How to join audio

- This web conference is offered in English with live Spanish interpretation.
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Cómo unirse al audio

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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
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 **Community Partners**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 15, 10-11.30am</td>
<td></td>
<td>One Size Does Not Fit All: Strategies to Center Survivors with Intellectual and Developmental Disabilities</td>
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<tr>
<td>June 17, 10-11.30am</td>
<td></td>
<td>Substance Use, Abuse, and Dependency and Sexual Violence: Strengthening California’s Safety Net Through Community Collaboration</td>
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<tr>
<td>June 29, 10-11.30am</td>
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<td>Remedies for Immigrant Sexual Assault Survivors and Updates in Immigration Policy</td>
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<tr>
<td>July 1, 10-11.30am</td>
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<td>Faith Centered Approaches to Fighting Sexual Violence</td>
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<tr>
<td>July 13, 10-11.30am</td>
<td></td>
<td>Campus-Community Partnerships: Coordinating a Comprehensive Trauma-Informed Response to Sexual Violence</td>
</tr>
<tr>
<td>July 15, 10-11.30am</td>
<td></td>
<td>Creating Partnerships with Labor to Prevent Workplace Sexual Violence</td>
</tr>
</tbody>
</table>
2021 Virtual National Sexual Assault Conference

August 4-6, 2021

Advancing Equity.
Ending Sexual Violence.

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)
Find & Follow Us!

Valor.US

@ValorUS
@ValorUS
@ValorUS
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
Advancing Equity. Ending Sexual Violence.

https://www.npr.org/series/575502633/abused-and-betrayed
"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
1. 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?
Scope of the Problem
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.

RATE PER 1,000 PEOPLE

- Persons with intellectual disabilities: 4.4
- Persons with disabilities: 2.1
- Persons with no disabilities: 0.6

RATE PER 1,000 PEOPLE WITH AN INTELLECTUAL DISABILITY, BY GENDER

- Women with intellectual disabilities: 7.3
- Men with intellectual disabilities: 1.4

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:

- **68%** rapes/sexual assaults
- **50%** simple assaults
- **56%** aggravated assaults
- **37%** robberies

National Center for Victims of Crime

![Graphic: Board Resource Center and The Arc logos with a note funded by The Special Hope Foundation.](image-url)
70% of all abuse cases against adults with disabilities go unreported

https://www.dhs.state.or.us/caf/dv/final_DV.ppt
Relationship to Offender

- Acquaintance: 66%
- Intimate partner: 34%
- Other relative
- Stranger
- Unknown
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.

<table>
<thead>
<tr>
<th>The Social Ecological Model</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
<th>Social Determinants</th>
<th>Putting it all Together</th>
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<tr>
<td>Illustrates how factors influence each other at different levels¹</td>
<td>are a set of behaviors or conditions that increase the risk for sexual violence perpetration</td>
<td>are behaviors or conditions that reduce or buffer against the risk for sexual violence perpetration</td>
<td>of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age²</td>
<td>to increase effectiveness of prevention efforts</td>
</tr>
</tbody>
</table>

**Societal¹** (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

**Community¹** (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

**Individual¹** (e.g., a person’s attitudes, values, and beliefs) and **Relationship²** (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

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.

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.

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.

---

¹ See also: [Risk and Protective Factors](https://www.nsvrc.org/risk-and-protective-factors)
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:

Realizes the widespread impact of trauma and understands potential paths for recovery

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

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists 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

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.
<table>
<thead>
<tr>
<th>Crisis Response</th>
<th>Accompaniment</th>
<th>Counselling</th>
<th>Advocacy</th>
<th>Education</th>
</tr>
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<tr>
<td>Survivors can reach a trained crisis intervention advocate any day, any time on a 24/7 Crisis Hotline.</td>
<td>Have an advocate by your side during medical and legal appointments.</td>
<td>Specialized, confidential counseling for individuals and groups - including survivor led peer-based counseling. Support groups for survivors and families may also be available</td>
<td>An advocate is by your side, throughout the journey of healing. This can include safety planning and crisis intervention or institutional advocacy.</td>
<td>Prevention education and community training to help prevent sexual assault.</td>
</tr>
</tbody>
</table>

Adapted from Partners Against Violence website

Advancing Equity. Ending Sexual Violence.
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:
Moving Forward
# Identify a Working Relationship that Meets your Organizational Needs

<table>
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<th>Cooperation</th>
<th>Coordination</th>
<th>Collaboration</th>
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<td>Organizations join for a short time in an informal way to share information, resources, and ideas.</td>
<td>Involves a more formal relationship that requires more commitment and results in a shared project or program.</td>
<td>Partners are focused on change beyond their organizational boundaries to create greater social and systems change.</td>
</tr>
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Learn from the Past & Learn from Each Other

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

illustrates how factors influence each other at different levels

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<td>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</td>
<td>(At this time there are no evidence-based findings on societal-level protective factors for sexual violence: additional research can help fill this gap)</td>
<td>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)</td>
<td>Sexual violence is intrinsically 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.</td>
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<td>Community</td>
<td>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</td>
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<td>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</td>
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Advancing Equity. Ending Sexual Violence.
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?
RESOURCES

- **VALOR** (ValorUS)
- **Bureau of Justice Statistics**
- **The Arc**
- **End Abuse of People with Disabilities**

SURVEY

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