Ethics: When Domestic Violence/Abuse/Neglect Interferes with the Employment Goal

Judith Guetzow, MS, CRC, PhD – Candidate
UNTWISE
February 19, 2016
Upon completion of this webinar, participants will be able to:

• Recognize signs and symptoms of domestic violence, abuse or neglect when working with consumers.
• Identify the practitioners’ responsibility and response to difficult situations.
• Facilitate decision-making to support the consumer.
A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS
A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

a. PRIMARY RESPONSIBILITY.

The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients.

Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.

b. REHABILITATION AND COUNSELING PLANS

Rehabilitation counselors and clients work jointly in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a reasonable promise of success and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.
A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS

**c. EMPLOYMENT NEEDS.**

Rehabilitation counselors work with clients to consider employment consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.

**d. AUTONOMY.**

Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.
A.2. Respecting Diversity

a. RESPECTING CULTURE.

Rehabilitation counselors demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.

b. NONDISCRIMINATION.

Rehabilitation counselors do not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.
Domestic Violence Statistics

Did you know?

• 1 in 3 women and 1 in 4 men in the United States have experienced some form of physical violence by an intimate partner.

• On a typical day, domestic violence hotlines receive approximately 21,000 calls, an average of close to 15 calls every minute.

• Intimate partner violence accounts for 15% of all violent crime.

• The presence of a gun in the home during a domestic violence incident increases the risk of homicide by at least 500%.

• 72% of all murder-suicides involved an intimate partner; 94% of the victims of these crimes are female.

   (NCADV, 2015)

National Statistics

• Every 9 seconds in the US, a woman is assaulted or beaten.

• On average, nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this equates to more than 10 million women and men.

• 1 in 5 women and 1 in 7 men have been victims of severe physical violence by an intimate partner in their lifetime.

• 1 in 7 women and 1 in 18 men have been stalked by an intimate partner during their lifetime to the point in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

• Women between the ages of 18-24 are most commonly abused by an intimate partner.

• 19% of domestic violence involves a weapon.

• Domestic victimization is correlated with a higher rate of depression and suicidal behavior.

• Only 34% of people who are injured by intimate partners receive medical care for their injuries.

   (NCADV, 2015)
Domestic Violence in Texas

- “In 2013, there were 76,704 reported victims of abuse by current or former spouses. Many others went unreported. This statistic excludes reported abuse between non-married intimate partners.

- In 2014, Texas domestic violence hotlines answered 185,373 calls.

- In 2012, 114 Texan women were killed by intimate partners, more than 10% of the national total.

- 75% of Texas 16-24-year-olds have either experienced dating violence or know another young person who has.

- In 2013, 31% of victims/survivors of domestic violence requesting shelter were turned away due lack of resources.”
  (NCADV, 2015)

- In 2013, 119 Texas women were killed. Harris, from El Paso to Cameron, from Dallas to Grayson Counties, communities across our state encountered family violence fatalities.

- Harris and Dallas led all counties with 19 and 20 deaths respectively, followed by Tarrant (11) and Bexar (7); counties with smaller populations like Jefferson also experienced greater per capita rates of death than larger population centers, bringing home the idea that we must take murders in both contexts seriously.

- Some 34 of the 119 women killed were aged between 30 and 39; three young women under 19 years old and 13 women 60 years and older died.

- Fifty eight percent of fatalities involved firearms. An additional 17 family members, friends, and others—including 5 children—were killed during the same criminal episode; 61 additional people witnessed these horrific acts, 55 of them children.”
  (TCFV: Honoring Texas Victims)
What We Know About People with Disabilities (PWDs)

- 48 million Americans have 1 or more physical or mental disabilities that may impede their work opportunities (Kendall, 2001). These due to either birth, injuries.

- In 2013, of the US population with disabilities, over half (51.9%) were people ages 18-64. Forty percent (40.3%) of people with disabilities were 65 and older, while children and youth with disabilities accounted for only 7.4% (ages 5-17) and 0.4% (under 5 years old) (USDOJ, 2014)

- Advanced technology & Assistive Technology (AT) allow more victims to survive & gain independence.

- Most prevalent among poor, poorly educated, single, African American.

- Disability can become a PWDs master status dominating all their other statuses. Should be person-first.

- Minimal accessibility at best. Fight to get on the bus.

- Stigma & attitudinal barriers – disability still viewed as an affliction rather than as a deficit in physical or social environment
Violence Against PWDs

- Children & adults with disabilities experience violence & abuse at least twice as often as peers without disabilities (Sobsey & Doe, 1991).

- Studies suggest that 39% to 68% of girls & 16% to 30% of boys with developmental disabilities will be sexually abused before age 18 (Sobsey, 1996).

- 81% of psychiatric inpatients & 68% of psychiatric outpatients have been victimized by physical or sexual assault (L’Institut Roeher Institute, 1994).
“FAMILY VIOLENCE” means: an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault, or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but DOES NOT INCLUDE DEFENSIVE MEASURES TO PROTECT ONESELF.

71.004 Texas Family Code

“FAMILY” includes blood relatives or relatives by marriage, former spouses parents (married or not) of the same child, foster parents and foster children, or any member or former members of a household (people living in the same house, related or not).

71.003 Texas Family Code
Battering/Abuse

• Is a pattern of coercive control that one person exercises over another. It is behavior that physically harms, arouses fear, prevents a woman from doing what she wishes, or forces her to behave in ways she does not want.

• Battering includes the use of physical and sexual violence, threats and intimidation, emotional abuse, and economic deprivation. Any attempt to control, manipulate or demoralize another individual.

• Primary purpose is to gain and maintain POWER AND CONTROL.
Acts of Abuse

• **Emotional** – yelling at, threatening abandonment, ignoring, privacy violations, disablement of assistive devices.

• **Neglect** – inattention to needs, not showing up or leaving early.

• **Physical** - direct physical abuse or withdrawal of medication.

• **Sexual**- overt or subtle.

• **Financial**- theft of belonging or money, forgery, attendant buying items for self.
Possible Signs of Abuse

- Bruises; Burns; Broken bones, fractures, dislocations, sprains
- Abrasions from rope or other restraints
- Internal injuries
- Mood swings
- Regressive behaviors to earlier developmental stages
- Flashbacks - PTSD
- Feeling guilty, angry, fear, shame, or dirty
- Sleeping difficulties
- Eating disorders
- Lack of trust, isolation
- Decreased self-esteem
- Substance abuse

- Bed sores
- Dehydration; malnourishment
- Lack of adaptive devices for PWDs
- Inadequate sanitation or cleanliness in living environment and/or of person
CONTINUUM OF FAMILY VIOLENCE

PHYSICAL → → → → → → → → → → DEATH
pushing punching slapping kicking throwing objects choking using weapons homicide/suicide

VERBAL EMOTIONAL → → → → → → → → → → SUICIDE
name calling criticizing "you're no good" ignoring yelling isolation humiliation

SEXUAL → → → → → → → → → → RAPE
unwanted touching sexual name calling unfaithfulness false accusations forced sex hurtful sex

WITHOUT SOME KIND OF HELP, THE VIOLENCE USUALLY GETS WORSE. THE END RESULT CAN BE DEATH.

Distributed by the New Jersey Department of Health, P4, Violence Prevention Program. From VILLAGE TO VILLAGE, Alaska Dept. of Public Safety.
**CYCLE OF VIOLENCE**

**Phase 1: Tension building**
- Anger, blaming, and arguing occur

**Phase 2: Acute battering**
- Batterer asks for forgiveness, promises it won't happen again
- Batterering incident occurs

**Phase 3: Honeymoon stage**
- Batterer says it won't happen again
Potential Indicators of a Batterer

- Very strict disciplinarian
- Belief in physical punishment
- Child abuse
- Alcohol & drug abuse
- Extremely possessive & jealous
- History of violence in family of origin
- Unemployed
- Seeks to isolate family members
- Abuse of animals
PWDs Especially Vulnerable to Crime Because of:

- personal characteristics;
- living environment;
- dependence on others;
- Confusion about what constitutes a crime;
- Barriers to reporting
- Barriers to prosecution of perpetrators
Why do PWDs become victims?
Psychosocial Influence

- WWDs are stereotyped as dependent; viewed as asexual.
- In general, women in U.S. are less valued
- Women valued for care-giving and partnership.
- Viewed as role less, therefore, devalued.

*Danek (1992); Fine & Asch (1988); Thurer in Marinelli & Dell Orto (1991).*

- Unable to sufficiently defend themselves
- Isolation or a lack of socialization
- Untrained in detection of abusive situations and attitudinal defenselessness (powerlessness)
- Lower risk of perpetrator discovery
- Education lacking in sexuality
- Mainstreaming without consideration for self-protection

*Andrews and Veronen (1993); Groce (1988)*
Dynamics Affecting Persons With Disabilities

- **Fear.** Perpetrator has an economic hold or social power over the victim

- **Isolation.** Little or no contact with anyone other than caregivers, who may be the perpetrator

- **Lack of Access.** Decreased access to violence related support services because of lack of knowledge or transportation

- **Credibility.** Perceived to be less competent and less reliable when reporting or disclosing abuse

  *(Cusitar, 1994)*

- **Sexuality.** Persons with disabilities seen as asexual and incapable of being assaulted

- **Advocacy.** Inability to advocate on their own behalf

  - *California Coalition Against Sexual Assault, “Serving Survivors of Sexual Assault with Disabilities”, 2001*
Stages of Victimization

- Disbelief – “how can this be happening to me,” feelings of shame
- Fear – jumpy, nightmares, sense of powerlessness, depression
- Dissociation – inability to act on own behalf; feel worthless and deserving of abuse

- Disassociative Identity Disorder (DID) is a severe dissociative disorder that involves a disturbance in both the memory and identity of an individual. The individual uses defense mechanisms involving splitting, idealization, devaluation, denial and/or taking on the personality of another in order to cope with trauma experienced in childhood.
- Do what is necessary to survive
Communication – Deaf/Hearing Impaired

• Many hearing people do not know how to initiate a conversation with a deaf person, which can make encounters awkward and frustrating and can contribute to a hesitancy among deaf domestic violence/sexual assault victims to reach out for help.

• Interpretations between American Sign Language (ASL) and English are inherently imperfect.

• Survivors/victims may have different communication styles: some lip-read and write; others are more comfortable with ASL; still others may have minimal language skills, which requires communication to be more visual or tactile.
Deaf Community

- Viewed from a medical perspective – they do not see themselves as disabled, but as a different culture not recognized by community

- Guilt and embarrassment because of the social stigma frequently attached to domestic violence and/or sexual assault.
  - compounded due to the small and generally close-knit nature of the deaf community
  - can contribute to a hesitancy to report a sexual assault or domestic violence
  - closeness of the deaf community can compromise a victim’s anonymity and erode privacy

- Perceived lack of support of the victim by their own community especially if perpetrator is deaf.
TCFV Survey of Hispanic Texans

- **77% of all Hispanic Texans** have themselves, a family member &/or friend have experienced some form of DV.

- Indicating approximately **5.2 million** are personally affected by DV. Equaling **12.2 million** by year 2030.

- **2 out of every 5** Hispanic Texas females (39%) reported experiencing severe abuse.

- **1 out of every 5** Hispanic Texas females (18%) reported being forced to have sex against their will.

- 40% of those admitting experiencing DV took no action against their perpetrator.
Hispanic Cultural Influences

- Family Unity (familismo)- respect and loyalty to family. Family first.

- Stoic Attitudes- problems should be endured with courage and dignity

- Gender roles- abnegation (mother), responsibility and authority (father), obedience (children).

- Religious views- enduring suffering as a moral test from God (Smart, 1991;)

- Stress Influences
  - Immigration
  - Unemployment / Poverty
  - Alcohol & Drug Abuse
  - Language Barriers
  - Role expectations
  - Large Families
  - Substandard Housing
  - Health Issues
Traditional Mexican Culture Does Not Support:

- Female Independence
- Single Lifestyle
- Career-mindedness
- Criticism of male partner (even for infidelity, gambling, verbal or physical abuse, drug or alcohol use)
- Asking for help
- Discussion of personal problems outside the home.
- Self-indulgence
- Outside help with the children
- Sexuality as pleasurable for mothers
Marianismo

- “is about sacred duty, self-sacrifice, and chastity. About dispensing care and pleasure, net receiving them. About living in the shadows, literally and figuratively, of your men – father, boyfriend, husband, sun-your kids, and your family”

- Gil and Vazquez, 1996. The Maria Paradox
Marianismo

- Woman is more likely to blame herself for failures and men are also more likely to blame woman for failures in order to maintain his Machismo, pride, and sense of self-worth.

- For women, perfection is equated with submission, duty, loyalty, generosity, and compassion.
Beliefs about Disability

- Discourage independence – Family care
- Overprotection and low expectations
- Disability may be viewed as a test/punishment from God
- Disability as an unavoidable hardship
- Difficulty accepting role loss
- Disability may have supernatural origin

- Cultural impact affects:
  - Beliefs about cause
  - Expectations about what should be done
  - Expectations about what others should do
Facilitate decision-making to support the consumer

• “In Texas, it is mandatory to report suspected abuse, neglect or exploitation of a child or adult with a disability or an older adult over the age 65 to the Adult Protective Services (APS) program of the Texas Department of Family and Protective Services or other investigative authority.

• The Texas APS hotline to report suspected abuse is 1-800.252.5400.

• If you live outside Texas, check with your state’s Protective and Regulatory Services agency about reporting requirements for your state.”

• **Suspected abuse/neglect/assault of minor under age 18 MUST BE REPORTED to CPS whether child has a disability or not.**

• **If in doubt about disability & abuse – report to APS/CPS. Protective services agency responsible for assessing for disability.**

• **Survivor disclosing abuse/assault must be informed of obligation to report, must be offered opportunity to be present when report made; must be informed of right to refuse services from APS; reports must be specific – perpetrator likely to be interviewed.**
Working within the culture

(Familismo)
- Family counseling including grandparents (wisdom) or trusted family friend as mediator.
- Threat of female independence (through work or school) can be discussed as for the good of the family
- Abuse focus as harmful to the children

(Machismo/Marianismo)
- Addressing husband first in sessions with respect
- Soliciting “help” from husband
Family Assessment Approaches to Working with PWDs – E.S.P.

5 Things I wish I’d known when I left:

1. Leaving is only the first step in recovering from an abusive relationship.
2. You may develop PTSD.
3. Friends and family that you expect, or need, support from may not be capable of providing it.
4. Some will not want to hear or believe your story.
5. There is potential for re-victimization from lawyers, therapists and the court system that do not understand domestic violence.

Preparation may not prevent the pain, but it can allow you to brace yourself for it. ~Rachel

- **EDUCATION** - Include family & educate them on resources, assistance with activities of daily living (ADLs)
- **SUPPORT** – providing emotional, financial
- **PREVENTION** – to anticipate & deal with future problems for future minimum hospitalization. (Spinal Cord Injury (SCI) checking for skin ulcers, etc.

- Look at the big picture!
Recognize the Emotional & Psychological Reactions to Trauma

- Survivors go through a wide range of normal emotional & psychological responses after experiencing trauma.
  - shock & disbelief, grief, denial, depression, emotional detachment, mood swings, hyper-vigilance, despair

- Remember, it is the experience of trauma that causes reactions in survivors, not their individual personality strengths & weaknesses.

- View these reactions as NORMAL reactions to ABNORMAL events.
Recommendations for Counselors & Other Professionals

• Have a well developed referral network.

• Prepare people with disabilities to defend themselves or to recover from victimization.

• Help teach self-defense and prevention by recognition.

• Acknowledge, research, train, and educate in this area.

• Policy changes are needed to:
  – Increase training of service providers of abuse interventions.
  – Decrease architectural and attitudinal barriers.
  – Increase and improve accessible services related to adult protective services, personal care attendants, legal aid.
  – Need for more communication among social services.

(Nosek et.al)
Judicial System

Domestic Violence Courts

- domestic violence courts, similar in concept to juvenile courts and drug courts.

- It has been estimated that in 2000, there were 300 such courts within the U.S. (Gover, MacDonald, & Alpert, 2003).

- The concept is to provide a more centralized and coordinated approach to domestic abuse crime with trained, specialized personnel. It is felt that the courts can provide more effective coordination with key community agencies.

Legal Options

- Arrest of perpetrator

- Restraining orders

- Protective orders
  - Emergency Protective Order
  - Temporary Ex-Parte Protective Order
  - Final Protective Order
Know Your Resources!

Local, National, & Online

- Contact information for local shelters
  - Family Crisis Center; Harlingen, TX
  - Friendship of Women; Brownsville, TX
  - Mujeres Unidas/Women Together; McAllen, TX

- Texas Council on Family Violence (TCFV)

- Texas Association Against Sexual Assault (TAASA)

- Texas Commission on Alcohol & Drug Abuse (TCADA)
  - Palmer Drug Abuse Program – McAllen, TX

Campaigns & Social Media

THE BLACK DOT CAMPAIGN

The black dot on your hand lets professionals know you are a vulnerable domestic violence survivor and that you need help but can’t ask because your abuser is watching your every move. In just 24 hours the campaign has reached over 6,000 people worldwide and has already helped 6 women. Please spread the campaign and post a picture of your hand with a black dot to show your support to all survivors of domestic violence.
Crime Victims with Disabilities Awareness Act

- Passed in 1998.
- Mandated that disability status needed to be included information gathered from crime victims.
- Some have argued that women’s advocacy organizations such as shelters should also collect disability status information. (Whatley, 2000).
- Accurate data on the prevalence of crime and violence perpetrated against WWDs would strengthen calls for more services and supports.

Violence Against Women Act (VAWA)

- First passed in 1994 with the intent to establish a lead entity within the U.S. Department of Justice to help combat violence against women (Whatley, 2000).
- This act led to the creation the Violence Against Women (VAWA) Office in 1995 currently known as the Office on Violence Against Women (DOJ). The Office coordinators activities related to legal and policy issues, serves as an information source, and awards violence against women grants to states and U.S. territories.
- The Violence Against Women Act was re-authorized in 1998 and again in 2000. New language that specifically includes women with disabilities allocating millions of dollars for research and programming to enhancing protection, strengthening education, and ending violence and abuse.
- “Reauthorization Act of 2013, or ... VAWA 2013 recognizes tribes’ inherent power to exercise "special domestic violence criminal jurisdiction" (SDVCJ) over certain defendants, regardless of their Indian or non-Indian status, who commit acts of domestic violence or dating violence or violate certain protection orders in Indian country.” (USDOJ, 2015)
Americans with Disabilities Act (ADA) – Legal Aspects

Title I: Employment

Title II: Public Services & Public Transportation – Access to & participation in public Services cannot be denied to PWDs.

Title II: Public Accommodations, including Transportation – access to service organizations cannot be denied to PWDs.

Title IV: Telecommunications – phone service companies must provide phone relay service (TTY) to Deaf.

Title V: Miscellaneous – prohibits either (a) coercing or threatening or (b) retaliating against PWDs or those attempting to aid PWDs in asserting their rights under the ADA.
References

- American with Disabilities Act www.ada.gov
- Sexual Violence Prevention: Building Leadership and Commitment to Underserved Communities Sexual Assault Against Persons Living with Disabilities www2a.cdc.gov/phtn/svprev/Disability.pdf
- Texas Council on Family Violence (TCFV) www.tcfv.org
- Texas Association Against Sexual Assault (TAASA) www.taasa.org
- www.DisabilityCompendium.org
- Image credits: All images copied from various websites.
- Credit and thanks to Dr. N. Graf and Mr. J. Lara for their past contributions to this topic. Their knowledge, experience, and work have been a tremendous help to me!