



**Violence and Abuse Against People with
Disabilities: Problem & Response**

Part 1 of 2

MNCASA Webinar

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MUCH OF THE MATERIAL FOR THIS PRESENTATION IS COPY WRITTEN, BASED ON MATERIAL FROM THE BOOK:

Fitzsimons, N. (2009). *Combating violence and abuse of people with disabilities: A call to action*. Baltimore, MD: Paul H Brookes Publishing Co.

❖ The book was written for people with disabilities and allies (family, friends, advocates, people working in criminal justice, disability services, victim services, adult protection services)

Use of presentation materials should clearly credit in writing the author of these training materials.

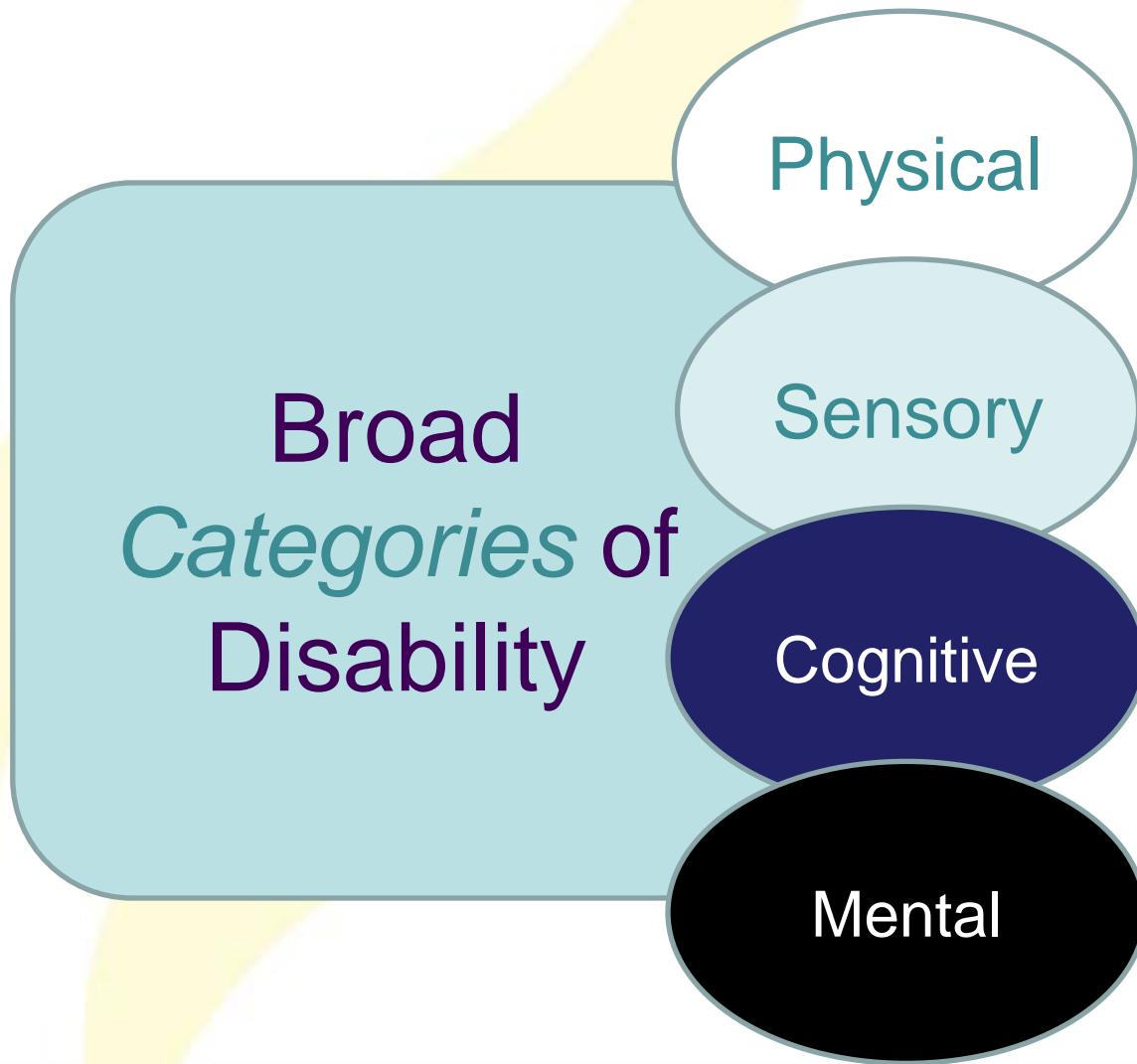


PART 1: DISABILITY 101

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Defining Disability

- ◆ **Legal definitions**
 - < Americans with Disabilities Act (federal)
 - < Vocational Rehabilitation Act (federal)
 - < Minnesota statute
 - < SSDI/SSI (federal benefits)
- ◆ **Medical definitions**
 - < International Classification of Diseases, Functioning and Disabilities (ICD-10)
 - < Diagnostic and Statistical Manual (DSM-IV TR)
- ◆ **Educational definitions**
 - < Individuals with Disabilities Education Act (IDEA)
- ◆ **Categorical vs. functional vs. *social model***



Generic Definition: Physical Disability

- ◆ A broad category of disabilities that typically involve the motor system and place some limitations on the person's ability to move his/her body
- ◆ Muscular dystrophy
- ◆ Multiple sclerosis
- ◆ Spinal cord injury
- ◆ Stroke
- ◆ Cerebral palsy
- ◆ Amputation

Generic Definition: Sensory Disability

- ◆ A disability that impairs the senses of sight, hearing, balance, smell, taste or touch.
- ◆ Deaf/hard of hearing
- ◆ Blind/visually impaired
- ◆ Multiple chemical sensitivity
- ◆ Balance disorders

Generic Definition: Cognitive Disability

- ◆ A disability that impairs a person's thinking, reasoning, problem-solving, information processing, and memory.
- ◆ Intellectual disability
- ◆ Developmental disability
- ◆ Autism Spectrum Disorder
- ◆ Traumatic brain injury
- ◆ Alzheimer's disease

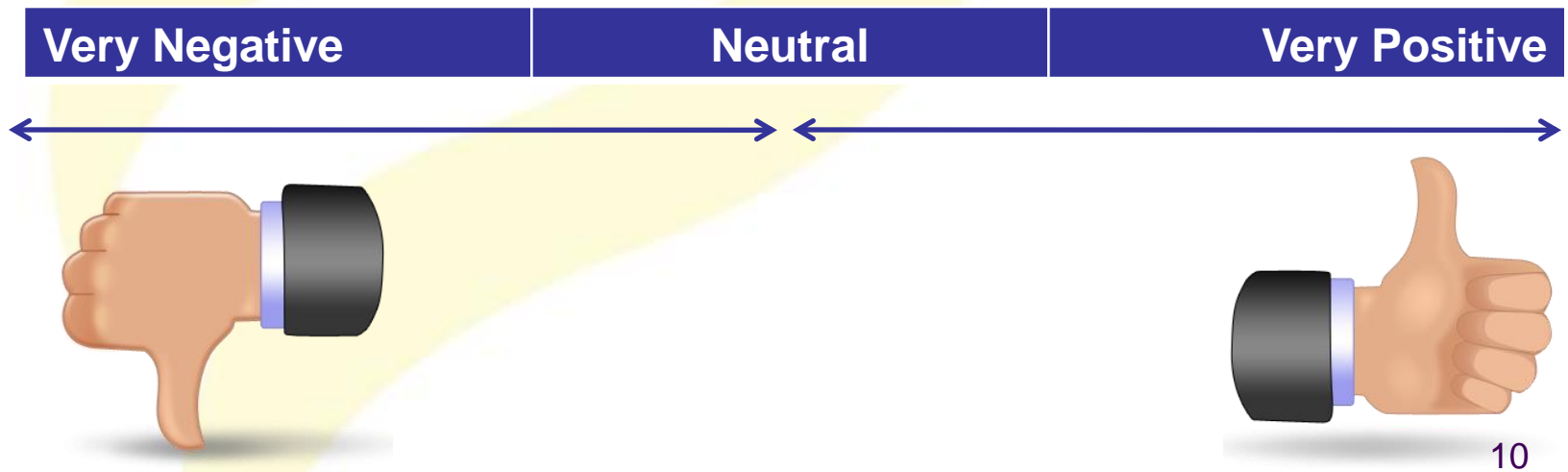
Minnesota Definition of Disability: a *functional* definition

A person with a disability is any person who:

- ◆ Has a physical, sensory or mental impairment which materially limited one or more major life activities;
- ◆ Has a record of such an impairment;
- ◆ Is regarded as having such an impairment;
- ◆ or is discriminated against because of an association with a person with a disability (Minn. Stat. § 363A.03)

The Power of Language

- ◆ What are some of the words commonly used to refer to people with disabilities?



The Power of Language/Words...

- The devaluation or marginalization of a person or group *begins with language* (Snow, 2005, p. 112).



What is missing from each of these former medical diagnoses?

◆ **Feeble-minded: low intelligence**

- < *Moron*: A mental deficient who may take a normal place in society, but needs constant supervision.
- < *Imbecile*: A mental deficient who may learn to communicate with others, but is incapable of earning his own living.
- < *Idiot*: A mental deficient who is incapable of learning and understanding, is completely helpless, and requires constant supervision (Snow, 2005, p. 111).

Dissecting “Words”

- ◆ **Disabled vs. being a person who has a disability**
- ◆ **Confined to a wheelchair**
- ◆ **Suffering from...**
- ◆ **Non-verbal**

PEOPLE FIRST LANGUAGE (PFL)

“We are not our disabilities. We are people first.”

People First Language (PFL) (Snow, 2005, p. 114)

Instead of:	Say:
The handicapped or disabled.	People with disabilities/A person with a disability.
He's mentally retarded.	He has an intellectual disability.
He's a quadriplegic/crippled.	He has a physical disability.
She's confined to/wheelchair bound.	She uses a wheelchair/mobility chair.
She's Down's; A mongoloid girl	She has Down syndrome (or she has a diagnosis of Down syndrome)
Normal or healthy child/adult/person.	Child/adult/person without disabilities.
Brain damaged man	A man with a brain injury.
A non-verbal girl.	A girl who communicates with her ¹⁵ eyes/device/etc.

Language and the Deaf Community

- ◆ **deaf** – lack of hearing, either entirely or at a severe to profound level.
 - < Cannot hear or understand oral communication and must rely on visual communication
- ◆ **DEAF** – individuals who, in addition to not hearing, are members of the Deaf community.
 - < Ascribe to unique cultural norms, values and traditions of the community
 - < Typically use American Sign Language as their 1st language
- ◆ **hard of hearing** – functional loss of hearing severe enough to require the use of amplification devices, but not to the extent to rely on visual communication aids.

Language and the Deaf Community

- ◆ **The Deaf community prefers the terms *deaf* and *hard of hearing***
 - < Do not use “hearing impaired”
 - < The Deaf community does not consider themselves impaired
 - < hearing is not of primary importance
- ◆ **Many people fall somewhere between “small d” and “big D”**
 - < Identity is a personal choice that may change over time
(Bowman & Waech, personal communication, 2009)

***Are you vulnerable to being a
victim of interpersonal violence?
Sexual violence, intimate partner
violence?***

**Minimal
Vulnerability**

**Moderate
Vulnerability**

**Extreme
Vulnerability**



'Vulnerable' Adult

- ◆ “A person who is [18 or older] being mistreated or is in danger of mistreatment and who, due to age and/or disability is *unable to protect himself or herself*” (National Center on Elder Abuse, 2005, para. 3 as cited in Fitzsimons, 2009, p. 28).
- ◆ **State definitions:**
 - < Categorical – considered a vulnerable adult based residence/services received
 - < Functional – considered a vulnerable adult based upon...
 - Physical or cognitive disability + functional ability + **impaired ability to protect self**

Definition of 'Vulnerable Adult' in Minnesota

(Minn. Stat. § 626.5572, Subd. 21)

Categorical part of definition

Any person, 18 years of age or older, who:

- Is a resident or inpatient of a facility
- Receives services at or from a facility required to be licensed to serve adults
- Receives services from a home care provider required to be licensed or from a person or organization that exclusively offers, proves, or arranges for personal care assistances services under the medical assistance program, or

Functional part of definition

- **Regardless of residence or whether any type of service is received, possess a physical or mental infirmity or other physical, mental or emotional dysfunction that:**
 - impairs the individual's ability to provide adequately for the individuals own care without assistances, including the provision of food, shelter, clothing, health care, or supervision, and
 - Because of the dysfunction or infirmity and the need for assistance, the individual has an impaired ability to protect the individual from maltreatment

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Vulnerability and People with Disabilities

- ◆ **Do not assume that every person with a disability is... (really most people with a disability are...)**
 - < A “vulnerable adult” under state statute
 - < Equally vulnerable
 - < Unable to assess her or his own risk
 - < Unable to protect his or her self
 - < Unable to make informed decisions about his or her life and future
 - < Unable to make choices about what is in her or his best interest
 - < Dependent upon other for physical and financial care and support

Social Model of Disability

- ◆ ***“It is not individual limitations, of whatever kind, which are the cause of the problem but society’s failure to provide appropriate services and adequately ensure the needs of ... [people with disabilities] are fully taken [into account] in its social organization”*** (Oliver, 1996, p. 32 as cited in Fitzsimons, 2009, p. 19).

Notable Quote

- ◆ *“Our experiences, personal and professional, shape the perspectives we ultimately bring to bear on how we provide services and support to crime victims with disabilities.”*

Beverly Frantz, Institute on Disabilities, Temple University

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PART 2: UNDERSTANDING THE PROBLEM

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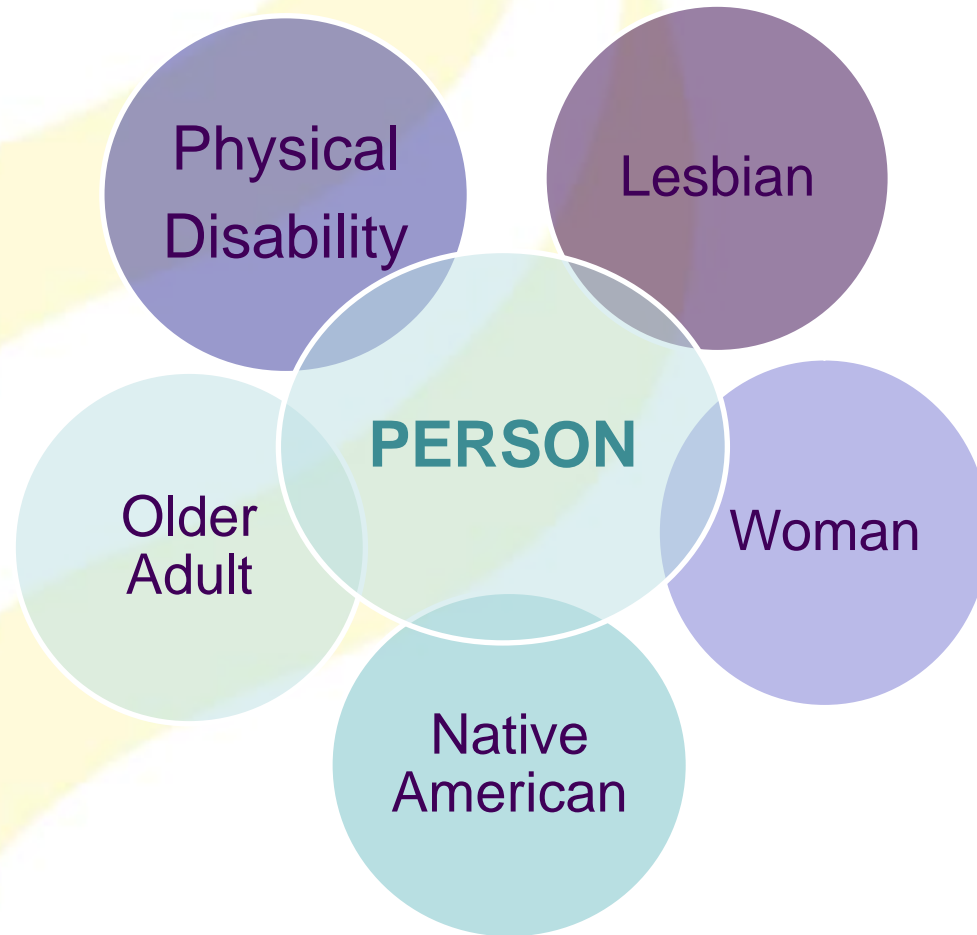
Magnitude of the Problem

Bureau of Justice Statistics, Crimes Against People with Disabilities, 2007 (Civilian non-institutionalized population)

www.ojp.usdoj.gov/bjs/pub/pdf/capdo7.pdf

- ◆ Violent crime 1.5 times higher
- ◆ Rape/sexual assault 2 times higher
- ◆ Females with disabilities higher rate than males with disabilities
- ◆ Males with disabilities higher rate than females without disabilities
- ◆ Persons with cognitive disabilities higher rate than people with any other type of disability
- ◆ Youth 12-19 2 times higher than youth without disabilities
- ◆ Half perpetrated against people with multiple disabilities

Layers of *Jeopardy*




Offenders

- ◆ **Most common perpetrators known by victim – spouses, partners, family members, paid care providers**
 - < *People connected to person because of their disability*
 - < *Male offenders* – physical violence and sexual violence
 - < *Peer-on-Peer* - People with ID/DD in group living and sheltered work environments

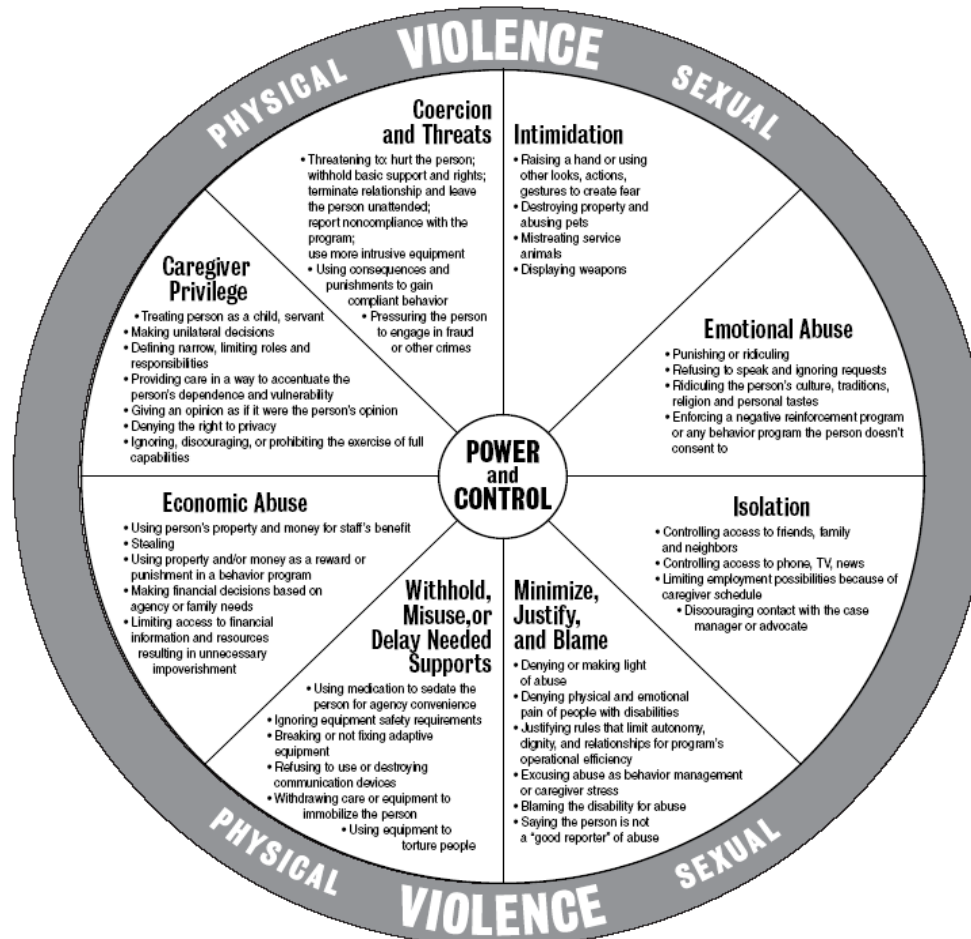
Settings

- ◆ **Most likely setting is “home”** (Brown & Turk, 1994; Furey, 1994; Hassouneh-Phillips & Curry, 2002; Milberger et al. 2003; Power et al., 2002; Saxton et al., 2001 as cited in Fitzsimons, 2009)
- ◆ **Disability service settings** (Gilson, Cramer & DePoy, 2001a; Sobsey, 1994 as cited in Fitzsimons, 2009)



INCREASED RISK
associated with greater
exposure to the service
delivery system.

Caregiver Power and Control



Care-Disability Related Forms of Abuse

(Cramer, Gilson, & DePoy, 2003; Hassouneh-Phillips & Curry, 2002 ; Powers et al., 2002; Saxton et al., 2006)


- ◆ Accusing a person of faking or exaggerating the condition resulting in a disability
- ◆ Overmedicating or withholding medication to obtain compliance
- ◆ Refusing to provide care in the way preferred, taking over care, fear of removal of care
- ◆ Leaving work early or not coming to work on time, but still getting full payment
- ◆ Depriving or invading a person's privacy
- ◆ Emphasizing compliance
- ◆ Depriving a person of opportunities and personal preferences
- ◆ Unwanted and unnecessary control over a person's life
- ◆ Gossiping about the person
- ◆ Blaming a person for their disability
- ◆ Criticizing or becoming angry because a person isn't "appropriately" grateful for care
- ◆ Making negative comments about the disability

Sexual violence may be occurring...

- ◆ A direct or *coded disclosure* of sexual violence
- ◆ Torn or missing clothing
- ◆ Genital or urinary pain/injury to a person's genitals, rectum, mouth, or breasts
 - < Signs or complaints of infection, bleeding, bruising, injury, scarring, redness, pain, irritation
- ◆ Signs of forced restraint
 - < Key red flags are human bite marks, rope marks, and burn marks
- ◆ Frequent physical illness with no clear cause
 - < stomach ache, sore throat, vomiting
- ◆ Nightmares, sleep problems
- ◆ *Fear response to a specific person/specific people, group of people with common characteristics, to a specific place*

Sexual Violence & People with Intellectual/Developmental Disabilities

- ◆ A person who is not known to be sexually active or unable to give informed consent to sexual relations gets a sexually transmitted disease or becomes pregnant
- ◆ Regression to childlike behavior (e.g., urinating or defecating on self)
- ◆ Elective mutism (i.e., refusing to speak)
- ◆ Sudden loss of independent living skills
- ◆ Physical and/or verbal aggression toward others
- ◆ Acting out the abuse
- ◆ Non-sexualized self-abusive behaviors
- ◆ Sexual aggression towards others
- ◆ Problematic sexual behaviors
- ◆ Running away
- ◆ Verbal comments that suggest being threatened or told to keep quiet
- ◆ *A secretive “special” relationship with another person, particularly one involving bribery, trickery, or coercion*



Ask about changes in behavior or engagement in behaviors atypical for the person.

Clinical Issues & Presentation of Mental Health Conditions

- ◆ ***Diagnostic overshadowing***
 - < Attribute symptoms to disability rather than mental health concern
 - < Exacerbate symptoms in victims of sexual violence
- ◆ **Clinical presentation of mental health conditions such as depression, anxiety, PTSD may manifest in symptoms of agitation, disorganized behavior, self-injurious behavior**
- ◆ **Self-injurious behavior manifested in people with ID who have been sexually victimized** (Matich-Maroney, Boyle & Crocker, 2007, p. 330-331)

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PART 3: UNDERSTANDING INDIVIDUAL (PERSONAL) BARRIERS

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Definition: Systemic Barriers to Preventing Interpersonal Violence

- ◆ ***“Organizational and societal obstacles that perpetuate violence and abuse of people with disabilities and make it difficult to end abusive relationships and situations”***

(Fitzsimons, 2009, p. 210).

Categories

- ◆ **Economic barriers**
- ◆ **Attitudinal barriers**
- ◆ **Service System barriers**
- ◆ **Communication barriers**
- ◆ **Physical barriers**

Definition: Individual (Personal) Barriers to Preventing Interpersonal Violence

- ◆ ***“The lack of knowledge and skills and the negative thoughts, feelings, beliefs, and fears within a person that result in disempowerment”***
(Fitzsimons, 2009, p. 89)
 - < Personal barriers are created by and reinforced by the offender and by systemic barriers.
 - < Should not be interpreted as assigning blame to the victim/survivor.

Individual (Personal) Barriers

- ◆ **Learned helplessness**
- ◆ **Low self-esteem**
- ◆ **Self-blame**
- ◆ **Sense of responsibility to others**
- ◆ **Fear of retaliation**
- ◆ **Fear of the unknown**
- ◆ **Denial**
- ◆ **Lack of knowledge and skills**
- ◆ **Poverty**

Learned Helplessness

- ◆ **“The belief that one’s actions have no influence on future outcomes”** (Sobsey, 1994, p. 164 as cited in Fitzsimons, 2009, p. 91)



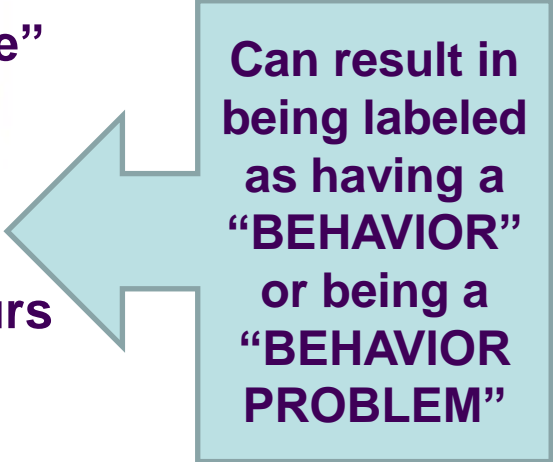
Learned Compliance

“What do you think happens when people reinforced for complying with the instructions of parents, teachers, bus drivers, and other care providers – really anyone in a position of authority – encounter someone who wants to sexually assault them? Exploit them? What are the chances that they will resist the abuse? What are the chances that they will report the sexual violence, abuse and exploitation?”

(Fitzsimons, 2009, p. 92).

The '*Rules*' people with disabilities (particularly people with ID/DD) often have to live by.

- ◆ Don't get anyone else in trouble
- ◆ Obey the rules...don't be a troublemaker
- ◆ Always obey anyone who acts "in charge"
- ◆ Act nice
- ◆ Don't get angry
- ◆ Don't ask for much
- ◆ Other's opinions are important – not yours
- ◆ It is bad, dangerous, noncompliant to:
 - < Be assertive
 - < Have an opinion
 - < Say "no"
 - < Assert one's right



Can result in being labeled as having a "BEHAVIOR" or being a "BEHAVIOR PROBLEM"

Low Self-Esteem

- ◆ Failure to live up to the 'mythical' standard of independence (Fitzsimons, 2009, p. 93).
- ◆ People who are different are often viewed as second-class citizens
- ◆ Narrow standard of beauty in our society
- ◆ Poor body image can lead to self-hate and a greater willingness to accept abusive treatment (Hassouneh-Phillips & McNeff, 2005)

Sense of Responsibility to Others

- ◆ Some families rely on the disability related cash benefits of adult or minor-age children to support the family.
 - < SSDI
 - < SSI (Supplemental Security Income)
- ◆ If the abuser is the primary money earner, the victim or other family members may not report to ensure the economic viability of the family (Fitzsimons, 2009)
- ◆ In some cultures strong pressure upon women to “fix” and/or “preserve the family”.

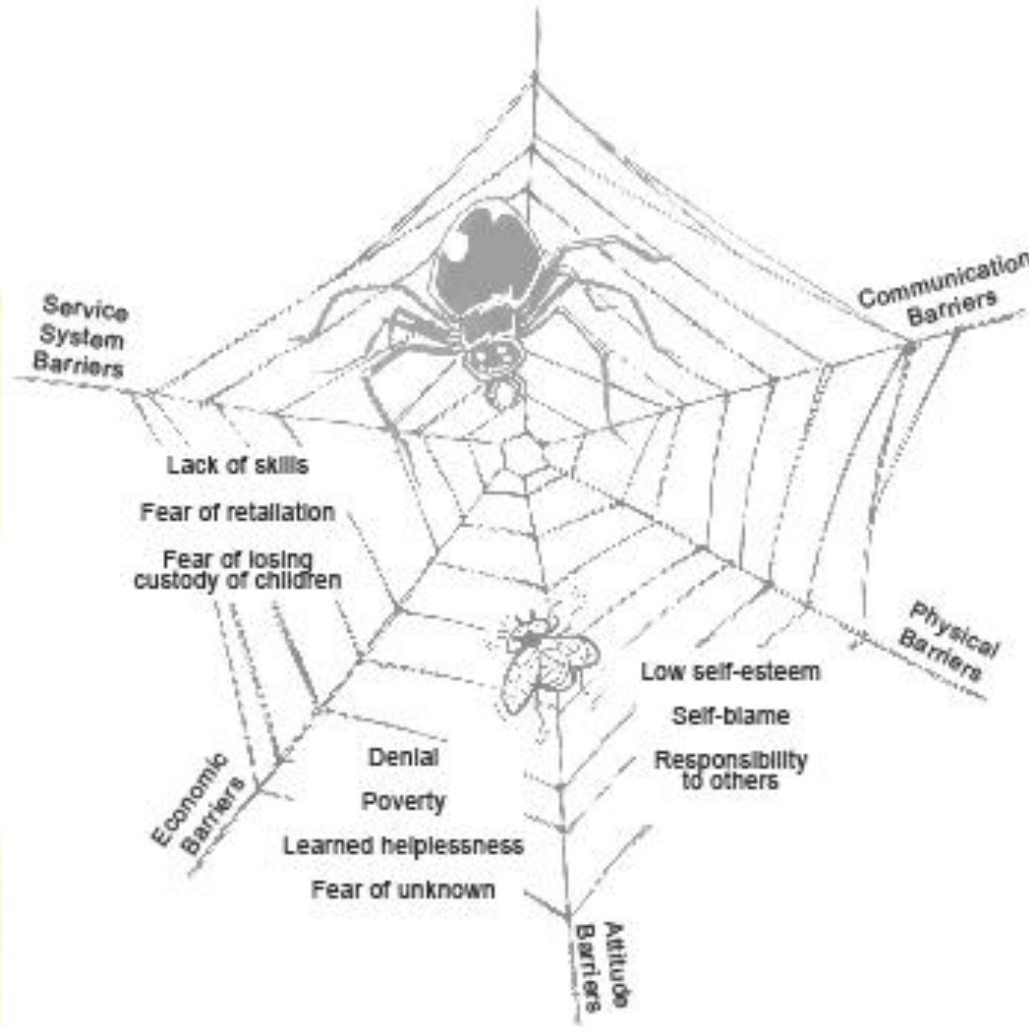
Stockholm Syndrome

- ◆ **Victims protect and develop a loyalty to the perpetrator**
- ◆ **May refuse or be reluctant to provide negative information that could bring harm to the perpetrator**

Lack of Knowledge and Skills

- ◆ Where to get help
- ◆ How to make healthy decisions about sexual activity and intimate relationships
- ◆ Personal safety skills
- ◆ Risk reduction
- ◆ Assertiveness skills
- ◆ Effective communications skills
- ◆ Problem-solving skills (Fitzsimons, 2009, p. 99)

Web of Power and Control (Fitzsimons, 2009, p. 103)



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PART 4: FACILITATING EFFECTIVE COMMUNICATION & INTERACTION

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Requirements under the Americans with Disabilities Act (ADA)

- **State and Local Government Services Required to comply under Title II**
 - Entities must ensure that their services, programs or activities are readily accessible and usable by individuals with disabilities
- **Public accommodations and commercial facilities Required to Comply under Title III**
 - Places of public accommodation must be operated in accordance with the full range of title III requirements, such as nondiscriminatory eligibility criteria; reasonable modifications in policies, practices, and procedures; provision of auxiliary aids; and removal of barriers in existing facilities
- **Go to www.ada.gov**

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Your Reaction Matters

- ◆ **Be patient and allow person to tell their story**
- ◆ **Listen without judgment or shock**
 - < Coded disclosure – “testing the waters”
 - < Limit information until trust that you will help/help is available
- ◆ **Speak and behave in an accepting and nonjudgmental manner**
- ◆ **Never ask “why”**
 - < Implies an understanding of motive
 - < What, how, where, when
- ◆ **Convey empathy**
- ◆ **Agree that the behavior is abusive, wrong, ...**
- ◆ **Support the person in how s/he is feeling (Cook & Kinstad, 1999; U.S. OVC, 2001 as cited in Fitzsimons, 2009, p. 58 & 59)**

Responding to Victim/Survivors

- ◆ **Major needs of victims:**
 - < To feel safe
 - < To express their emotions
 - There is no typical reaction
 - Some people may minimize or deny the abuse
 - Be prepared for any reaction
 - < To feel heard/understood/be believed
 - Convey empathy
 - < To know “what comes next” (OVC, 2001)

Abuse-Assessment Screen - Disability

1. **Within the last year, have you ever 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 devices?**
4. **Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?**

McFarlane, Hughes, Nosek, Grof, Swedland & Mullen, 2001 as cited in Fitzsimons, 2009, p. 59

Reasons a Person Might Not Understand You

- ◆ English is not his or her first language
- ◆ Limited vocabulary
- ◆ You are using complicated sentences/unfamiliar words/professional jargon
- ◆ **Person is:**
 - < Deaf or hard of hearing
 - < Has a brain injury
 - < Has a cognitive disability
 - Dementia, Alzheimer's disease, Intellectual Disability, Developmental Disability
 - < Has a mental health condition
- ◆ **Person is experiencing emotional trauma**
(The Institute on Disabilities, 2002)

Reasons a Person's Speech or Language Might Not Make Sense to You

- ◆ **Cultural differences, experiences**
- ◆ **A limited understanding of English**
- ◆ **Person**
 - < Has a cognitive disability
 - Dementia, Alzheimer's disease, Intellectual disability, developmental disability
 - < Experiencing effects from a stroke
 - < Has a brain injury
 - < Experiencing effects from a seizure
 - < Has a mental health condition
- ◆ **Side effects of medication**
- ◆ **Intoxication or drug use**
- ◆ **Person is experiencing emotional trauma**

(The Institute on Disabilities, 2002)

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Reasons a Person May Have Difficulty Remembering

- ◆ **Stress**
 - ◆ **Brain injury**
 - ◆ **Side effect of medication**
 - ◆ **Mental health condition**
 - ◆ **Cognitive Disability**
 - < Dementia, Alzheimer's disease, Intellectual Disability
 - ◆ **Effects of emotional trauma**
- (The Institute on Disabilities, 2002)

Determining if Someone Has an Intellectual Disability

◆ Ask about

- < school/education
- < work
- < where the person lives
- < “staff” “case manager” “social worker”
- < “self-advocate”

Making Accommodations

Ask the person if they need an accommodation and if so, what accommodation they might need.

Remember...the person is the expert on his/her own disability.

Making Accommodations to Facilitate Communication and Memory

- ◆ **Simplify your language**
- ◆ **Communicate through different methods**
 - < Pictures, drawings, photographs, diagrams, etc.
- ◆ **Seek assistance/consultation**
 - < Personal assistants/care providers
 - < Disability services/Rehabilitation services
 - < "Special" Education
 - < University/College educators in related fields
 - < Medical, psychological and/or psychiatric professionals
 - < Disability advocates and advocacy organizations

(The Institute on Disabilities, 2002)

Communicating with People who are deaf

- ◆ **Sign language versus the English language**
 - American Sign Language
 - Complex language – signs with hands, other movements, facial expression, body posture
 - Own rules for grammar, punctuation and sentence order
 - May be person's first language
 - May not be proficient in reading and writing in English
- ◆ **Lip or Speech reading**
 - 30% of English language visible on the lips
 - Skills level greater varies
- **Minnesota Relay – Dial 711**

Interacting & Communicating with People with Disabilities

- ◆ Be aware of and “put in check” any of your “disability-negative” attitudes, biases, stereotypes, discomfort
- ◆ “Common characteristics” are global information about a group of people
- ◆ Do not assume that a person with a disability has an intellectual disability
- ◆ Do not equate having an intellectual disability with not knowing, remembering, understanding anything.

A Word of Caution about the Language

- ◆ **Know the person**
- ◆ **Vocabulary you may think is “common” or “basic” may not be understood**
 - < Check for the meaning of “common” words
 - Rights
 - Choose
 - “the law”
 - Refuse
 - Consent
 - Respect
 - Love/loving
- ◆ **Vocabulary for abusive acts, body parts and sexual acts vary**
 - < Check for meaning of words
 - “Are you being ‘abused’ by anyone?” “No.....Yesterday my staff made me touch his ‘thing’....”
 - “Down there” may refer to genitals
 - “Doing it” may refer to having sexual intercourse

The Power of Knowing Words

- ◆ *“A young woman attempted to report sexual abuse by saying she had a stomach ache. She had no language for her genitalia and the body part closest to her genitals that she could name was her stomach. She attempted to tell for a year that she had been hurt. On her first introduction to the word ‘vagina’ she was able to clarify what she had meant and clearly report what had happened to her”* (Hingsburger, 1994, p. 73).

Understanding Common Characteristics of People with Intellectual and Developmental Disabilities

- ◆ **May be more easily frustrated**
- ◆ **May be anxious in new situations or with new people**
- ◆ **May have more difficulty organizing their thoughts**
 - < Need more time to response to questions/directions
- ◆ **May have difficulty sequencing events**
 - < Put events in context of daily routine
- ◆ **May become easily distracted or confused**
- ◆ **Interpret information literally**
 - < “Do you **waive** your rights”, not “Do you **wave** your rights...”

(Fitzsimons, 2005)



Understanding Common Characteristics of People with Intellectual and Developmental Disabilities

- ◆ **May show poor judgment**
 - < Especially when under stress
- ◆ **Can be easily taken advantage of by others**
 - < Scapegoat
- ◆ **May have limited vocabulary**
- ◆ **May offer repetitive answers**
- ◆ **May pretend to understand when they really do not**
- ◆ **May want to please you because you are an authority figure**
 - < Often taught to comply with the wishes of people in positions of authority (Fitzsimons, 2005)

THE PLATINUM RULE

Treat others the way they want to be treated.

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