

Understanding and Awareness of the Importance of Trauma Informed Care for People with I/DD



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Putting You FIRST! Finding Individuality, Respect, and Safety Together



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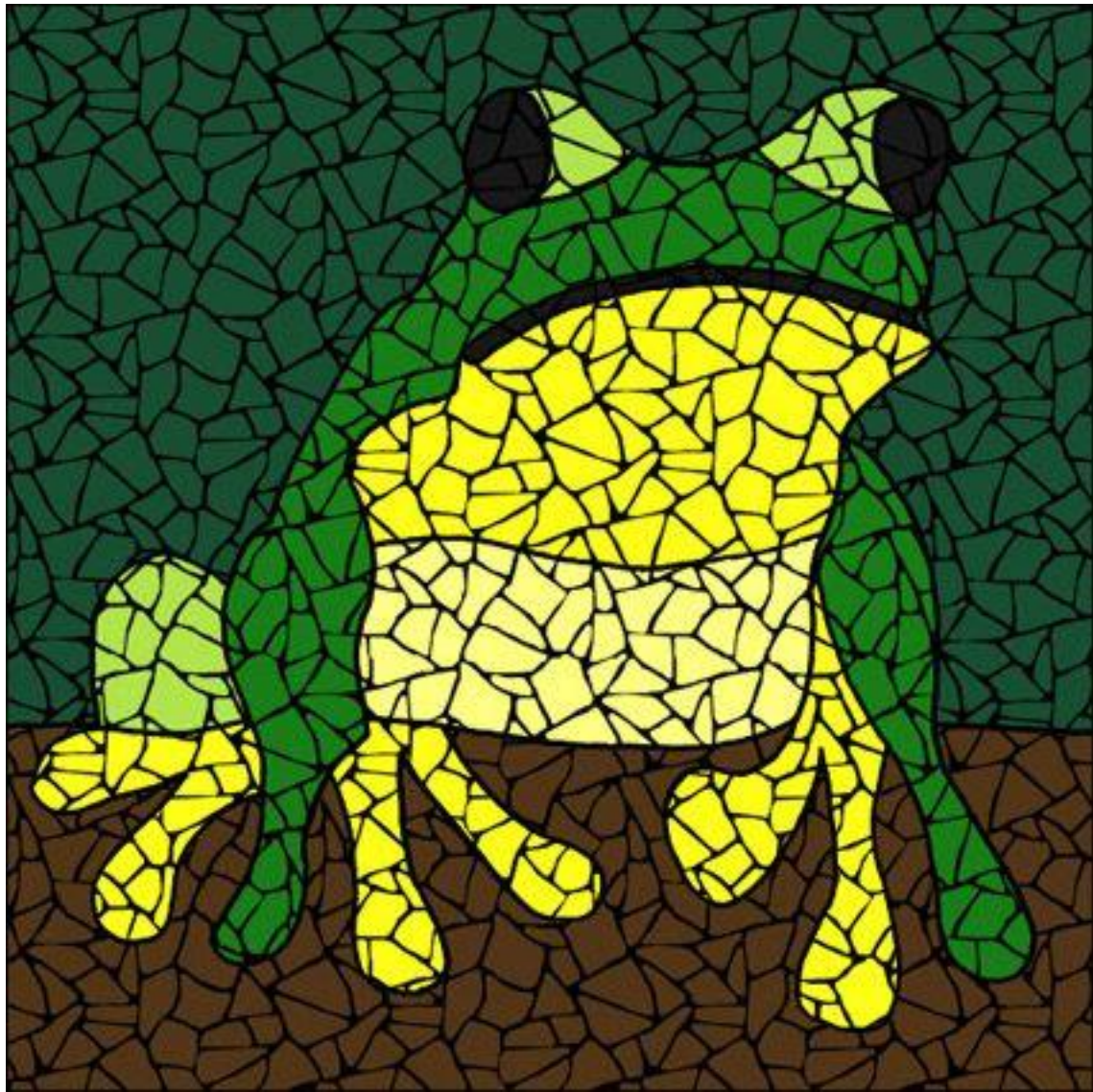
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*Putting You **FIRST!** Finding **I**ndividuality, **R**espect, and **S**afety **T**ogether*

OBJECTIVES

1. Explain two ways that people with I/DD are impacted by a history of sexual trauma.
2. State two risk factors that contribute to the prevalence of sexual abuse associated with people with I/DD.
3. Define Trauma Focused Care in supporting people with Intellectual and Developmental disabilities (I/DD).
4. Identify three benefits for taking an interdisciplinary approach in supporting people with I/DD with a history of abuse.



Developmental Disabilities

umbrella term that includes intellectual disabilities and other chronic physical disabilities

severe, long term disability that can affect cognitive ability, physical functioning, or both

appears before age 22 & likely to be life-long

stemming from genetic or other causes (lead exposure, alcohol exposure, etc.)

Intellectual Disabilities

disorders characterized by a limited mental capacity

difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions

originates before the age of 18

may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness

Sensory and Communication Processing Considerations

- 1) Words**
- 2) Facial gestures**
- 3) Tone of voice**
- 4) Body posture**
- 5) Stance**
- 6) Environment**
- 7)**

Why is it important to consider trauma history when working with people with intellectual and developmental disabilities?

Common Experiences

“Retard”

“Sped”

Raped

Pantsed

Teased

Physical
abuse

Misunderstood

Called names

Verbal
abuse

COMMON

Sexual
abuse

Waiting for a call

Pushed

Manipulated

Emotional
abuse

Tricked

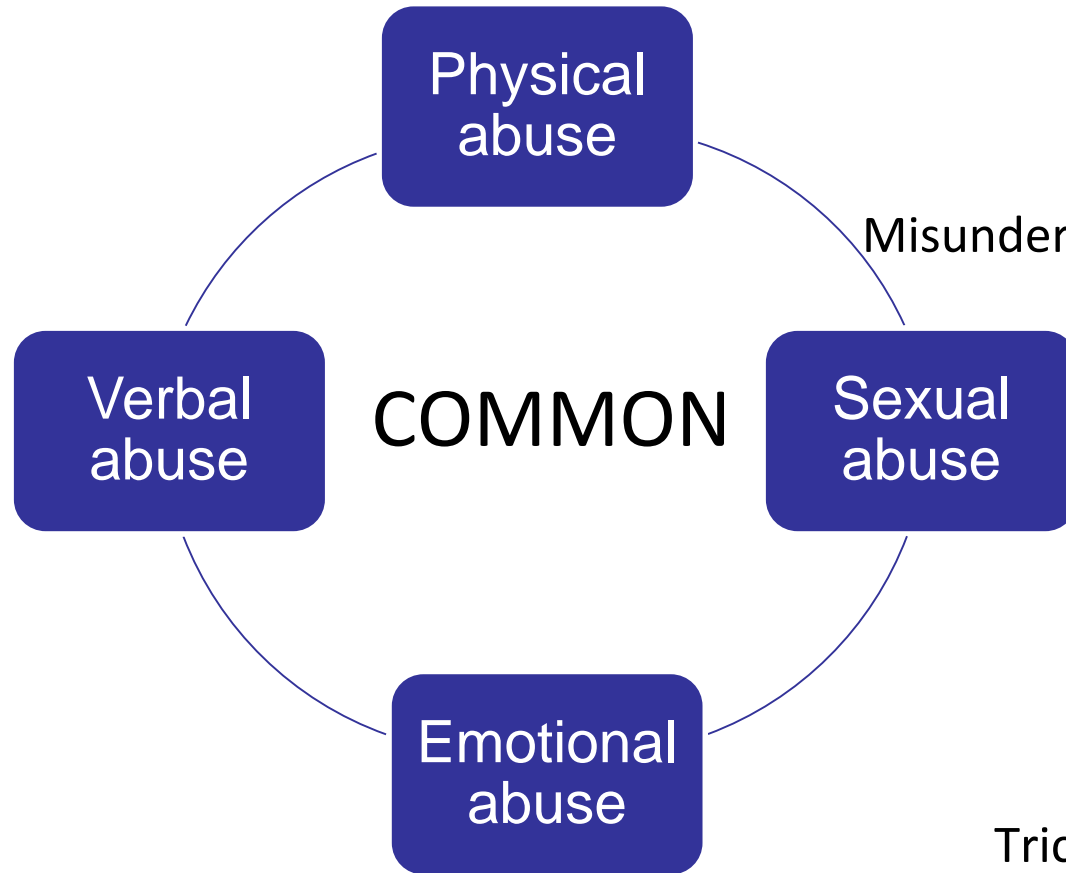
Lied to

Pressured

Coerced

Neglect

Isolated



Sexual Violence

- Verbal harassment & inappropriate sexual language
- Unwanted sexual touching or private parts
- Unwanted display of sexual parts (pornography, exhibitionism)
- Sexual assault (i.e., stranger, acquaintance)
- Tricking or manipulating into sexual activity.
- Exposure to pornographic materials.
- Forced abortion, sterilization or pregnancy.
- Pursuing sexual activity when the victim is not fully conscious, or is not asked, or is afraid to say no.
- Hurting the victim physically during sex, or assaulting his/her genitals, including use of objects or weapons intra-vaginally, orally or anally.

Sexual Assault vs. Abuse

Sexual abuse is a pattern of unwanted and inappropriate sexual behavior that is ongoing whereas **sexual assault** is a single event.

- **90%** of women with I/DD will experience some form of sexual abuse during their lifetime. Curry, et al, 2011
- **92% -98%** of victims reportedly knew the abuser. Mansell & Sobsey, 2001
- **44%** of survivors of sexual abuse with I/DD had a relationship with the perpetrator specifically related to their disabilities.
- Only **1-3%** of all incidents of sexual abuse are perpetrated by strangers. Baladerian, 1991

What about our work with people with I/DD?

- **Children with disabilities are 2- 3x more likely to be bullied than non-disabled peers.** National Bullying Prevention Center, [Stop bullying.gov](http://Stopbullying.gov)
- Individuals with disabilities are 4 to 10 times more likely to be **abused** than their peers without disabilities.

People with IDD often have difficulties employing effective refusal and self-protection strategies (e.g., Eastgate, Scheermeyer, vanDriel, & Lennox, 2012).

Individuals with intellectual disabilities, deficits in communication and behavior disorders presented as having a **higher risk**.

Why are people with I/DD more vulnerable?

- View everyone as a friend.
- Limited social opportunities.
- Low self-esteem and strong need for acceptance.
- Lack of assertiveness.
- Frequently fail to disclose because of fear of not being believed or taken seriously.
- People are not taught to reduce their risk of abuse.

Why are people with I/DD more vulnerable to abuse?

- Lack of understanding of what constitutes abuse. May not realize that sexual abuse is abusive, unusual or illegal.
- People with I/DD are not TAUGHT refusal or non-compliance. Compliance overly reinforced at home and within other systems.
- Are not taught to challenge authority. Do not believe that they have the right or choice to refuse.
- May live in strictly controlled environment in which tools to communicate are hidden/restricted.

ABUSE impacts thoughts, behaviors and decision making

- **Feeling –**
 - Feelings of blame, shame and embarrassment, loss of trust, fear of safety, anger and betrayal, anxiety and depression
- **Thinking –**
 - “I’m alone”
 - “I’m stupid”
 - “I have no control”
 - “I can’t change things”
- **Doing –**
 - Avoidance, confused personal boundaries with others, trouble saying no, over or non compliance, difficulty trusting, poor emotional regulation

Post-traumatic stress disorder (PTSD)

- **Triggers** can be seen, felt, heard, smelled
- What they are experiencing feels **“REAL”**
- **PTSD** – Re-experiencing, Avoiding and Hyper-arousal
- How does **Sexual Trauma** and **PTSD** impact behavior and learning?

What resources might they need?

Behavior

- Refuses to shower.
- Masturbates in public.
- Asks staff for sex.
- Watches pornography.
- Plays with feces.

Resource

- Doctor
- Behaviorist
- Occupational therapist
- Sexual health provider
- Recreation program
- Respite worker
- Psychologist/ therapist
- Psychiatrist
- Sexual assault center

What is Trauma Focused Care?

“Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma”.

Source: traumainformedcareproject.org

Trauma Focused Care

- Emphasizes **physical, psychological** and **emotional safety** for both consumers (clients and their families) and providers (staff at all levels)
- Helps survivors rebuild a sense of control and empowerment.

Four essential elements of Trauma Informed Care for both clients and staff

- **Connect**- focusing on the importance of relationships
- **Protect**- promoting safety and trustworthiness
- **Respect**- engaging in choice and collaboration
- **Redirect** – encouraging skill building and competency

Core components of a trauma-informed evidence-based treatment model are:

- Therapeutic relationship
- Psychoeducation: normal responses to trauma
- Parent / caregiver/staff support, therapy, or training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing
- Construction of a coherent trauma narrative
- Gradual exposure to traumatic memories and feelings
- Personal safety training/empowerment activities
- Resilience and closure

Source: traumainformedcareproject.org

Trauma informed evidenced-based treatments

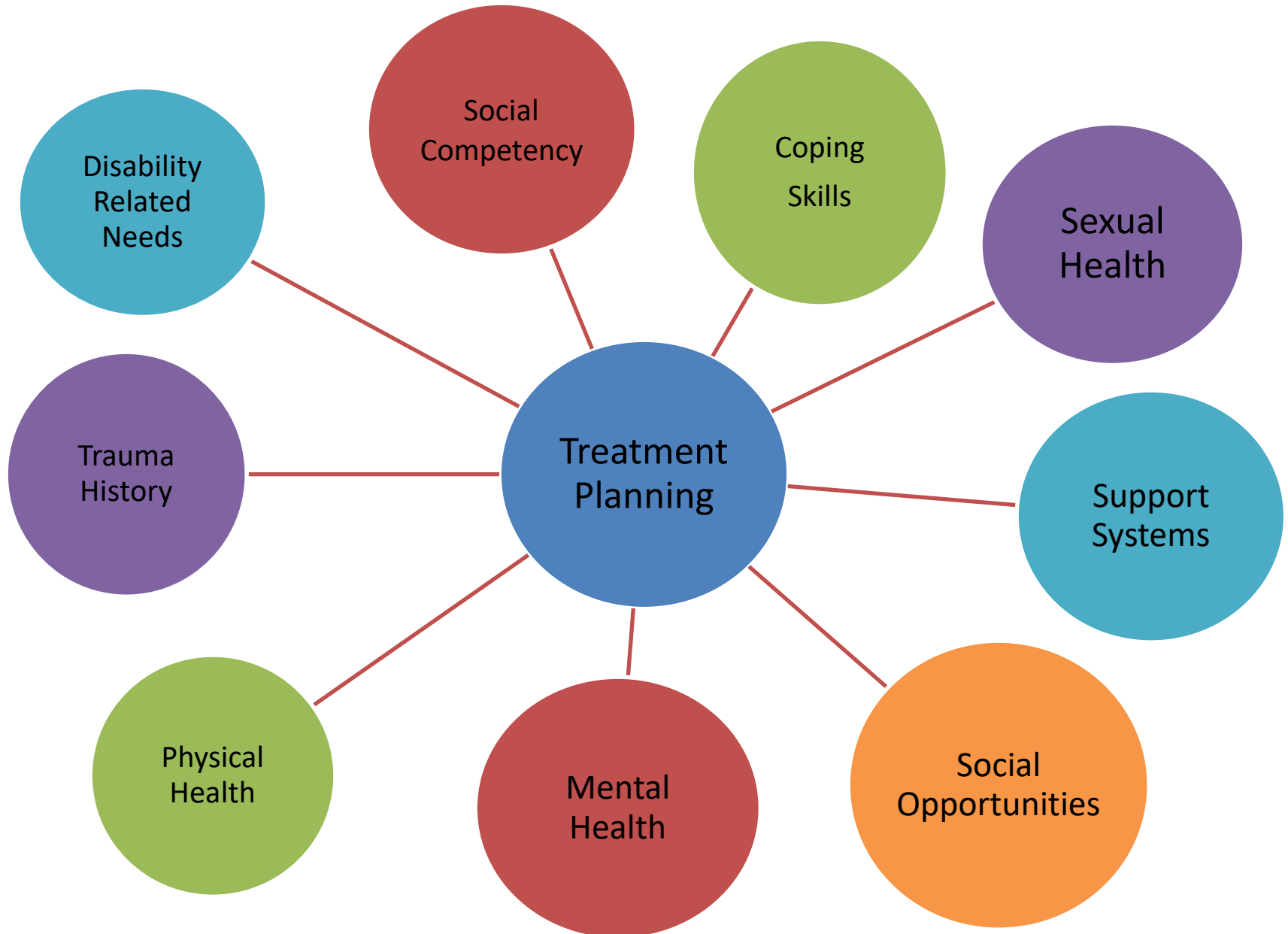
- Child Parent Psychotherapy (CPP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma Focused-Cognitive Behavior Therapy (TF-CBT)
- Seeking Safety, and Trauma Recovery and Empowerment Model (TREM)

Therapeutic Interventions for People with I/DD

- Therapy has been shown to be beneficial, even if the individual is non-verbal.
- Therapists providing treatment should be trained in counseling for victims of abuse as well in counseling for individuals with I/DD.
- The Arc stresses that the therapist be trained in non-verbal mind-body healing modality that do not require an intellectual processing component of the therapy.

CONSIDERATIONS WHEN SUPPORTING PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Interdisciplinary Approach



It Takes A Village!

- Parent
- Educator
- Counselor
- Case manager
- Behaviorist
- Care giver
- Direct care staff
- Physicians
- Job coach

**WHO
IS MISSING?**

With Knowledge Comes Power

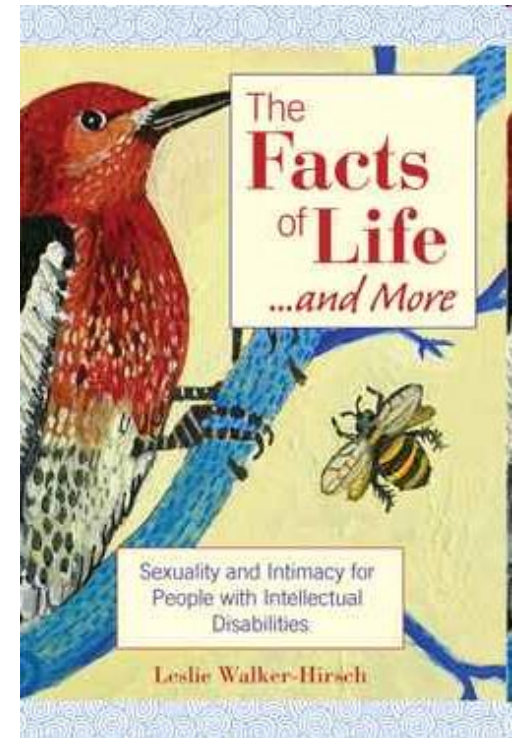
It's hard to report abuse if we
don't have a name for it.

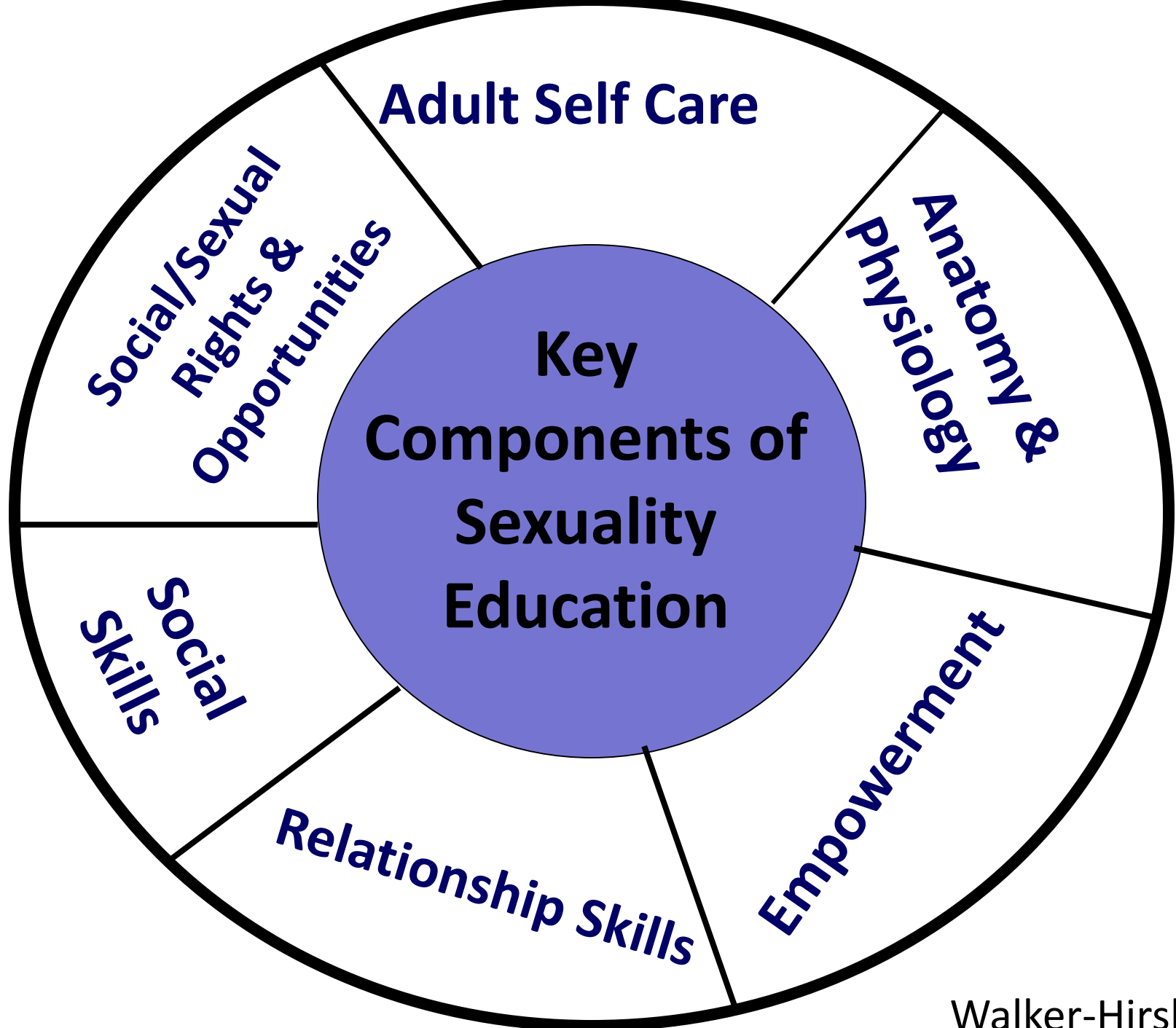
Why Teach?

- rights in relationships with others and rights related to one's body cannot be exercised if not recognized.
- understanding the body helps to raise awareness of potential boundary violations
- manifest negative feelings towards the sexual organs
- struggle with interpersonal communication & reporting – wants, needs, emotions
- do not understand the “unwritten rules” of social behavior

What are the Goals of Sex Ed?

- Support social acceptance
- Achieve greater social competence
- Enhance quality of life
- Reduce risk of sexual exploitation
- Prevent STDs





Adult self-care- focus on independent personal self-care including dressing, toileting, grooming, sexual hygiene practices

Anatomy & Physiology- focus on the physiological/sexual anatomy including names, functions, when and where it is appropriate to discuss, talk about *body parts beyond reproductive function*

Empowerment- focus on self-esteem, autonomy, personal preferences, values, and decision making

Relationship skills- focus on developing and maintaining relationships including family, friends, partner, etc.
communication and assertiveness skills

Social skills- focus on the behaviors and conventions that let others know what we want while remaining likeable, public social skills includes a focus on communication, acceptable behaviors and should be taught directly, repeatedly, and explicitly. Practice social skills to help them decipher what is appropriate and what is not.

Social/ sexual rights & opportunities- focus on the social opportunities of youth and what sexual opportunities/rights including sexual consent, going for sexual health care



*An Effective Strategy-Based Curriculum for Abuse Prevention
and Empowerment for Individuals with Developmental
Disabilities -- Now*

www.escapenow.wikischolars.columbia.edu

Ishita Khemka, Ph.D., Associate Professor, St. John's University &

Linda Hickson, Ph.D., Professor Emerita, Teachers College, Columbia
University

ESCAPE-NOW: Basic Structure

ESCAPE-NOW consists of 3 units:

- **Unit I:** Knowledge of Abuse & Empowerment (Lessons 1-5, approximately 30 to 45 minutes per session)
- **Unit II:** Decision-Making Strategy Training (Lessons 6-12, approximately 30 to 45 minutes per session)
- **Unit III:** Support Group Sessions (6 sessions, approximately 30-45 minutes per session)

How Do I Respond?

- If you suspect sexual abuse and/or a person reports sexual abuse, reach out for help. **Call the Sexual Assault Center in your county.**
- **SUPPORT** the victim because most likely that individual is fearful that you won't believe them and/or won't be accepting of them. **Be non-judgmental and use non-judgmental language.**
- Feelings and memories of the abuse makes it hard to talk about it for most survivors. **Avoid pressuring the person to talk.**

How Do I Respond?

- Do not interview the victim. Leave interviewing to specially trained professionals.
- Do not involve more people than necessary.
- Document and report the details disclosed, provided resources and make appropriate referrals.
- Familiarize yourself to your organizations reporting policies and procedures.

Small Group & Individual Classes

Our fall schedule of classes featuring social, relational, and sexuality related concepts now available!



- Classes for youth! Enroll by visiting <http://bit.ly/FYIclassenrollyouth>
- Classes for adults! Enroll by visiting <http://bit.ly/FYIclassenroll>

Parents & caregivers.....Let's Talk!

Monthly gathering of support for parents & caregivers with strategies to foster communication about sexuality with youth! Bring questions around the topic to guide discussion!

Becoming Askable & Approachable

October 24, 2018 | 6pm-7:30pm

Puberty & Self Care

November 14, 2018 | 6pm-7:30pm

Friendship & Dating

December 13, 2018 | 10am-11:30am

Boundaries & Tech

January 10, 2019 | 10am-11:30am

**Contact Melissa for more info or support with registration!
(melissa@findingyourindividuality.com or 908.552.4469)**

Connect with Us!

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