

Collaborating with the Disability Service System to prevent sexual assault and support survivors with disabilities

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IMPACT:Ability, a program of





IMPACT:Ability Model

Visible, coordinated effort that includes official policies, education, and creating an organizational culture that **supports choice, welcomes challenging conversations, ensures respectful communication, and values healthy relationships.**



The IMPACT:Ability Program

- **Embedded in a Disability Service Agency**
- **Creates change through**
 - official policies
 - organizational culture
 - staff development
 - Sexuality, healthy relationships, empowerment self-defense for people with disabilities
- **Strong focus on challenging ableism**

Addressing sexual violence at the organizational level

- Creates shared understanding
- Creates clarity in stressful situations
- Integrates safety & body integrity into the culture– it's not just a training it's a way of working
- Is consistent with other positive goals and aspects of the organization's mission
- Helps us question and examine our work
 - Can lead to other changes that improve our programs

Creating Organizational Cultures that Prevent Abuse

- Open communication on difficult issues
- Constructive challenge
- Clear and flexible understanding of boundaries
- Understand the ongoing legacy of trauma both on individuals and organizations
- Support systems help people hold the emotional weight of abuse

Organizational Cultures that Prevent Abuse

- Teams are cohesive and support each other
- But not so loyal that they deny the problem when someone they like or respect could be sexually abusing.

Leadership: IMPACT:Ability

Steering Committee

- **50% People with Disabilities**
- **Collaborators include**
 - sexual violence preventionists
 - special educators
 - disability rights activists
 - state disability service system leaders
- **Addressed Philosophical Differences**
 - Mission & Group Agreements
- **Accessibility of meetings and process**
 - Materials prepared in advance for people with intellectual disabilities

Background & Context

Ableism & sexual violence against people with disabilities



What is Ableism?

- Belief and practice of seeing the inferiority of people with disabilities
- Discrimination against people with disabilities
- Assuming the superiority of people without disabilities
- Equating disability with weakness or incompetence

Sexual Violence Against People with Disabilities

- Children with disabilities are **three times** as likely as those without disabilities to experience sexual abuse. Children with intellectual and mental health disabilities experience greater risk. (Vera Institute of Justice)
- People with disabilities are **twice as likely** to experience sexual assault as people without disabilities.
(NCVS 2007)
- Women with disabilities are **more than twice as likely** to be sexually assaulted by an intimate partner (20% vs. 8%)
(CDC)



Ableism & Sexual Assault

- People with disabilities are more likely to be socialized to comply
- Many people with disabilities have their bodies touched without their choice
- People with disabilities may not have access to sex education or healthy sexual development
- People with disabilities are sometimes seen as not capable of sexual relationships
 - Some are actively prohibited from engaging in sexual relationships by family or service providers

Background & Context

The disability services system



History of Disability Services

- Institutionalization– Segregation from Community
 - Pathologizing disability
 - Warehousing people in large institutions
- Families Pressured to place children with disabilities in institutions
- Activism & Advocacy – Independent Living Movement
 - Closed many (not all) institutions
 - Americans With Disabilities Act
 - Special Education Laws



Current Disability Services

- **Employment Supports**
 - Training to obtain competitive employment
 - Group employment
- **Residential Services**
 - Group homes with 24-hour staffing
 - Shared living in private homes
 - Personal care support for people who live in their own homes



Current Disability Services

- **Day Habilitation**

- Medical and nursing supports
- Recreational activities that include development of physical and communication skills

- **Independent Living Centers**

- Community-based organizations usually run by people with disabilities
- Supports with independent living tasks such as cooking and mobility
- Political & Social Justice Advocacy



Special Education

- Created by Handicapped Children Act (1975) later revised as **Individuals with Disabilities Education Act (IDEA) (1990)**
- Before this law **only 1 in 5 children with disabilities** had access to public schools
- **Provisions of IDEA**
 - Individualized Education Plan (IEP)
 - Free appropriate public education
 - Least restrictive environment
 - Appropriate Evaluation
 - Parent & Family Involvement
 - Procedural Safeguards – redress and grievance process



National Trends

- Lawsuits & advocacy ending sub-minimum wage employment
 - Closing of sheltered workshops
- Transition from segregating people with disabilities to community integration
- Positive Behavior Supports
- School Systems focus on Transition
- Increased visibility of sexuality of people with disabilities including LGBTQ+ identities
- Advocacy for inclusion in other social justice movements



Social Norms & Common Practices

- Personal and Intimate Care
 - People need help with bathing and dressing, are sometimes touched without consent
- Limited access to sexual relationships or sex education
- Lack of privacy
- Treating people with disabilities as inaccurate reporters
- Lack of age-appropriate activities & treatment
 - Adults playing children's games

How IMPACT:Ability Works in a Disability Services Environment



A Challenging Beginning



Why We Didn't Report

- Fear that challenging a popular staff person would cause the program to lose support.
- Fear that people wouldn't see the behavior as a problem or as a sign of potential abuse
- No clear policies prohibiting the behavior.
- No clear policies that protected reporters.



Our Realizations

- Training alone doesn't change culture
- Official policies effective when they are visible and enforced
- Constructive challenge and developing people's capacity to critically examine their work
- Respect staff's struggles and beliefs while challenging ableism
- Staff need support to challenge bullying and grooming



Our Next Steps

- Challenging senior leadership
- Convening all-staff meetings
 - Bullying, touch, ableism, choice
- Supporting staff who struggled with changing expectations
- Abuse Prevention leadership team
 - Inclusion of people in Triangle serves, building job skills
 - Recruited staff who were well-liked and not totally sold on IMPACT:Ability

What the Program Looks Like

Today

- **Abuse Prevention Leadership Team**
- **Continued reflection & conversation at all-staff meetings**
- **Training for staff**
 - Supporting healthy relationships & sexuality
- **Education and support available to people with disabilities**
 - Sexuality
 - Healthy relationships
 - Empowerment self-defense
 - Leadership
 - Ableism



Types of Organizational Policies

- Abuse Reporting Protocol
- Whistleblower Policy
- Code of Ethics
 - Ableism & Disability Rights
 - Appropriate touch
- Healthy Sexuality
- Healthy Relationships



From Triangle's Code of Ethics

I understand that, in almost all cases, the appropriate expressions of affection between Triangle staff and participants are: handshakes, fist bumps, high fives, and in some cases hugs. I understand that kisses and more intimate expressions of affection are not appropriate. If I feel a different type of touch or affection is needed with a particular participant I will discuss it with my supervisor or the behaviorist, and the result of this discussion will be documented in the participant database. I also understand that any expressions of affection that occur between participants and staff should be chosen by and intended to support the participant.



From Triangle's Residential Sexuality Policy

All staff members are responsible for assisting individuals in developing positive attitudes about sexuality and in making decisions about social/sexual expression that will enhance their sense of self worth.



Culture Change We Accomplished

- Bullying of individuals is no longer common practice
- All individuals have access to sexuality, healthy relationships, and empowerment self-defense education.
- Staff effectively intervene when participants report abuse.
- IMPACT:Ability Coordinator is seen as a resource & source of support



Enduring Challenges

- Resistance to sex education & sexuality
 - Some staff still prohibit access to private time with intimate partners
- Finding support for individuals who perpetrate or are at risk to participate
 - Separating intentional perpetration from disability-related social skill challenges
- Maintaining the momentum of the abuse prevention leadership team
- Staff turnover and high stress work

Evaluation



Process & Methods

- **Collaboration with Institute for Community Health**
 - Existing research: published evaluation is all intervention studies focused on changing people with disabilities
- **Research on effects of culture change**
 - Staff survey in 2012, repeated in 2014
 - Confidential focus groups with non-management staff
 - Interviews with senior managers not directly involved in IMPACT:Ability



Changes in Policy Knowledge

- **Without being prompted**
 - 92% of staff could correctly summarize the Abuse Report Checklist Policy
 - 91% Could describe the Participant-on-Participant Policy
 - 77% Could describe the Whistleblower Policy

Changes in Willingness to Intervene

- When presented with a scenario of a staff member sexually grooming an individual with a disability, only 62% said they would intervene in 2012. How they would intervene was inconsistent.
- In 2014, 81% said they would intervene. Also, employees' reports of how they would intervene were consistent in training methods in 2014.

Changes in Understanding of Reporting Procedures

2012 Open-Ended Responses:

“I would follow company protocol. Unfortunately no one has ever advised me of what the protocol is.”

“Triangle never even told me I was a mandated reporter. I got that from the state-based Human Rights training I had to take. Also, I’ve never even met our Human Rights Committee and don’t know what they do. I know we have an Abuse Prevention Leadership Team but I don’t know who is on it. Lack of knowledge makes me uncertain; uncertainty leads to inaction.”

Changes in Abuse Reporting Protocol

2014 Open-Ended Response:

Support the participant and listen. Inform them that I need to call the DPPC and then see if they want to inform anyone else. Depending on who the alleged abuser is, we may need to inform a supervisor, HR, or house manager as well



95% saw changes, 100% agreed
with them

Focus Group Responses:

“Clients are more likely to be treated like adults now.”

“The participants have more of a voice and we are listening to what they are saying and making adjustments accordingly.”

People know they have whistleblower protections but...

“You aren't allowed to be punished for making a report, or lose your job. But there is still stress from everyone knowing what happened.”

“You're not allowed to be punished for making a report. Still, people might be uncomfortable knowing that other staff are aware of them turning someone in. This might steer them away from reporting something borderline like talking down to someone, but I think everyone would report physical abuse.”

Considerations for Prevention

Addressing and changing social norms in disability services



For Disability Service Agencies

- Organization-wide prevention is more than trainings.
 - Critical examination of the way they work & underlying assumptions
 - Prepare to enact or change policies
- Support from Executive Director & Senior Leaders
- Ensure the collaborator sees how organization-wide prevention will improve their programs.
 - Changes that reflect the organization's values are more sustainable



For Sexual Assault Preventionists

- Prepare to challenge ableism in the rape crisis movement
- Support and engage the leadership of people with disabilities
- Prepare for immersion in the disability services system
- Capacity to support staff who struggle with increased attention to sexual violence
 - May be a struggle for survivors

Considerations for Sexual Assault Services



Understand Barriers to Accessing Rape Crisis Services

Physical & Agency Barriers

- Center may not be fully accessible
- Center may not be communicating clearly about what is & is not accessible
- No clear process for accommodation requests
- Staff may not receive adequate training
- Communication challenges



Barriers to Accessing Rape Crisis Services

Cultural Barriers

- Concerns about ableism or paternalistic treatment
- Concerns about losing independence

Systems Barriers

- Lack access to independent transportation
- Limits to confidentiality



Person-First Language

- **Instead of...**

- Disabled Person
- She's autistic
- He's Downs

- She's retarded

- She's wheelchair-bound

- **Use...**

- Person with a disability
- She has autism
- He has Down Syndrome
- She has an intellectual disability
- She uses a wheelchair

Respect of Personal Space and Humanity

- Treat a person's wheelchair or assistive device as if it was part of her/his/their/hir/zir body
- Ask before giving help, especially help involving touch
- Address the person directly, not support person



Communicating with People with Intellectual Disabilities

- Simple language
- Concrete explanations– use pictures when possible
- Avoid analogies or figures of speech
- Use a regular tone of voice
- Use patience for people who speak slowly, ask when you don't understand
- Challenge tendency to disbelieve people who struggle with linear time



Example of Services on Rape Crisis Center Brochure

Get Help:

- 24-hour crisis hotline
- 24-hour accompaniment at the hospital
- Individual and group therapy
- Legal assistance

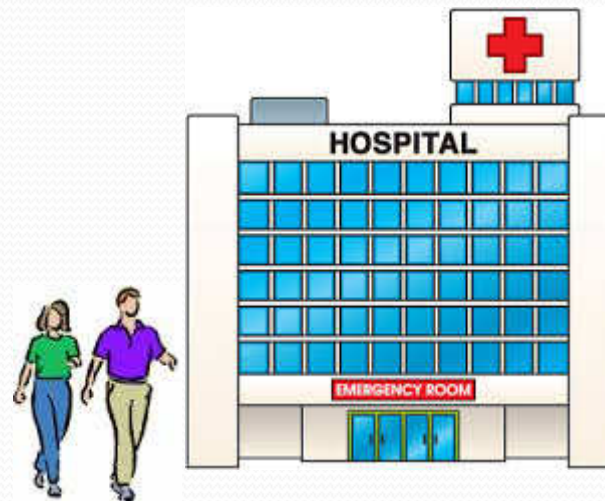
Using Visual Representation

- Phone number you can call at any time



Using Visual Representation

- Someone can go with you to the hospital any time



Using Visual Representation

- Individual and group therapy





For Further Information

Peoplewithability.org

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