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

Agenda

- 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.

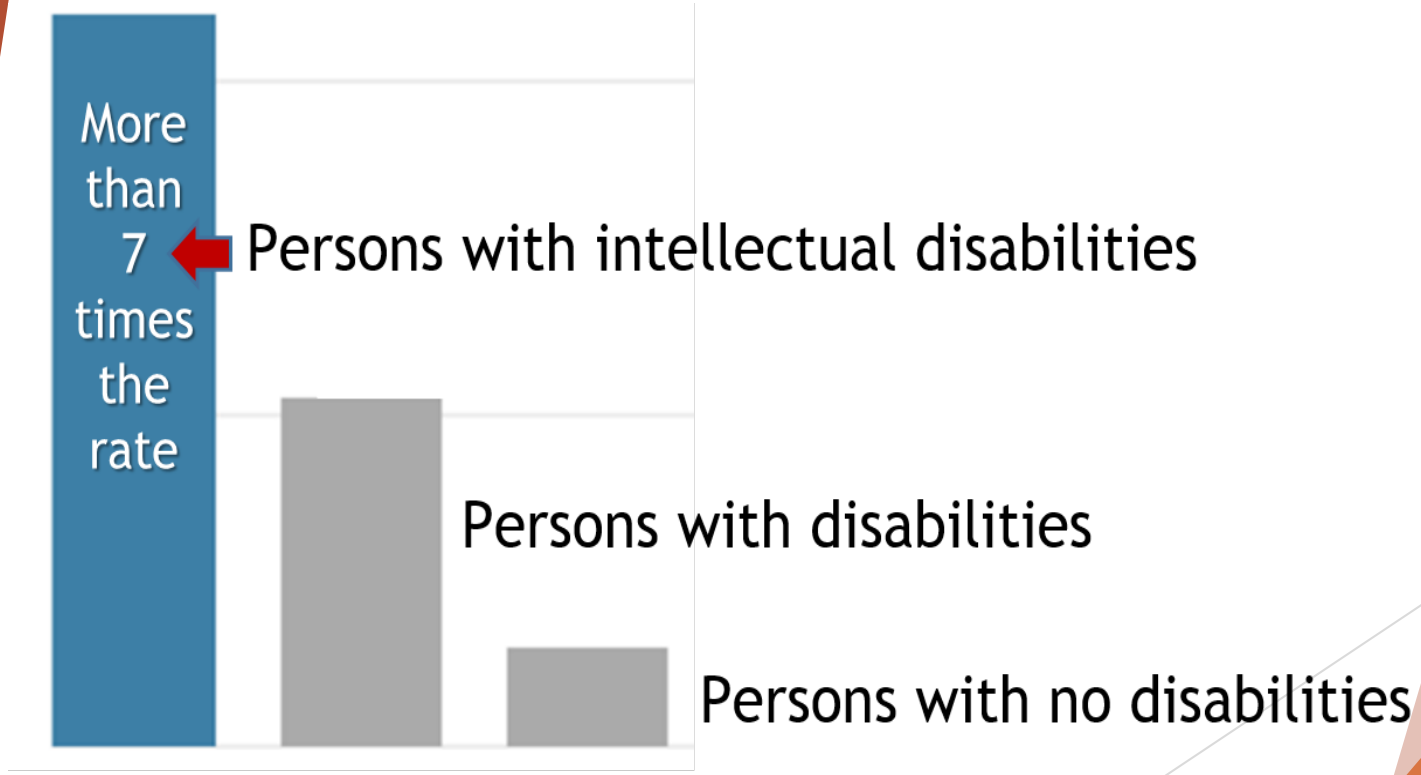
Abused and Betrayed Series:

The Sexual Assault Epidemic No One Talks About

2.18

Abuse Epidemic

Sexual Assault Rates Among People With Developmental Disabilities 2011-2015



https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about

Abuse Epidemic

Who Commits the Abuse?

Abuse Epidemic

Reporting Dilemma for People with Disabilities

Not reported

Domestic Violence & Disability http://www.bflnyc.org/about-us/domestic-violence-disability/

Advocacy

Abuse of People with Disabilities
A Silent Epidemic

Public Service Announcement
Co-produced by Kecia Weller

Advocacy Efforts

Silence = Violence Statewide Network

Disability Conference: Abuse Awareness Track

Talk about Sexual Violence Project

Coordination with advocacy organizations to include abuse awareness and prevention

Trauma-Informed Model

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: ***Team work***

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

My recommendations for APS responders:

- 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.

Understand Triggers

- 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
- Education
- Belief
- Share Path to Healing
- Active Listening
- Inspiration
- Privacy
- 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

Contact Information

Patty Quatieri
Disabled Persons Protection Commission (DPPC)
patricia.quatieri@massmail.state.ma.us

Kecia Weller
Board Resource Center
kweller2@me.com

National Resources

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

https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about

World Institute on Disability:

Curriculum on Self-Protection for People with Disabilities and Elders Living Independently

https://worldinstituteondisabilityblog.files.wordpress.com/2015/11/cape-complete.pdf

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/1uHYKUd1X9RXXbvqTuNBcJ2gC9EJq4jxg/view?usp=sharing

MA Resources

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

Exciting News

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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The Literature Review was supported, in part, by a grant (Federal Award Identification Number (FAIN): 90JI0006-01-00) from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS) to the Massachusetts Disabled Persons Protection Commission titled *Improving the Well-Being of Persons with Disabilities through a Multidisciplinary Partnership*. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, the points of view or opinions do not necessarily represent official Administration for Community Living or DHHS policy.

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

et al., 2016). 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).

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