



# Children and Youth Victims with Disabilities

This project is supported by Grant No. 2014-TA-AX-K047 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the author(s)/presenter(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

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## Person First Language

Survivors are human beings who may happen to have a diagnosis.  
Put the person before the disability!

### Say this...

- People with disabilities
- She has autism
- He has a learning disability
- She uses a wheelchair
- He has Fetal Alcohol Syndrome
- The victim has this diagnosis

### Not this...

- The handicapped
- She's autistic
- He is learning disabled
- She is crippled or wheelchair bound
- He's FAS
- The victim is this diagnosis

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## Be cautious of diagnoses...

Victims can be misdiagnosed with: psychosis, personality disorders, depression, challenging behaviors, anxiety, anger, aggression, etc when they really are dealing with Post Traumatic Stress Disorder resulting from trauma.

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### Look for...

- Unexplained injuries
- Unlikely explanations
- Delay or refusal of caregiver to seek medical treatment
- Blaming injuries on “self-injurious behaviors” when there’s no history
- Indirect disclosures (hints)
- Torn or missing clothing
- Sexually Transmitted Infections
- Unexplained chronic illnesses
- Fear
- Behavioral changes
- Sleep changes/disturbances
- Suicidal ideation or attempts

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### Barriers to Reporting

- About half of perpetrators are family or peers with disabilities
- The other half of perpetrators are caregivers
- Power/equality imbalance
- Lack of understanding around what is abusive
- Society myths
- Communication skills
- More touch situations and less privacy
- Lack of education around healthy boundaries (and sex education)
- Limited social network
- Prevention programs need to be modified for understanding

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### Advocacy

- The victim may not self-refer for services.
- **Ask** about what support they want from you. Assumptions should not be made about a person’s abilities.
- Use simple language and break complicated instructions or information into smaller parts.
- Survivor may not have legal capacity to consent.
- Get an unbiased interpreter (not caregiver). Don’t look at interpreter.
- You do not have to be an expert – be respectful, creative, open, and ready to learn.

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### Safety Planning Considerations

- New caregiver
- Transportation
- School – talk with Special Education Teacher and Para Educators about Safety Plan (possibly include in IEP)
- Triggers during Crisis Intervention/Prevention situations
- Strengths/Abilities
- Limitations
- Health related needs
- Respite care
- Benefits (SSI/SSDI payee)
- Assistive technology
- Be specific
- Medical Alert device and register with 911

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### Therapeutic Treatment Options

- Therapy and Counseling:
  - Eye Movement Desensitization and Reprocessing (EMDR)
    - Does not require verbalization.
    - Able to split trauma into pieces
    - Tactile, auditory, or visual processing of trauma
  - Cognitive Behavioral Therapy (CBT)
    - Event + Belief/Thought = Emotion or Behavior
    - Self monitoring, evaluation, reinforcement
    - Feelings, thoughts, (social) skills
  - Dialectical Behavioral Therapy (DBT)
    - Skill building
    - Improves self advocacy

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### Cultural Supports and Healing

Cultural healing is at the core of trauma recovery for youth



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**Be Prepared...**

- Do your own homework! Educate yourself.
- When referring, do a “warm hand-off,” meaning call first.
- Know the resources specific to each population in advance of working with that individual.
- Do not expect the victim to educate you.
- Know your biases and limits.
- Is your agency accessible? Make accommodations.
- Make policies so that turnover does not remove knowledge
- Victims don’t want a “special” advocate. They want a good advocate.

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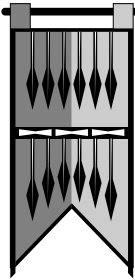
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