

Welcome





Violence & Abuse of People with Intellectual Disabilities

**Prevention of Violence and Abuse Against Women
with Disabilities: A Victoria Forum**

Melbourne, Victoria, Australia

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Are you vulnerable to being a victim of violence and abuse?

**Minimal
Vulnerability**

**Moderate
Vulnerability**

**Extreme
Vulnerability**

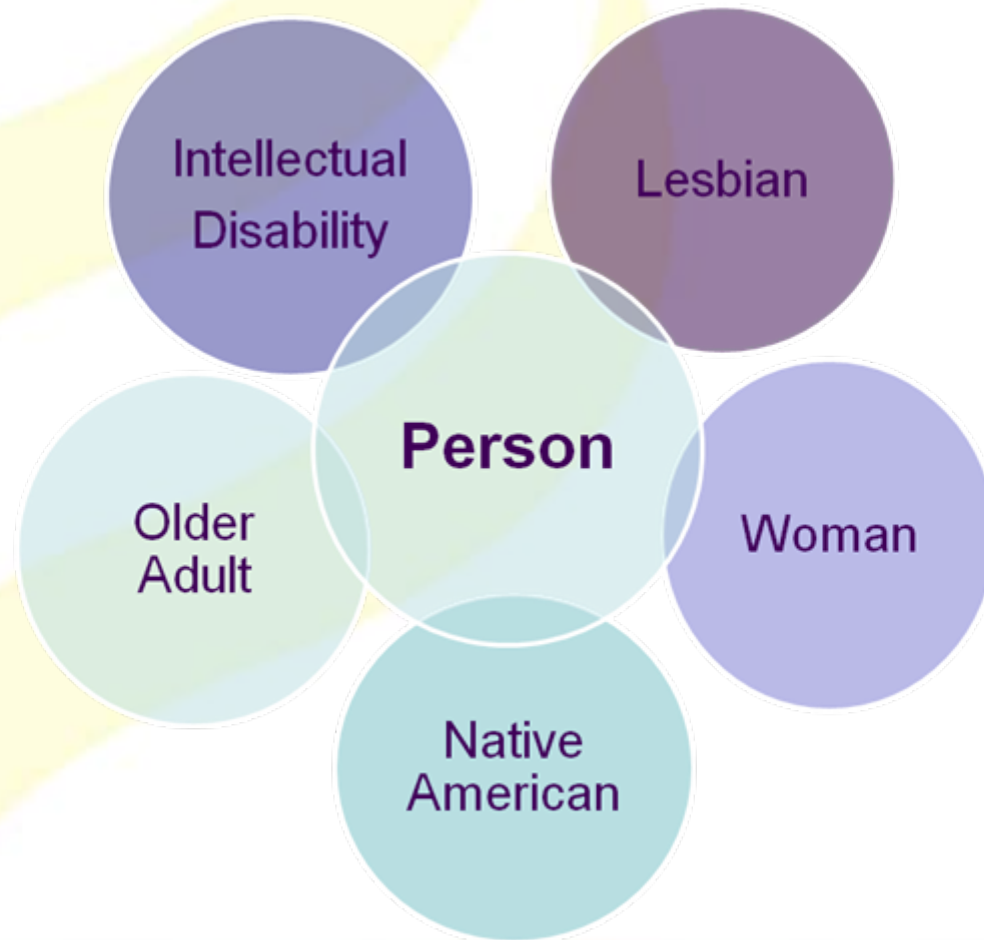


Notable Quote

- ◆ ***“Our experiences, personal and professional, shape the perspectives we ultimately bring to bear on how we provide services and support to crime victims with [intellectual] disabilities.”***

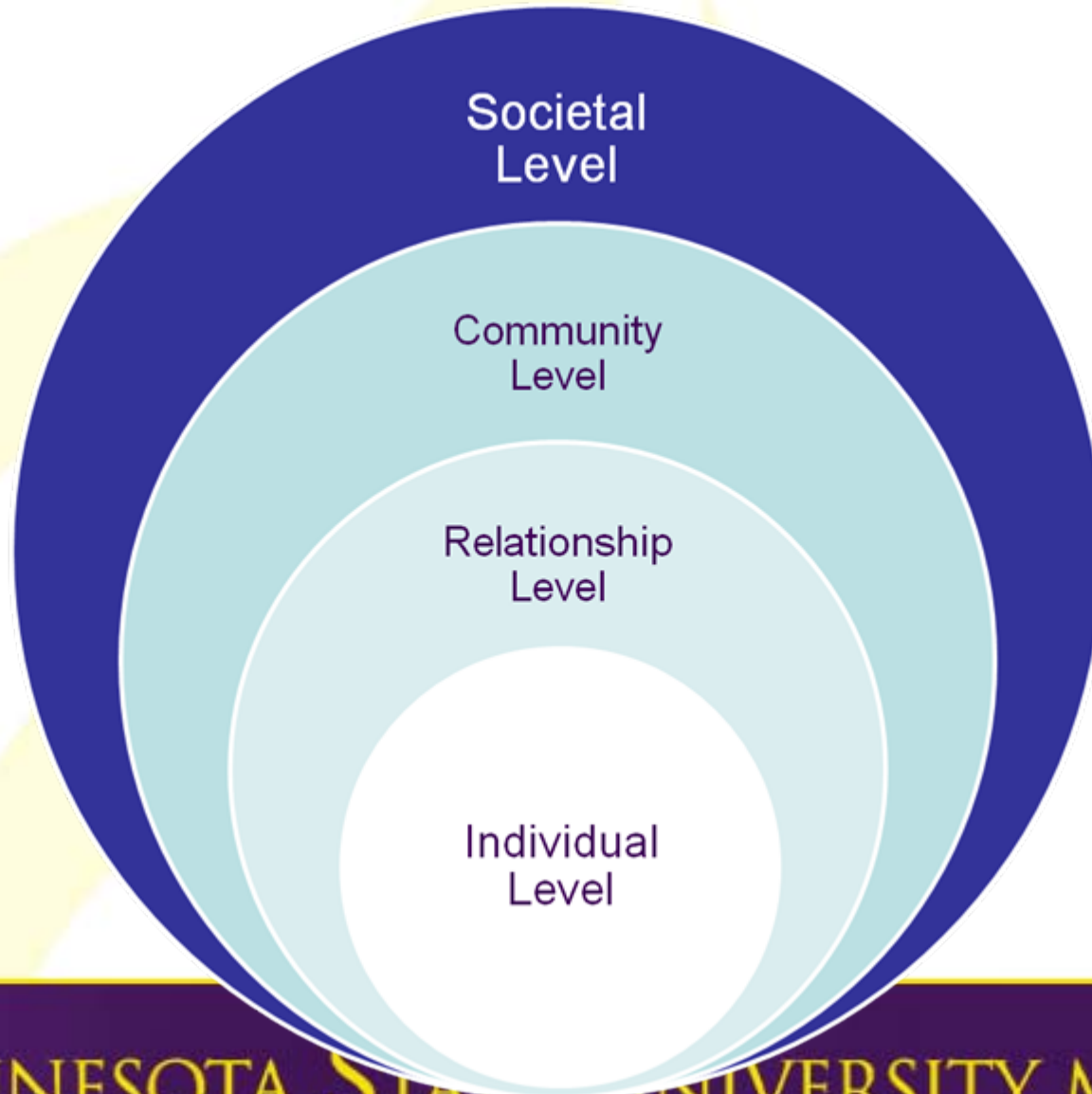
Beverly Frantz, Institute on Disabilities, Temple University

Layers of *Jeopardy*



Ecological Model

(Anetzberger, 2005; Brandl, 2000; Brandl & Raymond, 2005; Rodriguez & Murphy, 1997; Sobsey, 1994; Hollowitz, 2009)



Prevention (CDC, 2004; Chamberlain, 2008; McMahon, 2000)

- ◆ **Primary prevention** activities focus on removing the root cause *before* the social problem has occurred to prevent initial perpetration or victimization. Strategies are aimed at changing cultural norms, attitudes and policies that reinforce and perpetuate interpersonal violence.
- ◆ **Secondary prevention** activities focus on the immediate responses *after* the social problem as occurred. Efforts aim to prevent re-victimization and to deal with the short-term consequences of interpersonal violence and to stop perpetrators from re-offending through early identification and intervention.
- ◆ **Tertiary prevention** focuses on the long-term responses to the social problem *after* it has occurred to deal with the lasting consequences of victimization, restore victim/survivors health and wellness, & prevent perpetrators from re-offending through treatment, incarceration, & other forms of monitoring & containment.⁷

Integrated Ecological Theory of Abuse

(Originally proposed by Sobsey, 1994; adapted by Fitzsimons, 2009)

High Risk Victims	High Risk Carers/Offenders	Environment	Societal Culture, Policies, Systems
<ul style="list-style-type: none"> ▪ Less able to physically defend self ▪ Relies on alternative forms communication ▪ Lack critical information ▪ Learned helplessness ▪ Learned compliance ▪ Underdeveloped sense of personal space/boundaries ▪ Dependent upon others ▪ Desire to please or be accepted by others ▪ Few alternative to exploitation ▪ Little control over lives ▪ Being viewed negatively by others ▪ Engage in “problematic” behaviors ▪ Multiple care providers ▪ Multiple service settings ▪ Not viewed as a credible reporter of abuse 	<ul style="list-style-type: none"> ▪ Need to exert control over others ▪ Lack of control over own life ▪ Authoritarian ▪ Low self-esteem ▪ Displaced aggression ▪ Exposed to abusive models ▪ Little attachment to potential victims ▪ Devaluing attitudes towards people with disabilities ▪ Impulsive behaviors 	<ul style="list-style-type: none"> ▪ Emphasizes control ▪ Teaches/reinforces compliance ▪ Attracts abusers ▪ Eliminates non-abusers ▪ Provides awarded models of aggression ▪ Covers-up reports of abuse ▪ Many /transient carers ▪ Dehumanizing policies and practices ▪ Clusters people with greatest risk ▪ Discourages attachment ▪ Isolation ▪ Fails to protect reporters ▪ Closed culture – little input from outside org. ▪ Justifies abusive practices as “behavior management” ▪ Unjust balance of power ▪ Discourages visitors ▪ Readily accepts excuses for abuse 	<ul style="list-style-type: none"> ▪ Devalues people with disabilities ▪ Laws & policies that disempower people with disabilities ▪ Teaches/reinforces compliance ▪ Emphasizes vulnerabilities ▪ Reinforces control, power imbalances, aggression ▪ Denies problems ▪ Supports institutional & segregated systems of support and care ▪ Discourages solutions targeting root cause ▪ Promotes “them” and “Us” mentality

Integrated Ecological Theory of Abuse: Characteristics of Higher Risk Victims

(Sobsey, 1994; Fitzsimons, 2009; Davies & Jenkins, 2004; Fischer & Field, 1985; Petersilia, 2001)

- Less able to physically defend self
- Relies on alternative forms communication/
communication difficulties
- Lack critical information
- Learned helplessness
- Learned compliance
- Underdeveloped sense of personal space/boundaries
- Dependent upon others
- Desire to please or be accepted by others
- Few alternative to exploitation
- Little control over lives
- Being viewed negatively by others
- Engage in “problematic” behaviors
- Multiple care providers
- Multiple service settings
- Not viewed as a credible reporter of abuse

Integrated Ecological Theory of Abuse: Characteristics of High Risk Carers/Offenders

(Sobsey, 1994; Fitzsimons, 2009; Parley, 2010; Marsland, Oakes, & White, 2007)

- Need to exert control over others
- Lack of control over own life
- Authoritarian
- Low self-esteem
- Displaced aggression
- Don't respect confidentiality
- Exposed to abusive models
- Little attachment to potential victims
- Devaluing attitudes towards people with disabilities
- Impulsive behaviors

Classification of Offenders

(Petersilia, 2001)

- ◆ ***Predatory Offenders***

- < people who seek employment or relationships with people that they perceive of as vulnerable

- ◆ ***Corrupt Care Providers***

- < people who start out as well-meaning, have good intentions, and typically do not plan to abuse.

- ◆ ***Bystanders*** (Katz, 2006)

- < An “enabler”

- < someone who is not directly involved as a perpetrator of abuse, but is indirectly involved as a family member, friend, care provider — but fails to get involved.

Continuum of Violence

Murder

Aggravated assault

Sexual assault

Threatening Use of weapons

Choking

Punching

Pushing

Threatening

Humiliation

Yelling

Insults

Jokes



Care-Disability Related Forms of Abuse

(Cramer, Gilson, & DePoy, 2003; Hassouneh-Phillips & Curry, 2002 ; Powers et al., 2002; Saxton et al., 2006)

- ◆ Accusing a person of faking or exaggerating the condition resulting in a disability
- ◆ Overmedicating or withholding medication to obtain compliance
- ◆ Refusing to provide care in the way preferred, taking over care, fear of removal of care
- ◆ Leaving work early or not coming to work on time, but still getting full payment
- ◆ Depriving or invading a person's privacy
- ◆ Emphasizing compliance
- ◆ Depriving a person of opportunities and personal preferences
- ◆ Unwanted and unnecessary control over a person's life
- ◆ Gossiping about the person
- ◆ Blaming a person for their disability
- ◆ Criticizing or becoming angry because a person isn't "appropriately" grateful for care
- ◆ Making negative comments about the disability

“Subtle” forms of Abuse of Power

(Parley, 2010)

◆ Examples include:

- < Playing music or watching television program the individual doesn't like or want to watch/listen to
- < Blaring music loudly
- < Making individuals go to their bedroom or to bed to suit the needs of carers
- < Arranging individuals personal belongings against the persons wishes/preferences
- < Throwing away individuals personal property without consent or against the person's wishes

Integrated Ecological Theory of Abuse: Characteristics of High Risk Environments

(Sobsey, 1994; Fitzsimons, 2009; McCarthy & Thompson, 1996; Wardhaugh & Wilding, 2004, White, 2003; Marsland, Oakes, & White, 2007; Calcraft 2007; Ward haugh & Wilding, 1993)

- Emphasizes control
- Teaches/reinforces compliance
- Attracts abusers
- Eliminates non-abusers
- Provides awarded models of aggression
- Covers-up reports of abuse
- Many /transient carers
- Dehumanizing policies and practices
- Clusters people with greatest risk
- Discourages attachment
- Isolation
- Fails to protect reporters
- Closed culture – little input from outside org.
- Justifies abusive practices as “behavior management”
- Unjust balance of power
- Discourages visitors
- Readily accepts excuses for abuse

Group Think

- ◆ **A type of thought exhibited by group members who try to minimize conflict and reach consensus without critically testing, analyzing, and evaluating ideas.**
- ◆ Closed system – Risk for “group think”
 - < little input from outsiders

Gatekeeping

- ◆ **Individuals and institutions that control access to information, resources, opportunities...**



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Typical “Abuse” “Prevention” Training

(Davies & Jenkins, 2004)

- ◆ **Understanding the law**
- ◆ **Definition of a “vulnerable adult”**
- ◆ **Acts or behaviors that constitute abuse**
- ◆ **Policies related to “mandatory” reporting**
 - < Definition of mandated reporter
 - < Immunity
 - < Consequences for failure to report
 - < Confidentiality of reporter
 - < When to report
 - < What information to give when making a report
 - < Who to call
- ◆ **What to Expect from Adult Protective Services (or other investigative agencies)**

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Comprehensive Training with *Prevention* Focus

(Dehart, Webb & Cornman, 2009)

The competencies are divided into four broad categories:

< **Definitions and policies**

< **Risk for Mistreatment** – included are

- Identify workplace contexts (e.g., staffing and oversight) that create a risky climate abuse
- Identify worker attitudes and behaviors that create a risky climate for abuse
- Identify resources and coping strategies for addressing personal stressors so that these do not carry over to create abuse risk in the workplace.

< **Communication and Respect in Relationships with Residents**

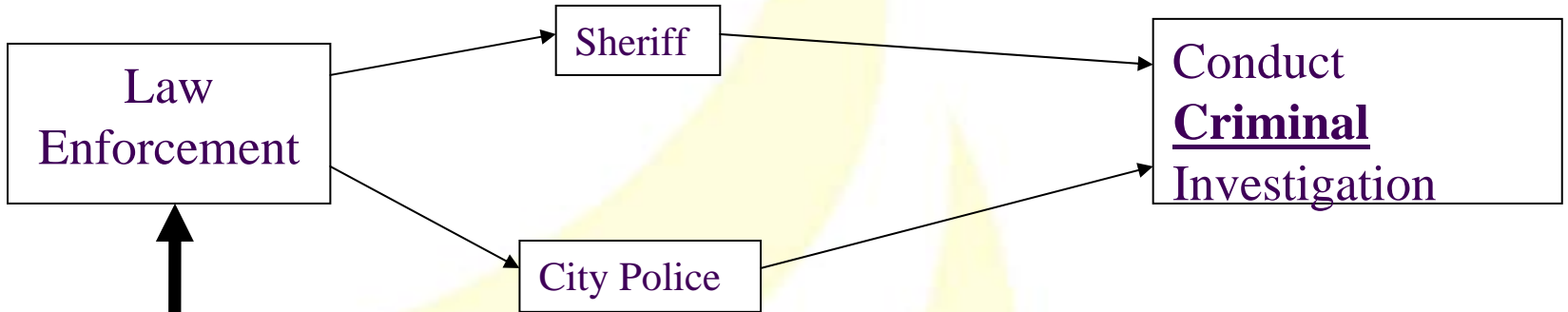
- Describe the inherent power differential between clients and staff and implications for abuse
- Share core values to care giving, including concern for humankind, compassion, and empathy, protecting those who cannot protect themselves, respecting clients right to privacy, dignity, self-determination.

< **Cooperative Work Environment**

- Justify teamwork as part of a supportive work environment, including appreciation and respect among coworkers, pride in one's work, and cooperative efforts to promote quality service.
- Identify strategies for offering or requesting assistance from coworkers when conflicts or heavy workloads pose risk of mistreatment

Integrated Ecological Theory of Abuse: Societal Characteristics – Culture, Policies, Systems

- Devalues people with disabilities
- Laws, policies and procedures that disempower people with disabilities
- Teaches/reinforces compliance
- Emphasizes vulnerabilities
- Reinforces control, power imbalances, aggression
- Denies problems
- Supports institutional & segregated systems of support and care
- Discourages solutions targeting root cause
- Promotes “them” and “Us” mentality



Map Your System

**Minnesota
Initial
Report
made to
Common
Entry
Point**

Adult Protection

Provides
Protection to
Vulnerable
Adults

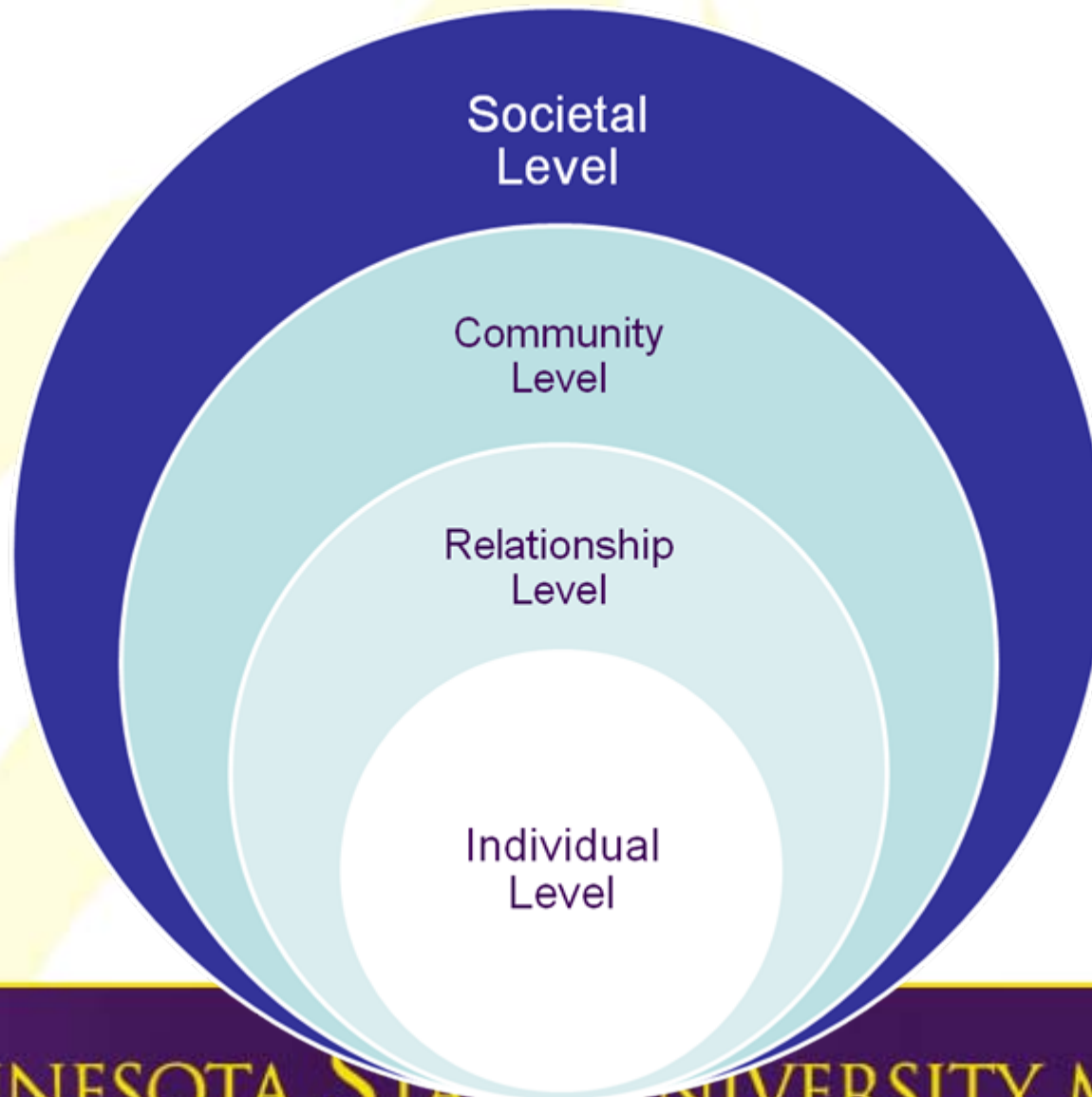
County
Investigation

DHS

Conducts
Administrative
Investigation 21

Office of Health Facility
Complaints (OHFC)

Ecological Model



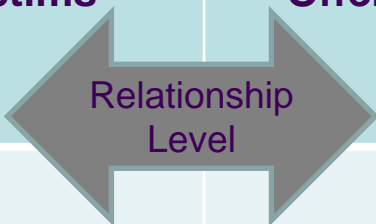
Notable Quote

“No epidemic has ever been cured by focusing on the affected individual.”

Dr. George Albee

(Distinguished psychologist)

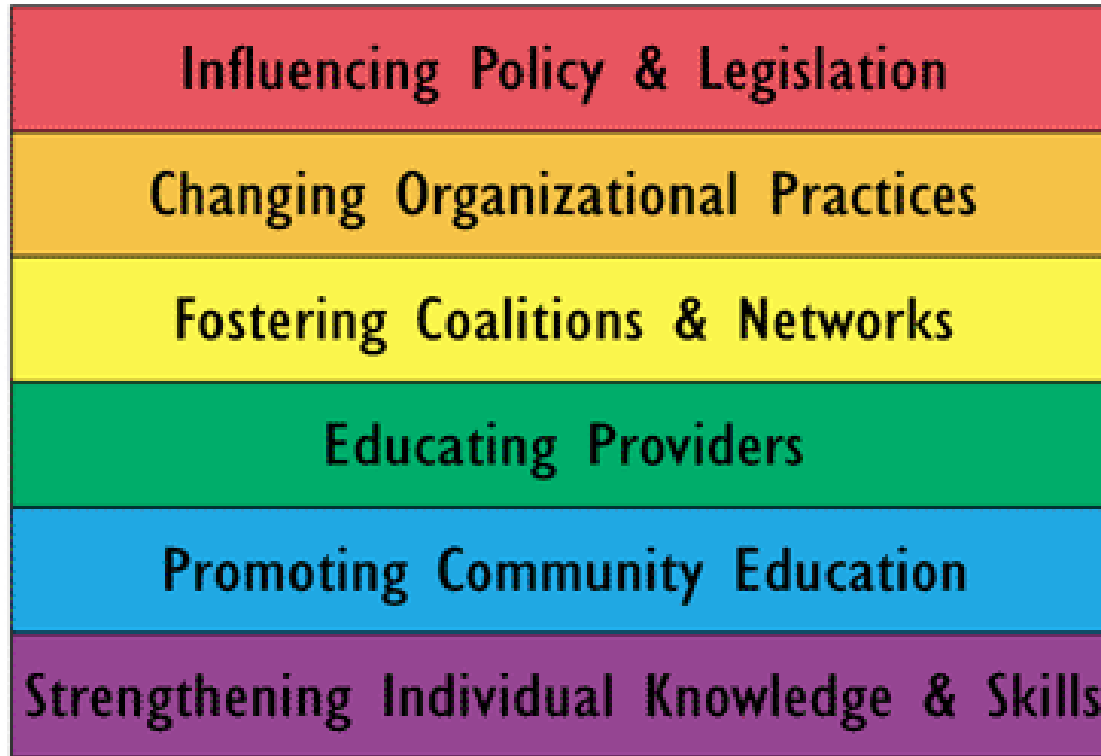
Develop a Comprehensive Prevention Plan

	Individual Level High Risk/Potential Victims	Individual Level High Risk Carers/ Offenders	Community Level Environments (Live, Learn, Work, Play)	Societal Level Culture, Policies, Systems
	 <p>Relationship Level</p>			
Primary Prevention <i>(Before)</i>	<p>Risk Reduction</p>			
Secondary Prevention <i>(Immediate Short-term Response)</i>				
Tertiary Prevention <i>(Long-Term Response)</i>				

The Prevention Institute

http://www.preventioninstitute.org/tool_spectrum.html

The Spectrum of Prevention



Ideas for Primary Prevention

The Spectrum of Prevention



1. Peer educator– empower people with disabilities to educate other people – people with and without disabilities
2. Partners in Policy Making
3. Capital Fellowship Program
4. Support the self-advocacy and voices of people with disabilities being heard. Letters to the editor, meeting with elected officials.
5. Create a mentor program to support the self-advocacy of people with disabilities.
6. Inclusive education
7. Teach people about the social model of disability.
8. Expose people with disabilities and others to positive role-model – leaders in the disability rights movement and self-advocacy movement.

Ideas for Primary Prevention

The Spectrum of Prevention



1. Fully include people with disabilities on government, civic, faith, social service, victim service boards/advisory committees as equal partners.
2. Include “disability” as one aspect of diversity in K-12 diversity curriculum. Have people with disabilities serve as trainers/facilitators/speakers.
3. Collaborate with the arts community to use art to break down barriers, challenge attitudes – Aktion Theater.
4. Educate the media to use people first language and not use dehumanizing –stigmatizing language when referring to people with disabilities.
5. Write letters to the editor, op-ed stories, alert the media to stories that contribute to eliminating oppression, negative attitudes, stereotypes.
6. Include people with disabilities in citizen police academies.
7. Books in the library about people with disabilities positive images, stories.
8. *“Celebretards” (play) & “The R Word” (video) – prompted by the play*

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Ideas for Primary Prevention

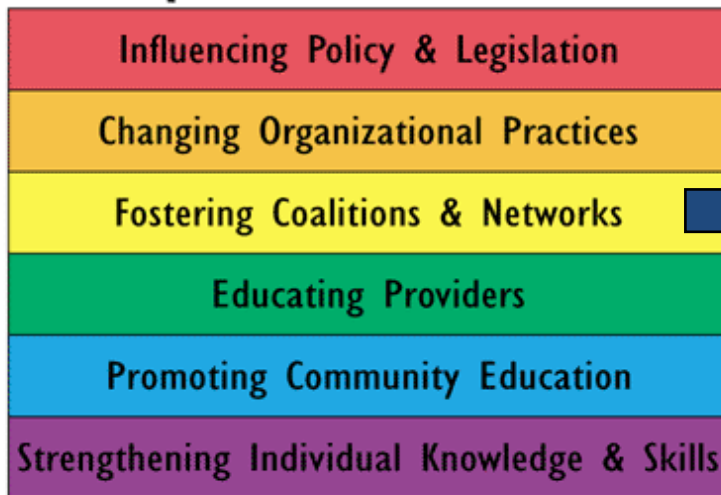
The Spectrum of Prevention



1. Education/training eliminate stereotypes, negative attitudes, beliefs about people with disabilities.
2. Provider training to maximize strengths and autonomy of people with disabilities – have people with disabilities serve as trainers, facilitators, speakers.
3. Provider training to change beliefs that people won't be victimized because there are external systems and family members to protect.
4. Fully include people with disabilities on government, civic, faith, social service, victim service boards/advisory committees as equal partners.
5. Attend a self-advocacy conference as a participant.
6. Present at a self-advocacy conference/meeting/workshop.
7. Include people with disabilities on citizen police academies.
8. Include people with disabilities in diversity education/awareness.
9. Create community-based multi-disciplinary - multi-agency prevention/response teams.

Ideas for Primary Prevention

The Spectrum of Prevention



1. Members of disability advocacy groups serve as board members/advisory councils.
2. Serve as a board member/advisory council member of a disability service provider/advocacy organization.
3. Work collaboratively to create sexual health, respectful relationship workshops
4. Assessable and inclusive Community/neighborhood events (block parties, Take Back the Night, National Night Out)
5. Present at “disability” focused conferences
6. Attend/Present at Self-Advocacy Conferences, People First meetings
7. Co-sponsor disability awareness community events
8. Mentor/support people with disabilities to engage in self-advocacy, policy work, systems change and run for public office.

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Ideas for Primary Prevention

The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills



1. Mission statement, vision and values convey equality, respect, inclusivity, empowerment, strengths – people with disabilities partners in creating
2. Hire qualified people with disabilities at all position levels
3. On-going employee training, mentoring at all levels
4. Policies/practice reward care providers for supporting people to maximize strengths, maximize and honor choices.
5. Policies and procedures to maximize privacy
6. Hiring practices that involve people with disabilities in interviews and examine attitudes, beliefs, and behaviors.
7. Agency publications, training materials, policies and procedures that reflect people first language, exclude dehumanizing language, and positively portray people with disabilities³⁰
8. Barrier-free, readily accessible services.

Ideas for Primary Prevention

The Spectrum of Prevention



1. Lobby to fund research to identify prevention programs and practices that work
2. Examine the premise of and efficacy of vulnerable adult legislation and protection policies.
3. Consumer- directed services
4. **Inclusive** K-12 Comprehensive sexual health and respectful relationship education, with supplemental education
5. Statutes use people first language – exclude dehumanizing language
6. Education and training of professionals and carers about “disability” and supporting people grounded in values of empowerment, respect, dignity, choice
7. Increased funding for Centers of Independent Living and self-advocacy organizations.
8. Accessible, barrier-free public & private accommodations and services.

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Prevention of violence and abuse against women with disabilities: A Victorian Forum

The Australian Research Centre in Sex, Health and Society is pleased to invite you to this public forum.

Morning tea



Living Safer Sexual Lives: Respectful Relationships

Peer education for and by people with an intellectual disability

**Prevention of violence and abuse against women
with disabilities: A Victorian Forum**

Presenters: Patsie Frawley, Linda Stokoe, Rachel
Boadle, Amie O'Shea & Danielle Houghton

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Background – our starting point

- A review of the literature on violence and abuse including sexual abuse, indicates a significantly higher level of risk of all violence and abuse and in particular sexual abuse for people and in particular women with an intellectual disability.

Violence and abuse of people with an intellectual disability is a significant personal and social issue that we know about (Fitzsimons, 2009)

- Programs reviewed indicate that there are very few that involved people with an intellectual disability in the design and delivery of programs

A commitment to the self advocacy dictum – Nothing about us without us

- Evidence that using real-life examples of sexuality and relationships experiences as basis for learning (LSSL, 2003) can be effective (Barger & Wacker, 2009)

Build on existing evidence based programs and approaches – mainstream and disability

- There is a dearth of research to inform policy and practice and a lack of evaluation in existing programs (Barger & Wacker, 2009)

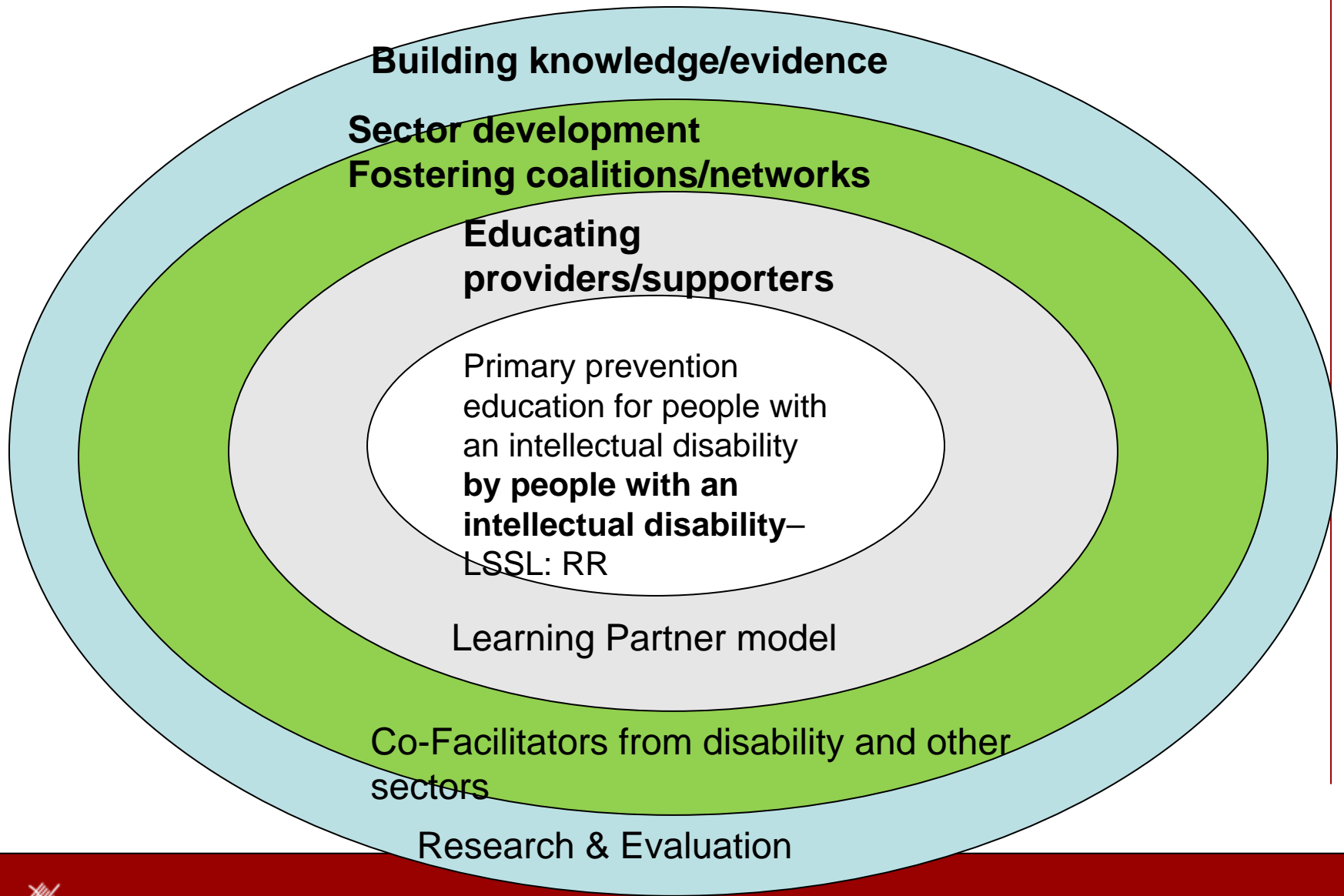
Research and evaluation built into program design

Issue	Findings	Study/studies
Incidence and prevalence of violence and abuse	People with a disability are at a greater risk to violence and abuse than the general population	Brownbridge, (2006); Chenoweth, (1996); Fitzsimons (2010); French, (2007); Martin, (2006) ; Nosek,(2001); Sobsey & Mansell, (1990) , Sobsey, (1994 & 2000)
Women with disabilities have increased risk of particular experiences of violence and abuse	<p>40% greater likelihood of IPV</p> <p>4 x more likely to experience sexual assault</p> <p>Likely to experience specific types of violence and abuse relating to disability</p> <p>Abuse (all forms) more prevalent for people with an intellectual disability – compared to people with no disabilities and people with other disabilities.</p>	<p>Brownbridge (2006)</p> <p>Martin et al (2006)</p> <p>Cockram (2003)</p> <p>Horner & Drum (2006)</p>
Lack of evaluated programs and research	“Do and hope” approach Limited evidence – need longitudinal studies of programs that are multi-dimensional	Barger & Wacker (2009)

Prevention programs for people with an intellectual disability – the gaps

- Few prevention programs exist that are for people with an intellectual disability
- Those that do exist have not been based on ‘prevention’ theory
- Most existing programs focus on protective behaviours – not comprehensive approaches
- What is needed; comprehensive, theoretically based, intensive, tailored to needs of people with an intellectual disability; focussed on skill development; women with intellectual disability involved in all levels of program (Barger & Wacker, 2009)

Living Safer Sexual Lives: Respectful Relationships



What we do

- Recruit and train peer educators (people with an intellectual disability) and co-facilitators (people who work in disability and/or sexuality, sexual health, sexual assault counselling/education)
- Training to use LSSL RR materials – uses stories by people with an intellectual disability to highlight key messages about respectful relationships
- Support peer educators and co-facilitators to run the program (4 sessions) with a group of people with an intellectual disability
- Research with peer educators and workshop participants

What we hope to achieve

- Access to a violence and abuse prevention program for people with an intellectual disability
- Opportunities for people with an intellectual disability to be **peer educators**
- Strengthen cross sector capacity to work in this area – **co-facilitators**
- Change – personal, social, policy, practice
- Increased awareness of violence and abuse in the lives of people with an intellectual disability and an **evidence based approach to prevention education**

Learning from the LSSL stories

Hannah's story:

- What would you say to Hannah if she was here?
- What would you say about her experiences?
- What kinds of things does Hannah's story say about Respectful Relationships?

Key Messages – our approach to learning from the stories

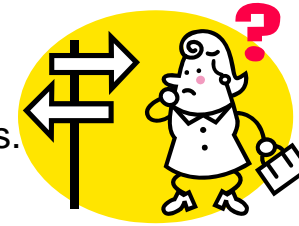
- Project team brainstormed key messages from each story
- Used a rights perspective to develop these and a view that people with an intellectual disability can learn about and understand personal and social issues that impact on their relationships
- It is up to everybody to create the change needed

Decision making

Hannah has the right to make her own decisions.

Sometimes people make good decisions sometimes they make bad decisions.

It is important to get support to make some decisions.



Having babies/sterilisation

Women have the right to make their own decisions about reproduction.

Sterilisation is legal when the person has given consent themselves because of their health.

There are laws that say other people can make this decision if a person is not able to give consent and they need this operation because of their health.



Privacy & confidentiality

Hannah and Kevin could not get privacy so they had to have sex in a public place. This is not safe, it is not fair and it is illegal to have sex in public places.

Everyone has a right to be private. You should be able to have sex with your partner in a private place.

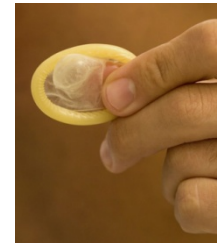
Sometimes support workers think they have to look after your safety more than your privacy – but they have to balance this.

Information about you and your relationships are private. They are your business and nobody else's.



Sexual relationships

- Hannah talks to her partner Kevin about their sexual relationship.
- It is important to do this and be able to do things you both like.
- You can still say “yes” or “no” any time.
- Everyone needs information about sex and sexual relationships so they can make up their own minds about what suits them.
- Hannah does not know about safe sex. It is important to use condoms to make sure you do not get any sexually transmitted infections.
- Hannah has had a few sexual relationships. That is OK.
- It is never OK for people like taxi drivers to take you places to have sex with you even if they say it is a relationship.
- Each person in a relationship needs to make decisions together – it is never OK for one person to control things like when you see each other, what you do and where you go.
- It is important to get out of a sexual relationship if you are not happy in it.
- Sometimes relationships end when you do not want them to. Some people like to get counselling or talk to their friends about how this makes them feel.



Sexual assault

- Hannah has been raped, this is one kind of sexual assault. It was not her fault.
- Being drunk or under the influence of drugs does not mean you are 'asking' to be raped or assaulted.
- It is against the law.
- When people are sexually assaulted they can call the police. They have to contact a sexual assault service.
- It is really important to talk to someone who can help you feel safe again.



Respectful relationships

- Hannah and Kevin have a respectful relationship.
- It is equal and fair.
- They love each other and care for each other.
- They share special things together.
- They look after each other and treat each other really well.
- They talk about their feelings and about what they want in their relationship.
- They do not put each other down.
- They work out when it is good for both of them to have sex, it is a decision they both make together.



Where to from here?

- Working with the 5 sites until July 2011 to embed the program
- Learning more about peer education through the research
- Learning more about how the overall model works through evaluation
- Developing program materials and model so others can access it
- Looking to facilitate more programs and to further build the model
- Plans for future research

References and resources

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Prevention of violence and abuse against women with disabilities: A Victorian Forum

The Australian Research Centre in Sex, Health and Society is pleased to invite you to this public forum.

Thank you for coming today.

**Please join us for more conversation
and some delicious food**

