



**SERVING WOMEN WITH
DISABILITIES:
AN ADVOCATE'S GUIDE**



New Mexico Attorney General
Patricia A. Madrid

Message from the Attorney General

Women with disabilities are victimized at a rate two to five times greater than other populations. I am pleased to share with you this guide that was specifically designed to assist New Mexico's victim advocates to provide services to women with various types of disabilities.

This guide includes practical information and local and statewide resources that will help advocates eliminate barriers and provide equal access to all women who may be in need of services.



If you have any questions regarding the material or would like to receive additional copies, please call 505-222-9000 to speak directly with a victim advocate.

A handwritten signature in cursive script that reads "Patricia A. Madrid".

Patricia A. Madrid



SERVING WOMEN WITH DISABILITIES: AN ADVOCATE'S GUIDE

This training guide provides general information about how to provide victim services to women with disabilities. It also addresses how to effectively communicate with women who are deaf or who have hearing, speech, and/or visual losses or other disabilities that may require special assistance with written or visual communication.

Topics covered include:

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- What is considered a disability under the Americans with Disabilities Act (ADA)?
- Why is the ADA important to crime victims?

NEW MEXICO ADULT PROTECTIVE SERVICES ACT

- Who is an adult in need of protection?
- What constitutes “abuse, neglect or exploitation”?
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This document is available in Braille, audio tape, computer disk, or large print formats upon request. Requests for alternative formats may be made by calling the New Mexico Attorney General's Office victim advocate at (505) 222-9000 or (505) 827-6000.



AMERICANS WITH DISABILITIES ACT

DID YOU KNOW?

The Americans with Disabilities Act of 1990 (ADA) expands and enhances civil rights protections to individuals with disabilities, offering protections similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. The ADA guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications, without regard to whether the service provider receives federal funding.

What is considered a disability under the ADA?

A person has a disability under the law if she has a physical or mental impairment (a physiological or mental disorder) that *substantially limits* one or more major life activities, such as seeing, hearing, walking, breathing, caring for oneself, performing manual tasks, and learning. Also considered major life activities are the ability to have intimate sexual relations and procreation. For this reason, those with HIV infection or AIDS fall within the definition.

A person is also considered to have a disability for purposes of this law if she has a record of an impairment that substantially limits a major life activity. These individuals are protected against discrimination even if they do not currently have a physiological or mental disorder.

The ADA also protects persons who are being perceived and/or treated as if they have a disability. An example of this would be a person who has high blood pressure that is controlled by medication, yet her employer places her on permanent light duty for fear of her having a heart attack. The person does not have a disability that substantially limits a

major life activity, although her employer is treating her as if she does.

Why is the ADA important to crime victims?

Violent crime does not discriminate by age, intelligence, or physical or sensory capability. Women with a physical or mental disability are victims of sexual assault, domestic violence, stalking, and any other violent crime.

The problems facing any woman who has been a victim of a violent crime are overwhelming, but the particular stresses experienced by a woman with a disability who is also a victim of a violent crime need to be understood and addressed.

Imagine the terror and disorientation a woman who is blind might experience after having been beaten; the medical complications that may arise from the assault of a woman with a disability such as paraplegia; or the isolation and fear of a woman who is deaf or cannot speak. These women face unique and extraordinary challenges when they attempt to report a crime or find services to provide counsel and safety.

In particular, women with sensory disabilities (hearing loss, speech loss, visual loss, or other disabilities that present an impediment to written or visual communication) may not have as much access to information and educational materials on their rights or the available services that address the special needs of women with disabilities. Without access to information, these women are less likely to know where to go for help, or even that help is available to them. When women with sensory loss do decide to seek help they face greater barriers in contacting the police, a shelter, or other emergency services unless those agencies have the means to

communicate with them. For instance, a text telephone – sometimes referred to as a telecommunication device for the deaf (TDD) or a teletypewriter (TTY) – would be necessary to enable telephone contact, while an interpreter or assistive listening devices would be needed for in-person contact.

HOW CAN YOU HELP?

Educate yourself about various types of disabilities and work closely with a local Center for Independent Living or other agencies/organizations and disability advocacy centers listed within this guide. You may be surprised to learn about the different types of disabilities and the various groups and organizations in your community that are available to assist women with disabilities.

The information in this booklet is provided to help you offer effective responses to the service needs of women with disabilities who are victims of violence and to those women whose injuries may result in permanent disability.



NEW MEXICO ADULT PROTECTIVE SERVICES ACT

DID YOU KNOW?

The New Mexico legislature recognizes that many adults in the state are unable to manage their own affairs or protect themselves from exploitation, abuse or neglect. Often these adults cannot find anyone able or willing to provide assistance. The Adult Protective Services Act established a system of protective services designed to fill this need and to assure the availability of those services to all adults. Protection of adults seeks to achieve freedom, safety, least disruption of life style and least restrictive care alternatives.

Who is an adult in need of protection?

Under the Adult Protective Services Act an "incapacitated adult" means any adult who demonstrates over time, partial or complete functional impairment by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication or other causes to the extent that she is unable to manage her personal affairs or she is unable to manage her estate or financial affairs. It does not include a person who refuses services without other evidence of incapacity.

What constitutes “abuse,” “neglect,” or “exploitation?”

- Abuse means: (1) knowingly, intentionally or negligently and without justifiable cause inflicting physical pain, injury or mental anguish; or (2) the intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of an adult.
- Neglect means failure of the caretaker of an adult to provide basic needs such as clothing, food, shelter, supervision and care for the physical and mental health for that adult or failure by an adult to provide such basic needs for herself.

- Exploitation means an unjust or improper use of an adult's money or property for another person's profit or advantage.

How can Adult Protective Services help a woman?

Adult Protective Services (APS) investigates allegations of abuse, neglect and exploitation both in homes and in institutional settings. Staff will council and assess clients and caregivers needs to develop solutions. APS also serves adults who have mental or physical disabilities that render them unable to manage their own personal care or finances. Direct intervention may include emergency removal or guardianship.

HOW CAN YOU HELP?

Educate yourself about the details and provisions of the Adult Protective Services Act and get to know the staff of your local Adult Protective Services Office. Post the 24-hour, toll free number of central intake for reporting abuse, neglect or exploitation **(1-800-797-3260)** in your office and be sure your client has the number.



HEARING LOSS

WHAT IS HEARING LOSS?

A woman who cannot hear well, or at all, has hearing loss. The term “hearing loss” encompasses all ranges of hearing loss, from total deafness to mild loss that makes it difficult to understand speech without a hearing device. A woman may be born with a hearing loss or may have lost her hearing before or after she learned to speak. Many persons with hearing loss have some residual hearing even though it may not be sufficient to enable them to communicate with others. It is imperative that advocates understand that even a slight hearing loss can impair a person’s ability to receive information and understand what is being said.

Some women who have hearing loss may prefer to refer to themselves as hard-of-hearing, as having a hearing loss, or as being hearing impaired. We usually refer to a person as deaf when she cannot hear well enough to understand speech even when a hearing aid or other amplification is used. There are several methods of communication utilized by persons who are deaf, the most common include: American Sign Language, Signed English, and Oral Methods.

Many people who are deaf (and who may or may not use speech) use sign language as their primary mode of communication. Other individuals may be “oral,” choosing to communicate through speech and lip reading (speech reading). Some individuals use lip reading in familiar and/or informal settings but require other accommodations in unfamiliar settings, particularly when important issues are being discussed.

It is important to realize that lip reading provides only limited communication with a person who has hearing loss. Research indicates that even in ideal situations, the best lip readers understand only about one quarter

of what is said. Individuals who are not skilled in sign language or lip reading may prefer to communicate through writing or use a computer keyboard and monitor.

A woman who is hard of hearing may understand speech when using a hearing aid and/or other amplification device, though the degree of difficulty may vary from person to person. The tone of the speaker’s voice, background noise, accents, and familiarity with the subject matter and vocabulary can affect the ability to understand what is said. Also, some individuals who are deaf wear hearing aids to help them detect environmental sounds, such as sirens or horns; it cannot be assumed that all hearing aid users can hear the human voice.

Some women may also have tinnitus, a condition that causes the individual to “hear” sounds that cannot be heard by others, such as a ringing sound or the sound of the ocean. The cause of this condition is not always known. Stress can increase the tinnitus. Additionally, some women will have vertigo, or balance problems, associated with hearing loss. Vertigo is usually variable, and can be intensely debilitating. Both of these conditions can affect the ability to hear and concentrate.

How does hearing loss affect service provision?

It is difficult to imagine an interaction between a provider and a client being effective if the individuals involved cannot understand each other. Factors that could limit understanding include:

- A woman who is frightened or worried is under extreme stress. Many persons with hearing loss are effective communicators only when they make a significant effort to hear, speech read, or understand written

English. Stress can limit communication because it lessens the ability to concentrate on what is being said.

- Frustration and embarrassment about the need for further explanation and repetition may keep a woman who has hearing loss from fully presenting concerns and questions, and may limit the ability to understand what is being said. These women are often reluctant to admit that they do not understand.
- Hearing loss at a young age often affects a woman's ability to understand or use the English language. While persons who are deaf are often skilled sign language communicators and have no cognitive deficits, the complex vocabulary and structure of the English language can be difficult to master. For the sign language user, an interpreter skilled in American Sign Language is often necessary for effective communication with a person who speaks English.
- Service providers themselves are often uncomfortable in situations where communication is difficult and are often reluctant to speak to a person who has hearing loss, thereby unwittingly excluding the person from the communication process altogether. The provider and the client are equally impaired in their ability to understand each other and communicate effectively.

How can an advocate facilitate effective communication?

Effective communication allows individuals to exchange information at the same level of comprehension and completeness. Means to effective communication can vary, depending on the person and the situation. Providers are urged to take the following steps to ensure

effective communication access for women with hearing loss.

- Consult with the woman about her communication needs. This step should be taken whenever you become aware of a communication problem or in response to a specific request. Discuss the woman's concerns and preferences. There are a number of auxiliary aids and services that should be considered in determining how to provide communication access. An interpreter should be utilized for this discussion if the woman has requested one or if you are aware of some communication difficulty and know that the woman uses sign language and/or gestures as a primary communication mode.
- Communication adjustments may be appropriate when working with many women. For persons who prefer writing notes, care should be taken to ensure that the communication is as complete as it would have been orally. In some cases, facing the individual and speaking slowly and distinctly will be effective. At other times, an assistive listening device or an interpreter may be the most appropriate solution. At all times, be careful to ensure that real communication is occurring by asking open ended questions to verify understanding and encouraging the woman to ask questions freely.
- When communicating with a woman, it is important to realize that some people who are deaf or hard of hearing are well educated and know English, but do not read lips very well. Their speech may or may not be understandable. If they do not sign, note writing might be an acceptable means of communicating. If you have a computer terminal or laptop nearby, ask them if they would prefer to type. You

may be able to carry on your conversation by taking turns typing to each other.

- Focus on solutions, not problems in working with the woman to achieve effective communication. Try to stay relaxed and convey a sense of acceptance of the woman. Be patient with yourself and your client.

What are auxiliary aids and services?

The U.S. Department of Justice lists the following examples of auxiliary aids and services for persons with hearing loss:

- Qualified interpreters, note takers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening systems, assistive listening devices, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDD/TTYs) and videotext displays, or other methods of making aurally delivered materials available to individuals with hearing impairments. 28 C.F.R. 35.104; 28 C.F.R. 36.303 (b) (1).

This list is not all-inclusive; people with sensory disabilities use a wide variety of techniques to communicate, and new methods or equipment become available as technology advances. The most important thing to consider is what you and the woman need in order to communicate effectively in a particular situation.

Auxiliary aids and services beyond those necessary to ensure two-way communication may be necessary, depending on the context of the service. Visual fire and emergency alarms, TDD/TTYs, captioned televisions and videotapes, and visual room-to-room

communication devices should be considered. All of the settings and ways in which a woman would generally receive information should be considered when evaluating the communication access needs of a woman with a sensory disability; any or all of these may need to be altered in order to ensure effective communication.

It should be noted that some women may not be aware of the auxiliary aids that might be effective for them. A person who had a hearing loss in adulthood is often not involved in a hearing loss community in which such information is available. Some technology may be so new that many individuals are not aware of it. In some communities, a deaf service center, a center for independent living, a disability advocacy program, or the public library may be able to provide assistance in determining what aids and services are appropriate for an individual. You may call the New Mexico Commission for the Deaf and Hard of Hearing at 800-489-8536 TTY/voice, in-state toll free or 505-827-7584 TTY/voice for the resources in your area.

What is a qualified interpreter?

The Americans with Disabilities Act defines a qualified interpreter as one “who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary vocabulary.” Professionally certified or screened interpreters are ethically bound to interpret information as accurately as possible, without interjecting their own thoughts, feelings, and censorship as they interpret. Family members and friends are not considered qualified because of their emotional involvement and concerns about confidentiality.

How do we know the interpreter we use is qualified?

There are two national groups that work to ensure the provision of qualified interpreters, the Registry of Interpreters for the Deaf, Inc. (RID) and the National Association of the Deaf. For more information regarding qualified interpreters, you may contact the New Mexico Commission for Deaf and Hard of Hearing Persons.

Where can we get a qualified interpreter?

If you need to get a qualified interpreter you may call either of the following agencies toll free:

New Mexico Commission for Deaf and Hard of Hearing
1435 St. Francis Drive
Santa Fe, New Mexico 87505
800-489-8536 TTY/voice, in-state toll free
505-827-7584 TTY/voice
505-827-7584 fax
nmcdhha@doh.state.nm.us

or

Community Outreach Program for the Deaf
10601 Lomas N.E., Suite 112
Albuquerque, New Mexico 87112
800-229-4262 TTY/voice, in-state toll free
505-255-7636

Tips on effectively using an interpreter:

1. An interpreter's role is strictly as a communication tool, to facilitate communication with persons who have hearing loss. The interpreter serves as the woman's "ears." Interpreters should sign everything that is said and say everything that is signed while the woman is present, even side conversations not directed to the woman. Interpreters also typically let the person with the hearing loss know about

other environmental sounds, such as distracting events, sirens, etc. To ask an interpreter to begin interpreting is not necessary. Never ask the interpreter not to interpret something.

2. When you are using an interpreter, always talk directly to the woman using first person singular pronouns, not to the interpreter. For example, ask, "Do you have anything else you want to add?" rather than, "Does she have anything else she wants to add?"
3. Try to relax and communicate with the woman directly as though the interpreter was not present.
4. It may not always be possible for the woman who has hearing loss to maintain direct eye contact, as she will need to be watching as the interpreter signs, however, you should not watch the interpreter.
5. Visibility is very important. Position the interpreter so that the speaker and the interpreter are both visible to the woman. This allows her to pick up cues from the speaker such as body posture and facial expression, and still be able to read the interpreter's signs. Solid color backgrounds are helpful for platform interpreting. Sufficient lighting is also important.
6. Talk at a normal pace. The interpreter will ask you to slow down if he/she is having a problem.
7. It is normal for interpreters to lag a sentence or two behind the speaker, so the interpreter may still be signing after the speaker stops talking. This may cause the woman's response to a question to be somewhat delayed also. In order to allow individuals who have hearing loss to

participate fully in group situations, it helps to have people raise a hand before they speak so the woman can identify who is talking.

NOTE: American Sign Language (ASL) is a language in its own right, with its own grammar, syntax, and structure that includes the use of body language and facial expression. There are other sign systems that are manual codes for the English language. The interpreter should use the mode that is most comfortable for the woman who has hearing loss. It is important to realize that two different languages are being utilized and that it may be necessary to rephrase or repeat your point. Often there is no exact translation of a word from English to ASL.

8. The provider may want to verify that the interpreter is knowledgeable of and has a commitment to professional practices. The following portions of the Code of Ethics of the Registry of Interpreters for the Deaf, Inc., are ethical standards that apply in every setting:

Interpreters shall accept assignments using discretion with regard to skill, setting, and the consumers involved. Interpreters shall function in a manner appropriate to the situation. Interpreters shall render the message: faithfully, always conveying the content and the spirit of the speaker, using language most readily understood by the person(s) whom they serve. Interpreters shall not counsel, advise, or interject person opinions. The interpreter shall keep all assignment-related information strictly confidential. Interpreters shall request compensation for services in a professional and judicious manner.

Tips on effectively communicating with women who have hearing loss:

1. Before you speak, make sure you have the attention of the woman who has hearing loss. A wave, light touch on the shoulder or arm, or other visual or tactile signal is appropriate.
2. Ask the woman how she prefers to communicate (i.e., an interpreter, sign language, speech reading, note taking, etc.)
3. Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words. Short sentences are easier to understand than long ones.
4. Look directly at the woman. Most people who have hearing loss need to watch a person's face to help them understand what is being said. Do not turn your back or walk while speaking. Also, do not place obstacles in front of your face or objects in your mouth.
5. Avoid standing directly in front of a light source. The glare and shadows created on the face make it extremely difficult for a person who has hearing loss to lip read.
6. If you are having problems being understood, first repeat, then try to rephrase a thought rather than repeating the same words again. Do not be reluctant to communicate by pencil and paper if necessary. You can also use a computer keyboard to type messages back and forth.

How do we communicate over the telephone with persons with hearing loss?

Many individuals with hearing loss use specialized telephone equipment to

communicate by telephone. Women who have hearing loss usually use a TDD/TTY, a typewriter-like device that transmits typed communication to another TDD/TTY. People who use standard telephones can communicate with TDD/TTY users via New Mexico Relay Network. While the relay service is completely confidential, the U.S. Department of Justice has advised that service providers consider obtaining TDD/TTYs to allow direct communication when the information normally exchanged is considered extremely confidential and/or personal in nature.

A person who has hearing loss may be able to use an amplified telephone. If the woman is having difficulty understanding, the caller may need to speak slowly and patiently, and be willing to repeat what is said. Raising the voice is rarely effective, because most persons actually speak less clearly and in a higher pitch when yelling. If raising the voice seems to be the only option, care must be taken to speak slowly, clearly, and without raising the pitch.

How often will I encounter a deaf or hard of hearing woman?

Ten percent of any population has hearing loss to some degree, therefore the chances of encountering a deaf or hard of hearing victim of violence is one in ten. The smallest portion of this population are women who use American Sign Language as a primary means of communication, and their specialized needs have been discussed. It should be noted that the larger portion of the population are older adults who do not use American Sign Language to communicate. For these women there is a variety of assistive equipment available from electronic units that focus and amplify the human voice to voice recognition software that will allow a lap top to act as a captioning device by displaying spoken words in text format.

For assistance identifying and/or satisfying the communication needs of a particular woman, you can contact the New Mexico Commission for Deaf and Hard of Hearing Persons.

New Mexico Relay Network

The New Mexico Relay Network offers a free telecommunication relay service that links deaf, hard of hearing, speech disabled and hearing people via the telephone through Relay New Mexico.

The Relay is available 24 hours a day and all calls are strictly confidential. There is no charge to use the relay service. Spanish translation is also available.

To place a Relay call dial:

1-800-659-1779 Voice
1-800-659-8331 TTY

The New Mexico Relay Network enables individuals using a standard telephone to communicate with an individual who uses a Telecommunication Device for the Deaf (TDD/TTY) by using a specially trained operator (a Communications Assistant) as a go-between. This service also allows a person with a TTY to contact someone with a standard telephone.

Calls made through the relay network are confidential. Communication Assistants (CAs) are not allowed to disclose any information obtained during the course of their duties. CAs relay entire conversations, leaving nothing out.

When calling the New Mexico Relay Network for the first time or if you rarely use it, feel free to ask questions of the CA before the call is placed.

The CA will connect the call and will read to you everything that is typed by the TDD/TTY user and will type everything you say. You should speak to the person being called, not the CA (say “How are things going?” Do not say “Ask her how things are going.”) Be aware that typing is much slower than speaking. You may need to pause frequently to allow the CA to keep up with you, and you may be asked to spell or verify numbers, names, and other words. Some TDD/TTY users will use their own voice to speak to you but will depend on the CA to type what you are saying.

TDD/TTY protocol is much the same as two-way radio. Only one person’s words can flow across the lines at a time. Therefore, when you have finished what you are saying and want to let the other person know it is her turn to speak, say “Go Ahead,” and she will proceed.

For assistance/consultation in working with persons who are deaf and hard of hearing, you may contact:

New Mexico Commission for Deaf and
Hard of Hearing Persons
1435 St. Francis Drive
Santa Fe, New Mexico 87505
800-489-8536 TTY/voice, in-state toll free
505-827-7584 TTY/voice
505-827-7584 fax

Community Outreach Program for the Deaf
10601 Lomas N.E., Suite 112
Albuquerque, New Mexico 87112
800-229-4262 TTY/voice, in-state toll free
505-255-7636

Independent Living Resource Center
4401 Lomas Blvd. N.E.
Albuquerque, New Mexico 87110
800-260-5022 TTY/voice
505-266-5022 TTY/voice
505-266-5150 fax

C.H.O.I.C.E.S, Independent Living Resource
Center
400 Pennsylvania Avenue North
Roswell, New Mexico 88201
800-387-4572
505-627-6727
505-627-5754 fax



VISION LOSS

What does it mean to be Blind or Legally Blind?

A person who has partial or total vision loss that, even when supplemented with corrective lenses, requires alternative aids or services is considered to have vision loss. The legal definition is 20/200 in the better eye, with best correction, or a field loss of 20 degrees or less. Only a small percentage of people who meet the legal definition are totally blind. A woman who is blind or has vision loss needs to be asked what assistance she may need before it is assumed what assistance she needs.

The issue of mobility is a major concern to women who have vision loss. The blind individual may need specific information as to the location of the facility. Be specific in providing cardinal directions, such as on the north east corner. Let the individual know the closest light and land mark.

An individual who is blind or visually impaired may use a cane, a guide dog, or a sighted guide. It is important to recognize the necessity of these aids to the woman. It is always helpful to orient a person who is blind with the physical surroundings. If the individual is using a long white cane, or a dog guide, have the individual follow you, and provide verbal instructions. If the individual wishes to follow, using the guide as a sighted guide, the blind individual will hold on to the guides arm just above the elbow, and will walk at least one or two steps behind the sighted guide.

Written material may need to be provided in alternate formats, such as large print, computer disks, Braille, or taped materials. When providing written information to a blind or visually impaired woman, ask her what type of printed materials she prefers. Also, a

reader may be used when forms, applications, or statements are to be signed. Information regarding accessible formats may be obtained by calling the New Mexico Commission for the Blind at: 1-888-513-7958.

Tips on how to assist a blind or visually impaired person:

1. Approach the individual as you would anyone else. When you offer assistance, do so directly – simply ask, “May I be of help?”
2. When speaking to a person with a visual impairment, use a normal tone and pace in your speech patterns; it is not necessary to speak louder. Do not stop talking when the woman is approaching you because she relies on the sound of your voice for direction.
3. Speak directly to the woman who is blind or has vision loss, not to a third party who may accompany her.
4. In guiding a person who is blind or has vision loss, first ask the individual if they would like to take your arm. A helpful way is to offer your arm and say, "Here's my left arm". The person knows then to take your arm and will respond to your motion. If the individual is using a long white cane, or dog guide, provide the individual verbal directions to follow.
5. In leading a person who is visually impaired to a chair, guide her hand to the back of the chair; do not try to help the person sit down. Touch will tell her the type, width and height of the chair.
6. It is not necessary to avoid words that refer to sight such as "see," "look," or "blind" when speaking to a person

with vision loss, as people who are blind use these words, too.

7. When giving directions to a woman who is blind, be as clear and specific as possible. You can use descriptions that contain numbers of feet or yards; or use the number of steps for a distance measure. If you are unsure of just how to direct her, say something like, "I would be happy to give you directions; how should I describe things?"

What is deaf-blindness?

Deaf-blindness is a dual sensory impairment: a visual loss severe enough to fit the legal definition of blindness and a hearing loss severe enough to be called deafness. It is a simple definition, but women who are deaf-blind cannot be so easily categorized when it comes to their abilities. Most women who are deaf-blind are not totally deaf or totally blind. Some have usable hearing and/or vision.

Women who are deaf-blind rely on many aids and devices to enhance their residual sensory abilities. Available to them are vibrating devices that warn of door bells, clock alarms, telephone calls, and fire alarms. Machines can relay Braille over the phone on a modified TDD/TTY machine, called a Tele-Braille machine. Also useful as aids are devices adapted to people who are blind, including tactile devices specially made for use with persons with dual sensory challenges.

Communication with a woman with dual sensory impairment depends on the degree of hearing and vision loss. Use all the suggestions mentioned above on hearing and visual challenges. The person who is deaf-blind has unique and very challenging communication needs. Use every possible means to communicate.

If you are working with a woman with deaf-blindness, be prepared to provide services appropriate to her needs. Always consult with her regarding needs, concerns and preferences, as she knows her situation best and can assist you in acquiring appropriate services.

The New Mexico Commission for the Blind, local independent living centers, or the Commission on Deaf and Hard of Hearing Persons may also be of assistance in evaluating and meeting the needs of a woman with deaf-blindness.

New Mexico Commission for the Blind

Voice 1-888-513-7958
www.state.nm.us/cftb/

The Commission provides services in a variety of areas, including vocational rehabilitation; independent living skills training, both in a home and residential setting (Alamogordo orientation center); employment development; vending; emergency medical eye care; and Newsline newspaper reading service. Commission services are free of charge. Contact the commission office nearest you for additional information:

Alamogordo Orientation Center
505-437-0401 / toll-free 888-513-7967

Albuquerque Office
505-841-8844 / toll-free 888-513-7958

Farmington Office
505-327-7789 / toll-free 888-513-7964

Las Cruces Office
505-524-6450 / toll-free 888-513-7960

Las Vegas Office
505-425-0680 / toll-free 888-513-7963

Roswell Office 505-624-6140
toll-free 888-513-7961

Santa Fe Office 505-827-4479
toll-free 888-513-7968



MOBILITY CHALLENGES

What are mobility challenges?

Women who experience functional limitations that affect one or more of their limbs have a mobility challenge. This includes those women who have a limited use of their arms; women who use a wheelchair or crutches; women of extremely short stature; women who cannot perform certain hand movements or have difficulty controlling movement; and women with breathing difficulties or stamina limitations. Women who have a visual impairment are also considered to be mobility challenged.

Women who have mobility challenges may have difficulty opening doors, manually manipulating objects, and moving about without the use of special equipment or devices. Architectural barriers are a cause of great concern as too often doorways are not large enough to accommodate wheelchairs, restrooms are inaccessible, sidewalks have curbs, and not enough parking spaces are available to accommodate their vehicles or provide safe access. These are just a few of the barriers that persons with mobility challenges face on a daily basis.

Anyone could become mobility challenged at any time. Mobility challenges generally are the result of congenital defects, diseases, accidents, military combat, or violent crime that can result in numerous physical conditions.

Tips on effective service delivery to women who are mobility challenged:

1. Do not assume that a woman who is mobility challenged needs your assistance without first asking. An individual who uses a wheelchair, a walker, or braces will not usually require your help in entering, exiting, or moving about a room.

2. Provide mobility assistance only if your help is requested.
3. Remember that a woman's wheelchair is a part of her body space and respect it as such. Be careful not to stand too close to a woman's wheelchair, as this could block her movement with the chair if she wants or needs to move about the room.
4. Be aware that one of the primary concerns of women who have a mobility challenge will be accessibility to buildings and facilities. Arrange for transportation to and from your office, if needed. Ask the necessary questions regarding the woman's travel needs so you can arrange for the proper transportation prior to the time it will be required.
5. Know the location of wheelchair ramps, accessible restrooms, and elevators so you can direct the woman to these facilities if necessary.

Resource Information

The Ability Center
424 N. Downtown Mall, Suite 100
Las Cruces, NM 88001
505-526-5016

CHOICES
400 North Pennsylvania, Suite 425
Roswell, NM 88201
505-627-6727

New Vistas
1205 Parkway Drive
Santa Fe, NM 87505
505-471-1001

San Juan Center for Independence
504 North Main
Aztec, NM 87410
505-334-5802

Independent Living Resource Center
4401 Lomas Blvd. NE, Suite B
Albuquerque, NM
505-266-5022



DEVELOPMENTAL DISABILITIES

What is a Developmental Disability?

A person you assist may have a Developmental Disability. Developmental Disabilities are physical or mental challenges that begin before age 22, and alter or substantially inhibit a person's capacity to do at least three of the following:

1. Take care of themselves (dress, bathe, eat, and other daily tasks)
2. Speak and be understood clearly
3. Learn
4. Walk/ Move around
5. Make decisions
6. Live on their own
7. Earn and manage an income

This severe chronic disability may be attributable to a mental or physical challenge, including the result of trauma to the brain, or a combination of mental and physical challenges and is likely to continue indefinitely.

What is an Intellectual Disability?

One type of developmental disability that a person can be diagnosed with is an intellectual or cognitive disability. The older term for an intellectual or cognitive disability that self-advocates (people with disabilities advocating for themselves) are working to change is “mental retardation”. “[It] is not something you have, like blue eyes, or a bad heart. Nor is it something you are, like short, or thin. It is not a medical disorder, nor a mental disorder. [It] is a particular state of functioning that begins in childhood and is characterized by limitation in both intelligence and adaptive skills. [It] reflects the ‘fit’ between the capabilities of individuals and the structure and expectations of their environment.

[It] is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

Five Assumptions Essential to the Application of the Definition:

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioral factors.
3. Within an individual, limitations often coexist with strengths.
4. An important purpose of describing limitations is to develop a profile of needed supports.
5. With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation generally will improve.

Tips on Communicating with People who have an Intellectual Disability

1. Treat a person with an intellectual disability as a person, first – a person with likes, dislikes, and capabilities just like everyone else.
2. Make sure the perpetrator has been identified and removed. Especially since the perpetrator may be someone close to the person you are assisting, you must determine who hurt her and remove that person. Make it clear that she is now safe and how she will be safe in the future.

3. Be calm. If the person senses you are peaceful and calm, it will help her to relax.
4. Identify and treat the person's injuries. It may be hard for the person to verbally communicate what hurts, where.
5. Minimize distracters in the environment. A person may be more sensitive than is typical to her environment. Some lights, noises, smells, movements, and/or textures may disturb a person and make her feel uncomfortable.
6. Learn how the person typically communicates. Family, friends, and support staff may be good sources of information. A person may use a communication device such as a computer or a speech synthesizer – if so, you will need to be sure that device is hooked up and working the way the person needs it to work. Pay attention to what the person's non-verbal behavior is communicating. The person may communicate with grunts, nods and gestures (including sign language) that have specific meanings – if so, you will need to learn those specific meanings so you do not make false assumptions. The person may have photos or pictures that she points to or objects that she uses for communication – if so, she will need those photos, pictures and/or objects and you will need to know how to reference them. A person might prefer that a trusted friend or family member assist communication.
7. Don't pretend to understand the person if you do not. Keep paying attention to all the types of communication you have learned, get help if you need it, until you "get" what the person means.
8. Forecast what is going to happen and when it will end. This helps a person who thinks concretely and may not be able to tell time and/or read cues well. If a person likes to communicate with pictures, create a "visual schedule" with pictures that predict what will happen, when. Arc New Mexico suggests using aids such as an anatomically correct doll to prepare a person for an exam and predict what will happen next.
9. If the person cannot tell time, tie "what happened, when" to typical events in her life such as a daytime TV program, or a bus passing rather than the hour.
10. Recognize that the person you are assisting may have been taught to be compliant. This means the person may try to read your wishes (as a person in authority) and to please you rather than giving her own feelings. Be careful not to "lead" a person to answer a certain way by your own body language. A person might just start nodding "yes" to questions you ask to please you – open-ended questions give more meaningful information.
11. Probe frequently for understanding. Instead of asking, "Do you understand?" and then moving on when the person nods, "yes", ask the person to tell you what they understood you to say. Repeat what you heard the person say back to them and ask if you got it right.
12. Talk slowly and give the person plenty of time to respond. The person may have cognitive processing, speech or other issues that mean it takes more time for her to respond.
13. Make your language simple and concrete. Avoid big words and "alphabet soup" or jargon.

14. Identify any special medical issues. The person may be able to tell you these, herself. If the person is served in New Mexico through the Adult Developmental Disabilities Waiver, her support staff should know about any special medical instructions or precautions. For example, the person may be on medications, have medical conditions, have allergies, be afraid of shots or prefer a female physician.
15. Communicate the benefits and risks of any action you encourage the person to take, in a way she can understand. It important that the person know what is in it for her to proceed with getting a medical exam, reporting the crime, or taking any other action so that she can make an informed choice.
16. Interpret any forms in simple language to be sure the person understands before signing. Also, be sure the person has the legal right to sign. Some people with intellectual disabilities have legal guardians who must be informed and sign forms.
17. Inform others who will come in contact with the person about how best to communicate with this person and advocate for this to happen. Also advocate reducing the number of times the person has to be asked the same questions.
18. Use visual and other techniques to help the person to understand any meetings. For example, adapt a technique called “mapping” where pictures and words are used to map out what is happening so that non-readers can understand.

Resource Information

Administration on Developmental Disabilities, US Department of Health and Human Services at:

<http://www.acf.dhhs.gov/programs/add/>

Source for legal definition of developmental disabilities – has other useful web links.

Arc New Mexico at: (800) 358-6493 – includes the Justice Advocacy and Training Program, a project that provides advocacy services statewide to adults and juveniles with developmental disabilities who are detained by the police or who are accused or convicted of crimes. This project has useful brochures with tips for assisting people with developmental disabilities.

Association of University Centers on Disabilities & The Wyoming Institute for Disabilities (2002).

Victims of crime with disabilities: A training & technical assistance resource guide at: <http://wind.uwyo.edu/resourceguide/> A comprehensive resource listing.

Austin Safeplace at: <http://www.austin-safeplace.org/programs/disability/resourcelist.htm> lists resources related to people with disabilities.

Center for Development and Disability, Health Sciences Center at the University of New Mexico:

Community Support Alliance at:

<http://cdd.unm.edu/csa/8.02Disabilityres.htm>

- a comprehensive listing of useful web links related to disabilities.

The Information Center for New Mexicans with Disabilities at: 1(800) 552-8195 –

provides resources for people with developmental disabilities, including resources related to abuse and neglect.

LINC, Library and Information NETwork for the Community at the Center for Development and Disability, at: 1(800) 827-6380. A library of resources about developmental disabilities, including sexuality and abuse. Can also assist with information searches.

New Mexico Department of Health Long Term Services Division at: 1[877] 696-1472) <http://www.health.state.nm.us/ltsd/adds.html> - oversees services to adults with developmental disabilities through the Adult Developmental Disabilities Waiver and other funding sources.

Protection and Advocacy at: 1(800)432-4682. Has information about guardianship and other types of advocacy.



MENTAL ILLNESS

What is Mental Illness?

Mental illness is impairment of the emotional processes that have conscious control of a person's actions or of the person's ability to perceive and understand reality. Mental illness impairment may substantially interfere with a person's ability to meet the ordinary demands of daily living. These conditions should not be confused with a developmental disability. There are various types of degrees of mental illness resulting in different degrees of impairment.

The Americans with Disabilities Act covers individuals with psychiatric, as well as physical disabilities. Persons with psychiatric diagnoses such as major depression, bipolar disorder (formerly called manic-depressive disorder), and schizophrenia fall under the protection of the law when their condition "substantially limits one or more major life activities." Other psychiatric conditions such as anxiety, personality, or dissociative disorders may be present as well. Traumatic events may exacerbate the symptoms of an existing mental illness or result in one such as post-traumatic stress disorder. In psychiatric disorders, the impairment is the loss of psychological function—in other words, the way someone thinks, feels, and behaves, and the control of these functions.

Women with psychiatric disabilities may have symptoms that include emotional disturbances, disordered thinking, or perceptual difficulties. They may also experience difficulty in maintaining concentration over time, screening out external stimuli, maintaining stamina throughout the day, managing their time, initiating and maintaining interpersonal contact, and attempting to focus on multiple tasks simultaneously.

Mental illness may develop at any age, from early childhood through adulthood. Psychiatric disabilities are often not apparent; therefore, it may not be possible to know if a woman has such a disability unless she chooses to disclose the information.

A person with a mental illness may be treated with one or more types of psychotropic medications. Under the ADA, persons with mental illness are protected against discrimination. A shelter or program cannot deny any disabled person, regardless of the type of disability, access to medication or other supports that enable them to function. The entity is required to modify any policy against medications to avoid discriminating against a client with a disability.

Tips on effectively communicating with women who have mental illness:

1. Realize that the woman may be reluctant to disclose the fact that she has a psychological disability due to the severe stigma associated with mental illness.
2. Maintain a supportive, open-minded attitude. Your client will need to feel safe in order to work with you. Due to her mental illness, she may have a history of being ignored or not believed.
3. Arrange meetings with the woman in such a way as to minimize noise and visual distractions. Remember that persons with mental illness often find it hard to concentrate.
4. Be flexible with scheduling and allow frequent breaks.
5. Allow the woman to have supportive persons (friends, family, or professionals) with them if it helps them to feel more comfortable.

Resource Information

Department of Health
Behavioral Health Services Division
505-827-2601
Online directory of mental health service
providers across the state
www.health.state.nm.us, Click on Treatment
Directory

NAMI New Mexico
P.O. Box 3086
6001 Marble NE, Suite 8
Albuquerque, NM 87190-3086
505-260-0154
1-800-953-6745



HIV/AIDS

What is HIV/AIDS?

Acquired Immunodeficiency Syndrome (AIDS) is a complex disease caused by the Human Immunodeficiency Virus (HIV). The disease is characterized by severe damage to the body's natural immune system. When the immune system is damaged, the body becomes more susceptible to infectious diseases. This is known as being HIV positive (HIV+). Once the situation becomes life-threatening as a result of a specific group of what are called "opportunistic infections," a person is then diagnosed as having AIDS. AIDS is the result of a weakened immune system caused by HIV infection.

HIV is spread by sharing infected blood or other body fluids with an HIV infected person. It is transmitted through blood to blood contact, for instance by receiving an infected blood transfusion, or the sharing of a hypodermic needle with infected blood in it. HIV can also be transmitted through unprotected sexual intercourse with an HIV+ person and may also be passed from HIV positive women to their babies before or during birth.

HIV is not transmitted by external contact with HIV+ persons or by sharing the use of common items such as telephones, toilet seats, or eating utensils. It is not transmitted by eating food prepared by a person who is HIV+, or by sweat, tears, or simple kissing.

Once the virus enters the bloodstream, it begins attacking white blood cells, also called T-cells. When T-cells are healthy, they alert other white blood cells to the presence of foreign organisms so the white cells can attack and destroy the foreign organisms.

When the T-cells are damaged by the virus, the body cannot recognize and attack the

foreign organisms, giving the diseases the opportunity to spread.

Most people who are currently HIV+ do not yet show any symptoms of infection. It is important to realize that most persons do not experience any symptoms of HIV until they have been infected for 7-10 years. Only half the people infected by HIV will have symptoms of any kind within the first 10 years of being infected. When symptoms do develop; they are characterized by persistent fatigue, unexplained fevers, recurring night sweats, prolonged enlargement of the lymph nodes; and weight loss. Since there are no distinct symptoms for HIV, the only way for a person to know if he/she is infected is to take the HIV antibody test.

With the advent of the AIDS epidemic, being a victim of sexual assault has taken on additional horror. Sexual assault survivors fear for their lives not only during the assault, but also afterwards as they face the possibility of having been exposed to a life-threatening virus if the attacker is the HIV positive.

In order to discuss HIV/AIDS with a sexual assault survivor, it is important for providers to have a basic understanding of HIV/AIDS and the antibody test. It is recommended that service providers be trained by professionals well versed on the subject in order to develop the skills necessary to address the normal spectrum of issues confronting women who may have been exposed to AIDS.

Tips on effective service delivery to women who may have been exposed to HIV/AIDS:

1. Understand that you personally have nothing to fear in helping a person who may be HIV+ or have AIDS. The only danger is if you come into contact with body fluids in such a way that they can get into your bloodstream.

2. Post-Exposure Prophylaxis or disease prevention may be possible for some women depending on when they were exposed. Post-exposure prophylaxis (or PEP) means taking antiviral medications as soon as possible after exposure to HIV, so that the exposure will not result in HIV infection. These medications are only available with a prescription.
3. When working with a woman who is concerned about being HIV infected, discuss what it would be like to get tested. Be aware that in some areas a no-needle test is available for those who are averse to the test for this reason. Let her talk about a “worst case scenario” regarding testing with you. Often times bringing these fears out into the open may give her the courage to make the decision to be tested.
4. Do not tell a woman that she should be tested. Instead allow her the opportunity to make her own decisions. By being supportive, you help her regain a sense of control over her life.
5. Remember, NEVER blame the woman, even when you do not agree with the person’s choices. Give her as many opportunities as possible to make positive choices in order to help her gain a sense of balance and control in the situation.
6. Be aware that a woman who is HIV positive or has AIDS may be more susceptible to catching any illness you may have due to the person’s weakened immune system.
7. If you are working with a woman who is already HIV+ and has also been a victim of a crime, realize that being both HIV positive and a crime victim may increase

the feeling of life being out of control. Offer as much support and compassion as possible.

Resource Information

New Mexico AIDS Services

1-888-882-2437

www.nmas.net

NMAS enhances the quality of life for people and communities affected by HIV & AIDS through innovative and comprehensive services, support and prevention education.

New Mexico AIDS InfoNet

www.aidsinonet.org

The New Mexico AIDS InfoNet is a project of the New Mexico AIDS Training Center at the University of New Mexico School of Medicine. The InfoNet was designed to make information on HIV/AIDS services and treatments easily accessible for residents of New Mexico.



MULTIPLE CHEMICAL SENSITIVITY

What is Multiple Chemical Sensitivity?

Multiple Chemical Sensitivity (MCS) is a medical condition characterized by debilitating chemical sensitivities. People who are chemically sensitive are made sick by exposures to chemicals found in many common products such as pesticides, perfumes, tobacco smoke, new carpets, air “fresheners,” new paint and building materials, and many cleaning and laundry products. Most of these chemicals will make everyone sick at high levels, but for chemically sensitive people exposures to even small amounts of these substances can cause symptoms. Some chemically sensitive people are only mildly affected while others have the more severe form of the illness called MCS.

Who gets MCS?

MCS is a serious and growing public health problem that affects people of all ages, races, and economic backgrounds. A 1997 survey conducted by the New Mexico Department of Health found that 16% of the state’s respondents reported being unusually sensitive to everyday chemicals, like household cleaning products, paints, perfumes and insect sprays, and 2% reported they had been diagnosed with MCS.

What are the symptoms of MCS?

Symptoms experienced by people with MCS range from mild to life-threatening and include headache, nausea, diarrhea, fatigue, muscle and joint pain, dizziness, difficulty breathing, irregular heart beat, and seizures. MCS symptoms in children include red cheeks and ears, dark circles under the eyes, hyperactivity and behavior or learning problems. After an exposure, symptoms may occur immediately or be delayed for up to a few days. Reactions may last from a few seconds to weeks or months. People with

MCS often react to a variety of foods, drugs, molds, and pollen as well as chemicals.

MCS is recognized as a potentially disabling condition by the Social Security Administration and the U.S. Department of Housing and Urban Development (HUD). It is covered under the Americans with Disabilities Act on a case-by-case basis. This means that employers, schools, hospitals, stores, hotels, and other public places must provide reasonable accommodations to people with MCS who qualify as having a disability under the ADA.

Tips on serving women with chemical sensitivity:

1. Schedule options so that people affected can work when fewer people are present, when ventilation is working at its peak, or where the surroundings are least problematic.
2. Conduct meetings and interviews in a room that has a window that opens and is well ventilated.
3. Refrain from wearing perfumes or other products that contain fragrances and request the same from anyone who will be meeting with the client.
4. Be willing to hold meetings over the phone if this is what the client requests to avoid contact with triggering substances.
5. Remember to simply ask your client, what works best for her and her particular needs.

RESOURCE INFORMATION

Multiple Chemical Sensitivities Task Force
of New Mexico
P.O. Box 23079
Santa Fe, NM 87502
505-983-9208 or 505-466-3622

New Mexico Department of Health
Public Health Division
505-827-2389

New Mexico Environment Department
1-800-219-6157 or 505-827-2855

New Mexico Governor's Committee on
Concerns of the Handicapped
Toll-free 1-877-696-1470 or
505-827-6465

Chemical Injury Information Network
406-547-2255
<http://ciin.org>



VICTIM ADVOCATES

TIPS FOR VICTIM ADVOCATES

1. Be prepared to provide services appropriate to the needs of a woman who has a disability. Always consult with her regarding her needs, concerns and preferences. She knows her particular situation best and can assist you in acquiring appropriate services.
2. Determine whether your office has an ADA Coordinator and, if so, discuss in advance any accommodations that should be made for women with special needs. If a woman is blind and is scheduled to attend court, offer to provide or facilitate transportation. If she is hearing impaired and must be interviewed by an investigator, obtain an appropriately certified interpreter. If a woman uses a wheelchair and needs emergency housing assistance, make sure the accommodations are accessible.
3. Inform all players in the criminal justice system that you are working with a woman with special needs so appropriate accommodations can be made ahead of time. Investigators, attorneys, judges and all victim service providers need to be aware of a woman's special needs in order to ensure equal access to information and services.
4. Be prepared to provide written materials in accessible formats – for example, transcripts in Braille, large print, or audio tape, or through alternate formats such as videotapes or a sign language interpreter.
5. Notify the woman of the availability of alternative formats and request her preference. Primary consideration should be given to the format preferred by the individual. If you have questions or need information regarding accessible formats.

6. call the New Mexico Commission for the Blind at 1-888-513-7958.
7. Be aware of your own biases regarding individuals with disabilities. Remember that a woman with special needs has the right to the same services as a woman who does not have a disability. Do not discriminate against women who have disabilities by prohibiting them from receiving services they are entitled to by law.
8. Prepare for potential obstacles and anticipate solutions!

Tips on how to speak and write about people with disabilities

When writing or speaking about people with disabilities, it is important to put the person first. Catch-all phrases such as “the blind,” “the deaf,” or “the disabled” do not reflect the individuality, equality or dignity of a woman with a disability. The following are some recommendations for use when speaking or writing:

1. Focus on the individual, not on her disability, which is only one facet of this woman. Try always to keep the woman's disability in proper perspective without unduly exaggerating its importance. This woman is here to see you about the violent act(s) that occurred against her not her disability.
2. Portray successful people with disabilities as successful people, not as superhuman. Overstating the achievements of people with disabilities inadvertently suggests that they are exceptions and most others with disabilities are not competent or are incapable of outstanding achievements in their own fields.

3. When writing or speaking about people with disabilities, consider the broader implications of how a large and growing segment of the U.S. population is affected by quality of life issues such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.
4. Be accurate in describing disabilities. For example, people who had polio and experience after-effects years later have a post polio disability. They do not have a disease. Similarly, people with disabilities should not be referred to as “patients” or “cases” unless the relationship with their doctor is the subject.
5. Emphasize abilities, not limitations. For example, say “wheelchair user” or “walks with crutches” rather than “confined to a wheelchair,” “is wheelchair bound,” or “is crippled.” Similarly, avoid use of inappropriate emotional descriptors such as “unfortunate” or “pitiful.”
6. Remember that the origin of the work “handicap” is the cap-in-hand beggar. Do not describe a person with a disability as handicapped.

This page has been modified from information from the Florida Attorney General’s Office and the President’s Committee on Employment of People with Disabilities and Guidelines to Reporting and Writing About People With Disabilities (copyrighted third edition, 1990 produced by the Research and Training Center at the University of Kansas in consultation with more than 100 disability organizations).



SERVICE ANIMALS

What are service animals and what is the law regarding them?

The ADA defines a service animal as *any* guide dog, signal dog, or other animal that has been individually trained to provide assistance to a person who has a disability. If the animal meets this definition, it is considered a service animal whether or not it has been licensed or certified by state or local government.

Service animals perform some of the functions and tasks that the person with a disability cannot perform for herself. For instance, a “guide dog” is a service animal that assists persons with visual loss or blindness, to be independently mobile. Other service animals assist persons with other kinds of disabilities in their daily activities, such as: alerting persons with hearing loss to sounds; pulling wheelchairs or carrying, reaching for, and picking up things for persons with mobility challenges; alerting an individual regarding the onset of a seizure and assisting persons with mobility challenges with balance.

It is important to realize that a service animal is *not* a pet. It is an auxiliary aid for a person who has a disability. Often a service animal will be identifiable by special clothing or harnesses, and some animals are licensed or certified and have identification papers. But this is not always the case, and a business cannot require documentation before permitting a service animal to accompany the person with a disability onto business premises in businesses that serve the public.



RESOURCES

State Agencies and Organizations

New Mexico Department of Health Office of Disability and Health

505- 827-2423 or 505-827-2976

Implements and evaluates proven health promotion interventions with people with disabilities throughout the state. Primary purpose is to prevent secondary health conditions from developing and assisting individuals in staying healthy. Also gathers, analyzes and disseminates state-based disability data.

Information Center for New Mexicans with Disabilities Voice/TTY 1-800-552-8195

The Information Center is a toll free line offering information and referral regarding local agencies throughout New Mexico that provide assistance to persons with disabilities.

Governor's Committee on Concerns of the Handicapped

Voice 505-827-6465

TTY 505-827-6329

Advocacy, employment, ADA issues

Protection and Advocacy

Voice 1-800-432-4682

www.protectionandadvocacy.com.

A federally mandated program in each state which provides protection of the rights of persons with disabilities through legally based advocacy. Protection and Advocacy also administers the Client Assistance Program (CAP) which seeks to identify, explain, and resolve problems a consumer might be having with her rehabilitation program.

New Mexico Crime Victims Reparation Commission

505-841-9435

Provides financial assistance to violent crime victims. A quarterly newspaper is distributed

to persons who work with violent crimes. Training and outreach services are provided for New Mexico. In addition to financial assistance for individual victims, CVRC also administers federal flow-through funding from the United States Department of Justice, Office for Victims of Crime (OVC). This funding is sub-granted to private non-profit and governmental programs throughout the State of New Mexico to improve and expand services to victims of crime. The two types of federal funding include the Victims of Crime Act (VOCA) grants and the Stop Violence Against Women Act (VAWA) grants.

New Mexico Relay System Voice to TTY 1-800-659-1779 TTY to Voice 1-800-659-8831

A free telecommunication network that links deaf, hard of hearing, speech disabled and hearing people via the telephone. The service is available 24 hours a day and is completely confidential.

New Mexico Developmental Disabilities Planning Council 505-827-7590

It is a statewide planning and advocacy body for persons with developmental disabilities. The council is comprised of individuals with developmental disabilities or their parents and guardians along with key state officials.

Department of Health Behavioral Health Services Division 505-827-2601

Online directory of mental health service providers across the state

www.health.state.nm.us, click on Treatment Directory.

National Agencies and Organizations

Americans with Disabilities Act Information Line

1-800-514-0301 (voice)

1-800-514-0383 (TDD/TTY)

www.usdoj.gov/crt/ada/

Department of Justice's toll free information line, which answers questions and offers free publications about the Americans with Disabilities Act.

Telecommunications for the Deaf

Voice 301-589-3786

TDD/TTY 301-589-3006

Offers materials to assist managers and operators of "911" and other emergency response centers in being prepared to respond to calls from people who use TDDs.

American Council of the Blind

1-800-424-8666

www.acb.org

Provides advocacy and information regarding accommodations for people who are blind, deaf-blind, or visually impaired.

National Federation of the Blind: National Center for the Blind

410-659-9314

www.nfb.org

Provides public education about blindness; information and referral services; scholarships; literature and publications about blindness; aids and appliances and other adaptive equipment for persons who are blind; advocacy services and protection of civil rights; job opportunities for persons who are blind; development and evaluation of technology; and support for persons who are blind and their families.

American Association of the Deaf-Blind (AADB)

Voice 1-800-735-4402

TTY 301-495-4402

A national consumer advocacy organization for people who have combined hearing and vision loss. AADB is open to all persons who are deaf-blind and individuals directly concerned with their well being, including spouses, children, friends, and health care professionals.

National Alliance for the Mentally Ill

Voice 1-800-950-6264

TTD/TTY 703-516-7991

Provides support and advocacy for individuals affected by serious mental illness.

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