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CENTER ON VICTIMIZATION AND SAFELY  
VERA INSTITUTE OF JUSTICE  
END ABUSE OF PEOPLE WITH DISABILITIES WEBINAR SERIES  
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>> Good afternoon everyone, this is Ashley Brompton with the Vera Institute of Justice. The webinar will begin in 5 minutes. If you have a question or need any assistance, please send us a message in the question pod to the right of the PowerPoint. Also, if you would like to download a copy of the PowerPoint, you can do so by clicking on the file in the PowerPoint box and then clicking "download file".

>> Again, we will get started at 2:00 eastern time. So in about four minutes. Thank you.

>> Good afternoon, everyone. Thank you for joining our webinar today.

I'm Ashley Brompton with the Center for Victimization and Safety at the Vera Institute of Justice. I would like to welcome you to today's webinar, *Serving Both Sides: Navigating Domestic Violence Amongst Service Users*. We are pleased to bring you this as part of our End Abuse of People with Disabilities webinar series. We have just a few quick logistical items to go over before we begin today.

We'd like your assistance in testing the captioning pod. The captioning pod is located in the bottom left hand corner of your screen directly below the Presentation. The words I am speaking should appear in the captioning pod. If you CAN see the captioning, please go ahead and raise your virtual hand. Okay, great, if there is anyone that CAN NOT see the captioning, please

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Participants are in "listen-only" mode, which means we are not able to hear you, but you should be able to hear us. If you cannot hear the presenters speaking, if you are having any difficulties with the captioning, or any other technical difficulties during the presentation, please enter a message in the Q+A pod, to the right of the PowerPoint. This is the best way to communicate with me or my Vera colleagues who are providing technical support throughout the webinar today.

We plan to have time after the presentation for questions or comments. If you don't want to lose a question or comment during the presentation, please feel free to go ahead and enter it in the Q&A pod at any time. If you called in today via phone, please ensure that you mute your phone when you are not speaking to prevent feedback during the presentation.

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Let's begin.

Disability providers may be grappling with how to uphold their commitment to serve all while also ensuring that victims feel safe receiving services from their organization. This webinar will begin to explore the importance of policies to ensure effective and safe services for all people served as well as some important considerations when developing such a policy at your organization.

Our presenters today are Leslie Myers and Sandra Harrell. Leslie Myers, MS, CRC, CCDVC joined Vera in October 2010 as a Senior Program Associate for the Accessing Safety Initiative (ASI). She brings over 20 years experience working to end violence against people with disabilities. Currently, she provides training and assistance to grantees across the country who want to end abuse of people with disabilities. She provides technical assistance to grantees and technical support for the various Center on Victimization and Safety webinar series and the ASI website. In addition, Leslie collaborates on three national

grants: Supporting Crime Victims with Disabilities, an OVC Grant; an OVW grant to prepare self-advocates to work with their peers who have experienced violence and abuse; and the Improving the Accessibility of OVW-Funded Technical Assistance and Training project.

Sandra Harrell began her tenure with the Vera Institute of Justice in 2006. She is the Associate Director of Vera Institute of Justice's Center on Victimization and Safety and her work focuses on helping individuals, organizations and communities across the country address violence against adults and children with disabilities. She oversees a variety of projects, including a federally funded program that helps communities across the United States improve their response to women with disabilities and Deaf women who have experiences domestic violence, sexual violence and stalking. Sandra has worked closely with the over 80 communities funded by the Office on Violence Against Women's Disability Grant Program, helping them to build multi-disciplinary collaborations to address the gaps within and between their systems to ensure that survivors with disabilities get the support they need. Additionally, Sandra leads our efforts to address sexual abuse of children with disabilities and Deaf children, and serves as an internal advisor to all projects focused on the intersection of disability and violence. She has also delivered trainings on violence against women with disabilities at multiple venues across the country, co-authored reports on the topic, and coordinated roundtables and meetings to expand the field.

Sandra and Leslie, I will now turn it over to you.

>> Thank you so much, Ashley. And thanks everyone for attending today. We are excited to begin this conversation about navigating Doumitic vie -- domestic violence amongst the people you are serve, especially in the disability organizations. I'm excited to be co-presenting with Leslie Meyers, who I worked with for many years now. We have a couple of broad learning objectives for today's webinar. First we are hoping to help you understand some of the unique tactics of domestic violence that may be present between service users of disability organizations and then also to begin exploring policy considerations when you know that you are serving individuals experiencing domestic violence and their perpetrators.

This whole conversation really came about because we have been doing this work as Ashley mentioned at the Vera Institute of working to build collaborations between domestic violence

programs, sexual violence programs and disability organizations for over 15 years now at the Vera Institute. And one of the things that comes up over and over for disability providers is being able to create an effective policy and procedures when they know that they are serving both victims and perpetrators within their services and this is a unique consideration for disability providers because as Ashley mentioned, many times the disability providers have it as their core mission a commitment to serving all people with disabilities in their communities regardless of past history or criminal history.

So we also recognize that domestic violence and particular forms of domestic violence are very unique type of criminal behavior that really need to be accounted for within the disability service division. And with that, Leslie, I will turn it over to you.

>> Okay, thank you. We know that disability providers really -- this is complicated. Number one, because oftentimes disability providers are serving a really large area. Some of them may be the only game in town. They could be serving people statewide. Some may be serving people across multiple counties. And, for instance, independent living center in Wisconsin serves 17 counties. The united cerebral palsy land of Lincoln here in Illinois serves 27 counties. It would be really hard for someone to -- not to receive services from the same program. Just wouldn't be anything around for them to alternate around. We know that many disability programs also offer limited programming and activity so they may have one option for classes or support groups. They may have one option for special events or activities. Doesn't really leave a lot of options for those wanting to participate in the services because there is only one option to go with.

As we said before, you know -- it can lead to ethical dilemma in their program when their mission is to serve everyone. The mission of united cerebral palsy the land of Lincoln in Illinois is to serve individuals with all types of disabilities throughout the lifespan. So this makes it really difficult for them to discriminate or to say somebody can't receive services. So all of these things make this topic very difficult for disability providers. But it also is one that needs to be addressed. I will turn it back over to Sandra and she can talk about what disability providers need to know about domestic violence.

>> Great, thank you, Leslie. So, you know, generally over the years the category of domestic violence has really come to include any violence that happened within the context of the home. So this could include violence between spouses, violence between roommates, violence that happen between parents and children. And abuse by day care providers. And there are really important nuances in domestic violence that are really crucial for guiding how you might want to intervene or what you might want to do when you realize you are serving a couple that may be in a relationship whether it's domestic violence. So today rather than lumping all forms of domestic violence together and talking about it in that broad category, we are going to spend a little time disentangling types of domestic violence that may surface in your programs. Under no circumstance are we minimizing any form of domestic violence in doing this. Rather by digging into the different types and the way -- and the different ways that violence may manifest in a relationship, we are hoping to help frame your thinking about appropriate steps you might need to take if you discover that you are serving a couple in which they have been experiencing domestic violence in the relationship.

So just generally when we think about the domestic violence, there may be more generalized non-battering violence and you will hear me make a distinction between battering and non-battering violence. And generally in that category you have what is called situational violence or pathological violence. So several years ago advocates in the field of domestic violence sought to better understand the different types of domestic violence and after a 15 year study they identified that violence emerges as generalized non-battering violence. Again, situational, pathological. Violence could emerge as resistant or reactive violence in a relationship and you will go into more information about that in just a second. And then the other type of violence they identified was coercive, controlling violence. Again, this is the term battering that you will hear me reference throughout.

So each type of violence requires a different sort of intervention or response and some of them are more responsive to intervention than others.

So for domestic violence to be categorized as generalized violence, it cannot be part of an ongoing pattern of control, nor

can it be coercive in nature. In some situation the person who commits violence may have an underlying physical or mental health concern that is causing them to be violent and other cases the situation may result in an act. Violence which is just out of the ordinary for the person committing the violence. So a pathologically violent individual may target that specific person in one situation, but have violent reactions to people in general. For instance, some alcoholics may become belligerent and abusive to whoever is nearby and in the throes of their addiction. At the root of pathological violence, our physical conditions related to mental illness or altered mental states that are due to a neurological issues or drug or alcohol abuse. In such situations generally if you remove the cause of that, so if you remove the physical condition, the cause of that, the result in violence will also end.

Situational violence is different. When violence is situational, there may be violence that is present in the relationship but it doesn't cause the victim to a generalized fear of the person committing the violence. For instance, a woman might find out her husband is having an affair and begin throwing things at him but she is not trying to establish a pattern of intimidation and violence to control or dominate him. It's just in that situation she becomes violent after learning something. So that's the sort of violence as a reaction to a particular situation and would not be a regular pattern for the person who is committing that sort of violence.

Now I do want to make a caveat that battering is often confused as situational violence. And there is a lot of reasons for this. One is that practitioners, service providers, typically enter into a specific incident of abuse and therefore they only see that specific incident and they tend to not see the overarching pattern of abuse in that relationship. Or batterer will frequently claim their use of violence is caused by a specific situation. I don't know how many times over the years when I worked in the realm of domestic violence for over 25 years at this point, so many of the batterer would say that they -- they only get violent when they drink. As I mentioned earlier, someone that is violent only when they drink would target that violent. Wouldn't necessarily target that violence only to their spouse or intimate partner. So you really have to look at who is the target of that person's violence and whether it's part of a larger pattern of coercive control.

Then many times over the years we found that the batterers who quit drinking only get better at being -- at being controlling because now they have full control over their faculties and they no longer have to necessarily use violence on a regular basis to cause that sort of pervasive fear in the person's life. Also another reason that battering is confused for situational violence is that the victims themselves may not see the pattern of behavior that's happening because they are so focused on each separate incident. And then of course we all know and domestic violence there is a cyclical nature to the violence in that the person can become -- there could be this sort of outburst of violence and a whole lot of like I'm so sorry, I didn't mean to do it. I only did it because I was drunk. A whole lot of minimizing, denying it. That wasn't as bad as it was or blaming the victim for what happened and that can become very, very -- like that could create for the victim a sense of like, oh, these are just each setch are the incidents -- these are each separate incidents.

While there are some occasions of situational violence in relationships, if it's not like a one off thing that happens -- one time in the relationship, I wouldn't immediately assume that it's not part of a larger pattern.

Another type of violence that emerges in relationships is resistive violence or reactive violence. And so victims of violence sometimes often retaliate and they may resist the violence that is happening. In the relationship. And when you can really identify resistive violence when the major goals of the violence is either to escape or stop violence that is being perpetrated against them or sometimes it's just to establish a semblance of having equality in the relationship. Or in an attempt to reclaim and restore that some sense of dignity and self-respect. And so it's -- this is violence that can be legal or illegal. So for instance if it is defensive, the criminal justice system may say, oh, you acted in self-defense. We are not going to bring charges against you. It can also be retaliatory. It can be I'm just sick of you treating me like this and it can be considered like an illegal act. So legal definitions here aren't necessarily the best standard for determining whether or not somebody is in a situation where they have reacted no violence that is being perpetrated against them. Rather sort of want to look again what was the intense? What was the impact of the violence? Was it to establish control, to dominate someone? Or was it because they were faced with their

own -- having to fight back or they have been enduring a pattern of violence in their lives and they just got sick of it.

So the violence we want to talk about today is coercive controlling violence. This is the form of violence that we often refer to as battering and it is part of an ongoing pattern of coercion, intimidation and violence. And it's really all intended to establish control over the victim. It really -- it really happens in a space that really shapes interactions between outsiders and the family members. And so we will talk about this in a minute when we look at a power and control wheel, but it is -- it is not just physical violence. It's a part of an overarching pattern of abuse in the relationship. And the person who is doing the battering really sees themselves as the rule maker or enforcer and really believes they deserve to be in control. And the person being battered faces real consequences which really can be lethal or fatal if they challenge the rule maker. If they -- if the rule maker has said you cannot have friends or you cannot participate in a particular program at the disability provider and the person being battered decides to break that rule, it really could have very -- very, very bad consequences for them. There is within this type of violence an element of entrapment. The feeling that you cannot leave without being punished.

So as mentioned, it takes many forms. This is a power and control wheel that was adapted by project peer out of Washington, D.C., to rely more on an images versus language or words. Here you can see some of the different tactics that show up in a violent relationship that is one coercive control. There is a lot of intimidation, emotional abuse, a big factor is isolation. Keeping people away from any network of support that can counter-sort of the stories that the batterer is telling this person. I mentioned already minimisation of the vie -- minimisation of the violence and denying it happened in the first place or blaming the person for what happened or blaming something else for what happened. I was drunk. Or I was just so angry at work and I'm sorry I took it out on you. It's just this pattern of minimizing, denying and blaming.

Using children and then basically threatening to steal or take the children away. Or that no judge is going to grant you custody. I just recently worked with a young woman that this was exactly was happening and sure enough when they went to court they did not grant her custody. So it is not only threats that

they are making inside of the relationship, it's bearing out in society.

And then using economic abuse as well. So in a relationship at times there are -- there may be somebody who is bringing home the bacon and others -- they may have a separation of responsibilities, one person brings home the money and another person uses that money to pay bills and that's perfectly fine and legitimate. What can happen in a relationship whether it's coercive and controlling violence is that they start to use the fact that they hold the purse strings as their -- as a means to control the person. Or as I experienced when I worked at a shelter in Louisiana, I would often find that women who would get jobs, but women who came to the shelter who would get jobs, that would be the time that he would -- her batterer would hit her or use violence against her in places that would be exposed. All other times they might be hitting her in the stomach or not using physical violence at all but the moment that -- that she got a job, that would be the moment where the batterer would say, give her a black eye so she couldn't go to work. There is a variety of ways that you can abuse someone financially if that is the choice that you make.

And then in any relationship whether it is a relationship that is intimate in nature or a relationship like a personal care attendant where there is a lot of intimate things you are doing for someone, there are -- there is off the an sense of sort of entitlement. So the person who has power may really treat the person that they are -- that they have power over as if they are less important. And then of course force and threats. Or something that will come up. So they may not actually manifest in physical violence but the batterer may get right in your face and scream at you at the top of their lungs and just really intimidate you and scare you.

What's really important to keep in mind about coercive controlling violence is that the battering doesn't necessarily end when separation occurs. So even if you are serving someone or a couple that has split up, that's not the end of the type of battering behavior. And battering tactics can really just change the circumstances. They may begin to use it the children more. Again, I mentioned that or using the over arching system -- using the overarching system. Taking opportunities getting around child support or protection order or any sort of family court hearing that you have to go to threaten or intimidate or scare

the victim. And then importantly using no resources. And this is really -- where the disability providers come in.

They may use the relationship with the disability program to stop the victim if they have separated, they -- this maying the one place they know they can locate the victim. Or just being present at the agency to intimidate the victim while that victim is trying to get services to live comfortably in the community or to really be able to be independent. Maybe a place to get updates to their system devices and the batterer may know this and just show up at the same time just to be an intimidating presence. And then of course, they can follow the victim from the agency. They may also use the participation in shared programs as a way to intimidate, humiliate, threaten or coerce the victim. One thing that Leslie mentioned earlier was that sometimes -- that many disability programs they offer a wide array of programming but they may only offer a certain program one time during the week because they are doing a lot so they may only be able to offer that one program one day a week at a certain time. If they both show up at that one program, it means that you have to have a plan in place to help navigate this person's desire to intimidate, humiliate, threaten them or coerce them.

It may also use their relationship with the disability program staff to really further their pattern of coercive control. They may pull the staff aside and say I know she is saying I did this but I did not do this. You know she is crazy. Always known she is -- all of these sorts of things they may say just to undermine the victim's relationship with the disability program staff. Again, shifting the blame of the abuse, degrading the victim's character and really just starting to cult the victim off from any supports that the disability program may be providing.

Then finally they may be using their relationship with the disability program like to make the victim look bad. So they may go in and cancel or change the victim's appointments without the victim's knowledge. Or remove the victim from a class or event rosters. Just to mess with the victim so the victim has -- knows they sign up for a certain program and they show up and they are not there any more. Or registering the victim for classes or events without their knowledge and then the disability program is like, hey, we had all of this planned for you and you never showed up. You can see all of the different ways that somebody

who had a malicious intent could use this relationship and this mission of serving all people with disabilities in order to continue abusing somebody that has either left them or they know is planning to leave them and is planning to rely on this relationship with their disability program as one of the tools they will use in the process of leaving.

With that, I will turn this back over to Leslie.

>> All right, thank you. As we begin talking about the policy considerations for disability providers, it's helpful to remember that the purpose of policies is to really help staff members. So for this we want to make sure that we are ensuring that staff members are equipped to respond to the disclosures of domestic violence in ways that support safety and healing. Both of these are critical components of the organization's capacity to serve survivors with disabilities.

Some of the indications of this capacity include how fast identify -- staff identify the survivors of domestic violence, protect and convey the limitations of confidentiality, file mandatory reports, provide immediate safety planning. Handle services under eligibility and termination. Work together during complex situations, and understand the programs in the community that are around to help an individual.

Am I echoing here? I saw a note about echoing so I will try to move closer.

We know that there are high rates of domestic violence among people with disabilities. Disability providers can play a critical role in identifying domestic violence, providing support and linking survivors to partner agencies that specifically address domestic violence. Therefore having a screening procedure in place for domestic violence increases the disability programs capacity to address these issues. We are going to open up a chat box now so that you can all weigh in on some questions. Our first question is, what types of questions can a disability provider ask to determine if a service user is a victim of domestic violence or coercive controlling violence. You can go ahead and write your answers in the chat box there. And everybody can participate. We will be doing this multiple times.

We are getting answers and one of the questions suggested is, is there someone you are afraid of? Do you feel safe at

home? Anybody make you unsafe. Asking about any injuries that someone might have. Asking if they know the elements of a healthy relationship. Asking what makes people feel unsafe. Determining if they have access to their own money or if they are allowed to have a job. There is a good one. Do you like your staff, is the staff doing a good job. That's a way to identify somebody who is providing services. Can you leave your home if you want. These are great answer -- or great questions, I guess, is a better way to put it. Great, thanks, everybody. We will be closing this chat box out and I appreciate everybody participating.

So we are going to do some additional notes on screening that if you are going to develop a protocol or policy on screening, you want to make sure you are doing the screening on an ongoing basis. You probably want to identify the staff that are not mandated reporters to actually do the screening. Make sure that any kind of screening assesses for both histories of domestic violence as well as current victimization. And you want to do that screening on a one-on-one basis without the partner or family member, guardian or care giver present.

All right, I'm not going to answer that question right now but given the deeply -- faced by survivors of domestic violence, confidentiality is a foundation for effective services and practices. Understanding how an organization will protect the information shared allows the victim to really make an informed decision about what personal information they want to share and with whom. So now we are going to open up another chat box. So that we can weigh in on this question which is, how can disability programs ensure that they are preserving the confidentiality of all of the users, the victim and the individual who might be the abuser. Please go ahead and type some of your ideas in the chat box.

Identifying staff that are not mandated reporters. Using the first two and last two initials of the name. Having multiple entrances and exits so people can come in, individuals can come in in different ways to the waiting area or parking lot. Using different staff to avoid conflict of interest. Making sure keeping the record access private. Making sure that you are explaining HIPPA and other things that the staff are following so that the client understands that. Finding out ahead of time what the victim wants to discuss. Remembering that safety is really important with that piece. Each meeting the individuals at

neutral locations. Separating the abuser and victim on the e-mail list for events. That's a good one. All right, some good answers there.

We will take that one away. Just a couple of other notes on confidentiality. You want to make sure any kind of confidentiality policies outlines the limitation of the agency's ability to hold confidential information about a person's experience with domestic violence and this relates to the need to maybe make a mandated report. You want to make sure that policy emphasizes the survivor's autonomy and deciding who to tell. Emphasizing that a limited number of people should be told about the incident unless the survivor has indicated otherwise. And that it also clearly articulates who within an outside agency will be told about any disclosures of violence. You guys are doing a good job. All right.

So we are -- because confidentiality and mandated reporting tend to be kind of connected here, I'm going to be talking about that next. Mandated reporting laws for vulnerable adults were designed to keep people with disabilities and/or older adults safe. Under the assumption that they may not recognize that they are being victimized or are unaware of the services and/or maybe too ashamed or afraid or physically unable to seek help with outside intervention. For some people with disabilities, these laws have silencing effect and serve as a barrier to people reaching out for help. Adopting procedures around the mandated reporting that gives survivors choice and control is really essential. Since autonomy and control are often stripped from the survivor by the abuser. Regaining these elements are really necessary to help the individual start to heal. So we are going to open up another chat box now so that you can weigh in on the next question.

If the victim discloses violence, does staff need to make a report? What are the implications around confidentiality of the abuser's information when a mandated report is made? And what are the implications of the victim's safety while they are receiving services? So this is a little bit of a multiple questions here and maybe you need me to read those questions again. I can move some stuff around.

I think a lot of people on this call must be mandated reporters. Looks like we are getting everybody say yes here to the first part.

>> This is Sandra. One of the things we would encourage you to do is if you have interpreted your agency or the staff of your agencies to be mandated reporters in cases of abuse and vulnerable adults is to dig in to determine what -- how a vulnerable adult is defined. In some cases there will be language in your mandatory reporting law that says that the person is unable to seek help for themselves which -- I mean, if they are showing up and talking to you about the abuse that is happening, that doesn't mean that they are unable to seek help for themselves. They may not actually be subject to a mandatory report. And the thing to keep in mind about mandatory reporting, this is a whole different webinar, is that there are a particularly for people who are experiencing the type of domestic violence that is predicated on coercive control. There are a lot of potential risks for the person who is being battered if a mandatory report is made. So you want to think about that in terms of whether you want to have a really liberal sort of interpretation of your responsibilities under your mandatory reporting law.

>> Thanks, Sandra.

And just, as I see people typing here and talking about a number of different things, I will go back to the second part of that question. We have -- let's say we have -- we have Mary and Tim at our agency. Tim is hurting Mary. And but Mary is considered a vulnerable adult. We must report. And there is nobody else that could have taken this because everybody else at our agency is a mandatory reporter. What does that mean? Because we have confidentiality on the part of the -- of Tim as well. So do we report that Tim did it? Or how do we report without breaking confidentiality of our other service users who just happens to be the abuser? Anybody have thoughts on that.

The abuser does have rights and that the -- there is victim safety that needs to be considered. I think that people are -- a lot of people -- a little bit perplexed. I think I am, too, on with a the actual right answer is because they would have to get the release of information from the abuser in order to talk about the abuser so that would be more difficult, I think. Yeah, I think the people are saying the safety is a priority but the confidentiality of the abuser needs to be respected. Yeah, I think it's difficult. I think this is why I have worked on this topic actually with the national council on independent living

or -- you know, ten years or so now that we haven't come up with an answer. Thank you, everybody.

Other things to think about when we are talking about mandated reporting is that any kind of policy would include that staff should inform service users about mandated reporting requirements in order to make sure that they are making informed decisions about their disclosure that they allow the service user who wishes to talk about domestic violence to speak to someone who does not have to report. But they provide the service user with an option of making a report themselves or co-reporting with the agency staff. And that they meet with the service user after the mandated report is done to determine whether or not the supports they need they might need additional supports now that report has been made. So those are some considerations around that.

All right, we were going to talk about safety planning now. Safety planning can be used by service provider to help survivors protect themselves emotionally and physically. It really is a personalized practical plan to keep a person, their children and pets safe to avoid dangerous situations. Ways to react when in danger, and more. I mean, tons the safety plan can do. So having staff members that are skilled at safety planning is really essential especially since the survivor's safety and well being is most at risk during episodes of violence and when they are reaching out at help in attempting to leave the abuser. Once they reach out to you for help, they have increased their risk. So we will open up another chat box now and we will weigh in on this question.

What can agency and staff do to ensure that the victim is safe during service delivery? And when they are leaving your agency? So they could go ahead and maybe give us some ideas of things you could do. Connecting them to local agencies and victim advocates that deal with domestic violence. Make sure the victim and abuser do not see providers at the same time. Escort victim in and out to ensure safety. Asking individual -- because they are the experts in their life and trust what they are saying and let them lead the plan. That's a great one. Really listen and check in with them. Safety planning with consideration of all of their needs. Don't want to leave a paper trail so don't e-mail, text or call. Make sure that they know the agency is a safe place and that they can come back. Make sure that website has an escape button. That's great. You guys are on top of it

this afternoon. Thank you so much. That's great, everybody. I think there is a lot of different ways that we can ensure that the victim is safe during services.

As part of keeping themselves safe an individual has received the restraining order against the abuser, the agency needs to be aware of it. When you are serving both the victim and the abuser, there is a potential for the abuser to violate the terms of that restraining order either on purpose or just inadvertently by showing up to an appointment while the victim is at the agency. We will open up another question here and another -- there we go.

If there is a restraining order or no contact order, what should disability providers do to ensure that order is not broken during service delivery.

Ensuring the appointments are not on the same day. Make sure that the client has a copy with them at all times. Service providers should also have a copy. Not to release any information especially at the front desk. Don't ask too much personal information like confirming addresses and phone numbers at check-in. Do it separately and in private. Encouraging the person with the restraining order to take the lead by not violating it. The person has a restraining order against them. Have them take responsibility in that. Ensuring staff are trained on how to handle the situation. And work with the person to see if anybody wants to try another service provider. Having a safe word in the waiting room that signals to the receptionist to immediately take a person away from the other. That's a good one. Making sure to update information on the person's file. All right. You guys are coming up with some good stuff here. Thank you, everybody. We can take that one away.

Disability organizations are just as likely to be serving survivors of domestic violence as they are the perpetrators of a crime. So it's important for them to make decisions about what possible circumstances may occur that would cause them to terminate the services of someone. And to determine if a person's status is either a victim or a perpetrator affects the eligibility to receive services. So we will put up another chat boxes so everybody can weigh -- box, so everybody can weigh in on this question. I forgot to move the slide. I can move the slide here.

The question is, how can disability programs avoid discriminatory actions while serving both the victim and the abuser? You currently have in place that you can refuse services to someone or terminate someone? See what people have to say. only if the violence happens on site. Yup. Being transparent about rules and boundaries and what actions or behaviors will cause termination of services. Letting the victims know -- or letting the clients know what can cause termination. The person violates the laws or expect -- rights and responsibilities.

This is really hard because you are -- I know I worked at before I came to work for Vera I worked at independent living center and we never refused services to anyone. It took a lot to get someone kicked out of services.

>> And Leslie, this is where sort of making that distinction between types of violence and what is happening becomes really important because if someone has used reactive or resistant violence in the face of ongoing -- being targeted with ongoing coercive and controlling violence, you want to have enough nuance in your policy around termination of services so that say the batterer has shown up on site and there is a lot of work you have already done to say that you are trying to keep these two people from being on site at the same time but the batterer shows up and it's the straw that breaks the victim's back and she throws something at him. You want to make sure that your policy isn't so expansive that she would be terminated from services at that point. Or the victim would be terminated from services at that point. You really want to have a better understanding of like what's going on in this relationship before you just terminate those services because that could have been the point of showing up.

>> Right. Thank you, everybody. We will take that one away.

It really can become an ethical dilemma or conflict of interest if one staff is providing services to both the victim and the abuser. Whenever possible, splitting up the two between two staff may be the best thing and that we want to do. So that brings up a couple of other questions. I will pull up another chat box. And let me move the slide first.

Can staff collaborate on cases to ensure that victim and abuser are not scheduled during the same time. The abuser can't get information about the victim from the -- victim from the

agency. That abuser cannot cancel appointments. That we are not making assumptions about the victim or abuser that might impact service delivery. Working as a team is kind of where we are going here. Does anybody thought about how your agency can work together, the team members kind of to deal with this where one person might be working with the victim, one might be working with the perpetrator? Anything you got with collaborating as a team within the agency.

You have one person saying sharing information. As long as the collaboration doesn't cause safety concerns for the victim or the staff member. Good one.

>> Just to that point about as long as it doesn't cause safety concern for of the victim. I think that's a great point that I want to hone in on a little bit here because when you are collaborating on a case, you may unintentionally share information that could put the victim at risk. So I think just being really thoughtful about the type of information that you are sharing, that you not accidentally give away any information to the person who is working with the abuser, that the abuser could get information about where the person is living or any of that. To be really thoughtful and the sort of collaboration about not revealing any critical information that could really put the victim at risk.

>> Great. Good reminder. Great, thanks, everybody. I will move that out of the way.

Developing a formalized process for staff to link survivors with disabilities to organizations is really important. We will open up another chat so we can weigh in on the next question, who can you refer service users to. Either the victim or the individual who actually is doing the abusing, so that they can get further assistance. And I'm going to add in a little part of the question on what do you need to know to make sure that referral is a good referral? So when you work with one with a disability, what factors do you need to consider when you making a referral somewhere else.

Is the agency going to be able to accommodate the victim's needs. Oh, we lost something. Where did our chat box go? There we go. It's back.

Multiple people typing. They must be typing long answers.

Developing a warm handoff policy with the local domestic violence shelter. As opposed to a victim calling the hotline. I think that is a good thing is that relationship, building that relationship ahead of time. Having an understanding what they are going to offer. What they are -- what their requirements are. Keeping up to date if the person is available. If there is a cost, if the person can afford it. I think that having a good idea what they do, I think it's often hard when someone makes a cold call on the hotline. I had enough bad experiences having people try to contact the domestic violence shelters to know that it's a lot easier if we have a relationship with the shelter in order to get someone services.

Victim services that serve victims of domestic violence to provide services for people who experience violence and abuse including crisis intervention, counseling, emergency shelter, criminal justice, advocacy, medical advocacy, emergency transportation. The staff really need to be aware of how to identify the most appropriate agency for the referral to offer options for contacting the agency. Doing it together or doing it alone in a private area. Strategizing with the person to ensure that the service users access needs are met by the referral agency. And then honoring the person's choice on whether or not to make contact at all. I'm going to be turning it back to Sandra but I wanted to thank everybody. You got some great comments and stuff and thank you for participating in that game. Thank you. Sandra?

>> We are just going to round this out and just with a handful of recommendations of getting started on this. A lot of this has already come up. You know, if you are a disability provider, some of the first steps you can do is just begin to build relationships with domestic violence providers in your community. Also if you have a supervised visitation center in your community that has really been framed in the context of responding to do Ms. Be violence in the family-- domestic violence in the family, they will be great thought partners on how you can serve the victims and perpetrators in the same building in a safe way because that is exactly what they are doing. So they will be great thought partners for you. If you are going to build relationships with your domestic violence provider and this just came up just now when we did the question and answer piece, but it's really critical that the partner that you have, the places that you make referrals to are accessible. One of the things you can offer to your domestic violence programs is to be able to go

in and just take a look at whether or not they are accessible and giving them some solutions for how they might be more acceptable -- accessible. They may have the 36-inch external doorways and clear pathway to that doorway but when you get inside you may find that the internal pathways are riddled with plants and -- or furniture and so it becomes more narrow and so you can make recommendations of just moving some stuff around for accessibility or changing out a toilet or how they might go about changing a first floor restroom to be an ADA restroom. It's going in and taking a look at what they've got and making some practical recommendations about how they might fix it. I would say, you know, hold your expectations pretty low because a lot of domestic violence programs are operating on a donated space and they don't have a lot of capital in order to address like the big changes like architectural changes. So keep your expectations low about that. And then really prepare and educate your staff on domestic violence. One of the most important things you can do is within a disability agency is to help people really discern domestic violence. Just because someone gets charged with domestic violence doesn't mean that it is a pattern of coercive control. And so it could be that the victim got charged because the police showed up and the perpetrator actually had blood on their face. That could have been an act of resistive violence. We have work with staff to get a better nuance understanding of the domestic violence in that it is in our current cultural lexicon.

I think right now the way we think about domestic violence is so broad and so generalized that it doesn't allow us to make nuance decision making when it's necessary to do so. One of the times that it's necessary to do that is when you are an organization that is committed to serving people regardless of what they have done. And that context it becomes really important to have a better understanding and that your staff have a good understanding of domestic violence.

And then, I know that many disability organizations, they have been built around this notion in community and fostering community connection. We go into disability organizations and we find that they are a lot of open spaces because it's all about community. But one thing that we recommend is that you designate a space where you can have safe and confidential conversations. An office that can be designated for like if someone has to talk about something really sensitive. And it doesn't have to be just your disclosure room. It can be I want to talk about problems on

having in my relationship. Nothing to do with violence or talk about the fact that I can't cover my bills. You know someplace where people can have conversations in a confidential way.

And now we will just open it up for questions. I see there are a handful coming through the Q&A box and Ashley, did you want to read those?

>> We have a few questions and as a reminder if you have a question, please go ahead and type it in the Q&A box. The first question is, how would you handle screening when an interpreter is needed?

>> Well, hopefully you already have relationships with qualified interpreters. Qualified interpreters, not just interpreters who have certain certifications. These are people -- these are interpreters who have actually gone through -- who have experience with interpreting in context of domestic violence or trained interpreters and not a family member. Hopefully you have a relationship with interpreters. And, you know, having an interpreter present if this is a qualified interpreter they will live by their code of ethics and not going to break confidentiality. That is how you go about screening in a confidential way is a interpreter is a communication liaison but not going to share any information. That's part of their ethical requirements.

Leslie would you add anything there?

>> No I don't think so. I think you have that relationship you are good. I think the big thing would be is the comfort level of the individual that is doing the disclosing because the interpreter may be very well-known in the community and there would be some worry that the relationship between the abuser as well.

>> That's a good point. Often there is a limited number of qualified ASL interpreters in a particular community and that interpreter may have interpreted events for the abuser as well as the victim. So I think that is part of what you want to think about when you are hiring the interpreter for that particular exchange.

>> Great, thank you. We had another question about what to do when there is a restraining order in place, but both individuals

show up, for example, to a drop-in group. How would you suggest handling that situation?

>> This is Sandra. And I would recommend preventing it from happening in the first place. That you actually have through policy already identified like, okay, once we know that this -- that domestic violence is taking place among our service users these things are going to happen and one of those will be we are going to limit participation in drop-in groups for the abuser. So I think it's something where you really try to prevent this through policy from happening in the first place. If it does happen, I think you got to create a safe place for the victim in that circumstance to really take that person aside, asking what would make them feel safe in the moment and how they might be able to safely get out of there, where they might want to go. So this may -- it may behoove you to have more than one person working that drop-in group. Having somebody who could watch for those sorts of dynamics and someone who is able to step out if they need to help the victim navigate his or her safety in the moment.

And going back to the working with interpreters, this is another good reason to ensure that you have a language access plan that includes language access for deaf individuals.

>> And I would add into the restraining order question, is that certainly a mistake might happen. Like if you said, okay, we know that Monday, Wednesday and Friday at our drop-in group is going to be available for this party and the other party can come Tuesday and Thursday. Or something along those lines where something may happen and somebody forgets what day they are supposed to come, and it may not be an intentional violation of the restraining order. It may be an honest mistake but the person who will pay the price for that is going to be the individual, the restraining order is against and so I think once you have separated the individual -- the victim to a safe place would be to really have a conversation with the individual and have them leave and let them know that they are in violation and that they could potentially go to jail as a result and so to make it clear that it's going to be affecting them as well. It's not just something that is happening to the victim but it's also going to be something that's going to happen to them as a result of violating that restraining order.

>> That's a great point, Leslie.

>> Thank you.

>> Not only do you want to attend to the victim but you also want to attend to the person who the restraining order is against and say, hey, if this -- you could have gotten into a lot of trouble there so that's a great point. Thank you.

>> We also have a question from someone wondering where they can find out the definition of a vulnerable adult. I believe it refers back to the mandatory reporting piece you discuss the trying to determine who was a vulnerable adult for mandated reporting purposes.

>> You can look at your statutes, your state statute on mandatory reporting. But that generally is about as clear as mud. So you may have to do a bit of critical thinking, really, really looking at how vulnerable adult is defined and figuring out whether or not the people that you serve fall into that category. And then, you know, sometimes people have reached out to adult protective services to have a conversation about it and to help them understand their responsibilities and who a vulnerable adult is. You may -- there are some national sort of experts around mandatory reporting that you may want to use. We held a couple of mandatory reporting webinars so you can go and check out our end of use website in the stay informed sections. We host our recorded webinars and you can check that out as well.

>> And the rain website, the rape abuse, insist and what else is -- what else does rain stand for? That website has head up a state -- had up a statewide list for you to look at. I don't know how up to date it is, but I think it's wanting -- is it hope? Is that the last part? Somebody has that website that you can maybe type it in the chat, the question and answer box. But they have had a list of the state statutes on that website.

>> They do. They don't provide much in the way of analyzing whether or not that means that you are -- you report or not. So it's just rainn.org.

>> Thank you. So we have time for one or two more questions. The first one is we have a participant who is international and is wondering if you are aware of any funding opportunities internationally to encourage this type of collaboration or this type of work with domestic violence service providers and

disability service providers.

>> Unfortunately --

>> I do not.

>> I mean, we do all of our work in the U.S. and so we rely on our federal funders, on private foundations, et cetera. So I would -- and I will say this. That the work that we have done around this which has been heavily funded by our office on violence against women, that work started happening because of there was a long movement of pushing the office on violence against women to really have a grant program that was focused on people with disabilities. And survivors with disabilities. Bawls the disability community was telling -- because, the disability community was telling the office of violence against women that these programs weren't accessible. They weren't able to meet the needs of people with disabilities. And eventually one of our major funders created an entire grant program. I know that's probably not very helpful for you for me saying that now, but you could begin doing that sort of mobilizing work that happened here, probably 20 years ago. It started around 20 years ago and then in 2004, so just about 14 years ago the office of violence against women made their first grants.

>> Thank you. We also have a couple of participants who are interested in hearing from organizations specifically that have policies around this. If anyone is interested in sharing a poll oils that they might have, feel free to share it in the question and answer box and perhaps we can facilitate that sharing of policies and information.

>> Or maybe, Ashley, you can make the everyone chat box available and people can share with one another in realtime.

>> What a great idea.

>> I did see that question and a part of that question said that their agency doesn't currently have a policy for deaf victims against abusers, and they are worried about whether or not it's challenging to develop a policy that develops discrimination against the abuser and the short answer to that is yes. This is not an uncomplicated easy or simple thing you can do. You have to be very, very thoughtful and nuanced in your policy making in order to ensure not only that you're not discriminating against

the abusers but that you are not unintentionally creating a policy that could hurt victims. So it's just -- I think it's important for you to take the time to really build those relationships with domestic violence providers and use sort of the collective wisdom of those domestic violence providers in your agency, craft a multi-layer policy that really addresses all of the different ways of domestic violence might show up. And we have scratched the surface here, but it is a -- as you can see by the empty chat box it is a challenging thing to do to create the right kind of policy on serving victims of perpetrators.

>> And there are -- there is some programs like LGBT programs in your community may have a policy that addresses this as well as multi-cultural-type of agencies that are like disability programs might be the only game in town so they know that there will be serving both the victim and perpetrator. So those are two resources you might want to check out as well.

>> It does not look like we have any more questions. So thank you so much Sandra and Leslie and I would like to thank all of you for participating in today's webinar and discussion. Finally, we ask that you complete a brief evaluation, which you can do by going to the link in the pod on your screen that says "Survey." Click on the survey, and then click Browse To. We'd really appreciate if you could take a few minutes to share your thoughts with us so we can continue to work to meet your needs. And for those of you who are interested in downloading a transcript of the webinar, you can do so by going to the captioning pod at the bottom of the screen and clicking on the the bottom of the screen and clicking on the button that says "save." We will leave the webinar open for a few minutes to give you time to download this.  
Thanks again and have a good afternoon!