A Handbook for Healthcare Providers to Address

Violence Against Women with Disabilities

The Unheard Voice

According to U.S. Census data, approximately 57 million Americans live with a wide array of physical, cognitive, and emotional disabilities. As a group, people with disabilities tend to be poorer, less educated, and less employed than people without disabilities. It is estimated that up to 70 percent of people with disabilities are unemployed.

People with disabilities experience violence and abuse at least twice as often as their peers without disabilities. When taking into consideration the evidence of multiple perpetrators, researchers estimate that abuse can occur 3 to 10 times as often. The practice of compliance training—training to comply with, or submit to degrading or submissive behavior in the name of behavior management— reinforces the unequal power structure often found in abusive relationships. If an individual is not allowed to say "no" to an authority figure (i.e., teacher, parent caregiver, staff), developing the ability to say no to and report abuse when it occurs can be quite difficult.

Study findings (Baladarian, 2013; Nosek et al, 1997: Sobsey & Doe, 1991) overwhelmingly indicate that people with disabilities are more vulnerable to abuse than others and may experience such incidents in multiple environments. In addition, more than half of the abuse experienced by people with disabilities is believed to be perpetrated by someone they know, someone who may be a caregiver responsible for intimate and life-supporting personal care or another person with a disability. Abusers can be family members, partners, friends, hired caregivers, personal care attendants, healthcare providers, institution/ nursing facilities staff, other persons with disabilities, or strangers. Abusers come from all races, educational levels, cultural backgrounds, socioeconomic levels, sexual orientations and occupational groups.

According to data referring to women without disabilities, almost one-third of physicians make no record of a patient's complaint about abuse. Ninety percent of physicians do not document domestic violence adequately and only 10 percent of physician reports offered some information to patients on how to access domestic violence services and assisted patients in safety planning. One-third of physicians said they did not feel confident about counseling patients who reported domestic violence. Correlating data for women with disabilities is not available.

What is Abuse?

Abuse is any control exerted by another person on a woman with a disability against her will. There are many types of abuse. Some examples include:

- ❑ Physical abuse (hitting, beating, slapping, or biting)
- ❑ Emotional abuse (criticizing, belittling, blaming, shouting)
- ❑ Sexual abuse (forcing a woman to have sex against her will, rape, exploiting her sexually, touching her inappropriately, pornographic/ fetish exploitation)
- ❑ Financial (stealing her money or assets, controlling her resources)
- ❑ Verbal Abuse (name-calling, threatening, raising voice)
- ❑ Withholding access to family members, health care, medicines, friends, co-workers
- ❑ Removing/destroying assistive devices
- ❑ Keeping her from getting food or water, bathing, using the toilet, or caring for herself
- ❑ Isolating her and preventing access to community and services
- ❑ Exploiting her power of attorney; making decisions that affect her against her will
- ❑ Intimidating or coercing her
- ❑ Controlling her reproductive decisions
- ❑ Withholding communication devices

Possible Signs of Abuse

- ❑ Bruising, burns, abrasions, broken bones, dislocations, sprains
- ❑ Internal injuries
- ❑ Bed sores, dehydration, malnourishment
- ❑ Lack of adaptive devices
- ❑ Inadequate sanitation or cleanliness
- ❑ Mood swings, regressive behaviors, flashbacks, lack of trust, isolation
- ❑ Sleeping difficulties, eating disorders, substance abuse, behavioral cues

Risk Factors for Abuse

Several studies (Frantz, Beverly L; Carey, Allison C; Bryen, Diane Nelson, 2006) have described the following main risk factors for violence against adults and children with disabilities:

- ❖ Negative public attitudes about disability
- ❖ Reliance of people with disabilities upon others for personal care
- ❖ Lack of support services for caregivers
- ❖ Social isolation of people with disabilities and their families
- ❖ Lack of opportunities to develop social skills through typical interpersonal interactions
- ❖ Nature and severity of disability
- ❖ Gender
- ❖ Poverty and other socioeconomic factors which adversely people with disabilities
- ❖ Low income and limited opportunities for employment
- ❖ Lack of control or choice over their personal affairs
- ❖ Lack of credibility afforded to people with disabilities when they report or disclose abuse
- ❖ Alcohol and drug abuse by perpetrators

Which Women with Disabilities are at greater risk for abuse?

Although any woman with a disability has the potential to be abused, women with the following types of disabilities and/or characteristics are at an increased risk of abuse:

- Intellectual, cognitive, and developmental disabilities
- Sensory disabilities (hearing loss, blindness)
- Severe speech disabilities
- Women with disabilities who are trafficked
- Women with disabilities from different cultures
- Institutionalized women with disabilities
- Older women with disabilities

Abuse can result in physical injury, harm, and death. It can also result in additional disabilities or secondary medical conditions including mental illness. Women with disabilities who are abused may experience decreased self-esteem and lose the ability to "fight back." They often believe they are unworthy of a "normal" relationship. Like many non-disabled survivors of abuse, they often fear for the safety of their children or that their children will be taken away.

Challenges for Survivors of Abuse with Disabilities:

- Abuse is directed at their differences and compounded by isolation from, or the withholding of medications, service animals and assistive equipment (i.e. hearing aid, wheelchair).
- Women with disabilities, especially cognitive disabilities, are often not considered "credible" by police, courts, shelters, and their own service providers.
- They may experience difficulties dealing with police, legal systems, healthcare, finding safety, and other related matters, which can lead to frustration and depression.
- Women with disabilities in institutional settings (nursing homes, developmental centers, group homes) are sometimes subject to fraudulent documentation of abusive episodes and/or intimidation by staff and retaliation, which often leads to more abuse.

Why do Women with Disabilities Live with Violence and Abuse?

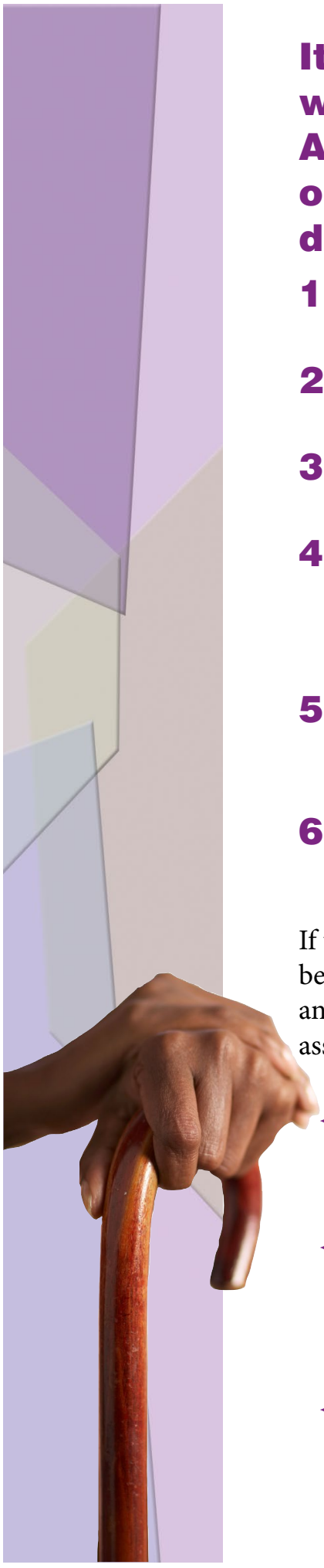
Many women with disabilities do not know how to respond to abuse and violence. Barriers to obtaining help may make it hard for women with disabilities to escape and protect themselves from abuse. Identified barriers include:

- Lack of knowledge of disability issues by domestic violence and sexual assault professionals
- Lack of knowledge of disability agencies about domestic violence and sexual assault
- Lack of accessible transitional housing
- Lack of accessible shelters

How to Assess for Possible Abuse of Women with Disabilities

- Assess for abuse during your emergency encounters, medical appointments, therapy sessions, social service investigations, etc.
- Explain confidentiality issues before asking about abuse
- Arrange to be alone with the woman to assess for abuse
- Do not assume that a caregiver is not a possible perpetrator of abuse
- Screen all women for abuse, including those with disabilities regardless of type

- Learn about abuse to develop skills in screening, counseling, and making appropriate referrals
- Interact directly with the woman as much as possible
- Ask if the woman has assistive equipment/technology that is not present
- Ask if an American Sign Language interpreter is needed



It is important to use a screening tool when assessing for abuse; Abuse Assessment Screen–Disability (AAS-D) is one such tool. Ask these six questions during a patient encounter:

1. Within the last year, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?
2. Within the last year, has anyone forced you to have sexual activities?
3. Within the last year, has anyone prevented you from using a wheelchair, cane, respirator or other assistive device?
4. Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?
5. Within the last year, have you been threatened, intimidated, coerced, or manipulated to do things that made you fearful and/or do things that you did not wish to do?
6. Within the last year, have you been humiliated or shamed, called names, overly criticized, or otherwise belittled?

If the woman responds positively to any of the preceding questions, she is being abused and should be informed of available support and resources and a safety plan. Additional issues to be considered when conducting an assessment are:

- Assess for behavioral cues (lack of eye contact, appearance of fear, depression) that may occur when a woman is being abused; note that behavioral cues may be different in different cultures
- Because women in some cultures may never disclose abuse to a male health care provider, have another woman carry out the assessment. Every effort should be made to use a female assessor who speaks the same language as the abused woman.
- Repeat this assessment at each patient encounter.

Cultural Competence Overview

Cultural competence refers to the recognition of and respect for the beliefs, behaviors, and attitudes of individuals from a different culture. Abuse affects women across race, class, sexual identity, and type of disability. These factors intersect differently for every individual according to their identity. Appreciation of the cultural frame of reference of a woman with a disability is essential along with being aware of one's own assumptions. For a successful health care interaction with women from diverse groups, healthcare providers must identify a woman's social and cultural information, her hopes and fears, and her need for privacy and dignity. Because attitudes and beliefs about health, the health care system, help- and health-seeking behavior, family dynamics, and specific illnesses may be influenced by one's culture, ethnic identity and religion, it is essential for health care professionals and others providing services and support to women with disabilities to learn about these issues. Providers must address multicultural health issues as well as disability issues to provide quality services to women with disabilities who are being abused. One cannot assume that other organizations are taking care of the disability and cultural needs of women who have been abused.

Women with disabilities from minority groups face double jeopardy of stereotyping, ethnic view of disability or of women, language/ communication barriers (e.g., non-English speakers, those who communicate only using electronic language board, those who only use sign language).

Ethnicity and culture play a significant role in the stress and coping process for women with disabilities and their caregivers. They also influence how one appraises stressful events, one's perceptions and use of family support, and one's coping behaviors.

Gender roles and expectations differ among cultures and this may influence the cultural and/ or religious acceptability of violence, aggressiveness, and unequal power relationships between men and women. These roles may lead to general acceptance of submission of women even if they are being abused.

In some ethnic and cultural groups and religions, decisions are made only by male members of the family.

Health care providers need to be aware of different ethnic, cultural and religious orientations and views about disability, abuse, and violence. Women from many ethnic and cultural groups and religions may believe that it is their responsibility to maintain the family honor at any cost and fear "betraying" their cultural communities.

The timing, extent, and choice of health care may vary for women with disabilities who are, or have been abused and have limited English proficiency or are immigrants, refugees, or survivors of human trafficking.

Lack of trust of health care providers and the legal systems, feeling unwelcome and previous discrimination and racism can make it difficult for women with disabilities who have had negative experiences in the past to report abuse to seek assistance or shelter.

Individuals with significant disabilities who are also culturally and linguistically diverse may be disadvantaged in assessment, placement and instruction processes because of the potentially discriminatory effects of language and culturally biased testing procedures and instruments.

Rights and Legal Aspects

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 1990 guarantees people with disabilities equal opportunity to participate in and benefit from services and programs, including health care. The ADA requires healthcare providers and healthcare facilities to provide accommodations (accessible facilities, sign interpreters, etc.) for persons with disabilities.

New Jersey Prevention of Domestic Violence Act (PDVA)

The New Jersey Prevention of Domestic Violence Act (PDVA) provides relief via restraining order forbidding the batterer ANY contact with the victim, relatives, friends or anyone else at your home, workplace, school or other locations. The PDVA provides a presumption of temporary custody of children to nonviolent parent. The perpetrator can be forbidden from entering and living at home.

NJ Law Against Discrimination

The New Jersey Law Against Discrimination mandates that places of public accommodation, including health care facilities must make reasonable modifications to its policies, practices, procedures to ensure people with disabilities have access to public places.

Violence Against Women Act (VAWA) of 2000, 2005 and 2013

1. Responding to Elder Women and Women with Disabilities - The Violence Against Women Act of 2000, Title VIII protects elder women and women with disabilities who are victims of violence. This Act is authorized to provide funding to develop or strengthen policies and training for police, prosecutors and the judiciary in recognizing, investigating, and prosecuting instances of domestic violence and sexual assault against older individuals.

2. Responding to Communities of Color VAWA of 2005 addresses the issues for women of color and immigrant women and violence. It does not specify disability. It is a core service offered to all victims of domestic violence, dating violence, sexual assault, or stalking. Core service is a guaranteed service provided specific to the agency's mission (i.e., information & referral would be provided in a victim's native language) from a service provider within the victim's own culture, and with participation by culturally specific community organizations.

3. Immigrant Issues - Title VIII protects immigrant victims of domestic violence, sexual assault, and human trafficking from deportation. It extends relief to all victims of family violence (e.g., the children of victims or abuse perpetrated by a U.S. citizen) and guarantees economic security for immigrant victims and their children. Further, its goal is to stabilize and secure the safety of trafficking victims, allowing them to immediately seek permanent residence and protecting relatives living abroad from retaliation by traffickers.

4. Reauthorization of VAWA in 2013 funded "critical grant programs established by the original law, and creates innovative new programs and strengthened federal laws by closing a jurisdictional gap that left many Native American women without adequate protections and by banning discrimination against domestic violence survivors in public housing. Additionally, the law increases protections for immigrant women and ensures that LGBT Americans have equal access to the services funded by VAWA" (OVW, June 2016)

Reporting Abuse

- Adult Protective Services (1-800-792-8820)
- Offer to make report with individual present
- Offer support to individual to self-report
- Any concerned party can call and report an alleged abuse
- Inform the woman that she has the right to decline APS services
- If the woman has a developmental disability and is living in a group home or institutional facility call the Department of Developmental Disabilities Abuse and Neglect Hotline at (800) 832-9173

Safety Planning for Women with Disabilities

The most dangerous time is when a woman tries to leave the abuser. It is very important for women living with domestic violence to think about safety and to be prepared in advance for danger. The longer domestic violence goes on, the more dangerous it becomes.

To stay as safe as possible, it is often necessary for women to develop and practice a safety plan. This plan helps women to think about all the resources available to them for help and to identify violence; women should also identify the steps they can take to increase safety for themselves and their children during a violent situation.

When developing a safety plan, a woman should be provided with assistance, appropriate support and encouragement when requested. Many who are trying to leave an abusive relationship are encouraged to apply for a Protective Order (P.O.). It is important to remember that the individual knows the abuser best, and therefore has a better idea about how the abuser will respond to different legal actions. If the individual expresses concern that the P.O. could cause more harm or increased threat to her safety, the wishes of the individual need to be respected. Alternate plans may be developed to assist the individual in finding a safe place and/or in leaving for good.

Interacting with People with Disabilities

Communication Tips

- ❑ Relax. Be yourself. Don't be embarrassed if you happen to use accepted common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.
- ❑ Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted BEFORE you help. Listen to any instructions the person may give.
- ❑ Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- ❑ When talking with someone who has a disability, speak directly to that person rather than through a companion who may be present.
- ❑ It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

Use People-First Language

People-first language emphasizes the person, not the disability. By placing the persons first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.

Hearing Loss

This disability can range from mild hearing loss to profound deafness. Some people who have hearing loss use hearing aids; others may rely on sign language, but many do not; and all rely on facial expression and body language.

Communication Tips

- To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder or wave your hand.
- Follow a person's cues to find out if she prefers sign language, gesturing, writing or speaking.
- Look directly at the person and speak clearly, slowly, and take frequent pauses while being careful to not exaggerate mouth movement.
- Do not write or speak when looking away.
- Ensure that assistive listening devices or sign language interpreters are available.
- Speak in a normal tone and volume. Shouting can cause distortion and exaggerated mouth movement.
- Ensure you are in sufficient lighting and keep your hands and other obstructions away from your mouth when speaking.
- Do not try to communicate while smoking or have any sort of food or candy in your mouth.
- Try to keep the room as quiet as possible by turning off piped-in music, or closing a window, for example.
- Written notes can facilitate communication.
- Encourage feedback to assess clear understanding.
- If you have trouble understanding the speech of a person who is deaf of hard of hearing, let her know. Also, if it is necessary to wear a mask during an exam, establish a method of communicating with the woman before putting it on.

Vision Loss

As with hearing impairments, there is a wide range of vision loss. Some people who are legally blind have limited vision with correction; others may have a total loss of vision.

Communication Tips

- When greeting a person with a severe loss of vision, always identify yourself and others who may be with you. Say, for example, "On my right is Sam Smith."
- When conversing in a group, remember to say the name of the person to whom you are speaking to give vocal cues.
- Speak in a normal tone of voice, indicate when you move from one place to another and let it be known when the conversation is at an end.
- When you offer to assist someone who has vision loss, allow the person to accept your help and take your arm or shoulder. This will help you to guide, rather than propel or lead this person. When offering seating, provide description as to the placement and if allowed, place the person's hand on the back or arm of the seat.
- Use specifics such as "left a hundred feet" or "right two yards" when directing a person with a visual impairment whenever possible.

Speech Disabilities

Speech disabilities are seldom related to intelligence.

Communication Tips

- Give your whole, unhurried attention when talking to a person who has difficulty speaking.
- Allow extra time for communication.
- Keep your manner encouraging rather than correcting.
- Be patient—don't speak for the person.
- If necessary, ask short questions that require short answers or a nod or shake of the head.
- Never pretend to understand someone if you are having difficulty doing so. Repeat what you understand and ask for clarification when needed.

Cognitive Disabilities

Cognitive disabilities may be attributed to brain injuries, developmental or learning disabilities, or speech and language impairments.

Communication Tips

- Be patient. Take the time necessary to assure clear understanding. Give the person time to put his/her thoughts into words, especially when responding to a question.
- Use precise, simple language. When possible, use words that relate to things you both can see and avoid using directional terms like right and left.
- Be prepared to give the person the same information more than once in different ways.
- When asking questions, phrase them to elicit accurate information. People with cognitive disabilities may be eager to please and may tell you what they think you want to hear. Verify responses by repeating each question in a different way.
- Refrain from giving multiple directions at once.
- Depending on the disability, the person may prefer information provided in written, verbal, or pictorial form. Ask the person how you can best relay the information.

Mental Health Disabilities

A mental health disability is the result of a mental illness. It is often episodic, and people may be a symptomatic for long periods of time between episodes.

Communication Tips

- Listen and be attentive.
- Validate the person's perspective.
- Avoid arguments with the person.

Mobility Disabilities

Mobility disabilities can affect coordination or use of muscles and may be attributed to various injuries or conditions that limit one's ability to get around, such as spinal cord injuries, spina bifida, cerebral palsy, amputations, etc.

Communication Tips

- Remember that any aid or equipment a person may use, such as a wheelchair, white cane, walker, crutch or service animal, is part of that person's personal space. Don't touch, push, pull or otherwise physically interact with an individual's body or equipment unless you are asked to do so.
- When speaking with someone in a wheelchair, talk directly to the person and try to meet his/her eye level, but do not kneel. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you.
- Always ask before you move a person in a wheelchair—out of courtesy, but also to prevent disturbing the person's balance.
- If a person transfers from a wheelchair to a seat, leave the wheelchair within easy reach and always make sure that a chair is locked before helping a person transfer.

Service Animals

An important component of interacting with a person with a disability can be knowing how to interact with that person's service animal. Service animals, such as guide dogs should not be considered as pets; they are working animals. Service animals should not be petted or otherwise distracted when in harness. If the animal is not in harness, permission from the animal's owner should be requested and received.

Resources

VAWA State Resources

Domestic Violence Hotline
800-572-SAFE (7233)

NJ Coalition Against Sexual Assault Hotline
800-601-7200

NJ Coalition Against Sexual Assault
njcasa.org
609-631-4450

NJ Coalition to End Domestic Violence
njcedv.org
609-584-8107

NJ Office of Victim Witness Advocacy
njvw.org
609-376-2444 or 609-376-2438

NJ Adult Protective Services
nj.gov/humanservices/doas/services/aps/
800-792-8820

Office on Prevention of Violence Against Women
nj.gov/dcf/women/opvaw/
609-888-7164

NJ Division of Developmental Disabilities
nj.gov/humanservices/ddd/home/about/
800-832-9173

NJ Division of Deaf and Hard of Hearing
nj.gov/humanservices/ddhh/home/
800-792-8339

Commission for the Blind and Visually Impaired
nj.gov/humanservices/cbvi/home/index.html
877-685-8878

NJ Department of Children and Families
nj.gov/dcf
855-INFO-DCF (855-463-6323)

NJ Association of County Disability Services
lwd.dol.state.nj.us/labor/roles/disable/ACDS.html
609-659-9045

Centers for Independent Living
(See NJ Statewide Independent Living Council)
njsilc.org

Deaf Advocacy Project
deafadvocacyproject.org/
800-573-7233 hotline

Disability Rights NJ
drnj.org
800-922-7233

Woman Space
womanspace.org
609-394-0136

VAWA Federal Resources

Office on Violence Against Women – Justice Department
https://www.justice.gov/ovw/about-office

WomensHealth.gov
https://www.womenshealth.gov/relationships-and-safety

https://www.womenshealth.gov/relationships-and-safety/other-types/violence-against-women-disabilities

The Center for Changing Our Campus Culture (college)
http://changingourcampus.org/

Dating, Violence Sexual Assault and Stalking Resources, Hotlines and more:
https://www.justice.gov/ovw/areas-focus

Sexual Assault Response Team toolkit
https://ovc.ncjrs.gov/sartkit/index.html

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The New Jersey Department of Human Services (NJ DHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NJ DHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The NJ DHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, contact Bonny E. Fraser, Esq., or if you believe that the NJ DHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance at: 222 South Warren Street, PO. Box 700, Trenton, New Jersey 08625-0700; phone: 609-777-2026; fax: 609-633-9610; Bonny.Fraser@dhs.state.nj.us.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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