

## Safety Planning and Violence against People with Disabilities

### Safety plans include:

#### Prevention Strategies

Preventing future incidents of abuse (e.g. going to a shelter or moving to another residence, obtaining a restraining/protective order, hiding/disarming weapons, or changing schedules and routes to avoid being found).

#### Protection Strategies

Discussing methods victims can use to protect themselves during an abusive or violent incident (e.g. having an escape route or having victim seek shelter in a room where a door can be locked with a working phone available and/or where weapons are not present).

#### Notification Strategies

Developing methods for seeking help in a crisis situation (e.g. cell phones; emergency numbers readily available; life lines; security systems; towel in the window; code words with friends/family/neighbors).

#### Referral/Services

Recognizing and utilizing services that can offer assistance (e.g. domestic violence, sexual assault, adult protective services, criminal justice, aging and disability network, faith and community organizations, etc.).

#### Emotional Support

Considering methods of emotional support and ways to become less isolated (e.g. music, exercise, yoga, reading positive or spiritual materials, hobbies, art, friends, support groups, and other community activities).

### Safety planning is NOT:

- Telling the victim what to do. (e.g. "I think you should go to a shelter.")
- Helping a victim accomplish your goals for his or her safety. (e.g. "Let's call the police and make a report.")
- Simply referring the victim to local agencies. (e.g. "Here's a list of agencies you can call. Let me know if you need other help.")
- Ignoring cultural, spiritual or generational values that influence the options the victim sees as available. (e.g., "I think your only choice here is to divorce him.")
- Recommending strategies that could increase the risk for the victim. (e.g. purchasing a gun or weapon, attending couples counseling, "just standing up to him.")
- Blaming the victim if he or she does not follow the safety plan and experiences further abuse.

## Violence against People with Disabilities

Abuse against people with disabilities is a serious problem that we all must acknowledge, including health care providers, disability agencies, abuse investigators, domestic violence and sexual advocates, police, criminal justice personnel, crime victims' advocates, and personal attendants.

- People with disabilities experience common forms of violence and abuse, including physical and sexual assault, financial exploitation and verbal abuse.
- People with disabilities also face unique forms of abuse, such as neglect, refusal to provide essential care, manipulation of medications, and withholding or destruction of equipment. These forms of abuse can be life threatening by causing health deterioration or leaving people with disabilities unable to get away or call for help.
- Compared to nondisabled people, people with disabilities are more vulnerable to abuse by health providers and personal assistants or caregivers, who may be family members, friends or formal providers.
- People with disabilities often face barriers to stopping or preventing abuse, including: lack of knowledge of abuse resources, social isolation; lack of emergency back-up support needed to get away from a caregiver who is the perpetrator; fear of being institutionalized or losing their children if they acknowledge being victimized, and cognitive or physical inaccessibility of domestic violence services.
- It is critical to screen people with disabilities. This requires asking questions about all of these forms of abuse and being sensitive to the unique risks and barriers individuals with disabilities may face in managing the problem.

For example, ask the person if anyone has refused or neglected to help them with an important personal need, such as using the bathroom, eating or drinking. If they say “yes”, ask if the abuser is someone the person with a disability depends on for care and if there is a back-up caregiver. Consider what are the potential risks involved in the situation? And how are these risks linked to the disabilities experienced by the person?

- Many people with disabilities are afraid that if they disclose abuse, they won't be believed or that professionals will take control rather than supporting them to deal with the abuse.
- It is very important to validate that the abuse is wrong and the victims / survivors shouldn't have to live with it. Reassure the survivor that you will support them as they decide the best way to manage the problem. Help them identify their strengths and the resources they need.
- Creating a work / advocacy environment that is accessible and one that illustrates positive messages about disability may make people with disabilities more comfortable about disclosing abuse.

- Use appropriate language and structure the physical environment so people with disabilities can use it.

For example, use people-first language, such as “person with a physical or cognitive disability” rather than “handicapped, wheelchair bound or retarded”. Make sure your waiting room, restroom, exam tables and diagnostic equipment are accessible and your forms can be understood by people with learning or cognitive disabilities.

- Find out what disability and domestic violence community resources are available for referral regarding abuse.
- The Centers for Independent Living, ARCs, developmental disability, disability and aging agencies, or domestic violence / crisis lines in your area may be available to assist or to provide referral information.

Source: Arthur and Oswald. 2006