

IL-NET

CIL-NET · SILC-NET

Recognizing and Responding to Caregiver Abuse

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Presenters:

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Objectives

Upon completion of this webinar, participants will have knowledge and resources which will enable them to—

- Recognize and understand signs of different types of caregiver abuse
- Describe the importance of abuse education and policies and procedures for CIL staff
- Explain the essentials of trauma-based interviewing
- Recognize the importance of awareness of and collaboration with victim service programs

**Have you or your CIL been involved with work
around violence/abuse of people with
disabilities?**

**How many people work for a CIL that provides
caregiver / personal assistant services?**

How many people work with individuals with disabilities who receive caregiver / personal assistant services?

Incidence of Caregiver Abuse

- More than half of all abuse of people with disabilities is estimated to be perpetrated by family members and peers with disabilities. Disability professionals (i.e., paid or unpaid caregivers, doctors, and nurses) are generally believed responsible for the other half.
- In addition, approximately 67 percent of perpetrators who abused individuals with severe cognitive disabilities accessed them through their work in disability services.

(Sobsey, D. and T. Doe. 1991. "Patterns of sexual abuse and assault." *Journal of Sexuality and Disability*, 9(3): 243-259.)

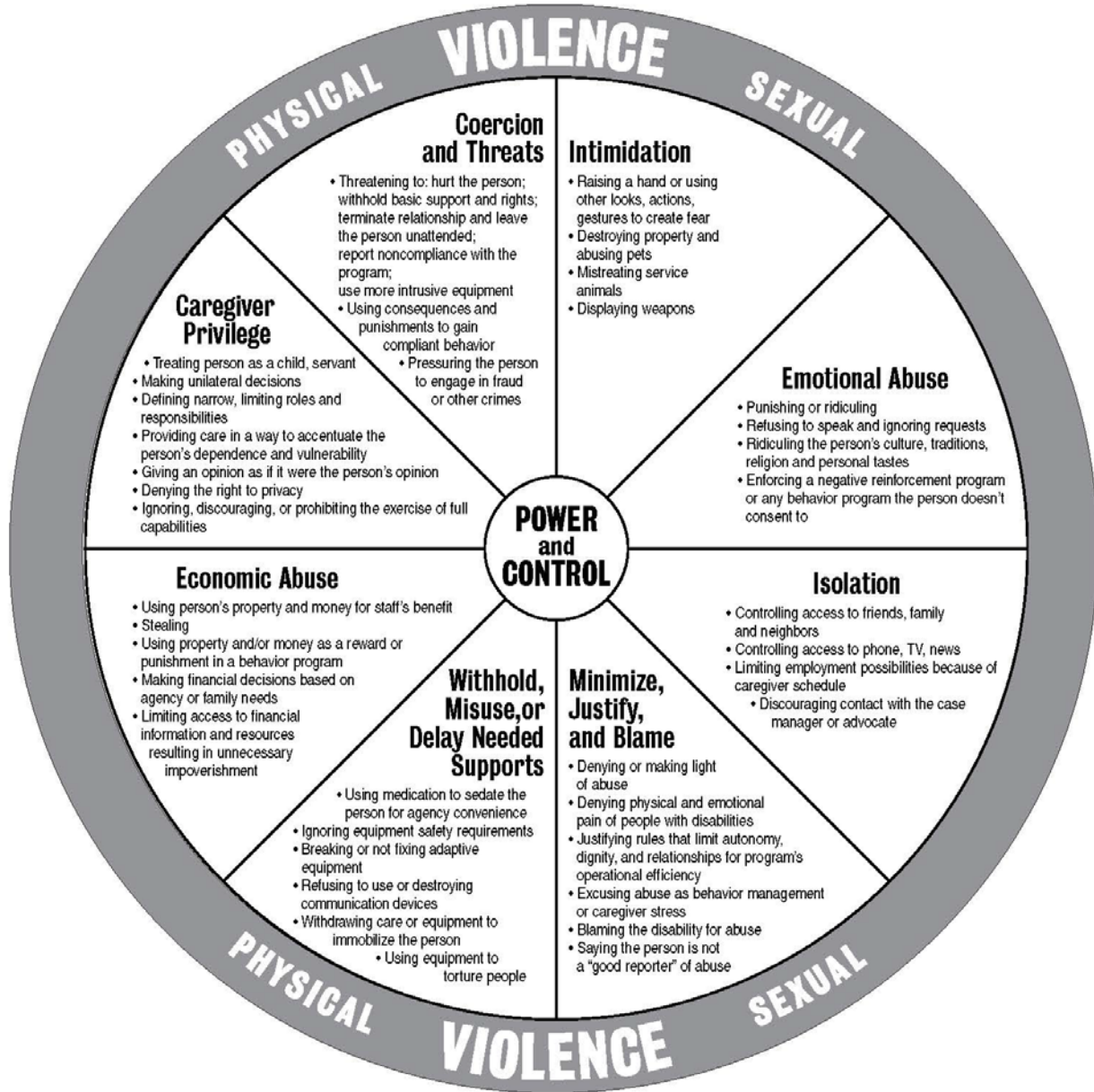
Caregiver Abuse

- The misuse of power in a caregiving relationship, where persons who have disabilities may depend upon caregiver(s) in order to function independently.

Types of Caregiver Abuse

- Physical
- Sexual
- Emotional/Verbal
- Financial
- Neglect

Power and Control Dynamics—Abuse of People with Developmental Disabilities by a Caregiver



Developed by: Wisconsin Coalition Against Domestic Violence
 307 S. Paterson St., Suite 2, Madison, WI 53703
 608-255-0539
 Based on the model by the Domestic Violence Intervention Project, Duluth, MN.

Overprotection

- Advocate and Educator David Hinsburger calls overprotection of people with disabilities “the Other Abuse.”
- Family members and/or service providers may deny access to information and experience in attempt to protect the person.

Risk Factors for People with Disabilities

- Negative public attitudes about disability
- Reliance upon others for care
- Lack of support services for caregivers
- Social isolation
- Lack of opportunities to develop social skills through typical social interaction
- Nature and severity of disability
- Low income and limited opportunities for employment
- Lack of control or choice over their personal affairs
- Lack of credibility or people with disabilities when they report or disclose abuse
- Socialization of people with disabilities to be compliant

Barriers to Reporting an Abusive Caregiver

- Agency assumption that caregiver "problems" are improper management by people with disabilities
- Labeled as "difficult client"
- Abuse may be hard to document and prosecute
- So intimidated people with disabilities will not reveal real reason for dismissal
- No emergency PCA provider; could end up with no caregiver
- Possibility of retaliation
- DV shelter services may not "fit" unless caregiver is a relative

Questions & Answers

CIL Staff Education and Procedures

Organizational Foundation for Consumer Safety

New Staff Training/Ongoing Staff Training

- Signs of Abuse/What to look for
- Questions to ask
- Agency policies around abuse
- Procedures around disclosures of abuse
- State laws around abuse
- Self-care/stress management

Staff/Caregiver Hiring:

What is your process for hiring staff?

- Do you run background checks for caregivers hired through CIL?
- Do you run background checks for other positions? What about volunteers?

Types of Background Screening Mechanisms:

Basic Screening Practices

- Employment reference checks
- Personal reference checks
- Personal interviews
- Confirmation of education
- Written application
- On-the-job observation

Types of Background Screening Mechanisms: *Frequently Used Practices*

- Local criminal record check
- State criminal record check
- FBI criminal record check
- State central child/dependent adult abuse registry check
- State sex offender registry check
- Nurse's aide registry record check
- Motor vehicle record check
- Professional disciplinary board background check

Types of Background Screening Mechanisms: *Infrequently Used Practices*

- Alcohol/drug testing
- Psychological testing
- Mental illness/psychiatric history check
- Home visits

(Guidelines for the Screening of Persons Working With Children, the Elderly, and Individuals With Disabilities in Need of Support by Office of Juvenile Justice and Delinquency Prevention (1998))

Policies and Procedures



- CILs should have clear policies and procedures that address:
 - Staff responsibilities following disclosure of abuse
 - Staff responsibilities after observing abusive actions by other staff
 - Agency responsibilities following reports of staff members who are abusive
 - Investigation
 - Legal remedies—contacting police, assisting with making formal charges
 - Terminating employment
 - Reporting abusive caregivers to existing registries
 - Employee Assistance Programs for caregivers who are staff to address stress and personal issues

Procedural Changes

- What is your practice when overseeing caregivers who are staff members?
- Do the supervising staff meet with the consumers alone?
- Best practice dictates that we offer a safe place, without the caregiver present, so that:
 - Problems can be freely discussed
 - Any possible abuse can be disclosed
 - Safety/well-being can be ensured

Workplace Safety for Staff with Caregivers

- Do you have anything in place that addresses the possibility that staff who use caregivers can be safe? Things to think about:
 - Guidelines for caregiver/staff interactions within the workplace
 - Allowing staff a safe place to disclose any problems
 - Offering Employee Assistance Programs for staff

Zero Tolerance

- Promote a work culture of zero tolerance for abuse, neglect, and exploitation by having clear abuse/neglect policies and procedures, including:
- Required reporting of all incidents of suspected abuse and neglect
- Consistent enforcement of reporting policies
- Protection for staff and clients who report
- Sanctions for those who do not report observed or suspected abuse, neglect, and exploitation

Questions & Answers

Trauma Based Interviewing

Emotional Trauma

- Trauma can exacerbate mental health symptoms
- Trauma can impact memory
- Re-experiencing the trauma
- Emotional numbing and avoidance
- Hyper-vigilance, jumpiness, being “on guard”

What to do

- Perspective of context
- Affirmation of healing
- Encourage use of supports and community resources
- Watch for vicarious trauma
- Ensure confidentiality

Crisis Intervention

- Listen and Believe
- Management not resolution
- Be clear about your role
- Discuss reporting requirements
- Provide safe environment
- Do not judge
- Disabilities may impact thought process in crisis
- Knowledge is power

Safety Planning

- A thoughtful deliberate process to create a plan to enhance safety, keeping in mind that each person's circumstances, safety needs, and concerns are unique
- Based on individual need
- What to ask in a crisis
- Provide time and space to prepare
- Incorporate unique needs of the individual
- At home, work, community
- Checklist of what to take
- Include resources available if needed

Reducing Risk of Abuse

- Education on abuse, safety and sexuality
- Practices in place for hiring caregivers
- Raising public awareness
- Reporting Abuse
- Advocating for Community Inclusion
- Train Staff
- Guidelines within your agencies

Questions & Answers

Community Collaboration

Where do we start?!

Examples of Local Collaboratives with CILs

The Key!



We all do what we do bestand we do it together...this means that no one person has to do it all!

West Virginia

West Virginia

- Began in 05 with a statewide study of disability service providers, funded by the WV Developmental Disabilities Council
- Key Findings

West Virginia Key Findings

- 2006 Developed partnership under the Accessing Safety Initiative of the Office on Violence against Women, US DOJ
- Partners: WV Foundation for Rape Information and Services, WV Department of Health and Human Services, WV University Center for Excellence in Disability and the Northern West Virginia Center for Independent Living
- Vision of the Partnership
- Outcomes and ongoing efforts

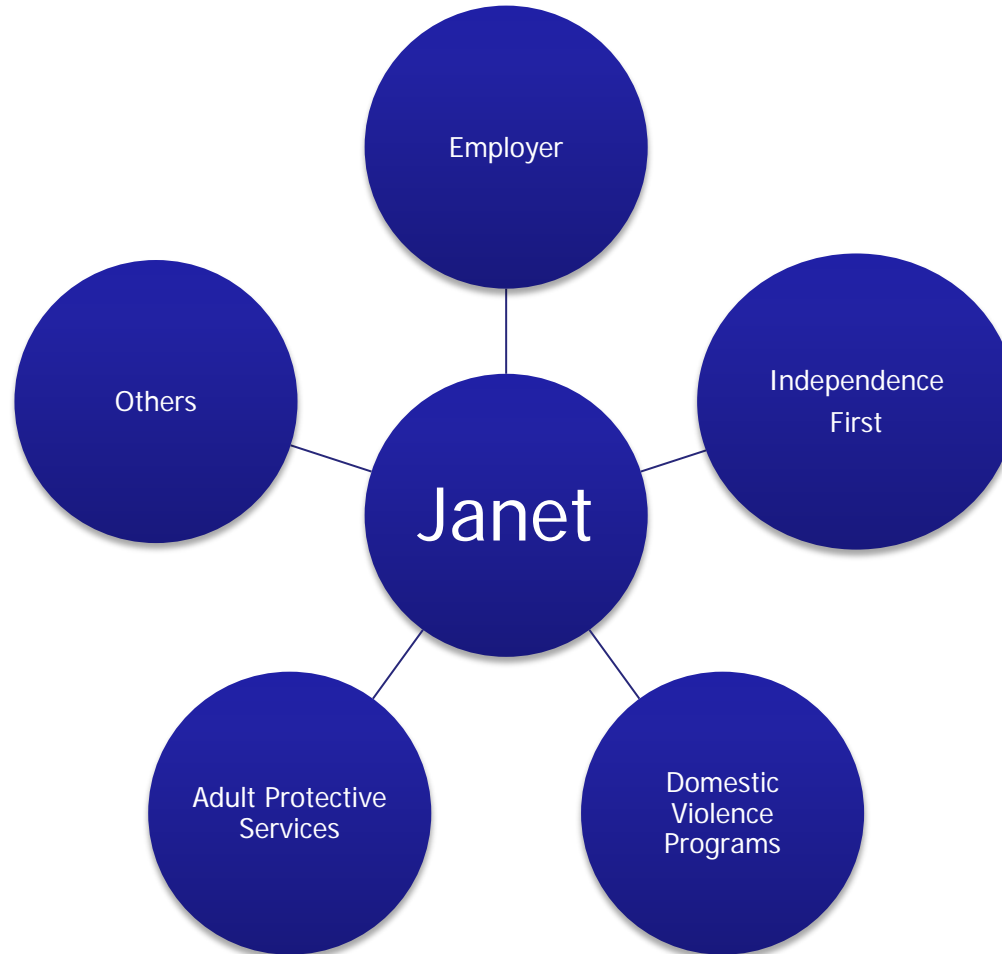
Milwaukee, Wisconsin

Milwaukee

- When I started working at Independence *First* in 1998, I also started working on violence against people with disabilities.
- In 2004 a lot of things changed as a result of one particular case in which despite 6 years of working intensely with the local agencies everything fell apart.

West Virginia

The Case of “Janet”



Developing a Collaboration



Funded and Unfunded

- 41 agencies met regularly without funding
- MMDI: Access funded in 2007 by OVW
 - Partners, IndependenceFirst, Sojourner Family Peace Center, City of Milwaukee Health Department, and Milwaukee County Disability Services Division.
- DART Transitional Housing Program funded twice by OVW

Duluth, Minnesota



Barriers to reporting— Duluth Focus Groups 2009

- Fear they won't be believed
- You feel like giving up on the system, takes so much energy, with so little in return
- Embarrassment due to stigma of disabilities
- Fear of retaliation
- People might not realize they are crime victim
- Fear of threats
- Fear of not being heard

Needs Assessment Key Findings

1. Lack of Organizational Resources
2. Need for Increased Awareness and Cross Training
3. Gaps in Policies, Procedures, and Practices
4. Need for Increased Organizational Relationships
5. Vision for Sustainability
6. Barriers to Safety, Accessibility, and Welcoming Environments

<http://www.connectionsduluth.org>



NCIL Task Force on Violence and Abuse

- Started in 2006 following a resolution passed by NCIL Membership at the 2006 Annual Conference
- Since its inception, the Task Force has:
 - Presented at workshops and conferences
 - Written articles for the WHAM
 - Encouraged NCIL to take a national stand on current trends on issues of violence and abuse
 - Writing NCIL resolutions on topics related to violence and abuse of persons with disabilities
 - Created talking points on legislative actions that relate to violence and abuse

Joining the Task Force

- The NCIL Violence and Abuse Task Force generally meets via teleconference on the first Thursday of each month at 2:00 Eastern. For more information, please contact
 - Jan Derry: jderry@nwvcil.org
 - or
 - Roberta Sick: sick@uark.edu.

Questions & Answers

Additional Resources

Resources

WV S.A.F.E. Training and Collaboration Toolkit

Serving Sexual Violence Victims with Disabilities



Guidance for service providers on working collaboratively to integrate accessible services for sexual violence victims with disabilities into the existing social service delivery system.

Toolkit: Serving Sexual Violence Victims with Disabilities



- Facilitates collaboration among partnering agencies to improve the accessibility and appropriateness of services.
- Builds individual providers' knowledge related to providing accessible and responsive services to sexual violence victims with disabilities.
- Provides tools to facilitate assessment and planning by individual agencies to improve the accessibility of their services for sexual violence victims with disabilities.
- Available for download at: <http://www.fris.org>.

Other Resources

- Training and Collaboration Toolkit -
Serving Sexual Violence Victims with Disabilities
 - <http://www.fris.org/Resources/ToolkitDisabilities.html>
- Vera Website
 - <http://www.accessingsafety.org/>
- Brochure examples:
 - <http://www.fris.org/Resources/PDFs/Brochures/Bro-SexualViolenceDisabilities.pdf>
 - <http://www.fris.org/Resources/PDFs/Brochures/Bro-SexualViolenceDisabilities.pdf>

Contact Information

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Wrap Up and Evaluation

Please *click the link below* to complete your evaluation of this program:

<https://vovici.com/wsb.dll/s/12291g55ede>

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