# INTERSECTION OF DISABILITY AND DOMESTIC **VIOLENCE:** What DV/SA Advocates Need to Know James Steed, Self-Advocate Dina Flores-Brewer, Attorney/Advocacy Director DisAbility Rights Idaho

# **Training Objectives:**

- 1. Facts about disability and domestic violence;
- 2. Barriers faced by survivors with disabilities; and,
- 3. Recommendations.



# Why?

- To help advocates better understand the systemic discrimination and bias faced by survivors with disabilities;
- To improve domestic violence services for people with disabilities;
- To change work practices; and,
- To become agents for CHANGE.

# **DISABILITY AND** DOMESTIC VIOLENCE Facts about Disability and Domestic/Sexual Violence

## What is disability?

- Americans with Disabilities Act defines disability as a "physical or mental impairment that substantially limits one or more major life activity."
  - Cognitive or intellectual; Developmental;

  - Physical:
  - Psychiatric or emotional; and, Sensory.
- Some disabilities may be hidden.
- Some people may not consider themselves to have a disability.
   Identify as member of a different cultural or linguistic group. E.g. Deaf community.

- People first language.

   Except for. . . Deaf, Blind, and some Autistic people.

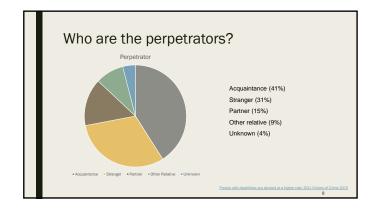
## Facts about disability:

- 1 in 5 Americans has at least 1 disability; 1 in 10 have a severe disability.
- People with disabilities are not a homogenous group:

  - Cannot generalize findings to all; and, People with certain disabilities have higher risk of violence (e.g. people with cognitive/intellectual disabilities, psychiatric disabilities, or multiple disabilities; women with disabilities; people of color with disabilities).
- Rate of violence against people with disabilities is 2.5 times higher than people without disabilities in 2015 (US DOJ Bureau of Justice Statistics).
- People with cognitive disabilities have highest victimization rate for total violent crime (57.9 per 1000 age 12 and up, vs. 4.0 per 1,000 for people without disabilities).
- Having multiple disabilities increases risk for violence.

#### Disability and violence:

- Women who reported intimate partner violence were 2 times as likely to also report having a disability.
- 14% of men with disabilities reported experiencing sexual violence at some point in their lifetime compared to 4% of men without disabilities.
- 49% of people with a developmental disability reported being assaulted 10 or more
- 20% of Deaf adults reported experiencing physical abuse by an intimate partner. - 15% experienced forced sex in an intimate partner relationship.
- Abuse of people with disabilities tends to be more severe, happen over a longer period of time, and be repeated more often.



# People with disabilities:

- · Most of the time know their offender.
  - Almost 95% of people with disabilities who were victims of violent crime could identify their perpetrator.\*
- Report crime less frequently.
- · Have increased difficulty in reporting crime.
- Reporting and investigation is often delayed or simply not followed through.
- Abuse that happens in provider/service programs is often treated as an employment issue, and NOT reported.

ional Crime Victims' Rights Week Resource Guide: Crime and Victimization Fact Sheets citing Bureau of Justice Statistics, Crime Inscriptions with Disabilities, 2009-2015 Statistical Tables (US DOJ, 2017), https://www.bjs.gov/content/pub/pdf/capd0913st.pdf

## What domestic violence against people with disabilities looks like:

- Removing or destroying a person's mobility device (wheelchair, scooters, walkers).
- Denying access to and/or taking a person's prescribed medications from them or forcing someone to take medications against their will.
- Forcing someone to lie in soiled undergarments.
- Preventing access to food or water.
- Inappropriately touching a person while helping them change or bathe.
- Denying access to disability resources in the community and/or health care providers, other appointments.
- Threatening or harming a service animal.

#### Risk factors perceived by people with disabilities:

- People with disabilities are at increased risk because of perceived;
  - Stigma and negative attitudes towards people with disabilities;
  - Increased social isolation and lack of opportunities to develop social skills;
  - Reliance on other people for care;
  - Poverty and other economic factors;
  - Lack of control or choice by people with disabilities;
  - Credibility issues; and,
  - Ineffective safeguards.

Disability resulting from Domestic Violence:

- Traumatic Brain Injury:
  - 2003 small study found 75% of battered women had at least one TBI; 50% had multiple (valera, 2003);
  - Temporary Symptoms of TBI: headaches, dizziness, slowed processing, forgetfulness, fatigue, sensitivity to noise and lights;
  - Permanent Symptoms: Physical changes, changes in thinking and executive function, emotional, behavioral and social changes.
  - Domestic Violence is leading cause of injury to women between ages 15-44 in the US.\*
- Intimate partner violence linked to:
   Higher rate of depression and suicidal behavior\*;
  - Increased risk of HIB or other STIs \*; and

\*World Health Organization (2013). Global and regions violence and non-partner sexual violence. http://apos. +YMCA Survivors with Disabilities Fact Sheet (2017). https://apos.



#### Reflection:

Can you think of barriers that your clients might face?
What services or resources can your department offer clients?

# Why don't people with disabilities report abuse?

- People with disabilities don't report due to many of the same reasons people without disabilities don't:
  - Fear of retaliation;
  - Dependency; and,
  - Shame.

# Additional barriers to leaving/reporting:

- Unsure/fearful of the consequences of reporting;
  - Further loss of autonomy;
  - Risk of institutionalization or segregation; and,
  - Fear and mistrust of the legal system.
- Increased financial, physical and emotional dependence on perpetrator.
- Emphasis on compliance and learned helplessness.
- Inaccessibility of shelters and hot line counselors who may not have knowledge about disability.
- Difficulty communicating with law enforcement and domestic violence service providers.
- Courts may find the abuser a more fit parent due to survivor's disability.
- Person may not know they have any rights or things should be any different.

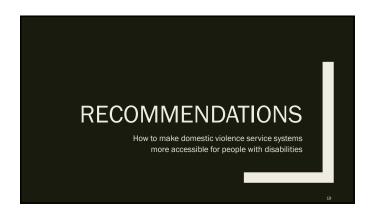
Additional barriers:

- Housing.
- Parenting.
- Transportation.
- Employment.
- Societal bias against people with disabilities.
- What if the perpetrator is the legal guardian?

Barriers to accessing services:

- Limited to no specific outreach to people with disabilities so they may not know help is available or where to go.
- Gateway to services is often still telephone based, difficult for some people with speech or hearing issues to access.
- Building, residence rooms and/or location of programs may not be physically accessible.
- Policies and/or practices may discourage contact, e.g. prohibition on guests may prevent
  personal care attendants, medication access restrictions, restrictions on age/gender of
  children (who may have the disability).
- Attitudes about people with disabilities, and perception of services needed.
- Lack of specialized training for law enforcement, prosecutors, and domestic violence service providers.

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## Recommendations to removing barriers to services:

- Create a plan to address barriers, prioritizing the most essential, but don't stop there!
  - Include people with disabilities in the planning: "Nothing about us without us."
  - Physically accessible facilities:
  - Ensure people with disabilities can get in;
  - Ensure all parts of the facility are physically accessible; and,
  - Provide fully accessible housing/wholly adapted rooms.
     Removing barriers is more than just structural:

  - Modify policies to eliminate barriers;
     Have people with disabilities on staff; and,
  - Have people with disabilities on second provide information in accessible formats.

    Provide information in accessible formats.
- Best Practice: Incorporate principles of Universal Design.

# Universal Design Principles

- Equitable Use.
- Flexibility in Use.
- Simple and intuitive use.
- Perceptible Information.
- Low Physical Effort.
- Size and Space for Approach and Use.

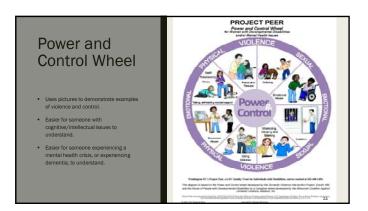
Center for Universal Design www.design.ncsu.edu

#### More recommendations:

- Connect and partner with disability organizations and groups in your area ahead of time, so you have knowledgeable resources to answer any questions or provide support when needed.
- Make it a routine to ask everyone at intake if they need any accommodation.
- Engage in training for staff to be aware and recognize unique needs of people with disabilities when doing individual and systemic advocacy.
- Incorporate people with disabilities into your outreach:

  - Make information accessible, and include situations specific to people with disabilities, e.g. hurting service animal, withholding medication or AT; and, Conduct outreach in places where people with disabilities are likely to be, e.g. special education classrooms, disability specific events.

# PROJECT PEER Examples of accessible materials: The discrete is based on the France and Control afterd developed by the Discrete Indiana intercention Project Data Mile and the National of People with Development Data Mile and September 2015 (September 2015). The Computer of the National Mile and Control (Marine Mile) and Mile an Part for an experience in the case (All Final All Final



ain Text: Project Peer Power and Control Wheel for Women with Developmental Disabilities and/or Mental Health Issues.

its. Smashing things. Breaking her things. Hurting her pets. Showing we

self. Calling her names. Making her think she's crazy. Playing mind games. Making her feel ashamed. Making her feel

she can talk to, what she can read, and where she can go. Making her stay home. Not letting her use the phone or TV. Stopping her from

ther. Talking bad about her in front of the kids. Using the children to give her messages. Threatening to take her kids away

now getting or keeping a job. Making her ask for money. Giving her only small amounts of money. Taking her money. Not letting her know about or use money.

value or a child. Making all the decisions. Acting like the boss. Deciding the roles in the relationship. Not giving her any privacy. Taking away, not fixing. nt. Giving too much, too little or no medication.

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# **Empowerment** Wheel for People with **Disabilities**

- Incorporate specific recommendations in your outreach, safety planning, and training materials.
- Use plain language and a variety of accessible formats.



# Recommendations for safety planning:

- Check assumptions at the door about a person with a disability's strengths and
- Identify disability related barriers:
  - Ask the person with a disability; they are the most knowledgeable about their disability and the safety techniques that work for them.
- Incorporate how the person typically navigates around disability related barriers, and support services.
- Plan on spending extra time, facilitating communication needs, using plain language, and alternate formats, if necessary.
- Check for understanding, and for agreement.
  - Do not simply ask "do you understand/agree?" Ask them to tell you in their own words what you said, and what they are agreeing to because many people do not want to admit they don't understand, or may think they understand at the time and later be confused as to what was said.

#### Other considerations:

- Mandatory reporting for "vulnerable adults". See Idaho Code § 39-5303.
- Guardianship.
- Legal capacity to consent.
- Other laws impacting accessibility:
  - Americans with Disabilities Act.
  - Fair Housing Act.
  - Section 504 of the Rehabilitation Act of 1973.
  - Idaho Human Rights Act.

## Idaho Adult Protection Act:

- Mandatory reporters Idaho Code §39-5303:
  - Physician, nurse, employee of a public/private health facility or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home health worker,
  - Who has reasonable cause to believe that a vulnerable adult is/has been abused, neglected or exploited shall immediately report to the commission.
  - Employees of nursing facilities must report to the Department of Health & Welfare.
  - wentare. If there is reasonable cause to believe that abuse/sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, the report must be made <u>within 4 hours</u> to the appropriate law enforcement agency.

    Failure to report is a misdemeanor.

#### Resources:

- DisAbility Rights Idaho <u>www.disabilityrightsidaho.org</u>
- Idaho Commission for the Blind and Visually Impaired <a href="http://www.icbvi.state.id.us/">http://www.icbvi.state.id.us/</a>
- Idaho Council for the Deaf and Hard of Hearing https://cdhh.idaho.gov/
- Idaho Council on Developmental Disabilities https://icdd.idaho.gov/
- Idaho State Independent Living Council and Independent Living Centers
- NW ADA Center Idaho www.nwadacenter.org/idaho
- Washington State Coalition Against Domestic Violence, Seattle, WA
- Vera Institute of Justice, New York, NY <u>www.vera.org</u>
- Domestic Violence hotline for people who are deaf:

# DisAbility Rights Idaho Contact Information:

Pocatello Office:

Boise Office:

1246 Yellowstone Ave., Ste. A-3 Pocatello, ID 83201-4374 (208) 232-0922 (208) 232-0938 (Fax)

4477 Emerald Street, Suite B-100 Boise, ID 83706-2066 (208) 336-5353 (208) 336-5396 (Fax)

Toll-Free Number: 1-866-262-3462

Website: www.disabilityrightsidaho.org