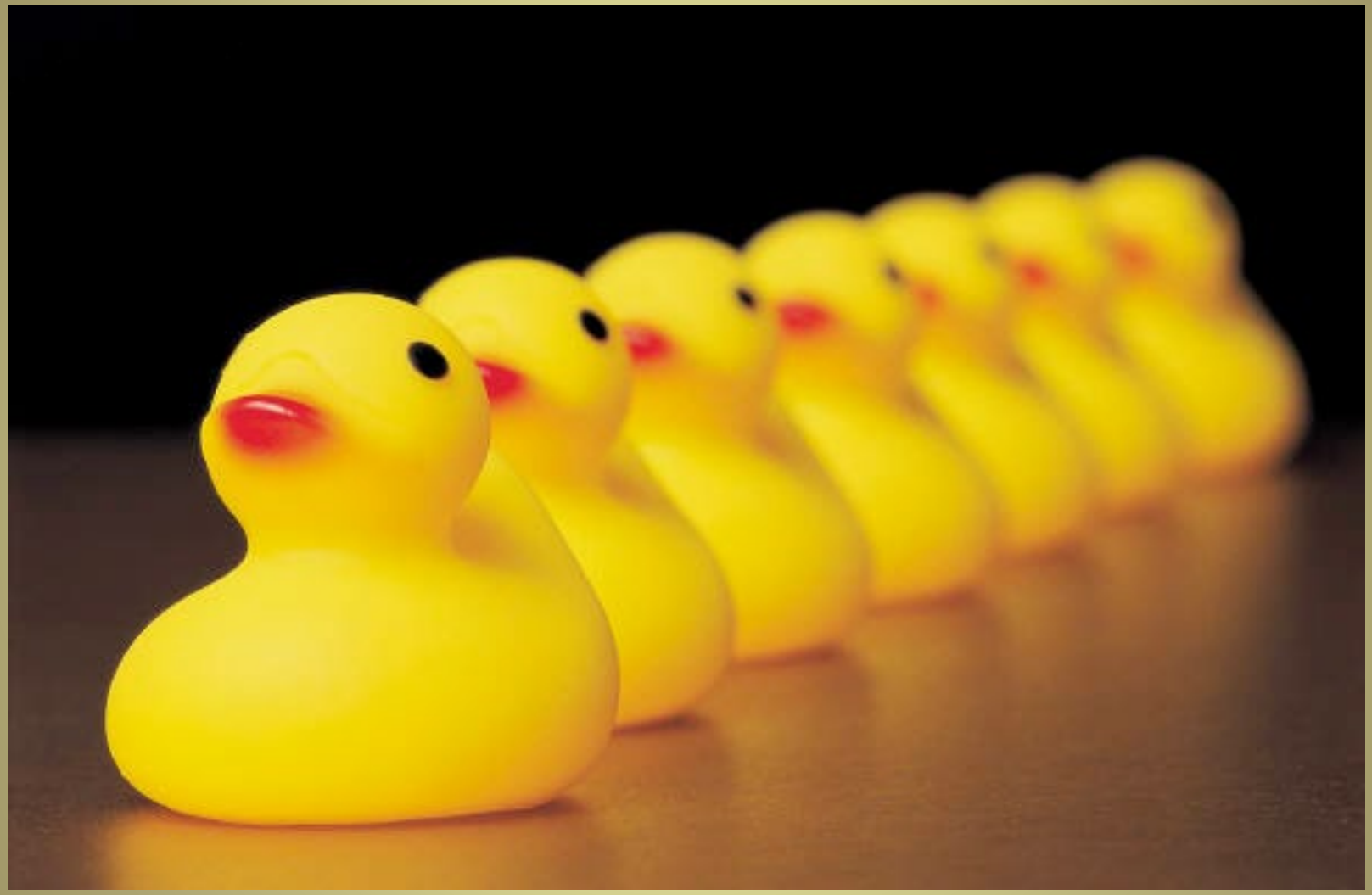

Abuse and Disability: Slowing the Traffic at This Intersection

March 9, 2016

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WHAT ARE THE ISSUES?

Discussion Topics

1. **Vulnerability to Abuse for Individuals with Intellectual and Developmental Disabilities and/or mental illness**
2. **Risk Reduction and Prevention**
3. **Trauma-Informed Service Delivery**
4. **Unwitting Sex Offenders**
5. **Rule Out Abuse Campaign**

1. Barriers to Abuse Discussions & Action

Barriers to Abuse Discussions & Action

- Many do not want to discuss abuse because it reminds them of their own history of abuse
- Sexual abuse demands talk about sex, which still remains scary and a cultural taboo.

Barriers to Abuse Discussions & Action

- Agencies are like individuals, and many have not aggressively embraced development of policies and practices that make their agency one where it is well known that abuse is not tolerated, is quickly responded to, and reports are made immediately.

- When abuse is placed in the context of other unwanted events such as natural disasters, it becomes a bit more tolerable, especially in a framework of being able to do something about it.

Barriers to Abuse Discussions & Action

Too hard to believe that abuse of people with disabilities could actually happen!

- Law enforcement officers, detectives, prosecutors, judges and social service workers **JUST CANNOT BELIEVE IT...AND ACT ON THEIR DISBELIEF**
- Mandated reporters just cannot believe what they are told, and dismiss the victim's report thus abandoning the victim. They create a believable scenario by saying the victim or parent made it up. Then *they* feel better…but not the victim
- Unable to believe the reality of the victim's report, nothing is done to support the victim who is then left without any help, and worse, believed to be a fabricator. Similar to those who could not believe the reports of Nazi tortures.

Barriers to Abuse Discussions & Action

Thus, the biggest barriers to progress on behalf of children and adults with I/DD and mental illness:

Ignorance (lack of exposure to information about abuse)

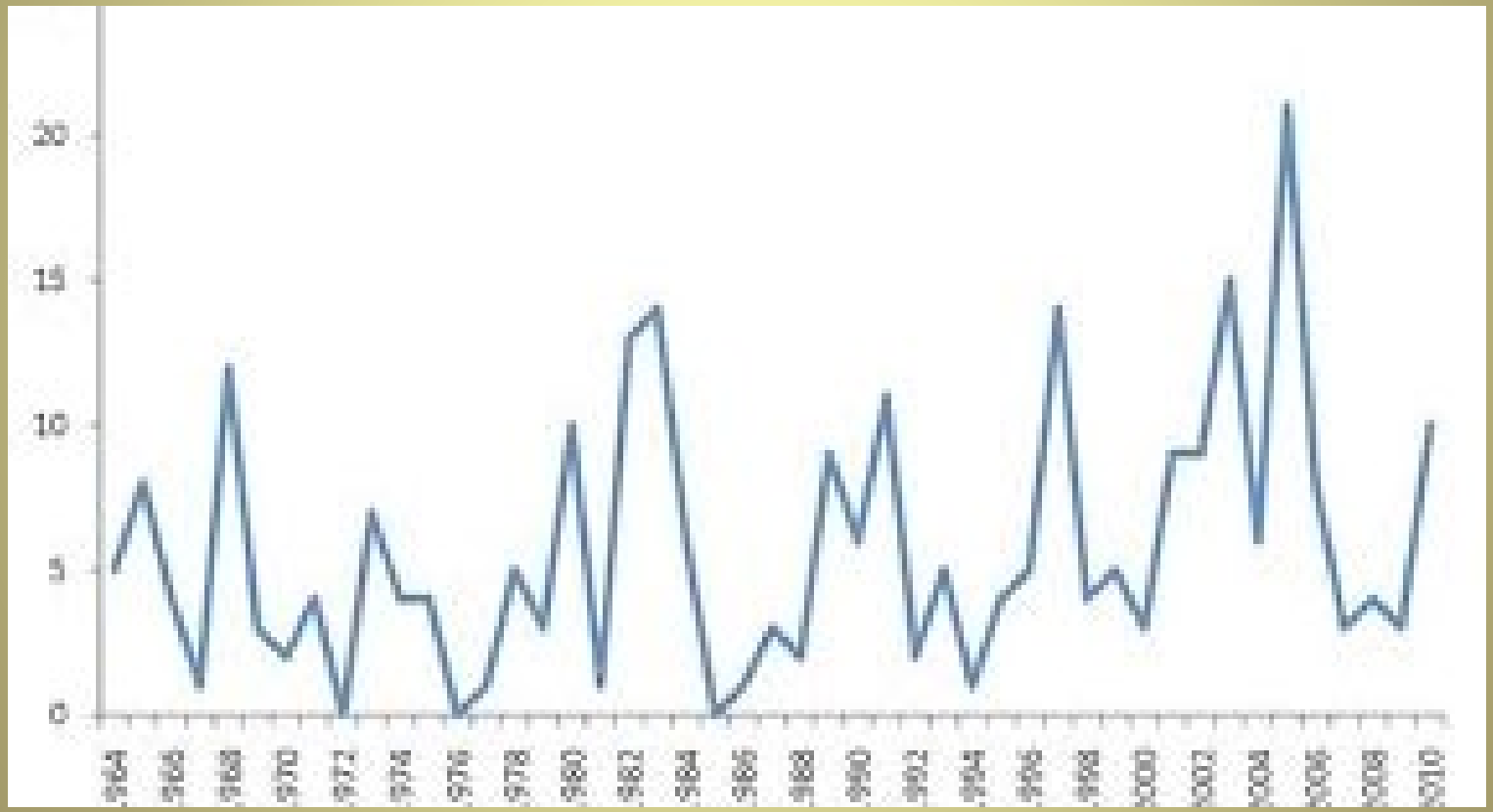
Myths and Stereotypes that interfere with factual information

Negative attitudes towards people with disabilities

Barriers to Abuse Discussions & Action

Gary's story.

2. Known incidence and prevalence



Known incidence and prevalence

KINDS OF ABUSE AND NEGLECT

- Physical abuse — Physical
- Emotional — Emotional
- Verbal
- Sexual
- Financial
- These include bullying (verbal/emotional) and trafficking (all of the above).

Known incidence and prevalence

STATISTICS!!!

THE SEXUAL-ASSAULT EPIDEMIC OF PEOPLE WITH DEVELOPMENTAL DISABILITIES

8 in 10

American women with developmental disabilities have been sexually assaulted in their lifetimes[1]

75%

Of sexual abuse cases are unreported[2]

49%

Are assaulted 10 or more times[3]

14%

Of men have been sexually assaulted in their lifetime compared to 4% of men without disabilities[4]

95-99%

Of abusers are known to their victims[5]

1 – Protection and Advocacy Inc. (2003)*
2-Horner-Johnson and Drum (2006)*
3-Sobsey (200) and WCASA (2003)*
4-Monika Mitra, Vera E. Mouradian and Marci Diamond. **Sexual Violence Victimization Against Men with Disabilities**. *American Journal of Preventive Medicine*, Volume 41, Issue 5 (November 2011) DOI: 10.1016/j.amepre.2011.07.014
5- Davis, Elman (2005);Nosek and Howland (1998) ;Petersilia (2001);Powers et all (2002)*
*Jessica E.A. Duke, Oregon State Public Health Division, Sexual Violence Against People with Developmental Disabilities" (2006) p.3

Created by Theresa Fears MSW—Partnership 4 Safety Program, The Arc of Spokane

Abuse among the non-disabled population

- In the United States, it is estimated that 1 in 4 girls and 1 in 6 boys will be sexually abused before the age of 18.
- In the United States, it is estimated that 1 in 6 women will be sexually assaulted (raped) and 1 in 33 men will be sexually assaulted in their lifetime.
- It is likely that several if not many of those here today have been victims of sexual assault.

(Centers for Disease Control and Prevention, 2005)

Children with disabilities are abused more than generic kids by a factor of

Girls: 1 in 4 (25%)	**Boys: 1 in 6 (17%)**
x 1.7 = 43%	x 1.7 = 28%
x 3.4 = 85%	x 3.4 = 58%

- 1.7 DHHS/NCCAN (Westat Inc.,1991)
- 3.4 Boystown Research Hospital (Sullivan & Knutson, 2000)

Abuse of people with disabilities

- **DATA IS COLLECTED IN AGE COHORTS:**

- **CHILD ABUSE**: newborn to 18
- The National Child Abuse and Neglect Data System (NCANDS) collects data on child maltreatment from the States on a voluntary basis. The data collected includes information on the characteristics of maltreatment reports, children who were the subject of these reports, services that were provided, and the perpetrators of the maltreatment. *www.nrccwdt.org/**ncands/***

- **VULNERABLE ADULTS:** 18-64

- **ELDER ABUSE: 64 +**

- At present there is no data collection system like NCANDS for those over 18 (**Exciting News: Pilot Study has been funded**!)

Adults with disabilities are abused more than their generic counterparts

- Annually abuse is reported among vulnerable adults, elders and children:
  - 5 million vulnerable adults
  - 2 million elders
  - 1 million children
- 2 million + 1 million = 3 million children/elders abused compared to **5 million** adults with disabilities who are abused

- **From this data, we can see that adults with disabilities are abused more than children and elders *combined!***

(Petersilia, 2000)
(NCPEA, 2013)
(NACC, n.d.)

Bureau of Justice Statistics Highlights of 2012 Report

- Mandated by Crime Victims with Disabilities Awareness Act (PL 105-301), 1998
- This is their third report
- Addresses those 12 years of age and above
- Data are age-adjusted to compensate for the fact that there are more people with disabilities in the upper age range
- Household telephone survey excludes institutions

(Criminal Victimization, 2012)

Bureau of Justice Statistics Highlights of 2012 Report

- Age adjusted rate of **violent crime** against persons with disabilities (28 per 1000) was **nearly twice the rate** for Non-disabled peers. (15 per 1000).
- Serious violent victimization (see above) was **16** per 1,000 persons with disabilities compared to **5** per 1,000 NTs, over 3 times the rate for non-disabled peers.
- **New data released 2/20/14** publishes findings that rates of abuse of those 12-15 years old are **three times** that of non-disabled people in same age group.

Bureau of Justice Statistics Highlights of 2012 Report

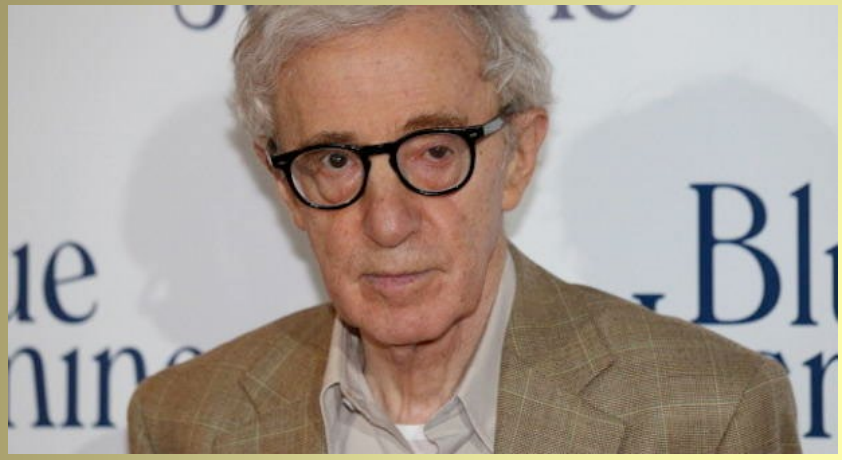
- **AGE:** in 2010 people with disabilities between **12-15 years of age** had an unadjusted rate of violent victimization (61 per 1000) nearly **twice** that of generic (non-disabled) people (23 per 1000).

Bureau of Justice Statistics Highlights of 2012 Report

SEX: Both males and females with disabilities were victims more than generic population.

Victims without Disabilities	Victims with Disabilities
Females: 15 per 1000	Females: 26 per 1000
Males: 16 per 1000	Males: 23 per 1000

Perpetrators



Known incidence and prevalence

Those most likely to abuse:

- Family and household members
- Service providers
  - School personnel
  - Transportation personnel
  - Day program, residential, support (ILS)
- Anyone given an authority over another
  - Practitioners with “solo” access
  - Camp staff

Abusers - Perpetrators

It is estimated that in 92% of cases of sexual abuse, the perpetrator is well known to, trusted by, and in a care providing position to the victim.

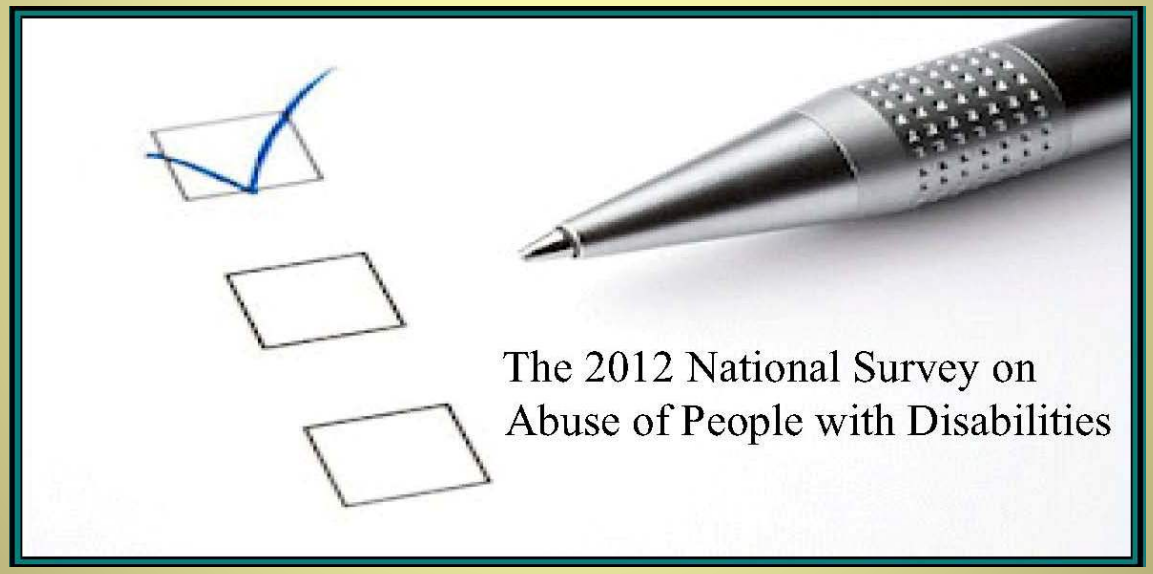
Perpetrators seek people with disabilities as they believe that they will be less likely to be caught or be convicted.

(Sobsey & Doe 1991)

Perpetrators

- Only 3% are caught and prosecuted
- Access is through looking normal, being nice, seeming to be trustworthy and helpful
- Any gender, age, social class, race
- Often stable, employed, respected community member
- Pedophilia is considered an immutable pathology…but they do not feel they are doing anything wrong. Thus can easily pass a polygraph test.

2012 National Survey on Abuse of People with Disabilities



(Baladerian, Coleman, & Stream, 2012)

Survey Overview

2012 National Survey on Abuse of People with Disabilities

Opened May Day closed November 15, 2012

7,289 Responses

Over 2500 responses from individuals with disabilities and their families

This cohort was selected for analysis for the First Report

(Baladerian, Coleman, & Stream, 2013)

Abuse is prevalent and pervasive!

- *Over 70% of respondentswith disabilities were victims of abuse*
- *63% of parents/family said their loved one was abused*

(Baladerian, Coleman, & Stream, 2013)

It happens in many ways...

87% emotional and verbal abuse

- *51% physical abuse*
- *42% sexual abuse*
- *32% financial abuse*

(Baladerian, Coleman, & Stream, 2013)

It happens frequently

- *90% of victims suffered abuse on multiple occasions*
- *57% more than 20 times*
- *46% too many times to count*

Failure to report abuse

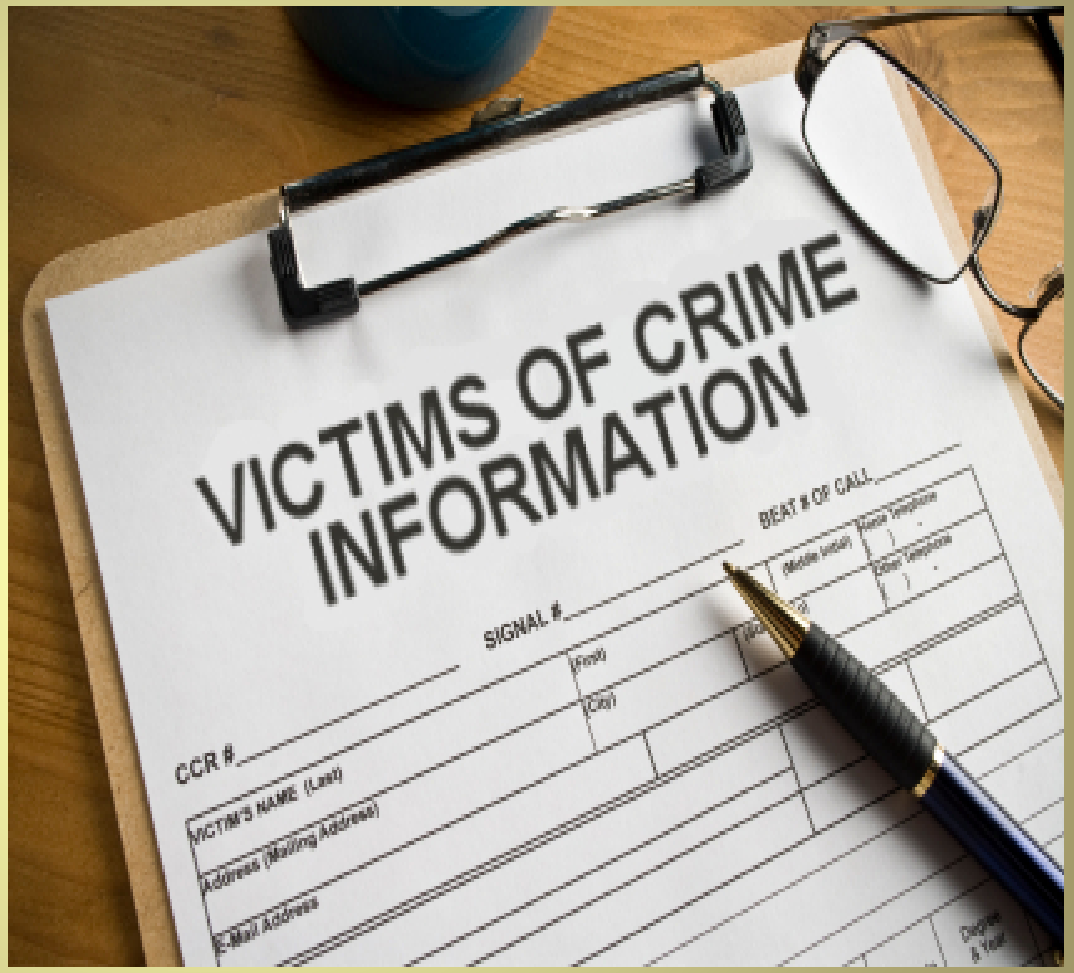
- *Nearly half of victims did not report abuse to authorities*

- *Most thought it would be futile to do so*

Inadequate Response

- *54% of those who did report, said nothing happened*
- *In fewer than 10% of reported cases were perpetrators arrested*

Fewer than 10% of victims of sexual or physical abuse received benefits from a crime victim program



3. Reporting of abuse

Reporting of abuse

Reporting by victims, family members

- Often victims and family members are not aware of how or to whom to report suspected abuse;
- Often victims and family members are afraid to report suspected abuse for fear of loss of services and support for their children

Reporting by mandated reporters

- *Mandated reporting is a seriously flawed process as they:*
  - Do not understand what their duties are
  - Experience significant disincentives to repot
  - Do not understand how or to whom to report
  - There are few prosecutions for failure to report

Reporting of abuse

Many agencies fail to report both for lack of willingness or understanding of their duties, but also due to penalties for doing so including funding being pulled, referrals for service being closed or other punitive and inappropriate response including a “bad reputation” for reporting, which should be a “good reputation.”

SELF-INVESTIGATION

There are still some agencies and organizations that engage in “self-investigation.” Anyone recall the saying, “the fox is guarding the hen house?” The disincentives to finding abuse are huge, leaving the abused individual(s) without help, hope, justice

Cascade of System Failures

When reports to police/CPS/APS are made, often:

- Investigators do not speak to the victim
- Investigators do not have training in how to work with children and adults with cognitive and/or communication disabilities
- Investigators often do not seek support in how to conduct the interviews but speak only to those with the victim but not the victim, or create their own interviewing method on the spot
- They then "clear the case" as no viable evidence or witness has been identified by them: Thus no conviction, no justice, no resolution for the victim

4. Response to reports of abuse (Agency)

Response to reports of abuse

Developmental Disability State Agency Response:

- The State Departments have rules and regulations regarding the reporting of abuse, and management of these reports Special Incident Reports (SIRs) at the local and state levels.

- However, the response does not necessarily provide effective investigation, nor does it result in direct assistance to the victims in terms of therapy and separation from the perpetrator.

Response to reports of abuse

Disability Service Centers (Regional Centers - California)

- Many have policies and rules that abuse and neglect must be reported to them as well as to the licensing entity; but may not result in any protective or supportive or therapeutic service or intervention.
- They may not cross report to the local law enforcement agency, and may not require the agency to suspend or discharge those involved with the abuse.
- Employment law may allow the perpetrators to simply get another job. Without involvement with law enforcement, there is no justice for the victim, nor is there access to victim services.

5. Law Enforcement Response

Law Enforcement Response

Training Programs: Longevity & Effectiveness

- Training programs are not universally mandated
- *There are no "one size fits all" training programs that are utilized around the country. Some focus on one type of disability (autism, for example); some Law Enforcement Agencies (LEAs) have mental illness training, and believe all their training needs have been met.*
- Most departments are very small, and assignments can change from one month to the next, with the trained person(s) moving out of crimes against the person.
- *Resources are available but must be utilized! These can help the first responder, forensic interviews, investigations, and preparing a report to the prosecutor.*

Law Enforcement Response

Training Programs should include:

- Information about people with different types of disabilities
- Information about communication differences and disabilities including:
  - AAC – augmentative and auxiliary communication:
    - Systems, devices, training and by whom they are used
    - Training, certification or preparation
  - American Sign Language (ASL) or other communication systems for people who are Deaf or Hard of Hearing
  - Interpreters: Certification, training, specialized training to work in LEA, Americans with Disabilities Act (ADA) requirements

Law Enforcement Response

Prosecution

- Prosecutors may not wish to file a case because they may not believe they can win, due to pervasive prejudice against people with disabilities. They also may not want to expend the additional time that is likely required to prepare their case, or use financial resources for the case.

Law Enforcement Response

Sentencing

- Surveys regarding sentencing of those found guilty of crimes against persons with disabilities find that sentences for such crimes are significantly lower than those for similar crimes committed against those without disabilities

Background checks & deficiencies

- Many other offenses, including abuse, neglect and other crimes may also not show up on background checks due to laws that manage the data. For example, someone who commits a crime in one state, may simply move to another state where the conviction and sentencing may not show up. A national database is needed.

(Petersilia, 2000)

6. Victim Services

Victim Services

ACCESS IS KEY!

- In order to access Victims of Crime program services, one must know about them. Creating a liaison relationship with the VOC program in each jurisdiction is recommended.

– **Offerings (therapy)**

- The Victims of Crime programs in each state vary as to how much support they can offer. Usually they offer free mental health services to the crime victim and the family members.

– **SURVIVOR** – A resource for sexual assault victims with I/DD. (Baladerian, 1985)

2. Risk Reduction and Prevention

Risk Reduction and Prevention

- Current Prevention & Community Efforts
  - Most begin with what to do AFTER or demand verbal skills and physical agility or strength
- Building a Response Plan
  - Abuse Awareness Atmosphere
  - Policies and practices for abuse reduction, reporting and response
- Risk Reduction: Individual Response Plan (IRP)
- Parent Preparation
- TEN TIPS

(Baladerian, 2013)

Story of Zoe

Risk Reduction and Prevention

- Prevention & Community Efforts
  - School-based abuse prevention programs and community-based efforts are most frequently focused on providing services to children and families **after** abuse has happened.
  - In most programs, abuse-response training programs **do not include responses that children with disabilities can do**…or even children without disabilities. More effort is required to design individualized approaches based on the child/adult's skills and personality.

Risk Reduction Blueprint for Agencies & Families

Building an Individual Response Plan

Each entity, be it a family, group home, or larger institution, should have:

1. An abuse awareness practice
2. Policies and practices for abuse reduction, reporting and response.
3. Individual response plans for abuse (IRP)

Risk Reduction Blueprint for Agencies & Families

- Abuse Awareness Practice
  - Policies regarding the swift response to suspected abuse are written into the policy and practices manual
  - These policies and practices are described to potential employees/volunteers/Board members
  - Policies include
    - Immediate reporting by any staff member to law enforcement when suspecting or witnessing abuse
    - Immediate *reporting after LEA call* to Administrative staff.
    - No negative consequence to reports that are not substantiated to reporter
    - Immediate suspension of suspected abuser

Risk Reduction Blueprint for Agencies & Families

- Abuse Awareness Practice
  - Policies include
    - Background checks are completed *prior to beginning of employment,* including review of findings
    - Background checks are repeated at least annually
    - Google employees/volunteers regularly
  - All brochures, documents, business cards, include announcement of the agency's Abuse Awareness Program and No Tolerance for abuse.
- Most smart perpetrators will seek an employment alternative, although some may "take the challenge" to attempt to outsmart your policies.

Risk Reduction Blueprint for Agencies & Families

- Practices
  - **Training of all staff** (from Board Members and Executive Staff through all levels of employment) on abuse, agency policies on mandatory reporting of suspected abuse
  - Agency practice and policy to **refrain from self-investigation** or interviewing alleged victim or suspect
  - **Regular interaction with related agencies** such as APS, CPS, CAC's, Victims Services, Rape Trauma Centers, Law Enforcement, among others.

Risk Reduction Blueprint for Agencies & Families

- Building an Individual Response Plan
- There are two entities:
  - The vulnerable individual and the family and/or care providers responsible for overall care
- There are three time periods:
  - Before
  - During
  - After

Risk Reduction Blueprint for Agencies & Families

The parent or carer with primary responsibility for the vulnerable child or adult takes on the responsibility to build the Individual Response Plan.

A plan is built for the vulnerable individual.

A separate plan is built for the carer.

Each have a separate role to play to reduce the risk of abuse, and what to do and say, and not do or say, after the abuse has occurred.

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

In the BEFORE stage, the plan should include information about abuse, including the kinds of abuse and what they are called.

The individual should be taught the names of various abusive acts, that these are wrong and should be reported immediately or ASAP to the carer

The individual should learn the names of sexual body parts

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

The individual should be provided a way to communicate to their carer that they have been abused or maltreated.

For those with communication disabilities, a particular sound, sign, word, picture should be designed that will alert their carer

When a perpetrator tells them to do something they do not want to do, design a response that fits into the person's cultural and personal skill set (say "yes and…"

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

The individual should make a plan for what to do DURING an abuse situation particularly sexual abuse

They should first recognize they are being attacked & their power is AFTER. This is their mantra: “My power is AFTER.” During the attack the person becomes a human video recorder.

They do all they can to survive and not get too hurt. They may have to ask the abuser to take them home.

Risk Reduction Blueprint for Agencies & Families

VULNERABLE ADULT or CHILD

When they get home, they implement the AFTER plan.

First, signal the carer that they have been abused.

Remember what the plan says for each person to do, say, not do and not say. Get out the plan for review. Take the planned actions.

Acknowledge: “We did it!” Knowledge is Power! My power is After! Planning makes a difference. All is well.

Risk Reduction and Prevention

Risk Reduction: IRP – Individual Response Plans

- Each family with a disability should be encouraged to address the risk of abuse
- They should be given access to information that encourages them to design a risk-reduction plan (IRP) for their child, that can help reduce the risk that abuse will happen and reduce the impact of abuse should it occur
- The parents should know what to do if abuse is disclosed, witnessed or discovered.

Risk Reduction and Prevention

Parent Preparation

- In most disability services agencies, parents are not provided information about the epidemic of abuse. Thus when it occurs they are blindsided, do not quickly recognize signs of abuse and at are a loss as to what to do. These agencies should implement parent preparation and education strategies.

- One easy thing they can do is distribute the TEN TIPS flyer, a one-page educational piece available at www.disability.gov and www.disabilityandabuse.org

TEN TIPS

For Parents or Family Members of Individuals with I/DD (abbreviated version)

1. Know and believe that abuse can happen to your loved one.
2. Become familiar with signs of abuse, including: signs of injury, changes in behavior, mood, communication, sleep or eating patterns.
3. When you suspect something is wrong, honor your feeling and take action. See #4.
4. When you suspect abuse, call a Child or Adult Protective Services Agency and the police.

TEN TIPS
For Parents or Family Members of Individuals with I/DD

5. Do not discuss your suspicions with anyone at the program where you believe abuse is occurring as they may not respond appropriately.
6. Remove your loved one from the program immediately.
7. If there are injuries or physical conditions, take your loved one to a physician. Take your loved one to a mental health practitioner who can document the changes in behavior and mood and who can document what your loved one's memories are of the abuse.

TEN TIPS
For Parents or Family Members of Individuals with I/DD

8. Create a detailed journal document in which you write all of your activities, document all of your conversations, and changes in your loved one. Notify your disability services center's case manager.
9. Notify your disability services agency (in CA the Regional Center).
10. Get a police report. Contact the Victims of Crime program in your area, and get therapy.

(Complete "10 Tips" Guide is available online at www.disabilityandabuse.org)

3. Trauma-Informed Care Giving

Trauma-Informed Care Giving

- Residential programs, Work programs, Day programs, and Independent Living Programs serving individuals with Intellectual and Developmental Disabilities I/DD are serving traumatized individuals.

- With our recognition of the extent of victimization among members of the population, every program and service should conduct their work using the principles of trauma-informed care.

Trauma-Informed Care Giving

Principles of Trauma-Informed Care include:

- Understanding Trauma and Its Impact
- Promoting Safety
- Ensuring Cultural Competence
- Supporting Client's Control, Choice, and Autonomy

(Phoenix, 2013)

Trauma-Informed Care Giving

- **Principles of Trauma-Informed Care include**
- Sharing Power and Governance
- Integrating Care
- Healing Happens in Relationships
- Recovery is Possible

(Phoenix, 2013)

Trauma-Informed Care Giving

- When services are delivered by those trained in Trauma Informed Care principles and practices, healing can begin
- *When services are NOT delivered using TIC, the meaning of a person's moods, mood changes, preferences, etc. may be misinterpreted and misunderstood.*
- Terms such as "acting out" fail to discern what it is the individual may be acting out…sadness, terror, etc., and the staff may inadvertently contribute to the individual's distress
- *Staff at agencies not trained in Trauma-Informed Care continue to internally/externally ask the client, "What is the matter with you?" instead of "What has happened to you?"*

Trauma-Informed Care Giving

With recognition that trauma informed care should be the principle foundation for all service delivery entities, individuals with disabilities can begin to recover from years of mini- and maxi- traumas.

ACES

Adverse Childhood Experiences (ACE) Study

- The Adverse Childhood Experiences (ACE) Study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

- Over 17,000 patients volunteered to participate in The Study.

- Designed to provide data that would help answer the question: ***"If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?"***

ACE Definitions

Emotional Abuse

Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.

Physical Abuse

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.

Sexual Abuse

An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

Emotional Neglect

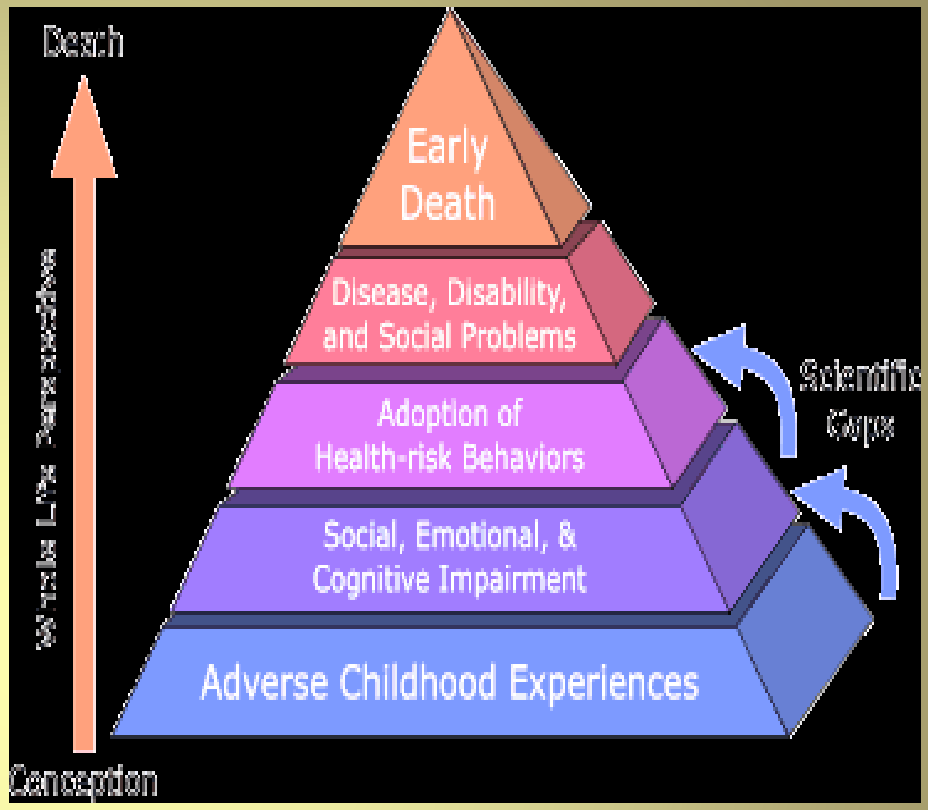
Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection. Emotional neglect was defined using scale scores that represent moderate to extreme exposure on the Emotional Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form.

Physical Neglect

Respondents were asked whether there was enough to eat, if their parents drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the doctor. Physical neglect was defined using scale scores that represent moderate to extreme exposure on the Physical Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form constituted physical neglect.

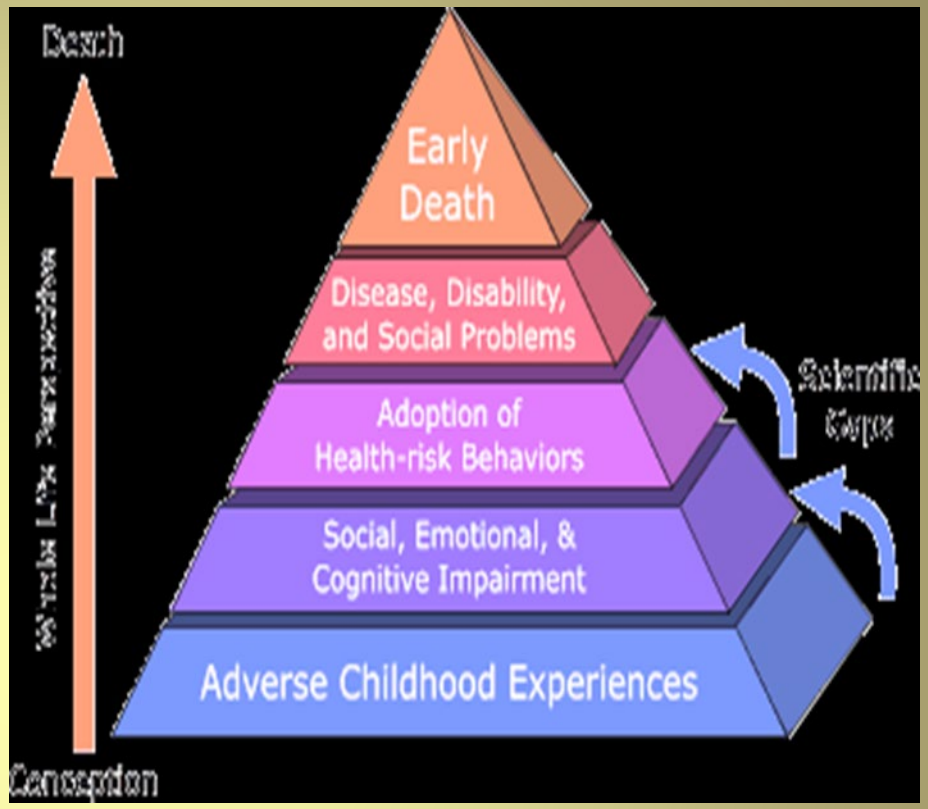
The ACE Study was designed to assess what were considered to be “scientific gaps” about the origins of risk factors.

These gaps are depicted as the two arrows linking Adverse Childhood Experiences to risk factors that lead to the health and social consequences higher up the pyramid.



The ACE Study takes a whole life perspective, as indicated on the orange arrow leading from conception to death.

By working within this framework, the ACE Study began to progressively uncover how adverse childhood experiences (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan.



ACE Findings

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. Almost two-thirds of our study participants reported at least one ACE, and more than one of five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems.

- The ACE Study uses the **ACE Score**, which is a total count of the number of ACEs reported by respondents. The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that **as the number of ACE increases, the risk for the following health problems increases in a strong and graded fashion:**

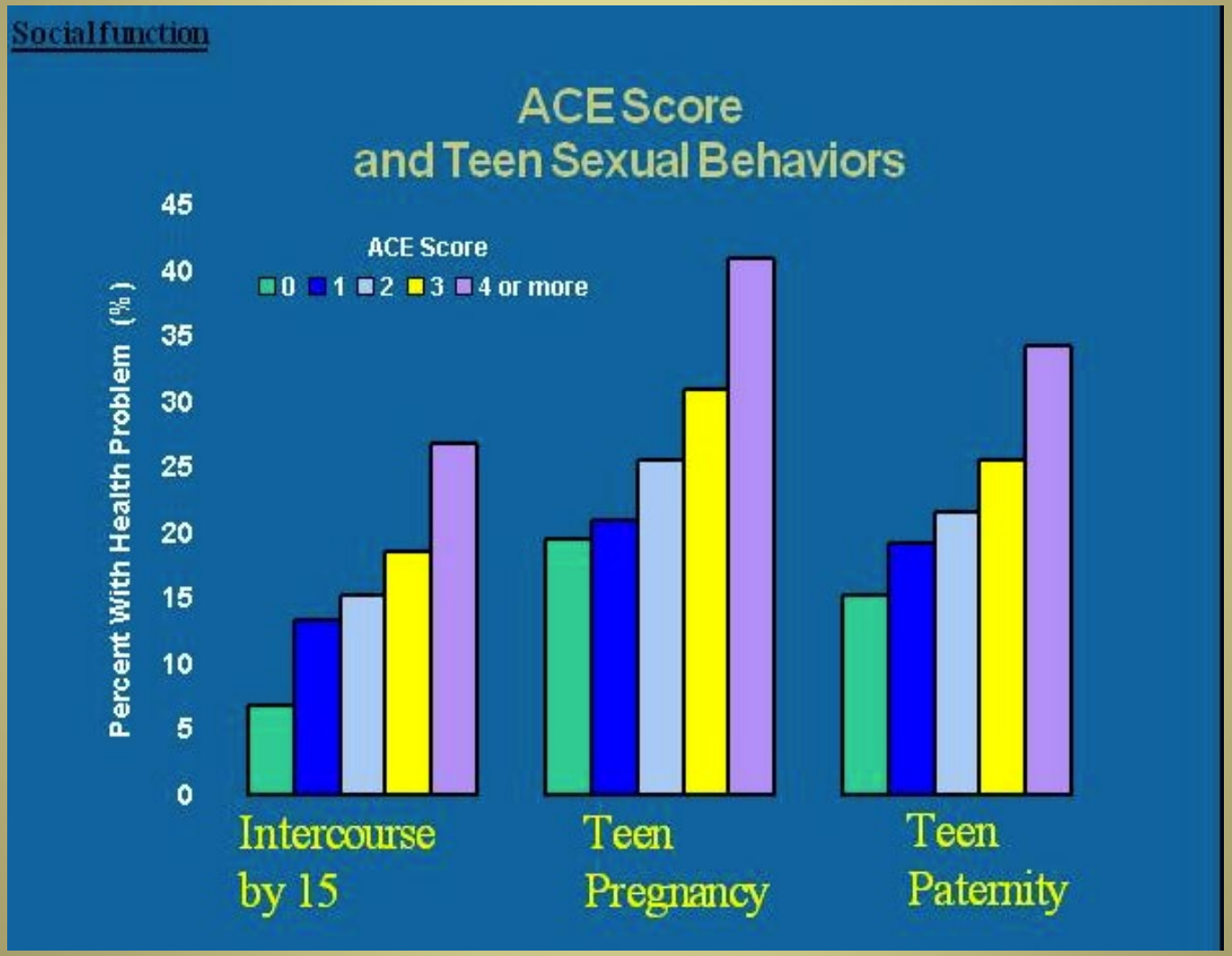
ACE Findings

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- **Depression**
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- **Suicide attempts**
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Well-being


Childhood Experiences Underlie Later Being Raped
% Reporting Rape
35
30
25
20
15
10
5
0
0
1
2
3
4
+
ACE Score

Social function



ACES

In other words, abuses, traumas, and losses experienced during childhood have a lifetime effect upon physical and psychological well-being.

What looks like “chronic migraine” is likely trauma-induced…as are many internal medicine conditions. Thus the condition may not be “disability-related” but “trauma-related.”

Read the ACES work, get on their group list, and when assessing the problems of those you serve, wonder, consider and explore the possible sources of the problem, outside of conventional medical thinking….think TRAUMA—ACES.

Story of Wendy's

Woman w/ ASD began putting plastic knives from Wendy's in her vagina, then walked around "funny" so people would notice. Rather than investigate what to me was an obvious communication re. sexaul assault the BM Rx no more trips to Wendy's! People communicate –disclose abuse– in many different ways. If this staff were using Trauma-Informed principles, they would have recognized this as a cry for help.

Story of BM + RTS

A woman was raped by the boyfriend of the group home care provider. She soon showed typical signs including not changing to night clothes, wearing too many clothes, undereating, frequent crying, anger outbursts, and re-enactment (to gain mastery over the trauma). A BM specialist worked with her and the staff to EXTINGUISH these behaviors. She learned it was not OK to be traumatized. Punished out of her trauma-induced behavior. 10 years later all these trauma sx re-emerged. This time she was sent to therapy, finally, where in fact many other "Big T" traumas were disclosed. The reason for not disclosing prior to the family: she did not want to ruin the wonderful time of the monthly (or less) visits with her family, as she knew they would be upset. She remembered all her traumas, including at 5 being taken to and left at an institution, as recommended by the doctor.

4. Unwitting Sex Offenders

Unwitting Sex Offenders

- Story of sodomy on Friday afternoons

Unwitting Sex Offenders

Individuals with I/DD and MI are most often NOT taught anything about their sexuality.

Such lack of information includes knowing the names for sexual body parts, the reason for bodily changes during puberty, how to begin and build social and socio-sexual relationships, as well as when and with whom sexual contact is to be conducted, as well as where.

Whether this information should be provided by the school or the parents, it is not done…adequately.

Unwitting Sex Offenders

Individuals are left to fend for themselves, and just do what comes naturally.

Special education, ABA or other direct teaching methods do not venture into sexuality. Effective social and sexual teaching, then, is not a part of the person's learning.

The law says, "ignorance of the law is no excuse."

Who, then is responsible? What should be done? What can be done?

Unwitting Sex Offenders

Parents can teach the basics of sexuality, but are not often aware of all of the laws related to sexual conduct. And they are extremely uncomfortable talking about this, particularly with their children.

Teachers are not equipped to teach such information, and curricula are not usually provided.

To fill the gap, THE RULES OF SEX: For Those Who Have Never Been Told has been written by one of those who was arrested due to this problem and myself. It tells all you need to know…and teach

Unwitting Sex Offenders

People need to know

Why is it they have these weird feelings and what are they supposed to do with them?

Who can they share these sexual feelings with? Mom? Dad? Teacher? Bus driver? Others their age group? Family members? If not, why not?

Where can they do sexual things? At home? The living room? In class? At work? (In school, everyone else is doing it!!)

Unwitting Sex Offenders

These are the rules people must understand…or get arrested:

Who – Relationship of the person

Where - privacy

When – when free from tasks and obligations

Outside in the parent's back yard? On the beach? In the park? At school? At home when family visits?

Unwitting Sex Offenders

They must be taught some of the language about sex.

They must be taught about consent.

They must be taught about the ill- and positive effects of what to say, when to touch, with whom to engage in a friendship, close friendship, romantic relationship

What are the laws in your state regarding sex, that those with whom you work must know to avoid arrest and/or prosecution?

Unwitting Sex Offenders

Again, the motto is: Knowledge is power

Learning the social and legal proscriptions about sex can save state dollars as well as human costs such as humiliation, shame, embarrassment, trauma, and family stress.

The Rules of Sex provides the information needed, to make it easy for service providers, attorneys, probation officers, social service providers, to use the book with their clients, and protect them from the ill-effects of ignorance of the law.

5. Rule Out Abuse Campaign

Parents of children with special needs whose children have been abused are concerned yet confounded by new signs that something is wrong. They ask the school teacher (or other site representative- program director, etc.) what could be contributing to these changes, but all say they do not know. They take their children to the physician/mental health practitioner who says they do not know. Yet, the list of complaints is a virtual list of “signs & symptoms of abuse.”

Rule Out Abuse Campaign

Physicians and mental health practitioners who focus on treating children and adults with I/DD may not be aware of the epidemic of abuse. It may be the furthest thing from their mind. Yet, they are mandated reporters of suspected abuse.

Rule Out Abuse Campaign

The Rule Out Abuse Campaign encourages physicians and mental health practitioners to keep abuse on their list of causes to explore when parents present a list of changes in their child for which they cannot identify a source.

The three documents that form the foundation of the Rule Out Abuse Campaign are available at no cost at www.disabilityandabuse.org right on the homepage. The three documents include the Rationale, Part One and Part Two. With these documents, anyone can have documentation of the incidence and prevalence of abuse of those with I/DD, signs and symptoms, new DSM 5 definition of PTSD for preschoolers, and the urgent need for these professionals to maintain a keen awareness of the pervasiveness of abuse among children and adults with Intellectual and Developmental Disabilities.

THE COMBO

IF YOUR STATE/PROVINCE WERE TO DO THE FOLLOWING IT WOULD BE THE NATION'S LEADER IN ABUSE AWARENESS, RESPONSE AND RISK REDUCTION.:

ACES awareness and response in all programs

Trauma-Informed Policies, Principles and Practices in all agencies, service delivery and interactions

Risk Reduction Practices at the Administrative level in all programs and all persons with disabilities using an IRP

All crime victims informed of Victims of Crime Programs

All reported crimes processed by trained responders an law enforcement like DPPC

THE COMBO

Increase in support for mandated reporters to do so including training repeated annually, along with filing reports to the police of failures to adhere to the law.

Increase in providing effective therapy that benefits people with intellectual and communication disabilities such as TFT (Thought Field Therapy) that relieves the psychological and emotional impact of the abuse/trauma.

Recognition that most people with I/DD have multiple abuses of every type.

Recognition that most abuse has not been reported, or if reported, believed.

The Combo

Ensure that all who work in DDS, CPS, and APS, providing service to people with I/DD have training, education and information on all of these areas.

Use the information provided in the written materials available on our website, disabilityandabuse.org

Become a member of our listserv and use the resource.

Promote/provide information on data within Delaware. Idea!! Using our Survey as a foundation, disseminate in Delaware.

Respond to the fact that background checks do not identify most criminal history. Improve background checks, do them semi-annually AND engage in other activities including google checks.

The Combo

Create an "atmosphere" at each agency that clearly discusses abuse, abuse awareness, vigorous reporting and response, making it uncomfortable for most perpetrators…except those intrigued with "beating the system." Perpetrators do not want to get caught, and most will avoid any group where abuse awareness and response is high.

Become an "Agent for Awareness" so that when people see you they think, "abuse solution person"

Do not fall prey to Social Inhibitors to speaking up to make the difference for folks with disabilities.

Be Connected

Join the Disability and Abuse Project's Listserv

- Over 500 persons in USA and abroad
- All interested in abuse + disability
- Who link people resources, information & opinions
- Use it to gain information, share information

Example: One caller in a distant state had an urgent need for an FI of a child who was "non-verbal." We had an experienced FI there the following week.

Example: A VOC agency urgently needed a "techie" to support a grant for victims on Weds by Friday. The grant was completed timely!

It is free, and provides weekly "Dr. Nora's Picks" and a link to our Newsfeed which is archived on the website.

RESOURCES

www.disabilityandabuse.org

- Active national discussion group
- Weekly newsfeed
- National list of consultants
- Resources (includes DVDs and books mentioned in this presentation)
- 2012 National Survey: The First Report
- TEN TIPS

The Arc's National Center on Criminal Justice and Disability (NCCJD) developing clearinghouse, provides I&R and technical assistance, creating training materials and other publications

RESOURCES

U. S. Department of Justice: Office for Victims of Crime

a) VICTIMS WITH DISABILITIES: MultiDisciplinary, Collaborative First Response (VIDEO & TRAINING GUIDE)

b) VICTIMS WITH DISABILITIES: The Forensic Interview (VIDEO & TRAINING GUIDE)

c) Serving Crime Victims with Disabilities: The Time is Now

d) Serving Crime Victims with Disabilities: Meet Us Where We Are

- **California District Attorney's Association**

  Crime Victims with Disabilities: What the Prosecutor Needs to Know (two part DVD by CDAA) http://www.cdaa.org/

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Q & A

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New Finding:
Wholesale Disenfranchisement of Adults with I/DD

Limited Conservatorships

- Our research has found that there is:
  - A failure to ensure that rights that can be exercised by limited conservatees are not taken away from them;
  - There is no standard or set of guidelines followed to assess capacity for any of the seven powers
  - There is a pattern of removing all seven powers routinely without any assessment, or explanation to the parents or proposed conservatee of the impact of the removal of these rights
  - An insistence by some parents on having a right that does not exist, “parental right to visits” even though the conservatee retains the right to social and sexual decision making.

Huge problems discovered—where is the effort to fix them?

- The conservatees are largely unable to advocate for themselves, yet are the only ones legally able to appeal decisions that affect them
- The conservatees are not provided with explanations of the procedures or their impact on their lives
- These affect social and sexual rights, voting rights, and others.