

# MODEL PROTOCOL ON SAFETY PLANNING FOR DOMESTIC VIOLENCE VICTIMS WITH DISABILITIES

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Domestic Violence

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# Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities

The goal of this protocol and recommended policies is to support domestic violence agencies: to increase their safety planning services to people with disabilities and advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers. This protocol builds on the existing safety planning knowledge of domestic violence programs. Basic safety planning strategies will not be reviewed in this document.

Domestic violence agencies can use this document to examine their current safety planning practices and institute new practices that address the safety issues of victims with disabilities. Review the following protocol and your agency's current practices to devise a plan for improving your agency's safety planning services, perhaps by adding the sample safety planning questions (see Appendix) to your agency's routine safety planning activities.

One of five women is limited in a major life activity by a disability, and one in ten have a serious disability, according to the U. S. Census.<sup>1</sup> Although conflicting information exists, current research<sup>2</sup> leads us to believe that the incidence rate of domestic violence against women with disabilities is about the same as any other group of women, yet victims with disabilities are more likely to stay longer in an abusive situation and have fewer options for safety due to systemic and physical barriers in the community.

The Americans with Disabilities Act was passed only a little more than ten years ago, and many adults with disabilities have had a lifetime of negative encounters with social service and criminal justice systems. As a result of prior ineffective remedies and harmful consequences, victims may be hesitant to use systems and resources as a part of safety planning. Victims may have a fear of becoming institutionalized in a nursing home or rehabilitation center, or other loss of self-autonomy, if abuse is disclosed to system representatives.

This protocol seeks to strengthen domestic violence advocates' skills in identifying barriers to safety for victims with disabilities and build skills in developing creative solutions to safety planning. Victims with disabilities face

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<sup>1</sup> *Americans with Disabilities: 1997*, by Jack McNeil, U.S. Census Bureau, Current Population Reports P70-73, Washington, D.C., March 2001 (revised August 2002).

<sup>2</sup> "Violence Against Women with Disabilities", a white paper for the conference *Preventing and Intervening with Violence Against Children and Adults with Disabilities*, May 2002. Prepared by Margaret A Nosek, Ph.D, Rosemary B Hughes, Ph.D, Heather B Taylor, Ph.D, and Carol Howland.

both life-generated and batterer-generated risks to their safety, and safety planning should acknowledge both of these dynamics for the best possible planning process.

There are many different types of disabilities, each having a unique effect on safety planning. People with disabilities often require assistance to perform activities of daily living. These activities may include getting up in the morning, getting in bed at night and everything in between. Cooking and cleaning, personal grooming, use of public transportation, budgeting, engaging in social activities – all of these activities may take a little more time or may take a whole new way of doing things.

Gaining an understanding of the individual barriers a victim with a disability faces can further an advocate's understanding of systemic discrimination and bias and identify the social change efforts needed to remove barriers and increase community involvement.

Advocating on behalf of victims with disabilities will begin to challenge the assumptions that advocates may have about their roles, where they advocate, how they advocate, and the questions they ask when safety planning. Learning to identify discrimination and offering proactive remedies will provide individual victims the best services available and change advocate work practices.<sup>3</sup>

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<sup>3</sup> To review additional information to enhance program and agency accessibility, see *Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide*, Cathy Hoog for the Washington State Coalition Against Domestic Violence, Seattle, WA, January 2003, [www.wscadv.org](http://www.wscadv.org).

## Recommended Policy

[Name of agency] shall work to ensure meaningful safety planning for all recipients of services by developing and implementing a comprehensive safety planning process that includes a range of options for people with disabilities and considers the following:

- The victim is the expert on what safety techniques will work best for them.
- Safety planning efforts should consider how the victim's disability impacts the safety plan.
- Safety planning efforts should consider how abusers could take advantage of barriers which prevent a victim from using domestic violence services or other services.
- Safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning strategies.
- Safety plans should be reviewed and updated periodically as the victim's situation changes.
- Safety planning materials should be presented in clear language, with an interpreter if applicable, and materials should be available in alternate formats.
- Safety planning efforts should consider other disability resources.
- Safety planning efforts should include knowledge of adaptive devices for people with disabilities and updated resource information on new technology to improve safety.
- Staff should receive ongoing training to discuss issues raised in safety planning for victims with disabilities to enhance skills.

## Recommended Procedures

### Overview

The advocate should consider the victim as the expert on identifying safety techniques which they would be willing to use. Ask the victim what strategies they used in the past and in the current situation. There are a wide variety of individual preferences and countless different disabilities and combinations of disabilities. And safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning. For example, if the victim's child has a disability and there is only one school in the county that is appropriate for the child, it will become more difficult to relocate quickly or secretly. If the abuser has a disability, it may also impact a victim's strategies for safety planning. For example, an abuser who was blind could be released because the prosecutor felt they could not prove the "intent" of a person who is blind to hit someone.

- Safety planning efforts should include the victim's understanding of how her disability impacts the safety planning and the potential barriers. Devices such as an alarm button, spyhole, intercom or phone system should be installed based on the victim's need.
- Safety planning efforts should also consider the community resources available for safety and the possible barriers that victims may encounter. For example, a local courthouse that is not physically accessible may allow for the protection order court hearing by telephone (RCW 26.50.050) to provide accommodation for petitioners who use a wheelchair.
- Safety planning should consider how the abuser creates barriers or exploits barriers to entrap or harm the victim. For example, if the victim is deaf, the abuser could tell her that 911 will not respond to her TTY calls for help, or the abuser may try to act as an interpreter for her during a law enforcement investigation to control the content of victim's statements and the police report.
- Safety plans should be reviewed and updated periodically as a victim's situation changes. Some victims experience changes in their symptoms, finding what they are able to do varies daily. The advocate should consider that the changing disability symptoms may cause a victim to re-evaluate her safety planning choices and the overall effect on her health and well being.
- The advocate should have sufficient time to provide comprehensive safety planning. Safety planning is best accomplished in person, allowing

opportunity to consider complicated options, while respecting the pace of communication and needs of the victim.

- Safety planning information should be presented in clearly understood language with materials available in alternate formats. For example, safety planning questions and information can be communicated through role play, pictures, calendars, diagrams or use of an interpreter as appropriate. Additionally, safety planning skills may need to be practiced and discussed repeatedly until a victim feels comfortable with the plan.
- Safety plan efforts should consider how other service providers and disability resources interact with the victim and her abuser. The victim's abuser may also have a disability and receive services from the same agency. Advocates should look out for the sharing of information that violates the victim's confidentiality and creates (intended or unintended) alignment with the abuser. If both the victim and the abuser share the same caseworker, it is best to request a separate caseworker be given to each person. Additionally, when you arrange for a personal care attendant, reader or interpreter, check with the victim to ensure that the service person fits their needs and is not aligned with the abuser.
- Safety planning efforts should include knowledge of the possible legal remedies available under RCW 74.34 Abuse of Vulnerable Adults including RCW 74.34.110 Protection of Vulnerable Adults -Petition for protective order. Under RCW 74.34.110, a legally defined "vulnerable adult" may initiate and seek relief from abandonment, abuse, financial exploitation or neglect by filing a petition for a protection order in Superior Court. Under RCW 74.34.150, the Department of Social and Health Services may seek relief on behalf of and with the consent of any vulnerable adult by filing a petition for a protection order in Superior Court.

## **Responding In a Crisis**

- The primary goal of locating a safe place remains true for all victims. The advocate will want to quickly find out:
  - What is the individual experiencing?
  - What does she fear and how does her disability impact the situation?
  - What specific tasks are problematic in reaching safety and what accommodations are available to reduce or eliminate these concerns?

- Is the support services staff that the victim works with allied with the abuser?

The advocate then needs to evaluate the effectiveness of existing accommodations and determine if other strategies are needed.

- Crisis personal attendant services and interpreter information should be available for your program to contact as needed for emergency services.
- If your agency provides transportation to victims seeking safe shelter, accessible crisis transportation should also be available. Additionally, check with your local law enforcement for accessible transportation arrangements. For example, in some locations, the police cannot arrest an abuser in a wheelchair because there is no accessible transportation or holding facility.

## **Responding When There Is Time to Plan and Prepare**

- Develop a contingency plan with the victim that includes:
  - A plan for calling 911 from home or in the shelter.
  - Quick access to critical information that she may need in a crisis.
  - Housing options that are accessible for the victim's disability.
  - Involving caseworkers and other appropriate support staff and involving them in the preparation as necessary.
- Along with other things to gather and have available for escape, the victim should consider including:
  - Spare batteries and back-up assistive devices or information on how to get replacements for the device if it is damaged.
  - Instructions for use of technical equipment.
  - Medications, medical information and medic alert systems.
  - Phone numbers of emergency medical and support personnel as needed.
  - Social Security award letter/payee information or other benefit information.
  - Supplies for service animals.

## Specific Issues Facing Victims with Disabilities In Safety Planning

Each person is an individual with individual preferences and accommodation needs. Most victims with disabilities will be able to quickly state their preferred methods for accomplishing a task. Rely on their creativity and knowledge while providing them with safety and domestic violence information.

However, some victims may not know which accommodations work best for themselves yet, and are unable to identify solutions applied to safety. There are many reasons a victim may need an advocate to help suggest safety strategies. An abuser could have misinformed them about system resources available or isolated the victim by taking advantage of barriers in society. A victim's disability could have been caused by the abuse, meaning the victim may not have had time to develop alternative methods for the functions of daily living.

An advocate should be prepared with some basic awareness about available safety planning strategies and begin to imagine how a victim with a disability might perform a specific task necessary for safety. Advocates can't know every detail about every type of disability, but should be able to envision basic functions involved in safety planning and start to explore how issues of disability might affect those safety planning functions.

The following are very general issues for the advocate and victim to consider when planning for safety. An advocate should not make assumptions about an individual victim when using the following information. These basic categories are presented to assist the advocate in thinking of the various ways victims accomplish safety planning every day. Also, you will find that many people with disabilities fit into more than one of the categories listed below.<sup>4</sup>

*Please note that these categories are not meant to be an all-inclusive listing of points to consider for safety, as each victim's needs are unique.*

### VICTIMS WITH COGNITIVE DISABILITIES

#### Safety Issues

- The range of capabilities of people with cognitive disabilities is probably greater than in any other disability group. And yet, this is a disability about which the general public has great apprehension and misunderstanding. People with mental retardation may be overprotected and discouraged from

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<sup>4</sup> See Appendix: "Skill Sets an Individual May or May Not Have for Enhancing Safety" for additional information in developing safety planning strategies.

exploring the world or interacting with others. Often people with mental retardation have been limited to segregated services and programs, and may have issues with language, learning, mobility and capacity for independent living.

- Many individuals with cognitive disabilities have been taught to comply with authority at all times using behavior reinforcement techniques and this can impact the victim's ability to identify options for safety.

### Possible Safety Solutions

- ✓ Safety planning sessions frequently reviewed and discussed over time.
- ✓ Arrange for shelter that does not have to be kept confidential to support a victim who is not able to maintain confidentiality.
- ✓ Ask for a guardian ad litem to be assigned to victims when appropriate.
- ✓ Be aware of resources available under Adult Protective Services.
- ✓ In group living situations, develop strategies with appropriate parties to allow for monitoring and dual oversight of the resident's safety at all times. Oversight strategies planned to ensure the safety of residents should maintain the independence and autonomy of the victim.

## **DEAF, DEAF-BLIND AND HARD OF HEARING VICTIMS**

### Safety Issues

- The Deaf community is diverse. Not all Deaf individuals use sign language or even the same kind of sign language. Some Deaf individuals may have difficulty reading and understanding complex documents due to syntax problems. Ask the person what method of communication is preferred.
- Nationally, the Deaf community is a tightly knit community and it is not uncommon for one person's crisis to be common knowledge across the country within days. The Deaf community has many shared social events and services and it may be hard for a Deaf victim to remain hidden long-term.
- There are many different types of Deaf-Blindness. Some individuals grow up Deaf and later become blind and some individuals are completely opposite in their functioning having grown up blind and later becoming deaf. There are several different kinds of close visual and tactile communication methods

available for use. In an emergency situation, you can try “writing” letters in the palm of the victim’s hands to communicate until the interpreter arrives.

- Advocates should be aware that the Washington state TTY relay system will transmit all phone numbers to any caller ID, *regardless of whether your phone number is blocked or not*. Do not use the TTY relay to place a call from a confidential phone number. This is also true for the nationwide 711 TTY relay service phone number.

### Possible Safety Solutions

- ✓ Because the Deaf community is a very small community spread worldwide, it is always best to check with the victim first before using any specific services for the Deaf. The domestic violence program should have emergency interpreters’ phone numbers readily available and ask the victim and the interpreter service if they work with or for the abuser.
- ✓ Erase memory on the TTY machine after a confidential conversation. The TTY has a computer chip that retains previous phone calls in its memory. If a caller is leaving the TTY behind, the abuser can find out where the victim went by reading your crisis phone conversation on the TTY memory.
- ✓ You cannot tell the identity, gender or attitude of a person talking on the TTY. For example, some abusers have pretended to be victims using the TTY to try and gain information. Set up a code word between you and the victim in order to verify with whom you are speaking.
- ✓ Suggest that the victim save an outgoing message to 911 typed into her TTY memory so that she can quickly ask for emergency police response. The message should include her address and any court order numbers.
- ✓ Abusers often damage TTY machines to prevent the victim from communicating with others. The State Office for the Deaf and Hard of Hearing provides TTYs to Deaf residents of Washington State on a reduced fee basis depending on income.
- ✓ Flashing lights and vibrating pagers can be connected to a motion detector, alarm system, doorbell or other device to improve a victim’s safety. For example, a “baby crying” monitor alarm makes a light flash when it hears loud noises.

- ✓ If the victim has a speech disability but does not use a TTY or other specialized phone, have someone record a message (giving name, address, and other pertinent information) for the victim to use in a tape recorder next to the phone.

## VICTIMS WITH HIDDEN DISABILITIES

### Safety Issues

- This category could include disabilities already mentioned or disabilities such as HIV, AIDS, epilepsy and other seizure disorders, asthma, substance abuse<sup>5</sup> or specific learning disabilities or traumatic brain injury.
- Difficulty in breathing: Many different substances, including pollen, dust or chlorine may be responsible for the constriction of the air passages that is symptomatic of asthma. Stress may also be a factor in causing constriction and difficulty with breathing.
- People with diabetes who take insulin either orally or by injection may be subject to insulin shock brought on by exercise, stress, an overdose of insulin or too little food. Too much sugar in the blood and not enough insulin may result in a diabetic coma.
- An individual's seizure threshold may be influenced by many factors such as emotional upsets, bodily discomfort, stress, hunger, fatigue or changes in medication.
- People who have learning disabilities sometimes find it difficult to understand others or to read non-verbal cues.

### Possible Safety Solutions

- ✓ Discuss with the victim her pattern of stress-related illness and help her identify signals that her symptoms may be increasing. Ask the victim to tell you about her methods for quickly responding in stressful situations.

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<sup>5</sup> See *Model Protocol for Working with Battered Women impacted by Substance Abuse* by Lupita Patterson for the Washington State Coalition Against Domestic Violence, Seattle, WA, 2003. Substance misuse and addiction will not be addressed in this protocol. Contact the Coalition's Seattle office at 206-389-2515 ext.100 for a copy of the protocol.

- ✓ Figure out where to get information about specific disabilities and be ready to apply it to the victim's situation. For example, advocates for people with learning disabilities have developed websites with helpful techniques an advocate can use for safety planning activities while increasing their understanding of a victim's process for learning and retaining information.

## VICTIMS WITH MENTAL HEALTH DISABILITIES

### Safety Issues

- Mental illnesses typically are recurring, ongoing conditions that do not follow a regular pattern of development and outcome. Societal discrimination and system resource barriers are extreme in some cases. The abuser may use the victim's mental health history to discredit a disclosure of abuse. Some abusers have manipulated mental health systems, resulting in confinement of the victim in a mental health institution.
- It is important to realize that people with certain psychiatric diagnoses have often developed patterns of relating with others that make relationships difficult to initiate and maintain. Community resources available for these individuals may be significantly less accessible for this reason.
- Dissociated or fragmented thoughts and an inability to process information may affect a victim's ability to recognize and avoid danger as well as her ability to participate in the criminal justice system response. If a guardian ad litem (GAL) is appointed, advocate for the appointment of a GAL who has training in mental health and domestic violence dynamics. However, the appointment of a GAL should not be requested *solely* on the grounds that an individual has a mental illness or other disability.
- A high percentage of adults diagnosed with serious mental illness have an extensive history of childhood physical or sexual abuse. It can be helpful to provide basic information to this victim regarding flashbacks and memory triggers to traumatic experiences.
- The abuser may tamper with medications as an abuse tactic against the victim.

## Possible Safety Solutions

- ✓ Many individuals are able to identify their memory triggers and are willing to work to avoid these situations.
- ✓ Recognize that while a victim's statements regarding her abuse experience may not parallel the advocate's understanding, the abuse is causing the victim to seek out domestic violence services. Willingness to start an ongoing safety discussion with a victim will bring out more information, help advocates recognize abuse patterns and build the victim's trust of the domestic violence program.
- ✓ Have a consultant available who understands both domestic violence and mental health issues to brainstorm specific situations. Community collaboration with the local mental health provider network can provide a forum for cross-training and support across service systems.
- ✓ Support the victim by developing creative ways to provide personal information and history in a crisis. Identifying a person or a system that has information about the victim's personal history and abuse chronology and is willing to assist the victim in explaining their situation in a crisis is sometimes helpful.
- ✓ An advocate can strategize to securely lock up medications or limit the weekly or daily amounts of medication the victim has. Encourage and facilitate frequent contact between the victim and providers who can monitor medicines and understand the victim's safety planning needs.

## **VICTIMS WITH MOBILITY DISABILITIES**

### Safety Issues

- There is a wide range of physical abilities among those who use wheelchairs or other assistive devices. Some people do not use wheelchairs exclusively and may also use canes, leg braces or nothing at all for brief periods of time.
- When giving directions to a person, consider distance, weather conditions and physical obstacles such as stairs, curbs, steep hills and other possible transportation barriers.
- Some folding wheelchairs have arm pieces or leg braces that can be removed and used as a weapon by the abuser.

## Possible Safety Solutions

- ✓ Phones with large buttons, universal fire and police symbols, speed dials, receiver holders, headsets and email-to-phone systems are sometimes helpful.
- ✓ When the victim needs immediate help and must use a phone that is monitored or controlled by the abuser, it may be helpful to develop a prearranged code word or designated illness that communicates to the provider that the victim is in a crisis situation.
- ✓ Alert buttons can be purchased with 24-hour monitoring services and used to request help from anywhere within the home.
- ✓ It is important that people with limited mobility stay as close to the pathway to safety as possible. A victim could consider sleeping on the ground floor of a multi-story residence, making escape easier. Have a telephone installed near where the victim sleeps.
- ✓ Safety items all should be within reach of the victim. For example, put the front door spyhole at the eye level of the person who will be using it.
- ✓ Many 911 call centers store information in their database that is instantly available to the 911 call receivers on a computer screen. When a person with a disability calls in an emergency, it is possible to retrieve past information that would assist law enforcement response. As a safety planning strategy, review with the victim the specific disability-related information that would be helpful to provide to 911 call receivers in an emergency situation.
- ✓ As a safety planning strategy, people who routinely use personal care attendants can learn techniques for screening personal care attendants during the hiring process and have emergency replacement caregivers available.
- ✓ When strategizing with the victim, ask about the personal care tasks the abuser is responsible for and if abuse has occurred during the care. For example, if the abuser is responsible for bathing the victim, an advocate may ask questions about the tactics of abuse or neglect that occurred during the bathing process. The following are some common tasks done by attendants: Cooking, house cleaning, shopping, accompaniment, clerical skills (filing, writing), reading, lifting and transferring, feeding, bathing, bowel and bladder care, dressing and paramedical.

## VICTIMS WITH BLINDNESS OR LOW VISION

### Safety Issues

- There are many kinds of visual impairments. People who are described as legally blind may be able to read large print and move about without mobility aids. They may be able to perceive light and darkness, perhaps some colors, or see nothing at all. Some persons who are blind can read Braille, but the majority of people who are blind do not.

### Possible Safety Solutions

- ✓ Service dogs can signal the presence of someone they know well and victims can use this as a cue to their surroundings.
- ✓ Service dogs can serve as an excuse to get out of the house for a walk in a dangerous situation.
- ✓ Flashing lights, vibrating pagers or fans can be hooked up to a motion detector or alarm system to signal the victim quietly that the alarm has been set off.
- ✓ Service dogs can be easily trained by a professional to “smile on command.” This is effective because a smiling dog looks like they are baring their teeth, getting ready to attack, and could be used as a deterrent for safety.
- ✓ Be aware of accessible travel routes. You may offer to escort the victim. If your offer is accepted, allow the person to hold your arm and direct rather than pulling them. It is important to let the person control his or her own movements. Verbally describe the area as you travel through it.

## Appendix

### Skill Sets an Individual May or May Not Have for Enhancing Safety

Listed below are sets of skills that are part of a spectrum of response tactics. A victim with a disability may find that they do not have the same options available for safety because of their disability, lack of information or misinformation, discriminatory experiences or barriers in the community. A victim with a disability may not have had the opportunity, permission or option to use any of the listed skills without suffering further harm or losing autonomy or control over their life. *An advocate should be careful not to assume that an individual has these skills, but to check with the victim if they are in doubt.*

#### Self-Defense and Escape Skills

- Ability to say no
- Ability to say no with stern face, appropriate voice tone
- Ability to deceive, keep secrets
- Ability to perceive a strike coming, or ability to move to avoid a strike
- Ability to carry out safety planning
- Mobility with/without a wheelchair
- Ability to leave the house (e.g., could be physical or psychological barriers)
- Partial loss or loss of all skills (e.g., catatonia)
- Ability to use public transportation
- Ability to see alternative solutions to barriers
- Ability to use safety devices
- Strength and stamina of limbs
- Ability to sense where someone is touching, private areas without nerve functioning
- Distance able to travel, accessible pathways of travel to safety
- Dependence level and replacement of devices dependent on for safety
- Short-term and long-term memory
- Concentration, organization and focusing skills

- Knowledge about human biology and social mores
- Ability to recognize an emergency

**Skills for Using Domestic Violence Support Services and Interacting with Other Systems (such as Criminal Justice System or Social Services)**

- Communication skills, ability to use a phone, ability to call 911
- Ability to use public/pay phone
- Ability to know when to call 911
- Able to communicate quickly /fast responses to questions
- Ability to relate personal history to authority as needed and use short-term and long-term memory
- Ability to explain events consistently and in time sequence
- Ability to trust and use resources in the community
- Ability to live independently or qualify for support resources
- Have funds available for personal attendant services
- Availability of emergency caretakers
- Reading and writing skills, filling out forms and applications

## Sample Safety Planning Questions

How does your abuser react to your disability in private?

What does your abuser tell others about your disability?

Do you have any concerns about how your disability might affect your safety?

Do the effects of your disability change? If so, what causes the change? Can you predict when changes will happen? How does it affect your safety?

Does your abuser do things that make your disability worse?

Does your abuser do things that take advantage of your disability?

Does your abuser do things that take away your independence?

Do you have any thoughts about using *[domestic violence or other community resource]*?

What is your abuser's involvement with *[personal care or other disability support service]*?

What are your ideas for dealing with *[identified barrier to service]*?

Is there any equipment, medications, or other kinds of technology that help you stay safe?

Does your abuser interfere with your use of *[items needed for safety]*?