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GUIDE FOR COUNSELORS FOR WORKING WITH SURVIVORS WITH INTELLECTUAL DISABILITIES AND AUTISM

Illinois Imagines Project

March 2017

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Acknowledgments

Thanks to the Illinois Imagines Team members, who worked creatively and collaboratively to envision and create a new way to serve people with disabilities who experience violence. The Illinois Imagines team includes:

- ❍ Self Advocates and The Self-Advocacy Alliance
- ❍ Illinois Department of Human Services, Division of Family and Community services
- ❍ Illinois Department of Human Services, Division of Developmental Disabilities
- ❍ Illinois Department of Human Services, Division of Mental Health
- ❍ Illinois Department of Human Services, Division of Rehabilitation Services
- ❍ Illinois Coalition Against Sexual Assault
- ❍ Illinois Criminal Justice Information Authority
- ❍ Illinois Family Violence Coordinating Council
- ❍ Illinois Network of Centers for Independent Living
- ❍ Blue Tower Solutions, Inc.

We are grateful to the survivors with disabilities who have shared their experiences and taught us how best to support their healing.

To the many rape crisis center staff that gave us direction for this project by providing input through surveys, workshop discussions and emails, we truly appreciate your input.

The guidance of the Counselor Guide committee was instrumental in getting the project started. Thank you, Alice Kieft, Maureen Mostacci, Marge Parker, Shirley Paceley, Mary Ratliff, Linda Sandman, Morgan Tudor and Teresa Tudor.

A special shout-out to Maureen Mostacci from RSAC for her willingness to share her knowledge and expertise and dedicate her time to workgroup meetings and follow-up assignments.

Special thanks to Linda Sandman, LCSW, and Shirley Paceley, MA. who have freely shared their ideas and experiences gained from a long history of counseling people that most others thought could not benefit from counseling.

Lastly, we are grateful to Carol Corgan (editing) and Sean Black (editing and layout) for pulling together all of the materials developed by the team.

For more information on Illinois Imagines please visit www.illinoisimagines.org

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This project was supported by Grant #2015-FW-AX-K003 awarded by the Office on Violence Against Women, United States Department of Justice. The opinions, findings, conclusions and recommendations expressed in this publication are those of the author(s) and do not neccessarily relect the views of the Department of Justice, Office on Violence Against Women.

Section 1: Overview

SECTION 1: OVERVIEW
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Introduction

What you will find in this guide

1. Overview – Guidance to create a counseling environment where survivors with intellectual disabilities and/or autism feel welcome and staff are ready to provide a survivor-centered, empathetic response.

2. Fundamentals – Resource materials for agencies to use to build capacity of counselors to serve survivors with intellectual disabilities and/or autism.

3. Processing Styles – Information to better understand the different processing styles and methods to engage with clients who have different processing styles.

4. Counseling – Tools and information on how to improve counseling with people with disabilities from the first session through multiple sessions.

5. Guardianship – Resources to understand and work with legal guardians.

6. Forms to use with Survivors – Material to give survivors to augment counseling sessions.

7. Survivor Handouts – Material for survivors to have at home to help with the counseling process.

7. Resources – Additional resources to support your response.

This guide is intended to support counselors who may work with survivors with intellectual disabilities and/or autism and others who may have difficulty with abstract language, learning and social interactions.

This Guide will help counselors:

1. Engage in self-evaluation.
2. Increase their comfort and confidence to enhance capacity for counseling survivors with intellectual disabilities and/or autism.
3. Adapt existing counseling approaches by providing accessible tools and strategies.

Overview

Up to 90% of individuals with developmental disabilities are sexually abused at some time. (Valenti-Hein & Schwartz, 1995) Despite the alarming numbers of people with disabilities who experience sexual violence, victim services have historically served a limited number of people with intellectual disabilities and/or autism.

It is necessary for victim service agencies to help remedy this problem. One way to do that is to learn more about how to make services more accessible to those with intellectuial disabilities or autism. A first step is to better understand the needs of survivors with these disabilities and the barriers between them and rape crisis services.

One key barrier is the low disclosure rate. Survivors with disabilities don't disclose sexual abuse or seek services for many reasons:

- ❍ Survivors may not understand that what has happened to them is wrong and criminal. Therefore, they may not disclose.
- ❍ Survivors are often unaware of available services.
- ❍ Family members and disability service workers often minimize the prevalence of violence against people with disabilities.
- ❍ Family members and disability service workers may not believe that people with intellectual disabilities and/or autism can communicate or benefit from counseling services.
- ❍ Often the focus of the response to survivors with disabilities will be on investigation and reporting rather than response to and healing of the survivor

Rape crisis centers can respond to these barriers by conducting outreach to disability service agencies and people with disabilities in a variety of settings. The outreach message should emphasize:

- **We know people with intellectual disabilities experiance sexual violence.**
- **We are prepared to support you and help you heal from trauma.**

Making rape crisis services available to people with intellectual disabilities and/or autism requires self-education, skill building and confidence.

It is not unusual for people who have limited experience with individuals with intellectual disabilities and/or autism to feel unsure or uncomfortable when interacting with them. People with intellectual disabilities and/or autism are often viewed by others as being different, when in fact they are very much like everyone else. They have hopes and hurts; they laugh, cry and desire friendship and intimacy.

The difference between individuals with disabilities and those without may be in the balance of common characteristics and behaviors, especially in terms of intensity, frequency and duration. For example, many people enjoy routines and structure in their lives and may feel uncomfortable when their schedule is disrupted. An individual with an intellectual disability and/or autism may become very anxious and engage in self-soothing behavior, such as rocking to combat these feelilngs. The outward response may appear more intense than expected. It may also take a longer period of time (duration) to calm and adjust to change.

Similarly, frequency or repetition of words and actions commonly used by individuals may occur more often for people with intellectual disabilities and/or autism. Examples include organizing or lining up objects, preoccupation or focus on a specific activity or subject and repeating phrases or key words.

Think About It

If you believe everyone is competent and can heal, how does this impact how you work with someone with a disability?

One of the best ways for counselors to gain confidence and comfort is to interact with individuals with disabilities and form relationships. A counselor may think the work of counseling will be completely different if the survivor has an intellectual disability (ID) or Autism Spectrum Disorder (ASD). However, most responses from survivors with disabilities are similar to the responses of any other survivor. As noted above, the differences may lie in the intensity/duration/frequency of those responses. Let's look at possible implications for counseling people with intellectual disabilities and/or autism.

❍ **Intensity**
If the person has difficulty communicating verbally, the intensity of their behavioral responses may be increased. The survivor is using whatever means available to seek help or process the experience. The family/caregivers may be concerned about the behavior and want the counselor to intervene and stop the behavior. If the counselor can assure the person will be safe, it can warrant exploring the intense behavior further to try to understand the reasons behind it and what the person may be communicating through the behavior. Many of the ideas found in the Appendix section of this Guide can help the counselor in this exploration.

❍ **Duration**
The counselor may find that the pace of counseling moves more slowly with a survivor who has an intellectual disability and/or autism. It can take more time to establish rapport or to develop the narrative of the survivor's story. The experience of counseling, where another person is focused on hearing their story may be totally unfamiliar to the survivor. The person may be used to other people speaking on their behalf or deciding things for them. Trying to describe how the person feels or what the person wants for their life may be like learning a whole new language.

❍ **Frequency**
When providing counseling for a person with an intellectual disability or autism, setting up a schedule or repeating structure to the counseling session may provide a sense of familiarity and security, which will benefit the survivor. Another way frequency can impact counseling is the survivor may want to re-tell certain events or experiences over and over. This may be another way for the person to build in structure and security. People with autism often have specific interests that they enjoy talking about frequently. It is possible, in counseling, to use metaphors or build imagery into the session using the specific interest of the survivor. This guide provides an example of how to talk about emotions using the imagery of weather systems. (page 7-26). This tool was developed specifically because of the interest in weather of a survivor with an intellectual disability.

Being familiar with these principles will position a counselor for success in counseling individuals with intellectual disabilities and/or autism. This guide provides many tools and resources to build counselors’ knowledge, skills and comfort. Foundation information and principles that anchor this guide complete this chapter. They include:

○ **Key to the Guide**

○ **Value Statements**

○ **Top 10 Things**

○ **Key Concepts**

○ **Terminology**

Key to the Guide

Throughout the guide, you will find a variety of graphic text boxes. These boxes, which can be determined by their graphic, represent different items that can help you in your work to improve services.

Empowerment Opportunities

A common question is “How can I help a survivor find their voice?” We have included visual empowerment opportunities to provides ideas to help a survivor move from over-compliance to empowerment.

Problem-solving

As counselors, you often encounter situations where a number of possible options could help resolve the matter. We have used a Problem-Solving tool throughout this Guide to aid you in thinking through some of those options.

Think About It

Throughout this Guide, readers will be encouraged to think about the information presented and its implications to practice. These can also be used as a part of staff meetings or trainings as a conversation starter.

Facts and Additional information

Material can be used to supplement content discussed in the guide.

Resource

Throughout this guide, readers will find links to other resources which will provide new or additional information.

Value Statements

Illinois Imagines has developed some value statements to guide counselors in their work with survivors who learn and communicate differently than many people who seek counseling. The value statements consider the history of people with disabilities and effective approaches related to equality, access, and inclusion.

This toolkit was written based on the following beliefs and values.

1. All people can learn. When strategies are used that promote access to services for survivors with disabilities, all survivors benefit.
2. All people can communicate.
3. People with disabilities should have equal and quality access to rape crisis center services.
4. All counselors have the capacity to work effectively with survivors who have disabilities.
5. Healing can take many forms and is a person-centered process.
6. Like other survivors, people with disabilities benefit from knowing: You believe them; you are sorry this happened to them, they are not alone; the violence was not their fault; they are brave to tell what happened; there is hope for healing and that they matter.
7. Many people with disabilities experience multiple forms of trauma over a long period of their lives, resulting in complex trauma. Recovery services need to consider the complexities of the survivor’s history and life.
8. Historical trauma is common in the lives of people with disabilities due to the history of oppression, segregation, marginalization, discrimination, mass murders, involuntary sterilizations and more. In some situations, this historical trauma can be addressed along with healing from sexual violence.
9. People with disabilities are part of a minority group, and society needs to change its response and treat people with disabilities as citizens with equal value and equal rights.
10. Each person with a disability can exercise choice and drive their own healing process, with appropriate support.

The Top 10 Things Counselors Need to Know About People with Disabilities

1. We have been hurt. Sexual violence is a very real part of our lives. We feel shame and guilt and fear and confusion. No one may know that we suffer. It most likely happened many times and by more than one person. For some of us, it has been so common; we think it is just a part of life. We may not report because we fear losing services and independence, not being believed, not being considered a credible witness, not getting victim services. We may not know there is anyone who can help us so…

2. We need your support to move forward. We need you to listen and be patient. We need you to give us an opportunity to share our story. We need you to remind us that it wasn't our fault. We need you to remind us that we are not alone. We need you to help us understand what has happened and how we can be strong again. Recovery is not a straight path, and we need you to help us when we stumble. As we walk through this together, it would be good for us both to know that…

3. We are not all the same. People with disabilities are a diverse group and there is no one size fits all. Our disability labels include physical disabilities, intellectual disabilities, mental illnesses, developmental disabilities, blind and Deaf. Everyone with a particular label is unique. Designing access requires time, expertise and willingness. Don't worry, you don't have to be the expert on disabilities because we are. Ask if you want to know how to support us. We have learned that this does not happen easily so understand that….

4. We are more than our labels. Our diagnosis does not tell you anything about us. We want you to know our abilities and talents and contributions. We want you to know our deepest dreams and even our purpose. When you know our strengths, you can help us to expand our life possibilities. You can balance out what has been taken from us. You can see us as a person, very much like yourself, doing the best we can. As you recognize that we are more alike than different, please know that…

5. Everyone communicates. We may not communicate the same way that you do so you might think you can't understand us. Some of us communicate with devices, some of us use pictures, and some of us can show you with gestures and pointing. Take the time to get to know how we communicate. Together, we can figure out lots of things. Please give us time and…

6. Listen carefully. You can understand us. But don't just listen with your ears; listen with your eyes as our bodies have a lot to say. And most importantly, listen with your heart. When you do, you will most likely understand what we are trying to say. If you don't understand something…

7. Ask me to repeat what I said. Those of us who are difficult to understand know that. We would rather you ask us to repeat something than pretend you know what we said. You will get better with practice. There is a label called 'non-verbal' which means I can't use my voice, but I can still communicate. Don't be tricked by these labels, or the person who hurt us gets to win. Instead understand that…

8. Some of us need accommodations to participate. Some of us need something to be able to participate in counseling. For example, some of us need an American Sign Language Interpreter, some of need Braille documents, some of may need pictures to show what happened; many of us need to be spoken with in plain language. Ask what we need so we can best participate. We may also need your help to…

9. Teach family and support staff about the effects of trauma. When we are having a hard time, people say we are having a 'behavior', or that we just want attention. We don't understand why people without disabilities can have difficult times but we are not allowed to. Can you help them understand that we still remember the abuse and it hurts? No medicine or behavior plan will make the memories go away. Teach them to believe and support us. We need to feel safe to express what has happened to us. We need help in finding our strength and moving forward. We don't want to be managed; We want to feel able to manage ourselves. Please also…

10. Encourage others to empower us. If you teach us to be assertive and tell us we can say no to unwanted touch, we may be confused. Some of us are NEVER allowed to say no. If we can't say no to food or an activity, how can we possibly say no to someone who wants to hurt us? Keep teaching us how to be safe, but encourage and teach our families and staff also. If the people we trust the most give us permission to say no, then we will be free to say no to others.

Key Concepts

Disability Humility

Disability humility is a survivor-centered approach which equalizes power between the counselor and the survivor. This approach reinforces the fact that the survivor is the expert about what happened to them, how they best learn, what they need to feel better, and what makes them most comfortable. In counseling, disability humility requires the counselor to be open, respectful, creative and ready to learn.

As a counselor, **YOU DO NOT HAVE TO BE AN EXPERT ON EVERY KIND OF DISABILITY.** The disability is not the most useful or interesting piece of information about the person. Healing is supported by focusing on the whole person. See "Disability Humility" handout page 8-5.

Disability Diagnosis

When working with a person who has been diagnosed as having an intellectual disability and/or autism, counselors may notice a tendency for others in the survivor's support network, i.e., staff from the provider agency or family members, to over-attribute the survivor's behavior to the diagnosis of intellectual disability and/or autism. This can lead to misunderstandings about the survivor's path to recovery, and miss the significance of important health information. This pattern has been called "diagnostic overshadowing."

> **Example 1:** Tayla, age 25, who has been diagnosed with an intellectual disability, may be more withdrawn following sessions. Her caregiver may believe Tayla is overwhelmed and confused about counseling because of her disability, rather than recognizing her behavior as a response to trauma.
>
> **Example 2:** Sarah, age 12, was diagnosed with autism and had limited verbal skills. She wore a helmet to protect her when she banged her head. She had begun to hit herself more frequently and refused to eat. She had been hospitalized on a psychiatric unit because of her behavior, without improvement. The belief was that Sarah's behavior was a result of her autism. However, it was then discovered that Sarah had an infected molar and it could be life-threatening. Once her medical emergency was addressed, Sarah became calm. The helmet was no longer needed. It is important for counselors to see past the known disability, look at the whole person and be aware that information received from others may reflect incorrect assumptions.

Intellectual Capacity

Everyone has the capacity to heal. A survivor does not have to verbally express insight about the dynamics of sexual assault to heal. Many survivors of sexual assault who have intellectual/developmental disabilities have participated in counseling and had positive outcomes. It is best to keep an open mind about the person's capacity.

Family members, support staff and disability services personnel may refer to the survivor's mental age. Mental age refers to a person's ability expressed as the age at which a person without disabilities reaches the same ability. Mental age is often included in a psychological evaluation of someone with an intellectual/developmental disability. Yet, it refers to only one aspect of a person's functioning.

There are many types of intelligence. The concept of mental age has led to a false belief that a person with an intellectual disability is an "eternal child." When someone reads that "Sue has a mental age of 6 years," Sue may be treated like a 6-year-old child, instead of her chronological age of 37. It is impossible to live 37 years (or 28 or 65 etc.) and be like a 6-year-old. This false measure causes many problems in the lives of people with intellectual disabilities, including being treated with little value and little respect.

A person's mental age should not be a primary factor in determining the approach to use with an individual. Counseling may require more direction and it may take more time for survivors with intellectual disabilities and/or autism to process information. Slowing down and allowing time for the individual to take in the information, think about it and respond will support engagement in counseling. It's helpful to have a repertoire of action techniques like role playing, art therapy techniques or the use of figures to help the client tell their story.

Presumed Competence

In counseling any person, it is helpful to see their strengths and competencies as you move through the counseling process. Kathy Snow puts it this way, "When you think about someone with a disability, presume competence. When you see someone with a disability, presume competence. When you are with someone with a disability, presume competence. When we presume competence, we create a community where all are valued and included." See Kathy Snow article, "Presume Competence" pages 8-6-8.

Processing Styles

How do I know how a person understands best? People process information in a variety of ways. **The framework in this guide describes seven distinct styles – visual, auditory, kinesthetic, logic, music, interpersonal, and intrapersonal.** Many people have a dominant style. These are also referenced as learning styles.

Paying attention to the words a person uses (for example, I hear, I see, I feel), can be helpful in determining their processing style. While people may prefer one style over others, most people understand best when a variety of processing styles are used to reinforce and contrast information. When there is an overreliance on talk therapy, people who rely on a variety of processing styles may not fully benefit. In general people with an intellectual disability and/or autism tend to learn best with visual and kinesthetic (body sense - tactile, movement, motor) approaches to communication. Section 3 of this guide, includes detailed information about processing styles and which styles are aligned with different strategies for counseling.

Staff Capacity

It is in the best interest of survivors and the agency to grow the skill set of all staff to meet the diverse needs of survivors. There is a natural tendency for an agency to identify one person to be the “disability counselor”. This may appear to be a more efficient model or reflect a particular staff’s interest or skill set. However, there are limitations to this approach.

- ❍ Availability of staff
- ❍ Loss of capacity to meet the needs of survivors with disabilities when the “disability counselor” staff leave the agency
- ❍ Unbalanced caseloads
- ❍ Does not allow being responsive to survivor preference
- ❍ Restricts opportunities for creativity, resourcefulness, problem-solving and collaboration
- ❍ Assumes other counselors are less capable of counseling people with disabilities. As with other facets of cultural competence, all counselors to need training and experience with people with various abilities. We have learned that the best method for counselors to become more comfortable and confident in their abilities is by developing relationships with people with disabilities. Counselors who expand their experience and have opportunities to learn new approaches will greatly benefit survivors and the organization.

Check Your Assumptions

We all have assumptions. Everything you have heard and experienced about people with disabilities up to this point contributes to your assumptions about people with disabilities and your ability to work with them. The assumption can be about your capacity and/or the person's capacity. You may assume that you don't know how to work with the person and/or assume that the survivor with an intellectual disability can't benefit from counseling

It is critically important to know what assumptions you have and the impact those assumptions make on counseling someone with an intellectual/developmental disability. Check with yourself. Assess your assumptions, beliefs or biases about working with a survivor who communicates with movement or pictures.

Assumptions may result from a lack of experience or from one experience with a person which is then generalized to all similar people. Assumptions can cause harm to people if they lead to a survivor not being able to access counseling services. Assumptions can limit a survivor's potential to benefit from services.

Feel free to discuss your assumptions with co-workers, peers, and/or your supervisor. If your assumption stops you from working with a person, ask yourself: "What would it take to change my assumption?"

"Access from an Interpersonal Angle"

Tools for Ongoing learning

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project, Disability Rights Wisconsin, End Domestic Abuse Wisconsin, Wisconsin Coalition Against Sexual Assault.

We can be more proactive about trying to be accessible when we have greater awareness about how our discomfort manifests. "With awareness about what is happening to us, we are able to make adjustments in the direction of greater accessibility."

Terminology/Definitions

Autism Spectrum Disorder (ASD):

ASD is a vast range of neurodevelopmental disorders which impact the person's ability to communicate and interact with others. Challenges, which may include repetitive behaviors, speech, communication, social skills and unique strengths and differences.

Culture of compliance:

A culture of compliance is one in which people with disabilities are taught to always do what they are told, no matter who tells them and across settings. Compliant behavior is repeatedly reinforced and rewarded and becomes an expectation of the system and culture.

Developmental Disability:

A diverse group of disabilities originating before the age of 18 which are long-lasting and cause difficulties in several life areas such as language, mobility, self-direction, learning, self-help and independent living. Developmental disabilities may or may not result in an intellectual disability.

Disability Humility:

Disability humility is a model for working with people with disabilities that requires the 'helper' to be open, humble, creative and ready to learn. This approach is one of shared and equal power between the counselor and the survivor. It recognizes the person with a disability as the expert on their own experiences and needs. For more information see page 8-5.

Guardianship:

Guardianship is a legal relationship between a person or an entity and an adult who has been determined, in a court of law, to be unable to make decisions on their own behalf. There are two main kinds of guardianship: guardian of estate (property and assets) and guardian of person. The guardian of person's authority is spelled out in the court document and may include authority for medical care decisions, placement decisions, and treatment/program decisions. Being the representative payee for benefits such as Social Security is NOT the same as guardianship. (see staff and self-advocate handouts on Guardianship, SASETA, Rape Crisis Center records and Short-term Counseling in Section 5.

Intellectual Disability:

A disability originating before the age of 18 which is characterized by significant limitation in intelligence as well as adaptive functioning.

Non-verbal:

References a person who does not use auditory speech to communicate; Despite this, a non-verbal person can communicate in other ways.

People (or Person) First Language (PFL)

Language that puts the person before the disability and defines disability as an attribute, not the totality of the person. PFL, as described in “Disability is Natural” by Kathie Snow, uses language to promote dignity and respect and to rid language that marginalizes people from society. We recognize people first as individuals, prior to identifying any aspect of their life.

Sensory Overload:

Sensory overload occurs when a person experiences a sensitivity to sensory input in one or more of their senses, which overwhelms and negatively impacts the individual. It can cause discomfort, pain, anxiety and anger. Sensory overload can be minimized by reducing sensory input in the counseling environment (e.g., lighting, auditory, speaking and moving slowly, sitting quietly until the person is ready to speak, etc.).

Assume Less, Consider More

If I assume I cannot work with a survivor who is non-verbal, what happens to the survivor?

Section 2: Fundamentals

SECTION 2: FUNDAMENTALS
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Introduction

This section of the Guide provides a starting point for counseling people with intellectual disabilities and/or autism. The goal of the section is to give each counselor a basic foundation of tools necessary to provide the best client services.

Culture of Gentleness

The Culture of Gentleness was created for caregivers to be able to put ‘clients’ at ease through their words, actions and demeanor. A Culture of Gentleness has been adopted by some disability service providers as a positive approach to providing services. The concepts might be helpful to counselors who work with survivors who may be frightened and experiencing stress in their lives and during counseling sessions. There are six tools to create a culture of gentleness, which can be adapted for counselors:

1. **When the survivor gets louder, I get softer.**
2. **When the survivor gets faster, I get slower.**
3. **Be gentle with my words.**
4. **Be gentle with my eyes.**
5. **Be gentle with my touch.**
6. **Be gentle with my presence.**

These tools can also help the counselor feel and express empathy when the counselor might feel a little uncomfortable. By focusing on these tools, the counselor might be able to connect with the person and begin to build a therapeutic relationship.

Think About

Remember, if the person isn't saying something, it doesn't mean they don't have something to say. How will I know?

Pacing

Pacing addresses how the survivor moves through the healing process. As a counselor, you typically pay attention to the survivor's level of engagement, how much progress you believe you are making and what the survivor's level of insight is about the trauma and power dynamics. When working with a survivor who communicates or processes information differently, the pacing will need to be adjusted.

Consider these ideas:

- ○ Adjust your expectations for how communication happens so you can better match the survivor's needs.
- ○ Break down information for ease in understanding.
- ○ Be comfortable with silence.
- ○ Check for understanding by having the survivor repeat back to you their understanding.
- ○ Present information in various formats/processing styles to increase opportunities for understanding.
- ○ Be comfortable with things taking longer than you are used to.
- ○ Open yourself to all of the ways that a person might communicate.
- ○ When you ask a question, be prepared to wait. Let the survivor set the pace
- ○ Mirror the survivor's pace.

Context in Counseling

Counseling does not happen in a vacuum. An individual or group session occurs in the midst of daily life. For counseling to be effective, counselors must have some understanding of the survivor's life outside of sessions. See "Establishing a Day in their Life" handout, pages 2-28-30.

The following experiences or situations are common for people with intellectual or developmental disabilities:

Culture of compliance

Many people with intellectual/developmental disabilities have been trained to be compliant; oftentimes by caring parents, staff, teachers, etc., over a lifetime. They learn to follow what others tell them to do and not make their own decisions or assert their own wishes or opinions. Of course, this is one of the reasons why they experience domestic and sexual violence at a greater rate than others. Too many individuals with intellectual and developmental disabilities have never been encouraged to think for themselves and make decisions about what they want and what they don't want.

It is important for counselors to understand that many people with intellectual or developmental disabilities have had few opportunities to learn about healthy sexuality, healthy relationships and sexual violence. Parents, caregivers and/or staff may have not seen the importance of this type of education or may have been fearful that teaching people with intellectual or developmental disabilities may lead to interest in sexual activity.

Think About

What impact can wanting to please others have on counseling? How can you respond if you think the survivor is saying what you or others want to hear?

Daily life is not risk free; but compliance and restriction is not the answer.

Moving from Over-compliance to Empowerment

Over-compliance is a challenge for counselors who understand power dynamics and use a survivor-centered approach. Supporting someone to move from over-compliance to self-direction can be a central goal of counseling. Counselors who have worked with survivors with disabilities report that this can be a very long process or can happen quickly. As with everything else, it depends on the individual survivor, their support system and the counselor.

When you observe someone who is very careful about:

❍ their response;
❍ your reaction to their responses;
❍ and/or looks to parents or staff before and while responding -

Then you are probably working with someone who is over-compliant.

Here are three strategies that are helpful in letting the survivor know they can be trusted to speak their truth and to make their own decision:

1. Intentionally provide the survivor with lots of choices: where they sit; if they want a drink; what activity to do; the time, date, location of the sessions; what makes them comfortable/uncomfortable etc.

2. Psycho-educational activities (in addition to your typical ones) would include topics such as: right to be safe; right to make choices; power dynamics; boundaries in sharing their story; and empowering self-statements.

3. If the survivor asks you for advice, ask the survivor, “What do you think?” or “What have you tried?” The key to helping the survivor gain confidence in themselves is for you to pay attention, be patient, be intentional, and celebrate successes.

Think About

If a survivor is used to others making decisions for them, what impact might this have on service planning?

These strategies can help survivors to increase their own power and control.
It is important to note that information received from others may be influenced by the survivor’s history of over-compliance. For example, the caregiver or staff may assume the survivor will say what the caregiver or staff want them to say. As the survivor feels more empowered, they will be more likely to report their own feelings and perspective on the situation.

Structured programming/activities

Routine is important for many people with intellectual disabilities and/or autism. Many available disability programs or activities are structured, repetitive and consistent. Disruption in routine may be upsetting or produce anxiety. Be aware that a survivor may be upset when arriving for an appointment and it can be related to this change in schedule and not the counseling itself or events in the week. Establishing a set appointment time for counseling sessions and creating a routine during the sessions can be helpful.

Few choices

Not being allowed to go places alone or do things that you want to do unless approved by someone else (and yes, even as an adult); might not own something of their own (clothes have their names in them); can't make purchases without consent; Have to ask permission to use the phone; told when lights go out; not allowed to take food from the refrigerator or have snacks from the pantry. Have to ask permission from others for the simplest of activities rather than being treated and respected as an adult is commonplace for many adults with intellectual or developmental disabilities. Using a survivor-driven approach may be more difficult and take more time. Provide support as necessary without "doing for."

Limited opportunities for relationships

The world for an individual with an intellectual disability and/or autism may be relatively small. Their social interactions may be limited to family members, paid staff, medical providers and other people with disabilities. They may not be allowed to date or even see people outside of structured programming. Education about healthy relationships, boundaries and sexuality may need to be included as a part of counseling due to limited knowledge and experience.

Limited Social experiences

Similar to or as a result of their small circle of relationships, many people with intellectual or developmental disabilities may not have experienced many of the things that others without disabilities have experienced. Visiting another city, driving, shopping, attending concerts or sporting events, etc. may not be activities that the survivor with a disability has experienced. Knowing the individual's life experiences can help with various aspects of counseling, such as, building rapport, teaching coping skills and developing a service plan. Additionally, this information can be used to enhance understanding of abstract concepts. For example, if someone tells you how they make key chains at work, you may later use this analogy to explain problem-solving.

Living Situation

Some people with disabilities live independently in the community whereas others may live in a group home or facility. What is the survivor's current living situation? Is safety an ongoing concern? Does the perpetrator have access to the survivor? If a change in living situation is needed to promote safety, what community partners or resources can be leveraged to make this happen? Knowing the survivor's living situation will assist in safety planning efforts and in understanding potential risks and triggers.

Little “t’s”

People with disabilities may have experienced a lifetime of “little traumas” in addition to the violence that brought them in for services. These experiences may be more impactful or devastating to the survivor than the violence. The little “t’s” can accumulate over time and create complex trauma.

Little “t’s” may include being segregated, bullied, excluded from social events, being called names on a daily basis, and enduring stares from strangers.

Counselors may want to explore with the survivor other traumatic events in addition to the sexual violence. Listen carefully to the survivor’s story without making assumptions about what was most harmful.

Think About

What implications might a history of little “t’s” have on the experience of violence? Healing process?

Communicating with People with Various Kinds of Disabilities

These are several factors that influence communication:

1. Following trauma, it may be more difficult for a person to follow what is being said and to speak.

2. A person's ability to communicate what happened to them is not necessarily related to cognitive understanding or truth-telling.

3. It is easier for a victim to communicate what happened to them when speaking with someone they trust.

4. Some people communicate in nontraditional ways or ways that are not easy for us to understand; however, they can still communicate if we take the time to understand.

5. Some people can understand what is said; however, have difficulty expressing what they want to say.

6. We all have different ways of understanding and expressing ourselves. Attempt to use multiple means of communication to increase the likelihood of being understood.

7. Some disabilities can impact how a person responds under stress. Do not be misled or misinterpret a person's affect.

8. There is more than one way to communicate. Some individuals require ASL intepreters and other technology

COMMUNICATION GUIDELINES

For many individuals with disabilities, communication will be no different than with a client without disabilities. For others, communication may pose challenges. The following are some things to keep in mind when facing communication challenges.

❍ Explain to the person that you are here to help.

❍ Ask the person for their consent.

❍ Provide facts about who you are, what you are going to do, and what happens next. (i.e. counseling process.)

❍ Begin the conversation with general chatting to establish rapport and observe communication patterns. All of us are more difficult to understand when we are upset, so beginning with topics not directly related to the assault, allows time for both parties to feel more comfortable. Ask general questions, use active listening, and get to know the person. Offer the survivor some choices. For example, see if the person would like a drink. Offer them a choice of what to drink. Let the person decide which chair to sit in, if possible. Offering choices lets the person know you respect their ability to make decisions.

❍ If the person is an adult, communicate with them like an adult and use a normal tone of voice. Do not speak like you might to a child or raise your voice as if the person is hard of hearing.

❍ Try to determine the relationship between the suspected abuser and the survivor. Because many people with disabilities depend on others for their care, you will need to know what the relationship means to the survivor in terms of practical and emotional issues.

❍ Let the person tell the story and lead the discussion.

❍ Use simple words and sentences (Plain language). Pictures may be helpful.

❍ Be consistent in use of words. When you find a word that is understood, use that word each time it is appropriate instead of substituting

❍ Allow time to process. Being silent for a few moments after you speak will allow the person who needs more time to process your communication to respond.

❍ Take frequent breaks as needed.

❍ Many individuals with cognitive disabilities may be very concrete in their thinking. Phrase questions and statements in such a way as to avoid ambiguity or confusion. Try to avoid words or phrases with multiple meanings, sarcasm or jargon.

❍ The use of metaphors, analogies and story examples can be very helpful. Especially for people with intellectual disabilities, avoid using leading, or "yes" and "no" questions when communicating. Open-ended, non-leading questions are best. If you are smiling and nodding when you ask a question, you may receive a nod and a smile, but no real information. People with all levels of ability could be led by particular actions of another person. Remember, people with disabilities are taught to be compliant. They may be easily led and quick to please.

❍ Realize that you may need to ask the same question in several different ways before you are able to communicate your meaning clearly.

❍ Look for patterns of misunderstanding.

❍ Do not ask "Do you understand?" If the person you are talking to is having trouble focusing or staying on track, help the person to do so by rephrasing questions and providing structure to the subject you are discussing.

❍ If the person does not directly answer the questions asked, the person may be associating it with something else of relevance. You can respond with, "That's interesting. How does it relate to…?"

❍ You may set aside time to talk about things irrelevant to the current situation. You could say "First we are going to talk about this, then we'll talk about that, or we'll take a break." Then redirect the person to the question firmly and politely.

❍ Listen to all information and believe what you are told.

❍ Make every effort to get accurate information from the person with a disability before relying on information from others. What the person is telling you may seem factually incorrect, but it's possible the person has interpreted the words differently.

- It is very helpful to use and engage all of the senses: sight, sound, touch, taste and smell. Art therapy, play therapy, sand tray therapy, are all useful with survivors with disabilities. Often, they are more effective than cognitive, talking approaches.

- When you are having difficulty understanding the person, say this:

    - "I know you are trying hard to answer my question. Could you help me by slowing down or trying again?"
    - "I hope you will forgive me if I don't always get what you say the first time. I really want to hear what you have to say. Take your time. I'll try harder to listen."
    - "Can you say that again?" or "I really want to make sure I understand. Tell me that again."
    - "Do you have any communication needs I should be aware of?"
    - "Would you like to answer the question now or later?"

Communication with Individuals who do not Communicate through Oral Language

Some people with developmental disabilities are unable to communicate through oral language, yet possess receptive language and other ways of communicating which include: sign language, nodding, or a communication board that has pictures, symbols and words to which the person can point.

A communication board may be attached to a wheelchair tray or the person may carry it in a book form. There are also augmentative communication devices, which are usually computerized. The person presses keys or symbols that come out as a synthesized voice. The person may also communicate in writing, drawing, hand or feet movements or by eye-blinking, hand squeezing, etc. When these are used, observe the person's reactions to the caregivers. Watch body language, which may express what words cannot. If the person becomes agitated or fearful at the mention of someone's name, document this.

Additional Considerations

Anxiety almost always exacerbates speech impairments, so survivors with such a condition need patient, reassuring questioning. Repeating what the survivor said assures that the words were correctly understood and frees the survivor from having to start from the beginning each time. If a certain word cannot be understood after several repetitions, ask the survivor to spell it out.

Emotional trauma can affect blood sugar levels, which, in the case of those with diabetes, can make people appear to be intoxicated when they are actually experiencing a medical emergency. People with cerebral palsy also can be perceived (incorrectly) to be intoxicated. Advocates should ask survivors if they are diabetic or what kind of assistance they need and then see to it that their needs are met. It is important that advocates/counselors make no assumptions about the person's ability or disability and instead ask as many questions as necessary.

The survivor should have total control over what is done to them and should direct any assistance that is provided. For example, if someone who is paralyzed needs to be moved, the person should direct who does what in moving them. A person with a disability faces the complex challenges of coping with being a survivor but also as well as their disability and the barriers posed by agencies providing services.

**"Don't pretend you understand me. I can tell.
Respect me enough to tell me the truth."**

Illinois Self-Advocate

Problem-Solving: Communication

Identified Concern	Possible Responses
Survivor appears “non-verbal”	1. Check with supportive other if this is a recent development (i.e., since the assault). 2. Ask how the survivor prefers to communicate. 3. Explore writing as an alternative method for communication. 4. Consider using an expressive art to engage survivor in counseling (i.e., art, manipulatives, clay).
Survivor uses communication board	1. Ask survivor to show you how the communication board works and how she/he will like to use it in sessions. 2. Show survivor the Illinois Imagines “Who, What Where” Guide as a possible additional resource for visual supports. 3. Plan for a different sense of pacing when working with a survivor who uses a communication board. It naturally takes a bit longer to communicate with each other, but can add a depth and richness to your communication as you work together.

Problem-Solving: Communication

Identified Concern	Possible Responses
Survivor uses sign language	1. Check within your own agency to see if anyone is credentialed as an interpreter for American Sign Language. 2. Contact your local disability service provider or the Registry of Interpreters for the Deaf (www.rid.org) to locate a certified interpreter. 3. It is not recommended to use a family member to interpret for the survivor.
Survivor's speech is difficult to understand	1. Although it may be difficult to understand the survivor's speech initially, you may be surprised how you will be come more attuned to her/his speech over time. 2. Ask for clarification if you don't understand something the survivor says.

Assess Processing styles

Most people are familiar with the three processing styles visual, auditory and kinesthetic. Four additional processing styles, logic, music, interpersonal and intrapersonal, will be helpful in your work with survivors with intellectual disabilities and/or autism.

Types of Processing Styles:

Auditory

- ❍ Individuals are likely to learn best when hearing the information
- ❍ Providing maximum opportunities to “hear” the material to be understood will prove most useful, so techniques that involve listening and/or talking will be effective.

Examples of auditory processing style:

- ❍ Group discussions
- ❍ Lectures
- ❍ Reading out loud
- ❍ Listening to CDs/MP3s/videos/films

Interpersonal

- ❍ Individuals need to process information, feelings, thoughts within the context of a relationship.
- ❍ Individuals tend to listen well and understand the views of other people.

Examples of interpersonal processing style

- ❍ Role Plays
- ❍ Discussion
- ❍ Doing things together
- ❍ “What do you think Sue was feeling?” scenarios

Intrapersonal

- Individual tends to be more private and introspective.
- Individual will focus their thoughts and feelings on the current topic. They may process things internally, spiritually, or using their own thoughts and feelings.

Examples of intrapersonal processing style:

- Thinking assignments
- Meditation
- Yoga
- Spiritual/religious practices

Kinesthetic

- Individuals need to do an activity, practice a skill or manipulate material physically in order to learn most effectively.
- Individuals with a motor style need to be physically involved in their learning, thus the key to enhancing their understanding is lots of “hands on” activities.

Examples of kinesthetic processing style:

- Field trips
- Experiments
- Role playing
- Games
- Writing
- Practice
- Drawing or coloring

Logic

- Individuals need a pattern or a predictable sequence or equation to learn.
- Individuals will relate to cause and effect (i.e., A + B =C) and may be good at numbers.
- Some people on the Autism Spectrum process information logically and can make connections between seemingly meaningless content.

Examples of logic processing style:

- Focus on rules
- Behavior X Equals Consequence A
- Use masking tape to teach boundaries
- Difficulty with ‘exceptions’ to rules
- Organizing or lining things up

Music

- Individuals need music to access a memory, process a feeling or learn a new concept or skill.
- Individuals will relate to the lyrics of a song much better than hearing the message without music. For some individuals, music is a more powerful teacher than any other kind of experience.

Examples of music processing style:

- Singing
- Listening to music
- Talks about songs; singers
- Dance

Visual

- Individuals need to “see” the information or material in one form or another
- In general, any technique that allows individuals to use their eyes will be effective, so instruction should include activities that involve watching, reading, writing and pictures.

Examples of visual processing style:

- Videos and films
- Written materials with lots of graphics (i.e., charts, tables, pictures/clip art, photographs, etc.)
- Visual supports (i.e. visual schedules, social stories, Picture Exchange Communication System ™, etc.)

Most people have a primary or dominant processing style; however, it is common for individuals to learn in many ways. In fact, most people benefit from information that is “taught” through multiple processing modalities. Try different approaches and see which is best or most comfortable for the survivor. When teaching skills, a survivor may benefit from a layered approach: 1) explain, 2) demonstrate, 3) do together and 4) try the skill/activity alone.

The problem solving guide on the the next two pages can help you identify a survivor’s processing style.

Problem-Solving: Engagement/Processing Styles

Identified Concern	Possible Responses
Survivor appears to have limited understanding and insight	1. Assess which type of processing style works best for the survivor, then incorporate activities/strategies using this processing style. 2. Check your assumptions. People experience relationship and healing differently and may be benefitting in ways you cannot always see or they can not always express. 3. Be creative. Explore communication using different formats, including expressive arts. Let the survivor teach you what is helpful. 4. Provide a symbol that represents a message.
Survivor doesn't remember the last session	1. People experience healing through more than their cognitive processes. Be open to other ways the survivor demonstrates engagement. 2. If survivor would like to remember more details, work together to come up with a system: use a notebook to write down major themes or strategies; draw pictures or make a short video to keep at the center and review the next session.

Problem-Solving: Engagement/Processing Styles

Identified Concern	Possible Responses
Survivor's preferred processing style is unclear	1. Start by asking questions. Some survivor's will be able to tell you how she/he understands best, or how they learned a certain skill. 2. Incorporate a variety of strategies into your work with the survivor: Visual, Music, Conversation, Role Play, Movement, etc. Ask the survivor about her/his experience with each strategy. Observe how the survivor responds to the different activities. 3. With the survivor's permission, ask a supportive other who knows the survivor well about the survivor's preferred processing strategy/strategies. 4. Remember, that an approach that combines processing strategies is often the most helpful. Understanding is reinforced through the various strategies/activities.
Survivor has low vision or is blind and the agency primarily has visual supports	1. Start by asking the survivor what processing strategies tend to work best for her/him. 2. Be creative - try music, role play, clay or other textured materials. Observe what the survivor responds to positively. 3. Some individuals who are blind or have low vision utilize screen magnifiers or screen reader software (converts text to sound). This may be helpful when paperwork is the only option. The American Foundation for the Blind (www.afb.org) has a section on Living with Vision Loss and Using Technology.

Making Adaptations

Activities mentioned in this guide are included because they have been used during counseling sessions with survivors with intellectual disabilities and/or autism. Some activities were specifically developed for people with disabilities while others were adapted from general counseling techniques.

Most of the activities that you currently use can be adapted to be a better fit for survivors who may have difficulty with abstract language, learning and social interactions. The first step is to identify the goal of the activity, i.e. learn non-harmful ways to express feelings or identify people to talk to when upset. Then, think about other methods to reach the same goal. For example, instead of using traditional journaling, adapt the activity by having the survivor cut out images from a magazine or draw pictures to convey their thoughts, feelings and experiences.

Be creative. Brainstorm as many processing styles as possible for activities you typically utilize during sessions. Keep in mind that adaptations aimed to simplify should still relate to the survivor as an adult.

Many counselors have a core set of handouts or educational materials that are used to support understanding and healing. Review the written materials. Are they easy to understand? Try reading them out loud to assess the tone and reader friendliness. Do they relate to the daily experiences of people with disabilities? Is there too much information? Trauma makes it difficult for many survivors to process information or new ideas. It is true that “Less is more.” Fewer words can be more effective than large amounts of new information. More space on page is not as overwhelming to absorb. A quick easy guide to reviewing written materials is following the ABCs:

A –
❍ Avoid complex, run-on sentences
❍ Avoid Abstract concepts
❍ Add pictures when possible

B –
❍ Basic ideas first
❍ Break it down

C –
❍ Check for understanding
❍ Clear, concrete, concise wording

An example of making adaptations in counseling is the Five Senses grounding strategy developed by Stephanie Covington.

Five Senses - Stephanie Covington

- 5 Things
- 4 Things
- 3 Things
- 2 Things
- 1 Thing

As you can see in the graphic, when people are' triggered', they can use the five senses to ground them in the present time and place by: naming five things they can see; four things they can touch; three things they can hear; two things they can smell; and one thing they can taste.

This can be adapted to match the preferences and skills of the specific survivor. A survivor may not be able to count but can still name things they can see, touch, hear, smell and taste. A survivor may need to carry a picture card with a reminder of what to do. A survivor may need reminders by someone in their living environment. The reminder may be a friend who may point to their own eye. The reminder may be someone whispering to the survivor, “What do you see?” Most strategies and materials can be adapted to suit the preferences, personality and abilities of the survivor you are supporting in the counseling process.

Establishing Rapport

It is essential that you establish meaningful connections with the survivor. Some survivors may be ready to talk about the abuse experience and engage in counseling from your first contact with them. For others, it can be helpful to have conversation that does not immediately focus on the abuse. The next several pages provide two approaches to build connection, learn about the survivor and provide information about sexual safety, sexual violence prevention and trauma recovery.

The “Conversation Guide” pages 2-23-27 offers questions arranged by theme areas. The second guide, “A Day in the Life,” pages 2-28-30, helps you learn about the survivor’s daily life and what matters to them.

Conversation Guide

These “conversation starters” are intended to stimulate thought about conversations that might be helpful or of interest to the survivor. Expand on these questions and follow the lead of the survivor. Remember, your role is not to control the conversation or tell the survivor what to do. When the survivor wants to talk, you’ve already begun.

Theme: Interaction

When two or more people are together, what happens between them is called inter-action. Action is what we say and what we do. So, inter-action is what we say and do with other people.

❍ What do you like or enjoy about some people?

❍ What don’t you like or enjoy about some people?

❍ Have you ever felt confused or uncomfortable with another person; what happened?

❍ You might notice someone smiling at you, or asking a question. You might wonder, why are you smiling at me or why are you talking to me?

❍ When you feel confused or uncomfortable, you might not know what to do. Have you ever felt confused or uncomfortable with someone; what happened?

❍ Someone might tell you what to do. Then, you have to decide whether you should do that or not; how will you decide?

❍ Someone might stand or sit closer to you than feels OK. Someone might touch you in a way that you don’t like. What do you feel in your body when someone says or does something that you don’t like?

❍ Sometimes people say or do something that sounds good, it might feel good too, but you don’t like it. Even if something feels good and sounds good, you might want the person to stop. What could you do?

❍ Part of being a grown-up is learning to take care of yourself. Even when we are done with school we have to keep learning to take care of ourselves. If you ever feel uncomfortable or confused, you’re not alone.

❍ Some people have been told that they have to be nice all the time. You might worry about hurting someone’s feelings. What have you been told about being nice?

Theme: Respect, Body Feelings and Emotions

Some words are about things you recognize. This is a (chair). This is a (table). You recognize a chair, a table, a toothbrush. If you can't pick something up or touch it, it might be harder to recognize. There are lots of words about how people treat each other, about interactions, which we can't see or touch.

❍ You can't see or touch respect; you can't point at it or pick it up. Respect is something that happens between people. What have you learned about respect?

❍ Let's talk about respect for things. What are some of your favorite things that are important to you?

❍ When something is important, you want to protect it. That's one way to understand respect. We take care of things that matter to us; we protect them. Have you ever been hard or rough with something? What happened to it?

❍ When you respect something you treat it gently and protect it because it matters to you. You treat it well because you respect it.

❍ There is also respect for animals, such as dogs, cats and other animals you might have at home. They are alive and feel things. How do you show respect for your animals?

❍ There's also respect for yourself. This is self-respect. We treat the things that are important to us with respect. We treat our animals with respect. What does it mean to respect yourself? What do you do to respect yourself?

❍ Why should you respect yourself?

❍ Can you think of anything you've done that is an example of not taking care of yourself or disrespecting yourself?

❍ When is it important to respect yourself?

❍ It's important to respect yourself all the time, everyday, wherever you are. You are always important.

❍ What else do you want to say or ask about respecting yourself, animals or things?

Let’s talk about some other words that you might not be able to see, pick up or touch; words about body feelings and emotions.

❍ What happens when you bump your leg or hit your toe? Your body feels that. If you ever fell and cut the skin on your knee you felt that on your body. You might have said “ow,” because your body hurt. What happens when you’re outside in the winter without a jacket or hat? Your body feels that, too.

❍ Some feelings on the body are called sensations. Hot, itchy, what else?

❍ Other feelings are called emotions. Emotions are different from sensations. Most of the time, we don’t feel emotions on our body like a hurt knee or cold nose. Emotions are about how we feel about ourselves, other people and what’s happening.

❍ We might feel happy. Happy is the emotion you feel when you are pleased and satisfied. You might notice that you’re smiling. Can you remember when you felt happy?

❍ We might feel sad or disappointed. Sad and disappointed describe how we feel when we wanted something to happen but it didn’t. Can you remember when you felt sad, disappointed or angry because something you wanted to happen didn’t?

❍ What is feeling afraid or scared?

❍ There is fun scared. Some people watch scary movies. Some people go on scary rides at an amusement park. That’s fun scary for some people.

❍ Bad scary is when I don’t want to feel that way. I might say I’m afraid or I’m scared. I might feel like crying or yelling or hiding or event running away. Afraid, scared, nervous, anxious is when you think something bad might happen or something bad is happening. When you feel afraid, scared, nervous or anxious, it might be helpful to tell someone else.

❍ Emotions can feel big, like they want to come out. A lot of people want to share emotions so they don’t feel alone. When you feel happy or excited you might want to tell someone that you feel happy or excited. When you feel disappointed or sad you might want to tell someone. When you feel afraid you might want to tell someone.

Theme: Trust

Another word we can't pick up or touch is trust. There are people we can trust and there are people we can't trust. It might be hard to tell the difference. How do you decide whether you can trust another person?

○ What do people say when they want you to trust them?

○ What do people do that lets you know you should not trust them?

○ Most people are good and nice. Sometimes, someone says or does something that is confusing or scary. When someone scares you or does something that you don't want them to, do you have to be nice and quiet? What can you do if you feel scared?

○ What if you know the person who is scaring you because it is someone in your family or someone who helps you; then what can you do?

○ What do people do when they respect you? Some people say they trust people who treat them with respect. Being treated with respect is when someone thinks that what you say and want is important. They know that you have your own thoughts and ideas; that you have your own feelings and emotions.

Theme: Being Nice or Being Clear

There are times when it is OK to say no, stop, don't touch me. Can you think of a situation when it is OK for you to raise your voice or yell or try to push someone away?

○ When someone is scaring me, hurting me or disrespecting me what could I do?

○ When someone is touching me, even if it doesn't hurt, if I want that person to stop, I can say "Stop!" And, later, I could tell someone I trust.

○ When someone respects me they listen to what I say. When I tell someone to stop and they continue, that is not respecting me.

○ When someone calls you names that hurt your feelings, is that love?

○ When someone hurts your body, is that love?

○ When someone says I love you but that person calls you names is that love?

Theme: Private, Secret, Threat

When someone asks you not to talk about something, you're being asked to keep a secret. You can agree not to talk about it or you can decide you don't want to keep the secret. What are some things that you might decide to keep secret?

- ❍ When someone tells you to keep a secret or something bad will happen to you or someone you care about, that's a threat. No one should threaten you or try to scare you into keeping a secret. You don't have to keep a secret, especially if someone threatens you. You can tell someone you trust, someone who listens to you and believes you.

- ❍ Some people talk about private parts of the body. For a woman, private usually means breasts, genitals/vagina and bottom. For a man, private usually means genitals/penis and bottom. Is your face private? Are your arms private? Are your legs private? Your head, hair, face, shoulders, arms, hands, back, legs and feet are all private. You decide who can touch your body. If you do not want someone to touch you, what can you say or do?

- ❍ When someone works for you, they are your staff; they should do only their job. What if someone who is helping you to wash or dress or use a toilet touches you and you do not like the way they are doing it?

- ❍ What if someone is helping you and it feels good, but this is not helping you to wash or dress or use the toilet?

Day in the Life of a Survivor

What happens if you are going to work/school/ program?	How does the survivor get to work/school/ program? Who is responsible for making the transportation arrangements, if any? How satisfied is the survivor with these arrangements? (Are there any challenges that come up?)
What happens at work/school/ program?	How long has the survivor worked/attended the setting? What is the nature of the survivor's relationships with peers, supervisors/teachers and support staff? What does the survivor enjoy at work/school/program? What does the survivor find difficult? What makes the survivor happy and sad at work/school/program? Does the survivor have friends? Is the survivor bullied? Is the survivor called names, laughed at, pointed to or made fun of? Who does the survivor go to for help/support when the survivor needs it? How do they respond?
What happens when it's the weekend or during holidays?	How does the survivor spend her time? Does the survivor have any friends? How often does the survivor get to see them? Does the survivor need support to make arrangements to see friends? Does the survivor have the opportunity to leave home independently? For what type of activities? How much choice does the survivor have in setting the schedule over weekends/holidays?

Day in the Life of a Survivor

What happens at work/school/ program?	How does the survivor get home from work/school/ program? What time does the survivor usually get home? What is the journey home like? (Consider opportunities for bullying, etc.) Is there anyone at home when the survivor arrives? Does the survivor have responsibilities at home in the afternoon/evening? Does the survivor have any free time in the afternoon/evening? How does the survivor like to spend it? Does the survivor have any choice about her afternoon/evening activities?
What happens in the evening?	When does the survivor usually have her last meal/snack? What happens if the survivor says she is still hungry? Does the survivor spend her time watching TV? Does she go out - where and with whom? What does the survivor do for fun? What do the other members of the household do in the evening? If there are caregivers/staff, what do they do? Does anyone talk to the survivor or give her any attention? If not, how does the survivor feel about this? What does the survivor prefer?

Day in the Life of a Survivor

What happens at bed time?	Does the survivor have a typical bedtime? Who decides when the survivor goes to bed? Where does the survivor sleep? Does the survivor have a roommate? What is the survivor's bedtime routine? Does the survivor require any support for bedtime? Does the survivor have trouble sleeping? If so, what happens? Who can the survivor go to for help/support if needed? How do they respond? Who decides when TV or music is turned off? Who decides when lights are turned off? Does the survivor have a nightlight in their bedroom or bathroom? Would she like one?

Group Counseling Considerations

When counselors present the choice of working with a survivor in a group counseling setting or on a one on one it is important to consider:

- survivor preference
- access to group and location
- level of individual support needed (peers or others)
- readiness for group vs individual work
- relationships with group members
- size of group

The following comfort and safety guidelines need to be established when working in a group setting:

- Use plain language – break it down
- Visual reminders of rules
- Setting up the group
- Keep it simple. Avoid too many ideas, sequences (complexity of information/concepts)
- Allow time for reflection or processing information (pacing)
- Be aware of power and control dynamics

It is helpful to have conversation with the survivor with a disability prior to the group regarding:

- expectations – what to expect in group
- disclosure – respecting each individual's choice around disability and accommodation (mentioning guardian)

The following list of strategies/tools easily adapt to a group setting:

- Art
- Caring for self
- Music
- Problem-solving
- Role plays
- Slinkys
- Breathing
- Communication about trauma
- Power
- Right to choose
- Safe people

Additional information on supporting survivors with disabilities, can be found at www.IllinoisImagines.com

Section 3: Processing Styles

SECTION 3
TABLE OF CONTENTS

Counseling Strategies For Processing Styles

This section was designed to share ideas, tools and strategies that experienced counselors have used effectively in counseling survivors with intellectual disabilities and/or autism. The strategies and tools align with a broad range of processing styles.

Most of the activities that you currently use can be adapted to be a better fit for survivors who may have difficulty with abstract language, learning and social interactions. The first step is to identify the goal of the actities (eg. lean non-harmful ways to express feelings or identify people to talk to when upset.). Then, think about other methods to reach the sam goal. For example, instead of using traditional journaling, adapt the activity by having the surivor cut out images from magazine or draw pictures to convey their thoughts, feelings and experiences.

Be creative Brainstorm as many processing styles as possible for activities you typically utilzie during sessions. Keep in mind that adaptations aimed to simplify should relate to the survivor as an adult.

Each strategy will identify the processing style(s) which are embedded into the strategy. This will help the counselor in choosing a strategy which may work based on the preferred processing style of the survivor they are working with. This is not intended to limit who might benefit from a particular strategy. The intention is to guide and promote thinking about how a particular survivor might benefit from an approach that maximizes their communication and processing styles.

It is the counselor’s responsibility to read the strategy carefully and think about the specific survivor they are working with to see if there is a potential match. The counselor has the freedom to modify the strategy to fit their style and the survivor. When working with a particular strategy, the counselor may notice that the survivor responds or relates to the work in an unexpected way. For example, a survivor who primarily uses a logic learning style may prefer that the session follow a particular order or agenda, or may react to meeting in a different room. The survivor may object to cutting pictures out of a magazine because “it is against the rules” at the survivor’s residence. Taking cues from the survivor about their preferred ways to communicate and process information will ultimately provide the best support for the counseling relationship. Above all, holding hope for recovery is embedded into these strategies. When you can look at the person and see them as whole, you are providing a valuable gift.

The processing styles can also be shown visually through graphics. This may be useful when working with certain clients. Below are possible graphics:

Auditory 	**Interpersonal** 	**Intrapersonal** 
Kinesthetic 	**Logic** 	**Music** 
Visual 		

Auditory

Interpersonal

Intrapersonal

Art	Page 3-8-9
Books	Page 3-10
Breathing	Page 3-11
Caring for Myself	Page 3-11
CDs	Page 3-12
Communicating about Trauma	Page 3-12
Connecting Interests to Therapeutic Goals	Page 3-14
Coping Toolkit	Page 3-14
Feelings	Page 3-15-16
Heart and the Heart Chart	Page 3-17
Mirror Work	Page 3-18-19
Music	Page 3-19
Power	Page 3-19-20
Problem-solving as a Strategy	Page 3-20
Safe People	Page 3-21
Storytelling as a Metaphor	Page 3-23
Using the Mirror to Explain Counseling Process	Page 3-24

Kinesthetic

Art	Page 3-8-9
Breathing	Page 3-11
Books	Page 3-10
Caring for myself	Page 3-11
Connecting interests to therapeutic goals	Page 3-14
Confronting the offender	Page 3-12-13
Coping toolkit	Page 3-14
Heart and the heart chart	Page 3-17
Music	Page 3-19
Power	Page 3-19-20
Role play	Page 3-20-21
Slinkys	Page 3-22
Storytelling as a metaphor	Page 3-23
Supporting survivors to reinforce their right to choose	Page 3-23

Logic

Communicating about trauma	Page 3-12
Connecting interests to therapeutic goals	Page 3-14
Coping toolkit	Page 3-14
Heart and the Heart Chart	Page 3-17
Mirror work	Page 3-18-19
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Problem-solving as a Strategy	Page 3-20
Slinkys	Page 3-22
Storytelling as a Metaphor	Page 3-23
Supporting survivors to reinforce their right to choose	Page 3-23
Using the mirror to explain counseling process	Page 3-24

Music

CDs	Page 3-12
Connecting interests to therapeutic goals	Page 3-14
Coping toolkit	Page 3-14
Music	Page 3-19

Visual

Art	Page 3-8-9
Books	Page 3-10
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Heart and the Heart Chart	Page 3-17
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Strategy/tool	Processing Modality
Art	Kinesthetic, visual, intrapersonal
Breathing	Kinesthetic, intrapersonal
Books	Interpersonal, intrapersonal, visual, kinesthetic
Boundaries	???
Caring for myself	Visual, intrapersonal, kinesthetic
CDs	Intrapersonal, auditory, music
Communicating about trauma	Logical, interpersonal, intrapersonal
Connecting interests to therapeutic goals	Could be all
Confronting the offender	Visual, kinesthetic, interpersonal
Coping toolkit	Could be all
Feelings	Intrapersonal, auditory, interpersonal
Hearts and the heart chart	Visual, intrapersonal, logical, kinesthetic
Hope Chest	??
Mirror work	Visual, intrapersonal, auditory, logical
Music	Music, auditory, intrapersonal, kinesthetic
Power	Interpersonal, intrapersonal, logical, visual, kinesthetic
Problem-solving as a strategy	Logical, interpersonal, intrapersonal
Role play	Kinesthetic, interpersonal
Safe people	Intrapersonal, interpersonal
Slinkys	Kinesthetic, visual, logical
Storytelling as a metaphor	Kinesthetic, intrapersonal, logical
Supporting survivors to reinforce their right to choose	Kinesthetic, visual, logical,
Using the mirror to explain counseling process	Visual, logical, intrapersonal, interpersonal
Vision Board	???

Art (Kinesthetic, Visual, Intrapersonal)

Art is a wonderful tool to use with many survivors of violence. For some people with intellectual disabilities and/or autism, art can be a very powerful tool to support communication and self-expression without words. While many clients are concerned they are not “artists” or “can’t draw” verbal encouragement that we don’t have to be an artist to enjoy drawing usually gives people permission to move ahead. For some, suggesting they use their non-dominant hand because there are fewer expectations of exactness feels safer.

There are occasions when just the act of coloring together - being engaged in movement and creativity can help make it easier to talk during a counseling session. Here are several examples that have been used effectively in counseling:

○ **Pipe Cleaners**

Pipe cleaners can be used in many ways. A person may use them to relieve anxiety just by manipulating them during a sesson. The counselor can ask the survivor to use the pipe cleaners to "Show me safe" or "Show me anger" etc. When asked to "show me safe," one survivor put two pipe cleaners side by side with about an inch between them. She pointed in the middle and said "me." She then added, "Not safe with anyone." Pipe cleaners can be used as a “shared power” activity with both the counselor and survivor making something together.

○ **Paints, Colored Pencils and Other Visual Mediums**

Using paints, colored pencils and other visual mediums is very adaptable to many survivors. One strategy requires the use of white or cream construction paper, markers, 3-4 small strips of masking tape, and soft music. The survivor is asked to put the tape on the paper wherever they want. The music is started and the survivor is ask to draw on the paper while thinking about the good things in their life. After they are done, the music is stopped and the tape is taken off the paper. The survivor is told something like, "John hurt you and that was so painful. There is this hole (pointing to the space with no colors) that will always be there. I am sorry that happened to you." Pause. "And look at the colors here (pointing to the colors on the paper). Here are the good things you have in your life.” Work with the survivor to name the good things." This can be adapted to grieving over any loss in the survivor's life. Some survivors have asked to have this piec of art framed and put in their bedrooms.

❍ **Drawing**
Having survivors draw a picture of themselves can give insight into how they feel about themselves, i.e., powerful or small, out in the world or hiding, etc. This can also be done at various times in the therapy process and the pictures can be compared and improvements in sense of self noted. Examples include:

- Drawing a picture of their home, whether it is a private or institutional setting, can also provide information and open discussion around fears and safety.
- Drawing feelings: write a feeling word on a page and let the survivor draw a picture that goes with that word. For some just drawing a shape or using a color helps define that particular feeling.
- Painting or finger painting is an option that requires less dexterity.

For some clients drawing, doodling, doing an adult coloring page or an adapted adult coloring page can make it more comfortable for them to open up verbally.

Drawing is only one option, others include creating and/or decorating masks using markers, paints, stickers or other media.

❍ **Clay**
Using clay to mold things or people, or just to manipulate is often a good way for clients to safely express anger as they can pound the clay or otherwise destroy what they create.

❍ **Collages**
Creating collages can be done by cutting or tearing out pictures and words and can be a powerful tool when processed together with the counselor. A survivor can work “free form” by selecting pictures that appeal to them or they can work around a theme. Examples include: present vs. past, future goals, family, and likes and dislikes.

Illinois Imagines Picture Supplement to Prevention Education Guide

Module 4 of the Illinois Imagines toolkit provides step-by-step instruction on conducting preventino programming. The module can be downloaded from the Materials section of www.illinoisimagines.org

Books (Visual, Intrapersonal, Interpersonal, Kinesthetic)
It can be very beneficial to help a survivor write a book about their life. This can be done in sessions when the survivor tells the counselor what they want in the book and the counselor writes it in the computer. The account of their experience of violence may or may not be a part of the book. The book is by and for the survivor. Typically, when we have helped survivors with their books, the book ranges from 4 to 20 pages; most are around 8 pages. The survivor designs a cover (with support) which may be a picture of the survivor, a pet, family member or empowering clip art. The book can include the survivor's strengths, interests, relationships, dreams, etc.

When the book is done, it can be printed and placed in a document cover. Sometimes a survivor may want an extra copy to give someone as a gift. The process of writing the book can have many positive benefits for the survivor. One survivor stated: "I am important! I have a book about me!"

In the handout section there are several tools you may use to help the survivor create their book, including "My book about Recovery," pages 7-18-22 and "My book about myself" on pages 7-12-17.

The Comfort Book is nother helpful tool. Begin by asking the survivor what helps them feel better when they feel sad, anxious or upset. Write down their responses. Assist survivors in creating a book which captures those items, activities or people which bring comfort. The book can be filled with pictures (drawn or photographed), words, actual items or something that represents that comfort article. Talk with the survivor about ways they can use the book to bring comfort and reinforce during sessions.

Adult Passport
Free template for designing books

http://www.commu-nitcationpassport.org/ukHome/

A Feelings Book is one method for survivors with an intellectual disability and/or autism to identify and manage their feelings. Similar to the books above, the book is created by the survivor using pictures, words, symbols or any other means of expression. The beginning of the book can contain a list of feelings (preferably pictures representing feelings or a combination of words and pictures) that the survivor can use to identify feelings. The book can be used during counseling sessions to help the survivor express their feelings or it can be used as a means to log feelings in between sessions.

Boundaries (?????)

Establishing and enforcing boundaries can be difficult for anyone, but it may be particularly challenging if a person has limited social interactions outside of staff and family members. Additionally, many people with intellectual disabilities and/or autism experience boundary violations regularly and may not know or be empowered to set their own personal boundaries. The culture of compliance referenced previously reinforces acceptance of these violations and promotes grooming. Discussing boundaries and empowering survivors with intellectual disabilities and/or autism to establish personal boundaries helps give them power.

One example to teach and/or reinforce the concept of boundaries, masking tape can be used to demonstrate personal space. Using masking tape on the floor, mark appropriate distances between people depending upon the relationship and circumstances. Ask the survivor for input when creating the masking tape lines. Another variation is creating paper circles or using paper plates and writing and/or drawing on each a different relationship, i.e. people they've met, strangers, family, staff. See Boundaries handout on page 7-9.

Breathing (Kinesthetic, Intrapersonal)

Deep breathing is an important strategy used in many meditation and relaxation practices. The simple act of developing awareness of one's breathing helps slow it down and fosters an increased sense of calmness. Using familiar experiences like breathing in a delicious smell - fresh baked bread/cookies or fragrant flowers and then exhaling or breathing out - as though blowing out birthday candles can be a good way to explain the strategy. Simple visual images showing these familiar actions reinforce the practice. A visual that breaks down the process in steps can also be helpful. Some people like practicing their breathing along with music. There are accessible handouts with images in the Survivor handout section on page 7-10.

Caring for Myself (Kinesthetic, Visual, Intrapersonal)

Survivors who are coming to grips with the violation(s) they've experienced often need to re-learn how to care for themselves. This work is present from the very beginning of counseling and remains ongoing throughout. It can begin with recognizing and respecting one's own feelings, learning to voice one's preferences to others and responding to the body and soul's needs for rest, food, relaxation and comfort. Survivors can become distressed when faced by triggering events or memories. We have included an accessible "Caring for Myself" handout with images in the Survivor handout section on page xx to help the survivor think through who are the safe people in her life and what strategies she can use to care for herself when triggered or feeling overwhelmed.

CD Recordings (Intrapersonal, Auditory, Music)
This is a rather time intensive strategy that can be useful in some situations. In one expample: For a woman with a long history of sexual violence, physical violence, and bullying, making an individualized CD that she could play anytime she wanted or needed to, was the road to her recovery. She did very well during counseling sessions and often described hours of screaming and crying at home, especially on the weekends. She tended to respond best to auditory messages such as the sound of the voices of her favorite people. None of these 'favorite' people were at her home so we decided to make her a CD with their voices saying encouraging messages, along with her favorite songs and poems. She was the director of the CD — choosing who would be recorded and what she wanted them to talk about. This strategy builds upon the strength of the interpersonal relationship. She and her support staff reported that her weekends were happier than before she had the recording.

This happened a few years ago, so with today's technology advances, it might be much easier to use auditory and/or visual recordings to help survivors outside of counseling sessions.

Communicating about Trauma (Logical, Interpersonal, Intrapersonal)
Your agency may have resources such as handouts or questionnaires for survivors to learn more about PTSD or to describe the trauma symptoms they may be experiencing. These are helpful strategies to assess how the trauma is impacting the victim's life and also provides an opportunity to engage the survivor in understanding more about how this experience has affected the victim. We have included examples of an accessible PTSD handout with images, pages 7-23 and an accessible Trauma survey tool that uses images for the Likert scale, page 7-24. These may give you an idea on how to adapt other resources your agency uses.

Confronting the Offender (Indirect) (Kinesthetic, Visual, Interpersonal)

This strategy is most effective after a strong therapeutic relationship has been established and based on the counselor's professional judgment that the survivor can benefit from this process. It is best to make sure the survivor is comfortable using grounding strategies before implementation. Orieda Horn Anderson developed a therapeutic strategy for indirect confrontation of the offender which has been used effectively with people with I/DD. The strategy requires a plain white pillow case, colored markers and a pillow.

1. The pillow case is laid flat on a hard surface with colored markers beside the pillow case. The survivor is asked to "Draw a picture of the person who hurt (raped, assaulted, etc.) you." (Can use the person's name if you know it). The counselor is then silent and waits, providing quiet encouragement if needed.

2. When the survivor is done with the picture, the counselor may summarize what they see. Ex: "This is the person who hurt you. He is smiling." Or, "I see lots of people. Many people hurt you."

3. The counselor puts the pillow case on the pillow and holds the pillow in a place where the survivor can see the 'person'. The counselor says something like, "What do you want to say to _____?"

4. If the survivor speaks softly or says nothing, the counselor can ask the survivor, "Can I talk to _________?" With the survivor's permission, the counselor can boldly tell the offender something like, "You hurt Sue. That was wrong!!! You did a bad thing! Sue is a good person!" individualizing the message and clearly showing that what the person did was wrong and it wasn't the survivor's fault.

5. After this, it is time to offer the survivor another opportunity to speak with the person who hurt them. Typically, the survivor is now able to speak louder and with more confidence.

6. The counselor provides support to the survivor throughout the process and tells the survivor how strong they are to do this. If the offender is still 'available' to the survivor, it is important to discuss the pros and cons of talking directly to the offender.

7. Following this process, it can be helpful to keep the pillow around for future things that need to be said. It can also be helpful to shred the pillow case and have the survivor throw it away, bury it, make a coffin (i.e., use of check book boxes are great) and have a ceremony, etc. Symbolism can be extremely therapeutic in the process of recovery helping the survivor regain a sense of safety and power.

Connecting Interests to Therapeutic Goals (All)

As the relationship between the counselor and the survivor develops, you will become aware of particular topics or themes that interest the survivor. These can be great avenues to explore and incorporate as metaphors for therapeutic goals, such as describing feelings or increasing a sense of control over one's emotions. The following example illustrates this strategy.

One example of this method: A survivor was particularly fascinated by the weather and often commented on it during session. She could even make sound effects of wind, storms and thunder. The counselor was able to use the image of a thunderstorm to represent the feelings of strong rage that could overcome the survivor and made her feel helpless to control it. Talking about how one can see a thunderstorm approaching and can take action to protect oneself or avoid the storm was helpful in this survivor's case. There is an accessible handout with images showing feelings linked to weather pictures on page 7-26

Coping Toolkit (All)

It is helpful to have a collection of coping items all in one place selected by the survivor based on their preferences. The toolkit is created by the individual and needs to be something they can carry with them or access readily. Creating a toolbox is one method for keeping materials ready. A tackle box, storage box, crate, backpack or any other container which can hold a collection of items, can be used for a survivor's toolkit. It is recommended that the toolkit include items for soothing, distraction, crisis planning and any other area which the survivor would like to include. Soothing items could be related to the 5 senses:

○ **Something to touch:** stuffed animal, koosh ball, fabric, spinner

○ **Something to hear:** music, tape recording of friends or family, recorded self-affirmations

○ **Something to see:** happy pictures, kaleidoscope, pinwheel, artwork

○ **Something to taste:** hard candy, gum

○ **Something to smell:** perfume, hand lotion

Feelings (Auditory, Interpersonal, Intrapersonal)
Expression of feelings is an integral part of counseling for survivors. People have instincts and intuitions and identification of feelings is how we talk about these gifts with people who have difficulty learning in traditional ways. Some people with intellectual disabilities/or autism do not know how to identify and express their feelings. They may never have been taught and may not have had any role models who express their feelings with words. Helping the survivor to identify what they are feeling and find a way to express their feelings may be a necessary component of your counseling sessions together. We have included pictures on page 7-25 which can be used for those who communicate using pictures or for whom pictures help the communication. For some people, you will need to start simple with only two feelings (i.e., maybe happy and sad). Others can learn to express a variety of feelings accurately, in a short amount of time. It might be helpful to combine the word, the picture and the sign language for the word.

Tips from Conversations about Interpersonal Safety, include introducing the topic of feelings as follows:

Let's talk about some other words that you can't pick up or touch; words about body feelings and emotions. What happens when you bump your leg or hit your toe?

- Your body feels that. If you ever fell and cut the skin on your knee you felt that on your body. You might have said "ow" because your body hurt. What happens when you're outside in the winter without a jacket or hat? Your body feels that, too.

- Some feelings are on the body; sensations. Hot, itchy, what else?

- Some feelings are called emotions. Emotions are different from sensations. Most of the time, we don't feel emotions on our body like a hurt knee or cold nose. Emotions are about how we feel about ourselves, other people and what's happening.

- We might feel happy. Happy is the emotion when you are pleased and satisfied. You might notice that you're smiling. Can you remember anything like that; when you felt happy?

- We might feel sad or disappointed; sad and disappointed describe how we feel when we wanted something to happen but it didn't. Can you remember anything like that; when you felt sad, disappointed or angry because something you wanted to happen didn't?

- What is afraid or scared?

- There is fun scared. Some people watch scary movies. Some people go on scary rides at an amusement park. That’s fun scary for some people.

- Bad scary is when I don’t want to feel that way. I might say I’m afraid or I’m scared. I might feel like crying or yelling or hiding; maybe running away. Afraid, scared, nervous or anxious is when you think something bad might happen; or something bad is happening. When you feel afraid, scared, nervous or anxious it might be helpful to tell someone else.

- Emotions can feel big, like they want to come out. A lot of people want to share emotions so they don’t feel alone. When you feel happy or excited you might want to tell someone that you feel happy or excited. When you feel disappointed or sad you might want to tell someone. When you feel afraid you might want to tell some one.

A thermometer image can be used to show the various emotions leading from irritation to anger to rage. Color coding the stages on the image also reinforces their progression. This tool provides a clear picture of how one’s feelings can escalate and when it is easiest to break the progression and restore a sense of calm. When the survivor feels more in control of their emotions, the victim begins to regain power and ability to act strongly on her own behalf. See “Anger Thermometer” handout in the Survivor handout section of the Appendix, page 7-28.

Once the survivor learns to express their feelings with words, it is helpful to work with their family/support people so they can be aware of this positive form of communication.

Conversations about Interpersonal Safety

For more ideas on how to talk with people with intellectual disabilities about feelings, trust, respect, secrets, etc. see http://www.disabilityrightswi.org/wp-content/uploads/2014/09/Conversations-about-Safety.pdf

Hearts and the Heart Chart (Visual, Intrapersonal, Logical, Kinesthetic)

Some people understand and relate to the fact that when they were sexually assaulted or abused, it hurt their heart. Some will refer to having a broken heart, especially when the assault was committed by a family member.

- ❍ You can use red, heart-shaped paper cutouts in counseling to bring in a visual and tactile means of processing and expression.
- ❍ You can tear a heart to demonstrate the broken heart. You can place a napkin over your heart.
- ❍ You can have a whole heart and a broken heart on the desk or table and tell the person to show you how they are feeling.
- ❍ You can give a person the whole heart and say something like: "This is your heart. Your heart is beautiful. Please take very good care of your heart. You deserve to have your heart healed."

The Heart Chart is a natural extension of the "heart work" that can be done. See the Heart Chart handout on page 7-29. The Heart Chart is a sheet of paper with a whole heart representing "things that help" and a broken heart representing "things that hurt." The person's name or picture goes on the top of the page. The counselor works with the person to come up with a list of things that help and hurt. The list can be words or pictures and can change over time. Often, the person likes to share the heart chart with their family, teachers, staff and/or friends. Some people have chosen to have their heart chart posted where their group home staff or family members can see it. The heart chart has been used to empower people to point to their chart when staff or family are doing something that helps or hurts.

Hope Chest (????)

A Hope Chest is a place to hold one's dreams and plan for the future and can be used to provide comfort and inspiration for the survivor. Begin by asking the survivor about their hopes and dreams for the future. Initial responses may be broad and capture ideas about where they will live or what they will be doing. More specific questions, such as, how would you like to feel six months from now or what would you like to be different from today? After discussing each hope, dream or idea, provide the opportunity to create reminders of these that can be placed in a box or hope chest. Provide a variety of art supplies or materials for the creation of reminders. A tackle box, storage box, crate, backpack or any other container which can hold a collection of items, can be used for a survivor's Hope Chest. Let them know that they can keep their hope chest and look at their reminders whenever they feel sad or just want to dream about the future.

Mirror work (Visual, Intrapersonal, Auditory, Logical)

Mirror work is a powerful tool for survivors. Some people with I/DD rarely look in a mirror. Someone else may provide their personal care and they may not have been taught to look in the mirror. Many people with disabilities do look in the mirror, but may have very negative thoughts about what they see. Nearly everyone is affected by television and magazines and the ‘perfect body image’ that is often portrayed. The counselor can help a survivor to have healthy statements/thoughts when the survivor sees their image in a mirror.

> “I have a beautiful heart-shaped mirror I use in counseling survivors. One day, I handed it to a survivor and said, ‘What do you see?’ and he said, ‘UGLY!’ Over time, he could see his gorgeous eyes and his beautiful smile. It changed how he felt about himself and his life.”

Positive self-statements can be developed ‘with’ a survivor and the survivor can be asked to practice these thought/statements whenever they look in a mirror. The statements can be simple or more complex, depending on the survivor. Examples of some simple positive statements include:

○ I am strong
○ I am beautiful
○ I am okay
○ I can say NO
○ I am a good person

One man often greeted himself in the morning with, “Good morning, Handsome!” What a great way to start a day!! This man would literally sing this to himself; teaching us that music can be incorporated into mirror work. If the survivor has a favorite, upbeat song with positive statements, they can be encouraged to sing to themselves in the mirror.

One survivor on the Autism Spectrum looked in the mirror every morning and every evening and said, “I am love. I am light. I am peace. I have a light inside of me that no one can take away. I am love. I am light. I am peace.”

Some survivors may have difficulty even looking at themselves in the mirror. When that happens, we accept it and understand. For some survivors, being ok looking in the mirror has been a chosen goal of counseling. One woman said, “When I can look in the mirror at myself, I know I am doing better.” This became one of her counseling goals. The mirror would be laid on the desk (mirror side down) when she came to counseling and one day she said, “I am ready to try that (pointing to the mirror) now.” Mirror work can be very powerful.

Music (Kinesthetic, Visual, Intrapersonal)

Music is a powerful therapeutic tool. For most of us, music can lift our spirits or remind us of something very sad. Music can help a person learn an important concept and/or help a person heal. A counselor can introduce music in a variety of ways. Asking the survivor what kind of music they enjoy and what songs make them feel good is a great place to start. It is also helpful to collect a collection of songs which may be helpful to the survivor. The counselor can sing along with the song and the survivor (This is a shared power activity). Dancing to a powerful song can help the body release stress and trauma…and can be lots of fun, too! Here are a few songs which have been used successfully in counseling survivors.

- ❍ “Who Says?” by Selena Gomez
- ❍ “Beauty in You” by Karen Drucker
- ❍ “Healing Begins” by Ten Avenue North
- ❍ “Beautiful” by Christina Aguilera
- ❍ “You Gotta Be Strong” by Des’ree
- ❍ “It’s My Life” by Bon Jovi
- ❍ “No More” by Deshai Williams
- ❍ “More Beautiful” You by Jonny Diaz

Power (Interpersonal, Logical, Kinesthetic, Visual, Intrapersonal)

It can be difficult to explain the concept of power to someone who has rarely experienced any personal power. It can be helpful to think about three kinds of power in a person’s life:

- ❍ Power Over (someone has power over you);
- ❍ Power With (or shared power—we have equal power that is freely given and accepted); and
- ❍ Power Inside (the power inside each of us).

It is helpful to include hand motions about each type of power. For example, when talking about inner power, put an open palm to your chest. See “Let’s Talk about Power” handout on page 7-34 to help demonstrate these concepts.

When a person realizes that someone had power over them during a sexual assault or act of physical violence, it can help the person recognize the violence was not their fault. Sharing power with a survivor can help the person regain their inner power. The counselor can have the survivor practice a powerful posture and stance, such as arms raised high over their head. Think of ways that you can have the person know what inner power feels like. When a survivor realizes, they have inner power that they can use, it can be a day to celebrate!

Problem-solving as a strategy (Logical, Interpersonal, Intrapersonal)

Having a process to work through problems is a helpful strategy for all people. Many people with disabilities don't have the same opportunities to practice a problem-solving strategy because others (usually well-meaning) take over that responsibility for them. Believing you can work through your problems builds confidence and feelings of empowerment. Talking it over with a supportive person helps the survivor gain clarity about their options.

A basic four step process for problem-solving is a good place to start.

1. Identify the problem
2. Brainstorm any possible solutions
3. Choose the best possible solution and try it out
4. Evaluate - "how did it work?"

There is a Problem-solving worksheet in the Survivor handout section of the Appendix, page xx This worksheet provides opportunities to write or draw about the problem and possible solution, as well as gives space to consider the survivor's feelings and needs

Role Play (Kinesthetic, Interpersonal)

Role Plays provide an opportunity for the survivor to practice skills which may be very difficult or uncomfortable. Saying “no” in any situation can be extremely hard for someone who has been actively taught to never say the word no. Practicing saying ‘no’ in counseling sessions can build the survivor’s confidence and sense of power. When role playing with the survivor, it can be very beneficial for the counselor to role play the survivor and then switch roles. Some people will not know it is ok to raise their voice, so hearing you do that first can be useful.

Many people have been empowered to believe, “Sometimes we say no nicely; sometimes we say no loudly.” Providing a variety of role plays, gives the survivor opportunities to practice when to say no nicely and when to say NO loudly.
The counselor can explore with the survivor what happens when they say no in various situations. It may not be safe to say no to everyone the survivor knows, or in every situation the survivor experiences. This can be explored in a reflective way, such as “What happens when you say no to mom?” or “Is it safe to say no to your boss?”

Empowering statements is another example of therapeutic role plays. Work with the survivor to create a list of positive affirmations/statements. Support the survivor to say the affirmations during the session to see how it feels. The survivor may need to practice positive statements across many sessions before it feels comfortable.

Safe People (Interpersonal, Intrapersonal)

It is an act of hope to identify safe people in the life of a survivor. Knowing that there is at least one person who believes in you and that you can trust, is critical for the healing journey. Some people trust everyone and need to learn how to use their instincts (feelings) to be safe. Other people do not trust anyone and need to learn to use their instincts (feelings) to have a safe person in their life.

Who is a safe person? Someone who can:

- ○ help,
- ○ listens without judging,
- ○ does not gossip
- ○ keeps your privacy
- ○ cares about you
- ○ believes in you
- ○ believes what you tell them
- ○ is usually an adult
- ○ can be with you when you are scared

At any point in the counseling relationship with a survivor, offering them help with identifying their safe people might be very beneficial. This list may change during the counseling relationship. This way they will know who to call if they are triggered and need help. We have included a document that you can help the survivor complete (if they desire to do so). The survivor can give the “I have chosen YOU to be my safe person certificate” to their safe person. This allows the safe person to understand their importance in the survivor’s life. It may allow them to pay attention to the survivor’s mood and actions and be available for the survivor.

Slinkys™ (Kinesthetic, Visual, Logical)
A slinky can be used to help a person understand the impact that others' words and actions have on them.

This is how it works: Hold a slinky out from your body and have it completely hanging down. "This is how we are when we are born. We are happy. We are free. We have space to be and do."

Then as you say something hurtful draw up some of the slinky. Example: "Your sister says you are stupid. Your feelings are hurt. You feel bad."

Then say something hurtful and draw up some more of the slinky. Example: "One of the boys pushes you at recess and calls you the ""R" word."

Continue to say hurtful things until the slinky is completely tight. "This is how we feel when someone hurts us. We feel sad. We feel mad. We feel confused."

The statements are individualized based on the survivor's experience, language, and processing style. The survivor may provide examples of hurtful experiences. A slinky can also be used to help a person communicate how they are feeling. When a person relates to the slinky demonstration above, you can model using the slinky to show how you feel. Pick up the slinky and demonstrate how you feel. Example: The slinky is about half way open. "I feel pretty good today. I am very tired but I am happy I get to see you."

Place the slinky on the desk or table. Ask the person how they feel. No matter what the person does or says, reflect the feeling(s) you think are communicated.
In future sessions, have the slinky available on the table or desk. The slinky will provide an option for the person to express how they are doing.

Storytelling as Metaphor (Kinesthetic, Intrapersonal Logical)

Using stories to illustrate or explain an abstract concept is an effective strategy in counseling for most people. Stories can draw the listener in and engage the imagination, emotions and thinking all at once.

There are two major ways you might incorporate storytelling into your counseling sessions.

First, use stories to break down communication barriers so that complicated ideas and concepts are more easily understood. Be sure to keep it simple - focus on one main concept at a time and engage the survivor's attention right from the beginning. Making the story interactive can help maintain interest. Drawing upon what you already know about the survivor's life and experiences, you can adapt the story to be more relevant and relatable to the survivor's own reality.

Second, incorporate storytelling into counseling is by working with the survivor to tell, write or draw their own story. There are few examples where a person with a disability is the main character in a story, so this may be an entirely new experience for the survivor to feel their life is important enough to be made into a story. You can select a particular event or newly learned skill to be the focus of the story or you can center it around a period of the survivor's life. It can be an empowering experience for the survivor and add to the richness of your relationship together.

Supporting Survivors to Reinforce Their Right to Choose

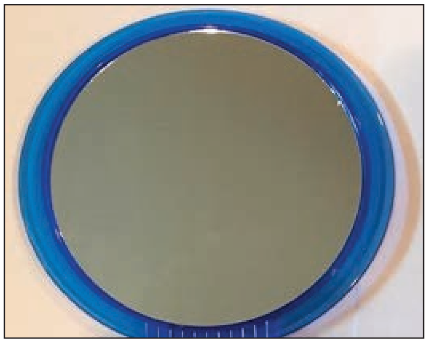
(Kinesthetic, Visual, Logical)

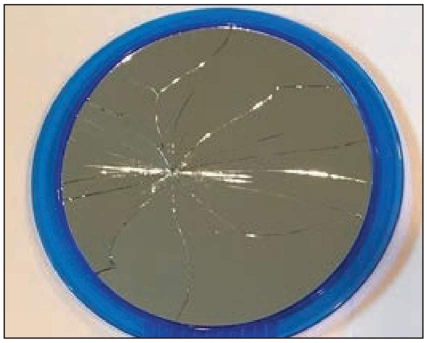
In the Illinois Imagines Toolkit, Prevention Education Guide there is a lesson on Healthy Relationships. This lesson utilizes the visual image of Thumbs Up and Thumbs Down to have survivors choose the qualities of a Healthy Relationship versus an Unhealthy Relationship.

Many people have found this simple exercise using Thumbs Up and Thumbs Down works well across a variety of situations to reinforce choice. It is possible to laminate the two images and even color code them with Thumbs Up printed in Green and Thumbs Down in Red. Questions giving the survivor opportunities to express preferences, interests, likes/dislikes all work to strengthen their voice and right to choose. See "Thumbs Up/Thumbs Down" and "Relationship Rights" handouts on pages 7-32-33.

Using a Mirror to Explain the Counseling Process

(Visual, Logical, Intrapersonal, Interpersonal
One way to explain the counseling process is to use a compact with a 2-sided mirror.





One side is gently cracked and the other side is whole and unbroken.

1. The counselor holds the mirror in their hand with the cracked side facing the person. The counselor asks the survivor to look in the mirror and says, “When someone rapes us, we feel hurt and broken. Like this.”

2. The counselor turns the mirror to the intact side of the mirror and says, “We will work together so you can feel safe and okay again.”

3. Ask, “Do you want to work together?”

4. This is just one example of the words the counselor might say. The important parts of the message are:

- ❍ It is not your fault - the offender did this
- ❍ You are not alone
- ❍ We can do this together
- ❍ There is hope for healing
- ❍ You have choices

Vision Board (????)

Some survivors with intellectual disabilities and/or autism struggle to see or think beyond the here and now. As concrete thinkers, it can be difficult to image feeling better, not being scared or sad. Emotional pain can result in feeling stuck in how things are today and not being able to see how they might feel differently after time has passed. It is helpful for survivors to set goals and see a future for themselves as whole, healthy people.

A Vision Board is one method to support a survivor's healing and taking steps to reach certain goals. A Vision Board is a concrete, visual and even tactile representation of a survivor's hopes and dreams for the future. It can contain words, pictures, drawings or other items that the survivor wants in their life or the things the survivor wants to become.

NEEDED SUPPLIES

- ❍ Colored construction paper
- ❍ Magazines/Newspapers/Advertisements
- ❍ Photos, stickers
- ❍ Scissors
- ❍ Glue Sticks
- ❍ Colored markers, pens

CREATING A VISION BOARD

Make sure table or workspace is clean and free from liquids. Ready the collage making supplies: colored construction paper, colored markers, glue sticks, scissors, newspapers, magazines, stickers, etc. The survivor picks the color of paper desired. Explain to the survivor that she will be creating a "picture" to show how, who or where they want to be in the future. Use questions and conversations to guide the development of the Vision Board:

- ❍ "How would you like to feel?"
- ❍ "Is there anything that you would like to do that would help you feel better?"
- ❍ "Is there anything new that you would like to try?"
- ❍ "Is there a person that makes you feel safe?"

Using the materials, let the survivor create a visual representation of goals. If time does not allow for the completion of the Vision Board during the counseling session, ask the survivor to continue working on it between sessions, if appropriate.

Suggest that the Vision Board be brought to the counseling sessions and/or displayed at home or someplace that the survivor can look at it whenever desired, if that is possible.

Section 4: Counseling

SECTION 4: COUNSELING
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Preparation

Preparing for Intake/First Counseling Session

In preparing for the first session with a survivor who has an intellectual disability and/or autism, there are a few considerations to take into account which may be unique. For example, a staff person, family member or friend may initiate the referral for services on behalf of the survivor with a disability. This may be the best way for the individual to begin the counseling process. The individual may or may not join the phone intake, depending upon their ability to communicate over the phone. Opening a file under these circumstances is appropriate. The overriding goal is to begin the process of connecting the survivor to needed services.

An alternative method for completing the intake process is to bypass the phone intake (other than gathering any information about accommodations) and begin the process on-site. When inquiring about accommodations, be aware that the term “special” has traditionally been used to separate and exclude. Instead, consider saying, “Do you have any needs that I should be aware of?” “Do you need any accommodations?” “Is there anything or anyone that may support or interfere with your participation in counseling?”

First appointment – Factors to Consider:

- ❍ **Before the Appointment -** Get input from survivor on the best days and times to schedule session(s). Medication may impact best time or the schedule may need to avoid disruption in routine or other activities.
- ❍ **Scheduling -** Allow more time for this session. Recognize more time may be required for the surivor to get comfortable and for you to learn about the survivor’s communication style.
- ❍ **Transportation -** Consult with the survivor regarding transportation needs. Be aware that many accessible transportation vendors require scheduling 24 hours in advance. Avoid end of day appointments so people are not waiting for transportation alone.
- ❍ **Location -** Consider accessibility of your agency and the counseling office. Is it best to arrange session at an alternative site? Scan your meeting space for possible obstacles or distractions and remove any that are identified.
- ❍ **Privacy -** Ensure privacy during the counseling session. Tell family members and support staff you will meet alone with the survivor.

Being Ready

Examine your meeting space prior to the session. Do you think it would be welcoming to a person with a disability? Do you have posters and educational materials that relate to survivors with disabilities? Is your space easy to navigate? Is it calming or over-stimulating? Is your lighting dim? Fluorescent lighting bothers many people with disabilities.

Review any required paperwork, handouts and any other therapeutic aids and check for accessibility. Is there an alternative form /format available? If not, be prepared to spend more time and be creative with your approach. See Making Adaptations on page xx and Checklist for Documents handout on page 7-3.

Suggestions of materials to have on hand include:

- ○ Coloring sheets
- ○ Communication board/handout
- ○ Koosh balls
- ○ Markers, colored pencils or crayons
- ○ Materials for a personal story book (Book about me)
- ○ Music
- ○ Notebook
- ○ Pipe cleaners
- ○ Paper
- ○ Paper hearts
- ○ Slinky
- ○ Stories
- ○ Tape recorder & tape

Who, What, Where, When: A Symbol Book for Victims Who Use Augmentative and Alternative Communication

This book can be utilized during counseling sessions to assist with communication and to support survivors in sharing their story. This picture book contains Who, What Where, When and After an Assault Sections which can be used in conjunction with strategies and activities throughout this guide. The introduction and guidelines included in the book instruct users on how to use the materials.
It can be downloaded at www.illinoisimagines.org.

Disability Etiquette

It is not unusual for counselors who have no experience or limited experience with people with intellectual disabilities and/or autism to be concerned about how best to interact and communicate. Most of what you already know and do will work well with survivors with disabilities. Utilizing a survivor-driven approach is the foundation to a solid counseling relationship and communication. Focusing on the person instead of the disability is the best method.

Disability etiquette is basically following the same good manners or practices that you would apply when interacting with anyone. A good starting point is to see the adult with a disability as an adult and honor their lived experiences. Remember disability humility. You don't have to be the expert. The expert is right in front of you. Remember to ask permission before touching or providing any type of assistance, "Would you like me to open the door?" Just ask. See "The Ten Commandments: Etiquette for Communicating with People with Disabilities" handout on page xx for more tips.

Follow the survivor's lead

Engage with the survivor. Ask the survivor questions on how she/he wants to proceed. Let them make the choice.

Communication

Every person with an intellectual disability and/or autism will have different language skills and communication modes depending on their abilities, experiences and situation. As a counselor it is important to do everything you can to make sure you are understood and have heard and understood the survivor correctly. Listen closely; you will get better with practice. See pages 2-13-14 for a problem-solving grid about communication.

Helpful Phrases

In addition to the typical messages counselors give survivors during the first sessions, (e.g., “It’s not your fault.”) the following phrases are particularly meaningful for people with intellectual or developmental disabilities. Review these so you are ready to draw on them as needed.

- ○ “You have the right to be safe.”
- ○ “You are strong. You are brave.”
- ○ “It’s not okay for staff or family to have sex with you.”
- ○ “It’s not okay for anyone to have sex with you without your permission.”
- ○ “You deserve respect.”
- ○ “You are more than your label.”
- ○ “People can hurt us in many different ways. I understand that words hurt too.”
- ○ “What do you want to be called?”
- ○ “You are your own boss.”
- ○ “It’s okay to say no or disagree with me.”
- ○ “The person who raped you broke the law.”

Practice Practice Practice

It is important to provide survivors with the opportunity to practice making positive statements. Like anything, the more you practice the more engrained it is in daily thoughts and activiites.

Check Your Feelings/Hopes/Concerns

In preparing for the session, it is important to remember that you are an integral part of the environment and a critical component of the survivor’s experience. Ask yourself: How do I feel about meeting this person? What are my desires for the sessions? What concerns do I have? Be honest with your feelings and thoughts. Be careful that your opinion of the survivor with a disability is not influenced by diagnostic or other information received through the intake process.

It is not unusual to feel nervous about counseling someone who is different than anyone you have ever met before. Remember you are skilled and experienced with supporting survivors, and a person with a disability is a survivor first. Try to not let the diagnostic information undermine your confidence. Identify your feelings and practice a grounding technique that allows you to be open and relaxed. If you take a moment to be prepared, you will be more likely to be able to connect with the survivor.

First Session

Building a Relationship

One of the first steps in counseling survivors is for the counselor to develop a therapeutic relationship with the survivor. Typical strategies include active listening, expressing empathy, believing the survivor's story, reflecting content and feelings, and providing options. These are useful tools when counseling survivors with intellectual disabilities and/or autism, as well. However, it may be difficult for the counselor to connect with someone when it is difficult to understand the survivor's mode of communication or to tell if the survivor can understand the counselor's mode of communication. (See communication tips on pages 8-12-13). Connection and relationship building is more complicated than the basics of communication. We must go beyond 'talk therapy' and learn to be present with the survivor. Being silent can be a very powerful tool. Observing the person and extending your heart may open the door so you can come close to feeling what the survivor is feeling in the moment.

Be Curious:

○ **Find out the survivor’s interests**

○ **Favorite people? Why?**

○ **How does the survivor spend a typical day?**

○ **What activities does the survivor enjoy?**

This may seem routine, but the impact of these simple courtesies (curiosities) may be huge. Many people with disabilities do not have others ask about them as a person. Many people with intellectual disabilities and/or autism report feeling invisible. This approach ensures that they feel visible to you and helps to build rapport. Once you learn more about the survivor’s interests and preferences it will help enrich your work together. See “Possible Conversation Starters” on pages xx.

Think About It

Survivors experienced trauma through relationship, and healing happens in relationships. What is your role?

Survivor Expectations of Counseling

It's possible that a survivor with an intellectual or developmental disability does not fully understand why they are there for services. They may even be concerned that they are in trouble. Begin the first session by explaining counseling and clearly talk about what will be done in your time together. The counseling process can be abstract, and a concrete explanation or example can assist. We have included an example in Section 3 Strategies, "Using mirror to understand therapeutic process," see page 3-18.

Rights of survivors

It is important to review the survivor's rights as it relates to counseling. This also informs the survivor that they have power and make decisions that will be respected. Even if the survivor has a legal guardian, it is important to explain their rights to them. This has been adapted with plain language and pictures to make it easier to understand. See Counseling Rights handout in the Survivor Handouts section on page 6-3.

Allow time to complete paperwork over three sessions. Explain the reason for completing any and all required paperwork. Allow time to read the information to the survivor, if this is the best approach to promote understanding. Reflect back to see if the individual understood the information.

It may be most effective to let the survivor share before initiating paperwork. Time invested in conversation may assist you in identifying any individualized needs or best approaches to utilize.

Let the survivor decide where to sit.

Abuse Assessment

Some people with disabilities may not recognize that what has happened to them is abuse or violence. They may have been referred by a family member, caregiver or disability provider and not fully understand the reason for the referral. It is important to hear from the individual and assess their experience of violence and why they think they are in your office. Listen for their words as they describe their experiences, as you can use this information as you continue to work with them. Their vocabulary related to body parts, sexual activities and intimacy may be limited. Additionally, sometimes perpetrators will mask what they are doing by saying things like, “We’re exercising” or “I’m helping you to feel better.”

Past trauma impacts the experience of survivors today. Triggers or memory reminders can make it feel like the survivor is re-experiencing the traumatic event(s), i.e. triggers bring the past into the present. This phenomenon may be compounded in individuals with disabilities who may not relate to time by using clocks, calendars or other such methods. It may be difficult during the assessment process to determine whether the violence is current or past.

Recognizing that violence can take many forms in the lives of people with disabilities, a team from the Center for Research on Women with Disabilities (CROWD) developed a four-question screening tool called the Abuse Assessment Screen - Disability, which is included on page 6-9.

This screening tool asks not only about physical and sexual violence but also about disability-specific violence, such as preventing a person from using their wheelchair or other assistive device. It also broadens the types of relationships the perpetrator may have with the individual, such as health professional or care provider.

Illinois Imagines recommends this tool be used as a screening tool, and the interviewer should also ask about the survivor’s prior history of abuse, making it clear to distinguish between that and any ongoing or recent (within the last year) abuse. As the tool suggests, it is important to make it clear to the survivor if you are a mandated reporter within the guidelines of your state’s reporting requirements.

Referral

If you learn that a survivor is experiencing sexual assault within the context of a domestic violence relationship, it is important to make a referral to the local domestic violence program.

Confidentiality and Disclosure

Confidentiality is important for all survivors. You want to make sure the survivor understands about this important right. Please see the “Checklist for Explaining Rape Crisis Privilege to Adults with Disabilities” pages 6-4-5 to help you explain privacy, privilege and confidentiality to survivors you work with. Offer the tool to surivors and provide them a copy at their request.

People with limited abstract reasoning skills may need help in determining who to tell about the assault and who they want to know about it. Often, upon returning home or to school or work, people with intellectual disabilities freely disclose details of the assault and become re-traumatized by the attention of those around them. The counselor can assist the survivor by talking through how different people will react, who needs to know, how much to share with whom, and the possible ramifications of sharing information. For survivors who are unable to imagine other people’s possible reactions and who are very verbal, it may be best to encourage a few days off from school or work so they can process their feelings and reactions with family, staff, or counselors.

In deciding whether to share information about the assault with other professionals in the survivor’s life, the counselor considers the survivor’s well-being, their right to confidential care, and need to be in control of who is told. When staff from group homes or other social service agencies are present, it is important to honor the survivor’s right to confidentiality and verify with the survivor which information can be shared. Confidentiality should not be broken except when there is a clear need to involve another caring person to protect the survivor from additional harm.

Grievance Process

The grievance process is a fundamental right in the counseling process, but may be difficult to explain in an accessible way to a survivor with intellectual disability and/or autism. We have created an accessible tool with images that breaks down the steps in the grievance process that you can use to help explain this process. See "Got a Problem?" on page 6-6.

Ending the Session

Some people with intellectual disabilities and/or autism may rely upon others or public transportation for getting to and from session, so it is important to end at the scheduled time. Plan ahead to allow sufficient time for bringing the session to closure and preparing for the next one. A brief review of the main points covered during the counseling session and follow up questions to check for understanding is helpful. Ask if there are additional questions or concerns. Provide contact information, follow-up information (can they call before the next session?) and schedule another appointment if desired. See Appointment Reminder on page 6-2.

On-going sessions

As you continue to meet with the survivor, there are many things to keep in mind. Illinois Imagines has provided some problem-solving ideas for common barriers that may arise. In addition, service plan and related assessment tools are included to help you get to know the person better and to guide your work together on a survivor-centered service plan and goals. Other topics and resources are included to support your important work with survivors.

Service Plan and Goals

The service plan and goals are usually completed in the first three sessions. As stated previously, some people with disabilities have had limited opportunities to make decisions for themselves. It is possible that service plans in other arenas may have been developed by others without much input from the individual. It may take more time to answer questions like “What would you like to work on? Or “What goals do you have for our time together?

You may want to ask questions to engage the client in setting their counseling goals and completing the service plan. Some questions to start and guide the conversation follow.

Identify client strengths:

1. What nice things would people say about you?
2. What are some things you do well?
3. What words describe you?

Identify Healthy Coping Skills:

1. What makes you feel better when you are sad or angry?
2. What do you do when you feel scared?
3. What helps you calm down?

Other Resources / Support People:

1. Do you get help from other places?
2. Who do you talk to when you are sad or scared?
3. Who are your helpers?

Preferred Processing Style:

1. How do you like to learn new things?
2. How did you learn to (specific skills)?
3. Do you prefer people talking or pictures? Do you prefer movement? Do you prefer writing? Do you prefer drawing?

Goal Statements:

1. How do you think counseling will help you?
2. What do you want to be different?

It is helpful to think outside the box and to listen and watch closely to what the survivor wants to accomplish, change or improve through counseling and in their life. Sometimes small steps can help motivate and generate ideas for other things to achieve. Service planning is a dynamic process.

Think About

Many people with intellectual disabilities or autism may be used to others developing their service plan without their input. How can you engage them into the planning process?

Helping Someone Discover or Rediscover Their Voice

The first step in helping someone discover or rediscover their voice is being able to see this possibility within the person - focusing on what the person can do; not what the person can't do. When you see beyond the survivor's disability and beyond what has happened to them, you treat them in a way that allows and encourages them to see themselves in new ways. This can be very powerful!! You may be the first person who ever saw them this way - as whole and capable. You may be the first person who didn't tell them what to do and had trust in their ability to make good decisions. You may be the one who helps them discover or rediscover their true voice.

Another step is to provide opportunities for the person to speak their truth. If the person shares they have been bullied, believe them. Most people with disabilities are told to 'just ignore it' when they are treated badly. You can ask if they want to share more about being bullied. You know that words hurt and can validate their feelings and provide opportunities for identifying and expressing feelings.

Additionally, you can provide as many choices as possible whenever you communicate with the survivor. Provide choices and respect the answer. Let the survivor know that they can and do make good choices.

Some examples of choices you can offer are "Where would you like to sit?" "How are the lights (lights on/off/dimmed)?" You will notice that throughout the rest of this guide, there will be pictures of choices that can be offered to the survivor and opportunities for modeling personal power.

Engaging Family and Staff about Counseling

Family and staff may have questions about whether the survivor can benefit from counseling because of her/his disability. Meeting with the family and/or staff can give the counselor an opportunity to explain the purpose and process of counseling and encourage them to support the healing process. Establishing both a process and boundaries for handling communication between the family/staff and counselor, based on the survivor's preferences and needs can help all involved feel more secure and supported.

It is helpful if family/staff will commit to supporting counseling by:

- ❍ Respecting the survivor's choice in deciding how much information to share about sessions.
- ❍ Not scheduling other activities/appointments for survivor at the same time as the counseling session.
- ❍ Ensuring transportation is scheduled if the survivor needs this support. (see page 4-18)
- ❍ Engaging in their own self-care, especially if they are experiencing secondary trauma as a result of the domestic or sexual violence.
- ❍ Supporting the survivor's healing in the living/learning environment based on the survivor's input and preferences. For example, the survivor may want to leave the light on or may want to share their chart.

Discuss with the family that healing takes many forms and can be an ongoing process with ups and downs. The downs do not necessarily mean that healing is not happening or that counseling should be terminated. The goal is that the survivor sets the pace. It is in the best interest of the survivor that the process not be rushed. Healing takes time. Share information with parents regarding self care. Remind them that they may benefit from processing their feelings with a counselor. Refer them to your hotline and /or another counselor in your center to talk about the impact of the sexual violence on their life. See page xx for a handout you can share with parents.

A Guide for Parents and Guardians

Part of the Illinois Imagines resource material. The guide is available in English and Spanish and provides tools and lessons for working with parents and guardians in learning about the importance of sexual assault prevention work with people with disabilities. The guide can be downloaded at:www.illinoisimagines.org

Problem-Solving: Challenges with Family/Caregiver

Identified Concern	Possible Responses
Survivor has a legal guardian who is reluctant to consent to treatment	1. Consider meeting with the guardian and survivor to explore the guardian's concerns/fears and to explain how counseling works 2. Illinois law guarantees at least 5 sessions for any survivor who requests it, even without the guardian's permission. See Short-term Counseling Fact Sheet on page xx. 3. Meet with the guardian separately to discuss their concerns, Illinois state law regarding access to services and client records, and the purpose and process of counseling. Educate the guardian about ways they can support the healing process.
Survivor would like a family member/ caregiver present in session	1. Try splitting session time, spending part of session with family member/caregiver present and remainder of time with just the survivor present. Gradually increase time with just the survivor as comfort level increases. 2. Meet with survivor and allow time in session to work on a summary of major themes so survivor can update the family/caregiver. 3. Arrange for periodic (i.e., monthly) joint sessions with family/caregiver so survivor can update them on how she is doing.
Survivor's family member or guardian is experiencing secondary trauma	1. Offer separate counseling to the family member or guardian. 2. Educate the family member/guardian how their response to the trauma can impact the survivor. Provide information about helpful ways to support the survivor's healing process.

Problem-Solving: Challenges with Family/Caregiver

Identified Concern	Possible Responses
Survivor's family member or guardian wants to end services	1. Explore the reasons for the family member/guardian wanting to end services. Provide information about trauma and the recovery process and ways family/guardians can support healing. 2. If family/guardian raises concerns that survivor cannot benefit from counseling because of her/his disability, explain how all people can benefit from the support and that counseling can be adapted to work with an individual's learning style. 3. If family/guardian states that survivor appears upset after sessions and worries that counseling is adding to the pain, the counselor can explain that counseling is not creating these feelings. Counseling provides a safe and healthy space for the survivor to express these feelings and receive support for what the survivor experienced, which increases chances for recovery.

Problem-Solving: Transportation Issues

Identified Concern	Possible Responses
Survivor misses appointments because she/he isn't ready, transporation doesn't arrive, etc.	1. Explore with survivor how transportation is arranged for her/him to come to sessions. 2. Brainstorm with survivor options to assist in transportation arrangements: a. setting up a calendar with appointments written in b. reminder prompts on phone c. other ideas?
Survivor's family/caregiver arranges transportation and they are inconsistent	1. Explore ways to support the survivor making own transportation arrangements. (See possible strategies in box above.) 2. If transportation needs to be set up 24 hours in advance, such as with paratransit services, consider scheduling sessions during the week Tuesday through Friday.
Survivor uses an unreliable transportation service	1. Explore any alternative transportation options with the survivor. 2. If public transportation is an option, explore if the agency offers travel training so survivor can travel more independently 3. Consider arranging sessions in an alternative location that is easier to access, i.e., the disability service agency or a private room at the public library.

Ending Individual Counseling Sessions/Transitioning Out

- ❍ Understanding the difference from other relationships (more long term)
- ❍ View it as a graduation
- ❍ Refer to group
- ❍ Intermittent follow-up at agency

For people with intellectual disabilities and/or autism, ending the counseling relationship can sometimes be difficult to understand. Some survivors in Illinois who have guardians, may only receive 5 sessions (see fact sheet). It is best if they understand their choices about this at the first session. Other survivors may have more choices about the number of counseling sessions, but still not understand the concept of time-limited based on their previous relationships which may seem more long-term or permanent. It is helpful for the counselor to plant the seeds throughout the counseling process that ‘this relationship is time-limited.’ It is also important, that the last session celebrate both the progress the survivor has made and the relationship with the counselor. A graduation, including a certificate, has been a helpful way for some survivors to process the last session.

Before ending the counseling process, the survivor should know what to do if/when they feel a need to speak with someone. Can they call the counselor? Is there a crisis line to call if the survivor is having difficulty? Can they call the rape crisis center? Who are the safe people who may be able to help? Will the counselor be stopping by the disability agency/school to check on occasionally? Providing this information can be very reassuring to the survivor.

In addition, the survivor may be referred for group counseling within the rape crisis center, an empowerment group at a local Center for Independent living or a peer support group in the community. Be sure to explore all options with the survivor for their ongoing support. Always remember to thank them for sharing their life and their strengths with you!

Section 5: Guardianship

SECTION 5: GUARDIANSHIP
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OVERVIEW OF GUARDIANSHIP

What is Guardianship?

Guardianship is a legal designation that places the rights, safety, well-being, and legal choices of a person into the hands of another for the purpose of protection from abuse, neglect, or exploitation. Guardianship is conferred on a relative, friend, guardianship program, or private professional guardian by a judge's decision that a person is deemed incapable of making their own decisions.

Do all People with Disabilities Have Guardians?

The vast majority of people with disabilities, including cognitive disabilities, do not need guardians. An individual may require assistance from others or accommodations based on their disability but still be able to make informed decisions based on their own preferences. Most importantly, the presence of a physical or mental disability or the age of an individual does not indicate the need for guardianship. Everyone deserves to exercise control over their own life to the extent possible.

Is There Only One Kind of Guardian?

No. Although most states provide alternatives for guardianship; in general there are three types of guardians: Guardianship of the person, which involves decisions about an individual's personal life such as where the person will live, work, go to school, etc. Guardianship of the estate, with authority over such decisions as money and property. Limited guardianship, with authority to make only decisions about one thing or a few things. The probate judge decides which decisions and writes them on a paper called an order of limited guardianship. The order of limited guardianship is very clear about what decisions a limited guardian can make.

How do I Know if a Person has a Guardian?

If you have concerns or questions about whether someone accessing services may have a guardian, the first place to go for information is that person. During the initial contact or intake process, staff should respectfully ask the individual if she/he has a guardian and how to contact the guardian if he/she does. If you are unable to determine guardianship status by talking with the individual, talk to the court with jurisdiction over guardianship cases in your area. Guardianship proceedings are public record; develop a relationship with the appropriate court and court personnel.

Can Rape Crisis Centers Work with a Survivor with a Guardian?
A rape crisis center should not be deterred from working with an individual based on the possibility that the person has a guardian. If you have questions about a specific person or situation, you should consult with an attorney, local court personnel, or the office of guardianship and advocacy, depending on the need or question.

Guardianship professionals and attorneys agree that there is not a duty for agency staff to investigate whether or not a person has a guardian. However, any agreement signed by an individual who has a guardian may be voidable. The same may be true for an individual under limited guardianship, depending on how that guardianship is structured.

Access to Health Care and Evidence Collection for Sexual Assault Victims with Disabilities

Current Law

Consent of a guardian, health care surrogate or health care power of attorney is not required in order for a victim with a disability to receive health care or release forensic evidence following a sexual assault.

If a victim with a disability is unable to consent to the release of evidence, and the victim's guardian, health care surrogate or health care power of attorney is unavailable or unwilling to release the information, an investigating law enforcement officer may release the evidence.

Decisional Capacity

A physician (not a team of professionals) decides whether the victim with a disability has "decisional capacity," or the ability to make decisions about her own health care and releasing evidence. The physician makes a decision after having a conversation with the victim and exercising professional judgment.

Background

Prior to January 1, 2010, when an adult with a disability who had a guardian over his/her health care went to a hospital after a sexual assault, only the victim's guardian could consent to the health care and release the forensic evidence collected at the hospital.

Sometimes a victim with a disability had a guardian who was unavailable or unwilling to consent to health care or release forensic evidence.

To remedy this problem, the Sexual Assault Survivors Emergency Treatment Act (SASETA) was amended to protect the personal autonomy and choice of a sexual assault victim with a disability in receiving emergency health care services and releasing forensic evidence. 410 ILCS 70/5(b).

Questions?

Illinois Coalition Against Sexual Assault 217.753.4117 www.icasa.org

Illinois Department of Human Services
Domestic Violence & Sexual Assault Unit
217.558.6192 or teresa.tudor@illinois.gov

OUR RIGHTS RIGHT NOW!

Right of Adults with Guardians to Control the Privacy of their Rape Crisis Center Records

Current Law

An adult with a guardian can:

- ❍ decide whether his or her guardian can look at her/his rape crisis center records; and
- ❍ decide whether or not to waive the rape crisis center privilege.

If a court decides that the adult with a guardian is not capable of making an informed decision about waiving the privilege, the guardian can still do so, provided that the guardian's interests are not adverse to the interests of the adult.

Background

Prior to January 1, 2011, an adult with a guardian had no right to control whether the guardian had access to her/his rape crisis center counseling records. In addition, an adult with a guardian could not decide whether to waive the rape crisis center privilege. Only the guardian could make that decision.

Sometimes a victim with a disability had a guardian whose interests were adverse to those of the victim.

To remedy this problem, the Confidentiality of Statements Made to Rape Crisis Personnel statute was amended to provide adults with a guardian control and access to their records at the rape crisis centers. 735 ILCS 5/8-802.1(c).

Questions?

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Illinois Department of Human Services
Domestic Violence & Sexual Assault Unit
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Rights of Adults with Guardians to Obtain Short-Term Counseling

Current Law

An adult with a guardian can attend up to five, forty-five minute counseling sessions without the consent of, or notice to, the guardian unless the counselor or therapist believes such disclosure is necessary.

If a counselor or therapist decides to disclose the fact of counseling or psychotherapy to the guardian, he or she must inform the adult with a guardian.

The guardian is not responsible for the costs of counseling or psychotherapy received by the adult without the consent of the guardian.

Background

Prior to January 1, 2012, an adult with a guardian of her/his person had no right to attend counseling sessions without the consent of the guardian.

Reasons for decisions to deny consent to adults with disabilities who had been sexually assaulted varied. Sometimes the guardian did not believe that the ward had been sexually assaulted; sometimes the guardian supported, or worst of all was, the assailant.

To remedy this problem, the Mental Health and Developmental Disabilities Code was amended to provide adults with a guardian of her/his person access to short-term counseling. 405 ILCS 5/2-101.1.

Questions?

Illinois Coalition Against Sexual Assault
217.753.4117 www.icasa.org

Illinois Department of Human Services
Domestic Violence & Sexual Assault Unit
217.558.6192 or teresa.tudor@illinois.gov

OUR RIGHTS RIGHT NOW!

You can get Health Care or Release a Rape Kit after Sexual Assault

You get to decide if you will go to the hospital to see a doctor after a sexual assault. You do not have to ask your guardian or anyone else if you can go to the hospital.

You can decide whether evidence of the assault is collected at the hospital – some people call this a rape kit.

You get to decide whether the hospital gives the rape kit to the police. The police will take the rape kit to a crime lab to look for evidence.

If you can't give consent, your guardian, health care surrogate or health care power of attorney may be asked. If that person can't be reached or will not release the information, the police officer may release the information.

Background

In the past, sometimes a victim had a guardian who was unavailable or unwilling to agree to health care or release evidence.

To fix this problem, the law was changed to protect your rights.
The law is: 410 ILCS 70/5.

Questions?

Illinois Coalition Against Sexual Assault
217.753.4117 www.icasa.org

Illinois Department of Human Services
Bureau of Domestic Violence, Sexual Assault
and Human Trafficking
217.558.6192 teresa.tudor@illinois.gov

OUR RIGHTS RIGHT NOW!

You Can Get Short-Term Counseling

You do not have to tell your guardian that you want to see a counselor. You can see the counselor up to five times without telling your guardian.

If the counselor thinks he or she needs to tell your guardian about the counseling, the counselor must tell you that.

Background

In the past, your guardian had to say it was okay for you to get counseling.

Sometimes guardians did not give permission to get counseling and the person with the disability could not receive the counseling they wanted.

Now, you can call a counselor or ask someone you trust to help.

The law changed because of the work of self-advocates.
The law is: 405 ILCS 5/2-101.1.

Questions?

Illinois Coalition Against Sexual Assault
217.753.4117 www.icasa.org

Illinois Department of Human Services
Bureau of Domestic Violence, Sexual Assault and Human Trafficking
217.558.6192 teresa.tudor@illinois.gov

You Decide Who Looks At Your Rape Crisis Center Records

Your records at a rape crisis center are absolutely private even if you have a guardian. You control who looks at your rape crisis center records. You do not have to tell anyone what you talk about with your counselor.

You can decide if your guardian can look at your rape crisis center records.

You can give up the right to keep your rape crisis center records private if you think it will help you to let someone else (like a lawyer or a social worker) see your records.

If a judge decides you are not able to make this decision, the judge can say it's okay for your guardian to see your records if the judge thinks that is best for you.

Background

In the past, sometimes people would not go to counseling because they didn't want their guardians to see their records.

To fix the problem, the law was changed to give you the right to control your records. 735 ILCS 5/8-802.1.

The law changed because of the work of self-advocates.

Questions?

Illinois Coalition Against Sexual Assault
217.753.4117 www.icasa.org

Illinois Department of Human Services
Bureau of Domestic Violence, Sexual Assault and Human Trafficking
217.558.6192 teresa.tudor@illinois.gov

Section 6: Forms to use with Survivors

SECTION 6:
FORMS TO USE WITH SURVIVORS
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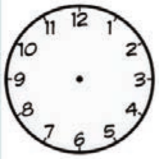
Appointment Reminder

Name: ______________________________

The Next Time You Will See ______________________________

is on ______________________________ **at** __________



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Counseling Rights

As a survivor of sexual violence, I have the right to:

- ○ A qualified counselor
- ○ Request needed supports or accommodations
- ○ Private and confidential communication
- ○ Respectful treatment
- ○ Make a complaint if I am not satisfied
- ○ Participate in setting goals
- ○ Have my decisions and choices respected
- ○ Review my file
- ○ Decide who else can see my file
- ○ Refuse services
- ○ Request another counselor
- ○ Referral to another agency
- ○ End services

Signature: ___________________________________

Checklist for Explaining Rape Crisis Privilege to Adults with Disabilities

During first counseling session, explain rape crisis privilege.

☐ **1. There are special laws that help make sure the survivor can heal in private. The survivor gets to decide who gets information about her counseling.**

☐ **2. No one has to know the survivor goes to a rape crisis center.**

- ❍ You will not tell anyone that the victim goes to the rape crisis center unless the victim says it is okay and signs a paper.
- ❍ If the victim has a guardian, the victim can see you up to 5 times without telling the victim's guardian.

☐ **3. You will not tell anyone what the survivor says in counseling. That includes the survivor's**

- ❍ parent or guardian,
- ❍ other counselors, case workers, social workers, or caregivers,
- ❍ doctor, or
- ❍ abuser.

☐ **4. The survivor should not share what she says to you with friends.**

- ❍ If the survivor tells other people what is said in counseling, that person might tell other people.
- ❍ Telling even one person what she said to you could mean the information isn't private.

☐ **5. No one will see the survivor's rape crisis center records (your notes or anything in the file) unless the survivor says it is okay.**

- ❍ You will not show the survivor's records to anyone unless the survivor signs a paper that says it is okay. That includes the survivor's:
- ❍ parent or guardian,
- ❍ other counselors, case workers, social workers, or caregivers,
- ❍ doctor, or
- ❍ abuser.

☐ **6. You can share private information if the survivor thinks it will help her. Sometimes clients want you to share with their:**
- ○ lawyer
- ○ social worker or case worker
- ○ doctor, counselor, or psychiatrist

☐ **7. A judge may decide the survivor's guardian can see her records.**
- ○ That only happens if the judge thinks it will help if the survivor's guardian sees the records.
- ○ The judge should talk to her first and then decide if she is able to say for her self whether her guardian can see her records.

☐ **8. You can help the survivor report what happened.**
- ○ If the survivor wants to tell police what happened, you or an advocate can go with the survivor to make a police report.
- ○ If the survivor wants to make a phone call to adult protective services and report the abuse, you can help the survivor do that.

☐ **9. Duty to warn.**
- ○ If she wants to hurt herself or someone else, you may have to call police or someone else to help. This is very unlikely, but you want her to know just in case.

If the client lives in the community (not in a facility) and has trouble communicating, explain the following.

☐ **10. You may have to report what happened to adult protective services.**
- ○ If that happens, you will tell the survivor first, and the survivor can be with you when you call.

Got a Problem?

1. If you have a complaint, try to talk to the Supervisor in charge of the program.

Feel better now?

No?

Then go to Step 2

2. Write down your complaint and give it to the Supervisor or Director. Ask a safe person for help if you need it.

3. Meet with the Director, Staff or Volunteer to work out the problem.

Feel better now?

No?

Then go to Step 4

4. You can meet with the Board of Directors to work out the problem.

For help with this process:

Insert Center name and phone number

COUNSELING SERVICE PLAN: ADULT Client Name: Date:

Presenting Issue: ☐ Adult survivor of childhood sexual abuse ☐ Adult survivor of sexual assault ☐ Other:	Client Strengths:	Client’s Healthy Coping Skills:	Other Resources/Support People

Assist Client to: ☐ Feel safe ☐ Learn new coping skills ☐ Reduce Post-Traumatic Stress Symptoms ☐ Identify triggers	Provide Education On: ☐ PTSD & Rape Trauma ☐ Healthy Relationships and Boundaries ☐ Personal Safety ☐ Area services for individuals with disabilities

Preferred Learning Style:

Key: NC: No Change MP: Making Progress Accomplished

Additional Goals	Date	Date	Date	Date
1.				
2.				
3.				
4.				

Client Signature: ______________________________ Date: __________.

Counselor Signature: ______________________________ Date: __________.

Supervisor Signature: ______________________________ Date: __________.

Abuse Assessment Screen-Disability (AAS-D)

These questions are designed to open the door for you to discuss with your health care provider, counselor, or other person you trust about problems you may be having with abuse or violent relationships. We encourage you to take advantage of this opportunity. If, however, you live in one of the states with mandatory reporting of violence against people with disabilities (e.g. Texas), please be aware that the person to whom you disclose the abuse may be required by law to report it to the appropriate authorities who, in turn, may investigate your situation.

1. Within the last year, have you been hit, slapped, kicked, pushed, shoved or otherwise physically hurt by someone?

Yes ____ No____

If Yes, who? (Circle all that apply)
* Intimate Partner * Care Provider * Health Professional * Family Member
* Other

Please describe: ____

____

2. Within the last year, has anyone forced you to have sexual activities?

Yes ____ No____

If Yes, who? (Circle all that apply)
* Intimate Partner * Care Provider * Health Professional * Family Member
* Other

Please describe: ____

____

3. Within the last year, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?

Yes ____ No____

If Yes, who? (Circle all that apply)
* Intimate Partner * Care Provider * Health Professional * Family Member * Other

Please describe: ____

____

4. Within the last year, has anyone you depend on refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?

Yes ____ No____

If Yes, who? (Circle all that apply)
* Intimate Partner * Care Provider * Health Professional * Family Member * Other

Please describe: ____

____

This instrument was developed and tested by the Center for Research on Women with Disabilities with funding from the Centers for Disease Control and Prevention, (UHSP RO4/CCR614142), Margaret A. Nosek, Ph.D., Principal Investigator.
McFarlane, J, Hughes, R.B., Nosek, M.A., Groff, J.Y, Swedlund, N., Mullen, P.D. (2001) Abuse assessment screen-disability (AAS-D): Measuring frequency, type, and perpetrator of abuse towards women with physical disabilities. Journal of Women's Health and Gender-Based Medicine 10 (9) 861-866.

Section 7: Survivor Handouts

SECTION 7: SURVIVOR HANDOUTS
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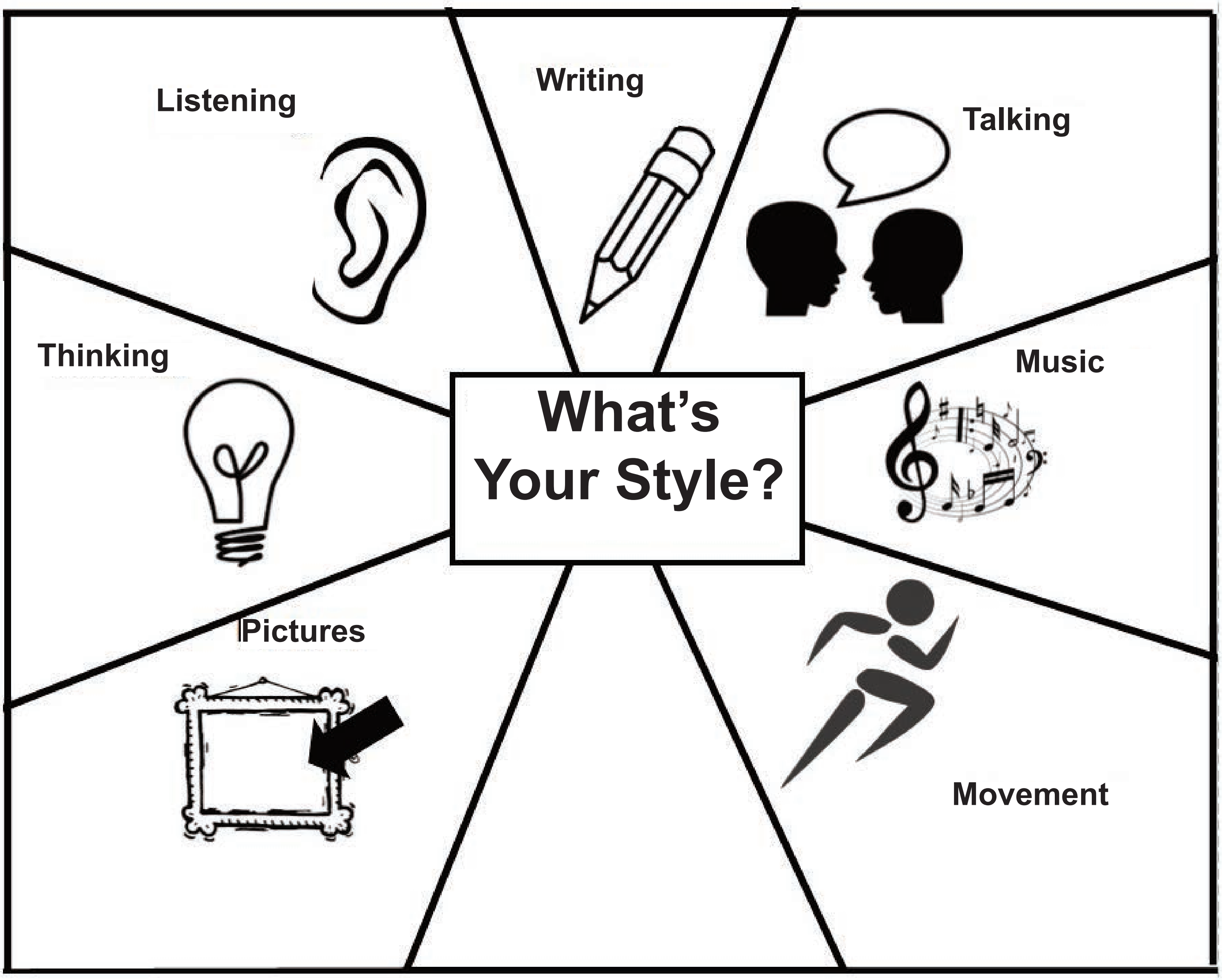
Survivor Handouts

The following are documents you may wish to share with survivors. If you create new tools to use, refer to page xx, Checklist for Documents, to ensure you are creating douments that are appropriate and accessbile for people with intellectual disabilities and/or autism.

CHECKLIST FOR DOCUMENTS:

	Yes	No
Organization and Content		
Is the most important information first?	☐	☐
Is the information limited to what readers need to know?	☐	☐
Is the content arranged in an order that makes sense?	☐	☐
Language		
Are most words limited to 1-2 syllables?	☐	☐
Is the same term used consistently?	☐	☐
Are unfamiliar words, abbreviations or acronyms explained?	☐	☐
Are sentences short and concise (about 15-20 words)?	☐	☐
Does it use active voice most of the time?	☐	☐
Does the document use “you” and “we” where possible?	☐	☐
Are abstract words avoided?	☐	☐
Are pictures used to augment communication?	☐	☐
Format		
Is text accessible (14 point sans-serif font – Arial, Tahoma)?	☐	☐
Are italics and bold point used sparingly?	☐	☐
Is there plenty of white space (at least 1” margins, uncluttered)?	☐	☐
Are headers used to make it easier for readers?	☐	☐
Are lists and tables used for complicated information?	☐	☐


Listening
Writing
Talking
Thinking
What's Your Style?
Music
Pictures
Movement

Happiness Assessment

Name:_____________________________ **Date:**______

Pleasure:

These are my favorite foods:

____

____

These are the things I like to do when I want to totally relax:

____

____

If I want to go somewhere where I can just enjoy myself without thinking about anything, this is where I like to go:

____

____

My favorite TV shows are:

____

____

My favorite movies are:

____

____

Engagement:

My real hobbies are:

My favorite activities are:

When I want to play a game I usually want to play:

My favorite game is:

My favorite sport is:

The kind of art or craft that I like to do is:

I am really good at:

I am happiest when I am doing this (an activity):

Positive Relationships:

The people that care about me are:

____

____

My friends’ names are:

____

____

What I like to do most with my friends is:

____

____

What I would like most from a relationship with another person is:

____

____

The qualities I like the most in another person are:

____

____

What my friends like the most about me is:

____

____

Achievement:

What I am proudest of doing in my lifetime so far is:

____

____

What I like to tell people that I have done in my life is:

____

____

What I sometimes can’t even believe I’ve done is:

____

____

Meaning:

I know that I make a difference in some people's lives.
These are the people whose lives I make a difference in:

____

____

I am very proud of some of the things I do in the world.
This is what I am proud of:

____

____

If I died I would want people to remember this about me:

____

____

Here are the things that I would feel good about having done in this life while I was alive:____

____

The activity I feel best about doing every day is:

____

____

What people appreciate the most about me is:

____

____

I know that I make a difference in the world because:

____

____

Boundaries

Setting rules or limits about personal space can help you feel more comfortable. Everybody has the right to set boundaries and ask others to follow them. Remember, it's your body and you get to choose who can come into your personal space or touch your body. In the box below is a list of personal boundaries.

High five Slow dance Kiss Get in a car with them
Hold hands Say "hi" Tell secrets Smile
Fist bump Look at their private parts
Shake hands Give your phone number Say "Thank you"
Text Wave Talk about personal issues
Chat on computer Show your private parts Go to their house
Hug Give your address Say "I love you"
Go for a walk together

List some boundaries that are okay with each of the people below:

Family: ____
____

Friends: ____
____

Staff: ____
____

Intimate Partner: ______________________________________
____

Acquaintances: _______________________________________
____

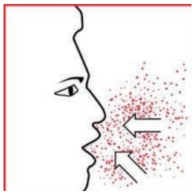
Strangers: ____
____

Deep Breathing

(text is for facilitator's use)

1. Begin by sitting comfortably.

2. Breathe in slowly and deeply through your nose.

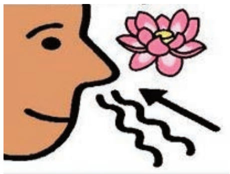


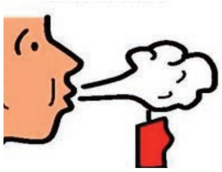
3. Put your hand on your belly.

  - **Feel the air enter and expand your belly rather than your chest.**
  - **Hold the air in your belly and feel your heart rate begin to slow.**

4. Exhale slowly through your mouth, as though you are blowing out birthday candles.

  - **Try to exhale longer than you breathe in.**
  - **Think about your breath and relaxing.**



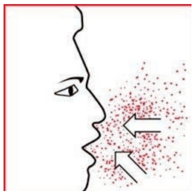


5. Repeat this exercise several times.

Deep Breathing

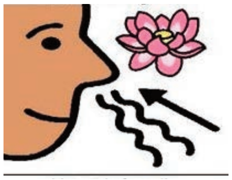
1.

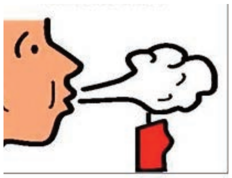
2.



3.

4.





My Book About Myself!

This is the book about

____

An autobiography

> “I celebrate myself…..
> for every atom belongs to me, as good as belongs to you.”
>
> **Walt Whitman, Leaves of Grass.**

This is my story and I am proud to tell it!

I am __________ years old

I am proud to be a

This is who I am!

My favorite things are:

My favorite colors are:

My best memory is:

What I am proudest of about myself is:

The hardest thing that I ever had to overcome was:

The thing that I am proudest about overcoming is:

The hardest family issue to deal with for me was:

The things that I like most about myself are:

The music that I like the most:

My Favorite Song:

The words that I like most in a song are:

What I like in a friend is:

My friends are:

My favorite thing to do is:

What I am happiest about in my future is:

My goals for myself as I build my future:

What I appreciate most about my life is:

Signed
The author

Book Developed By Karyn Harvey

My Recovery Book

This is the book about
Traveling the Long Road to Recovery

By: ______________________________

I have been through so much in my life!

Here are some of the things that I have gone through:

1.______________________________________
2.______________________________________
3.______________________________________
4.______________________________________
5.______________________________________
6.______________________________________
7.______________________________________
8.______________________________________
9.______________________________________
10._____________________________________

IT IS INCREDIBLE TO THINK ABOUT ALL THAT I HAVE BEEN THROUGH!

I AM A SURVIVOR!

These are my good qualities that have enabled me to survive:

1.______________________________________
2.______________________________________
3.______________________________________
4.______________________________________
5.______________________________________
6.______________________________________
7.______________________________________
8.______________________________________
9.______________________________________
10._____________________________________

Songs that inspire me to keep going are:

Words from the songs that make me feel stronger are:

Sometimes good things come out of bad times.

Here are some of the good things that have come out of my bad times:

Bad Time	Good Result

Good things have happened ALSO!

Here are some of the good things that have happened to me:

If I could I would tell someone in my life something important.

This person is:______________________________

What I would say is:

____

____

____

____

____

____

____

____

There is another person that I also would like to say something to.

This person is: ___________________

What I would like to say is:

____

____

____

____

____

What I am most proud of about myself and how far I have come is:

____

____

____

____

What makes me happiest right now is:

____

____

____

____

____

What I am most glad is over is:

____
____
____
____
____

What I appreciate the most about my life now is:

____
____
____
____
____

These are my goals for the future:

1.____
2. ____
3.____
4.____
5.____

This is how I feel about my future:

____
____
____
____

This is what I want to say about myself:

____
____
____
____
____

Signed by: ________________________________

Material developed by Karyn Harvey

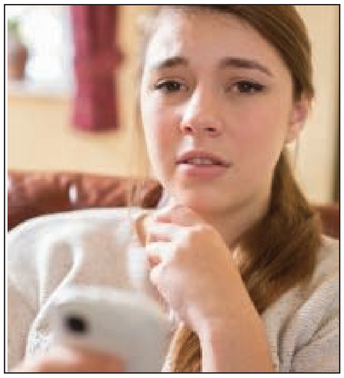
Posttraumatic Stress Disorder (PTSD)

PTSD is a set of feelings and reactions that some people have after a scary event like a sexual assault.

PTSD is a normal response to trauma.

PTSD can include:

- scary thoughts or pictures in your head
- bad dreams
- being easily startled or jumpy
- not feeling interested in things you like
- having mixed up feelings, like being sad or scared and angry at the same time
- being scared by things that remind you of the assault (a look, place, smell)

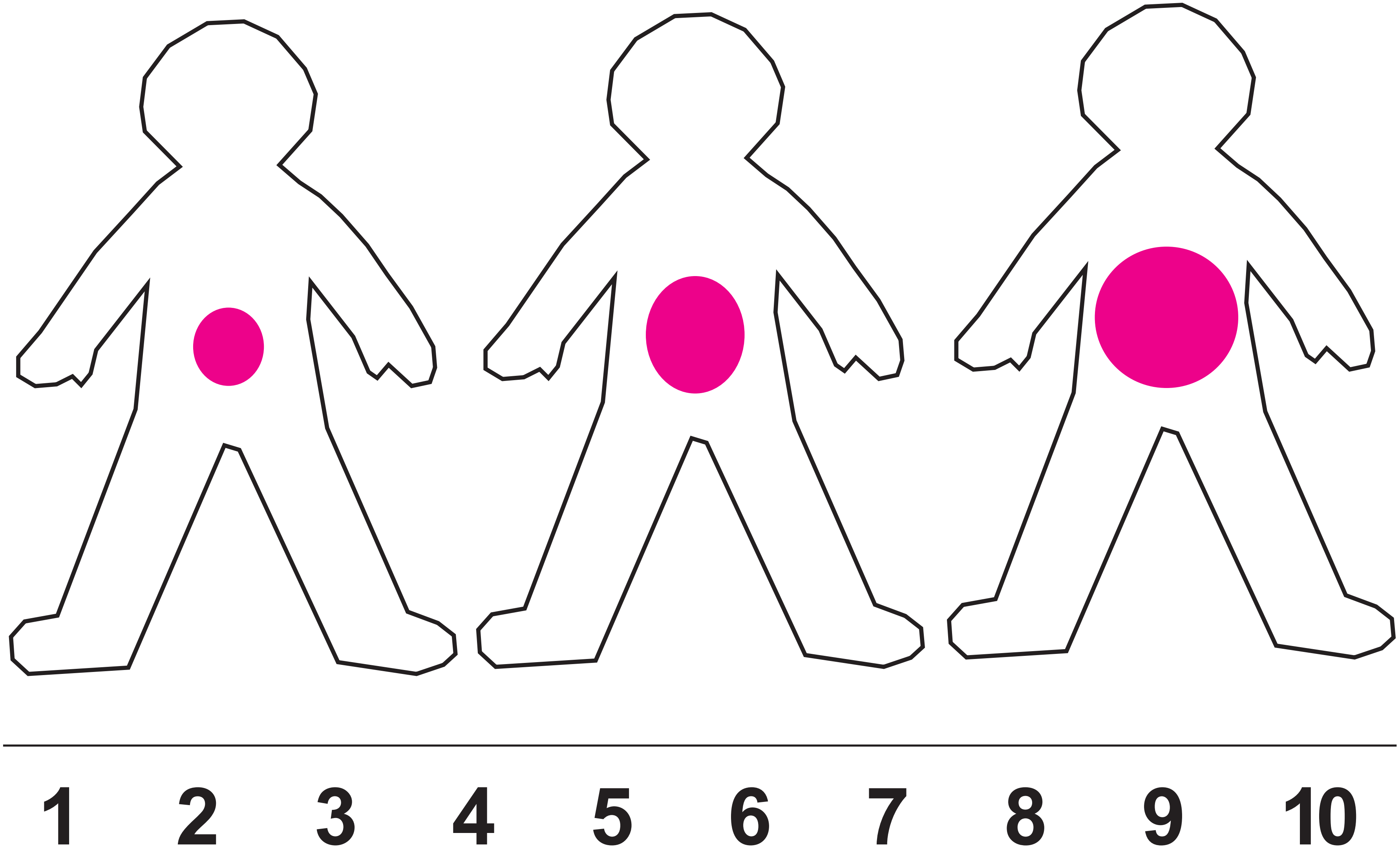



Things to do:

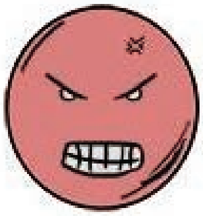
- Remind yourself it is normal to feel this way
- Remind yourself It will not last forever
- Tell your counselor about how you feel
- Talk to someone you trust
- Use the coping skills you have learned




Trauma Survey



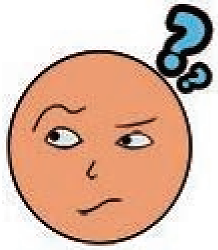
Basic and More Feelings



Angry

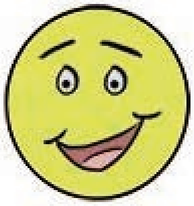
Calm

Confident

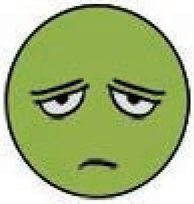


Confused

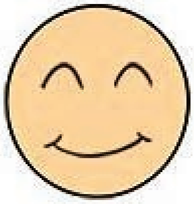
Embarrassed



Excited

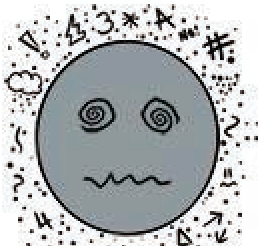


Guilt



Happy

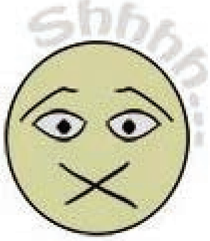
Invisible



Overwhelmed

Proud

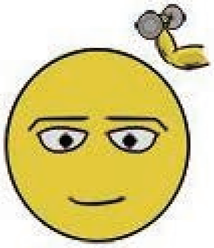
Sad



Secretive

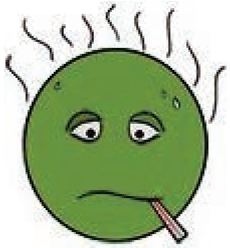
Grief

Love



Strong

Scared



Sick

Silly

Worried

I Feel...

I have chosen you,

I will tell my
"Safe Person"

I will keep telling until
someone listens

To be one of my safe people

Because you are:

Someone I feel comfortable with

Someone who can help

Someone who listens

Someone who doesn't criticize me

Someone who will like me anyway

I will say
"NO"

WE CAN

No one has the right
to hurt me in any way

We Can Stop Abuse

Form created by Shirley Paceley and Sandy Laesch

Anger Thermometer

OUT OF CONTROL

ANGER:
- pushing
- hitting
- breaking
- throwing

HURT SELF, OTHERS, PROPERTY

REALLY ANGRY/RAGE:
- swearing
- calling names
- threatening

ANGRY/ MAD:
- raising my voice
- shouting

IRRITATED/ GRUMPY
- cranky
- complaining

CALM:
- peaceful
- relaxed

________’s Heart Chart

Things That Help:

Things That Hurt:

Problem-Solving Worksheet

1. What was my problem? Draw a picture.

---

2. How did I feel?

---

3. What did I need?

---

4. What can I do next time?

Choice 1: ______________________________

Choice 2: ______________________________

Choice 3: ______________________________

---

5. Choose one way and imagine yourself doing this. Draw a picture.

Feeling Words

Afraid
Angry
Frustrated
Nervous
Sad
Worried
Embarrassed
Scared
Frustrated
Lonely

Solution Words

Ask for help from ____________
Take a break
5 Deep breaths
Talk about what was happening

Assertiveness Checklist

Name:____

Body Language

____Standing or sitting straight and tall

____Look serious

____Eye contact

Verbal or Signing Skills

____Said / indicated ‘NO’, ‘Don’t’ or ‘Stop’ clearly

____Said/ indicated ‘NO’ or ‘Don’t’ or ‘Stop’ emphatically

____Used important voice or stance

Job Well Done!

Relationship Rights

I have the right to my own feelings.

I have the right to be myself.

I have the right to be happy.

I have the right to make choices.

I have the right to be respected.

I have the right to be safe.

**I have the right
to change my mind.**

I have the right to say NO!

**I have the right
to healthy relationships.**

I have the right to be ME!

Thumbs Up/Thumbs Down

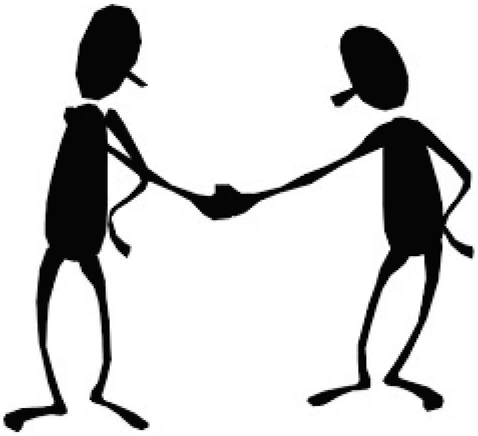
People do things in relationships that are both healthy and unhealthy. Use this handout as a guide to remember what is healthy behavior (thumbs up) and unhealthy behavior (thumbs down) in a relationship.

	Thumbs Up = Healthy 	**Thumbs Down = Unhealthy** 
A close friend shares personal feelings with me.	X	
Someone lies to me.		X
A close friend gives me a back massage.	X	
Someone hits me.		X
A friend keeps calling me "stupid."		X
A family member gives me a birthday party.	X	
Someone tells me that they are proud of me.	X	
Someone pressures me to have sex.		X
A friend tells someone else my secret.		X
Someone keeps borrowing money from me and doesn't pay me back.		X
A friend asks me to steal from a store.		X
A friend tells me that I look nice.	X	

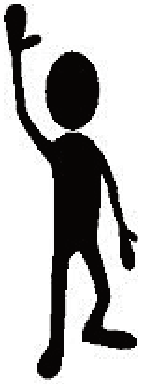
Let's talk about Power

Some People use Power over others in a bad way

Some People share Power



All People Carry their Power



Beware of the False Uses of Power

Lying

Betrayal

Bribery

Intimidation

Section 8:
Resources

SECTION 8: RESOURCES
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DISABILITY COMPETENCE VS. DISABILITY HUMILITY

TWO WORKING MODELS

When it comes to working with people with disabilities in a service environment (or any environment), two main paradigms, or working models, come to mind. One working model is based on disability competence, which means staff must be extensively trained on disability types, culture, etiquette, accommodations, legal and technical jargon, and related laws before they ever work with anyone who has a disability. In contrast, the other working model, is based on the idea that staff do not need extensive training beforehand and learn about disability issues mainly through working directly with each individual person. Below is a table summarizing the main differences between the disability competence model and the disability humility model.

Disability Competence	Disability Humility
Staff need extensive training beforehand	Staff do not need extensive pre-training
Staff are viewed as the "experts"	Clients are viewed as the experts on themselves and their needs
Tends to identify people with disabilities as a uniform group	Treats each person with a disability as a together unique individual
Can cause people to rely on "laundry lists" of behaviors, characteristics, deficits, etc.	People with disabilities are not treated as if in such generalized categories
Mindset: "I know what you need to know"	Mindset: "I am open, curious, honest, ready and willing to learn"
Can sometimes be to blame for treating client "behavior" as a direct result of their disability or pathology	Takes into consideration culture, past history, trauma, etc. before making such judgments, if at all
Never say, "I don't know"	Be willing to say, "I don't know"
Often found as a part of staff curriculum for mandated training – this concept is very ingrained and practiced worldwide	Usually not found as a part of staff curriculum for mandated training – this concept is very new to most agencies

Presume Competence

Challenging Conventional Wisdom About People with Disabilities

Revolutionary Common Sense by Kathie Snow, www.disabilityisnatural.com

This is one of three articles on this topic. The second article asks, “Do Disability Organizations Presume Competence,” and the third is entitled, “Eliminating the Presumed Incompetence Paradigm.”

Within our judicial system, a person is presumed innocent. At trial, the person charged with breaking the law doesn’t even have to take the stand to defend himself; it’s up to the prosecution to present evidence which shows the defendant is guilty beyond a reasonable doubt.

Similarly, in every day interchanges, we meet new people at work, in a store, or in other activities, and we generally presume they’re competent. We presume, for example, that someone labeled “teacher,” “doctor,” “cashier,” or ‘mother” is competent in the role. Sometimes, once we get to know someone better, we might discover he/she is more/less competent in some areas than others, which is true for all of us! (The late, great Ann Landers once cautioned us to remember that 50 percent of all doctors graduated in the lower half of their class – and the same is true for any other category of graduates.) But like the judicial counterpart of “presumed innocent,” our initial reaction to others is to PRESUME COMPETENCE. And there are many other instances where similar positive presumptions are made about a business, situation, organization, etc. It seems that, in general, we initially presume the positive, unless and until we receive information to the contrary.

The same is not always true, however for individuals who happen to have disabilities. As a result of long-standing mythical and erroneous perceptions, when we encounter a person with a disability, positive presumptions and attitudes may be instantly replaced by negative stereotypes and prejudice (yes, we prejudge), and the person with a disability is PRESUMED INCOMPETENT. The guilt-by-association mentality may also kick in, so the person’s parents may also be PRESUMED INCOMPETENT. (I was once told that my family was dysfunctional, our daughter was dysfunctional, and my husband and I were dysfunctional because of our son’s disability!)

There is no proof that the presence of a disability automatically confers an incompetent status. And many negative consequences result from our erroneous, unfair, and prejudicial presumptions. Children and adults with disabilities are segregated from the mainstream and isolated in special programs for treatments, interventions, and services. They may be prevented from engaging in the ordinary experiences most of us take for granted. Low expectations are the norm. Hopes and dreams are stripped away by physicians, educators, service providers, and even parents, as in, “People with ______________ will never ____________.”

But have we ever given the person the opportunity to try? Has a child had the opportunity to be in general ed classes or be involved in ordinary (and inclusive) activities in the community with whatever supports and accommodations are needed? Has an adult had the opportunity to have a real job, live on his/her own, and/or be responsible for his/her own life, with whatever supports and accommodations are needed? Has a child or adult had the opportunity to experiment with AT devices (such as power wheelchairs, communication devices, etc.)?

Traditionally, we’ve PRESUMED INCOMPETENCE and forced a person with a disability to prove she’s competent before allowing her to be in a general ed classroom, participate in community activities, be employed in a real job, live in the home of her choice, etc. It’s easy to see that our actions put people with disabilities in a no-win situation; because we presume they’re incompetent, we don’t give them opportunities to demonstrate their competence, and this, in turn, is taken as “proof” that they are, indeed, incompetent. This vicious cycle of the self-fulfilling prophecy is realized.

We would never, ever tolerate a change in our judicial system to a “presumed guilty” paradigm, in which the burden of proof was on the arrested person. And what kind of society would we have if everyone was routinely PRESUMED INCOMPETENT? For example, what if your house was on fire, but you didn’t call 911 because you presumed the firefighters were incompetent? Ponder other scenarios and recognize that the social contract, as we know it, would come to a screeching halt.

So why do we continue to inflict this horrendous injustice on men and women and boys and girls who happen to have conditions we call disabilities? Is it because we devalue people with disabilities? Do we see them as “less than” or “not fully-human” (one of the many relics of ancient history), and therefore not entitled to the presumption of competence the rest of us take for granted? Can we admit this, and then correct it? If we don’t acknowledge the problem, we cannot solve it!

The PRESUMED INCOMPETENT mentality cannot be changed systemically in one fell swoop; the change has to come from each of us, individually. Then, the cohesion of our collective attitudes can and will influence the system and our society as a whole.

It’s not as hard as it might seem. We’ve allowed ourselves to be brainwashed into our current form or erroneous thinking; thus, we can “deprogram” ourselves by presuming people with disabilities are competent and ensuring they have the assistive technology, supports, and/or modifications they need in order to enjoy ordinary opportunities and experiences in inclusive environments.

Granted, it might be easy to look at someone who, for example, doesn't walk or talk and exclaim, "He can't [do whatever]; he's more like a baby than a 20-year-old!" Instead, we can ask, "What will it take? What will he need? How do we need to change our thinking, or what do we need to change in his home/school/workplace/community?" For we don't need to change people with disabilities, they're find just the way they are. (There have always been people with disabilities in the world and there always will be. And if we live long enough, any of us may become a person with a disability as a result of an accident, illness, or the aging process). We do need to change ourselves – how we think, talk, and behave – and when necessary, we need to change the environment (such as modifying a classroom, the curriculum, a job site, or home; and/or providing assistive technology, modifications, supports, etc.).

Within the PRESUMED INCOMPETENT mentality are safety issues and the "get ready" paradigm. If a person isn't considered ready for [fill-in-the-blank], it's thought he could be harmed. But think back to when you left your family's home: were you ready? Were you competent to go out on your own? You most likely believed you were, but what about your parents? They were probably fearful for you, scared you'd fall flat on your face, get in trouble, and more. And maybe you did take two steps forward and one step back – and you also learned from your mistakes, found the help you needed from others, picked yourself up, and made it – one way or another! In the process, did you always listen to the wisdom of your parents or others? Probably not – you learned through experience, becoming more and more competent along the way!

Why can't people with disabilities have those same opportunities? To learn from experience, to dig deep for strength and find resources when the going gets rough, to savor the pleasure of success and the awesome learning opportunities that are borne of failure, and perhaps most importantly, to belong.

We can continue to PRESUME INCOMPETENCE; ensure the dependence, helplessness, and isolation of people with disabilities; and maintain an "us/them" society. Or we can PRESUME COMPETENCE and create communities where all are valued and included. Which will it be?


Rein Family

THE TEN COMMANDMENTS:
Etiquette for Communicating with People with Disabilities

*The Ten Commandments adapted from many sources as a public service by Karen Meyer, ADA National Center for Access Unlimited.

You may not always be aware that a person has a disability and the ten tips below are helpful in communicating with anyone.

1 **When talking to a person with a disability or hearing loss…** Speak directly facing that person rather than through a companion or sign language interpreter who might be present. Even if you think that a person cannot understand or respond to you, it is rude to talk through someone else.

2 **When introduced to a person with a disability…** It is appropriate to offer to shake hands. People with limited hand use, or who wear an artificial limb, can usually shake hands. Using the left hand to shake hands is also an acceptable greeting.

3 **When meeting a person with low vision…** Always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking as well as yourself.

4 **If offering assistance ...** Wait until the offer is accepted. Then listen or ask for instructions. Do not be offended if the offer is not accepted.

5 **Treat adults as adults ...** Address people who have disabilities by their first name only when extending the same familiarity to all others present. Never patronize people who use wheelchairs by patting them on the head or shoulder.

6 **Do not lean or hang…** Leaning or hanging on a person’s wheelchair is similar to leaning or hanging on a person’s body and is not okay. The chair is a part of the personal body space of the person who uses it.

7 **When talking with a person who has difficulty speaking…**
Listen attentively. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask yes or no questions. Never pretend to understand, instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding. Also keep in mind that a person may use other tools and devices as a way to communicate.

8 **When speaking with a person in a wheelchair or using**
Place yourself at eye level in front of the person to help with the conversation.

9 **To get the attention of a person who has hearing loss…**
Face toward them and wave your hand. Look directly at the person and speak clearly, slowly and expressively to find out if the person can read your lips. Not all people with hearing loss can lip read. For those who do lip read, be sensitive to their needs by placing yourself facing the light source and keeping hands, cigarettes and food away from your mouth while speaking.

10 **Relax**
Do not be embarrassed if you happen to use common expressions such as, "See you later," or "Did you hear about this?" that seem related to the person's disability.

Top 5 Tips

About Working with People with Intellectual Disabilities

1. Use plain language; avoid sarcasm and jargon.

2. Many individuals have been socialized to comply. Nodding doesn't always signify understanding.

3. Provide choices.

4. Check in frequently to confirm understanding.

5. Consider using visual supports. Try to engage individual in creating those supports.

Top 5 Tips
About Working with People with Autism

1. Don’t worry about eye contact.

2. Allow a person time to respond.

3. Recognize self-soothing gestures or movement – a person may need to take breaks more frequently.

4. Reduce distractions – recognize sensory stimulation.

5. Be mindful about touching. Individuals may tolerate touch differently.

Self-Care for Parents and Guardians

It may be your biggest fear: finding out that your child has been hurt. As parents we want to protect our loved ones from all harm, but that isn't always possible. When something bad does occur, you may turn your focus toward helping them and meeting their needs. The problem is that you may forget to take care of yourself. Domestic and sexual violence can traumatize not only the victim, but also family and friends, so it is essential to pay attention to how the violence against your child has affected you. Some tips to help a parent heal and take care of yourself:

❍ Remember: Violence is never the victim's fault. Likewise, it is not your fault. The fault for domestic and sexual violence lies only the perpetrator.

❍ Accept your feelings. It's okay to feel angry, hurt, fearful, guilty or numb. Those are natural responses to the situation. Keep a journal and write down your feelings. This may help you verbalize what you are thinking and feeling.

❍ This is not the time to for you to be "tough." It can be helpful to say out loud the thoughts you have been keeping bottled up inside. Seek out a trusted friend, counselor, or spiritual leader for support. Talk with someone other than the victim about your feelings.

❍ It is natural for a parent to want to seek revenge against the abuser. This will cause more problems and divert you from the main goal: helping your son/daughter and your family recover.

❍ Take care of yourself and remember your son/daughter needs you more than ever. You may feel angry or upset that your child did not tell you sooner or embarrassed that this happened to someone in your family. These are normal feelings you may wish to share with a rape crisis center counselor. Be patient with yourself.

Many parents experience a feeling of loss or grief, sensing a change in their family dynamics. Healing takes time. Recovery from violence is a process and can take victims as well as family members a long time. Take advantage of free, confidential services for family members that are offered through the local rape crisis center.

Sample Policy on Responding to People with Disabilities

This agency strives to create a safe and welcoming environment for all people with disabilities. The staff will respond to people with disabilities who contact the center as follows:

1. Communicate to the client that she/he is believed and that she will receive as much support as needed.
2. Invite every client to share information about any disability or need for adaptation to provide services as effectively as possible.
3. Communicate using people first language and engage with clients from a disability humility perspective, assuming the woman with disabilities is the expert on her disability and any needs related to her disability.
4. Adhere to required reporting requirements.
5. Work with the survivor to develop a safety plan that limits contact between the victim and the abuser. This may mean helping to find alternative living arrangements, moving activities to other, safer spaces, and/or helping find other personal assistants.
6. Provide the client with information on reporting the abuse to local law enforcement and on how to access medical treatment and what medical services are available. Assist the client in obtaining these services.
7. Provide the client with information about rights and options. Support client decisions about what to do in response to the experience of sexual violence. Do not make any decisions for the client.
8. Communicate regularly to ensure that the client is feeling safe and supported and that services continue to meet expressed needs.
9. Incorporate activities and other support measures into the service plan to facilitate the client’s healing and recovery from the trauma of sexual violence.

LINKS

End Abuse of People with Disabilities
www.endabuseagainstpwd.org
The End Abuse of People with Disabilities website is managed by the Center on Victimization and Safety (CVS) at the Vera Institute of Justice. This website is a place to connect with others engaged in this work, to access the latest resources and research from the field, and to advance the thinking around intervention and prevention.

Autism Speaks
www.autismspeaks.org
Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the lifespan, for the needs of individuals with autism and their families through advocacy and support; increasing understanding and acceptance of people with autism spectrum disorder; and advancing research into causes and better interventions for autism spectrum disorder and related conditions.
Autism Speaks has developed a number of toolkits which can be helpful to share with survivors and their families. There are toolkits for Advocacy, Puberty and Adolescence, Employment, as well as a Guide for Adults newly diagnosed with Autism. The toolkits can be found at this link: https://www.autismspeaks.org/family-services/tool-kits

National Guardianship Association
https://www.guardianship.org/
The National Guardianship Association is a member association of guardians, conservators and fiduciaries from across the United States who work to advance the nationally recognized standard of excellence in guardianship. Basic information on the types of guardianship, as well as the Standard of Practice in the area of sexuality can be found on this site.

Vanderbilt Kennedy Center
http://vkc.mc.vanderbilt.edu/healthybodies/
The Vanderbilt Kennedy Center at Vanderbilt University developed the Healthy Body Toolkit in 2013 as a resource on puberty for parents of adolescents with disabilities. There are separate Guides for boys and girls, along with appendices for each. The entire Toolkit is available in Spanish, as well. The Appendices have storyboards and visuals, along with activities to aid in teaching.

Sexuality and Disability Consortium
http://sdc.ahslabs.uic.edu/resources/
The Sexuality and Disability Consortium at the UIC Institute on Disability and Human Development has published a number of Fact Sheets on Sexual Self-Advocacy, Capacity to Consent, Guardianship and Consent, Privacy for Adults with ID/DD. These can be a helpful resource for educating family members, disability agency staff and other caregivers.

Stop It Now
http://www.stopitnow.org/help-guidance/prevention-tools
The Stop It Now organization has many resources, including tip sheets regarding sexual abuse of children. One section has to do with prevention of sexual abuse to children with disabilities. These tip sheets can be helpful for parents to think through safety planning and assessing interactions with adults in the community who might be harmful to their child/adolescent.

The ARC
http://www.thearc.org
The Arc is the largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families. The website contains resources and information to connect with local chapters.

National Center on Criminal Justice and Disability
http://www.thearc.org/NCCJD
NCCJD serves as a national clearinghouse for information and training on the topic of people with I/DD as victims, witnesses and suspects or offenders of crime. Products and services include training and technical assistance, information and referral and an online resource library.

Illinois Imagines
http://www.illinoisimagines.com
Illinois Imagines is a federally funded initiative which addresses sexual violence against people with disabilities. The main focus of the project is to improve identification of and response to sexual violence against people with disabilities. The Illinois Imagines website includes most of the resources developed through the grant, such as the Provider Toolkit, The Guide to Starting Empowerment Groups, Guide for Parents and Guardians, After Sexual Assault picture version, Picture Guide to the Exam after Sexual Assault, archived newsletters and webinars.

Blue Tower Training
www.bluetowertraining.com
Resources on sexual abuse and sexuality, self-advocacy, spirituality and self-esteem.

Disability, Abuse & Personal Rights Project
http://disability-abuse.com
This online resource is administered by ARC of Riverside CA. The project is currently pursuing objectives to identify and disseminate best practices in abuse prevention and treatment for people with developmental disabilities.

Illinois Coalition Against Sexual Assault
www.icasa.org
Online home of the statewide coalition of rape crisis centers provides detailed information on sexual violence. Also, includes contact information for the rape crisis centers located across the state.

Illinois Imagines
www.illinoisimagines.org
Online home of the statewide project working to improve services to people with disabilities who have been victims of sexual violence. Includes webinars, tool, education modules, training material and other options for working with people with disabilities.

VIDEOS/DVDS

Our Rights, Right Now (2010), www.illinoisimagines.org
Empowering three-DVD series from the Illinois Imagines project. The first DVD teaches women with disabilities about sexual violence and their rights to prevent sexual violence. The second DVD focuses on teaching disability service agency staff about sexual violence and women with disabilities and how to assist women in getting help. The third DVD is aimed at rape crisis centers and what they need to know to help women with disabilities who have experienced sexual violence.

What We Want (2013), www.illinoisimagines.org
DVD features the voices of people with disabilities focusing on the importance of empowerment. As a part of the 2013 Illinois Imagines statewide conference, self-advocates created a DVD to share their experiences and expertise and teach others about sexual violence and people with disabilities. The DVD is a great tool for self-advocates, rape crisis centers and disability services staff.

"In my Voice: Sexual Self-Advocacy", http://sdc.ahslabs.uic.edu/resources/
In 2014, self-advocates gathered at Sexuality and Disability Consortium at UIC Institute on Disability and Human Development for a community forum to express their thoughts about what sexual self-advocacy means and how it can be supported. This short video captures the ideas shared by self-advocates.

BOOKS

Anderson, O. H. (2003). Doing what comes naturally: Dispelling myths and fallacies about sexuality and people with developmental disabilities. Decatur, IL: Blue Tower Training Group.
This book first challenges the beliefs and attitudes of family members, educators, and DD professionals concerning the sexuality of people with developmental disabilities. It then guides them in meeting the social-sexual needs of the people they love and serve. Overflowing with passion and filled with wisdom, this book provides a philosophical, yet practical, definition of sexuality.

Hendrickx, S. (2008). Love, sex and long-term relationships: What people with Asperger's Syndrome really really want. London: Jessica Kingsley Publishers.
Description: What are the motivations and desires behind relationship choices and sexual behaviour? Are they very different for those with Asperger Syndrome than for anyone else? Does having extreme sensitivity to physical touch or an above-average need for solitude change one's expectation of relationships or sexual experience?

Schweir, D. M. (1994). Couples with intellectual disabilities talk about living and loving. Rockville, MD: Woodbine House.
Description: This book provides information to parents and caregivers on interacting with their children (regardless of age or ability), in a way that increases their self-esteem, encourages appropriate behavior, empowers them to recognize and respond to abuse, and enables them to develop lifelong relationships. Throughout the book, parents share the joys and challenges of raising a child with an intellectual disability as they offer advice and practical strategies, while individuals with disabilities share information about what is important to them.

Mansell, Sheila and dick Sobsey (2001). Counseling People with Developmental Disabilities Who Have Been Sexually Abused. NADD Press. Kingston, New York.

Linda Van Dyke (2003). Lessons in Grief and Death: Supporting People with Developmental Disabilities in the Healing Process. High tide Press. Homewood, Illinois
This book offers powerful lessons about the cycle of life and the power of people with developmental disabilities to master deep emotional challenges. This book features a three-fold approach: A description of the grief counseling process; Dozens of activities–including art, music, and drama– that can be used to help a person through the grief process; and Nine uplifting stories of real individuals coping with a variety of deaths losses.

Karyn Harvey (2012). Trauma-Informed Behavioral Interventions: What Works and What Doesn't. American Association on Intellectual and Developmental Disabilities. USA.
In this book, the author describes "what doesn't work" by outlining the ways in which individuals with intellectual disability may have been damaged by the "behavioral" approach to their day-to-day actions. The author then moves on to describe "what works." She explores the topics of stabilization, prevention, intervention, and the "mental health plan."

SEXUAL ABUSE RESOURCES

Hingsburger, D. (1995). Just say know: Understanding and reducing the risk of sexual victimization. Newmarket, Ontario: Diverse City Press Inc.
Description: This book explores the victimization of people with disabilities and helps reduce the risk of sexual assault. The ring of safety presents the skills to teach people with disabilities to enable them to protect themselves. The book also presents a new way of looking at the indicators of sexual abuse in the population of people who have developmental disabilities.

Illinois Imagines. (2010-18). ***Our Rights Right Now.*** **www.illinoisimagines.org**
Description: Toolkit and modules focusing on improving services at rape crisis centers and disability service agencies for people with disabilities who have been victims of sexual violence.

The Our Rights, Right Now Toolkit consists of five modules:

Module 1: **The Overview Guide** – This module provides the foundation information and guidance to assist a local collaboration to improve responses to women with disabilities who experience sexual violence.

Module 2: **Guide for Disability Service Agencies** – This module provides educational and training material on sexual violence and trauma response for disability service agency staff. It also guides agencies regarding how to create a safe environment for women with disabilities to discuss sexual violence.

Module 3: **Guide for Rape Crisis Centers** – This module provides education and training material on a victim-centered rape crisis center response to women with disabilities who experience sexual violence. It also guides rape crisis centers regarding how to enhance their ability to serve women with disabilities.

Module 4: **Women with Disabilities and Sexual Violence Education Guide** – This module provides a step-by-step training curriculum for the rape crisis center and/or disability agency staff to use to educate women with disabilities about sexual violence, their rights, healthy sexuality and how to get help.

Module 5: **Multi-media** – The materials in Module 5 are intended for both rape crisis centers and disability service agencies. This module contains training material for agency staff, including two education videos on working with women with disabilities who experience sexual violence. A third video is intended for use when conducting educational sessions with women with disabilities. The module also include a CD containing this toolkit material, including handouts, in PDF format. Also, a CD of “Who, What, Where, When: A symbol book for communicating with survivors of sexual abuse who use Augmentative and alternative communication” is in this module. Additional videos, posters and other material can help create an environment that welcomes women with disabilities to discuss sexual violence.

Additional Illinois Imagines Products

Empowerment Guide

This guide provides structure and content for a 23-session empowerment group for women with disabilities. Each session is described in detail including session plans, materials needed, a script for the facilitator to use, handouts for sessions and forms to keep group notes and records.

Parent and Guardian Guide

The *Guide for Parents and Guardians* is a tool for parents and guardians of women with disabilities regarding healthy sexuality and sexual violence prevention. The goal of this *Guide* is to engage, inform and empower parents and guardians to participate in and support sexual violence prevention in their child's life. The *Guide* is intended for use by parents and guardians on their own or alongside a prevention education program or session conducted by an agency like yours. Other family members and significant others may also find this *Guide* useful.

Picture Supplement Guide: Women with Disabilities and Sexual Violence Education Guide

This module was produced to be used as a supplement with the Women with Disabilities and Sexual Violence Education Guide (Module 4) featured in the Our Rights, Right Now toolkit. As the Education Guide has been implemented across Illinois, the Illinois Imagines team recognized that the modules needed more concrete examples and activities based on the learning styles of some people with intellectual disabilities. This supplement includes strategies, activities, handouts, and information for teaching sexual violence education with women with disabilities to enhance the process for both teachers and participants. In this section you will find: general guidelines, teaching tips and strategies, and supplemental activities and materials.

Who, What, Where, When: A Symbol Book for Communicating with Users of Augmentative and Alternative Communication

The Book was produced to help law enforcement, rape crisis centers, disability service agencies or others communicate with self-advocates. It is an updated version of the CD that was included in the Our Rights, Right Now toolkit.

The book includes an Introduction and Guidelines section and 312 of picture symbols to help facilitate communication with self-advocates. The pictures cover the following areas: Communication Aids, Who, What, Crimes, Body Parts, Sexual Acts, Where, When, After an Assault