

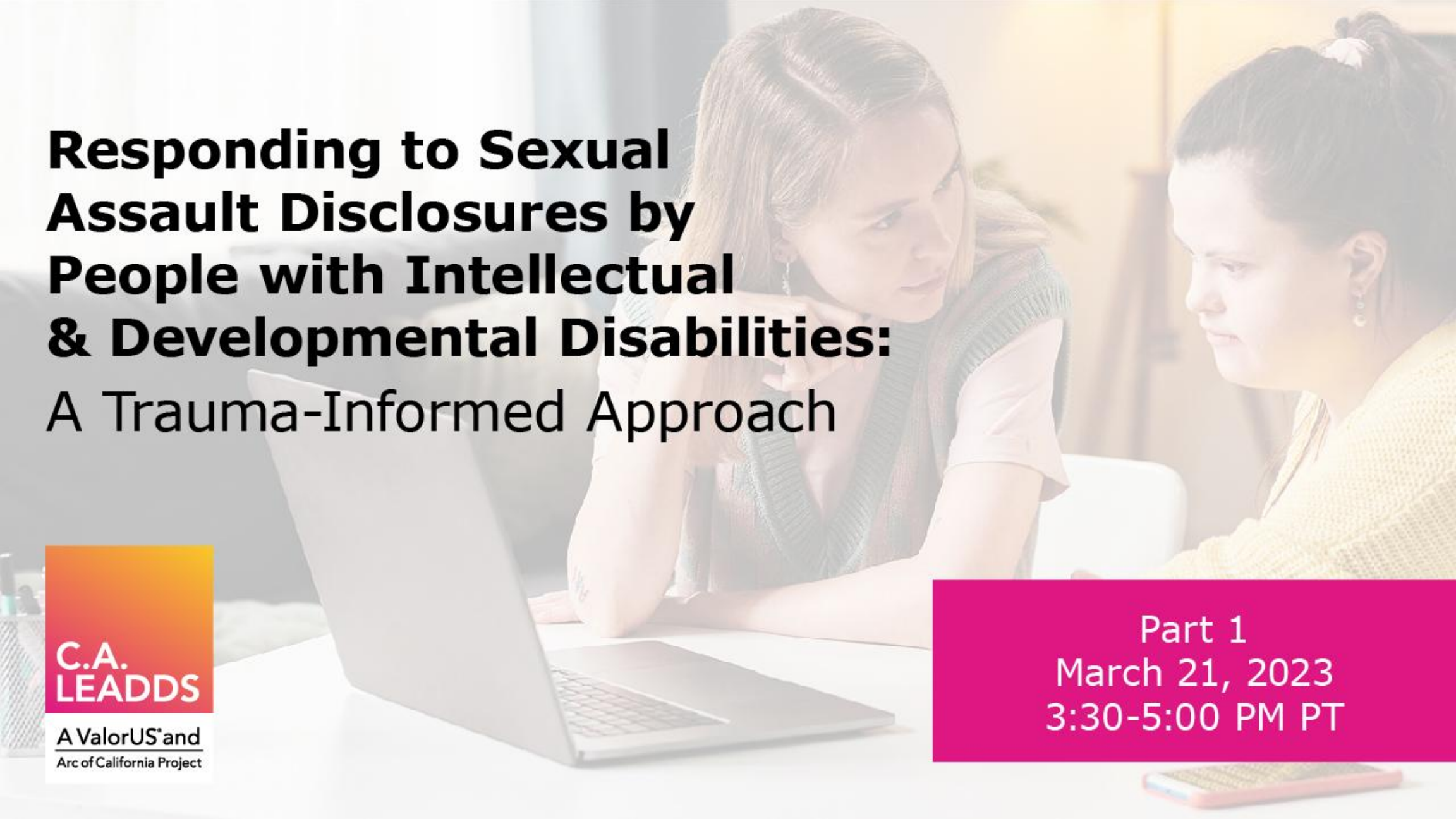
Responding to Sexual Assault Disclosures by People with Intellectual & Developmental Disabilities: A Trauma-Informed Approach

C.A.
LEADDs

A ValorUS[®] and
Arc of California Project

Part 2
March 23, 2023
3:30-5:00 PM PT

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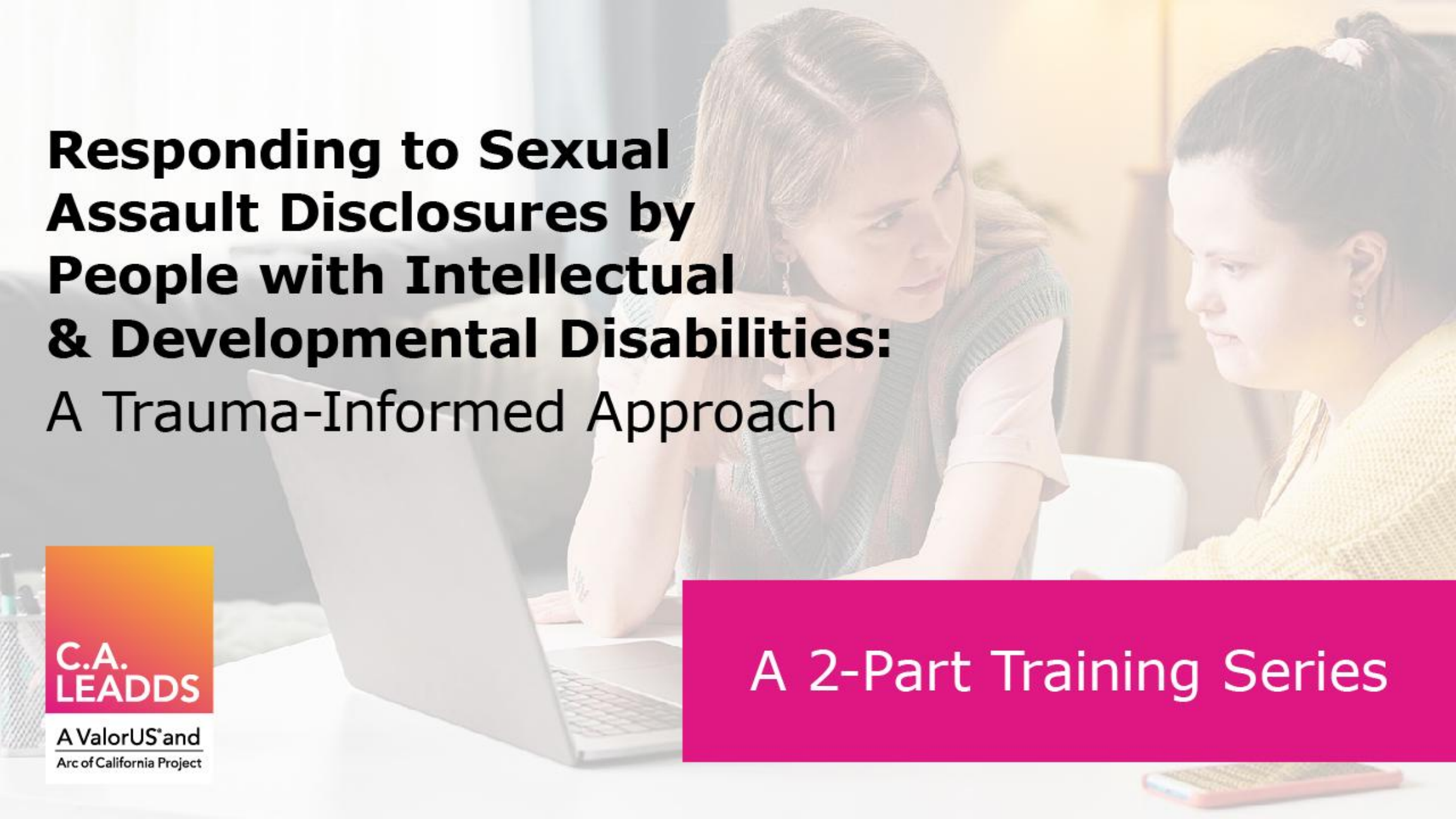
A background image showing two women sitting at a desk, looking at a laptop screen. The woman on the left is pointing at the screen, and the woman on the right is looking at it. The image is slightly faded to allow text to be overlaid.

Responding to Sexual Assault Disclosures by People with Intellectual & Developmental Disabilities: A Trauma-Informed Approach

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Part 1
March 21, 2023
3:30-5:00 PM PT

A background image showing two women sitting at a desk, looking at a laptop screen. The woman on the left is leaning over the laptop, pointing at the screen, while the woman on the right sits back, looking at the screen. They appear to be in a collaborative work or training environment.

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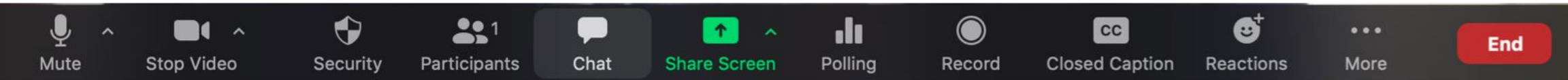
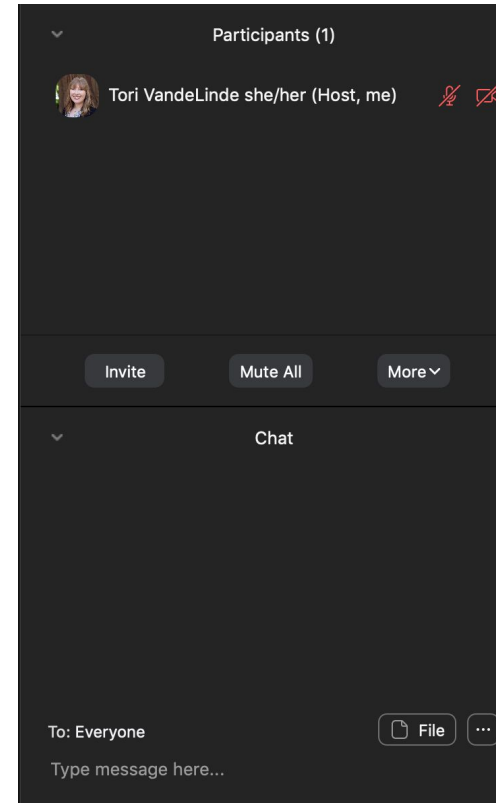
**C.A.
LEADDs**

A ValorUS® and
Arc of California Project

A 2-Part Training Series

HOW TO USE ZOOM

- ›Text chat
- ›Polls
- ›Breakout room
- ›Phone
- ›Live captioning
- ›Recording & slides
- ›Certificate of participation



Legal Disclaimer

- VALOR® and The Arc of California cannot give legal advice
- Persons seeking legal advice should consult an attorney
- Acquaint yourself with your agency's policies and procedures on mandated reporting



Legal Reminders

- Consult with your supervisor if you think you may need to report a situation
- If a supervisor tells you not to report, you still have a duty to report
- The person that received the disclosure should report or be part of the reporting process
- Discuss your duties to report with clients/survivors
- You are not responsible for “proving” or investigating abuse, only reporting suspicions and allegations



Meet Your Hosts



Samantha Thalken

Project Coordinator, The Arc of California (she/her)



Teresa Anderson

Public Policy Director, The Arc of California & UCP (she/her)

Meet Your Presenters



**Ashleigh
Klein-Jimenez**
**Director of
Prevention,
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Priscilla Klassen
**Project Coordinator,
VALOR (she/her)**



Leah Holtz
**Self Advocate,
VALOR Consultant
(she/they)**



Elizabeth Grigsby
**Self Advocate,
Arc Consultant
(she/her)**

POLL

Were you able to join us for session 1?

Learning Objectives - Part Two

- Participants will be able to explain trauma and how trauma impacts people with disabilities
- Participants will be able to demonstrate appropriate responses to trauma for people with I/DD
- Participants will be able to analyze the role of ableism in sexual assault
- Participants will be able to describe the impacts of self-advocacy & sexual health



Risk Factors & Barriers to Service

LACK OF RESOURCES

Organizations that serve people with disabilities often experience a lack of resources—not only monetary or funding-based, but also a lack of resources related to prevention or intervention.

STAFF TURNOVER

Currently, the disability field is experiencing a staffing crisis; there's more need than supply, and wages are poverty-level and stagnant. This increases turnover, which leads to less oversight and more instability of care.

LACK OF EDUCATION

People with disabilities are often left out of sexual education, which leads to situations where they are uneducated about their body, the way that it works, what's private and what's public, sex, sexuality, sexual health, relationships, and more.

NEGATIVE ATTITUDES

Societal attitudes towards PWD increase risk for abuse, particularly for PWD who are multiply marginalized—people of color, LGBTQ, immigrant populations, or people experiencing homelessness, for example.

EXPERIENCING POVERTY

Many PWD experience poverty, earning less than \$15,000 per year. Although currently the poverty line for a single person under 65 is an annual income of \$11,770, healthcare costs and costs of living with disabilities further limit spending power. Additionally, the American Journal of Public Health estimates that 530,000 American families go bankrupt every year from medical debt.

NO INTERNET ACCESS

Lack of internet access is a large barrier for many PWD, for many reasons including experiencing poverty or homelessness, lack of available providers (particularly in rural communities), or lack of support for being online or accessing the internet. Lack of web access may also mean lack of access to community, assistance, opportunity, employment, and info.

LACK OF EXPERIENCE

Due to the staffing crisis, many people who are providing care to people with disabilities lack caregiving experience, and may not have the support to recognize, prevent, or intervene in victimization of the people who use their services.

LACK OF CONFIDENCE

Staff often lacks confidence to give healthy relationship and healthy sexuality coaching to people who receive services. This may tie in to staff turnover, lack of organizational resources, or lack of staff experience.

OTHERS' LACK OF BELIEF

When PWD disclose sexual violence, many people perceive them as being less credible than a person without a disability, often citing that the person made it up or did not understand what was really happening.

FALSE IDEAS ON SEXUALITY

PWD are often seen as non-sexual beings who do not experience sexual desires, which is not true. People with disabilities experience the same spectrum of desire that people without disabilities do, from the same ages.

LACK OF OPPORTUNITY

The rate of employment for PWD from the Bureau of Labor Statistics was 19.1% in 2019; the rate for people without disabilities was 65.9%. This gap reflects both the low employment rates for PWD as well as the lack of opportunities available. Currently, it is legal to pay PWD subminimum wage for working in certain locations, often referred to as 'sheltered workshops.'

NO PUBLIC TRANSIT

According to the American Public Transportation Association (APTA), 45% of the population of the US lives in an area where there is no access to public transportation. The percent increases for PWD due to weather conditions and inaccessibility of currently available options. Buses with broken lifts, broken elevators in subway stations, or info only given through audio are all examples.

NO PROCEDURAL CLARITY

Sometimes people will not respond properly to something if there's no process to follow. Organizations need to implement abuse reporting procedures and make sure staff understands them.

MISSING BACKGROUND CHECKS

A failure to perform background checks on *all* people in the organization can increase the risk of violence against PWD by providing opportunity for harm. This includes maintenance, volunteers, staff, and so on.

SOCIAL ISOLATION

PWD often experience social isolation due to a variety of factors, including overcontrolled environments, lack of access to transportation, lack of access to the internet, caregiver belief or comfort, lack of staffing, et cetera.

LACK OF ACCOUNT-ABILITY

People who cause harm are often not caught or not held accountable for sexual violence. Though this is a pervasive societal issue, due to the combined social factors it has an outsized impact on PWD.

LACK OF (ACCESSIBLE) TRANSPORTATION

When public transportation isn't an option, private transportation becomes a necessity. Accessible vehicles are often prohibitively expensive, and many people with disabilities are not taught how to drive due to societal attitudes. Ride sharing services like Lyft and Uber are frequently inaccessible and riders who use mobility devices have reported having rides canceled or encountering hostile drivers. Service dog users have experienced similar problems.

Personal vehicle maintenance can also be expensive; the APTA estimates that the average household spends 16 cents out of every \$1 on transportation (16% of their income)—the largest expense after housing. On an annual income of \$15,000, that's \$2,400 per year.

OVER-CONTROLLED ENVIRONMENT

Many people with disabilities experience life within an authoritarian environment where they aren't granted the agency to make their own choices or decisions; this often extends to decisions about their bodies and sexualities.

ASSISTANCE BARRIERS

People with disabilities often experience cultural and societal barriers that impede their abilities to find and access assistance. This may include assistance that is not in ASL for individuals who are deaf or hard of hearing; lack of support from caregivers or staff to acquire assistance; overreliance on verbal communication or evidence; or agencies and organizations that are not equipped to assist people with intellectual or cognitive disabilities.

Conditions That Create Higher Risk for Victimization

- Seen as “easy targets” or “ideal victims”
- Isolation and segregation
- Devaluation
- Presumed lack of credibility
- Increased exposure to potential abusers
- Given little control over life choices
- Economic instability
- Denied education about healthy relationships, consent, sexuality, and abuse
- Negative messaging about relationships and sexuality
- Systemic denial of the right to make decisions about relationships
- Culture of compliance

Culture of Compliance

Consequences:

- desire to please authority
- reliance on social cues
- looking for the answer
- confusion
- anger
- fear
- limitation on generalization
- low self-esteem/confidence
- easily persuaded by others
- tend to over trust authority/service providers
- lack of bodily autonomy



Access to Supports & Services

Why are survivors with I/DD less likely to access/receive services and supports?

- Physical, communication, programmatic, and attitudinal barriers in law enforcement and legal system
- Organizations that serve people with disabilities are unaware of victim services or unsure if victim services would be able to support their clients
- Victim service organizations lack accommodations, staff training, and resources to serve survivors with disabilities and do not reach out to the disabled community, particularly those with I/DD




Understanding and Responding to Trauma

What is Trauma?





What is Trauma?

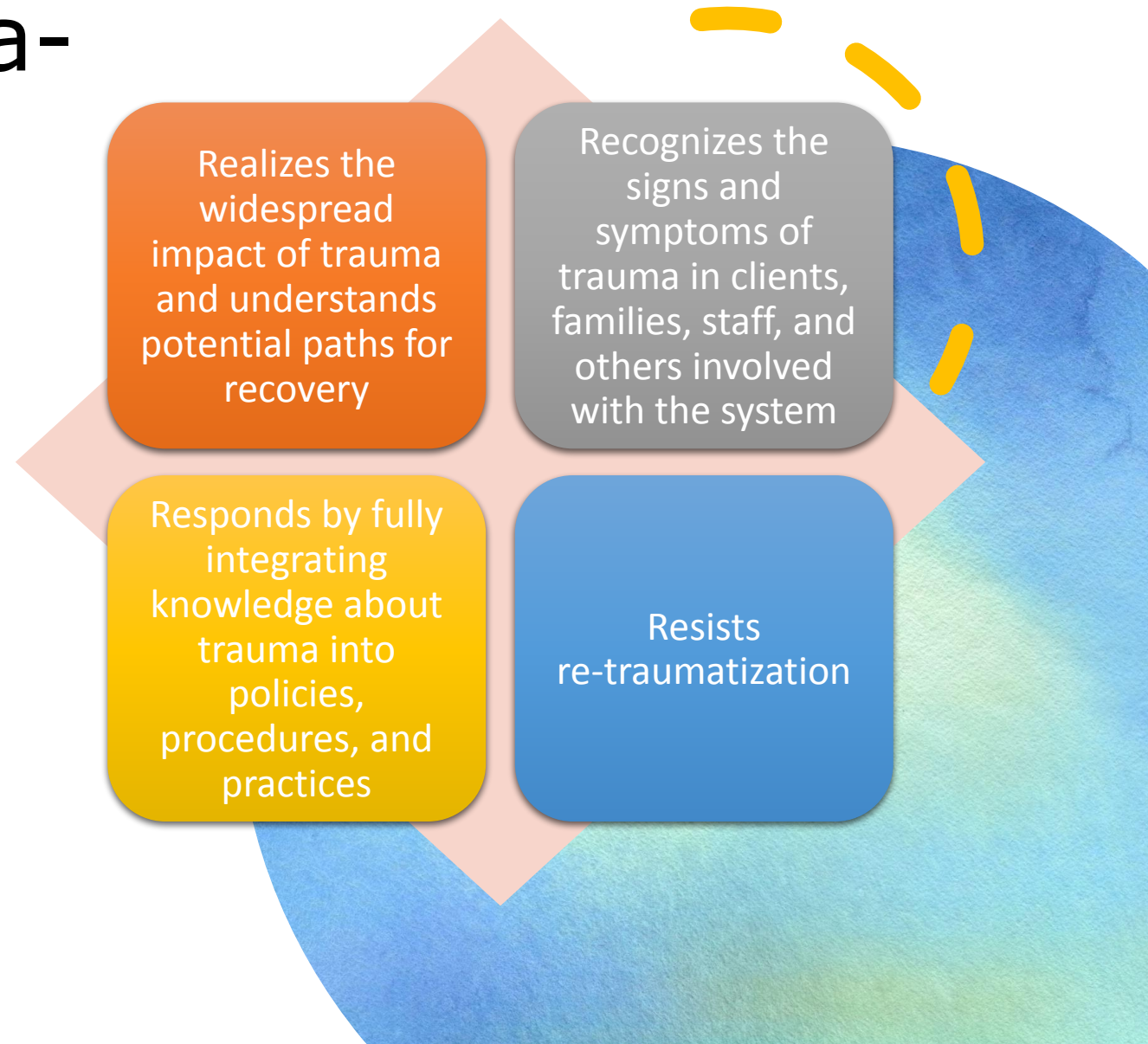


Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences.

Trauma-Informed Support

- “Trauma-informed services are those delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma.”
- Trauma-informed support focuses on “restoring the survivor’s feelings of safety, choice, and control.”
 - Non-judgemental
 - Survivor makes decisions/Supported decision making

4 R's of Trauma-Informed Care



Components of Trauma-Informed Support

- Safety
- Choice and Control
- Collaboration
- Trust-worthiness
- Empowerment

Shifting Perspectives

In situations that might inspire the question “What’s wrong with you?” we should work to shift our response- as individuals, departments, and system to “What happened to you?”

- What's Right with You?
 - What Matters to You?
- What Can We Accomplish Together



Survivor-Centered Approach

- Prioritizes the needs, rights, and wishes of the survivor of violence. The survivor has a right to:
 - Be treated with dignity and respect instead of being exposed to victim-blaming attitudes
 - Choose the course of action in dealing with the violence instead of feeling powerless
 - Privacy and confidentiality instead of exposure
 - Non-discrimination instead of discrimination based on gender, age, race/ethnicity, ability, sexual orientation, HIV status, socioeconomic status, immigration, religion, or any other characteristic
 - Receive comprehensive information to help them make their own decision instead of being told what to do

Moving from Disability Responsive to Trauma Responsive

- Recognize the high prevalence of sexual violence amongst people with I/DD
- Assess and remove barriers that prevent survivors with I/DD from disclosing
- Train staff to believe survivors with I/DD and respond compassionately
- Train staff to incorporate healthy sexuality and healing into existing service plans
- Collaborate with rape crisis centers on protocols to provide prompt, survivor-centered services



Trauma and People with Disabilities

Fight, Flight, Freeze, Fawn Responses



Possible Responses to Trauma

- Excessive crying
- Outbursts
- Avoidance
- Fear based behaviors
- Overeating or refusing to eat
- Becoming withdrawn
- Lashing out at others
- Pretending nothing is wrong
- Increased emotional reliance on comfort items or people



Trauma Responses



Possible Behavior Changes Due to Trauma

- Allegations
- Aggression
- Self-injurious behavior
- Loss of skills
- Obsessive thoughts and/or compulsive behaviors
- Fleeing unexpectedly



Considerations

- Behavior = Communication/Coping skill
- Trauma has an impact
- Trauma is often overlooked or unidentified
- Routine isn't always best
- Healing takes time

Things to Remember

- People with disabilities are entitled to the dignity, consideration, respect and rights that you expect for yourself.
- Be intersectional, recognize the individual's culture, background, and lived experiences.
- Believe the survivor.
- Treat adults like adults.
- The survivor is the expert in what they need.
- Offer to stop for a break if the survivor is tiring out or getting upset.



Vicarious Trauma

What is Vicarious Trauma?

A negative or traumatic reaction that occurs after being exposed to trauma

- Also known as secondary trauma
- Can lead to burnouts and compassion fatigue

Ways to minimize vicarious trauma:

- Self-care
- Adequate training and support
- Organizational practices

Risk Factors for Vicarious Trauma

- Prior traumatic experiences
- Social isolation
- Difficulty expressing feelings
- New to job
- Frequent exposure to trauma
- Tendency to avoid feelings
- Little or no training and supervision in job
- “Lack of an effective and supportive process for discussing traumatic content of the work”

Vicarious Trauma - Common Reactions

- Difficulty in managing emotions
- Feeling emotionally numb
- Physical problems
- Being easily distracted
- Feeling hopeless about the future
- Relationship problems
- Excessive worrying
- Increased irritability
- Destructive coping behaviors
- Decreased interest in formerly enjoyable activities
- Avoiding work and interactions with clients

Vicarious Trauma - Building Resilience

- Practice healthy coping
- Develop self-awareness
- Maintain hope
- Create strong relationships
- Take time
- Work should have a debriefing process
- Regular supervision or consultation at work
- Have personal boundaries at work
- ABCs of addressing vicarious trauma
 - Awareness
 - Balance
 - Connection



Ableism



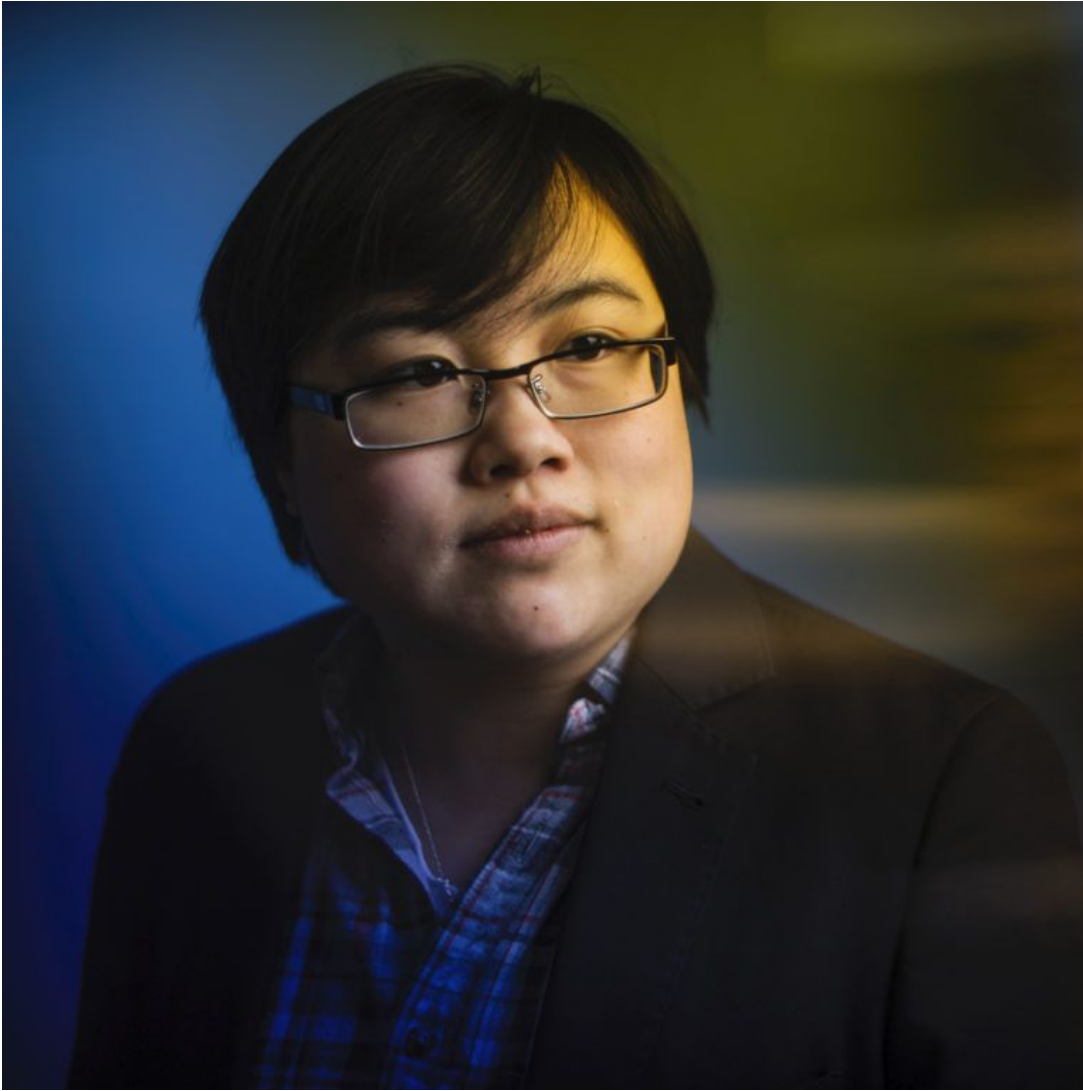
"A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism."

- Talila A. Lewis


The Arc
California

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<https://affecttheverb.com/disabledandhere/>



“Ableism as a form of oppression is inextricably intertwined with, interconnected with, necessary for, and dependent upon every other form of oppression that exists.”

- Lydia X. Z. Brown, Disability Rights Activist



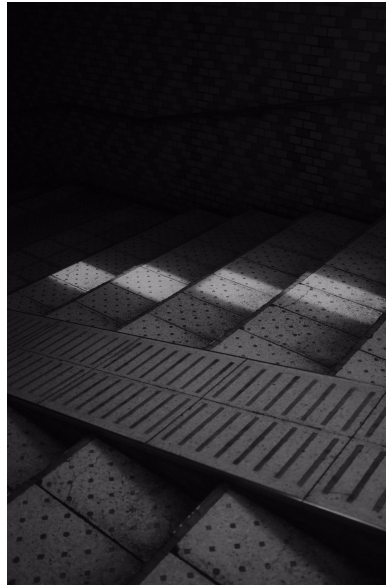
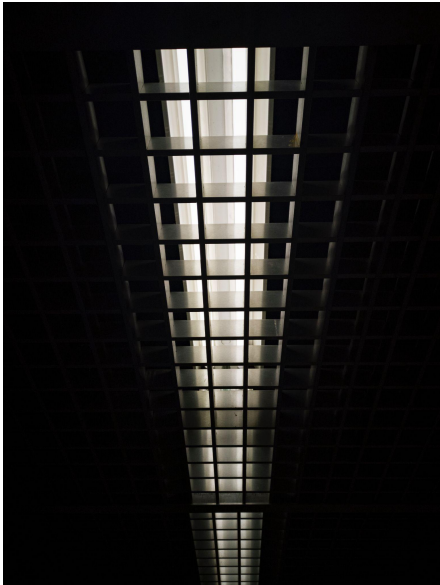
“While I don’t believe that we can separate ourselves from our privileges, we can leverage them toward justice.”

- Leah Lakshmi
Piepzna-Samarasinha, Disability
Justice Activist & Author

Ableism

Physical - ways that ableism shows up in physical spaces

- What are some physical barriers to accessibility?



Ableism

Personal - negative or harmful beliefs, attitudes, language and behaviors

- What are some of the ways you've seen personal ableism demonstrated?



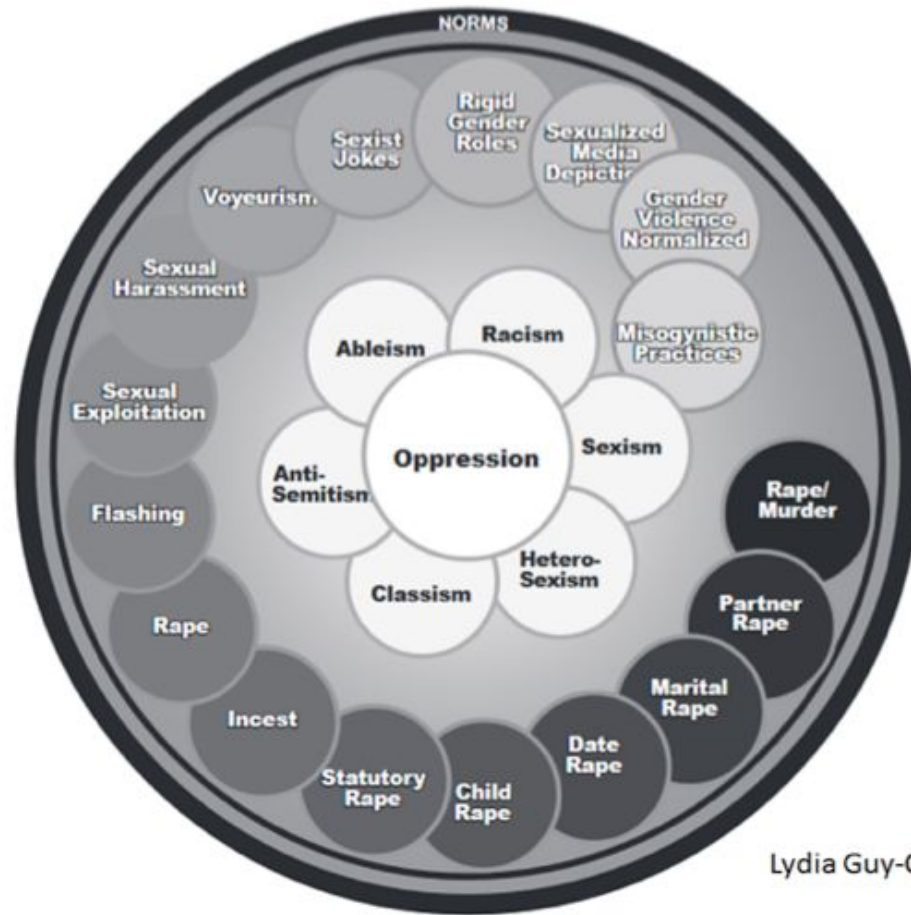
Ableism

Systemic - how policies, procedures, laws contribute to inequity

- What are some examples you've seen of system wide inequity?

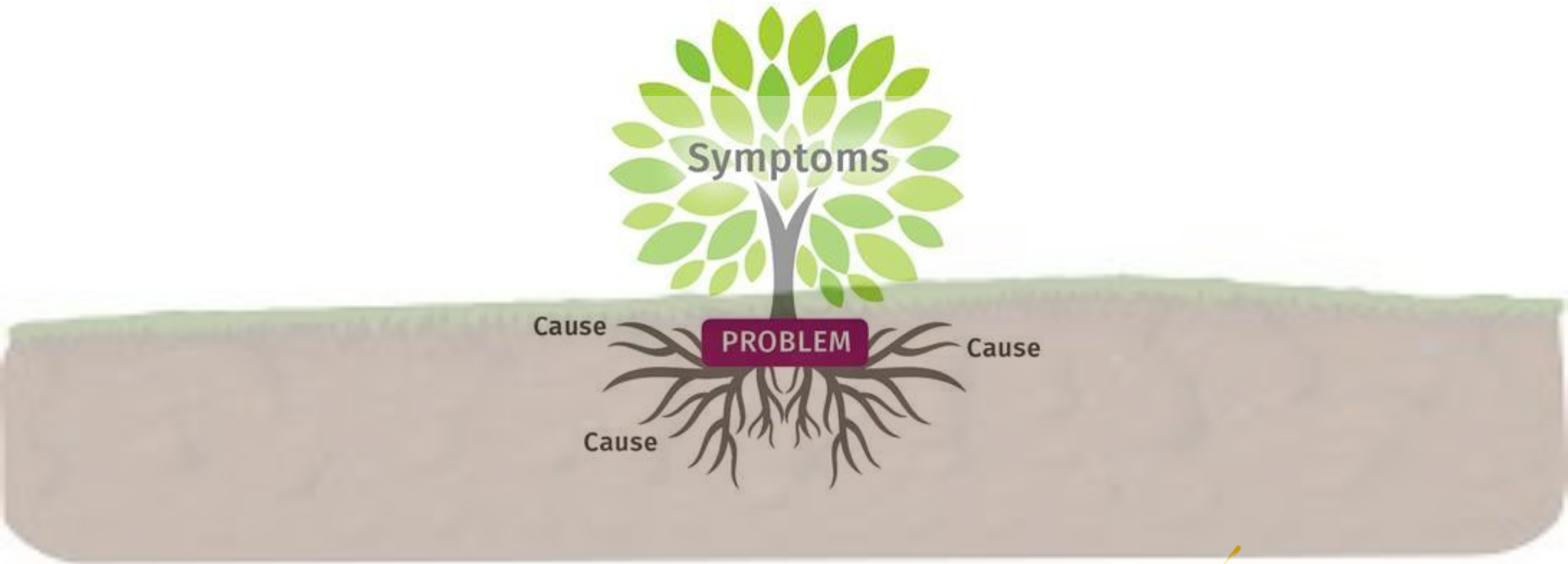


Root Causes of Violence



Lydia Guy-Ortiz, 2006

The Soil and Seeds of Root Causes



Ableism and Sexual Health

Ableism in Sex Education



disabled bodies are often seen as inherently desexualized and infantilized



disabled students are often excluded from health class or other sexual education opportunities



labeling disabled persons as "mentally children" who are incapable of feeling sexual feelings, having sex, and/or cultivating and maintaining a romantic relationship



'inappropriate' body parts (penis, vagina, breasts, etc.) are often removed from communication devices

Ableism in Sex Education



belief that cognitive disabilities prevent understanding sexuality



curriculum is inaccessible (no braille, lacking captions and/or ALT text)



lack of disabled people in positions of power (i.e. policy makers, leaders, curriculum makers)



lack of representation in sex education curriculum

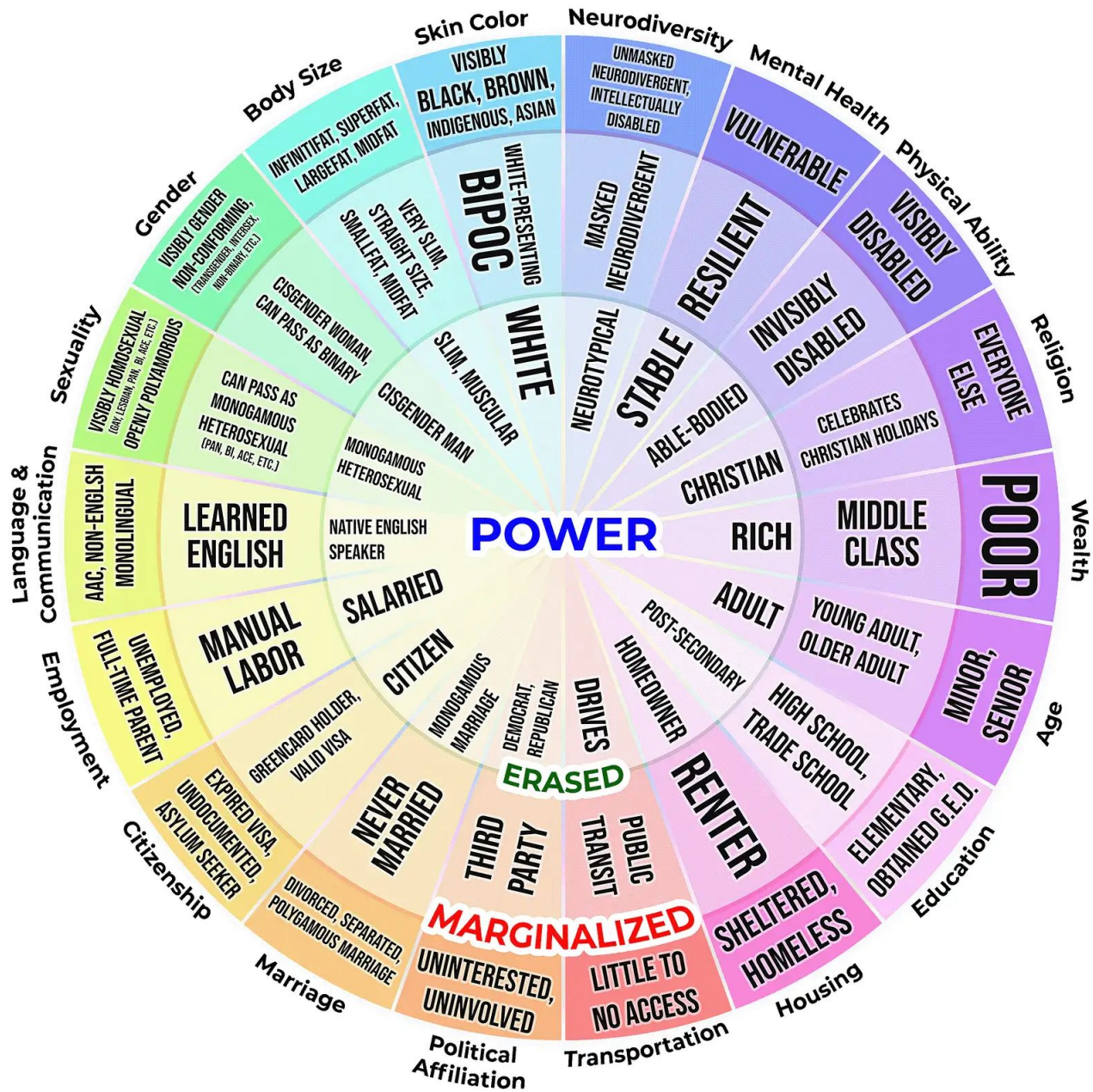


lack of disabled sex educators

ABLEISM IN THE ANTI-SEXUAL VIOLENCE MOVEMENT



- Inaccessible hospital exams and advocacy services
- Lack of education about sexual health and healthy relationships
- Uneducated about trauma and disability
- Use of the medical model in addressing sexual violence
- Harmful biases from service providers and allied professionals
- Not understanding intersectionality between culture and disability
- Lack of training around safety planning for disabled survivors
- Not listening to the disabled survivor and believing the neurotypical appearing person





Self-Advocacy & Sexual Health

Advancing Equity. Ending Sexual Violence.®



VALORUS 

Messages About Sexuality

People with disabilities receive lots of negative messages about sex:

- They aren't sexual beings
- They don't have the ability to decide if they want to have sex as adults
- They don't deserve the rights and responsibilities that other adults get
- "They are innocent and childlike and need protection from sexuality"
- They don't make the "right" choices
- They can't be LGBTQ+ because they aren't "capable" of knowing their own sexual orientation and gender identity
- No one will ever be interested in them romantically or sexually
- They are to blame for any abuse they receive

Effects of Negative Messages

Impact of these messages:

- Worry and fear
- Loneliness
- Shame
- Stop reaching out for support
- Unsafe/risky sex
- Increase risk of being abused
- Don't feel that report(s) of abuse will be taken seriously

Need for Sexual Self-Advocacy

- Inform about safe and healthy choices regarding sex and relationships
- Teach about warning signs of abuse, and how to reach out for help if you are abused
- Use accurate language about body parts and sex
- Discuss family planning and sexually transmitted infections (STIs)
- Consent education & practice
- Bodily autonomy and making informed decisions about their body and life
- Inclusive content (account for different cultures, genders, sexual orientations, and abilities)
- Include teens and adults

Why Teach Healthy Sexuality?

- Normalizes sex
- Highlights difference between sex & abuse
- Healthy and positive relationships
- Community integration
- Reduces negative outcomes



Resources for Teaching Sexual Self-Advocacy

- Sex Ed for Self-Advocates

<https://researchautism.org/sex-ed-guide/>

- Peer to Peer: Bridging the Gap Through Self-Advocacy

https://rise.articulate.com/share/T_s9Ps3ohCzUh0iinhTn_3r71czyyX5_#/

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