to get a job people are right there helping you. But if you say “I want to have a relationship, a sexual relationship”, people get nervous and aren’t really as helpful.

Q: How do you think educating about sexuality prevents domestic and sexual violence?

MAX: When people know their sexuality well, know the correct terms for body parts, have the correct resources, and get valuable information it can reduce the risk of harm. Like where if someone was to grab someone inappropriately and they were able to say “don’t grab my penis” versus “don’t touch my [whatever-else]”, it’s more likely that the person responds in a way where they are like, “this person isn’t messing around, I’m not going to do anything to them.”

KATHERINE: Having the words, you are just more empowered. Also, when you know about healthy relationships versus unhealthy relationships you can identify whether your relationship is on the unhealthy end.

KAREN: People with a disability grow up with cultural secrecy when it comes to sexuality. People have told us repeatedly that they are afraid to go to their families or staff because they think they are going to be in trouble in some way if they report. If they tell that they have been harmed or abused. That is also a reason why we feel we need to empower peers to be the go-to-people when it comes to getting information about sexuality because people will seek out their peers.

KATHERINE: I think another piece to add to this is how we talked about people with disabilities being at risk of abuse but also as being thought of as abusers. We need to help people understand boundaries around different types of relationships because we are not concrete about that in our culture. The rules are subtle. Helping people understand how you interact in different relationships is helpful to protect someone from getting accused of being a perpetrator. Without that, you have situations where a person with a disability greets someone – a stranger – as if they know them really well and goes up to that person, hugs them and is accused of being a perpetrator.

Q: Is there anything else you want to share?

KAREN: Behind this movement was a desire to celebrate sexuality in the lives of people with disabilities. It is really changing the conversation around sexuality with people with disabilities and not talking about being victims or perpetrators but that people are going to fall in love and have a boyfriend or girlfriend and have all kinds of relationships. They may be gay, they may be straight, or they may be bisexual. You know, just celebrate sexuality in people’s lives.

KATHERINE: I just want to add a story about a staff person at one of the trainings we did. We had people with disabilities talking about the messages they got about sexuality and relationships and the staff would listen. One staff member said “I had this experience of coming to listen to this fishbowl and thinking that I was going to a foreign land. I had to listen and really understand this different population.” Then she said, “All of a sudden I realized what they wanted was exactly what I wanted.”

It was such an awareness for her – that she thought she would be hearing this different thing and she realized that everybody wants relationships.

More information can be found at: www.disabilityworkshops.com and www.gmsavt.org.
Vermont Network Library’s Recommendations

Accessibility Resources
www.vtnetwork.org/advocate-accessibility

- Working With a Deaf Survivor: A Resource Guide
- ABUSE: A Peer to Peer Guide About Domestic and Sexual Violence by Green Mountain Self-Advocates
- Getting Your Message Across: Communicating With People Who Have Intellectual Disabilities
- Americans with Disabilities Act Overview

Feminism & Disability
By Barbara Hillyer, University of Oklahoma Press © 1993
As a teacher of feminist theory and the mother of a young woman with multiple disabilities, the author of this groundbreaking book explores vital issues of concern to women with disabilities, women caregivers, and all feminists – a major contribution to the dialogue between the two movements.

The Legal Rights of Women in Vermont
Vermont Commission on Women © 2011
Available at www.women.vermont.gov

Sexuality Education for Adults with Developmental Disabilities
By Katherine McLaughlin, Karen Topper, Jessica Lindert, ©2010; This excellent curriculum, plus a similar curriculum for students, can be purchased for $250 each from www.disabilityworkshops.com.

Disability, Violence and Survival: A Personal Story
This DVD (11 minutes) is a powerful account of domestic violence and sexual assault narrated by a survivor describing her own experience, including the barriers she encountered while seeking justice. Available from www.safeplace.org for $35.

Serving Crime Victims With Disabilities: The Time Is Now & Meet Us Where We Are
This 2-part DVD (17 & 14 minutes) is designed to encourage and assist the efforts of victim advocates in serving crime victims with a wide range of disabilities; and secondly, present the viewer with victims speaking from their own experience – including the services they did or did not receive. You may purchase this video for $5 at www.ncjrs.gov (National Criminal Justice Reference Service).

Electronic Library at Vermont Network
Many articles and publications that address persons with disabilities in regards to domestic and sexual violence are available electronically to the general public upon request to library@vtnetwork.org.
Vermont Network
Against Domestic and Sexual Violence
P.O. Box 405
Montpelier, VT 05601

Phone: (802) 223-1302 • vtnetwork@vtnetwork.org • www.vtnetwork.org

Vermont Network Member Programs

Addison County & town of Rochester
WomenSafe
P.O. Box 67, Middlebury, VT 05753
Hotline: (802) 388.4205 or 1.800.388.4205

Bennington County
PAVE*
P.O. Box 227, Bennington, VT 05201
Hotline: (802) 442.2111

Caledonia, Orleans & Essex Counties
The Advocacy Program at Umbrella*
1222 Main St. #301, St. Johnsbury, VT 05819
Hotline: (802) 748.8645

The Advocacy Program at Umbrella
93 E. Main Street #1, Newport, VT 05855
Hotline: (802) 334.0148

Caledonia County (Hardwick area)
AWARE
P.O. Box 307, Hardwick, VT 05843
Hotline: (802) 472.6463

Chittenden County
Hope Works
P.O. Box 92, Burlington, VT 05402
Hotline: (802) 863.1236

Women Helping Battered Women*
P.O. Box 1535, Burlington, VT 05402
Hotline: (802) 658.1996 (also TTY#)

Franklin & Grand Isle Counties
Voices Against Violence*
P.O. Box 72, St. Albans, VT 05478
Hotline: (802) 524.6575

Lamoille County
Clarina Howard Nichols Center*
P.O. Box 517, Morrisville, VT 05661
Hotline: (802) 888.5256

Orange & NE Windsor Counties
Safeline
P.O. Box 368, Chelsea, VT 05038
Hotline: 1.800.639.7233

Rutland County
Rutland County Women’s NW & Shelter*
P.O. Box 313, Rutland, VT 05701
Hotline: (802) 775.3232

Washington County
Circle*
P.O. Box 652, Barre, VT 05641
Hotline: 1.877.543.9498

Sexual Assault Crisis Team*
4 Cottage Street, Barre, VT 05641
Hotline: (802) 479.5577

Windham County
Women’s Freedom Center*
P.O. Box 933, Brattleboro, VT 05302
Hotline: (802) 254.6954 or 1.800.773.0689

Windsor County
WISE*
38 Bank Street, Lebanon, NH 03766
Hotline: (603) 448.5525 or 1.866.348.WISE

Statewide Hotlines:
Domestic Violence: 1-800-228-7395
Sexual Violence: 1-800-489-7273