



About me

- MSW intern at Trauma Informed Oregon (graduating this spring)
- Lived experience as a disabled survivor
- Identify as Autistic, white, agender, living on occupied land of Clackamas, Cowlitz, and Confederated Tribes of Grand Ronde



Why this topic?

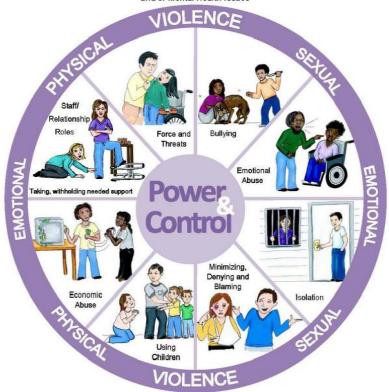
- Disabled people/people with disabilities experience high rates of violence and abuse
- Systemic barriers prevent access to support
- Barriers to support can retraumatize survivors
- Personal experience as disabled survivor/being in community with other disabled survivors
- Opportunity with internship at Trauma Informed Oregon



PROJECT PEER

Power and Control Wheel

for Women with Developmental Disabilities and/or Mental Health Issues



Washington DC's Project Peer, c'o DC Quality Trust for Individuals with Disabilities, can be reached at 202-448-1450.

This diagram is based on the Power and Control wheel developed by the Domestic Violence Intervention Project, Duluth, MN, and the Abuse of People with Developmental Disabilities by a Caregiver wheel developed by the Wisconsin Coalition Against Domestic Violence, Madison, WI.

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People with Disabilities in Partner Relationships

Targets Disability with Physical and Sexual Abuse

Coercion and Threats

Threatens to leave or to take children . Says will kill partner, children, pets or service animals · Threatens to have partner arrested or institutionalized · Forces use of alcohol or drugs on addicted partner · Makes partner steal

or buy drugs

Privilege (Ableism)

Overprotects . Makes decisions alone . Creates physical barriers to getting around (moves furniture, leaves cluttter) . Keeps tabs on partner for "safety" reasons because of disability . Takes over tasks to make partner more dependent

and Economic Abuse Control

Controls all money . Uses partner's disability income for self . Does not share expenses because being partner to person with a disability is a "favor" . Does not allow partner to work and be economically independent

Sexual Abuse

Forces sex when partner unable to physically resist · Humiliates sexually because of disability . Makes decisions about birth control/pregnancy

- . Cheats and lies (does not think partner will know because of disability)
- Pressures partner into

Withhold

Support or Treatment Steals or throws away medication

· Doesn't provide medicine or support when needed . Doesn't allow needed medical treatment To increase dependence, breaks or does not let partner use assistive devices (phone,

wheelchair, cane,

walker, etc.)

Emotional Abuse

Insults and shames about disability · Gives conflicting messages by both helping and hurting . Sneaks up to startle . Abuses more as partner becomes independent • Drives dangerously to scare . Disrespects boundaries . Talks down to partner Torments by not letting partner sleep

Isolation

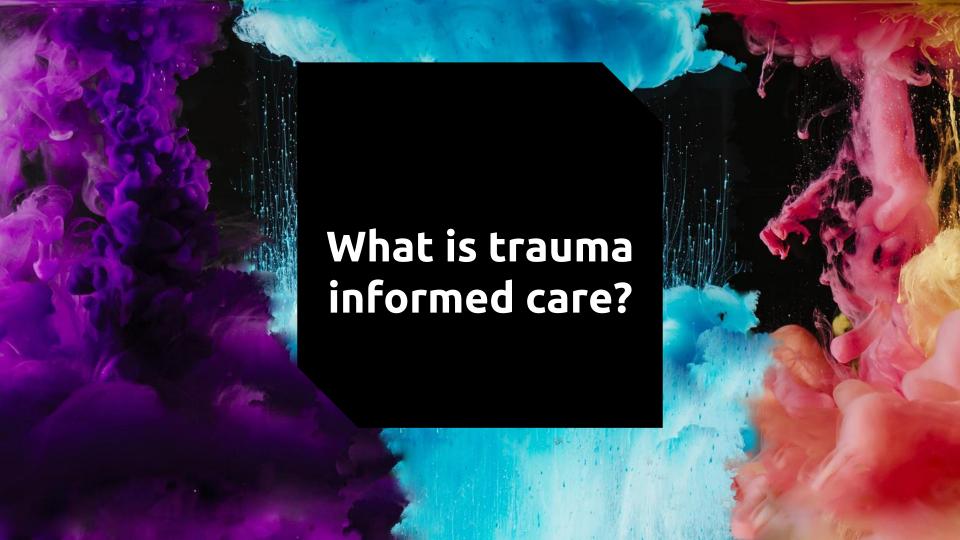
Pressures to give up disability services · Confines and restrains to restrict access to others . Exposes disability (AIDS, mental illness, etc.) to others to isolate . Limits contact with others Threatens friends • Says no one else cares

Minimize. Deny and Blame

Lies about abuse to others (says partner is crazy. fell out of wheelchair, is forgetful, just didn't take medications) . Blames disability for abuse * Twists reality, says abuse did not happen

Targets Disability with Physical and Sexual Abuse

Power





Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 http://store.samhsa.gov/shin/content/SMA14-4884.pdf

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality

There is recognition that healing happens in relationships and in the meaningful sharing of power and decisionmaking. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice

Organization aims to strengthen the staff. client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits

Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and blases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

https://traumainformedoregon.org/resources/trauma-informed-care-principles/



Process





Understanding the Intersection of Trauma and Disability (safety; cultural, historical, gender issues)

- Need for understanding the relationship between trauma and disability, how they are connected and how to accurately recognize signs of trauma in people with disabilities
- Need for increased understanding of how to build trust with disabled survivors
- Need for addressing the barriers to receiving mental health support

Cultural Competency and Disability Justice (cultural, historical, gender issues)

- BIPOC and LGBTQ+ survivors with disabilities
- Openly name oppression in order to address it
- Prioritize accessibility as essential element of service delivery (Universal Design)
- Consider how grant restrictions could impact service delivery to multiply marginalized communities

Centering Autonomy and Addressing Hierarchies (empowerment, transparency, safety)

- Understanding importance of language and how individuals want to refer to themselves
- Address medical model and how it can dismiss or ignore strengths
- Sexual health equity
- Address and challenge the normalization of power and control and identify policies such as mandatory reporting that can reduce agency
- Recognize that interactions with authority figures (like doctors and police) can be inherently traumatizing
- Recognize importance of supporting survivor's choices and autonomy
- Provide transparency around what to expect and make sure that rules are clear



Peer Support and Leadership of Individuals with Lived Experience (peer support, collaboration and mutuality)

- Especially for survivors who are BIPOC and LGBTQ+ (cultural, historical, gender issues)
- Can help to address the challenges of navigating systems
- Peer wellness support and importance of general health
- Peer support opportunities for school aged-kids with disabilities

Staff Training and Workforce Wellness (collaboration, transparency)

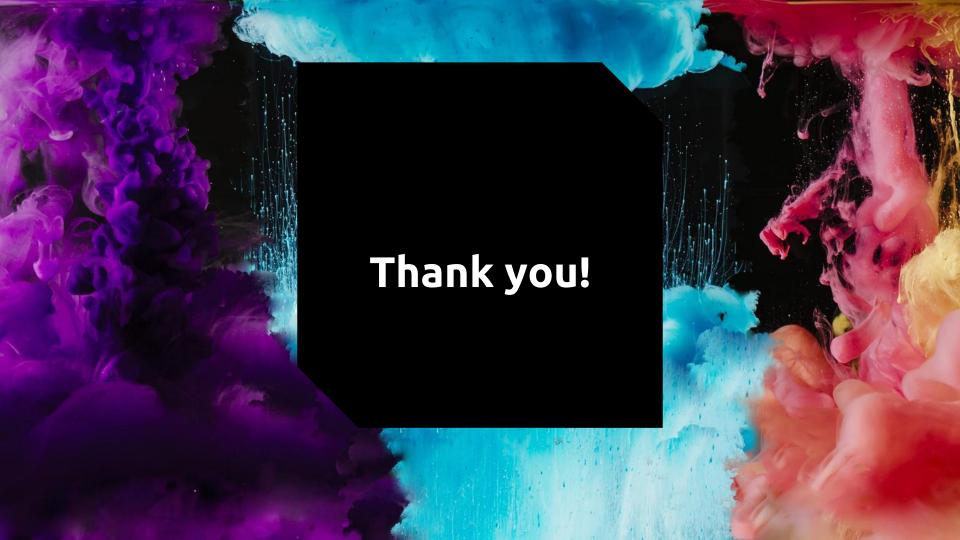
- Training on 10 Principles of Disability Justice
- How to recognize trauma responses and recognize they are not personal attacks
- How to interact with survivors with disabilities in a respectful way, addressing power dynamics
- Clarifying role of provider and what trauma informed care looks like
- Staff need to experience trauma informed work environment to provide trauma informed care





Cross-Systems Change

- Schools, group homes, medical and psychiatric providers, domestic violence agencies
- Recognize difficulty of supporting survivor when system is causing additional harm
- Trauma informed care as an ongoing process, more than one training
- Need for policy changes that can be measurable





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