

Assisting Survivors of Interpersonal Violence and Sexual Assault Who are Blind or Have Low Vision

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Four Learning Outcomes of Presentation

1. The need for services for people with vision loss;
2. Facts and statistics;
3. Living with Blindness or low vision; and
4. Assisting survivors of interpersonal violence or sexual assault who have vision loss.

Gaps in Services for Survivors Who are Blind or Have Low Vision



Survivors Who are Blind or Have Low Vision

Insufficient Data: No exact statistics because people with vision loss are lumped into the category “Persons with a Disability.”

General Statistics on Crimes against Persons with a Disability:

- They are 2.5 times more likely to be assaulted (physically, emotionally, verbally)
- Women with a disability are 7 times more likely to be victimized
- Intimate Partners/Caregivers are perpetrators in majority of cases.
- Escaping or Leaving abusive partner is much more difficult.

“It’s difficult to ask for help
because I don’t know if the
person helping me is also my
attacker.”

Survivor of assault who is blind.

Challenges Serving Survivors with Vision Loss

- Shelters and offices are often not accessible.
 - Accessibility of physical space (e.g. Braille floor map)
 - Assistive Technology (having it and knowing how to use it)
 - Attitudinal access

Challenges Serving Survivors with Vision Loss (2)

- Staff of DV/SA agencies don't have resources or training for working with someone with vision loss.
 - Interacting in a respectful way
 - Fundamentals and familiarity

Challenges Serving Survivors with Vision Loss (3)

- Standard recommendations for preparing to leave may not be feasible.
 - Having a “Go Bag”
 - Leaving on your own

Other Challenges Serving Survivors with Vision Loss

- Lack of research/statistics hampers everyone's efforts to assist.
- People with disabilities are lumped into one category, no research on blindness and victimization.

Some Information on Blindness and Low Vision



The Four Leading Causes of Blindness

**MACULAR
DEGENERATAION**

GLAUCOMA

**DIABETIC
RETINOPATHY**

CATARACTS



Normal Vision



Vision with Age-related Macular Degeneration



Vision with Diabetic Retinopathy

Normal Vision



Same Building as seen by someone with Cataracts.



Factors and Definitions (1)

- Levels of Vision Loss
- Light sensitivity
- General sense of vulnerability
- Balance/Spatial issues
- Sleep disturbances
- Headaches

Factors and Definitions (2)

Low Vision: Uncorrectable vision loss that interferes with daily activities. It is better defined in terms of function, rather than [numerical] test results. ([Massof](#) and Lidoff)

Legal Blindness: Visual acuity of 20/200 or less in the better-seeing eye with best conventional correction (meaning with regular glasses or contact lenses). **OR a Visual Field** (the total area an individual can see without moving the eyes from side to side) of **20 degrees or less** (also called tunnel vision) in the better-seeing eye.

Statistics on Vision Loss and Blindness

Number of people with vision loss and blindness increasing.

2019:

- 3.2 Million people who are Blind/Low Vision
- 8 Million people with have difficulty seeing due to correctable refractive errors.

2050:

- 8 Million people who are Blind/Low Vision
- 16.4 Million people with difficulty seeing due to correctable refractive errors.

Youngest of baby boomers turn 65 in 2029.

Over next 35 years, people who are legally blind will increase by **21%**.

**SOCIETY
FOR THE
BLIND**

More than what you see

Source: National Eye Institute

Statistics on Vision Loss and Blindness (2)

Who is most impacted:

Women: 63% of Blind and 62% of Low Vision are white, non-Hispanic.

Hispanic Population:

- Reason: high rate of diabetes leading to Diabetic Retinopathy

African American Population:

- Reason: lack of screenings leads to vision loss due to Glaucoma



Source: National Eye Institute

Survivors Who are Blind or Have Low Vision

Image Depicts Vision with Advanced Retinitis Pigmentosa

Serving Survivors Who are Blind or Have Low Vision



Recognize the Unique Tactics Used by Perpetrators

- Withholding and/or hiding medications
- Withholding, hiding and/or removing batteries from assistive devices
- Being over-protecting or “caring”
- Emotional abuse, Degradation and suppression of potential

Recognize the Unique Tactics Used by Perpetrators (2)

- Using social prejudices about people with vision loss (power/control)
- Blaming
- Minimizing
- Economic abuse
- Symbolic aggression – threaten to harm her/him, family, guide dog

Recognize Unique Barriers to Seeking Services

- Difficulty reporting due to inaccessible forms of communication
- Physically less able to defend themselves
- Inaccessibility of information, counseling services and shelters for people with vision loss
- Lower self-esteem due to being seen/treated as incapable

Recognize Unique Barriers to Seeking Services (2)

- Greater dependence on partner/caregiver
- Fear of reporting as it might mean losing the source of support/care.
- Unable to access bank accounts, etc.
- Cannot just “run away”

Best Practices for Interacting with Survivors with Vision Loss

- Treat them as independent and capable
- Speak in a normal tone of voice
- Inquire about amount of Vision
- Verbally describe action or care to be given BEFORE you touch them.



Best Practices for Interacting with Survivors with Vision Loss (2)



- Introduce yourself and others
- Speak directly to the person with vision loss
- Describe lay-out of room
- Identify entry/exits and which way doors open.

Best Practices for Interacting with Survivors with Vision Loss (3)

- Verbal/ audio expression of emotion
- Use “Clock method” for giving directions
- Quieter areas are best for meetings



Interviewing/Advocacy Tips

- Use a Trauma Informed approach
- Talk **to** the individual (not in third person)
- Identify yourself
- Convey emotion/ empathy verbally
- Ask for information that the person may remember via other senses: hearing, touch, smell.
- Keep guide dog with person
- Offer to read information if it's not accessible

Guide Dogs Best Practices

- Do not pet or speak to the guide dog. Ask the person for permission. Alert owner if guide dog tries to interact with you.
- Allow guide dog to stay with the person or get the person reconnected with guide dog as soon as possible.
- Stance of the guide dog may indicate person needs help.
- If a guide dog approaches you unaccompanied by a person, it's likely trying to get help for its owner.
- Keep water bowls, dog food on hand (i.e. at a shelter)

Using Assistive Technology



Resources for Assistive Technology

- Local Blindness Rehab Agencies
- Smart Phones (built-in screen readers, zoom feature)
 - iPhone (Built-in Accessibility; TapTapSee; Be My Eyes; LookTel, KNFB Reader, etc.)
 - Android (TalkBac; WalkyTalky; Magnifier; the IDEAL Accessibility package)
- Retailers:
 - Freedom Scientific
 - HIMS
 - Enhanced Vision
 - OrCam (Wearable technology)
 - AIRA (subscription service)

Best Practice for Training and Access

- It is important to cross-train.
- Share resources to respond to survivors who are blind or have low-vision.
- Coordinate or collaborate with a blind-specific agency such as Society for the Blind.
- Include people who are blind or have low vision in training and ongoing assessment of services.

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