

Massachusetts Department of Developmental Services Risk Management

Subject: Domestic /Family / Partner / Housemate Violence

What is it?

The signs and symptoms of intimate violence for people with disabilities are similar to those of other victims of domestic violence. These may include physical violence, sexual assault, and emotional and/or psychological abuse. This guideline refers to any adults served by DDS in particular to those competent individuals, who choose not to leave relationships or environments that subject them to abuse.

What risk does it present?

Individuals with disabilities face unique barriers in mitigating an abusive situation:

- The abuser may be the victim's intimate partner, parent, guardian, or child and may be the primary caregiver as well.
- The abuser may be the sole sign language interpreter.
- Providers and others may not understand the victim or the victim may not have language skills to describe the abuse.
- Individuals are often taught and reinforced to comply with authority figures, thus setting up interactions in which they will not report abuse
- Individuals may fear punishment or threats of abandonment by a partner
- Individuals often experience few opportunities for affection and may accept abuse in exchange for companionship
- The abuser may control the finances in the home causing the individual to fear being without food and/or shelter if the abuser is reported.

How is managed?

In any case where there is reason to believe that there is an imminent threat of violence towards an individual or that an individual has recently been the victim of violence the **safety and well being of the victim should be the first priority**. In these instances the first response should be to contact the police and emergency services personnel (EMT) as the situation dictates. Once the situation has been stabilized and the victim is safe, the event should be **reported to the law enforcement and to the DPPC** (Disabled Persons Protection Commission) for the necessary protective services. After these crucial steps have been taken then the process described below should be initiated as soon as reasonably possible.

A referral for appropriate domestic violence support services is initiated after documentation of an incident of violence in which the individual is the victim and the alleged abuser is a partner or significant other. This determination, made by

the AO Risk Management Team or Area Office clinical team, is made after an evaluation for protective services which would remove the individual from a potentially violent environment. Appropriate supports services includes agencies certified by the Department of Public Health in the area of Domestic Violence. Any individual who is competent and remains in an abusive situation must have a risk plan which references a 1) a counseling plan and 2) a cognitively relevant treatment and safety plan with the goal of addressing personal safety and encouraging an individual to remove himself or herself from the risk situation.

Special Considerations

- An individual's level of competency to remain in the relationship should be documented; A clinical team review should be initiated.
- A DPPC report must be filed when there is any possible indication of abuse of an individual (Hotline: 1-800-426-9009)
- If a person is a senior citizen (60 years or older), the referral should go to the Elder Abuse Hotline (1-800-922-2275 (V/TDD))
- If a person is under 18, the referral should go to the Department of Children and Families (DCF). (Hotline:1-800-792-5200)
- Area Office staff should prioritize assisting the person to leave the abusive or dangerous situation prior to, or at the same time as referring for counseling

Where and to whom do these recommendations and protocols apply?

These guidelines apply in all settings of any individual supported by DDS.
These guidelines apply to all staff.

Where can I find additional help?

- DPH – www.mass.gov/dph
- Jane Doe Inc. www.jdi.org