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# SUPPORTING SURVIVORS WITH DISABILITIES

**MANDY COHEN IMPACT:ABILITY MANAGER, IMPACT BOSTON**

**PATTY QUATIERI DPPC PEER SUPPORT LEADER**

**LEIGH-ANN BARRY DPPC PEER SUPPORT LEADER**

Thank you for tuning in!  
Please turn off your video and mute  
your mics.  
The presentation will start in a few  
minutes while we allow time for people  
to join the zoom call.  
Thank you for your patience.

# AGENDA

- House Keeping
- Introductions
- Overview of Different Disabilities
- Disability- Helpful and Unhelpful
- Strategies for Communication and Decision Making
- Consent and Guardianship

## HOUSEKEEPING

- Please stay on mute with video off during the training, this will allow our ASL interpreters to be seen easily
- Please use the chat box to ask questions or write out thoughts or comments, Allie will be monitoring the chat box and reading these out loud
- Our closed captioning is through a free Google service and is not live. Please excuse the mistakes that it makes. We will do our best to speak loudly and clearly to be picked up better by the captioning service
- This PowerPoint will be made available after the training on IMPACT's website. Details will be at the end of the presentation.

## MEET PATTY

- I am a woman that has a developmental disability and cerebral palsy.
- I am a sexual assault survivor and self-advocate.
- I am a person who advocates for people with disabilities.
- It is important that my peers know their rights, have choices in their lives and are safe.



## MEET LEIGH-ANN



- I am a woman that has a developmental disability.
- I am a sexual assault survivor and self-advocate.
- As a Peer Support Leader, I talk to survivors of sexual assault who have disabilities. I listen to them.
- I like to share positive quotes with survivors. I want to make them feel better.

## MEET LEIGH-ANN

- I enjoy talking about self-care activities.
- It is important for my peers and I to take care of ourselves so we can heal.
- I also talk with my peers about trauma that can happen. It is important for survivors to know they are not alone and what they are feeling is ok.

## MEET MANDY (SHE/HER/HERS)

- I am a survivor of childhood abuse.
- As the IMPACT:Ability Manager at IMPACT Boston I teach individuals with disabilities personal safety, self-advocacy, self defense, healthy relationship skills, and sexuality education.
- I also train teachers and other disability service staff about abuse, and how to support individuals to have safe and healthy relationships.



# INTRODUCTIONS

Please share your own introduction in the chat box and Allie will be sure to read some of them out loud.

- Your name
- Your pronouns if you would like to
- Where you work
- One thing that is bringing you joy during this time





# DISABILITY DEFINITIONS

# DIFFERENT ABILITIES

<https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

- **Musculoskeletal System**
- **Special Senses and Speech**
- **Respiratory Disorders**
- **Cardiovascular System**
- **Digestive System**
- **Genitourinary Disorders**
- **Hematological Disorders**
- **Skin Disorders**
- **Endocrine Disorders**
- **Congenital Disorders that Affect Multiple Body Systems**
- **Neurological Disorders**
- **Mental Disorders**
- **Cancer (Malignant Neoplastic Diseases)**
- **Immune System Disorders**
- **Intellectual and Developmental Disabilities**
- **Deaf and Hard of Hearing**
- **Blind and Low Vision**
- **Physical Disabilities**
- **Autism Spectrum Disorder**
- **Learning disabilities**
- **ADHD**

# DEAF AND HARD OF HEARING

Some deaf people identify deafness as a culture, not a disability

- Deaf Culture includes Sign Language, Deaf history, media, and shared life experiences
- ASL is a language on its own, not just signed English with its own grammatical structures, different countries/cultures have different Sign Language
- Refer to individuals as “deaf” not “people with disabilities” unless they self-identify as having a disability

# BLIND AND LOW VISION

- Low vision and blindness comes in degrees. It isn't all blackness, some people can see shapes and shadows at varying distances.
  - Get to know what someone's vision is like, ask!
- Some people may read Braille (tactile written language using raised dots in cells), others may read with large print, or different color contrast, some may use auditory readers

# PHYSICAL DISABILITIES

- Physical Disabilities can be visible or invisible
- Physical Disabilities can effect any or all areas of the body to varying degrees

# AUTISM SPECTRUM DISORDER

- Autism, or Autism Spectrum Disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. Includes Asperger's.

# SOCIAL COMMUNICATION

- Spoken language (around a third of people with autism are nonverbal)
- Gestures
- Eye contact
- Facial expressions
- Tone of voice
- Expressions not meant to be taken literally
- Recognizing emotions and intentions in others
- Recognizing one's own emotions
- Expressing emotions
- Seeking emotional comfort from others
- Feeling overwhelmed in social situations
- Taking turns in conversation
- Gauging personal space (appropriate distance between people)

# RESTRICTED AND REPETITIVE BEHAVIORS

- Repetitive body movements (e.g. rocking, flapping, spinning, running back and forth)
- Repetitive motions with objects (e.g. spinning wheels, shaking sticks, flipping levers)
- Staring at lights or spinning objects
- Ritualistic behaviors (e.g. lining up objects, repeatedly touching objects in a set order)
- Narrow or extreme interests in specific topics
- Need for unvarying routine/resistance to change (e.g. same daily schedule, meal menu, clothes, route to school)

People can still listen and communicate through these behaviors



## OTHER INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

**Intellectual Disability** is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18

**Developmental Disabilities** are a group of conditions due to an impairment in physical, learning, language, or behavior areas

Common examples: Autism, Down Syndrome, Cerebral Palsy

**Acquired Brain Injury (ABI)** is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma

**Traumatic Brain Injury (TBI)** is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force

# LEARNING DISABILITIES

- **Dyslexia** – Difficulty with reading
  - Problems reading, writing, spelling, speaking
- **Dyscalculia** – Difficulty with math
  - Problems doing math problems, understanding time, using money
- **Dysgraphia** – Difficulty with writing
  - Problems with handwriting, spelling, organizing ideas
- **Dyspraxia (Sensory Integration Disorder)** – Difficulty with fine motor skills
  - Problems with hand-eye coordination, balance, manual dexterity
- **Dysphasia/Aphasia** – Difficulty with language
  - Problems understanding spoken language, poor reading comprehension
- **Auditory Processing Disorder** – Difficulty hearing differences between sounds
  - Problems with reading, comprehension, language
- **Visual Processing Disorder** – Difficulty interpreting visual information
  - Problems with reading, math, maps, charts, symbols, pictures

## ADD/ADHD

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
- May include
  - Inattentive, but not hyperactive or impulsive
  - Hyperactive and impulsive, but able to pay attention
  - Inattentive, hyperactive, and impulsive



WHAT'S HELPFUL?

WHAT IS NOT HELPFUL?

# **WORKING WITH PEOPLE WITH DISABILITIES**

WITH LEIGH-ANN AND PATTY



**PATTY**

PEER SUPPORT LEADER

## MY PATH TO HEALING: VICTIM

- About 40 years ago, I worked a full-time job at St. Elizabeth's Hospital. I took a bus there on my own every day.
- At the age of 25 years old, I was held against my will, and sexually assaulted by a man I knew. I was assaulted many times. I was assaulted on more than one day.
- No more job. No more bus. No money.

## MY PATH TO HEALING: VICTIM

- Right after the assault, I went to the hospital, and spoke with a therapist.
- The therapist saw my disabilities. The therapist did not see the trauma.
- When I was out of the hospital, I was sent to a group home.
- My control was gone. My choices were gone.

## MY PATH TO HEALING: VICTIM

- After my assault, I did not have a support system that was trauma informed. No one explained to me what trauma was. They called me psychotic. I blamed myself.
- I was very angry and frustrated. Every time I got mad, they put me in a room alone. They gave me pills and restrained me.
- No one explained to me that I just experienced a trauma.



## MY PATH TO HEALING: SURVIVOR

- A couple months after the assault, I met a therapist who didn't just focus on my disabilities. She helped me overcome the trauma.
- She spoke simple, and slowly. She was patient. She told me to think positively. She was hands-on.
- For example, she rode on a train with me. She had me sit down next to a guy. I was so afraid to do that. It took me many weeks, and then I did it. <sup>25</sup>

## MY PATH TO HEALING: SURVIVOR

- This made me feel very strong. I took control of my triggers.
- Here is my message to you. My name is Patty Quatieri. I stand in front of you today, as a survivor of sexual assault. Yes, I have a disability, but that is only a part of me.
- I am a professional woman. I am a self-advocate. I am a sister. I am an aunt. I am a friend. I am a coworker. I am a Peer Support Leader.

# MY PATH TO HEALING: SURVIVOR

- Please do NOT be afraid to talk about trauma. People with disabilities experience trauma just like people that don't have disabilities.
- People who experience traumas are survivors. They are strong. They deserve a support system who is trauma informed.
- They can truly make a difference in their community with the right support.
- **Here I am- an example of strength.**



## PATTY- WHAT'S HELPFUL?

- Listen to what survivors say. Be patient.
- Work with survivors and offer resources.
- Check with survivors to see if they need assistive devices or technology ( for example, picture boards).
- The survivors may ask questions. If you don't know the answer, it's okay to ask say so, and ask someone else.

## PATTY- WHAT'S NOT HELPFUL?

- Don't be afraid to talk about trauma. Be sure to connect the survivor with trauma- informed –resources.
- Don't impose your own beliefs or judgements on the survivor.
- Don't blame, accuse or give your opinion about the survivors choices.

## PATTY- WHAT'S NOT HELPFUL?

- Don't break confidentiality about what you have been told, without consent.
- Don't make promises that you cannot keep.



**LEIGH-ANN**

PEER SUPPORT LEADER

## • MY PATH TO HEALING: VICTIM

- By sharing my story with you, I am able to take control of my life. I also am able to let my peers know it will be okay.
- I was raped by someone who I was talking to online.
- When I was raped, the process that I had to go through was not easy.
- I felt scared, angry, and alone.



## MY PATH TO HEALING: VICTIM

- At the hospital after the assault, I didn't know what was happening and felt that no one was talking to me.
- All communication from the medical staff was going to my parents instead of me.

## MY PATH TO HEALING: VICTIM

- I was frustrated that they were not looking at me, or talking to me because I had a disability.
- I didn't want my parents to know everything! NO ONE asked me what I wanted or what I thought.

## MY PATH TO HEALING: SURVIVOR

- The support given to me by my counselor, helped me heal. Someone was actually listening to me. They were asking me how I felt and what I wanted.
- Being a survivor is difficult but, at the same time, it has made me a stronger and a wiser person.
- Today, I am not as trusting of people that I don't know. I am also a stronger person and am able to handle life difficulties a little easier.

# My Path to Healing: Survivor

- I am now working at my dream job at The Sexual Assault Response Unit at the DPPC.
- I am on the DPPC Teamwork Committee.
- I share my survivor story through public speaking at events, conferences, and trainings state-wide.

# My Path to Healing: Survivor

- I meet with survivors of sexual assault that have a disabilities.
- I educate other professionals how to work with individuals who have a disabilities.
- I created a Self- Care BINGO Games.

## LEIGH-ANN–WHAT’S HELPFUL?

- Talk slowly.
- Explain things in a simple way.
- Look at the survivor. Talk to the survivor directly.
- Explain who you are in a simple way.
- Make sure the survivor gets what they need.

## LEIGH-ANN- WHAT'S HELPFUL?

- If you do not understand them, ask them to repeat.
- Ask the survivor if they want their support staff in the room. If they do not answer right away, give them time to respond.
- Connect survivors to Rape Crisis Centers. Make sure you know what Rape Crisis Centers are.
- Make sure you know your responsibility of being a mandated reporter.

## LEIGH-ANN- WHAT'S NOT HELPFUL?

- Do not assume what the survivor wants.
- Do not share information with support staff or family if the survivor does not want you too.
- Do not touch the survivor if they do not want to be touched.



## LEIGH-ANN- WHAT'S NOT HELPFUL?

- Do not be scared to talk to the survivor.
- Do not be afraid to ask how you can help.
- Do not take it personal if the survivor just wants the doctor in the room.

## SOME MORE DETAILS FROM MANDY

### ■ *Person First Language*

- It's important to put the person first – not define them by their disability or speak as though their disability is their most important characteristic
- Remember, not all people will identify in this way. Default to Person First Language unless someone asks you to do otherwise.
- If you are unsure of what to say, it is okay to ask!
- Examples
  - Say person with a disability, instead of disabled person
  - Say she has autism instead of she's autistic
  - Say he has Down Syndrome instead of he's Downs
  - Say they use a wheelchair instead of they're wheelchair bound

## SOME MORE DETAILS FROM MANDY

### Helpful

- Ask the survivor if they need help with something
- Speak directly to the survivor. Look at the survivor when talking.
- Consider the physical space you are working in, is there enough room for a walker or wheelchair? Are there obstacles in the way? Even a change of flooring can be an obstacle.

### Unhelpful

- Helping without asking
- Speaking to a support staff, parent, guardian, or interpreter instead of to the survivor.
- Setting up working space for only able bodied people

## SOME MORE DETAILS FROM MANDY

### Helpful

- Consider all assistive devices as a part of the survivors personal space.
- Build in sensory breaks as needed
- Be prepared to adapt

### Unhelpful

- Touching assistive devices without asking first, including communication and movement devices.
- Not asking if a sensory break is wanted
- Doing the exact same thing for every survivor



# MORE BEST PRACTICES FOR SUPPORT

COMMUNICATION AND DECISION MAKING FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL  
DISABILITIES AND ASD

# COMMUNICATION

## Helpful

- Wait time
- Check in for understanding, especially when using bigger words, and rephrasing as needed
- Offer a small number of choices: This or That or Something else
- Break large concepts, directions, or new information into smaller chunks
- Speak in literal, concrete terms

## Unhelpful

- Speaking too much, too quickly
- Explaining words too much or too little without checking in
- Offering too many choices, or not offering enough choices
- Giving directions, or new information or concepts all at once.
- Using idioms, metaphors and other phrases, especially without explaining



as cool as  
cucumber  
(very calm & composed  
and untroubled by stress)



a piece of cake  
(something very easy to do)



hold your horses  
(wait a moment)



head in the clouds  
(living in a fantasy)

# HEALTHY DECISION MAKING STEPS

- Step 1: Breathe or do something else to calm down
- Step 2: Name the problem, be as specific as possible
- Step 3: What do you want to do about it?
- Step 4: Think: will it make the situation

Better?

Stay the same?

Worse?

- [https://drive.google.com/file/d/InXq-nyxHU8eO5oFhJynksVvawiY\\_jWbW/view?usp=sharing](https://drive.google.com/file/d/InXq-nyxHU8eO5oFhJynksVvawiY_jWbW/view?usp=sharing)



# QUESTIONS

- Please type questions that you have about best practices for support in the chat box and Allie will read them out loud.
- Remember, it is okay to ask questions here.
- Remember, it's okay if you that you don't know.



# GUARDIANSHIP AND CONSENT

A CASE STUDY

## MA SEXUAL CONSENT LAW

- Lack of consent if a person engages in a sexual act with another person by force or with a person who is incapable of consent because:
- “Mentally defective”- a person suffers from a mental disease or defect that renders the person: incapable of understanding the nature and consequences of a sexual act; or unaware a sexual act is occurring.
- “Physically helpless” means that a person is: unconscious; physically unable to communicate a lack of consent; or rendered unaware that a sexual act is occurring.
- <https://www.mass.gov/info-details/massachusetts-law-about-rape-and-sexual-assault#other-specialized-categories-of-victims->

# MA GUARDIANSHIP LAW

- Both full, called Plenary, (healthcare, support, education and welfare) and partial, called limited, guardianship options
- Guardians of adults do NOT have RIGHTS, instead they have RESPONSIBILITIES
- “Shall exercise authority only as necessitated by the incapacitated person's mental and adaptive limitations, and, to the extent possible, shall encourage the incapacitated person to participate in decisions, to act on his own behalf, and to develop or regain the capacity to manage personal affairs.”
- “Shall consider the expressed desires and personal values of the incapacitated person when making decisions, and shall otherwise act in the incapacitated person's best interest and exercise reasonable care, diligence, and prudence”
- <https://www.mass.gov/topics/guardianship>

# SEXUAL ASSAULT FORENSIC EXAMS: A CASE STUDY

- An examination of a sexual assault patient by a health care provider
- examination includes
  - gathering information from the patient for the medical forensic history
  - an examination
  - coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient
  - documentation of findings
  - information, treatment, and referrals for STIs, pregnancy, suicidal ideation, alcohol and substance abuse, and other nonacute medical concern
  - follow-up as needed to provide additional healing, treatment, or collection of evidence.

2013 Protocol <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

# SEXUAL ASSAULT FORENSIC EXAMS: A CONTINUED CASE STUDY

## Consent

- Seek the informed consent of patients
- There are two essential but separate consent processes—one for overall medical evaluation and treatment and a second for evidence collection and release.
- Patients should understand the full nature of their consent to each procedure, whether it is medical or evidentiary (e.g., what the procedure entails, possible side effects, limits of confidentiality, and potential impact)
- 2013 Protocol <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

# SEXUAL ASSAULT FORENSIC EXAMS: A CONTINUED CASE STUDY

## Information

- Verbal and written information given to patients to facilitate the consent process should be complete, clear, and concise.
- Should be tailored to the communication skill level/modality and language of patients.
- Responders should be aware of verbal and nonverbal cues from patients and adjust their methods of seeking consent to meet patients' needs.
- Encourage patients to ask questions and to inform relevant responders if they need a break or information repeated or do not want a particular part of the exam process done.
- 2013 Protocol <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

# SEXUAL ASSAULT FORENSIC EXAMS: A CONTINUED CASE STUDY

## Policies

- In order to provide informed consent, patients should be able to weigh the risks and benefits of different treatment and evidence collection options.
- It is always important for examiners to assess patients' ability and legal capacity to provide informed consent.
- facilities should have internal policies based on applicable jurisdictional statutes governing consent for treatment of vulnerable adult patients.
- Policies should include procedures to determine whether or not patients are their own guardians; if there is a guardian, to determine the extent of the guardianship; to obtain consent from a guardian if needed; and what to do if the guardian is not available or is suspected of abuse or neglect.
- 2013 Protocol <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>



## EXAMPLE GUARDIANSHIP: CONTINUED CASE STUDY

### Sam

- Sam says “My mom is my guardian but she doesn’t know about this.”
- You-reach out to DDS and find out that mom is Sam’s Limited Guardian
- The limited guardianship covers financial decisions
- Do you need consent from mom to give Sam a Sexual Assault Forensic exam?
- Do you need more information to make a decision?

### Corey

- Corey says “My brother is my guardian but he doesn’t know about this.”
- You- reach out to DDS and find out that Corey’s brother is Corey’s Plenary Guardian.
- Do you need consent from Corey’s brother to give Corey a Sexual Assault Forensic exam?
- Do you need more information to make a decision?

## EXAMPLE GUARDIANSHIP: CONTINUED CASE STUDY

### Sam

You **DO NOT** need mom's consent to give Sam a Sexual Assault Forensic Exam because mom's responsibility to support Sam in making decisions only affect financial decisions

### Corey

You **MAY** need consent from the brother to give Corey a Sexual Assault Forensic Exam because the brother's responsibility to support Corey in making decisions affect all areas of healthcare, support, education and welfare.

### HOWEVER

You do need more information about Corey's safety and well-being with his brother. If the brother is suspected of abuse or neglect you do not need the brother's consent.



*Commonwealth of Massachusetts*  
**Disabled Persons Protection Commission**

**FOR MORE INFORMATION, PLEASE CALL:  
617-727-6465**

**24 HOUR ABUSE REPORTING HOTLINE:  
1-800-426-9009**



**DDS Central Office**  
**500 Harrison Ave, 2nd Floor, Boston, MA 02118**  
**Phone: 617-727-5608**  
**Fax: 617-624-7577**

[https://www.mass.gov/orgs/departments-of-development-services/locations?\\_page=1#](https://www.mass.gov/orgs/departments-of-development-services/locations?_page=1#)

# QUESTIONS

- Any final questions, please write them in the chat box
- Allie will read them out loud

# THANK YOU FOR COMING

Please write down this web address or take a screen shot of this slide if you want the PowerPoint after the training.

<http://impactboston.org/impact-presentations/>

Mandy Cohen she/her/hers

IMPACT:Ability Manager

a program of Triangle Inc.

[mdoyle@triangle-inc.org](mailto:mdoyle@triangle-inc.org)

(781) 321-3900 x4364

Peer Support Team

Disabled Persons Protection Commission

Sexual Assault Response Unit

[erica.obrien@massmail.state.ma.us](mailto:erica.obrien@massmail.state.ma.us)

(617) 727-6465 x305



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