

If you suspect abuse, here are some additional resources:

Domestic Violence Hotline
1-800-572-SAFE (7233)

NJCASA Hotline
1-800-601-7200

New Jersey Division of
Disability Services
1-888-285-3036

Adult Protective Services
1-800-792-8820



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Division of Disability Services

Disability, Health and
Wellness Program

The
Unheard Voice

Violence Against
Women with
Disabilities

Spot the
Signs
Ask the
Questions



Violence against women is a serious problem that affects women from all age, ethnic, cultural and socio-economic groups.

Women with physical, mental or cognitive disabilities are abused an estimated 3 to 10 times more often than their non-disabled peers. Abusers may be partners, family members, paid caregivers, health care workers, and strangers.

Women with disabilities are also subject to unique forms of abuse, such as withholding access to essential care, health care, medicines and assistive devices and services.

Women with disabilities are less likely to report abuse because their abusers may be the very people they rely on for personal assistance.



**ASSESSMENT IS CRITICAL
SPOT THE POSSIBLE SIGNS
OF ABUSE:**

- Bruises, burns, abrasions, broken bones, dislocations, sprains
- Internal injuries
- Bed sores, dehydration, malnutrition
- Missing adaptive devices
- Inadequate sanitation or cleanliness
- Mood swings, regressive behavior, flashbacks, lack of trust, isolation
- Sleeping difficulties, eating disorders, substance abuse, behavioral cues



Health care providers can help by routinely screening for abuse. Ask women these questions, preferably when they are not with their partner, spouse, personal assistant or caretaker.

Have you been hit, slapped, kicked, pushed, shoved, or otherwise physically hurt by someone?

Has anyone touched you in a manner that has made you feel uncomfortable?

Has anyone forced you to have sexual activities?

Has anyone prevented you from using a wheelchair, cane, respirator, or other assistive device?

Has anyone you depend on refused to help you with an important personal need (taking medicine, getting to the bathroom, getting out of bed, bathing, dressing, or getting food or drink)?

Have you been threatened, intimidated, coerced or manipulated to do things that made you fearful and/or do things you did not wish to do?

Have you been humiliated, shamed, called names, overly criticized or otherwise bullied?

Has anyone done or said anything to make you fearful?