Hello everyone and thank you for joining today. This is Alicia Lord. We are hoping to facilitate today’s webinar. I will provide you with a brief overview of how our webinar works. And how you can enact with today’s presenters. On the right of the PowerPoint you will see a chat box. Please present any questions or technical issues you may have in the chat box. We will monitor throughout the webinar. There are material boxes of the PDF version of today’s PowerPoint. If you click on the document, select download files, a browser window will open and confirm if you wish to download. Once you do so it will begin. If you have any technical or audio issues, click on the help button at the top right of your screen. Select troubleshooting. This will test your system and Internet connection to make sure everything is compatible. Thank you so much. I will turn it over to today’s presenters.

Welcome everyone. Good morning from Washington DC. My name is [Indiscernible] in the department of health and human services administration for community living. I will moderate today’s webinar we are thrilled to cohost this webinar with the Department of Justice, violence against women. April is national sexual assault and survivors with disabilities awareness month. It’s a reminder of sexual violence, which can include a range of nonconsensual acts, from course of intercourse and penetration. Today’s webinar is organized to shed greater light under frequently and visible, discuss Mac -- [Indiscernible] amongst persons with disabilities. You will hear from expert speakers doing groundbreaking work across the country to raise awareness, improve access to justice and the services, and build partnerships across the system with survivors and disabilities.

And now it is my pleasure to introduce our first speaker, Amy Loder, associate director office of violence against women, US Department of Justice. Welcome Amy.

Good morning everyone. As Caitlin said my name’s Amy I am an associate of violence against women. I want to provide a brief overview about some of the work that OVW has done to address violence and abuse of people with disabilities and deaf individuals. We have a number of programs, one grant program specifically focusing on addressing domestic violence, sexual violence, dating violence, stalking with people against disabilities and deaf disabilities. Training and services to and violence. For disability grant program for short. It is a relatively new grant program, fairly small. It is authorized for about $6 million, created by the reaffirmation of the violence against women act, 22 -- 2002. We fund state, units of local governments, tribal governments and tribal organizations and victims of his providers, including domestic violence programs, shelters, rape crisis centers, domestic violence, sexual assault or dual state coalition. Disability organizations. I think it is pretty fair to say, that’s when the disability grant program was created, disability was a new issue to OVW. Thinking new to the field. [Indiscernible]. It is not that
it is new, but is not something that we necessarily address on a regular base. I think it is fair to say, disability organizations do not see OVW is a resource either. In fact, they probably have never heard of the office on violence against women. As a result, feet officemate eight conscious decision, to structure the grant program in a take away. We did so with quite a beat of input, violence against women and also disability and deaf organizations as well. The structure of the grant program, three years awards, planning and a development period and implementation period. We have a partnership requirement, and we ensure that the partnership are equal. We require at least one victim service organization and one disability organization applied to waste -- to establish collaborative teams. The focus is on holding the capacity of all partner organizations. Building capacity to be able to provide services safely and appropriately to people with disabilities. We focus on the organizational self and not individual staff members. We look at access issues within the organization. Also, victim centered approach, regardless of where a survivor with a disability enters into contact with a victim service provider, they ensure they get appropriate and safe response. We focus on examining the policies, practices, as knowledge and budget of the organization. Since about 2002, we have supported approximately 60 to 65 unduplicated projects. Which is quite a bit of an quite a lot of community that we support. As I said, the disability grant program is relatively small, appropriated anywhere from 5.7 $5.726 million per year. We are only able to support anywhere from 9 to 12 communities per year. We are pleased with what we have been able to do. I think we have developed a network of collaborative teams across the country. Currently, safely and appropriately responded to survivors were disability. Many projects continue the work without receiving additional funding from our office. The reason they are able to do so, is we actually focus on the organization. So the work is dividing services to people with disabilities and it becomes a fabric of the organization. And not just a project or temporary add-on. And what is exciting as well, many of the projects that we supported have taken on the lessons that they have learned through disability grant programs, and infuse disability into other projects. That are not supported by different disability grant programs, or even filled the office itself. One of the grantees that we have today, I will introduce briefly, is called Illinois imagine. It is the Department of human services, the direct recipients, six or seven different partners. They are a statewide project focusing on physical and intellectual disabilities, mental health. Also able to provide very similar work the way project focusing on domestic violence, -- two recent Wilco into more depth about -- will go through. And the framework of the grant once put into practice. And able to infuse disability into other work. I will let her do all of the specifics about that. I wanted to give you a brief overview. I will turn it over to Jennifer.

>> Thank you. I want to thank you all for joining the webinar, we are very excited. I am hearing some feedback. Are you hearing feedback as well?

>> Everyone, please make sure your computer speakers are mute.

>> I will keep going even though there is feedback hopefully will not be a problem for others. I want to thank you for joining this webinar and this very important topic. I want to thank OVW for asking to participate. We do find and think this topic is very important given what we know. People with development of disabilities and the fact they are at greater risk or abuse and neglect, including sexual abuse. We also know that when this occurs, it is like not to be a dress in the judicial system. For a variety of reasons. And it needs to be done to make sure it does not continue. And individuals with the
elemental disabilities have their rights protected. We are glad to be a part of this, and raise awareness, not only about the issue, but give an opportunity to hear more about work being done within this area. The administration on intellectual and developmental disabilities has been addressing this issue in a variety of ways. Most important way for the work of our grantee. It is a part of the demonstration for community living, which includes administration on aging, Center for integrated programs, and national Institute on disability independent living, and rehabilitation research. Also office and programs within the administration for community living, working toward our mission which is to maximize the independent well-being and health of older adults, people with disabilities across the lifespan. And families and caregivers. And this topic of sexual abuse, a topic that cuts across both aging and disability population, and focusing on that, disability today. Again, a topic that we work across the agency on. Within the administration, we fund a number of programs as I mentioned earlier, that working at the state and local level on this topic. Our program operate based on shared principles. People with developmental and other significant disabilities should live independent lives. And lead lives in a self-determined way. We also believe that people should have their rights protected. And the same rights as anyone else to live life in a community. And the right to carry at and be responsible citizens like everyone else. We also -- the program operates under the principle of community integration and active participation, people with disabilities should be a part of the community in an active to spend in a Friday of ways. Whether school setting, whether in a church or community. Different aspects, -- concluded in all aspects of it. Finally, our office and programs operate under the principle that people with developmental disabilities and other significant disabilities should lead productive lives. And able to support their own economic well-being, by having -- to our eight wages like everyone else. We accomplish all of this through the work of our program. Within the administration with disabilities -- AoD. We have 56 state protection and advocacy systems. We have 57 of those within each state and territory. One for native American community. And then we have 68 68 University Ctr. for excellence in development of disabilities. Also within the administration, we fund independent living services, which are supported by statewide Independent living councils. We also fund over 354 centers for independent living and within state and territory. Again, our grantees carry out work related to sexual abuse in a variety of ways. We have grantees on the call today. From Illinois presents. And [ Indiscernible ]. They will give more information about the projects they are working on I want to give you some flavor of other works our grantees are doing. As an example, our protection advocacy agency in Kentucky has participate in project faith, faith and accessibility for everyone. A multi-disciplinary network working to be build capacity for professionals to provide safe and assessable persons and services to individuals with individuals. Subjected to sexual assault and/or abuse. That is work they are doing. In Missouri, our grantees carry out work related to sexual abuse in a variety of ways. We have grantees on the call today. From Illinois presents. And [ Indiscernible ]. They will give more information about the projects they are working on I want to give you some flavor of other works our grantees are doing. As an example, our protection advocacy agency in Kentucky has participate in project faith, faith and accessibility for everyone. A multi-disciplinary network working to be build capacity for professionals to provide safe and assessable persons and services to individuals with individuals. Subjected to sexual assault and/or abuse. That is work they are doing. In Missouri, our grantee state Council on disability, protection and the city -- advocacy collaborate to explore and research existing information regarding sexual, physical and -- [ Indiscernible ] with developmental disabilities. Through this work the University Center has developed and iPhone and iPad app that is on self-determination and sexual abuse. To give people what developmental disabilities tools if they are to experience actual abuse and can raise it as an issue to people who can help address it. Similarly, in Utah, our three programs are collaborating to develop training for direct support professionals and other individuals, such as first responders. How to address sexual abuse if presented with an individual with development of individuals being abused sexually. Again a flavor of some of the work that our grantees are doing in this area you will hear more about it from two of our grantees in addition to that work, they
have collaborated with the invitation for children and families. You may be aware, they have to work and focused on trafficking. Which includes sex trafficking. We are aware there are group homes where people with developmental disabilities live, that have [Indiscernible] controls over homes and targets for sex trafficking. We have collaborated to better address the needs of people with development of disabilities, when it comes to trafficking and six trafficking. We are also, as I mentioned earlier, sexual abuse is not only our disability issue but it aging issue. We have been working with our office of long-term care in ACL. As I mentioned, not only a disability issue, it's been issued for the aging community, people living in nursing homes. Many people with developmental disabilities living -- even though they may not be there because of elderly, but because that is the only option, in terms of providing services and support them. Nursing homes have a tendency to unfortunately be a place where there is increased incidence of actual abuse. And you may be aware of national attention for to this issue through stories in on CNN. Coordinate with them to be able to address those specific issues within nursing homes. I am going to turn it over now, to our next presenter. I want to thank everyone for being on the webinar today. And for the people presenting today. Thank you. Spec thank you -- B thank you Jennifer. And abilities across their lives and. --.

>> Before we get the next presenter discussing, we want to provide a snapshot of what data tells us about the experience with persons with disabilities. [Indiscernible] have been victimized. We want to show you, this chart on the right. It is an illustration of the three times that of frequency that persons with this abilities experience by filing crime -- filing crime. -- Filing -- filing crime.

>> Information that is by the Department of Justice, statistics. As recently as November 2016. Take away from the data that we are presenting to you, it is a particular relevant to at the scene. -- Advocacy. The following, persons with disabilities experience sexual assault more than three times the rate of a person without disability. They hold true earlier in the lifespan with children with disabilities, three times more likely to be sexually abuse. Most perpetrators of sexual assault are known to the survivor. Persons with this abilities experience sexual violence in a relationship, comparable without stability. 14%. Rather, the perpetrator about sexual assault that is experienced by a person with disabilities, 14% of the time, is a boyfriend or girlfriend. While persons with this abilities experience sexual assault at rates higher than a person without disabilities, the general population without a disability experiences sexual violence in a relationship. With the perpetrator and sexual assault 13% of the time, being boyfriend or girlfriend. Certainly, persons with multiple disabilities, such as intellectual and physical disabilities, have sexual assault of the highest rate. Experience sexual abuse at rates five times higher than children without disability. We also have a challenge with underreporting. In the general population, of survivors experiencing violence without stability, this is a huge issue. Such as stigma, around victim blaming, not wanting to get perpetrator in trouble. Often because of intimate partner relationships. And other challenges. These challenges and more exist or survivors with his abilities. Amy is going to go into some of those reasons. Challenges we have with under reporting a sexual violent. As well as other challenges. Seeking help for sexual assault. A big take away, while persons with disabilities experience sexual assault at rates are greater than general population, it is a tip of the iceberg as to what we know. Some challenges Amy will [Indiscernible].
Thank you very much Caitlin. You did a very nice, sort of, fraud rush of prevalence of abuse with people and disabilities. One of the biggest challenges, I want to talk about victim service providers. Service providers working within the area of sexual assault and the mystic violence. Also -- domestic violence. I think of it problem, there is a lack of understanding of the problem. Victim service providers are not seeing a lot of people with disabilities using their services, and they are not being trained on disability or the prevalence of violence against people with disabilities. A lot of the time, the victim service provider provides services, busy doing advocacy work, supported services. Most likely not up to date on available research. And I think, the research on violence ends people with disabilities, it is fairly limited. I think, there is a challenge about not knowing exactly what it looks like, so I think victim service providers have a clear idea, this say case. They may not see some of the other types of acts considered to be abusive. Such as inappropriate or rough touching during breathing or toileting. Not necessarily sexual violence related, withholding medication or separating an individual from a mobility device. Without proper training not necessarily identify that as being a tactic of violence and abuse. In many victim service organizations, there is a lot of access. I think Access, you're looking at the physical access, where the building may not be susceptible. -- Acceptable or assessable. If you can get into the building, it could be the areas with a hold support groups and counseling, they may not be able to get to the room to receive services. I think a big issue with victim service providers is how people access service. Typically the way hotline. And this can be incredibly challenging if an individual is deaf or having a disability impacted their speech. That could be a big barrier to access service. Policies, many of them unintentionally create a barrier to health seeking. A program having a policy of no gas. -- Guest. Or having an individual within the organization [ Indiscernible ] saying they may not come to assist, and the person will not be able to receive services. The same can be said with service animals. And there are some locations -- not wanting to drop off in front of the shelter. They may require people get dropped off around the corner, or down the street. And that might not always be possible for an option for everyone. Again, I think that one of the biggest barriers, lack of training and understanding the problem, very well result in an unwelcoming staff. And also, lack of comfort in addressing violence and abuse against people with disabilities. People are unaware and unfamiliar interacting with people with disabilities. In terms of outreach, not all victim service organizations are going to wear people disabilities are. They are not engaging in targeted outreach efforts. The materials they use, may not reflect people with disabilities or demonstrate the organization knows and understands abusive people with disabilities and experiences. In some tactics referred to earlier, those may not specifically be outlined in any type of outreach material or any community events they may hold. So materials, things that would make it assessable what show a person with disability. Having a handicap symbol or a simple indicating that the ACL interpreter are available. Again, finally, services. If victim service providers do not have the training, nor the education and/or policy that guide their practices, services will not be accessible. People with disabilities will not be able to join support groups, and I think advocates, if they do not have it, they will not necessarily be comfortable advocating for a person with a disability during gait forensic exam. How can they ensure a person understands only what is happening to them, or what is about to happen? They will not have information needed to ensure that in exams being conducted, so the person is not being physically harmed, even more than they have already been. Advocates may not fully understand guardianship applications, or if a person has a guardian. Finally, there are the issues of what if a person needs a mobility for communication device. That is being used as evidence. And those are
some of the challenges that people with disabilities may run into, in terms of reaching out to victim service providers. And some disability organizations as well, fortunately, that is the scope of the problem being understand. Barry similar to -- very similar to victim service providers. Not receiving training on sexual or domestic and/or agent -- data -- date violence. And how to respond in a safe and confidential victim centered way. Disability organizations, they may see responding to the disclosure of domestic and sexual violence not being the job a lot of disability organizations focus on ensuring that their client have healthcare. And housing. And employment benefits. Having the event of a -- the ability to live. They are not sink sexual violence being a core part of the job. And we see that when it does come up, typically, this wants is to make a report with the appropriate state 30. -- Authority. Not responding in a victim centered way, or possibly passing a referral. I think a lot of these issues could be solved, if there was a relationship between victim service organizations and disability and deaf organizations. It is eluded to it in the beginning, when I said that disability grant program came into being, new to us, as it was. Not a long rich history of victim service providers and disability organizations working together. They may know they exist within the community, in some cases, they absolutely do not know. And they were not aware of each other's work. Not having collaborative working relationships. And not having the benefit of form each other's work. I think the criminal justice system is a very different part of barriers. I think there is a lot to understand the scope of the problem. And certainly lack of training for the criminal justice system in general. A couple of things that come up, people with disabilities may be seen as lacking credibility. Either from law enforcement or prosecution. If they have a intellectual disability or their disability is challenging. Something that very much so, along those lines, an individual with disabilities are seen in some cases as poor witnesses. Just for the reasons I stated. I think another piece, when it comes to sexual violence, is that many people see individuals with disabilities as not actual beings. And I think that is sort of bias that we have society. Is a very large barrier within the criminal justice system and outside of the system as well. And I think, as Caitlin stated, people with disabilities -- they experience multiple victimization throughout their life. And it starts at a very young age. And not unusual for people with disabilities to have multiple incidents and perpetrators. Went and officer or a prosecutor talks about and incident happening in real time, it is quite possible that a person might be talking about all of their prior victimization, as you talk about multiple traumas they have sustained over their life time. I also think that two other things I want to touch on, is that, people with disabilities -- I think, they -- there is definitely a lack of education for people with disabilities. About healthy relationships, boundaries and what is appropriate and what is not appropriate. A big barrier, whether victim services, disabilities, disability organization or the criminal justice system, [ indiscernible ] attempt to advocate and make services more accessible. Victim centered for them. People with disabilities are not always included in that process. By not creating or not including in them -- them in the process, that actually creates a barrier for them as well. As I said before, we have our grantee Teresa, Illinois imagines collaborative. Who can really touch upon each of these challenges. In a much greater detail. And provide solutions that they have done to address some of these. I would like to stop my talking and let the grantees at OVW , and HHS to talk about what they are doing. As they are the ones actually providing the solution to these issues. I will turn it over.

>> When we first were funded in 2006, as Amy mentioned earlier, a part of the requirement of a grantee is to go the way planning process. And through the process that we came up with the project name,
Illinois imagines. It comes from a value of wanting to take this to the next level, and imagine what services might look like, and Illinois with people and disabilities. Of course, prevention is the ultimate goal, but realistically looking at our current service system. That being disability system as well as victim services. Outlook at this within a new lens. Not the way we always doing. Although great service, but looking at our own organization, and imagine how can be different from the lens or victim with a disability. That is a key part. I am sharing a picture from a couple years ago at ourselves statewide conference. Some of the women come together to share, not just share in terms of presenting workshop, but also create some messages in a form of a video, to teach victim service providers and disability service providers, what they need to know in order to a better job at responding to violence against people with disabilities. And advocates actually been at the front and center from the very beginning. That is key point. Often times we bring victims in at a focus group level, but they are a part of the planning and training team. All of those things. To back up and give you an idea, as we have several providers. Gone beyond one service provider. And we have a host. We continue to strive toward statewide systems change. You need to bring together the systems that make a difference in day to day work and experience of survivors of sexual violence. As Amy mentioned I am with the Illinois Department of human services and we have three divisions. Providing disability services, didn't -- Illinois Department of human services, coalition against sexual assault. Illinois network for centers of independent living. As you can see we partner with the coalition and partner with the [ Indiscernible ] Illinois network for independent network. We partner with Illinois coordinating Council, [ Indiscernible ]. A lot of federal funding. [ Indiscernible ]. The alliance is a self advocate. Groups across the state of Illinois. Leaders making a difference. Not within community but state level as well. [ Indiscernible ]. A long history with disability service providers. Around leadership as well as [ Indiscernible ] adult protective services housed within our department of aging. A more recent partner. As they have taken on responsibility for responding to mandatory reporting, violence against people with disabilities. [ Indiscernible ] [ audio poor ]

we have disability grant sexual violence. Arrest grant, domestic and actual violence. Disability grant, domestic violence. It is important to make strategic decisions, in terms of [ Indiscernible ]. And other pieces in the relationship through our work. It has been phenomenal. [ audio interrupted by other speakers ]

[ Indiscernible - multiple voices being heard throughout the audio ]

State terms -- state teams. Planning team, public policy, local/state partnership. Internal/external partnership.

Hello everyone, we are getting feedback. We are trying to mitigate it and we will be back in one moment. It looks like you are back on Teresa.

The local and state partnership is an important piece as we get some of our best ideas and practices. And that is important the local level. We need to have that and they give us direction. 33 teams across the state. Likewise the state team is important as we can change some public policies. And we can change our own administrative approach. To make it easier for crisis centers and providers to be
responsive and proactive. It is an internal and external partnership. It is the state, but lots of other folks coming to the table. The process Amy spoke of, the grant. [Indiscernible] during that planning process we did a needs assessment. To understand what gets in the way of good services. And we talked about many barriers common. And created a vision together. I cannot stress how important visioning and building a team is important to the project. It's not just grown gold together at meetings. We have gone to known each other, understand and respect and disagree with each other. And to do in a way that [Indiscernible] happens.

>> Teresa, can you do me a favor and take your phone on speaker?

>> Yes I can.

>> We are getting way too much feedback.

>> I can hear a lot of static and feedback as well.

>> Whenever you are not talking, we are getting feedback. If it is okay with you, can we have someone else take over? And then can you dial back in?''s back yes --.

>> Yes I can do that.

>> Think you.

>> -- Thank you.

>> Hello everyone, this is Caitlin. Can you hear me?

>> Yes, we can hear you thank you.

>> Great. Thank you for bearing with us as we are working through these technical difficulties. I want to chime in and they how excited everyone posting the webinar. We have over 340 a few joining in on this important conversation. We are thrilled as we know all of you are going to take this information back to your community. And hopefully to strengthen partnerships and practices to support survivors with disabilities. We know most, our leaders and we thank you for what you are doing. Hopefully we can get connected and get the presentation backup. Just to embrace the chaos, technology not always working for us when we needed to. And I'm sure we can relate to that. Thank you for being patient and bearing with us. Thank you for joining us on a Monday morning. We are thrilled everyone is participating. Also, we will share our recording of this webinar. As well as materials from today's presentation. I am going to pass it back over to Teresa. Hopefully, she can join with minimal comp patients. -- Complications.

>> Think you. The process and need assess. And two key areas we have discovered, connections and readiness. And how connected our victims with disabilities. And crisis centers to service providers. Etc.. Etc. An area we need to pay attention. And we need to look at the readiness of staff. How comfortable and confident they are, going way beyond training. And develop a relationship South advocates -- self advocates. Policies and practices. [Indiscernible]. We have done work in that area to make sure we have policies helping to guide work. This visual is an idea of our cornerstone. And capstone to the
project. It is about systems change, not a one-time thing. Looking gap parts of the system that need to be changed in order to change the experience of the survivor. Self advocate is a key cornerstone of the project. As I mentioned, involved at every level. Local teams. Players on the state planning team. Regional trainers, all of those things saturation, not about the individual champion around the table but take get back to the organization. And sustainability what happens once the grant is over? And how to expand it within terms of the grant itself. These are four core components. Collaborative model, stay in 33 teams. Including a multi-disciplinary approach from victim services, survivors and self advocates. All of those things. How responsive the rape crisis center is across the state. Outreach. The thing that is often a challenge. Administrative support. The state needs to do in order to change things and make it easier for providers as well as survivors with disabilities. This gives an idea as to who is all piece of the collaborative model. We have worked with them intentionally to identify issues at the local level, that has affected the experience. We look at responsive nests. -- Responsiveness. Disability responsiveness. We have done reviews as well with disability service providers. Certainly, we created a tool so they can continue the work themselves. And the next piece of our work is outreach. Sharing pictures of some of our self advocates involved in education. Whenever possible we have self advocates cope facilitating efforts. They know best the language and science and issues. And have contacts with providers. A peer-to-peer approach is important to us. We have included disability service providers and rape crisis centers. And a host of materials. Administrative supports to give you an idea how comprehensive our statewide public policy. And some strategies used as service standards. The Illinois coalition having standards within the state. We went back Outlook that more specific languages may be needed for supporting survivors with disabilities. Look that mandatory training. And over the years improved and continue to enhance. We are working on developing counselor materials. We never want to hear we cannot work with so-and-so as they cannot communicate well. That is never a good answer. And continue to create more tools to help counselors as they support and respond to survivors with disabilities. Administrative rules, statutes. Illinois, individual and adult disabilities having a garden -- having the Guardian. And not being able to do so. And it has limited the service and impacted justice and we changed it. Now adults with disabilities do not have to have a guardian consent in order to have a rape kit done. And that is the type of a things I am talking about. I encourage you to go to our website. We post new materials and have a month we webinar and newsletters monthly resources created. We have spotlights on self advocates. And it goes well with our core value. The toolkit you sort on the preceding page. This is what is contained. In overview guide, a one-on-one for disability service providers and brave crisis centers because violence with disabilities. And 19 lesson education guide. Materials adapted in ways most well received type people with a variety of disabilities as well as the deaf community. And a multimedia package including videos created the conference. And the list goes on. We keep adding things as we have heard. Parents and guardians need to be involved as they are the best support system. The empowerment guide for self advocates so they can create communities. And this gives you an idea as to what is available. I encourage you to go to the website. And you can access these materials. We are happy to share with other state projects. And I want to rest on this. Even 12 years into this, we are finding the more we do and the more that needs to be done, as the journey is just beginning. That is not depressing but very exciting as we are making progress. And desire to do so much more. And we look at every time we get together for a meeting, to say imagine the possibilities. What else can we be doing? It is exciting work and I encourage you to join our journey.
I will pass it along. Kristen is the next grantee speaking.

Good afternoon. My name is Kristin Henry with disability rights Ohio. I will talk to you about the protection and advocacy system. How you can work with them within your state. And some examples of work we have done with people and disabilities. For those of you unfamiliar with the protection and advocacy system, you have heard about it earlier in the webinar. To give you more information, federal law requires each state and territory to designate an organization to protect and advocate the rights of people with disabilities. Each state is required to have an independent state agency or a nonprofit. My agency is nonprofit. The system covers all types of disabilities. People with developmental disabilities, mental illness and other is a call or mental parents. Each agency, even though we have similar missions, we set our own annual priority. That is where you can see where some work you are doing is connected to some work the protection and advocacy system does. Abuse and neglect will always be a high priority for the system. As it is one of our core missions. But other areas of nondiscrimination that each agency addresses differently. The P & a also has very unique assess authority where we can go into facilities and service providers and talk to the people receiving services. We can investigate claims of abuse and neglect, and monitor even if there are no complaints. And in some cases we can look at records to see what is going on. And those are ways that the P & A system may have a unique role or unique thing they can do in similar situations. Now I would like to give you some examples of work that we have done, and how our protection and advocacy work evolved into specific work for prime victims. -- Crime victims. Core mission to investigate abuse and collect and advocate for victims. We have been doing that work for a very long time. And as we do those investigations, we try to identify the systemic issue, and find ways to address them. Not just the one individual. I am sorry, I am hearing other voices. I hear voices in the background. I'm sorry. I am trying to talk as I can. As we are doing this type of investigation we noticed a particular pattern of complaints, involving sexual abuse with the bolts -- adults. And similarities in these cases, both in the circumstances were abuse occurring and how they work handled. We saw very rare for these claims to be substantiated. And essentially fruit something has happened. -- Some things happening. And a conviction of the abuser. What we have decided to do is raise awareness about these issues. Again, we want to bring to the forefront information heard earlier in the presentation. The prevalence of abuse with mental disabilities, vulnerability factors and things we can do within the state to address it. Two years ago we created a three-pronged report on sexual abuse. Part one about contributing factors, and like I say, things you have heard from the presenter. Lack of education, assumptions wrong about people with disabilities. And part two support services. The idea of credibility bias, community involvement, and assess both services based on disabilities. And for three, the criminal justice part of it. The fact that crime is underreported, at least in our state, and nationally, there is a serious lack of forensic interviews, resources, many adult. They are sent to child advocacy centers. And they recognize that is not an appropriate place, and the thought is that, it is better to have a slightly better interview experience even though it is not ever to the needs. There are bias issues with law enforcement, prosecutors who do not want to prosecute as they the case would be unsuccessful and hurt their success rate. And the lack of abuser registry consistently. We half a part of the system where people have found to commit abuse can be inhibited from providers. Those are systems suspect. And do not bar people from switching systems. And being prohibited in those situations. We just that as well as need for more thorough background checks. People, prosecuted and convicted, that they do not
have the opportunity to pray on vulnerable clients. Our report is very well received. And some very good
time and very grateful for. The reports got the attention of our state attorney general, our state grantee
for VOCA. At the same time VOCA funds significantly increase. Our state already planning to focus on
underserved populations like people with disabilities and increased funds. Our reports short -- [Indiscernible]. Two days in May. Self advocates reporting experiencing sexual abuse were invited to
participate in the conference. As a result, the Atty. Gen. created a new task force to address issues
specifically to crime victims with disabilities. As a result of the report, it has led to applying for and
receiving VOCA funds to address crime possession and people with disabilities in a more specific way.

Able for the past couple of years to combine expertise and protection system. Working with people and
disabilities to address disability specific issues. And to increase access to services from other providers
within the criminal justice system. As a focus grantee, we focus on insurance crime that sap equal access
to services available to them and the criminal justice system. And able to take the disability expertise
and partner with victim services agencies to improve capacity for people with disabilities within the
state. We have a specific priority to educate crime victims about their rights. We did public
presentations in disability community, to help understand, abuse report, abuse is a crime. And it should
be reported to the police. You should have these rights. You can go to victim services agencies and to
make sure the connection is made. And created publications specific to disability issues. How people can
make sure they are having interpreters, getting access to technology for example. As they access crime
victim services to the system. We have reached out to providers. And prosecutors and law enforcement
and their responsibility. Effective communication, reasonable modifications and requirements that come
through the ADA section 504 rehabilitation act. And importantly, collaborating with other providers so
we can meet the victims needs. We have outreach experience. Our general expertise in working with
people with disabilities. And that is like -- why we like to partner. Using their expertise along with our
expertise. And we have done a serious amount of average. So people are aware of services and
accommodations available. And how to ask for what they are entitled to. In all of our work, especially in
this project, we prioritize collaborating with self advocates. We want to involve, empower and support
self advocates in all our work. We want to help people understand their rights so they can advocate for
themselves. We do not treat self advocates like volunteers. We contract and provide them with
compensation for their work. One of the priorities is having self advocates if you publications. -- Review.
There is phrasing and jogging. -- Jargon. Someone not doing so may not be familiar with jargon or
wording. And interpreted differently. And we use self advocates to review publication. Making sure they
can be communicated. For the presentation, two people within the community, making that connection.
The primary part done by self advocates from statewide agencies. Walking through and giving examples
of types of abuse so people have concrete ways of connecting back to what they have seen, heard and
experienced themselves. We try to connect self advocates with state and local agencies. If we are asked
to do a presentation, or participate in a workgroup, we try to connect with self advocates, so they can
speak for themselves about how services should be changed, or problems need to be just. -- Address. If
you are interested to work with your P & A, there are four states, at least that currently receive VOCA
funds. It is a new thing. Ohio. Disability rights Wisconsin, Iowa and network of Pennsylvania. If you are
in any of those states can't you can reach out to your protection system. And on the last slide there is a
link to the map you can find agencies. If your agency is not doing specific crime work, they serve victims
of abuse. That is the same group of people. You can check the website for priorities and understanding
as to what they have and how they match. I highly recommend doing cross trainings. Having their
disability experts trained staff. And have your staff trained their staff on how to work with crime victim.
As those techniques and/or tips about the same. They may be able to share disability related resources.
Again, my resource page, I have a particularly link -- good link and general tips about communication
and interaction. Your protection system may also do legal consultation. Technical assistance. If a
provider calls and wants to know how they can become date someone, or wants to tell us their local
prosecutor is unable to use and interpreter in a courtroom. We can provide information about disability
law, crime victim rights, and they can use it to advocate for their own client. Or if it is beyond the
preferred provider, doing it them selves, we can take direct referrals and request for someone else and
work with that person directly based on whatever they like. And that is a wide range of ways you can
collaborate or directly represent people who may have a disability. On this slide I have a couple of
resources. The first is a connection to our website. We have publications, including series of reports that
I encourage you to take a look at those. If you want to identify which agency is within your state. And
then national organization right network. Finally publication from the department of labor. And gives
helpful tips on working with people and disabilities. Thank you for your dissipation.-- Thank you for your
participation.

>> Hello and thank you. My name is panned from -- [ Indiscernible ]. I am a program specialist. I will give
a brief overview. Playing a key role in every major disability initiative over the past four decades. They
run model, demonstration programs, serving over 200,000 people with disabilities each year. It currently
implements projects and importance with the area of today's area of event and sexual assault and
abuse. Domestic violence and survivor empowerment. Across the US. Offering training and technical
assistance on today's topic to people with [ Indiscernible ] service writers. Emergency preparedness
training. Shelters, croup homes, clinicians and long fourth, including Illinois. Whose work we are
highlighting today in 2012 the Chicago children advocacy Center and Chicago coalition against sexual
abuse requested the Illinois provide therapeutic services for children and that have been sexually
abused. It is a license counselor with the Illinois family clinic. She began working with the children center
and coalition to a dress disparity and from a intervention services available to children with DD. Training
from the Chicago area. Eventually around the country. Have received training in [ Indiscernible ] from
the national children advocacy center. She has worked with agencies and Illinois pilot program. Short-
term stabilization housing. Has created trauma informed environments and behavior plans. Believing
the key to improving safety from sexual abuse for individuals with DD is collaboration. With the support
and involvement of agencies like the ones here today, hopes to see efforts and collaboration expand
further. It is my privilege to introduce to you Susan Cermak.

>> -- [ Indiscernible ].

>> Hello, name is Susan con. I want to say how excited and grateful I am that this work is being
highlighted today. I am from all of these groups. As all of us know, it has been a long haul bringing
awareness to the impact of sexual abuse and actual salt on the vigils with developmental disabilities.
And the struggles. For me, as mentioned before, the greatest impact we can have regard to establishing
better services and access to elements of care, and investigation around the issue is collaboration. For
too long, but stability community [ Indiscernible ] have acted in silo. And breaking them down is a buzz
word in a lot of areas. And particularly appropriate. For the longest time what we have heard, I do trauma, that is a lot. It is overwhelming. I cannot do disability as well. And from disability providers, do disability. It is too much I cannot do trauma as well. One thing we know for sure, if people work in the area trauma, they are working with people and disabilities. We saw statistics for challenges and survivors with regard to access and awareness and bias. Lack of education around healthy sexuality. And victim centered response. If you are doing trauma, and working with people with disabilities, disability work, you are working with drama. We have seen the statistics. I want to put clinic and some work into the context. The UIC. The University of Chicago is a part of the Institute on human development. It is the research and community service for Illinois. We are a part of the department for human development. And the -- involving different groups, all of which, by some titles involved a lot of collaborative work within the community. I think it is the model that the disability clinic has grown out of. They provide direct services, in terms of therapeutic care, diagnostics, and a lot of families work. Individual work and at sea in community service. The problem we face, is the extraordinary risk for sexual abuse. Those of us working in the area of stability have been aware that people with disabilities and people we work with, have this long-standing and this proportionate -- disproportionate trauma and abuse. Here at ID HD, historical focus on healthy sexuality and disability. Cermak. The way we have become involved, as mentioned, is the collaboration formed in 2012 train -- between disabilities clinic. And Chicago children's advocacy Center. That coalition formed -- began --, -- and awareness. And the impact on clients of trauma and sexual abuse. For me it has become particularly urgent. When working with a 54-year-old man, in therapy for 20 years for anxiety and sleep disturbance. And the interview, in the context, he shared a story of extraordinary abuse. At the age of 12. When finished telling the story, which was pretty horrific, he said, I was never told origin not tell anyone that before. And we asked why did you not tell anyone? And he said no one asked. And for me, that is captured so much of the problem we face. Coincidently, so make things happen, around the same time we received an email asking to become involved in the coalition. The coalition began probably 30 years ago. A small group of disability providers took it upon themselves to bring awareness around the issue, to agencies and providers, in the Chicago area. In 2011 the coalition was taken up by the Chicago children's advocacy Center. And to expand a large variety of providers. These are some of the groups currently involved. They evolved both -- both from disability community and trauma community. We meet quarterly to work on awareness, training, around issues of both sides of the aisle. The coalition approach that has been effective in creating better services and awareness for children in the Chicago area. The goals of the coalition are fourfold. Their primary goal is to increase public awareness and of the vulnerability to sexual abuse of children with disabilities. The program today is increasing awareness of the problems and back, growing awareness. It could not be more grateful. Number two, increase access to mental health services for children with disabilities. The Chicago children's advocacy Center provides mental health services for children who come through and have experienced sexual abuse. They do not historically have a lot of training around the issue of working with children and disabilities. This coalition, one primary goal is to increase training for both trauma providers, working with disabilities, and disability providers around working with children having disabilities. Having the goal, capacity building has to happen in both directions. A big emphasis on increasing prevention efforts around sexual abuse of children. That has to take lace, not only in both trauma community, and disability many, but close all communities. We need to increase prevention
efforts within the school, homes and communities. A lot of work in the area has done. The fourth area, improved knowledge and expertise of those professionals who are first responders. And working on investigations for cases involving children with disabilities, it has been a challenge. It has improved.

What makes me, most grateful, is the increasing willingness of investigators, to attend trainings and take a civic interest -- specific interest in working knowledge. And having children with disabilities and the impact of trauma. And working around the end goal of investigation. Maybe, sometimes changing the focus from prosecution to safety for the children. We cannot always get a prosecution but we should always improve safe. -- Safety. With the regard to public awareness, UIC. The coalition have done a tremendous amount of work. We have done dozens of trainings on protection -- and prevention of sexual abuse of children with disabilities. Very recently, I was able to do a training on trauma in environments involving a lot of talk about prevention. Prevention is a primary tool in creating and informed environment. That is for DCFS. It has an annual conference for caseworkers working within adoption. Provided a daylong training including prevention. We has divided trainings on Internet safe and disability. With a growing and scary elements of solubility for the population. -- Vulnerability. Those -- we are able to provide webinars, workshops, talking to parent groups. Working with disability providers, trauma providers, first responders, child protection agencies and medical providers. In terms of capacity building we have had good success within the Chicago area. Involving trainings, in both direction, trauma and disability providers, and disability and trauma. Some trainings that we have done, creating toolbox for trauma intervention. Best practices in trauma, trauma informed environments and trauma informed behavior planning that is an essential element to create an informed environment. We notice that the one thing, as a society, we work with children and disabilities from early on the basis of behavioral plans. If they exhibit a behavior typically, it may be disruptive but more important to the people around them. Children seem to end up on behavioral plans at a disproportional rate. Both plans are not necessarily informed -- trauma informed. What we know particularly, when you look at statistics, with disabilities, we can guess some behaviors are stemming from trauma. If a behavioral plan is not trauma informed we will not have good sense with those behavioral plans. A lot of training around the area with disability providers and DC VA. -- BC. The other direction, we need to have trauma training for providers within the disability community. The Chicago children advocacy center on a fabulous job. They provide case consultation for disability providers who agree to see children experiencing trauma. They provide case consultation. I was lucky enough to be able to run down the street to their office, once a week on to go supervision on all my cases, when I was first learning about the trauma model. In addition, they have another coalition, which is called path. I do not remember what it stands for. A group of providers who accept services and referrals from them, for mental health services and children experience sexual abuse. Including disability providers. Providing trainings on a variety of trauma intervention. And, as members of the coalition, disability providers are able to access those trainings for free. In terms of investigation, as mentioned earlier, I feel like we have made some significant progress in that area. The one thing I notice, some people at the Chicago advocacy Center have looked at this as the slope movement in the area. It is challenging. Disability, things tend to read a small pace. But provide training and consultation. And for all investigators, medical team and family advocates at the advocacy Center. I want to be aware of time. As I recognize we are coming to the end of our scheduled time. I will forward. These are some of the places where we have been able to share a lot of our work. And our model. We can present and provide constant Tatian across the country now. -- Consultation.
There is an increasing audience, which has been fabulous. The outcomes that we have accomplished. Public awareness has grown substantially, particularly in the Chicago area. I did training on sexual abuse that no one showed up. Recently done trainings having hundreds of people. We have so many people on the line today shows growing awareness. We have been effective in capacity building. Working comfortably with children and disabilities who have experienced sexual abuse. And investigation, it is improving. It is a hard nut that it is improving. Some as we would like to see come out of this, is an expansion of coalition across the country. We have a model work in, and would be happy to share how we have accomplished it. With anyone who is interested. We would like to identify more opportunities and we are happy to become involved with other groups. We would love to expand our own knowledge and involvement lost country. -- Across the country. And we welcome any outreach from listeners having a project needing collaboration. In terms of resources, I have a list of resources. Recently provided a webinar on the road to recovery, supporting children experiencing trauma. And the national stress network having a toolkit. And some people involved in the webinar has helped to create for working with children. And these are some of the resources out there. I would be happy to entertain any questions, or bequest for consultation. -- Bequest. -- Request. Thank you very much.

>> Thank you so much Susan and Kristin and Teresa, for your discussion. And the work you are doing. And for taking your time out to share today. Before we go into our Q&A, please send us any questions the chatterbox. We are unable to answer the questions, we will do our best to follow up with you with the resources and materials from the presentation. Some resources we have highlighted. We would like to share with you. Some products from national resource centers, supported by the violence against women. Also resources by disability rights. One of the questions asked about primary prevention, in addition to the importance of keeping persons with this abilities, and healthy relationships. One means of prevention. This resource, knowing your rights about sexual abuse, it is another good way to start a dialogue. [ Indiscernible ]. Knowing violations and what types of responses. In the event they experience abuse. I will see if any of the dissenters like to answer some of the questions that were raised. What about responding to sexual violence perpetrated by another person with a disability? Perhaps in a living facility? Also, similarly, if a perpetrator is made by a social worker in a facility? Perhaps, one of our presenters would like to take one of those questions.

>> Hello, this is Teresa. The second part of your question, if it is a social worker or staff, and Illinois we have two different types of mandatory reporting. One involving if it is an employee or the DHS funded service providers. Or the agency did not protect the integration a violation of their policy. That would result within four hours, once the agency is aware, they need to report to the officer of Inspector General. And then investigation. It will go into the workers registry. Any person within the public can look it up. A potential employer will have the information the downside, it is a legal process, and an accused employee, anyone founded can appeal the decision. And that will delay information being put into the registry. That is a part of what we work on in terms of giving sample policies, within organizations, serving and spend the pickup the phone. Within four hours. It is important not to go down that route and leave the survivor painting. And how to give support. And it does not take away from the phone call needing to be made. It should not be at the expense of providing support immediately. And having the victim standard. It may be the individual making a phone call. Or having
comfort items within. A comfort person within. Cooking them up with agencies and support. That is the package. There are sample policies became share. And the same would be true if it is another person with a disability. Unfortunately, sometimes, there is not another service provider within the area. If individuals would benefit from a day program or a residential program, becomes more difficult to do it. It should be the victims needs the first priority.

>> This is Amy. Can I jump in as well? I want to follow up on what you said. A lot of our grantees are actually addressing that question cause it comes up quite often. That is one of the technical assistance that our provider provides. Which I did not mention earlier. The Institute of Justice. They have created a website with resources. One of the things on the website, and I will put up in the chat so everyone can happen, is where all grantees are that we have supported. State focused projects, also small local service projects, doing direct services. If you happen to have or if you want to contact them directly, they are more than able to answer your question. Certainly, if you want to contact a grantee we have supported in the past, that is an option. I will put in the chat further one. I think these are all issues that a lot of organizations struggle.

>> Thank you Amy and Teresa. Very good information. Very thorough. We have a question that comment about training first responders. Investigating sexual assault among survivors with development of disabilities. Any comments on the question?

>> This is Susan. What we have enabled to do is work closely with the investigators and the children's advocacy Center, specializing in the investigation of assault with children. From the Chicago Police Department, family services, and medical staff. In terms of what that training involves, a lot of training around disability awareness. And some of the basics of interacting with disabilities. And addition we do a lot of training around communication concerns. One of the biggest roadblocks, is when the person experience abuse, they are not able to tell the story of feet abuse the way an investigator would like to hear from prostitution -- prosecution. We have done a lot of training around those language barriers. Communication barriers with children and disabilities. It has also changed the discussion, from a complete focus on prosecution, to we would like to get a prosecution, at least we can do a better job creating safety the child involved. It is a matter of connecting your investigators with the disability group existing within that community and creating a collaborative relationship. This is what we do. This is a tough one. But we have definitely made progress in the area. Back this is --.

>> This is Teresa. [ Indiscernible ] develop model protocols for law enforcement and prosecutor specifically how to respond to violence with people against disability. If you go on the website, it also has all of the training tools. The power points with daylong training, as well as handouts etc. etc. It also includes many toolkits available for other important, like emergency medical services, 911 call operation. Clerks as well as court security. I will put that in the chat box. You can look at those and you can download them and adapt them to fit your state and community.

>> Fantastic. Thank you all. We have another question. In response to the comment about the real challenges with axis and grid -- resources. Accessing resources. People in all areas. -- If anyone can talk
about that? Outreach? Partnership between centrally for urban located organizations. And Laurel providers -- Laurel providers?

>> rural.

>> This is Susan. We can provide consultation around the state, or at least provide trainings and workshops in that regard. I was down in Springfield providing a training on trauma informed environments. I have done the training all around the state. For staff of our programs. If you do not have disability providers in your area, which I think is [ Indiscernible ]. Reaching out to see who is available and provide a webinar, I think at this point is the best I can offer.

>> Any other thoughts from the presenters on that question? Or any other thing before we wrap it up? Back

>>.

>> Okay. Hearing none. I want to give a huge thanks to our presenters. And taking time to share what they are doing with us today. And a big thank you to everyone who has turned into the webinar. It is a tremendous resource to have dialogue. And to shed light, as there is real lack of understanding and awareness. And we are happy to partner, those of us from the Department of Health and human services and colleagues at the Department of Justice doing this work. We look forward to circle back with everyone and their resources highlighted today. And again, thank you so much. Have a wonderful rest of your day. And I encourage you, while we have a few days left of assault and awareness pension month, to hear this webinar with 1 or 10 people, people can benefit from it. Thank you again. Goodbye.

>> [ Event Concluded ]

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