

**NAME OF ACTIVITY: Case Scenarios – Domestic Violence,  
People with Disabilities and Deaf people**

**Possible Uses:** Cross-training for Victim Services staff and Disability Service providers/Mental Health providers; Internal training for Victim Services staff; Community training

**Target Audience:** Disability service/Mental Health providers; Victim services staff; self-advocates should be encouraged to attend, as well

**Time:** 1 hour

**Objectives:** Upon completion of this activity, participants will be able to:

- Learn trauma-informed approaches to identifying and responding to domestic violence for people with disabilities and Deaf people
- Identify collaboration strategies to work to support Deaf survivors and survivors with disabilities who experience domestic violence
- Increase knowledge of accommodation needs and strategies to improve accessibility for survivors of domestic violence who have disabilities or are Deaf
- Learn ways to include the survivor in developing a support plan

**Key Terms &  
Concepts:**

**Safety Planning; Responding to  
Disclosures; Trauma; Provider Collaboration**

**Equipment or  
Materials needed:**

Handout; Space for small group discussions

**Preparation needed:** Trainer should be familiar with the different settings described in the scenarios: Centers for Independent Living, Department of Rehab Services, Developmental Disability or Mental Health Provider, Adult Protective Services, as well as self-advocacy principles. If needed, additional resources to explain these services and concepts could be provided. Trainer should also be familiar with the range of services available at Victim Services agencies. Having brochures from the local Domestic Violence program would be a good idea and/or inviting a representative to be present for the training.

**NOTE:** Be sure to ask for any accommodations needed by participants before the training so there is time to make arrangements – for example, securing ASL interpreters.

**Instructions:**

Provide all participants with a copy of the Case Scenarios handout.

1. Divide the group into smaller groups of 3 – 5 each, depending on size. Try to ensure a mix of work settings and self-advocates in each group, if doing a cross-training.
2. Ask for a volunteer from each small group to take notes to present back to the larger group following their discussion.
3. Assign each small group a scenario to read through and discuss, using the reflection questions at the end of the handout to facilitate the discussion.
4. Bring the group back together and have each representative for a small group present a short summary of their scenario and their discussion. Help facilitate the discussion and any questions.

## Scenario: Center for Independent Living (CIL)

Wanda is a 59 year old woman, divorced, who lives in her own home. She utilizes a wheelchair after sustaining a spinal cord injury. Wanda recently held firm on her decision to kick her son (age 27) out of her home approximately two months ago. This resulted in their relationship becoming very strained. He had been living there since high school, despite his capability to launch. Despite this, her adult son continues to deliver groceries to her weekly, along with her medications when they are due.

Wanda presents to her local center for independent living (CIL) to ask for assistance with learning what public transportation options she has in her community. She does not drive, nor utilize public transportation, due to challenges with her mental health diagnoses.

You, as the CIL advocate, begin to gather some initial information such as demographics and what has motivated her for learning about transportation options. She replies that learning about transportation will help her be less dependent on her son. As you continue talking with her about transportation and other CIL services, Wanda abruptly asks for the time. She looks and sounds panicked, and quickly explains that she doesn't want to be late getting home from this appointment. Wanda begins to talk very rapidly, stating that she is scared that her son will "blow-up" if she is not home when he brings her the weekly delivery. You tell her the time, and Wanda apologizes that she cannot stay for the rest of the appointment, asks that you call her tomorrow, and leaves in a rush.

## Scenario: Division of Rehabilitation Services (DRS)

Justin is a 20 year old male, never married, who presents to your DRS office inquiring about employment assistance. He discloses that he recently lost his job as a greeter at a big box retail store. This was his first full-time job, and he was devastated when he learned that his employer was making systemic changes to his position. Due to this, he was not able to be re-assigned to another position. The only job skills and qualifications include this position and his high school diploma. Justin expresses that he desperately wants another job, but “what if they don’t like me like my last job”. Justin does not understand why he was fired as he “never was late or sick” and “never caused any trouble”. When asked about his demographics, Justin indicates that his mother is his legal guardian. The paperwork Justin hands to you confirms the guardianship status of person and estate. Justin’s mother told him that he had to apply for “disability”, even though he did not want to. Justin adds that she does not know that he was at DRS for this, as she has told him that he won’t get hired by anyone else. Plus, Justin’s mother told him that he would get more disability benefits than from working. Justin lives with his mother and pays rent to her. He says it has been “boring” to not have a job. Justin’s mother told him that she would not help him get a job, and if he did, then she would charge him more for rent.

## Scenario: Mental Health

Annie is a 30 year old woman, never married, who utilizes hearing aids due to her hearing loss. She is an established client of yours at the community mental health center.

Annie has been in a relationship with Mark for seven years. They have one child together, age 5. During a counseling session discussing examples of healthy and unhealthy boundaries, Annie indicates that all the boundaries in the list are healthy or “fine”. You ask for clarification around the statement that says, “My partner gets angry when I say no to sexual intercourse.”

Annie responds that it’s normal for the partner to be mad, because the woman should accept it when he wants sex. It’s part of being in a relationship: he chooses and tells me when we will have sex.

## Scenario: Adult Protective Services (APS)

Harry is a 75 year old, widower, who lives in the family home in a very rural and isolated part of Central Illinois (change location based on Immersion site). He is retired farmer, and his wife of 57 years passed away approximately 3 months ago. You are an Adult Protective Services worker who is doing an initial follow-up after a hotline call was received. Caller stated that Harry's ability to care for self has declined dramatically since the passing of his wife. Caller is concerned about the lack of adequate food in the home, along with the general condition of the home's interior. As you pull up into the driveway, you note both an older model car in the garage and a pick-up truck parked by the house. After knocking on the front door, you observe a strong odor as Harry opens the door slightly to greet you. You introduce yourself and indicate that you are following up on some concerns. Harry responds by stating that he doesn't understand what agency you represent nor why you are at his house. However, he says that he is willing to sit down with you on the porch swing. He closes the door and you hear talking while you await his return to the porch. After a few minutes, Harry appears disheveled and unkempt, dressed bib overalls and a button-down shirt. Once again, when the door opens, the odor quickly leaves the home. Harry shows very little eye contact, and keeps a fair distance from you. You observe him to be preoccupied while you attempt to gather some initial information from him. Harry reluctantly responds but does not offer much detail about himself. He confirms that his wife recently passed. His preoccupation continues with his eyes darting around at the environment outside, and Harry shows that he is struggling with maintaining his attention and focus. As you continue with your dialogue, Harry interrupts you by saying, "It'll just take a minute". He is not looking at you, but rather to the side of where he is standing on the porch. He continues to engage by adding, "Can't you wait?". He then looks at you directly and says, "I didn't catch that. Come again, miss." You begin to repeat your question, and then notice the curtain in the front window moving. You ask Harry if there is someone else in the house, and he responds, "That's just my lady friend".

## Scenario: Developmental Disability (DD) provider

Ralph is a 32 year old male, never married, who resides in a HUD-subsidized apartment complex. Ralph has a personal assistant (PA), Melissa, who works part-time to assist him with his daily living activities, transportation to day services, and grocery shopping.

Ralph attends day services daily, Monday through Friday. Today, you observed Ralph giving Melissa money after he asked her how much she needed for her vape cartridge. When Ralph enters day services, he exhibits his infectious smile and friendly demeanor. You ask Ralph if he can assist you with some paperwork in your office. When you both enter it, you shut the door to provide privacy and ask about the money exchange. Ralph replies that he was loaning Melissa money, because some of her hours were short last week due to her daughter being sick. Ralph counters by saying that he doesn't mind doing it, because when you ask for more detail, Ralph explains that he has been giving Melissa has been the most reliable and consistent PA he has had, "after going through a string of people that had to be canned." He adds that Melissa will be in better financial shape soon, because she is getting a raise- almost 50 cents per hour soon.

### Scenario Self-Advocate:

Recently, a very active local self-advocate group meets to discuss upcoming events and activities. During a break, Donna, a self-advocate newer to this group, is chatting with you, one of the group's officers. Donna is excited to learn more about this group's mission and to get more involved with other individuals with whom she can identify with. You are welcoming her and encouraging Donna to come to two upcoming events if her schedule allows. Donna responds to your encouragement by remarking that she'd be interested in both, and would let you know after she checks with her parents. Donna explains that she does not have a driver's license, and she relies on them to transport her due to the lack of public transit in her area. You, then notice, that Donna's demeanor changes from bubbly and vibrant to fearful and worried as Donna looks towards the entrance door. Donna looks back at you and says that she needs to leave because her ride is here and she doesn't want "to ruin the chance to get out of the house again" by making them wait. Donna scrambles to the door after hastily gathering up her meeting handouts and notes. You hear Donna talking to a male figure apologetically.

**\*NOTE:** Review the Reflection Questions as if you are the self-advocate group's officer, not a professional in this scenario. Donna is the individual as described in these questions.

## Reflection Questions:

- 1) As the professional identified in this scenario, what are your next steps?
- 2) How could collaborating with other service providers result in the individual being better supported?
  - What limitations, if any, are present?
- 3) What does collaboration look like? Be specific. (I.e., Referrals, case consultations, staffings, service coordination, case management, etc.)
- 4) How is the individual included/involved in collaboration with other service providers?
- 5) Identify the mean(s) that would be used to communicate with other service providers.
  - What limitations, if any, are present?
- 6) As the professional responding to this scenario, identify any best practices to be mindful of regarding:
  - Safety
  - Accessibility
  - Trauma-Informed
  - Person-Centered
  - Disability Humility
  - Cultural Responsiveness