

**SAFE** | stop abuse for  
everyone



# **Safety Planning with People with Disabilities and Deaf\* People**

## **A Working Guide**

**\*Deaf, DeafBlind, DeafDisabled, Late Deafened and Hard of Hearing**

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For Deaf, DeafBlind, DeafDisabled, late deafened and hard of hearing community,  
please use relay/VRS

### **Disclaimer**

This *Safety Planning* toolkit is expressly indicated for educational purposes. It does not provide any advice regarding medical, psychiatric, or educational diagnosis or treatment for any individual and is not meant as legal or clinical advice. The information in this toolkit is compiled from a variety of sources, including, but not limited to experiences of SAFE staff, project partners, and the Program Advisory Committee of people with a broad range of disabilities. SAFE does not endorse any specific agency, organization, product, service or other resource listed in this manual. Such resources are included for informational purposes only. SAFE assumes no responsibility for claims, warranties, views, or opinions of any manufacturer, company, services, or individuals listed in the *Safety Planning Toolkit*.

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## Why safety plan?

A safety plan is an individualized, practical tool used to decrease the risk of future harm for people who are in danger or are being abused or neglected. This safety planning guide can serve as a guide to domestic violence advocates, disability service case managers, and social service workers supporting people with a variety of disabilities who are at risk of harm. It includes information to increase understanding of the safety concerns and support needs of people with a range of disabilities.

### Barriers to leaving

People face multiple barriers to leaving an unsafe relationship. Sometimes they can't leave for practical reasons like finances. A person may not have money to move, or may not have transportation, a job, or a way to support themselves or their family if they leave.

Other times, barriers are about their relationships. A person may not have family or friends to support them in leaving, they may love the person who is abusive toward them, or they may be concerned that they will lose their children or be required to send their children for custody visits with an ex-partner who is abusive, neglectful, or addicted to drugs or alcohol.

Those difficulties can be multiplied for people with disabilities, who tend to have less access to money, resources, transportation, and options. Their abuser may be the same person they rely on for daily assistance. They may not be able to tell anyone what is going on or be believed when they do tell. Finally, not all domestic violence shelter or victim services agencies are accessible or welcoming to people with disabilities.

Fully understanding each person's barriers to safety is a good first step to supporting the decisions they make to seek safety.

**High risk for abuse.** People with disabilities are at extremely high risk for abuse. More than 70% of people with disabilities participating in one large-scale national study reported they had been victims of abuse. Of those, more than 50% reported physical abuse, and 41% reported sexual abuse (Baladerian, Coleman & Stream, 2013).<sup>3</sup>

Factors that increase risks of abuse or neglect of people with disabilities include:

- isolation, segregation from the community, and desire for human connection
- compliance with authority is taught to many people with disabilities from early childhood on
- communication needs and barriers
- reliance on others to assist with daily living, medical needs, transportation, and personal care
- being perceived as an easy target

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<sup>3</sup> More than 7,200 people with disabilities, family members, advocates, service providers, and professionals responded to this survey.

- routine violation of physical boundaries for people who require assistance with basic daily needs, such as bathing and using the toilet
- limited or lack of opportunity for relationships and/or sexuality education
- victim services not always accessible
- inequitable balance of power in relationships, including others having control over their financial resources

(C. Hughes, 2005)

## Build trust first

Building trust is an important first step in developing a safety plan that the person will actually use. Many people with disabilities have had negative experiences with the professionals who are supposed to be helping them. People who have lost trust in service systems may say what they think you want to hear or may be combative or angry in the beginning.

Be sensitive to the person's experiences and be authentic in your interactions. Avoid language that is going to make the person shut down such as: "Let's talk about your elopement from your home" or "Are you working your recovery program?"

Ask the person to tell you about the situation from their perspective. Be honest from the beginning about what you can and cannot do.

## Trauma-informed approaches

Being trauma informed means recognizing how widespread traumatic events are in our communities, particularly in the lives of people with disabilities. It also means recognizing that each person finds their own individual path to healing. Traumatic events affect our physical and mental health in very complex and long-lasting ways that include the way our brains function, our sense of well-being, and our ability to interact with others. When working with someone on safety planning, provide an environment that allows the person to establish safety and stability.

Staff providing trauma-informed services do not focus on symptoms, mental health diagnosis, or behavioral plans. They understand that people who experience traumatic events are likely to develop methods of coping and surviving that can include becoming addicted to alcohol, drugs, food, sex, or shopping; choosing partners or friends who are not supportive or are actually harmful; dissociation; isolating; rebelling; or hurting themselves physically. For many people who lived with abuse in childhood and adulthood, these reactions are a completely *natural* response to traumatic and abnormal experience of violence.

People with intellectual, developmental, brain injury, and other disabilities often have few opportunities to make real choices about their lives. Frequent traumatic events

include staff and roommate changes; bullying in schools; institutionalization; foster care placements; medical procedures; as well as physical, sexual, and emotional abuse from staff, roommates, other residents, or employers.

People with disabilities who have higher support needs are frequently put on behavioral management plans or medication to reduce behaviors that others find problematic. Yet, those plans neglect to address the trauma reminders that are often behind the behavior. Did the person experience sexual abuse as a child or adolescent? Did their long-term or favorite service provider leave without saying goodbye? Do they have any choices in when they eat, what they eat, and what they do with their spare time? Do they have any power over their lives at all?

**Trauma-informed values.** Survivors of violence-related trauma can benefit from an approach to safety planning that is grounded in five core values of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. These values highlight the importance of:

1. Establishing initial **safety** with a survivor. What can you do to assist all survivors, including people historically unserved, underserved or poorly served, in feeling more culturally, emotionally, and physically safe while receiving your services?
2. Being **trustworthy** in your one-on-one interactions with survivors. This value can be expressed by being transparent/honest, providing accurate information, setting appropriate boundaries, and working to recognize, acknowledge, and minimize the power differentials between you as an adult professional and the survivor of assault/abuse.
3. Supporting a survivor in making their own decisions—encouraging **choice**. Consider how to increase options in safety planning for survivors to make decisions about their own lives, rather than telling them what you think is best for them to do. Encourage each person to make choices about who is engaged in their safety planning, what resources they want to use, and how they want to address their safety. (Exceptions to choice are situations that require reporting to the police or Adult Protective Services.)
4. Working in **collaboration** with a survivor to develop the plan. Without this, the person will almost certainly not use their safety plan.
5. Supporting a survivor to find and use their own voice through **empowerment**. Using this approach will acknowledge, build upon, and validate each person's strengths.

(Adapted from Harris & Fallot, 2001, & Fallot, 2011.)

## Practicing safe boundaries

Learning to set boundaries and recognizing when they are crossed will look different for different people. It is a skill that evolves over time and requires practice. Many people do not know they have the right to say no to someone or something they don't like. People with disabilities in particular are often taught to comply with authority figures from a young age and regularly have their boundaries crossed without regard or recognition for their feelings, limits, and sense of safety. Both of these practices make people easier targets for abuse and exploitation. This compliance training is more likely to occur in group homes and institutions, where many people have authority over residents with disabilities.

All people have the right to say no to something that they do not like or when someone is hurting or exploiting them. As you work with people with disabilities, you can help them identify language to set their boundaries, such as saying *no*, *stop*, *leave me alone*, *get away from me*, etc. For many people with higher support needs, learning to say *no* or *stop* may be the most accessible way to communicate their boundaries. You can also explore nonverbal ways to say no, such as sitting down and refusing to go somewhere with an abuser.

However, sometimes saying no results in punishment or increased danger. An abuser may ignore the no, or even escalate their abuse.

Help the individual **identify next steps** to take if their boundary is not respected—such as calling for help, leaving the situation, or finding a safe person to disclose the abuse to at a later time.

The safest action will depend upon the person and the situation, and you can work through and even **role play safety in different scenarios**.

Emphasize that if the first person the survivor discloses to does not believe or respond to them, they should **continue telling trusted adults** until someone believes them and gets them the support they need to be safe.

## How to use this safety planning guide

*Use this resource to develop a safety plan, adapting it for individual circumstances. You are not likely to need to refer to all of the sections in this guide. Pick and choose from among the relevant resources, appendices, and safety planning tools.*

### Your role

This resource is for staff of domestic violence/sexual assault and disability service and residential agencies, and for therapists/counselors, social service agencies and others working with people with disabilities who are experiencing or are at risk for violence.



These tools will guide you and the person in developing an individual plan to increase their safety. This safety plan can be used with people with intellectual and other developmental disabilities, as well as people with physical, sensory, medical, and mental health disabilities.

Your role is to facilitate and to guide the person and their supporters to create a safety plan that reflects what they can actually do when they do not feel safe at work, at home (including group homes), in the community, or with a personal care attendant or family caregiver.

In each situation, be clear that violence is never the fault of the person who was hurt. The person who decides to hurt another person is at fault and they are always responsible for the harm they caused.

People with disabilities are often discouraged from being independent because of family fears of harm. Avoid making the person feel judged if they are independently living their life and then experience abuse. It's not helpful to question why they are in the situation they are in. People with and without disabilities experience abuse.

Additionally, the survivor may be afraid that if they report the abuse they will have to move into or back to an institution, nursing home, or home of a family member who uses their power in an abusive way. This is a very realistic fear for many people with disabilities who are abused by personal care providers, partners, or family members who provide care. The person may choose to put up with abuse rather than risk moving or losing hard-won independence.

If the person does disclose abuse and you are required to report it to the police or Adult Protective Services, they may get angry or frightened about losing their independence. See the reporting section of this guide for sensitive and effective ways to handle reporting abuse.

## Tips

During safety planning, the more options you can create together to overcome a barrier, the better the individual will be able to problem solve when they are not feeling safe. "What has worked in the past?" can be a useful question to start the conversation.

**Identify trusted emergency support people.** The questions in each section of this safety planning guide are for the individual who will be using the safety plan. That person may also invite staff, friends, and family to help answer these questions. When creating the plan, be specific about what each person's role will be.

Check that everyone included in the plan is comfortable with their roles and will be able to provide the support needed. Identify a point person that any member of the support team can contact if they are no longer able to perform their role. If this happens, reassess who can fill in that role.

**Modify as needed.** Each person's situation will be different. Be prepared to brainstorm creative solutions to fit each person's abilities and resources. For some people with disabilities, pictures, symbols, and other visuals will be more effective than words. Be flexible. This document is completely adaptable, and you can adjust the questions to make them easier to understand or to fit the individual situation. Using technology in safety planning can also be an option, including safety planning apps and online meeting platforms when it is not possible to meet in person.

**Take time.** Don't overwhelm the person with too many questions at once. Unless there's an emergency or dangerous situation, do safety planning over several sessions. Be prepared to take extra time, in a quiet place where the survivor is comfortable and where they seem to feel safe.

**Update the plan regularly.** Safety planning should be ongoing. Regularly review and update the plan with the person, both to reinforce it and to see if it still fits their current situation. Schedule a time to review and update the safety plan before you leave the initial meeting. If the situation is highly dangerous or constantly changing, that meeting might be once a week, or once a month. The more often the safety plan is reviewed, the more prepared the individual will be to respond in a dangerous situation (similar to a fire drill). Because turnover of paid providers is often high, regularly reviewing the plan with support people is also extremely important.

## Reporting abuse

In Texas and many other states, all citizens must report suspected abuse, neglect, or exploitation of a child, adult with a disability<sup>4</sup> or an adult in later life (65+ years of age). In other states, mandatory reporters are teachers, doctors, counselors, clergy people and others.

In Texas, this report can be made by calling 1-800-252-5400 or by making an online report on [www.txabusehotline.org](http://www.txabusehotline.org). Call the hotline for quicker response. In an emergency, always call 911. People who are Deaf, DeafBlind, DeafDisabled, late deafened, or hard of hearing (D/DB/DD/LD/HH) or who have speech-related disabilities can make a report by calling Relay Texas at 711 or 1-800-735-2989.

**In your state:** To find out your state requirements, do an internet search for "mandatory reporting" and your state's name.

## Reducing fear and distress

Being part of an investigation for abuse can be traumatizing. As noted, people with disabilities may not want to report what happened for many reasons, including a reasonable fear they will be moved into a nursing home or to another restricted setting.

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<sup>4</sup> 18 or older, or an emancipated minor

They may depend on their abuser for personal assistance tasks, for money, or for other needs. They may love the abusive person. However, even if the person does not want to take action against their abuser, you are still required to report within a 24-hour time period of learning about or suspecting abuse.

You can take steps to reduce the person's fear, distress, and potential trauma.

If you live in a mandatory reporting state, when you first meet professionally with a person with a disability, let them know that you are required to report if you know or suspect that a person with a disability is experiencing abuse, neglect, or exploitation. This information allows a real choice whether to share information about abuse or not.

A sample explanation would be:

"I want you to know that if you tell me that someone in your life is hurting you or not taking care of you, or using your things for themselves without consent, I am required by law to get help. The people I call would work to help you be safe. If you don't want to tell me someone is hurting you or neglecting you, that's OK. The choice is yours."

If the person discloses the potential for abuse, neglect, or exploitation, use the following steps as a guide:

1. Let the person know that you believe them.
2. Tell the person that what happened to them was not their fault.
3. When a person discloses abuse, ask if they are safe now, in their present circumstances. Even if the person is safely away from someone who was abusive in the past, they may be currently unsafe with other people. Often, people with disabilities experience multiple incidences of abuse throughout their lifetime.
4. If the person does not believe that what happened was abuse, explain what you saw or heard that makes you believe they were abused, neglected, or being exploited.
5. As stated earlier, respond to disclosures with sensitivity. Be honest about what will happen next (see below) and what you plan to do with the information they provided.
6. Let the person know that you don't want to report the disclosure without their input. Give options, such as reporting by themselves or in the company of staff, or being present when staff reports. If the individual decides they want to make a report, assist in finding a safe place for the investigator to meet them for an interview (your offices, doctor or therapist office). Also, let the person know to ask for their case number so they can get follow-up information.
7. Share that reporting abuse doesn't necessarily mean the person can't stay in their home or that anyone is going to jail. Tell them you want them to remain independent and that you are here to support them any way you can.

**NOTE:** Even if the person decides to report it by themselves or with staff from another agency, you are still required to report it yourself.

**Explain what will happen next.** Main points to cover include:

1. After the report is made, the Adult Protective Services (APS) worker will decide if there is enough information for someone to investigate.
2. If an investigation will occur, someone from APS will make an appointment to visit or call the person. When making the report, tell the hotline worker where the survivor can safely meet.
3. The APS investigator will ask about what happened. They may want to talk to other people in the person's life and ask them about the abuse. The person has a right to not call back, or to not answer the door.
4. Once the investigation is complete, the worker will write a report recommending what should happen next. The person does not have to accept services from APS if they do not want to, but APS will still need to investigate the abuse.
5. Sometimes the APS investigator will recommend emergency shelter or a different living arrangement, medical help or assessments, help with food or medication, or services by other agencies.

### **Use this guide safely**

*This safety planning guide is for victim and disability services staff who have enough information to use it safely. Please read this entire guide before beginning to safety plan with a person.*

### **Using role plays for practice**

To help people begin to generalize thinking about personal safety, address different scenarios through role plays, pictures, and videos. See [Using role plays in safety planning](#) for examples. These role plays are particularly helpful for people with disabilities who have been shielded from community life, as well as for people with disabilities that impact learning and memory (PTSD, brain injury, intellectual, cognitive, or developmental disabilities).

For role plays, use real life situations in the person's everyday life. For example, what they can do if a bus driver makes them feel uncomfortable, or what they can do if a roommate or staff member is stealing from their belongings. Be careful not to make role plays seem violent or frightening to avoid past abuse or trauma reminders.

Instead, help the person figure out things they can do to use their power in the situations.

## Getting started

This guide contains three safety planning forms. The **first** is a visual plan for people with intellectual disabilities, or for people who do not read or do not read English. The **second** is a safety plan in plain language, for people with intellectual or cognitive disabilities. The **third** is a general safety plan. Even though the visual or plain language version may be the best fit for a person, with their consent, you can still fill out the longer, general safety plan, so that you and others have all the information you need to provide supports for safety. Use the where to get help section for resources to include in the plan. **We recommend printing the safety planning form(s) first.**

The next five sections of this guide include general information and questions related to safety, specific disability and Deaf (DDBDDLDDHH) people, communication-related disabilities, safety in the home, and resources needed in order to create an effective and accessible safety plan. The links to all relevant sections are below.

You will most likely need to review, ask questions, and consider information detailed in more than one section. For example, if working with a person who has mobility and medical needs and they decide to leave their abuser, you will want to explore accessible housing needs and in-home services that may be needed.

**General questions for safety** – Review information and answer these questions first.

**Specific disabilities and Deaf (DDBDDLDDHH)** – Review and answer questions in relevant sections:

- Blind/visual disabilities
- Communication disabilities
- Mental health and traumatic stress disabilities
- Medical and mobility disabilities

**Safety in the home** – Review and answer questions in relevant sections:

- Personal care attendants/caregivers
- Internet and cyber safety
- Living in a group home or facility
- Safety when staying

**Safety plan forms** – Answer questions, and include relevant information from previous sections:

- Safety plan 1 (visual)
- Safety plan 2 (plain language)
- Safety plan 3 (general)

**Resources – Where to get help**

## General questions for safety

Go over this *general questions* section with everybody developing a safety plan. It includes essential questions about safety, resources, and support. The information you gather from this section and the pertinent ones that follow will be used to fill out the general safety plan form (Safety plan 3).

### 1. Where do you feel you are in danger:

- ☐ Work
- ☐ Home
- ☐ School
- ☐ Public (where?)

What makes you feel unsafe in each place? (Examples: Going from car to home, riding bus, someone you work with, bathroom, lunch room, your boss, or a family member.)

### 2. **Safety at home** – If you do not feel safe at home, do you have ways to keep yourself as safe as possible? Examples:

- ☐ During an argument, try to stay in rooms that have a door to the outside and avoid rooms with hard surfaces (floors, countertops, mirrors, kitchens) or where weapons may be stored.
- ☐ Make a plan of how to get away in an emergency, and practice it. If you have children, practice with them too.
- ☐ Make a code word or sign with friends, neighbors, family, and coworkers for when you need help. (Examples: a word, a gesture, a sentence, a scarf that you wear, or a plant you put on a particular window sill.) When someone who knows this code/sign sees it or hears you use it, they will know to check on you or to call the police. When you are setting up the code, talk to them about what the safest option would be: checking on you, calling police, asking a neighbor to check on you. When you talk to these people, if you want them to call the police, make sure to **give them permission to do so** if they think you are in danger. *Neighbors are less likely to call for help unless you have told them that's what you want them to do.*
- ☐ Teach children when to leave, where to go to be safe, and how to get help. (Examples: going to a neighbor, calling 911.) Set up a code with them about when you need them to leave and get help. Tell them their most important job is only to keep themselves safe, not to protect you.
- ☐ Ask neighbors and friends to check on you daily.
- ☐ Keep your phone with you and put 911 on your speed dial. There are also safety apps that you can put on your smart phone, if you have one. These apps will call police, friends, or whomever you've told it to call. Here is one example: [www.whengeorgiasmiled.org/aspire-news-app](http://www.whengeorgiasmiled.org/aspire-news-app)

- ☐ Get an emergency alert button.
- ☐ Increase the safety of your front and back doors. Examples:
  - only you and another person(s) you trust have copies of the key
  - use three inch screws (instead of one inch screws) in the dead bolt
  - a working light
  - alarm system
  - a camera that connects to your phone so you can see who is at the front door
  - locks on your windows
  - flood lights outside your house or apartment that come on when someone gets close
- ☐ Other:
  - Make sure to turn off tracking devices on your phone and all phone apps, Facebook, other social media, and your car. Otherwise, people can see where you are.

**3. Safety at work** – If you do not feel safe at work, do you have ways you can keep yourself as safe as possible? Examples:

- ☐ If there is a receptionist, talk to them and give them a picture of the person who scares you. Tell them what to do if the person calls or comes by.
- ☐ Talk to your boss and/or a coworker about the situation.
- ☐ Have a code word if you call in sick to alert your boss or coworker that you are not safe and to call the police.
- ☐ Ask to have phone calls screened at work.
- ☐ Screen your own phone calls at work. If you are allowed, let all your calls go to voice mail, and return calls immediately after the person leaves a message.
- ☐ Ask someone to walk to the parking lot with you when you leave.
- ☐ Have your cell phone ready to dial 911.
- ☐ Other: \_\_\_\_
  - Pack a go bag that you take to work or keep at work in case of an emergency. Include things like legal documents; money (cash, credit cards or pre-purchased gift cards like Visa); addresses and phone numbers in case your phone gets broken or stolen; secure email address only for emergencies; a cheap spare phone; medications and other needs.
  - If you are not safe, and you don't have somewhere to go to right away, go somewhere public to create next plans; maybe Walmart food court, a restaurant, a mall.

**4. Safety in public/during travel** – Do you have concerns about your safety while in public? Where? Do you have ways to keep yourself as safe as possible?

Examples:

- ☐ Avoid isolated areas.
- ☐ Run errands in the day and avoid being out at night.
- ☐ Travel with someone.



- ☐ If you do not drive, do you have someone you can call in an emergency situation? Can you set up a Lyft or Uber account in case of an emergency?
- ☐ Do you have ways to feel safer using the bus? Examples:
  - Ride the bus with a friend or roommate.
  - Ride the bus during the day and only ride at night with a friend.
  - Know where you are getting off and on the bus.
  - Sit near the front of the bus.
  - Keep your bus money, cell phone, and bus pass in your pocket so you don't have to take out your wallet at the bus stop.
  - Have your keys ready as you get to your home.
  - Other: \_\_\_\_\_
- ☐ Do you have ways to feel safer using the car:
  - Keep gas in your tank so if you have to leave suddenly, you can.
  - Avoid sitting in the car in parking lots.
  - Lock the doors of your car as soon as you get in and when you park but stay in the car.
  - Have cell phone and keys ready as you walk to the car. Ask someone to walk with you to your car when you leave a store.
  - If you are truly scared and can scream, do so. People will at least look at you. It may scare someone off.
  - Call a friend and talk on the phone as you are walking to your car or bus.
  - If someone is not available, pretend like you are talking on the phone.
  - Other: \_\_\_\_\_

**5. People** – Who can help you be safe? Do you have someone you trust who can help you:

- ☐ Leave your home?
- ☐ Let you stay with them for a short period of time?
- ☐ Learn about domestic violence or sexual assault services?
- ☐ Help you make your home secure?
- ☐ keep a copy of your important papers, an extra set of clothes, medication, extra set of keys, a cheap burner phone in case you lose yours, a list of important numbers and addresses, and any equipment you need?
- ☐ How can you reach them? (Phone, text, email, emergency app)

**6. Agencies** – These are agencies that may be able to support you. (Consult Resources - [Where to get help](#))

**7. Do use a service or therapy animal?** If so, what is needed for its care?

**8. Phone**

- ☐ Do you have a cell phone or other phone?
  - Does anyone else use that phone?
  - Does anyone else have access to the phone's account?



- ☐ Do you have the phone numbers to people or places you feel are safe? Keep them in your phone but also write them down and keep them in your go bag. Examples: Close friends, family, staff member, place of worship, corner store.
  - Where do you keep these phone numbers?
- ☐ Do you have your emergency numbers in your phone, including 911? Use *ICE*, which is short for *In Case of Emergency* before the names of people you would like to be called in emergency.
- ☐ If you are worried about your abuser tracking your location, do you know how to turn your phone GPS system off?
- ☐ Turn off your GPS tracking information for every app you use on your phone as well, such as Facebook.

## 9. Documents and money

- ☐ Are you able to get your money when you want it? How? Do you have gift cards to use in case something happens to your bank account or credit cards? Buying Visa or other credit card style gift cards can be helpful in case of emergency.
- ☐ Do you have your own checking account? Does anybody else have access to it? Do you have the bank phone number so you can contact them to report if someone is using your credit card or checks or to check on any concerns?
- ☐ Ask for receipts if your personal care attendant or others buy supplies or food for you.

## 10. If you leave, what would you need to take with you to be able to function by yourself? (For more options, see Things to take with me.) Common examples:

- ☐ Clothes, toiletries
- ☐ Manual wheelchair, extra cane, crutches, walker, rolling shower chair
- ☐ Screen reader, your computer, electronic books, chargers to go with any of your electronic devices
- ☐ Medication
- ☐ Wheelchair battery charger
- ☐ Phone and phone charger
- ☐ Service animal and supplies
- ☐ Birth certificate, social security card, medication list, medication history, phone numbers of doctors.
- ☐ Specific medical supplies (bowel & bladder supplies, Hoyer lift)
- ☐ Bus pass and/or disability documentation of eligibility for related transit
- ☐ Other:

## 11. Planning for a move: If you move to a new place, what type of support would you need? Examples: Bus training; learning how to get around the neighborhood; training on getting to stores, doctors, pharmacy; transferring prescriptions to a new pharmacy; nursing care; wheelchair accessibility; a new personal care attendant; access to public transportation/bus stops nearby; ASL interpreter; screen reading software; help with using GPS system in new phone or turning GPS system off if

concerned about abuser finding you; setting up computer; meeting neighbors; increasing security. Who can provide these supports?

**12. If you stay home**, and the person who has been hurting or neglecting you leaves, do you have ways to be safer at home?

- ☐ Change the locks.
- ☐ Make sure all your doors and windows are secure.
- ☐ Consider extra security, such as outside lights or extra locks.
- ☐ Have a safety plan for children. Talk to your child's school and/or care provider. Make sure they know exactly who is and is not allowed to pick them up. Tell the school and older children who to call if someone else attempts to pick them up or comes to the school.
- ☐ Get a restraining or protective order, if pertinent, and let friends, neighbors, your employer, and others know about it. Ask people to check on you regularly, and to call police if they think you are in danger. In Texas, a restraining order protects property and a protective order protects people. Different states have different laws.
- ☐ Keep a copy of your restraining or protective order with you and give a copy to the school or daycare (if you have one). Provide a picture of the person with the protective order. Schedule a time to meet with the school or daycare about steps to take if the person shows up.
- ☐ If you can, change your schedule and the routes you use.
- ☐ Change your telephone number, email address and passwords for online banking and any other sites that will allow a person access to you or information about you.
- ☐ Talk to your local police about the abuse history and let them know about your disability.
- ☐ Be careful on social media sites like Facebook. If you choose to use those sites, make sure that your information is blocked in every way possible, which means it isn't available for the public to see. Also, consider using a nickname as your main profile name, so only your close and safe friends know who you are on the site. Block anyone that you think might give your information to the person who is harming you.
- ☐ Make sure location sharing on social media sites is turned off in settings on your computer and your phone. Do not check in to social media sites because it will make it easier for an abuser to find you.

(Adapted from National Clearinghouse on Abuse in Later Life, 2003.)

# **Safety planning**

**with people who have specific disabilities  
or are Deaf, DeafBlind, DeafDisabled, late deafened  
or hard of hearing**

## Blind/visual disabilities

This section includes information specifically to increase safety for people who have a visual disability or are blind.

### Essential information

No two people see exactly the same. Total blindness refers to people with very little or no functional vision (no light perception or only bare light perception). A person who is considered legally blind may be able to dimly see light, shapes, colors, and objects.

### Supporting a person with a visual disability

**Etiquette.** Always ask before offering any kind of help to a person who is blind or has a visual disability. The person will be able to tell you what they need. If the person requests assistance with walking, they will most often hold your elbow and walk just slightly to the side and behind you. Let them know about anything blocking the path, such as boxes, a water fountain, or an unexpected turn. Let the person know before you go through a door, take a step up or down, or turn left or right.

**Technology and devices.** Cell phones are available with tactile keypads, advanced personal assistants, and screen reading software. Some smart phones come with adaptive programs already in place, such as voice over or Siri. People can also record information on a cell phone and transfer it to the computer.

Other useful devices include an electronic money reader, which is free to patrons of the Talking Books Program. See the [Where to get help section](#) for more options.

**Braille.** About 10% of people who are blind are fluent in braille. People who use braille can braille important information and tape it to the underside of a desk or bed and refer back to it as needed. This information can include important phone numbers, credit card information, or other information they might need in an emergency situation. However, braille cannot be stored in a wallet or notebook, because the dots will flatten over time and it becomes unreadable.

A slate and stylus, which cost \$5-10, are kept in a pouch and can be used to braille information. Important personal items, such as social security cards and medical insurance information, can be kept in a lock box that uses braille instead of numbers for a combination. The person can apply for a new credit or debit card that the perpetrator doesn't have access to and use the stylus to write the number down.

If braille devices or a stylus are not accessible to the person, they might be able to memorize important numbers, store important papers or information at someone else's home, or use a cell phone that is adapted to a blind person to keep information safe.

**Adapting to a new place.** If the person is moving out of a dangerous situation, they will most likely need orientation and mobility training to become familiar with the new environment. Ask the person what they need. When appropriate, it can help to put notes in braille on important items to help with identification and direction. For example, anything digital such as laundry, oven, microwave, or air conditioner can be brailled to show what buttons to push to start, stop, and use the various functions. Braille can help to identify light switches, door handles, furniture placement, fire extinguishers, etc. Encourage the person to rummage through the cabinets and drawers to familiarize themselves with what is in each.

## Safety planning questions

1. If you moved to a new place, what type of support would you need? (See examples below.) Who can provide that support?
  - ☐ Training on public or private transportation
  - ☐ Orientation and mobility training to your new home, yard/grounds, and neighborhood
  - ☐ Orientation training for service animal
  - ☐ Making changes to the setting so that it's accessible
  - ☐ Personal care attendant services
  - ☐ Adaptive equipment, such as screen reader
  - ☐ Other: \_\_\_\_\_
2. Communication & technology
  - ☐ Do you have a cell phone? Does that cell phone have screen reading technology?
  - ☐ Are you able to use your phone by yourself?
  - ☐ Do you have a way to use your phone privately, so other people do not know?
  - ☐ Is your cell phone password protected so no one can read your texts or email or move your apps around?
  - ☐ Have you learned how to touch type phone numbers, and do you have the numbers for safe people and places pre-programmed in your phone? If not, would you like to learn how?
  - ☐ Have you learned how to program emergency numbers or your emergency contacts with one touch dialing? If not, would you like to learn how?
  - ☐ Do you use screen reading software?
  - ☐ What other technology do you use that helps you be independent?
3. Being in the community:
  - ☐ Do you have photo identification/ID?

- ☐ Do you use a money reader? (It is available for free.)
- ☐ If you read braille, are your important items marked with braille so you can identify them?
- ☐ Do you have a slate and stylus so you can braille things like phone numbers?
- ☐ Do you have a voice recorder?
- ☐ Do you use a service animal?
- ☐ Do you have a bus pass?

## Communication disabilities

This section includes information and questions to address safety for people with disabilities related to articulation and speech.

### Essential information

Some people have limited or no ability to communicate verbally. However, all people communicate. Find out how the person best shares information – verbally, writing, gestures, through communication devices, or other means. When working with someone who does not communicate verbally, start by asking the person your questions and look for non-verbal responses or gestures that indicate their understanding. At first, it may be helpful to ask questions you know the answer to, such as their name or where they live, so that you can get a sense of how the person communicates. Talk to the person like an adult, not a child.

### Supporting a person with a communication disability

In a crisis situation, the person may have more difficulty than usual communicating and understanding. Repeat information as needed. Don't pretend you understand if you do not. Do not speak for the person.

If you are having a hard time understanding, ask the person for permission to ask someone who knows them well about how best to communicate; perhaps a family member, personal care attendant. Ask about familiar words, symbols, sign language signs, or other gestures the person might use to communicate.

If the person is accompanied by someone who does communicate well with them, ask the person if they would like them to be in the room while you do the safety planning.

Only ask if someone else can be in the room when you are alone with the survivor so that they can feel free to say no. Do not reveal confidential information to anyone else without consent from the person.

Keep open, comfortable body language and make eye contact as you would with anyone else. Explain safety planning in clear, easy to understand language – but give all the same information you would give to anybody else.

Watch for non-verbal signs of communication that indicate understanding and agreement, such as eye contact, gestures, posture, body movements, and tone of voice. Give the person extra time to process what you have said and to make decisions.

If the person's response to your questions isn't clear or they don't appear to understand, try restating the question or statement in a different way, perhaps using plain language.

Use yes and no questions. If the person cannot answer yes or no verbally, they may be able to answer using tools such as eye blinks (once for yes, twice for no), sign language, or tapping or pointing to a picture that has yes and no. If applicable, provide pictorial cues as well as verbal cues. Use the picture-communication symbols (PCS) board at the end of this toolkit or their own communication book or device.

## **Safety planning questions**

1. How do you best communicate?
2. Do you use any communication devices or technology? If so, what are they?
3. Can you get to those devices when you want them? Do you have more than one communication device so that you could leave one in a safe space in case you needed to leave home quickly?
4. If you do not have your communication device, is there something that will help you, such as a communication board or book? Is there anything else that would help you communicate?
5. If you use facilitated communication and the person who normally assists you is not available, can anyone else assist? Who?
6. Do you need an interpreter?
7. Has your abuser ever taken away your communication devices? Do you have your device now?
8. Do you have an emergency plan for communication if you need to leave? If not, would you like to make one?
9. If you get really frustrated when trying to communicate, how can we help?

**Note:** It may be helpful for the person to have a copy of the answers to these questions to keep with their safety plan. If the person is in fight/flight or freeze mode they can share the document with first responders or others in case they are unable to communicate at the time.



## Mental health and traumatic stress disabilities

This section includes information to increase safety during emotional crisis that can be useful for survivors with traumatic stress and/or mental health disabilities.

### Essential information

People with mental health disabilities are at increased risk for repeated victimization. In one study in Chicago, more than 25 percent of 936 people with severe mental illness disabilities who were surveyed reported being victims of violent crime in the course of a year. In this study, participants with mental illness were at least eight times more likely to be robbed, 15 times more likely to be assaulted, and 23 times more likely to be raped than the general population (Teplin, McClelland, Abram, & Weiner, 2005, as cited in Levin, 2005).

Be sensitive to the following aspects of a survivor's experience:

- Adult behaviors and symptoms that seem dysfunctional or have been diagnosed as a mental health disability may have developed as a coping response to trauma. Diagnostic symptoms such as dissociation, for example, can be an understandable adaptation to terrible events.
  - Survivors are best served when staff members offer collaborative partnerships with options and choices.
  - Symptoms of depression, anxiety, dissociation, difficulty controlling emotions and sustaining relationships, overeating, self-harm, substance misuse, and mistrust are commonly linked to childhood and adulthood sexual and domestic violence, neglect, or other trauma.
  - Trauma survivors may be triggered by traditional service delivery approaches. They tend to respond best when they are respected, informed, connected to others, and allowed to personally make the choices for their own recovery.
  - People who have been abused often may be unable to advocate for themselves.
- (The previous section was adapted from Harris and Fallot, 2001; Vermilyea, 2000; & National Mental Health Information Center, n.d.)

### Supporting a person in an emotional crisis

If you are having difficulty understanding a person in emotional crisis, listen carefully, and wait for the person to finish speaking before trying to clarify. It is not helpful to pretend you understand. Clarify by asking short yes/no questions or by paraphrasing

what you heard. Listen attentively as the person responds. If the person is having trouble processing information or sounds, use clear, simple, and direct communication.

If a person has difficulty staying on topic, continue to respectfully refocus the conversation. A survivor may be more preoccupied with what has been done to them than with problem solving. Even if the person's thoughts and perceptions seem to be based on something you believe is false or unrealistic, you can keep returning to the topic. "I understand what you are saying, but I'm going to ask you to concentrate on the question I just asked you. We really need to address this particular issue." You may have to say the person's name throughout the conversation to get them to stop listening to their internal dialogue.

In the past, family, friends, caregivers, and other service providers may have silenced or refused to believe the person's disclosures of abuse, minimized its impacts, or may have actually perpetrated the abuse. They may have withheld important information or even been deceptive about options and treatments. Unfortunately, the survivor may have also experienced repeated victimization and further trauma while living in group homes, treatment facilities, institutions, or with family.

Abuse survivors with a mental health diagnosis can feel abused, demeaned, and disempowered by a diagnostic label that they don't agree with, and that does not reflect their experience. Because of a person's history of abuse and treatment in the mental health systems, some survivors may find it extremely difficult to form trusting relationships with service providers. Given earlier betrayals, it may take extra time to develop and build a trusting relationship. For staff, this requires patience and careful attention to avoid even small deceptions or untruths (Adapted from Rhodes, 2004).

## **Safety planning questions**

1. What does an OK day look like for you?
2. What does a not OK day look like for you?
3. What makes you: anxious, angry, upset, fearful, afraid, quiet, shy, want to be alone?
4. How do you let other people know you are upset?
5. Which people in your life feel safe and supportive to you? Which people in your life listen to you and help you when you need it?
  - ☐ How do you reach them if you need them?
  - ☐ Do you have a peer support person?
6. When you are upset, what things make you feel better? (Examples: music, talking to friend, nature, movie, journaling, listening to a bird, sitting somewhere quiet, playing games or working on a puzzle, being with a therapy/service animal)

7. If you are upset or have a problem, how do you feel most comfortable discussing it? (Examples: talk to friend, talk to case manager, not talk about it at all, send an email, wait a day)
8. If your day is not going well and you are not OK, what can other people do that helps?
9. If you feel threatened or frightened, what are some things you can do to feel safer? Examples:
  - ☐ Talking to someone in your family, a friend, case manager, therapist, boss, or co-worker
  - ☐ Screening your phone calls
  - ☐ Not opening your door to someone you do not want to see
  - ☐ Disconnecting from people on social media who make you feel threatened
  - ☐ Planning for your physical safety in different settings, such as:
    - Asking someone to walk with you out to your car/bus/ride after work or when leaving a store or restaurant at night
    - Traveling with at least one other person on the bus or when walking home
10. How do you want us to check in with you if we haven't heard from or seen you for a while? Examples:
  - ☐ Phone call
  - ☐ Text message
  - ☐ Note on your door
  - ☐ Email
  - ☐ Other: \_\_\_\_\_
11. If we don't hear from you or can't reach you for \_\_\_\_\_ days/weeks, what should we do? (Examples: Call your emergency contact, stop by your house, stop by your work, wellness check from therapist/case manager, call 911)
12. Are you currently connected to or do you want to be connected to a therapist or other mental health services or supports? (*Note to case manager:* If yes, provide resources.)

# Deaf, DeafBlind, DeafDisabled, late deafened, hard of hearing (DDBDDLH)

This section includes information specifically to increase safety for people who are Deaf, DeafBlind, DeafDisabled, late deafened, or hard of hearing.

## Essential information

The current most inclusive language to refer to the diverse group of people who are Deaf is Deaf, DeafBlind, DeafDisabled, late-deafened, or hard of hearing. The shortened version is DDBDDLH.

- **Most Deaf people** don't have much or any hearing at all, but many of them also have a range of functional hearing.
- **Deaf** people often use sign language to communicate. American Sign Language (ASL) has its own grammar and syntax.
- **Not all DDBDDLH individuals** feel comfortable using written English as the only mode of communication, so please check in with them and ask them how they would like to communicate.
- In addition to being Deaf, a **person who is DeafBlind** may have very little or no functional vision, or may be able to indistinctly see light, shapes, colors, and objects. They may use tactile sign language and/or Pro-Tactile (hands on hands to communicate).
- **The label, DeafDisabled or Deaf Plus**, is for Deaf individuals who have one or more disabilities other than being Deaf. This includes developmental disabilities like autism, intellectual disabilities, cerebral palsy, mental health disabilities; cognitive disabilities, and traumatic brain injury (TBI).
- Adults who lose their hearing with age are **late deafened**.
- People who have some or a lot of hearing, but do not hear as well as hearing people, may identify themselves as **hard of hearing** or as *Deaf*. They may hear and speak a bit. Use of the term "hearing impaired" is offensive.

## Other communication methods

- **Some Deaf people** also not sign at all and speak fluently. They may communicate using a speech-generating device or an FM (frequency modulation) system, which uses radio waves to send speech and other signals to hearing aids or cochlear implants.
- **People may read lips or speech read**. However, only about 30-45% of what is being said can be understood through lip reading (Lieu, Sadler, Fullerton, & Stohlmann, 2007).
- **Home signs** from their own family.
- **Signed exact English (SEE)**

- A mixture of these methods.

### **Deaf culture**

- The DDBDD community is a marginalized group that has its own language, history, art, traditions, religious groups, clubs, values, and norms. People who identify with this culture use the term Deaf, with a capital D.
- Some individuals in the community identify as having a disability and some don't, regardless of whether they label themselves with a capital D or not.

## **Supporting someone who is DDBDDLH**

**Avoid assumptions.** Each DDBDDLH person is unique, and not every person uses the same communication methods. Some Deaf people grow up fluent in both English and sign language. Some Deaf adults may not have had access to both languages at a young age, which may mean they are more fluent in one language than the other.

Always ask what method of communication they prefer. It is important for hearing people to understand their own hearing privileges in our culture, and how our society creates barriers to access for people who are Deaf.

**Double barriers.** DDBDDLH people may experience a double barrier to reporting within their own community and within the justice system. The Deaf community is very close knit. A DDBDDLH person may be afraid to report the abuse when their abuser is well liked and respected in the Deaf community. When survivors report or talk about their abuse, the Deaf community many times will either blame them for staying in the relationship or will shun them for reporting the incident to make the abuser look bad.

When you respond to disclosures, be aware of the effects of trauma, and of the potential barriers the survivor might face. Common barriers include lack of ASL interpreters with service providers; limited access to resources about domestic violence/sexual assault (such as YouTube or other videos); being sheltered from hearing society and therefore unaware about sexual or domestic abuse services; not being able to report abuse; police biases and assumptions about Deaf people being loud/angry/aggressive; a justice system that doesn't provide interpreters or highly qualified interpreters who can interpret in the court systems; and the fear of not having anyone believe their story.

**Conflicts of interests with interpreters.** It is quite probable that the person will already know the interpreter. Interpreters should adhere to a standard code of ethics to not interpret if there is conflict of interest; however, this doesn't always happen. Ask the person how they would like to proceed while the interpreter is not in the room, when possible. Let the person know you want to hear any of their concerns with a particular interpreter. You can do this by writing down your question or statement.

If the interpreter or the DDBDDLHH survivor says there is a conflict of interest, reschedule and call the interpreter agency to see if they have a list of names that the client could choose from.

## **Safety planning questions**

1. How do you best communicate – American Sign Language (ASL), Signed Exact English (SEE), Cued Speech<sup>5</sup>, or other?
2. Do you have access to contact anyone, in case of emergency, like: iPhone, Blackberry, Samsung, videophone – Convo, Sorenson, purple ZVRS and/or TTY?
3. Do you need help with anything?
4. If you know the person who hurt you, are they well known in the Deaf community?
5. Ask only when the interpreter is not in the room by writing a note:
  - ☐ Do you know this interpreter?
  - ☐ Are you okay with this interpreter?
  - ☐ Are you comfortable having this particular interpreter today?
  - ☐ If not, would you like to change the interpreter for next time?

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<sup>5</sup> Cued Speech is a visual communication system that uses eight handshapes in four different placements near the face in combination with the mouth movements of speech to make the sounds of spoken language look different from each other (National Cued Speech Association, n.d.).

## Medical and mobility disabilities

This section includes information to increase safety for people who have medical and mobility disabilities.

### Essential information

This section is focus on increasing safety for people who have medical and/or mobility disabilities. Individuals with mobility related disabilities may rely on assistive devices (wheelchair, cane, crutches, braces, etc.) for mobility; or they may have limited use of their limbs as a result of spinal cord injuries, amputations, and/or multiple sclerosis. Many abusers take away access to medical equipment and mobility supports to further isolate/control and reduce independence.

A person who uses medical equipment—such as a Hoyer lift, wheelchair, oxygen, or respirator—faces more barriers when leaving an abusive situation. They may need personal attendants, skilled nursing, and other professionals in their daily lives who are hard to reschedule or who may not be able to travel to a new residence.

State regulations make it difficult to change home health providers quickly, get new or different equipment, replace medication, or get cooperation from insurance companies during an emergency. These factors can leave the person with difficult decisions – do they go to the hospital and face being institutionalized in a nursing facility, go to an ill equipped and potentially dangerous boarding home, or stay at home even if that means continued abuse?

People with medical or mobility disabilities who rely on paid personal care attendants or family for assistance with tasks they cannot do alone (taking a bath or shower, using the toilet, grooming, dressing, meal preparation, and eating) often feel at extremely high risk of losing their independence if they decide to report the abuse they experience from a family care provider or paid attendant. The potential loss of freedom and independence is devastating, and is likely to impact what information people are willing to share with you about what is going on in their lives. For more information, see [paid personal care attendants/caregivers](#).

### Supporting someone with a medical or mobility disability

Any change the person makes may need to be coordinated with a home health care agency, attendants, nurses/doctors, insurance companies, pharmacy, or medical equipment providers.

Your role is to talk through the person's options and support them in coming up with a plan to coordinate their medical needs if they decide to move. This safety plan may involve working with medical or home health agencies and medical professionals who are critical to the person's continued independence. Build in the extra time needed to work with this survivor to secure the supports needed to live safely and independently in their own community.

Having needs for personal care and medical supports (physical therapies, mobility devices/aids/equipment, and medication) does not necessarily mean the person is medically fragile. Instead, this person relies on medical supports that many people do not need.

If you need to report to Adult Protective Services (APS), an investigator or supervisor may help the person get replacement medicine or medical equipment if they need to leave their current home.

## **Safety planning questions**

1. What kind of help do you need with everyday activities? For example, do you need assistance with cooking, cleaning, shopping, personal care (e.g., daily hygiene, using the toilet/taking a shower, transferring in and out of bed, etc.)?

Medications:

- ☐ Do you take medications?
  - ☐ Do you need assistance with taking your medication?
  - ☐ Do you have a pill reminder, such as Script Talk or a talking pill bottle?
  - ☐ What are the medications you take? How often?
  - ☐ Can you get your medications and prescriptions if you need to leave quickly?
  - ☐ Do you know the name and telephone number of the pharmacy you use?
2. Do you carry your medical information/benefits/insurance card(s) with you?
  3. What medical equipment do you need to have with you? (Examples: respirators, bed pan/urinal, bed, Hoyer lift, commode, shower chair, oxygen concentrator or oxygen, wheelchair battery charger)
  4. Can you take any of your medical equipment with you if you leave?
  5. Do you have regular procedures, such as bladder or bowel programs, that would need to be quickly rescheduled if you had to leave your home?
  6. Transportation:
    - ☐ What types of transportation do you use? Can you use transportation without assistance?
    - ☐ Can you transfer into an automobile?
    - ☐ If not, what kind of assistance do you need?



- ☐ Does your community have wheelchair accessible buses, cabs, or ride shares?  
How quickly can you access emergency transportation?
- 7. Do you use a service animal? If so, what kind of care is needed for the animal?
- 8. Getting help:
  - ☐ Do you have a phone for emergency calls and texts?
  - ☐ Do you keep your phone with you at all times, and within reach of your bed?
- 9. Getting out:
  - ☐ Can you get into and out of every room and exit in your house?
  - ☐ Do you use anything to help you walk, like a cane or a walker? At home, can you get to it easily?
  - ☐ Are you able to keep your mobility equipment and aids nearby at home?
- 10. Wheelchair users:
  - What assistance do you need with your wheelchair? Examples:
    - ☐ If you use a manual wheelchair, can you lock and unlock your wheelchair yourself or do you need help?
    - ☐ If you have an electric wheelchair, can you charge it yourself?
    - ☐ If you have an electric wheelchair, can you reach the manual option and turn off the motor or could you explain to someone how to do it?
    - ☐ How do you transfer? (Independently, with a sliding board, Hoyer lift, etc.).
    - ☐ If you don't transfer independently, is there someone who lives with you or lives close you can call if you need help to leave the house?
  - Is there a place on your wheelchair that you could store or hide important items or documents, like your ID card and medical information?
  - Do you have a backup wheelchair that you can get to easily (either manual or electric)?
- 11. Planning ahead: Is there a place in your bed or in a nearby area that you can store or hide important items or documents?
- 12. Do you use a personal care attendant? If so, please answer the questions in the next section.

# Safety at home

## Personal care attendants/caregivers

This section provides information to increase safety for individuals who rely on paid or unpaid personal care attendants or caregivers for day-to-day living activities. These activities can include shopping, cooking, driving person to appointments, cleaning home, using the bathroom, and showering or bathing.

### Essential information

Without paid personal care attendants or unpaid family/friend caregivers, some people cannot live independently. Because they are involved in the intimate care of the person with a disability, attendants are in a unique position to witness or see when someone else is abusing the person. At the same time, volunteer and paid attendants can also be abusive, neglectful, and exploitive. Personal care attendants may have near unlimited access to a person's life and belongings. As with any relationship, power and control dynamics can be abusive and exploitive or used to provide supports and care in respectful and equitable ways.

### Supporting a person who uses personal care attendants

Over time, people with disabilities can develop very close relationships with their attendants. If you are concerned about the attendant, don't automatically assume the attendant care agency should get involved, and don't call the agency for the person with a disability.

For example, bartering for services is very common with people with disabilities and attendants. This might take the form of trading an item in exchange for a service, or providing an extra service if the attendant's kids can come to work when school is out for a day. However, if you know or suspect abuse, neglect, or exploitation, always let the person know you are required to report it, and follow through.

Many people have more than one attendant; for instance, a morning and evening attendant. If one attendant is being abusive or neglectful, the other attendant or the agency may be able to help out until a more permanent solution is found.

### Two models of personal attendant services

*Consumer-directed personal attendant services.* The person with the disability hires, trains and supervises the attendant, who can also be a family member or friend. This puts the person with a disability in charge of their life, but reduces their safety net if something happens and they lose their attendant. The people using this model tend to be very independent.

*Agency model personal attendant services.* The person signs on with an agency, and the agency hires, trains, and provides attendants for the person. The person has less say over who provides the attendant care, but they also don't have to be responsible for hiring, training, and signing off on paperwork.

**Barriers to safety.** People with abusive or neglectful attendants have a number of barriers to being safe. Without the attendant, they may not get the care they need and they may lose their independence. If they fire an attendant, they may feel like they are losing a family member or even a part of themselves – particularly when the attendant *is* a family member or close friend. In that case, a chain of relationships can be affected by a disclosure of abuse. The dynamics of caregiver or attendant care abuse can be very similar to domestic and/or family violence.

A long-term attendant knows exactly what to do without being told. After the person has experienced abuse, neglect, and betrayal, it may be difficult to trust another attendant to do the same intimate tasks.

Attendant care agencies are supposed to provide emergency attendants if the regular attendant is no longer able to provide services, the attendant is abusive, the existing non-abusive attendant can't provide services at a new location, or an attendant suddenly quits their job. However, actually getting emergency attendants may require advocacy and strong insistence from the person and their support people.

## **Safety planning questions**

When discussing personal care assistance/attendants, it can be helpful to start with more general questions. You may be uncomfortable talking with another adult about their personal care (bathing, dressing, hygiene) until you gain some experience safety planning with people who rely on personal care attendants.

To start this conversation, you can ask, "Do you need or use any kind of personal care assistance?" or "do you have personal care attendants that you work with?" If the answer is "yes", here are some helpful follow up questions:

1. When is your care assistant or attendant with you? Hours of the day?
2. What specific types of things does your attendant help you with?
3. If you decide to leave an abuser, can your attendant come with you? Are they limited by where you live (close to a bus stop or within a certain area)?
4. Can your attendant drive you in an emergency?
5. Does your attendant do any banking for you or use your money to pay for things?
  - ☐ What do you do to keep your money safe? (Examples: Ask for a receipt if they make a purchase at the store or for a bank deposit. Ask bank to call you

anytime someone makes a withdrawal from your bank account.) If unsure about an attendant's honesty, keeping your credit card/money out of reach or hidden from your attendant.

### **Firing an abusive attendant:**

1. If you need to fire an abusive/neglectful/or dishonest attendant:
  - ☐ Do you have a backup attendant if needed?
  - ☐ Does an agency pay and choose your attendants or do you hire and supervise your own attendant?
  - ☐ Do you know who to call if you need to replace your attendant?
  - ☐ If the agency provides attendant care, what is their policy about providing emergency attendants?
  - ☐ If you hire and fire your own attendant, who do you notify?
2. If you need to fire an attendant who is abusive or neglectful, do you have a plan?  
Examples:
  - ☐ Asking a friend or case manager to be present, if it would make you more comfortable or if it is not safe
  - ☐ Not firing in the morning, when you may still be in bed, in the bathtub, on the toilet, or hungry. Unless there is danger of abuse, wait until your physical care needs are met.
  - ☐ Reporting abuse to Adult Protective Services with case manager and ask agency to handle
  - ☐ Changing the locks on your door and changing the security code to get into the house
  - ☐ Having a place you can go for a couple of days until you feel more comfortable
  - ☐ Asking for help in getting a restraining or protective order
  - ☐ Calling a domestic violence or sexual assault agency for assistance
3. If you have to hire a new attendant:
  - ☐ Have very clear guidelines about your expectations for the attendant's role and your specific care needs.
  - ☐ Review what types of things are crimes: stealing, neglect, abuse, withholding medications or accommodations.

## Internet/cyber safety

This section includes information and questions that can be used to assess safety concerns and implement safety planning with a person at high risk for cyber abuse, exploitation, unwanted contact, or stalking.

### Essential information

This safety planning information is suitable for anybody who uses the Internet. Some people, however, need to address more pressing safety issues such as Internet stalking, or an abuser who knows their email, is friends on Facebook, or follows them on Twitter. Important questions and discussion points for cyber safety planning includes:

- Is it safer to block an abusive person or stalker?
- Is it safer to keep the abusive person on your social media platform?
- What would happen if you closed all social media accounts?
- What would happen if you closed your email account?
- Could you get a new email address with the same or another provider?

Knowing the answers to these questions can help guide the discussion about what steps to take next. Social media is always changing. Advocates do not need to know how to do everything on every social media site, just how to get the information they need.

#### **Keep track of any time the abuser harasses them on the Internet.**

If the person is currently being stalked or their accounts have been accessed by the perpetrator, the person can start a log of the breaches that include pictures or screen shots, dates, what occurred and any other important information about how the abuser misused their information or harassed them.

If the person does not have a protective order, this information can be used to get one. If a protective order is already in place, this information can be used to show the perpetrator broke the rules of the protective order.

However, when gathering evidence in order to obtain a protective order or report a violation of the protective order, do not leave evidence on the phone that will be gone if the phone gets lost, broken or stolen. Send screen shots and all other evidence to a special email that you created that can only be accessed by you. Do not send evidence to an advocate or case manager because that evidence can be considered not valid since the chain of custody has been broken.

## Safety planning questions

1. What do you use the Internet for? Examples: Facebook, Instagram, Snapchat, email, paying bills, online banking, YouTube, and gaming
2. How do you primarily access the Internet, on the phone or computer?
3. Can you use the Internet at any time or only certain times?
4. Do other people use the same Internet devices you use?
5. Do other people have access to any of your online accounts? (Facebook, banking, bill paying, cell phone)
6. Do you have the auto-GPS turned off on your phone and smart watch? Auto-GPS allows other people to see where you are.
7. Does anybody else know your passwords to email accounts, bank accounts, or other accounts? Do you keep these passwords somewhere safe?
8. Do you share personal information on Facebook or other social media, such as your real name, date of birth, where you work, when you are going on vacation? Do you know how to edit and delete that information?
9. If you play games on the Internet with other players, do you share personal information in the chats?
10. Do you update your social media status to state where you are currently?
11. Do you know how to report someone who is bothering you online?
12. Do you know how to make changes to your privacy settings on social media?

## Additional resources:

- National Network to End Domestic Violence (<http://nnedv.org/>) has many videos, webinars and information about cyber safety, stalking and safety planning for the Internet.
- Texas Council on Family Violence can provide technical assistance on cyber safety. <http://tcfv.org/>

## Living in a group home or facility

This section includes information that can be used in safety planning with people who live in group homes or other group settings.

### Essential information

Living in a group home or facility generally means that the person lives with a number of other people with similar disabilities and that staff provide care and support most or all hours of the day and night. The more institutional settings include nursing homes, state supported living centers, or state hospitals for people diagnosed with chronic mental illness.

Some people with disabilities may live temporarily in one of these settings after a surgery or for physical rehabilitation or psychiatric stabilization, while others may live in an institutional setting most of their lives. Some individuals with intellectual and/or developmental disabilities are believed by some parents, guardians, or the courts to need support 24 hours a day with daily living, health, and safety.

Unfortunately, the more institutional settings are likely to operate as closed systems (nursing homes, state hospitals, State Supported Living Centers where domestic violence/sexual assault staff are not allowed to provide victim services to residents, including safety planning).

### Supporting someone who lives in a group setting

**Barriers to leaving.** A person who lives in a group setting may have some but not all of the same levels of independence as a person living in their own home or apartment. For example, they may have a job, but are transported to and from work by their group home staff. They may not have freedom to decide they want to leave, who they can talk to, how to get places, how to spend their money, or access to technology (cell phones, telephones, laptops, desktops, tablets, etc.).

Some adults with intellectual and developmental disabilities do not have a guardian, and others may have a guardian who is a parent, non-profit agency or a state designated person. Increasingly, guardians are being replaced by the process of supported decision making. People without guardians are legally allowed to make their own decisions, but that doesn't mean they are actually free to do so. For more information, see the section on [guardianship and supported decision making](#).

Keep in mind that the assistance a person needs on a day-to-day basis may present an overwhelming barrier that keeps them from leaving an abusive situation. While supports can be put into place for a person who needs to leave a group setting, it is likely to take



much longer than for a person who lives in their own home. Many more people and agencies are likely to be involved in the process. This might include family, agencies that provide care, case managers, and doctors/medical staff.

## **Safety planning questions**

1. Do you have people around you that you feel safe with and that you can talk to? (friend, family member, neighbor, roommate, staff person)
2. Do you have a guardian?
3. Are you able to lock your house, apartment or bedroom door? Do you have the lock or key, or know the combination to the lock?
4. Who else has access to the lock/key or knows the combination to the lock?
5. In what areas of your home do you have privacy?
6. If you wanted to, can you leave your home at any time?
7. What do you have to do to be able to leave your home?
8. If you are in danger, is there someplace nearby that you can go for help, such as a store or McDonalds?
9. Can you use your phone or the house phone whenever you want to? Do you have any way to call someone in an emergency?
10. Do you have people around you that you feel safe with and that you can talk to? (friend, family member, neighbor, staff person)
11. Is there someone you can always go to for help? Who is it?

## Safety when staying

This section includes information that supports safety planning with someone who has decided to stay in an abusive situation, at least for the present.

### Essential information

**Why might people stay?** People with disabilities may choose to put up with a certain level of abuse rather than risk being moved to a situation that is more restrictive or can be more dangerous, or where they lose independence – such as leaving their home to live in a nursing home, or leaving a group home to live in a larger institutional setting.

Leaving might not be an option. The person may not have another place to go, or not have money, or their guardian may not allow them to leave. Sometimes, the person may feel it is more dangerous to leave than to stay. Honor the survivor's understanding of their abuser, while expressing concern for their safety. A large percentage of the people who are killed or seriously injured by their abuser were either trying to leave or had recently left the relationship (SAFE, 2003).

Sometimes family and friends shut survivors out because they feel that the person should have left long ago. Friends and family may also be afraid the abuser may hurt them or their own families if they help, or they may not have accessible homes. While all public services should be accessible to everyone, the reality is that crisis shelters may also not be accessible to people with some disabilities. They may not be able to provide attendant care, American Sign Language interpreters, or experience and willingness to work with people with some disabilities.

Finally, the person may still love the person who hurts them. They may have lost confidence in their own ability to make good decisions or cannot think of a future without the person who chooses to use violence.

### Options for increasing safety

Discuss the following options for increasing safety when people decide to stay:

- Step back. When the abuser is dangerous, where can they go that might be safer? Can the person go to another room with soft furniture, a neighbor, a different building?
- Call or text someone. Can the person call or text someone safe? Are those people generally available and likely to get the text or call? If not, they won't be able to help.

- Read emotions. Ask the person if they can tell when someone is angry or about to be abusive. Explore what they can do if the person who hurts them is starting to get angry.
- Check for protective behaviors. Ask the person what protective behaviors or actions they may have already developed. For example, one person just sits down whenever she wants to communicate that she does not agree with what is happening.
- Practice. As discussed earlier, practice the safety plans repeatedly. Use role plays, and review problem-solving strategies in different scenarios.

## Safety planning questions

1. If you see or sense that abuse is going to happen, what steps can you take to reduce your risk? For example:
  - ☐ staying away from rooms with hard floors or potential weapons (such as the kitchen)
  - ☐ having quick access to a phone to call for help
  - ☐ having access to an exit
  - ☐ pretending to need emergency medical attention to get to a hospital where you can ask for help
  - ☐ scooting down the hallway to neighbors (for someone whose mobility aids have been taken away)
  - ☐ setting up a code word in advance to use with family, friends, or neighbors, and agreeing what the other person will do when they hear that code word (call police, come to house, call on phone)
2. If you decide to leave, do you have a safe place or person you can stay with?
3. If you have children, do you have a code word or other way to let them know that you want them to leave and get help?
4. Do you have backup communication or mobility aids or have a way to get them if you must leave without them?
5. Can you tell when someone is getting angry? If someone who hurts you is getting angry, what are the things you can do to be safer? Examples: Leaving the room, going and doing something with someone else in the home, going outside.

**Caution:** Any of those examples could make an abuser even angrier. Ask the person about what has worked for them in the past.




# Safety planning forms

## Safety plan 1 (visual)



**SAFE** | stop abuse for everyone

# SAFETY PLAN



**1. When someone is hurting me and I am scared, hurt, or nervous**

_____	Mad 	Scared 	Sad 	Nervous 
_____	Sick 	Weird 	Tired 	
_____				

**2. I will say or I will do..... if safe, say NO! or stop! leave, get help**

_____	 
_____	
_____	

**3. I can get help. First, I will tell:**

<b>Name:</b>	_____	
<b>Phone:</b>	_____	
<b>If I can't talk to them, I will go see or call:</b>		
<b>Name:</b>	_____	
<b>Phone:</b>	_____	
<b>If I am in danger, I can call 911</b>		

## Safety plan 2 (plain language)

Plan for: \_\_\_\_\_

Date: \_\_\_\_\_

Created with: \_\_\_\_\_

When I am not safe at **HOME** or **WORK** or **SCHOOL** (circle all that apply)

### I can:

- ☐ Try to leave (if it feels safe to do so)
- ☐ Do nothing until it feels safe and then get away from the person(s)
- ☐ Leave when safe to do so and tell someone I trust
- ☐ Find someone nearby to ask for help

### I can use my serious and firm voice and say:

- ☐ No!
- ☐ Stop!
- ☐ Stop now!!
- ☐ Absolutely not!
- ☐ No way!
- ☐ Nope!
- ☐ Definitely not!

### I can also:

- ☐ Call out for help if it's safe to do so
- ☐ Go stand near other people
- ☐ Go someplace where there are a lot of other people
- ☐ Use my phone to call or ask for help if it's safe to do so
- ☐ Tell someone I trust as soon as I can

### WHAT are some other things I can SAY or DO?

**People who can help me:** (in emergency, 911. Family, staff, friend, guardian)

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This is **where I can go to be safe** in an emergency: *(Try to think of more than one place.)*

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Notes:

## Safety plan 3 (general)

Plan for: \_\_\_\_\_

Date: \_\_\_\_\_

Created with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date the safety plan will be reviewed: \_\_\_\_\_

Who will review it with me? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who will update everybody on the safety plan about any changes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have I emailed a copy or picture of my safety plan to my email address that only I can access? **Yes No** (circle one)

How can I know that I am not safe?

## **Communication**

This is how I best communicate:



This is how I can communicate in an emergency:

This is what I need people to do if I am having trouble communicating:

These are the things that can make me distressed or upset:

If I become distressed, this is what helps me:

If I am frightened, these are things I can do to make myself feel safer:

## **Staying safer**

This is where I can keep important documents:

This is what I need to be safe using my cell phone, the Internet, and social media:

This is how I can make sure my money is safe:

## Legal actions

If someone is hurting me, I may be able to get a protective order that says the abuser cannot come near, hurt, or bother me, my children, or other family members.

If I decide I want to get a protective order, this is who can help me: \_\_\_\_\_

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**When I am not feeling safe** (at home, work, social club, bus, community, day habilitation center, other places)

1. **When I am not feeling safe at:** \_\_\_\_\_

I will do the following to feel safer:

**2. When I am not feeling safe at:** \_\_\_\_\_

I will do the following to feel safer:

**3. When I am not feeling safe at:** \_\_\_\_\_

I will do the following to feel safer:

**4. When I am not feeling safe at:** \_\_\_\_\_

I will do the following to feel safer:

## **People who can help me**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**How to reach?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How they can help:**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**How to reach?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How they can help:**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**How to reach?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How they can help:**

**This is how I will let people know I need help:**

This is where I can go to be safe in an emergency: (Try to think of more than one place.)

## **If I stay where I am living now:**

If I decide to stay, this is what I can do to be safer:

This is what else I need to be safe (Examples: equipment, medication, personal safety education, more security at home):

## **If I choose to leave where I am living now:**

This is what transportation I can use to leave or get away:

This is the support I will need if I leave: (Examples: bus training, nursing care, increasing security, medical equipment, interpreters, personal attendant care, transferring prescriptions)

If I need personal care attendants, this is who I can call:

These are agencies that may be able to help me:

## **Things to take with me if I leave**

See below for things I might need or that I do need to take with me when I leave (check all that I need):

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a. Identification

- ☐ Driver's license or state I.D. card
- ☐ Your and your children's (or other family member's) birth certificates
- ☐ Social Security card or Social Security award letter
- ☐ Proof of disability
- ☐ Food stamps/Temporary Assistance for Needy Families card
- ☐ Insurance, Medicaid, Medicare and/or clinic card
- ☐ Bus pass if you have one

b. Money

- ☐ Money and/or credit cards/ATM card/pre-purchased gift cards to use not tied to a bank account
- ☐ Bank books/account information
- ☐ If applicable, information on stocks (including stock certificates), bonds, and individual retirement account(s), mortgage

c. Legal Papers

- ☐ Lease/house payment information/deed to the house (even if you do not plan to live there)
- ☐ Car registration/car insurance papers
- ☐ Health/life insurance papers
- ☐ Medical records/doctor's orders
- ☐ Children's school records/shot records
- ☐ Work permits (green card, VISA)
- ☐ Passport
- ☐ Divorce papers
- ☐ Child custody papers
- ☐ Protective or Restraining Order

d. Other important disability-related items

- ☐ Adaptive equipment (wheelchair, shower bench, cane, crutches, communicative devices)
- ☐ Medications/prescriptions/doctor's orders/pharmacy information
- ☐ Urological supplies
- ☐ Service animal and needed supplies for their care
- ☐ Names and phone numbers of home health agencies, caseworkers and other disability service providers to assist in coordinating services

- ☐ Phone numbers of friends or past attendants who might be willing to help with personal care tasks during the transition period and also support you.
- ☐ Fixed route bus pass, Mobility ID card or Special Transit ID card
- ☐ Medical records
- ☐ Communication device

e. Miscellaneous Items

- ☐ House/car/office keys
- ☐ Small objects to sell
- ☐ Jewelry
- ☐ Address book
- ☐ Pictures of you, evidence of physical abuse, your children, grandchildren, and the abuser
- ☐ Family pictures
- ☐ Children's small, favorite toys
- ☐ Toiletries/diapers
- ☐ Cellular phone programmed to call 911 (these can often be obtained for free through Adult Protective Services or a local domestic violence program)
- ☐ Cell phone and charger
- ☐ Other: \_\_\_\_\_

Notes.

## Who I can call in emergency:

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**Police:** \_\_\_\_\_

**Sheriff:** \_\_\_\_\_

**Ambulance:** \_\_\_\_\_

**911 or** \_\_\_\_\_

Name of **family member and/or guardian:** \_\_\_\_\_

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Phone/Cell number: \_\_\_\_\_

Name of **friend:** \_\_\_\_\_

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Phone/Cell number: \_\_\_\_\_

Name of **neighbor:** \_\_\_\_\_

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Phone/Cell number: \_\_\_\_\_

Name of **staff:** \_\_\_\_\_

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Phone/cell number: \_\_\_\_\_



Name of **caseworker**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/cell number: \_\_\_\_\_  
\_\_\_\_\_

### **Adult Protective Services (APS)**

Phone number: \_\_\_\_\_

Case number: \_\_\_\_\_

Name of **doctor**: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

### **Domestic violence program:**

Name of local **shelter**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **For emergency housing, legal help, and counseling.**

For the local number, call the National Domestic Violence Hotline at 1-800-799-7233.

### **Sexual assault program:**

For legal and medical information. For the local number call the National Sexual Assault hotline at 1-800-656-HOPE [4673].

## Resources / Where to find help

### Domestic violence & sexual assault services

#### Austin/Travis County

**SAFE Call:** 512.267.7233 **Text:** 737.888.7233. **Chat:** [safeaustin.org/chat](https://safeaustin.org/chat)

- 24/7 confidential SAFEline (above) for victims of domestic violence, sexual assault, sex trafficking, and child abuse. For Deaf, DeafBlind, DeafDisabled, late deafened, hard of hearing (DDBDDLHH) people, please use relay/VRS.
- Provides shelter for child and adult survivors of domestic violence and/or sexual assault, advocacy, counseling, on-site sexual assault forensic nurse examinations, legal advocacy, prevention and education, and other services.
- Deaf SHARE provides counseling, case management and education to DDBDDLHH survivors and the community.

Asian Family Support Services of Austin **Call:** 1.877.281.8371 (24-hour hotline) **Email:** [info@afssaustin.org](mailto:info@afssaustin.org)

- Domestic violence and sexual assault services, specializes in working with immigrant clients and communities. Provides housing and employment resources, hotline, legal services, counseling, immigration and legal help, support for parents, and community education.

#### Texas

Texas Association Against Sexual Assault:

- Call [need toll free number here] to find your local sexual assault center.

Texas Council on Family Violence:

- Call [need toll free number here] to find your local domestic violence shelter.

#### National

National Domestic Violence Hotline **Call:** 1.800.799.7233

- Operates 24/7 and provides free, confidential lifesaving tools and immediate support, as well as information about domestic violence shelters and services across the United States.

- National Sexual Assault Hotline **Call:** 1.800.656.4673 for 24/7 crisis support Online Chat provides confidential support from a trained support specialist, resources, referrals, and information about the laws and resources in your community. Also available in **Spanish**.

## **Cyber safety**

- Texas Council on Family Violence can provide technical assistance on cyber safety.
- National Network to End Domestic Violence has many videos, webinars and information about cyber safety, stalking and safety planning for the Internet.

## **Crime victim compensation & protective services**

### *Texas*

Texas Crime Victims' Compensation Program **Call:** 1.800.983.9933

**Austin:** 512.936.1200

- Crime victims may be eligible for reimbursements of crime-related costs, including medical, child care, lost wages, and relocation.

### *National*

National Association of Crime Victims Compensation

- Has links to website of each state's crime victim compensation program.

## **General assistance**

### *Central Texas*

Capitol Area Food Bank **Call:** 512.282.2111

- Provides links to neighborhood food banks.

### *Texas*

2-1-1 Texas website **Call:** 2-1-1 or toll-free at 1-877-541-7905.

- Provides information about resources for food, food stamps, health care, mental health care, housing and more.

Texas Workforce Commission Vocational Rehabilitation Services for people with disabilities. **Call:** 800.628.5115 **Email:** customers@twc.state.tx.us

- Services for adults with disabilities to help prepare for, obtain, retain or advance in employment.
- Services for youth and students with disabilities to help prepare for post-secondary education and employment opportunities.

## **Immigration/refugee**

### *Central Texas*

American Gateways **Call:** 512.478.0546 (Austin)

- Immigration legal services at low or no cost, education, and advocacy.
- Has offices in Austin, Waco, and San Antonio. Walk-in screenings.

Caritas of Austin **Call:** 512.479.4610

- Provides services for immigrants and refugees include housing, food, education, and employment.

### *State and national*

National Immigration Legal Services Directory – Provides Texas legal resources through free or low cost nonprofit legal immigration services.

National Immigration Legal Services Directory – Search by state, county, or detention facility for nationwide resources through free or low cost nonprofit legal immigration services.

RAICES – Provides free and low cost legal and social services to immigrant children, families, and refugees in Texas.

## **Legal & civil rights services**

### *Central Texas & statewide*

Austin Tenant's Council **Call:** 512.474.1961 (Monday through Thursday from 9 a.m. to 12 p.m. and 1-4 p.m., and Friday from 9 a.m. to 12 p.m.) For an appointment **call:** 512.474.7006 (Monday through Friday 8:30 AM to 12 PM & 12:30 PM-5:00 PM)

- Programs focus on housing discrimination; tenant-landlord education and information; and housing repair and rehabilitation.

Disability Rights Texas (DRTx) **Call:** Intake Line at 1.800.252.9108

- Deaf/DeafBlind/DeafDisabled/late deafened or hard of hearing individuals can call the toll-free video phone at 1.866.362.2851.
- If you are a person with a disability in the state of Texas and believe your rights are being violated, call intake line Monday through Friday 9 a.m. to 4 p.m.
- Provides legal assistance to people with disabilities on rights violations related to accessibility, community living, education, employment or vocational rehab, foster care, health care, housing, civil rights, transportation, supported decision making, and voting rights.

Texas Advocacy Project **Call:** 512.476.5770 **Hope Line:** 800-374-HOPE, available Monday through Friday 9 a.m. to 5 p.m.)

- Nonprofit law firm working directly with victims, shelters, law enforcement agencies, and courts across Texas to deliver free legal services to Texans in need.
- English and Spanish-speaking attorneys and language interpretation service available around the clock in over 170 languages.
- Service for Deaf/DBDDLDDHH callers.

Texas Civil Rights Project **Call:** 512.474.5073

- Promotes racial, social, and economic justice through litigation, education, and social services for low/moderate-income persons least able to defend themselves.

Texas Legal Services Center **Call:** 512.477.6000

- Provides legal representation, advice, advocacy, and education at no cost to underserved people across the state.

Texas Rio Grande Legal Aid **Call:** 512.374.2700

- Provides free legal services to low-income residents in 68 counties of Southwest Texas, including Travis County.
- 45 legal practice areas including victim rights, domestic violence and family law, economic/social justice, employment, housing, and others

### *National*

American Civil Liberties Union (ACLU)

- Upholds civil and basic human rights for all people. People who feel that their rights were violated can contact their state affiliate at the link above.
- Provides information about rights on voting, being stopped by police, disability, LGBTQIA, immigration, sex discrimination, prisoner, students, and race/ethnicity/nationality

National Disability Rights Network

- Links to state protection and advocacy agencies that provide legal assistance to people with disabilities experiencing rights violations in the areas of criminal justice, education, employment, residential facilities, vocational rehab, and voting

## **LGBTQIA**

### *National*

LGBT National Hotline **Call:** 888.843.4564 **Email:** [help@LGBThotline.org](mailto:help@LGBThotline.org)

- For all ages, anonymous, confidential resource about coming out, gender and/or sexuality issues, relationship concerns, bullying, workplace issues, HIV/AIDS anxiety, safer sex, suicide, and more. Consult website at link above for hours (3-11 p.m. CDT, Monday thru Friday; 11 a.m. to 4 p.m. Saturday).

Trans Lifeline **Call:** 877.565.8860

- Offers direct emotional and financial support to trans people in crisis - for the trans community, by the trans community. Lifeline operators available from 9 a.m. to 3 a.m. CDT.

Trevor Project Lifeline **Call:** 866.488.7386 **Text** START to 678.678

- 24/7 lifeline, chat, and text available for LGBTQ youth

- Crisis intervention and suicide prevention

Sage LGBT Elder Hotline **Call:** 877.360.5428 (24/7)

Pride Institute: **Call:** 800.547.7433 or 888.616.5031

- 24/7 chemical dependency/mental health referral and information hotline for the LGBTQ community

## Disability resources

### Blind/visual disabilities

#### *Central Texas and Statewide*

Austin Light House offers free Braille and computer classes for people who are blind as well as other services. **Call:** 512.442.2329

Criss Cole Rehabilitation Center **Call:** 512.377.0300. Help for adults who are legally blind to prepare for and find employment, attend college or a trade school, and live independently.

**Resources** to buy braille makers, recorders, lock boxes that use braille and other supportive items include:

American Printing House for the Blind (APH) designs and manufactures textbooks and magazines in braille, large print, recorded, and digital formats. APH website features information about APH products and services, online ordering of products, and free information on a wide variety of blindness-related topics.

Maxi aids – Products and devices for people who are blind, Deaf, or have limitations in mobility or medical needs.

ScripAbility works with pharmacies to provide accessible technologies that allows people who are blind or have visual disabilities to correctly identify and take medications as prescribed.

U.S. Currency Reader program provides free money identifiers. Some smart cell phones apps can also identify currency.

### **Deaf, DeafBlind, DeafDisabled, late deafened, hard of hearing**

National Association of the Deaf (NAD) Voice/VP: 301.587.1788 (ZVRS); 301.328.1443 (Sorenson); 301-338-6380 (Convo); 301-453-2390 (Purple) **TTY:** 301-587-1789

- National civil rights organization that serves as a clearinghouse for general legal information about Deaf-related issues.

## **HIV/AIDS**

Vivent Health (formerly Aids Services of Austin) **Call:** 512.458.2437

- Provides supports and services to people diagnosed with HIV/AIDS, prevention services, case management, nutrition and food bank, legal services, and healthy relationships and testing.

## **Intellectual and developmental disabilities and mental health**

Austin/Travis County

Integral Care **Call:** 512.472.4357

- Central Texas community-based services in 45 locations to people with behavioral health or intellectual disabilities.
- Call the helpline for information about psychiatric evaluations, 24-hour crisis interventions, medication treatment, inpatient treatment, employment and vocational services, service coordination, family support and respite care, housing, information and referral, supported living and residential services.
- Provides community services in homes, on the streets, or at other sites as needed

The Arc of Texas **Call:** 512.454.6694 **Email:** [info@thearcoftexas.org](mailto:info@thearcoftexas.org)

- Provides links to the local chapters of The Arc that provide direct services and supports.
- Provides information and referral.

ARCIL **Call:** Austin: 512.832.6349 San Marcos: 512.396.5790 Round Rock: 512.828.4624 DFW: 940.274.3411

- Provides information and referral, independent living skills training, peer counseling, advocacy, and transition services.



## Texas

Texas State Independent Living Services – Information about Independent Living Centers in Texas, including a map of available centers.

Texas Council of Community Centers provides a list of local providers of intellectual, mental health, and substance abuse services

## *National*

### The Arc National

- Supports, services, and information for people with intellectual and developmental disabilities and their families, as well as information for educators, advocates, and others.
- Has links to over 600 local and state chapters.

### Easter Seals

- Has a wide range of services at 69 affiliates nationwide for children and adults.
- Includes links to Texas and other state affiliates that offer local service.

## **Mental health**

*In a medical emergency, or if you or someone else is in danger of immediate harm, CALL 911.*

## *Central Texas*

Integral Care **Call:** 24/7 helpline: 512.472.4357. Toll-Free: 844.398.8252.

- In Central Texas, if you are experiencing a psychiatric crisis, call Integral Care's helpline, which provides 24/7 access to licensed counselors. Callers receive immediate assessments, crisis intervention services (if needed) and referral to additional community resources.
- Provides crisis services, mental health and addiction services for adults and children, and services for people with intellectual and other developmental disabilities.

NAMI Central Texas **Call:** 512.420.9810 **Email:** [info@namicentraltx.org](mailto:info@namicentraltx.org)

- Provides resources and information for people with mental health disabilities and people in their lives, including:
- Navigating a mental health crisis for family/friends/loved ones trying to assist someone in a mental health crisis.
- Classes, workshops, and online support groups for people with mental health disabilities, parents, families, and others

## *Texas*

### National Alliance on Mental Illness – Texas **Call: 512.693.2000**

- Provides educational and support programs for people living with mental illness, families, friends, professionals, and the community.

### Mental Health America – Texas

- Can provide information and materials for children, youth, adults and their family members, mental health professionals, first responders, educators, and others on mental health, substance abuse, and mental illness. Includes toolkits, fact sheets, and resources.
- Website contains links to local chapters in Texas.

## *National*

### Mental Health America (MHA)

- Online mental health screening, resources, links to local MHA affiliates.

### National Alliance on Mental Illness

- Links to support groups, state NAMI chapters, resources, and education

National Suicide Prevention Lifeline. **Call:** 24/7: 1.800.273.8255. Deaf/DBDDLH use relay or dial 711 before 1.800.273.8255 **Chat:** Lifeline

### Substance Abuse and Mental Health Services Administration **Call:** 1.800.662.4357

- 24-hour referral and information about mental health, substance use disorders, prevention and recovery in English and Spanish
- Treatment locators for mental health, substance addiction

## Reporting abuse in Texas

- Report abuse, neglect or exploitation of people with disabilities by calling the hotline at 1.800.252.5400 or by making an online report on [www.txabusehotline.org](http://www.txabusehotline.org). In an emergency, call 911. If it concerns sexual abuse or the person is in danger, call the hotline.
- People who are DDBDDLDDHH or who have speech-related disabilities can make a report by calling Relay Texas at 711 or 1-800-735-2989.
- Use this same process to report the following:
  - Child abuse and neglect
  - Abuse, neglect, self-neglect, and exploitation of the elderly or adults with disabilities living at home
  - Abuse of children in child-care facilities or treatment centers
  - Abuse of adults and children who live in state facilities or are being helped by programs for people with mental illness or intellectual disabilities.
- Texas law requires that all persons that suspect or have knowledge of abuse, neglect, or exploitation of a child (with or without disabilities), an adult in later life (65 years or older), or an adult with disabilities must report it to the Department of Family and Protective Services (DFPS).
- A person who reports or assists in the investigation of a report of abuse in good faith is immune from civil or criminal liability.
- DFPS keeps the name of the person making the report confidential. Anyone who does not report suspected abuse can be held liable for a misdemeanor or felony. Merely reporting an incident or knowledge to your supervisor or manager is not sufficient.
- Time frames for investigating reports are based on the severity of the allegations. Reports can be anonymous. When reporting, provide all of the information that you have, even if it is a small amount of information. It is not your role to investigate a situation, it is just your role to report it. Leave the investigating up to a trained professional.

# Transportation

## *Austin*

Yellow Cab – Austin **Call:** 512.452.9999 **Book online** with the app: Download Ztrip

- Yellow Cab has a limited number of wheelchair accessible vehicles.

Capital Metro **Call:** 512-474-1200

- Austin's regional public transportation provider. Services include bus routes, rail and accessible transportation.
- MetroAccess **Call:** 512.389.7501. All MetroAccess services: 512.852.7272
- For information about the eligibility process, to request a MetroAccess application (applications should be brought to your eligibility appointment, not mailed), or to schedule an appointment, call 512-474-1200].
- Capital Metro's shared-ride service for people whose disabilities prevent them from riding regular bus and rail service. Individuals interested in becoming a certified Metro Access rider must go through an eligibility process.

Bubble is a service in Austin/Round Rock and North Texas that contracts to provide healthcare facility appointments. **Call:** 1.833.682.8225 **Email:** support@bubbl-rides.com

## *National*

UberWAV provides options for people who use nonfolding, motorized wheelchairs at the same price as UberX, although it's not available in every city or town.

- In Austin, add it to the ride menu listed in your app by entering the code: UBERACCESSATX.
- To apply the code in your Uber app, select 'PAYMENT' from the app menu. Scroll down, tap 'Add Promo Code', enter the code UBERACCESSATX (for Austin), and tap 'Apply.'
- To request a ride with UberWAV, enter your destination and swipe the ride menu to view more options; you will find 'WAV' in the 'More' vehicle options field.

Lyft. To address the need for wheelchair accessible transportation options, Lyft added an “Access Mode” within their app.

- In available markets, when the access mode is enabled, passengers can request a wheelchair accessible vehicle.
- In markets where these types of vehicles are not currently available, Lyft will provide information on other local wheelchair accessible transportation services to the person via text. Unfortunately, many of the other local transportation services whose information is shared by Lyft may not be able to provide “on-demand” services (MobilityWorks, 2020).

# Appendix

# Guardianship, supported decision making, and everything in between....

## Moving away from guardianship toward self-determination

There is a strong state and national shift away from guardianship and toward people with disabilities having more control over the important decisions in their own lives. Guardianship can deprive people with disabilities of all ages of virtually all legal rights to make decisions and choices. Guardianships are court-ordered and can be on a continuum from very limited to full guardianship. As with all relationships, guardianship can be implemented with respect, choice, collaboration, and fairness or can be used to gain power and control over another person and their resources.

The *guardian of another person* is court-ordered and in some cases a guardian can be the only person designated to make decisions about a person's living arrangements, access to money, telephone or Internet access, transportation, and many other daily living decisions. However, this level of guardianship is becoming outdated. Even under a full guardianship, individuals in Texas still retain some rights, including the right to have their preferences considered by their guardian and to consent to a forensic exam after a sexual assault.

Limited guardianships are also court-ordered. The guardian makes some but not all decisions about another person's life. It's good practice to ask to see the guardianship court order. If the guardian cannot produce such a document, you may need to work with your agency's legal team to ensure the person can exercise their civil rights. The court order will detail the choices and decisions a survivor can make for themselves, the guardian's accountabilities, and when the court-order is set to expire.

## When do you call a guardian?

- **When a person with a disability is a crime victim**, you do have some leeway about calling the guardian. Ask the crime victim what they want. Keep in mind that most people with disabilities are abused by someone they trust, which can include the guardian. Here are some considerations before you call a guardian:
- **Does the person understand what is happening and are they able to understand what the interview is about?** If you have concerns, you could call the guardian if the person wants you to, and if the guardian is not a suspect.
- **Call if the crime victim requests them.** The guardian can be present if it would be a comfort to the person. But they do not have an obligation to be present (personal communication, Disability Rights Texas, 2017).

## Alternatives to guardianship

An increasingly popular alternative to guardianship in many states is called **supported decision making**. The person with the disability is in the center of the decision-making process. Supported decision-making allows people with disabilities to receive whatever level of assistance and supports they need to make their own decisions and to stay more fully in charge of their own lives.

People with disabilities rely, as most of us do, on the feedback of others when making a choice. Support people might include friends, family, social services, and other sources. If the person is using supported decision making, learn what rights the victim retains and what decision-making rights a trustee/representative payee may have. If you do not know, ask the individual, staff members, or family members, and ask to see documents.

### **Other options:**

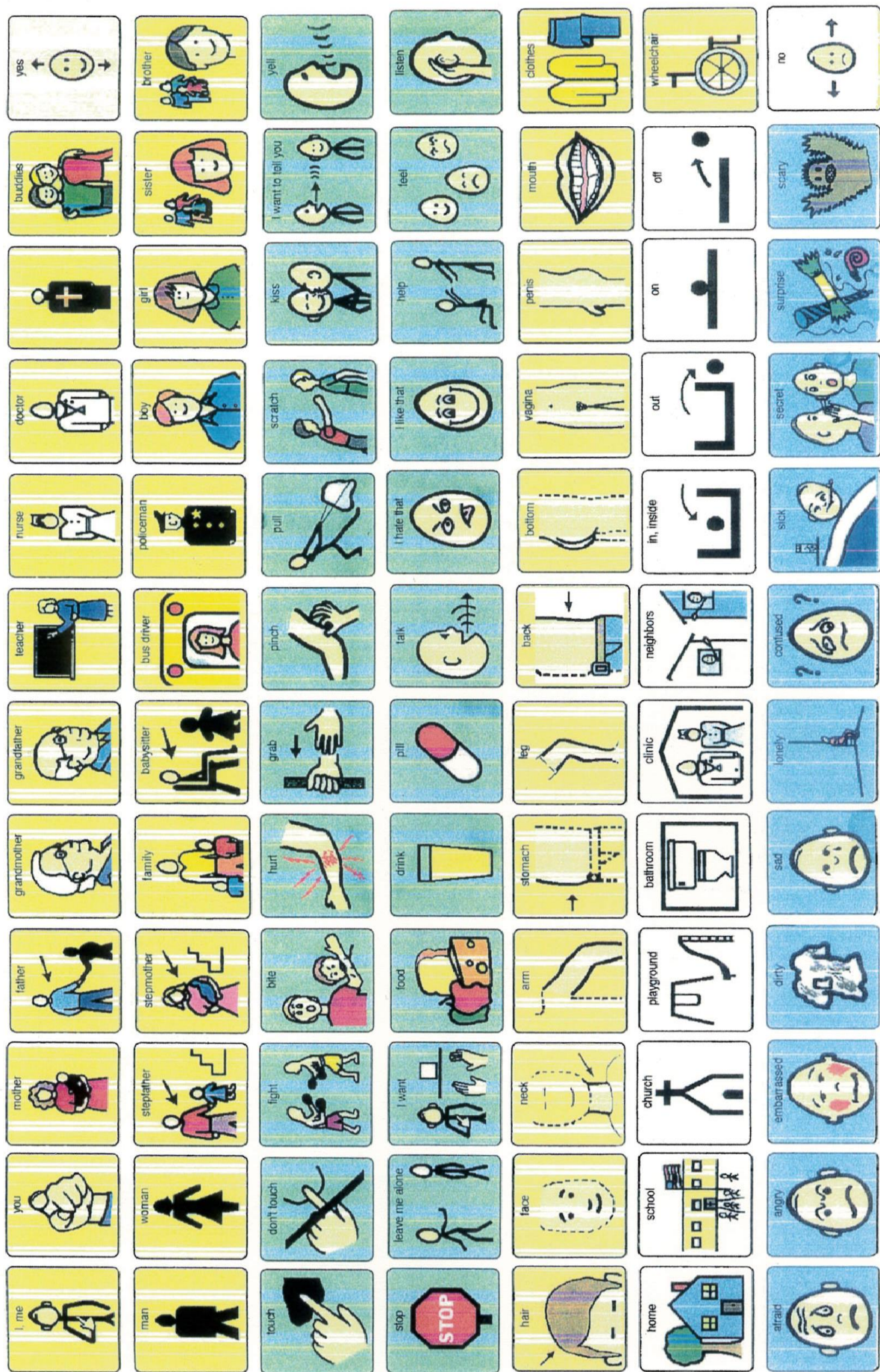
- **Representative payees** can help a person ensure their money is used correctly while still allowing them to make other important decisions about their lives.
- A **special needs trust** allows an individual with disabilities to have funds available for certain expenses while protecting eligibility for public benefits and access to care and services.
- **Formal and informal services and supports** allow individuals to meet needs for food, clothing, or shelter; address physical or mental health; manage financial affairs or make personal decisions regarding residence, voting, operating a motor vehicle and marriage. (In Texas, under Section 1002.031, Estates Code.)
- **Power of attorney** occurs when an adult possesses the capacity to authorize another adult to act as their agent, most often in medical or financial issues.
- **Consent to Medical Treatment Act** allows a designated family member to make decisions for an incapacitated person in a hospital or a nursing home. In addition, if that person receives Social Security benefits, the Social Security Administration may appoint a representative payee as a less restrictive alternative to guardian of the estate. The appointment of a Social Security representative payee may be used in other settings as well.

(Adapted from Texas Council for Developmental Disabilities, n.d., & Disability Rights Texas, 2017.)



## Picture communication symbols board

A communication symbols board is used when a person does not communicate verbally but is able to point to pictures, words, or letters. The example board on the next page has pictures that depict people by the roles they play (first two rows), types of touches, including unwanted touches (third row), body parts, including a penis and vagina (fifth row), places (sixth row) and feelings (seventh row). This board can be used to develop a safety plan or to support a person in disclosing abuse. Boards can be adapted with different pictures and words to meet the person's needs. Some people will respond better to photos, while some will respond better to drawn pictures. The next page has a communication board that can be printed for use.



# Using role plays in safety planning

## Tips for role plays

Role plays can be particularly effective in engaging people with higher support needs to practice, review, and repeat new strategies for being safe.

Tips for role plays include:

- Emphasize that role plays are make believe, like a movie or a television show. Some people may get upset if they think what is happening is real, such as when people pretend to be mad at each other.
- If the person gets distressed by a role play, stop the activity, reassure the person and either modify the role play or do another one on another topic. Include a simple calming or breathing activity to help settle the person's nervous system before proceeding with the role play. One option is to breathe in for a count of four, hold for a count of four, then breathe out for a count of four. Repeat several times. Another is to orient the person to the present time by inviting them to notice what is in the room: *Yellow chair, brown rug, picture, red pillow, or door.*
- When doing role plays, exaggerate your voice and mannerisms, as if you were in a play. However, avoid pretending to be angry, which can distress people with intellectual and developmental disabilities who have been taught to comply with authority or who have been targeted by anger. Downplay those roles.
- Do not role play an abusive person. Instead, model and role play respectful and de-escalating responses that can be used if someone says something rude or abusive.
- Ask the person to come up with scenarios from their own life. Make sure the role plays involve places and people who are in their safety plan. Ask them where they like to go, or places or situations where they don't feel safe.
- If you engage the person in designing the role play, often they will propose situations where they feel unsafe and do not know what they can do to stay safe.

## Role play examples

Roles plays can be used in a variety of ways when safety planning. Customize the role play to the specific safety situation. Examples:

1. For this role-play, tell the person that they are waiting for a bus. Say: "I am going to pretend to be somebody at the bus stop that you have seen before, but we are not friends. I am an acquaintance."



Begin the role-play by asking the person one of the following questions:

- “Hi, do you want to walk down to the corner store with me? We’ll be back before the bus gets here—it’s just down the street.”
- “Hi, do you want to walk down to the bar at the corner and have a beer with me?”

Ask the person how they could respond. They may range from saying:

- “No” and turning away. (Turning away shows that you do not want to talk to the person.)
- “No, thank you” and turning to someone else to talk to at the bus stop.
- “No, I don’t” and calling someone on the phone, to make it clear that they are done talking.
- “I don’t have any money.”
- Ignoring the person and turning away.
- If someone makes the person feel nervous, they can just pretend to be on the phone so they don’t have to talk to them.

2. For this role play, tell the person to pretend they are at home. Say: “The person you were dating was abusive to you, so you broke up with them, but they keep coming over. The person shows up at your door and you know it is not safe to see them.”

Begin the role play by pretending to knock on the door. Role play how you could handle the situation. Responses may range from:

- a. Ignoring the doorbell or knocking
- b. Calling the police
- c. Calling a friend to come over
- d. Leaving through another door to escape

3. For this role play, tell the person they are at home with their attendant. Say: *Your attendant helps you with housework and cooking. She got mad at you while helping you and yelled and called you names.*

Role play how you could handle the situation. Responses may range from:

- a. Waiting until the person leaves and then calling someone to talk to about it
- b. Waiting until the person calms and talking to them about how that felt
- c. Calling the agency and asking for another attendant
- d. Reporting the situation to Adult Protective Services

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