Supporting Adolescents with Disabilities Who Are Experiencing Relationship Abuse & Sexual Violence: Setting the Stage for Prevention
Nevada State Child Abuse Prevention and Safety Conference
“Taking Resilience to the Next Level”
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Nevada State College
1300 Nevada State Dr.
Henderson NV
Compiled by:
Judy Henderson, MEd. Mgt.
Training Coordinator
Nevada Coalition to End
Domestic & Sexual Violence
775.828.1115 ext. 44
judyh@ncedsv.org; www.ncedsv.org
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Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention.
Our Goals

- Increase awareness of the key elements of a healthy and an abusive relationship.
- Develop a basic understanding of disabilities and how adolescents are targeted for abuse.
- Ensure adolescent survivors of relationship abuse are receiving survivor-centered, trauma-informed assistance from domestic and sexual violence advocacy and disability service organizations.
Our Goals

• Increase safety and service accessibility for adolescents with disabilities who are experiencing relationship abuse and sexual violence.

• Discuss violence intervention and prevention strategies that can be used by educators and service providers including domestic and sexual violence advocates and advocates from disability organizations.
Call to Action

“We have, for too long, been included because it is the legal or feel-good thing to do. We have experienced isolation and abuse. It’s time to do a better job. It’s time to end violence and abuse against people with disabilities, seniors, women and children.”

Lisa Cooley, Self & Peer Advocate
Presentation Objectives

- Define **terminology** relating to relationship and sexual violence among people with disabilities and people who are Deaf;
- Discuss the **frequency** of relationship and sexual violence for people with disabilities and people who are Deaf;
- Identify **risks** that would increase the likelihood of being a target of violence;
Presentation Objectives

• Learn ways to **promote resiliency & foster protective factors** for adolescents with disabilities and people who are Deaf and struggling to live violence-free;

• Identify steps for **achieving inclusive & accessible services** for adolescent survivors; and

• Discuss a relationship and sexual violence **prevention model**.
Can We Talk?

- Relationship abuse/domestic violence/sexual violence and stalking are difficult topics
- Disability is also a difficult topic
- Respect each others’ perspectives, feelings & experiences
- Focus on exploring answers, resources, & hope
- Use of pronouns
- Remember, we are all People First!
Defining & Understanding Disability

“Parents, don’t hush your kids when they ask why someone is in a wheelchair. Questions lead to answers, answers lead to understanding. And where understanding exists, ignorance cannot survive.”

- Misa on Wheels
Defining Disability

The most common definition of disability is from the Americans with Disabilities Act of 1990:

- Any physical or mental impairment that substantially limits one or more major life activities.
- Any person having a history of such impairment.
- Any person perceived as having such impairment.
- All of the above are covered under the ADA.

In the United States, 1 in 5 people have a disability that fits this definition.
Understanding Disabilities

• **Acquired**
  – Congenital can be born or developed before the age of 20
  – By accident or with intent to harm, e.g., strangulation or traumatic brain injury (TBI)

• **Age-related**
  – Just getting older is not a disability, but may cause challenges with every day activities (dementia, arthritis, drug interaction, thyroid, stroke, heart attack, Parkinson’s disease, cancer)

• Diagnosis does not predict experience
• Disabilities can be hidden
• You cannot rely on self-identification

• Some people who are deaf and/or hard of hearing do not identify as having a disability – “Deaf culture”
Understanding Deaf Culture

- Language
  - American Sign Language
  - English is often a second language
- Use term Deaf to reflect cultural identification
- Behavioral norms
  - Direct communication
  - Eye contact
- Traditions
  - Schools for the Deaf
  - Deaf clubs & events

Source: Vera Institute of Justice on Victimization and Safety, Accessing Safety Initiative August 2017
Types of Disabilities

NOTE: Not all professionals agree on these definitions.
Types of Disabilities

- **Physical** – limitations in movement, agility, and mobility. Affects ability to walk or move freely. May use crutches, wheelchairs, braces, walkers

- **Cognitive and/or Intellectual** – limitations in cognitive and/or intellectual capacity (IQ below 65, critical thinking challenges)

- **Sensory** – affects touch, taste, and/or smell; hearing loss or sight loss are most common

- **Developmental** – cognitive and/or physical disability (cerebral palsy, Autism, Deaf and/or blind, muscular dystrophy)
Understanding Autism

• About 1% of the population
• Diagnosed by observations conducted by professionals in this field

• Typical & Unique Characteristics
  – Sensory experiences: heightened sensitivity to light, hearing loud & soft, difficulty interpreting sensations
  – May learn difficult tasks first before simple tasks (calculus vs. arithmetic) challenges with verbal skills
  – Deeply focused thinking & passionate interests (math to ballet; politics to bits of shiny paper)
Understanding Autism

– Atypical, repetitive movement (rocking, flapping, difficulty in motor skills)
– Difficulty in understanding & expressing language (verbal & non-verbal)
– Delayed response in understanding & expressing social interaction (not saying “hi” after someone says “hi” to them

Source: Autistic Self Advocacy Network 2018
http://autisticadvocacy.org
Types of Disabilities

• **Mental Illness and Psychiatric Labels** – least understood and most feared due to labeling & stigma attached to a diagnosis.
  – Can be treated successfully with medication, therapy, and/or other support
  – Examples include: schizophrenia, major depression, anxiety, bipolar, borderline personality disorder, PTSD, eating disorders
Types of Disabilities

- **Most common health-related disabilities:** arthritis, back problems, heart disease
- **Other health-related disabilities:** diabetes, HIV/AIDS, dyslexia, attention deficit disorder, fibromyalgia, multiple sclerosis

“Mental illness is nothing to be ashamed of, but stigma and bias shame us all.”

Bill Clinton
Cultural Influences Affecting Adolescent Survivors with Disabilities

- The Power of Language & its role in shaping societal attitudes
- Ableism – Cultural Discrimination
People-First Language

- Language is an important factor in the way information is communicated. All people deserve to be treated with respect and dignity.
- Emphasizing the value & worth of the individual by recognizing them as a person first instead of a condition, situation or disability – if it is relevant
- For appropriate examples, labels not to use and words or phrases to just plain avoid, see handout: “People First Language”
Identity-First Language

• Issue of semantics can be a “hot-button” issue
• “People with Autism” vs. “Autistic” or “Autistic Person” or “Autistic Individual”
• Using “Autistic Person” recognizes, affirms, and validates an individual’s identity as autistic.
• Emphasizes the person’s potential to grow and mature, to overcome challenges, and to live a meaningful life as Autistic

Terminology for Understanding Relationship Abuse, Sexual Violence & Stalking
A Working Definition for Intimate Partner Violence

• IPV is a **PATTERN** of assaultive & coercive behaviors

• Perpetrated by someone who was, is, or wished to be involved in an intimate or dating relationship with an adult or adolescent

• Goal is to establish and maintain **POWER** and **CONTROL** by one person over the other.
Defining Sexual Violence

Uniform Crime Reporting (UCR) FBI
1927

“The carnal knowledge of a female, forcibly and against her will.”

• Statistics gathered at this time failed to capture the full extent of sex crimes in the U.S.
Defining Sexual Violence

Uniform Crime Reporting (UCR) FBI
1/6/2012

“The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”
Nevada NRS

NRS 200.364 Definitions
"Sexual penetration"

Sexual penetration means cunnilingus, fellatio, or any intrusion, however slight, of any part of a person’s body or any object manipulated or inserted by a person into the genital or anal openings of the body of another, including sexual intercourse in its ordinary meaning. The term does not include any such conduct for medical purposes.
Nevada NRS

NRS 200.368 Statutory Sexual Seduction

“Statutory sexual seduction” means ordinary sexual intercourse, anal intercourse or sexual penetration committed by a person 18 years of age or older with a person who is 14 or 15 years of age and who is at least 4 years younger than the perpetrator.
Nevada NRS

Stalking is a pattern of unwanted contact with the purpose to threaten, harass or cause fear in an individual NRS 200.571

• Stalking may seem harmless at first, but through repeated and more frequent contacts, the behavior is threatening

• It is not a single, easily identifiable criminal act like assault, robbery, burglary but often a mix of criminal or non-criminal behavior
The Scope of the Problem
Why talk about relationship violence?

- A community problem
- A national health concern
- An impact on all demographics & vulnerable populations
- A workplace issue
Demographics

Anyone can be an offender or a victim of relationship abuse. They come from all groups, regardless of:

- Race/Ethnicity
- Class or Social Status
- Education/Occupation
- Age
- Physical or Mental Abilities
- Sexual Orientation (LGBT+)
- Gender Identity
- Culture
- Personality Traits
Crimes Against People with Disabilities

• In 2013, the rate of violent victimization including rape/sexual assault, robbery, and aggravated assault was more than 3X that of individuals without disabilities. (Vera Institute of Justice)

• 24% of violent crime victims with disabilities believed they were targeted due to their disability. Increase 13% since 2009.

• People with intellectual disabilities experience sexual assault more than 7 times as frequently as people without disabilities. Among women with intellectual disabilities, 12 times the rate. (U.S. Dept. of Justice)

• Deaf women are 1.5 times more likely to be a victim of sexual harassment, sexual assault, psychological and physical abuse.
Crimes Against People with Disabilities

- People with a disability reported victimization to the police 48% of the time.
- Reasons for NOT reporting the crime:
  - Victim dealt with the crime a different way;
  - Believing insurance wouldn’t cover the costs related to the crime;
  - Thinking the police wouldn’t be able to help;
  - Not wanting the offender to get into trouble; and
  - Fear of reprisal.

Adolescents with Disabilities
Increased Risk of Violence

Data from the U.S. Dept. of Justice suggests even greater risks for youth with disabilities:
• More than one in five young people with disabilities between the ages of 12 and 19 report experiencing violence (including physical abuse, rape or sexual assault from a stranger or partner) – more than twice the rate of youth without a disability
Snapshot of NV FY 2016-17

- Domestic violence programs in Nevada received 63,561 requests from victims seeking emergency shelter, Temporary Protection Orders (TPOs), referrals for legal matters, transitional housing, food, transportation, daycare, employment, counseling, medical needs, parenting and other support services.
- Law enforcement responses 41,816 with known arrests 6,729.
- 2,709 adults & children received help with emergency shelter or transitional housing spending more than 59,009 bednights in refuge.
- 8,255 requests were received for perpetrator services, i.e., batterer intervention programs. 6,992 were repeat requests.
- Total number of volunteer hours: 77,692.5 hotline, shelter, office, response team, Boards of Directors, sorting donations, etc.

These statistics were compiled from quarterly Marriage License Reports submitted by domestic violence advocacy programs in Nevada. Two programs did not submit reports.
Are Adolescents 13-17 Seeking Services?

2017
Females = 665
Males = 145
Total = 810

2016
Females = 737
Males = 102
Total = 839

2015
Females=369
Males=91
Total=460

These statistics were collected by NCEDSV from quarterly reports shared by domestic and sexual violence advocacy programs in NV.
Abusive Tactics Used Against Adolescents with Disabilities & People who are Deaf

For more information, refer to the handout developed by SafePlace People with Disabilities in Partner Relationships “Power & Control Wheel” and “Respect Wheel”
The Abuser & Their Tactics

- Abuser relationship to survivor - not just an intimate partner, may be a personal care attendant/family member, transportation provider, residential care staff
  - 97-99% are known to the victim & people with intellectual disabilities are more likely to be assaulted repeatedly by the same offender
- Taking the benefits check; withholding money for needed treatments
- Ignoring requests for assistance with daily living activities
- Using medications to sedate the person and/or denying access to medical care or counseling
More Abusive Tactics

• Destroying assistive devices or removing batteries
  – Hides or disables mobility devices
  – Destroys hearing aids, eye glasses
  – Removes device designed to get help by contacting 9-1-1
  – Moving the ramp to further isolate the person

• Hurts or threatens service animals

Broaden your definition of a service animal to include cats, goats, pigs, mice, birds, hamsters, guinea pigs, and yes, horses.
Abusive Tactics used with People who are Deaf

- Signing very close to the face when angry
- Criticizing their speech or English skills
- Using intimidation with body language in ASL
- Telling the person they are too sensitive or “hearing” like
- Checking their texts, instant messages, email and social media accounts without permission
- Telling them a shelter will not accept them because they are deaf
- Throwing objects may be an acceptable way to get the person’s attention. This may be an accommodating behavior.
Barriers to Leaving an Abusive Relationship
Barriers to Leaving

• Typically, victims may leave 7-8 times before they perceive they are safe enough and establish resources to make the break

• People with a disability: fear of losing health insurance, fear of institutionalization, physically restrained when denied access to wheelchair, no access to doctor, caregiver, and/or medication. If the person has a disability, it may take on the average 12 times before they feel safe enough and establish resources

The most dangerous time for a victim is when they decide to leave the relationship!
Organizational Barriers

• Minimal training about abuse against people with disabilities or people who are Deaf
• Lack of understanding of the implications of mandatory reporting – survivor needs to know your organization’s policy & procedure for protecting vulnerable populations prior to the intake process
• Lack of physical access to the office building or shelter
• Insufficient screening practices & accommodations
• Unprepared to provide needed accommodations
Implications of Barriers

• People with disabilities rarely access services, so staff do not have experience working with people with disabilities

• When people with disabilities access services, likely to have negative experiences and do not access again. Tend to share with others, so they do not reach out either

• Violence against women movement needs to be more inclusive of people with disabilities and people who are deaf
What is Trauma & How Does It Affect Adolescents with Disabilities
What is Trauma?

• An event is traumatic if it is extremely upsetting and at least temporarily overwhelms the individual’s internal resources.

• A hallmark of traumatic experience is that it typically overwhelms an individual **mentally, emotionally and physically**.

• The person’s response to the event must involve **intense fear, helplessness, or horror** (or in children, the response must involve disorganized or agitated behavior) (Criterion A2). (p.463)

*Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR)*; American Psychiatric Association [APA], 2000)
Major Types of Trauma

• Natural Disasters, i.e., earthquake, flood, tornado
• Extreme poverty
• Interpersonal Violence
• Motor Vehicle Accidents
• War, Combat
• Death, Suicide
• Rape & Sexual Assault
• Battery
• Child Abuse, Elder Abuse
• Torture
• Historical trauma

“Traumatic reactions are normal responses to abnormal situations.”
Using a Trauma-Informed Approach

People don’t experience impacts of trauma as a result of consensual sex.
Trauma-Informed Approach

What is needed to understand this approach?

• Basic understanding of trauma and how it impacts survivors
• Understanding trauma triggers and unique vulnerabilities of survivors
• Designing policies/procedures to acknowledge the impact of violence and trauma on people’s lives
• Shifts philosophical approach from “What’s wrong with you?” to “What happened to you?”
Responses to Trauma

• Experiencing trauma actually changes the structure and function of the brain:
  – Pathways in the brain can be disrupted
  – Some survivor’s brains can be altered forever
  – Chronic trauma causes the brain to continually respond as if under stress, preparing the body for “flight, fight or freeze”—even though the actual traumatic event has ended
Is an adolescent with disabilities ready to talk about what happened to them?

Initial Reactions + Intrusive Re-experiencing = Rape Trauma Syndrome
Confidentiality is Key to Developing Trust with Victims of Sexual Violence
Building Trust

• **Maintaining confidentiality is key** to developing trust with victims of violence. Experiencing trauma is devastating to the victim.

• **Victims are reluctant to report** to law enforcement due to victim-blaming responses & self-blame, fear of reprisals, shame (personal and/or cultural).

• **Advocates working under VAWA guidelines dictate information should not be released without a consumer’s/survivor’s informed, written consent.**
Building Trust

• Advocates working under VAWA guidelines dictate, release of information forms should be time-limited and specific. Good to share these forms with collaborating agencies.

• Special conditions regarding release of information & informed consent exist for minors & some incapacitated adults with cognitive disabilities. In your organization, what alternatives exist for adolescents who may not be able to give informed/written consent?

• As you can see, funding received by VAWA can dictate DV/SV advocacy programs policies. Know your own and collaborating organization’s policies.
Confidentiality Policy Differences

Community-based Domestic & Sexual Violence Advocacy Programs

- Survivor has control over information
- Survivor decides what information to reveal and how it supports decision making and safety
- Advocates will not share without written permission from survivor.

Disability Social Services

- Consumers control over information may be limited by a family member, social worker intervention, guardianship/payeeship, or mandatory reporting.
- Agencies typically share information with guardians, families, and other agencies.
Confidentiality Considerations

• People who are deaf may not be able to report due to barriers with communication, e.g., no interpreter or assistive device is offered or available
  – **CAUTION:** Confidentiality is a major concern in the Deaf culture. Abusers may also be part of the same Deaf community.

• Before reporting, **always consider the safety of any victim.** There may be a threat of imminent harm to them or a third party (friend/family) and/or a service animal.
Confidentiality Considerations

• Support self-reporting if this is what the victim wants to do.

• Self-reporting may begin the process to help the victim regain control over their life and increase the likelihood of holding an offender accountable for their behavior.
Supporting Victims of Sexual Violence

• If the person is physically injured from the assault, seek medical assistance. Sometimes injuries are not visible, so it is best to seek treatment if you are unsure.

• Only about 15% of victims with a disability are receiving services.

• While the risk of pregnancy, sexually transmitted diseases and HIV/AIDS from a sexual assault is low, these are major concerns that a health care professional can help them address.
Supporting Victims of Sexual Violence

• Victims may be eligible for compensation for medical expenses incurred. Contact a sexual assault advocate for information on the Victims of Crime Compensation Fund or visit the VOC website to check on eligibility, applications, & types of assistance http://voc.nv.gov
Family & Friends
Supporting Victims

• It is critical for victims that the people they talk to about the assault show that they believe them. Remind them that it was not their fault. Provide comfort and support. Listen without judging; try not to interrupt or ask a lot of questions.

• Let them make the decisions, and be supportive of those decisions. Without the victim's permission, do not tell others what happened.
Supporting Victims

• Let them know that whatever they did to prevent further harm was the right thing to do.
• Encourage them to talk about the assault(s) with someone they trust; a coach, teacher, parent or guardian, faith leader, an advocate, and/or a mental health professional.
• Remember that healing takes time; be patient and supportive for as long as it takes.
Setting the Stage for Prevention

Understanding Risk & Protective Factors that Promote Resiliency: One Survivor at a Time
Preventing Intimate Partner Violence Requires Change at All Levels

Strategies may include:

**Individual**
- Learn & model attitudes & behaviors valuing healthy, respectful, non-violent relationships
- Give people skills to solve conflicts, manage emotions, & respect a partner’s right to autonomy
- Encourage witnesses to intervene if a conflict escalates between dating partners or spouses

**Relationship**
- Implement bystander prevention strategies that are evidence based

**Community**
- Partner with groups across sectors to foster relationships that are healthy, safe, & non-violent

**Societal**
- Create & promote policies supporting positive relationships & healthy sexuality
- Enforce laws protecting respectful, non-violent relationships

Learn more about intimate partner violence prevention from CDC: [http://www.cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html)
CDC’s Public Health Model for Violence Prevention
That’sNotCool.com

How much do you know about healthy, unhealthy & abusive relationships?

http://www.coolnotcoolquiz.org/
Reviewing Risk Factors that Increase the Likelihood of Becoming a Target for Abuse
Risk Factors

Usually we hear about risk factors from a health care perspective – smoking & lung cancer; high blood pressure for heart attack or stroke; diet & diabetes, etc.

- With abuse, people with physical disabilities may rely on others to meet some of their basic needs. May be less likely to defend themselves or to escape violent situations
- People with disabilities who are socially isolated have a higher risk for sexual abuse
- May not be aware that this abuse is a crime
Risk Factors

• People with disabilities that impact articulation may have limited vocabulary or communication skills that can pose barriers to disclosing abuse
  – May be perceived as lacking intelligence and may not make credible witnesses
  – May be viewed as intoxicated or making a prank call when trying to reach out for help or file a police report

• Many people with disabilities are taught to be obedient, passive, and to control difficult behaviors. This compliance training may teach the person to be a “good victim” of abuse.
Risk Factors

• People with disabilities may grow up without receiving sexuality education and abuse prevention information. May lack knowledge about their bodies, healthy relationships, and how to protect themselves. May not understand sexual & non-sexual touches or the concept of consent.

• People with cognitive disabilities may be overly trusting of others and easier to coerce or manipulate.

• A person with a mental illness can be at risk for victimization if they have difficulty discerning between reality and fantasy, are dependent on others for their mental and physical care, and may view themselves as unworthy.
Protective Factors Supporting Healthy Relationships & Preventing Relationship Abuse
Protective Factors

“Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk factors in families and communities that decrease the health and well-being of children and families.”

“Your words, attitudes, and actions impact my life more than my disability.”
Five Domains of Wellbeing

1. **Social connectedness** to people & communities, in ways that allow us to give as well as receive; diversity of relationships; emotional support; fostering growth

2. **Stability** – having things we can count on; sameness from day to day; adequate predictability; resiliency

3. **Safety** – ability to be ourselves without significant harm, risk or danger
Five Domains of Wellbeing

4. **Mastery** – feeling in control of one’s fate and decisions we make; we can influence what happens to us, having skills to navigate & negotiate life; choice; empowerment; self-confidence; and

5. **Meaningful access to relevant resources** to meet our basic needs without shame, danger or great difficulty; cultural competency; reduced barriers, information & referral

Source: *The Full Frame Initiative*
Discussion Question

Knowing these risk factors, how can you, as an advocate/service provider/parent, help an adolescent with a disability or someone who is deaf to lessen these risk factors and promote resiliency?

For ideas, review the handout “The Resiliency Wheel.”
How You Can Help Adolescents with Disabilities who are Experiencing Violence

• Assess Organizational Goals
• Increase Staff Knowledge
• Share Best Practices
Access Organizational Goals

• “Normalize” the needs & experiences of people with disabilities

• Be welcoming and inclusive
  – Review your brochures & posters to see if they include people with disabilities; larger size & cleaner fonts; even colors used can pose problems – review hard copy & electronic formats
  – Make reasonable accommodations regarding ramps & doorways
Access Organizational Goals

• Be welcoming and inclusive
  – Create a comparable experience when providing services such as support groups & counseling by offering an interpreter, a reader, or note taker

• Review Federal Guidelines – These form the baseline:
  – Americans with Disabilities Act, Titles II & III
  – Section 504 of Rehabilitation Act
Increase Staff Knowledge

Develop partnerships with disability and Deaf organizations including the Independent Living Center in your community and discuss the intersection of disability & relationship abuse & sexual violence.
Increase Staff Knowledge

• Explore best practices for serving adolescent survivors with disabilities and adolescent survivors who are deaf
  – Trauma-informed approaches – become client/consumer-centered and promote the understanding of consent
  – Mandatory reporting – Are you clear on this process? Are you involving the consumer/client?
  – Guardianship regarding medical decisions
  – Universal screening for accommodations – review your intake process & forms
Increase Staff Knowledge

– Find resources for accommodations ahead of time: certified interpreters, assistive devices, service needs, physical accessibility.

**Start budgeting now!**

– Create procedures that account for variations in abilities – What is needed for *full* participation in services?

– **KEEP SAFETY AT THE FOREFRONT**
Get Involved! Sign-up to Participate

- NCEDSV is hosting two statewide virtual meetings on Thursday, June 27, 2019 to discuss prevention of relationship abuse and sexual assault
  - 9:00AM-10:30AM OR 6:00PM-7:30PM
  - Choose one that works with your schedule
- Invitation open to parents/guardians of adolescents with developmental disabilities, self-advocates, and support staff
- Increase awareness by sharing resources, your needs for information & discussing strategies to support parents with teens with developmental disabilities
National Resources for Adolescent Survivors & Advocates
National Abuse & Violence Helplines

National Domestic Violence Hotline
- 800.799.SAFE (7233) Voice
- 800.787.3224 (TTY)
- http://thehotline.org

GLBT National Help Center
- 800.246.7743
- www.glnh.org

National Sexual Assault Hotline
- 800.656.HOPE (4673)
- 800.810.7440 (TTY)
- http://www.rainn.org

National Human Trafficking Hotline
- 888.373.7888; 7-1-1 (TTY)
- http://polarisproject.org
Adolescent Survivor Resources

National Dating Abuse Helpline
- 866.331.9474
- Text “loveis” to 22522; Chat
- http://www.loveisrespect.org

Trevor Project – LGBTQ Youth
- 866-4.U.TREVOR
- https://www.thetrevorproject.org

Youth Talkline – GLBT Youth
- 800.246.PRIDE
- Chat & support services

Suicide Prevention Lifeline
- 800.273.8255
- https://suicidepreventionlifeline.org

National Suicide Hotline Deaf and Hard-of-Hearing Line
- 800.799.4889
Professional Resources

• End Abuse of People with Disabilities  
  www.endabusepwd.org

• ADA Home Page  
  www.ada.gov

• AdaptTech Research Network  
  www.dis-it.ca/

• Institute for Human Centered Design  
  www.adaptenv.org

• National Center for College Students with Disabilities  
  www.nccsdonline.org

• National Disability Rights Network  
  202.408.9514 TTY: 202.408.9521;  
  www.ndrn.org

• Youth in Action! Becoming a Stronger Self Advocate  
  www.ncwd-youth Check their Publication Tip Sheets
Healthy Relationships, Sexuality and Disability


Stop the Violence, Break the Silence

Sexual Violence Prevention: Beginning the Dialogue
Centers for Disease Control & Prevention, 2004
Need sexual assault education & prevention curriculum for adolescent consumers and their parents/guardians? Check out Illinois IMAGINES [www.icasa.org](http://www.icasa.org)

- Prevention Education Program Materials
- Translated into Spanish
- Alternative formats
- Instructional Guide for Parents & Guardians
- Guide for Starting Empowerment Groups
- Lesson Plans, PowerPoints & Handouts
What is one thing you can do tomorrow to make a difference in the life of adolescent with disabilities who is struggling with relationship violence?
Questions?

Please complete the evaluation form for this presentation.
Thank you.
PEOPLE WITH DISABILITIES IN PARTNER RELATIONSHIPS

Sharing
Non-Threatening Behavior
- Creates emotional, physical, and spiritual safety
- Is compassionate and supportive
- Prefer peace to drama
- Supports healing from prior abuse

Support Partner’s Disability
- Provides physical and emotional support
- Empathizes with experiences of discrimination
- Supports substance addiction recovery
- Agrees on activities both partners can enjoy
- Supports partner not working for health reasons

Supporting
Dignity and Respect
- Loves and accepts partner as is
- Attentive to partner’s emotional needs
- Respects boundaries
- Is compassionate, empathetic, supportive, and safe
- Supports healing from prior abuse
- Uses respectful language about disability

Loving
Financial Respect
- Shares expenses
- Negotiates and compromises on financial decisions
- Trusts partner to handle finances
- Generous and thoughtful with gifts
- Takes turns paying

Growth and Independence
- Encourages partner to grow and try new things
- Focuses on strengths to increase independence
- Works to decrease isolation
- Supports goals, hobbies, and interests
- Supports education and working

Negotiating
Shared Responsibility
- Shares responsibilities and chores based on abilities and strengths
- Shares decisions about children, family, money, housing

Sexual Respect
- Mutual consent and support
- Undemanding
- Respects partner’s wishes, boundaries, and desires
- Is creative with intimacy and physical disabilities
- Gives space to heal from sexual assault
- Able to share affection without sex
- Shares decisions about birth control

Accepting
Honesty and Accountability
- Willing to talk through conflicts
- Takes responsibility for actions
- Communicates openly and honestly
- Owns up and tries to make things right when makes mistakes, hurts feelings

Non-Threatening Behavior
- Provides physical and emotional support
- Empathizes with experiences of discrimination
- Supports substance addiction recovery
- Agrees on activities both partners can enjoy
- Supports partner not working for health reasons

Support Partner’s Disability
- Loves and accepts partner as is
- Attentive to partner’s emotional needs
- Respects boundaries
- Is compassionate, empathetic, supportive, and safe
- Supports healing from prior abuse
- Uses respectful language about disability

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- Undemanding
- Respects partner’s wishes, boundaries, and desires
- Is creative with intimacy and physical disabilities
- Gives space to heal from sexual assault
- Able to share affection without sex
- Shares decisions about birth control

Honesty and Accountability
- Willing to talk through conflicts
- Takes responsibility for actions
- Communicates openly and honestly
- Owns up and tries to make things right when makes mistakes, hurts feelings

SAFE stop abuse for everyone
A merger of Austin Children’s Shelter and SafePlace
P.O. Box 19454, Austin, Texas 78760
Confidential, 24-hour SAFE hotline: 512.267.SAFE (7233)
For Deaf people of all identities, please use relay/VRS

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202 East Superior Street, Duluth, MN 55802
218.722.2781 | theduluthmodel.org

Created by SAFE with in-depth input from people with disabilities.
disabilityservices@safeaustin.org
Coercion and Threats
- Threatens to leave or take children
- Says will kill partner, children, pets or service animals
- Threatens to have partner arrested or institutionalized
- Forces use of alcohol or drugs on addicted partner
- Makes partner steal or buy drugs

Withhold Support or Treatment
- Steals or throws away medication
- Doesn’t provide medicine or support when needed
- Doesn’t allow needed medical treatment
- To increase dependence
- Breaks or does not let partner use assistive devices (phone, wheelchair, cane, walker, etc.)

Emotional Abuse
- Insults and shames about disability
- Gives conflicting messages by both helping and hurting
- Sneaks up to startle
- Abuses more as partner becomes independent
- Drives dangerously to scare
- Disrespects boundaries
- Talks down to partner
- Torments by not letting partner sleep

Isolation
- Pressures to give up disability services
- Confines and restrains to restrict access
- Exposes disability (AIDS, mental illness, etc.) to others
- Limits contact with others
- Threatens friends
- Says no one else cares

Minimize, Deny and Blame
- Lies about abuse to others
- (says partner is crazy, fell out of wheelchair, is forgetful, just didn’t take medications)
- Blames disability for abuse
- Twists reality, says abuse did not happen

Sexual Abuse
- Forcely has sex when partner unable to physically resist
- Humiliates sexually because of disability
- Makes decisions about birth control/pregnancy
- Cheats and lies (does not think partner will know because of disability)
- Pressures partner into prostitution

Privilege (Ableism)
- Overprotects
- Makes decisions alone
- Creates physical barriers to getting around
- Keeps tabs on partner for “safety” reasons because of disability
- Takes over tasks to make partner more dependent

Economic Abuse
- Controls all money
- Uses partner’s disability income for self
- Does not share expenses because being partner to person with a disability is a “favor”
- Does not allow partner to work and be economically independent

Power and Control

People with Disabilities in Partner Relationships

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People First Language

Language is an important factor in the way information is communicated. All people deserve to be treated with dignity and respect. When we refer to an individual, we refer to the person first and then to the situation, condition or disability – if it is relevant.

Use of “People First” terminology represents a change in how language has been used as an identifier in the past. Once we become attuned to the preferred way of referring to individuals, the old habits become truly glaring. Also interesting is how people with disabilities and their families occasionally refer to themselves or others. Sometimes people with disabilities and their families may refer to themselves in a way that would not be sensitive coming from a person without a disability.

The goal is to make “People First” language the rule and not the exception. We aim to do that through example and education. We also want to help empower people with disabilities to reach their full potential – so people will realize that the commonly used identifiers are meaningless.

Labels degrade and evoke negative pictures in our heads. Labels do not address people as individuals or their abilities. Here are some examples of people first language as well as labels to discontinue.

**PEOPLE FIRST LANGUAGE**
- people with disabilities
- person who has cognitive disability
- person who uses a wheelchair
- person who is Deaf or hard of hearing
- person who is blind or low vision
- accessible or designated parking
- person with schizophrenia
- person with bipolar disorder
- person who survived trauma

**LABELS NOT TO USE**
- the disabled, the handicapped, crippled
- the retarded or mentally retarded
- wheelchair bound; confined to a wheelchair
- the deaf, deaf and dumb
- the blind
- dwarf or midget
- handicapped parking
- schizophrenic
- the bipolar
- the borderline

**Words or phrases to avoid:** special, special needs, retard(ed), crip(pled), gimp, kids or children (when referring to adults), afflicted, suffers from, differently abled, physically challenged, birth defect, crazy, insane, mongoloid, slow.

It is much more appropriate to mention whatever aspect of an individual’s disability is relevant and move on to other things.
Increase Bonding or Connectedness:
Strengthening connections between the individual and pro-social persons or activities, e.g. in schools increase family involvement, create engaging afterschool programs.

Set Clear and Consistent Boundaries:
Be consistent and fair in implementing policies and regulations; this might be most effective in combination with youth participation.

Teach Life Skills:
Teaching such as conflict resolution and cooperation will help young people navigate environmental challenges.

Provide Opportunities for Meaningful Participation:
This strategy views young people as resources and involves them as active participants. They take on responsibility by making decisions, planning, evaluating and implementing projects.

Set and Communicate High and Realistic Expectations:
High and realistic expectations are excellent motivators; cooperative and interest-based learning strategies such as service learning are effective.

Provide Care and Support:
Caring relationships are elements of promoting resiliency. Research increasingly points out that supportive environments and climates are essential for learning.
