Peer Support Leaders:
How Peer Support can help APS Respond to Sexual Abuse

Patty Quatieri, Peer Support Leader
Massachusetts Disabled Persons Protection Commission

Kecia Weller, Peer Advisor and Advocate
Board Resource Center
Patty Quatieri

Sexual assault survivor
Self-advocate
Peer Support Leader
Train professionals on how to work with people with disabilities
Creator of “Peer Support Press”
Kecia Weller

Disability and sexual assault awareness speaker, advocate and blogger

UCLA Tarjan Center Self-Advocacy Liaison

Peer Advisor to National Center on Criminal Justice and Disability, The Arc
Goals Today

• Understand the needs of sexual assault victims with I/DD for support

• Learn Why Peer Support is an important part of Trauma-Informed Care
Putting a Face on Abuse
Patty and Kecia

The Sexual Abuse Epidemic
*What the data tells us*

Understanding a
Trauma-Informed Model for APS

Next Steps

Question and Answers
Patty’s Story

- I want to tell my story to help people understand that everyone has trauma in their lives
- I want to empower survivors, listen, teach and believe all survivors
- I will always be there for the survivors
- I share with survivors possible ways to overcome their trauma
Kecia’s Story

Why this work is important to me

• **Pay forward**: Help other survivors to overcome the cycle of abuse.

• **Legislation**: New laws are needed to protect people with disabilities and make it easier to report.

• **Education**: Greater community outreach to increase awareness of how often abuse happens to people with disabilities.
Abuse Epidemic

Sexual Assault Rates Among People With Developmental Disabilities 2011-2015

More than 7 times the rate

Persons with intellectual disabilities

Persons with disabilities

Persons with no disabilities

Abuse Epidemic

Who Commits the Abuse?

- Acquaintance (40%)
- Stranger (30%)
- Partner (15%)
- Other relative (9%)
- Unknown (4%)
Abuse Epidemic
Reporting Dilemma for People with Disabilities

70% Not reported

Advocacy

Abuse of People with Disabilities
A Silent Epidemic

Work together
Educate each other
Protect ourselves

Public Service Announcement
Co-produced by Kecia Weller
Advocacy Efforts

California

Silence = Violence Statewide Network

Disability Conference: Abuse Awareness Track

Talk about Sexual Violence Project

Coordination with advocacy organizations to include abuse awareness and prevention
What does it mean to be Trauma Informed?
SAMSHA: A Trauma Informed APS Approach

- Realizes the widespread impact of trauma and understands paths for healing;
- Recognizes the signs and symptoms of trauma in people;
- Responds by integrating trauma knowledge into policies, procedures and practices; and
- Seeks to stop re-traumatization (causing more secondary trauma).

https://www.samhsa.gov/find-help/national-helpline
SAMSHA’s Six Key Principles

- Safety (emotional and physical)
- Trustworthiness and Transparency
- Peer support
- Collaboration
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

MY 7th Key Principle for I/DD: Teamwork
What does it mean for APS to be Trauma-Informed? *(my words)*

- Know how to recognize signs of trauma.
- Understand pathways of healing from trauma.
- Try to avoid re-traumatizing a survivor. *(example, if someone blames you for what happened, it is harder to recover.)*
Signs and Symptoms of Trauma *(my words)*

- Behavior changes *(example: not eating, hitting, angry or sad)*
- Being alone too much
- Not feeling safe outside, staying in room
- Not talking about what happened
- No trust

*Survivors fear no one will believe them*
Many people will not believe the survivor.
Some people will blame the survivor.
A Survivor needs to know you believe them.
Ask the survivor who he/she trusts. Sometimes survivors want to be with someone they trust.
Make words simple so anyone can understand.
Things can trigger bad reactions if they remind the person of the assault.

The survivor may not be aware of what triggered a bad reaction.

*(touch, smell, sound, attitude, bus, movie)*

**Example:**

I may have a trigger if there is a loud noise behind me such as a door slamming.
Peer Support
Individual Paths to Healing

- Set your goal
- Channel your abilities
- Communicate your needs
- Remove negative energies from body
- Go to a quiet room to feel comfortable
Peer Support
Individual Paths to Healing

- You might still have negative thoughts but everyone can think positive thoughts.
- Happiness: Joyful in living, smile
- Finances and job: reach for your dream
- Focus on outcomes-success
DPPC’s Peer Support Leaders

Peer Support Leaders:

Encouragement    Active Listening
Education        Inspiration
Belief            Privacy
Share Path to Healing    Self-Care Bingo
Next Steps

Patty’s Recommendations
1. Include Peer Leaders as part of APS teams
2. Provide support to Peer Leaders to fully integrate into APS teams

Kecia’s Recommendations
1. Include people with disabilities in the #Me Too movement
2. Increase awareness about abuse that happens to men with disabilities
Patty Quatieri  
Disabled Persons Protection Commission (DPPC)  
patricia.quatieri@massmail.state.ma.us

Kecia Weller  
Board Resource Center  
kweller2@me.com
National Webinar May 2018: The Arc of New Jersey
Empowering People with Disabilities to Recognize and Report Abuse
https://vimeo.com/271839143

National Center on Criminal Justice and Disability website:
https://www.thearc.org/NCCJD/resources/by-audience/self-advocates

NPR: The Sexual Assault Epidemic No One Talks About

World Institute on Disability:
Curriculum on Self-Protection for People with Disabilities and Elders Living Independently
MA Resources

Peer Support Flyer: (Sexual Assault Response Unit)
https://drive.google.com/file/d/1soZaKowFxH_NgToriVE_XBb78rQgQupy/view?usp=sharing

Guidelines for MA Rape Crisis Centers Working with Survivors with Intellectual and Developmental Disabilities
https://drive.google.com/file/d/1izyuxuv-MX161UlgUJyirahy_hJ7Bu5U/view?usp=sharing

SAMSHA Trauma-Informed Care Principles (Adapted)
https://drive.google.com/file/d/1uHYKUd1X9RXbxvbqTuNBcJ2gC9EJq4jxg/view?usp=sharing
Video: On-line Survivor Story
https://www.youtube.com/watch?v=NZvXNTARu8I

Webinars:

Communication Strategies for staff working with Sexual Assault Survivors with Intellectual or Developmental Disabilities
https://youtu.be/0PHrZSB7TBg

Sexual Decision-Making among Adults with I/DD
https://youtu.be/m8plF5KTpBY

Guidelines for Massachusetts Rape Crisis Centers: Working with Survivors with I/DD
https://youtu.be/XN5xEKA9kqY
NAPSA Announced today the launch of an Annual “PEER SUPPORT GATHERING” at NAPSA Conferences
Questions
Literature Review:
Peer Support for Sexual Assault Survivors with Intellectual and Developmental Disabilities

Author
Rebecca G. Mirick, LICSW, Ph.D.
Riverside Trauma Center
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Peer support models have been defined as services provided by individuals who have their own lived experience with a diagnosis or challenge (Reif, 2014). These services can include support, education, and relationship building with individuals who are living with a similar situation or diagnosis (Reif, 2014). Peer workers can provide emotional support, support for accessing services, support in learning new skills, and social support (Gidigu, 2014; Pantridge et al., 2016; Reif, 2014). In addition, peer workers can advocate for their clients and help them work successfully within complicated systems, in order to obtain necessary services and supports (Gidigu, 2014).

Peer support has been used with a variety of populations, including veterans, individuals living with mental illness, individuals with I/DD, and individuals in recovery from substance use disorders (Williams et al., 2012). Across these different populations, there is research demonstrating that peer support programs are feasible and are experienced positively by clients (Williams et al., 2012). Some research has explored peer supports for individuals with I/DD. One review of research of individuals with I/DD who identified as LGBT found that these individuals described “layered stigma” because they were members of two groups which experience stigma and discrimination (McCann et al., 2016), resulting in increased social isolation for those with I/DD and fewer opportunities for the development of positive, important relationships (Hall, 2010). Social isolation is more likely to occur when the I/DD is more significant (Mansell, 2010). This offers opportunities for peer workers to provide support as well as build relationships with clients who may lack many opportunities for relationship building.

Qualitative research has demonstrated that clients have a positive reaction to peer mentoring, describing it as beneficial to them (Coatsworth-Puspoky et al., 2006; Repper, 2011; Williams et al., 2012). Clients value the social support, and the presence of a peer who has a similar experience and who can therefore provide social support (Gidigu, 2014). In particular, clients often appreciate peer workers because the relationship is non-clinical, without a focus on mental health treatment (Gidigu, 2014).

Some research shows that peer support programs favorably impact client outcomes, including treatment retention, relationships with service providers, relapse rates, access to social supports, feelings of independence, knowledge, isolation, empowerment, and satisfaction with treatment services (Coatsworth-Puspoky et al., 2006; Corrigan, 2006; Ochocka et al., 2005; Reif, 2014; Solomon, 2004). Peer support workers can also be positive role models for clients (Solomon, 2004). One particular study compared treatment as usual with a peer support outpatient program and found that the clients using the peer support program reduced their rate of hospital readmissions by 50% (Davidson, 2006). These findings have been supported by an Australian study (Lawn et al., 2008).

The foundation of peer support work is the worker’s authentic connection with the client based on their shared experiences and/or identities. This authenticity occurs when peer support workers are able to use their own lived experiences, self-disclosing these to clients in order to develop mutual relationships with clients, and effectively role modeling feasible recovery for clients (Davidson et al., 2006; Doughty & Tse, 2011; Jacobson et al., 2012; Rebeiro et al., 2016). Peer support work is guided by the needs of the client, not external goals, objectives, or treatment plans, and is flexible, so that the work can be responsive to the client’s changing needs (Rebeiro...
Peer workers benefit from this work as well, often developing a sense of meaningfulness as they used their own lived experiences to support their clients (Vandewalle et al., 2018).

One recent review article looked at all randomized controlled trials (RCTs) published before March 2012 and found no impact on outcomes of the inclusion of peer workers to typical psychiatric services for clients receiving mental health services (Pitt et al., 2013). This study looked at outcomes including social relationships, quality of life, psychotic symptoms, depression symptoms, treatment retention, and satisfaction with treatment services. These findings were supported by Lloyd-Evans et al. (2014), although they did find that peer support services could positively impact clients’ feelings of hope, empowerment, and self-adequacy. However, this finding seems to vary by program, as this positive impact was not consistently demonstrated either within or across types of peer support services.

Peer support workers themselves often encounter some challenges in providing these services to clients. These challenges include negative attitudes from mental health professionals, a lack of acceptance and credibility of their work with clients, and organizational issues, including inequitable pay structures and a lack of understanding of the role of peer support worker from both mental health professionals and administrators (Collins et al., 2016; Rebeiro et al., 2016; Vandewalle et al., 2016). Boundaries are another common challenge for peer specialists, both on their time and within their relationships (Miyamoto & Sono, 2012; Moran et al., 2012).

Overall, although peer support programs are used widely, across a variety of populations and clinical settings, there is a lack of rigorous research which supports the impact of peer support programs (Williams et al., 2012), especially for work with individuals with I/DD. There are some methodological concerns with the research on peer supports, including challenges in determining the impact of peer supports versus other services, inconsistent outcomes measured by research studies, small, heterogeneous samples, and research which does not contain comparison groups, or using comparison groups that may not be a good fit for the research study (Reif, 2014). This is especially true for one-on-one peer support services (Williams et al., 2012), although some initial research has begun to explore this type of program (See Gidigu, 2014 for example). The research does strongly support challenges with being a peer worker which are consistent across various studies of peer support (Chinman et al., 2008; Miyamoto & Sono, 2012; Reibeiro et al., 2016).

References


treatment: Examining the types of support provided. Alcoholism Treatment Quarterly, 34(3), 337-353.


