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Advancing Equity. Ending Sexual Violence.

Formerly CALCASA

WEB SERIES NO.2

One Size Does Not Fit All: Strategies to Center Survivors with Intellectual and Developmental Disabilities

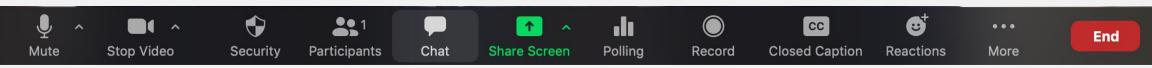
Tuesday, June 15, 2021 10:00-11:30 am Pacific Time

THE COLLECTIVE POWER TO ERADICATE SEXUAL VIOLENCE: Web Conference Series for Community Partners

HOW TO USE ZOOM

- Text chat
 - Please send a private chat message for assistance
- Polling Questions
- Dial-in
- Slides & Recording
- Closed Captioning
- Web Conference Guidelines

~	 Participants (1) 				
👔 Sarah	💱 Sarah Orton (Host, me)				
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AUDIENCE POLL

Where are you joining us from?

- A) Disability Service Provider
- B) Regional Center
- C) Rape Crisis Center
- D) Dual Agency
- E) Campus Community
- F) Other (share in chat)



Collective Power to Eradicate Sexual Violence: Web Conference Series for <u>Community Partners</u>

June 15, 10-11.30am	One Size Does Not Fit All: Strategies to Center Survivors with Intellectual and Developmental Disabilities		
June 17, 10-11.30am	Substance Use, Abuse, and Dependency and Sexual Violence: Strengthening California's Safety Net Through Community Collaboration		
June 29, 10-11.30am	Remedies for Immigrant Sexual Assault Survivors and Updates in Immigration Policy		
July 1, 10-11.30am	Faith Centered Approaches to Fighting Sexual Violence		
July 13, 10-11.30am	Campus-Community Partnerships: Coordinating a Comprehensive Trauma-Informed Response to Sexual Violence		
July 15, 10-11.30am	Creating Partnerships with Labor to Prevent Workplace Sexual Violence		



2021 Virtual National Sexual Assault Conference



http://www.nationalsexualassaultconference.org/



Participant Introductions

Who's with us here today? (name, pronouns, location)





Meet your Facilitators



Ashleigh Klein-Jimenez

Director of Prevention VALOR (ValorUS) she/her/hers

Priscilla Klassen

Project Coordinator VALOR (ValorUS) she/her/hers



Technical Support



Shelby Phillips

she/her Project and Communications Coordinator



Audience Poll

How familiar are you with our work at ValorUS (formerly known as CALCASA)?



About ValorUS

Formerly known as the California Coalition Against Sexual Assault (CALCASA)

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Find & Follow Us!

Valor.US



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TAKE CARE OF YOURSELVES

This content may impact you and could trigger feelings of concern, emotions, and/or a physical response.

Please take care of yourself:

- Step away if you need
- Turn down sound
- Reach out for support





Learning Objectives:

- Discuss prevalence of sexual violence and abuse of persons with disabilities
- Identify barriers and solutions to services for survivors with intellectual and developmental disabilities
- Define trauma and trauma-informed support strategies
- Identify strategies for partnerships between disability service providers and the anti-sexual assault movement



Sexual Violence and Abuse of People with Intellectual and Developmental Disabilities



← → C 🔒 npr.org/series/575502633/abused-and-betrayed





https://www.npr.org/series/575 502633/abused-and-betrayed





Michelle Gustafson for NPR

The Sexual Assault Epidemic No One Talks About







States Aim To Halt Sexual Abuse Of People With Intellectual Disabilities

June 25, 2018 • An NPR Investigation found people with intellectual disabilities have one of the nation's highest rates of sexual assault. Now states, communities and advocates are proposing changes to prevent abuse.





Joseph Shapiro/NPR

Talia Herman for NPR

Ξ

In Their Own Words: People With Intellectual Disabilities Talk About Rape

January 20, 2018 • In the final piece of NPR's series on the sexual assault enidemic against people with intellectual disabilities, we hear





"Yes, it's happened to me. It was a staff person. It started out where he was buying pop for me and candy for me at, it was called, the canteen. ... Then one time he asked me to come down in the basement. He wanted to show me something. And I trusted him. That's where that happened."

> — Sam Maxwell, Meadville, PA NPR Abused and Betrayed series



"People look at people with disability as, a lot of time, they look at us thinking that we don't know no better. Because a lot of us is quiet and easygoing, they think that we weakling. And we not."

Thelma Green, Washington, D.C.
 NPR Abused and Betrayed series



"Some with disabilities are afraid to report it, because they're afraid it will make them look bad, worse than they already are, because people already look down on you, because you're disabled. It felt like the world was

against me.

— Cindy Whitaker, Austin, Texas NPR Abused and Betrayed series



BREAK OUT SESSION



- What barriers exist for survivors with I/DD when reaching out for support from community members and service providers?
- 2. How does sexual violence effect the communities you work with?
- 3. What kind of support do you need to support survivors with I/DD?

Image source: Hospicare

Scope of the Problem

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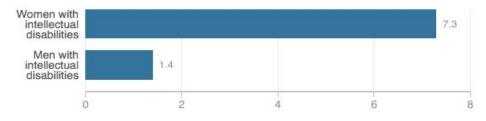
Sexual Assault Rates Among People With Intellectual Disabilities, 2011-2015

The rate of rape and sexual assault against people with intellectual disabilities is more than seven times the rate against people without disabilities. Among women with intellectual disabilities, it is about 12 times the rate.

Persons with intellectual disabilities Persons with disabilities 0.6 0 2 4 6 8

RATE PER I,000 PEOPLE

RATE PER I,000 PEOPLE WITH AN INTELLECTUAL DISABILITY, BY GENDER



Notes

Based on the noninstitutionalized U.S. residential population age 12 or older

Source: Bureau of Justice Statistics, National Crime Victimization Survey, Special Tabulation Credit: Katie Park/NPR



50% of all violence against persons with disabilities occurs against victims with multiple disabilities, including:

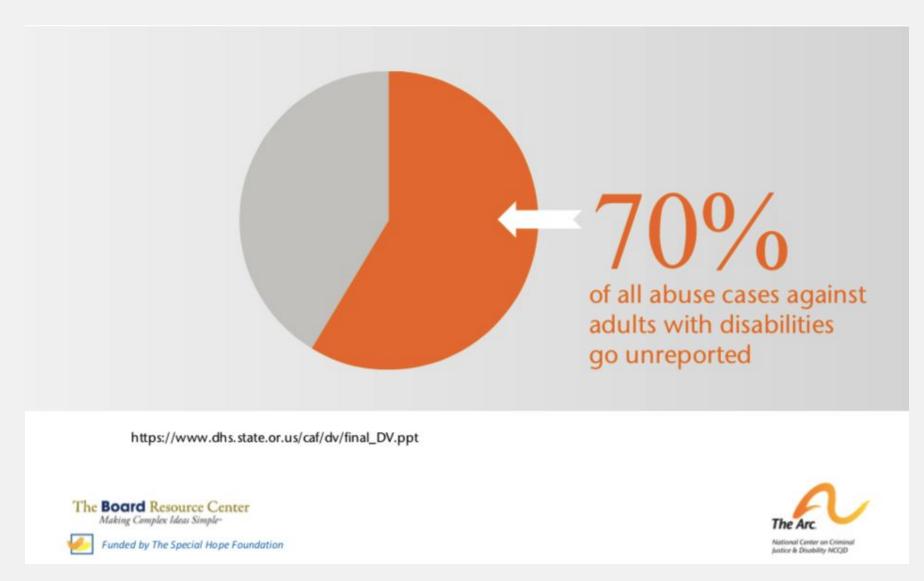


National Center for Victims of Crime

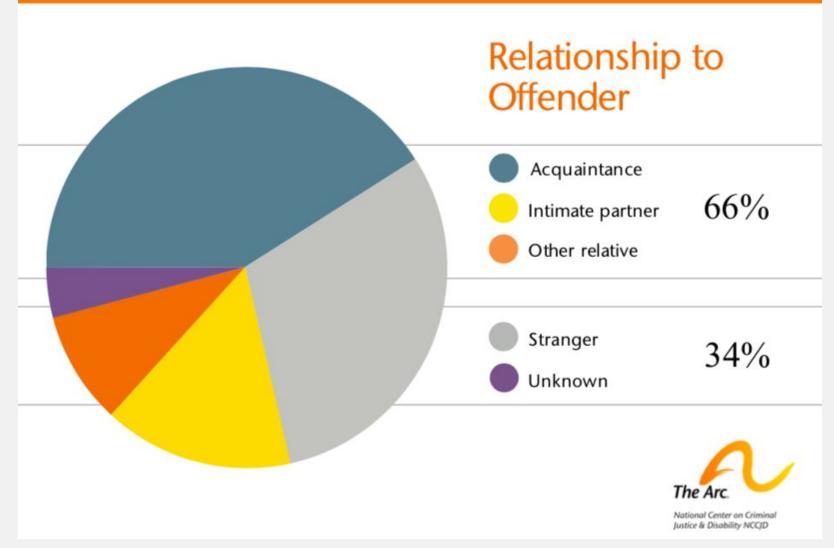
The Board Resource Center Making Complex Ideas Simple-









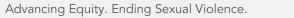


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RISK & PROTECTIVE FACTORS

This chart maps out risk and protective factors and social determinants of health along various points in the social ecological model. Understanding these factors and determinants at the societal, community, and individual/relationship levels can increase the effectiveness of sexual violence prevention efforts.

The Social Ecological Model	Risk Factors	Protective Factors	Social Determinants	Putting it all Together
illustrates how factors influence each other at different levels ¹		viors or conditions that reduce or but the risk for sexual violence perpetrati		
Societal ³ (e.g. laws, systems, the media, and widespread social norms)	 Societal norms that: support sexual violence support male superiority and sexual entitlement maintain women's inferiority and sexual submissiveness Weak health, economic, gender, educational, and social policies High levels of crime and other forms of violence 	(At this time there are no evidence-based findings on societal-level protective factors for sexual violence; additional research can help fill this gap)	 Social norms and attitudes (racism, sexism, ableism, and other forms of oppression) Socioeconomic conditions Cultural attitudes, norms, and expectations Governmental, corporate, and non-governmental policies Social institutions (e.g. law enforcement) 	Sexual violence is inextricably tied to oppression. Focusing on risk and protective factors and social determinants of health can help clarify how anti-oppression efforts can be part of prevention.
Community ³ (e.g. neighborhoods, schools, faith communities, and local organizations)	 Poverty Lack of employment opportunities Lack of institutional support from police and judicial system General tolerance of sexual violence within the community Weak community sanctions against sexual violence perpetrators 	 Community support/ connectedness Coordination of resources and services among community agencies Access to mental health and substance abuse services 	 Equitable access to educational, economic, and job opportunities Community engagement Social support and integration, support systems Built environment, such as buildings, sidewalks, bike lanes, and roads Physical barriers, especially for people with disabilities 	Working in collaboration with communities around shared risk and protective factors can be an effective way to stretch limited funding, strengthen partnerships, and increase reach.
Individual ² (e.g. a person's attitudes, values, and beliefs) and Relationship ² (e.g. relationships with family, partners, friends, and peers)	 Family environment characterized by physical violence and conflict Emotionally unsupportive family environment Poor parent-child relationships Association with sexually aggressive, hypermasculine, and delinquent peers General aggressiveness and acceptance of violence Adherence to traditional gender role norms Hypermasculinity and lack of empathy 	 Connection/commitment to school Connection with a caring adult Affiliation with pro-social peers Emotional health and connectedness Empathy and concern for how one's actions affect others 	 Having resources to meet daily needs like healthy foods & warm clothing Social support and social interactions Equitable access to quality schools and transportation Equitable access to information and services in various languages Equitable access to health insurance and health care 	Every individual exists within larger communities and our shared society. It is vital to link individual and relationship-level risk and protective factors to those at the community and society level, as well as related social determinants of health. Making these connections can create more effective change.





Barriers to accessing services

- Lack of accessible transportation
- Communication barriers
- Educational and socialization factors
- Stereotypes about people with I/DD



Barriers to accessing services (cont.)

- Devaluation
- Presumed lack of credibility
- Isolation and segregation
- Increased exposure to potential abusers
- Culture of compliance
- Doubly silenced



Audience Poll

For Disability Service Providers:

Does your intake process include questions about previous or ongoing sexual abuse or harassment?



Audience Poll

For Rape Crisis Centers:

Does your intake process include questions about accessibility or accommodations?



Understanding and Responding to 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.





What is Trauma-informed Care?

Care and practices that recognize and respond to the impact of trauma on individuals, families, communities and society at large. Care and practices that actively resist re-traumatization.





4 R's of a Trauma-informed Care and Response:

<u>Realizes</u> the widespread impact of trauma and understands potential paths for recovery

<u>Recognizes</u> the signs and symptoms of trauma in clients, families, staff, and others involved with the system

<u>Responds</u> by fully integrating knowledge about trauma into policies, procedures, and practices

<u>Resists</u> re-traumatization



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





Survivor-Centered Approach (continued)

- privacy and confidentiality instead of exposure
- non-discrimination instead of discrimination based on gender, age, race/ ethnicity, ability, sexual orientation, HIV

status 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, victim-centered services



Audience Poll

Are you aware of your local rape crisis center?

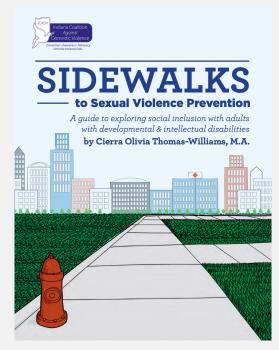


Community Blueprint



Purpose

- Roadmap to create lasting relationships between sexual assault agencies and broader communities
- Whatever our main issue is, our issue does not exist on an island
- Partnerships strengthen our connection to the broader community



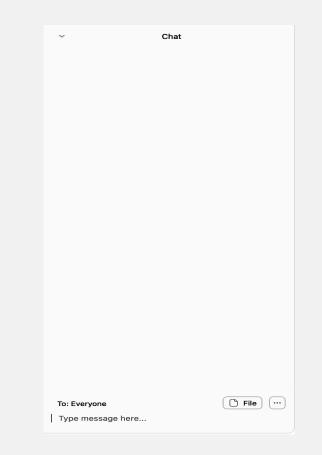
https://icadvinc.org/wp-content/uploads/2019/12/new-sidewalks-to-sex ual-violence-prevention.pdf



QUESTION

What type of partnerships are you currently engaged in to support people with intellectual and developmental disabilities?

Use the Text Chat feature to answer the question.





Rape Crisis Centers

Services Traditionally Available at Rape Crisis Centers

Crisis Response	Accompaniment	Counselling	Advocacy	Education
Survivors can reach a trained crisis intervention advocate any day, any time on a 24/7 Crisis Hotline. Adapted from Partners Agai		Specialized, confidential counseling for individuals and groups - including survivor led peer-based counseling. Support groups for survivors and families may also be available	An advocate is by your side, throughout the journey of healing. This can include safety planning and crisis intervention or institutional advocacy. Eg. Restraining order support	Prevention education and community training to help prevent sexual assault.

Examples of partnerships

- Referrals
- Resources
- Community education + training
- Support groups



Audience Poll

Have you connected with your local rape crisis center?

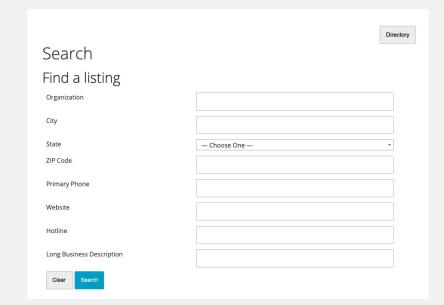


Learn about your local rape crisis centers:



ABOUT ~ RESOURCES ~ BLOG GET HELP JOIN US ~ ESPAÑOL > DONATE Q

ADVANCING EQUITY. ENDING SEXUAL VIOLENCE.





Moving Forward



Identify a Working Relationship that Meets your Organizational Needs

Cooperation	Coordination	Collaboration
Organizations join for a short time in an informal way to share information, resources, and ideas	Involves a more formal relationship that requires more commitment and results in a shared project or program	Partners are focused on change beyond their organizational boundaries to create greater social and systems change



Learn from the Past & Learn from Each Other

History	Patterns of Abuse	Inequity	Impact
What is the history of collaboration in your area?	If at all, what pattern of events or barriers have led to abuses of the rights of members from our community?	How has inequity played a part in service provision and community education?	In what way has the past affected the ability to work together today?



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Ingredients of a successful collaboration

- Willing partners
- Mutual respect for partners' strengths and assets
- Mutual respect for partners' differences in mission and approach
- Commitment to develop a relationship among partners that is focused on survivors with I/DD
- Willingness to resolve differences with solutions focused on survivors with I/DD



Start with Yourself

Examine what stereotypes and biases you hold.

What is your level of experience supporting people with I/DD? With supporting survivors?

What are some limitations and barriers you may have in working with sexual assault survivors?

What kind of training and support is available from your organization or your community?



Innovative Support Coming Soon...

PKlassen@Valor.US

AKlein@Valor.US

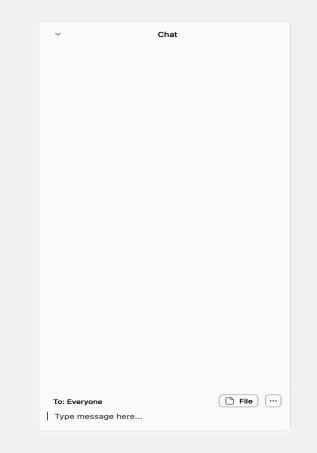




Audience Chat Question:

What is the one new thing you learned from today's workshop?

Use the Text Chat feature to answer the question.





RESOURCES

- <u>VALOR</u> (ValorUS)
- Bureau of Justice Statistics
- The Arc
- End Abuse of People with Disabilities

SURVEY

https://www.surveymonkey.com/r/IDDisabilities061521



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