

MODEL PROTOCOL

**SAFETY PLANNING**  
**FOR DOMESTIC VIOLENCE VICTIMS**  
**WITH DISABILITIES**

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WASHINGTON STATE COALITION  
**WSCADV**  
AGAINST 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 strengthen and increase their safety planning services to people with disabilities and,
- to advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers.

Because this protocol builds on existing safety planning knowledge of domestic violence programs, basic safety planning strategies will not be reviewed in this document. This protocol seeks to strengthen domestic violence advocates' skills in identifying barriers to safety for survivors with disabilities. Sample safety planning questions are provided that may help advocates build trust with a survivor and gain a detailed understanding of the ways an abuser can use a disability against a survivor. Survivors face complex choices because of the real societal limitations to housing, employment, transportation and bias against survivors with disabilities. Survivors with disabilities face barriers to services, societal discrimination, and risks from their abuser; therefore, safety planning strategies should ask about all these elements and its compounding impact on the survivor.

Review the following protocol and examine your agency's current safety planning practices to devise a plan for improving your agency's safety planning services for survivors with disabilities. Consider integrating the sample safety planning questions (see pg. 7) into your agency's routine safety planning activities and forms.

### *Introduction*

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

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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.

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. In a recent Bureau of Justice Special Report, females with a disability had a higher victimization rate than males with a disability and, males had a higher rate than females among those without a disability.<sup>3</sup>

The Americans with Disabilities Act was enacted in 1991, 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, survivors may be hesitant to use systems and resources as a part of safety planning. Survivors 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.

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, different ways to communicate—all of these activities may take more time or may take a whole new way of doing things.

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<sup>3</sup> *Crime Against People with Disabilities, 2007*, The Bureau of Justice Statistics, Michael R. Rand and Erika Harrell, Ph.D, October 2009, NCJ 227814, <<http://www.ojp.usdoj.gov/bjs/abstract/capd07>>.

## *Advocates as Change Agents*

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

Advocating on behalf of survivors 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 remedies will provide individual survivors the best services available and change advocate work practices.<sup>4</sup>

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<sup>4</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/resources](http://www.wscadv.org/resources).

## **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.

[Name of agency] shall be aware of and comply with all legal requirements to provide access and services to people with disabilities.

[Name of agency] shall understand and use the principles of universal design in program development and implementation to support safety planning practices.

[Name of agency] shall ensure staff and volunteers receive ongoing training about best practices in safety planning strategies for survivors with disabilities.

## **Recommended Procedures**

### *Identifying barriers to autonomy and safety*

- The advocate should ask the survivor about the physical and attitudinal barriers that are affecting her safety. The survivor with a disability is the expert on what safety techniques will work best for them.
- Advocates should ask about possible disability issues of the abuser or family members, and talk with the survivor about how it impacts safety planning strategies.

### *Crafting safety planning strategies*

- When developing safety planning strategies, the advocate should ask about and incorporate the practical ways a person with a disability successfully navigates barriers.
- Advocates should consider including support services (i.e., personal assistant, friend, disability advocate) that the survivor wants to use in the safety planning process.

### *Organizational support for safety planning*

- The staffing of advocates should provide sufficient time to support individualized safety planning for survivors with disabilities.
- Safety planning materials should be presented in clear, concise language, with an interpreter if applicable, and materials should be available in alternate formats.
- Safety plans should be reviewed and updated periodically as the survivor's situation changes.

### *Safety Planning Process*

- Advocates should be aware their own and others' assumptions about a survivor's abilities or strengths.
- Advocates, whenever possible, should develop safety plans in person, allowing for time to understand complicated choices, while respecting the pace of communication and needs of the survivor.



- Advocates should use open-ended questions and listen to gather the most information possible when developing a safety plan.
- The survivor must understand the safety plan and be willing to use it.

## Sample Safety Planning Questions

These questions can be integrated into your organization's existing safety plan. As you probably have already experienced, you never know when someone will tell you they have a disability or describe a condition that limits their daily functioning. These questions could help open up a conversation that builds trust between the survivor and the advocate. With trust comes a wider discussion about all the practical, institutional and attitudinal barriers a survivor with a disability faces. Barriers such as service providers disbelief of what a survivor is telling them; or lack of available accessible housing and transportation; difficulties in finding employment; or being perceived as "too difficult to serve."

*Some survivors will not use the word "disability" to describe their health concerns (including mental health issues). As you listen to what the survivor says about themselves, use their words or their way of describing their concerns when asking these questions.*

### *Identifying and understanding barriers*

- 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?
- Do you have any concerns about using \_\_\_\_\_ (system like court/hospital, resource like food bank or bus system, or service like financial aid or housing program) in \_\_\_\_\_(local community)?

### *Identifying and understanding abuser's coercive tactics*

- How does your abuser react to your disability in private?
- What does your abuser tell others about your disability?
- 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?
- Does your abuser interfere with your use of (items needed for safety)?
- Does your abuser refuse to give you your medication, keep you from taking your medication or given you too much or too little medication?
- What is your abuser's involvement with (personal assistant or other disability support service)?
- If you depend on caregivers, does your caregiver use your need for assistance to keep control over you? Will you need emergency back-up caregivers?
- Does your abuser restrict or interfere with your communications with others (including restricting use of technology and interpreters)?

*Identifying and understanding the survivor's strengths, resources and support*

- 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?
- What supports do you have now (i.e., friends, disability advocates, resources and places that you feel comfortable with and get what you need)? And, what other supports would you like?