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Violence in the Lives of People with Disabilities:

Emerging Issues and Solutions for 2015

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>> Hi, everyone and welcome to the ARCS national service, my name is Kathryn walker, and before we begin our presentation, I would like to cover a few rules, especially to those of you new to WebEx.

Because there are so many of you, all participants are in listen only mode, you can post a question in the chat box in the chat box at the side of your screen, and we'll be happy to help you. At the end of the session there will be time for questions. You can either post questions in the Q and A sec or the chat box. If you don't want your name shared, please type private so that we know to keep it private. You can also e-mail questions in. If we don't get to your questions during the presentation, we'll follow up with you afterwards. This webinar is being recorded and will be posted on our website, and we'll send you an e-mail after today's event letting you know when its able.

We have one final request. You will receive a evaluation after this webinar, please take five minutes to complete and send it to us. This webinar is funded by the United States department of justice bureau of justice assistants. Thank you

for your participation and please welcome program manager of the ARCS justice initiatives, Leanne Davis.

>> Hello, everyone, and we are so excited to introduce this new series to you today. As Kathryn mentioned, my name is Leanne Davis, and I'm the manager of the disability, and we're kicking this webinar in 2015, this is the first one that we're focusing on victim's issues. And these topics that we're going over for the next year were selected on based on consulting with our national advisory committee members and we also got these issues based on questions we received through our information and referral system as well. So, for example, one area where we've seen a growing number of cases includes people with intellectual disability.

So our next webinar will cover this topic as well as juveniles with disabilities. So each webinar will be covered in depth on that same topic. And the target audience for these webinars is primarily to reach out to those professionals that are in the criminal justice professions, but also those who are in the disability community as well.

So we're hoping that this will really provide information where there's been a lack of information for these advocates and people within criminal justice professions.

So for today, we are going to focus on the topic of violence in the lives of people with intellectual and developmental disabilities. And the different forms that that can take. As many of you probably on this webinar already know, there was a survey that many have a risk with disabilities than to without disabilities. And the national rate is three times that compared to without disability.

So to address this critical challenge, we asked a few of our national advisory committee members and other experts in the kneeled to lend their voice and expertise for this webinar today and for the white paper that you will be able to view right after the webinar.

So some of these emerging issues that we've identified that you'll get to hear about include bullying, assistant crime students with complex communication needs, using trauma in forms of care principles when working with crime victims that have disabilities, supporting victims who have

autism spectrum disorder, and fetal alcohol disorder, and then we're going to wrap it up to hear from a person who is proactively educating others about this issue through a video she helped produce titled abuse of people's disabilities a silent epidemic.

So we have a really good program, but before we get started, I want to take a minute to acknowledge and thank our national advisory committee members and the other experts who have given so generously of their time and expertise to speak on this very important topic that we're hoping to get this information into the hands of people that maybe have not heard about this before and really need tools to begin to do more outreach to this community.

And I've had the privilege of working many of the speakers today and just personally want to say thank you for the commitment that you have shown to this topic and bringing this issue to light over the years.

And you'll get to know a little bit more about each speaker as I introduce each one of them before their presentations. So I want to remind you too to, please, feel free to go ahead and pitch your

questions in the chat box. There may be questions that come up as you're hearing different speakers talk today, and we want you to go ahead and put those in the which is a box so you don't forget them, and we can address those at the end of the webinar.

So before we get started, I want to introduce Jody manning, who is with the pacer center, and she has been with the center for about ten years. She serves as the director of parent training and information. She has present workshops to parents and professionals on a variety of topics. She coordinates a number of projects and works individually.

She's also a parent of a child of disabilities and she has a background in both nursing and psychology. So I want to thank Jody for being in the seminar today and we're looking forward to your presentation for bullying students with disabilities.

>> Can you hear me?

>> Yes.

>> Wonderful thank you. As Leanne said, my name is Jody manning, and I'm from Minneapolis Minnesota, and it starts for parent advocation

coalition for educational rights. Pacer was founded in 1977 and created by parents of children in youth with disabilities to help other parents and families facing similar challenges.

Today pacer center with expands opportunities and enhances the quality of life with child in youth with disabilities -- excuse me young adults with disabilities and their families.

Facer is staffed primarily with children of disabilities. We started working the bullying prevention arena as students are bullied at a greater risk and we saw a number of calls related to bullying. So we decided that something must be done to help our children go to school in a safe and supportive environment.

In the year 2006, we formally opened the national bullying center, while actively leading social change is that bullying is no longer accepted as a childhood right of packages. It provides students with resources, parents, and others, and recognizes bullying as a serious community issue that impacts education, physical and emotionally health, as well as the well-being and safety of students.

And I want to direct your attention to three

web pages where you'll find a great deal of free and downloadable resources. But first website is pacer.org/bullying, and that web page is dedicated to parents and professionals. We have two additional web pages that are dedicated to young people, the second one is kidsagainstbullying.org, that's intended for elementary age and some middle school students, and then the third one is pacerteensagainstbullying.org. That is intended for middle school and high school students.

Research has consistently found that children with disabilities are two or three times more likely to be bullied than their peers without disabilities. One study even showed that 60 percent of students with disabilities record being bullied on a regular basis compared with only 25 percent of all students. Peer to peer bullying was once considered a simple harmless rite of childhood experienced by many who are labeled as different. Students who told adults about the behavior were given ineffective advice such as just ignore it, bullying will make you tougher or stronger, stay away from the person bullying you, or even what did you do to deserve it?

These reactions set the stage for blame of

victim mentalities instead of looking at the bullying as a series societal issue impacting the access to educational, mental, and physical health and safety for self and others.

Students are targets -- who are targets of bullying are more likely to experience lower academic achievement and even drop out. Higher truancy rates, feelings of alienation, or loneliness, and oftentimes end up being diagnosed with medical conditions such as depression.

We must do everything we can to ensure that our schools are safe, positive, and learning environments where all students can learn. It is also important to note that students with disabilities have legal rights when the bullying is based on their disability, and they also have some resources, some very important resources to help them. All of which will be the focus of my next slides.

As I mentioned, parents and children have rights when the child with the disability is the target of bullying or disability harassment. When the bullying is based on the child's disability, federal laws can apply. Such as section 504 of the rehabilitation act, Individuals with Disabilities

Education often referred to as idea. And the Americans with Disabilities Act amendments act of 2008 often referred to as ADAAA.

For students with IEPs, idea was enacted to ensure that states and school districts provide students with disabilities the appropriate special education related services that enable them access to a free appropriate public education, which in the special education world is referred to as FAPE F-A-P-E.

Harassment of a student may deny he or she benefit to his or her education and would amount then to a denial of FAPE. State departments of education enforced the denial of FAPE and while we recognize at Pacer Center that it should be a last resort if the bullying is not dealt with appropriately, parents can file a complaint with their state department of education.

I will be sharing information with you today about some lower law level opportunities to try to resolve the bullying as well.

In addition to students with IEPs or 504 plans, section 504 and the ADAAA are federal laws that can apply if the harassment denies the student with the disability an equal opportunity to their

education. Those of you that are familiar with ADAAA know that one of the pillars to the law is equal access.

So if the harassment denies a student equal access to their education, a parent could file a complaint with their local office of civil rights because they -- the office of civil rights oversees section 504 and ADAAA, again, that's a last resort that should be saved until all other resources are utilized.

I also want to mention some very important letters called the dear colleague letters. Parents and professionals should be aware of these letters, they were sent and intended for school administrators and they've been issues to students related to disabilities in bullying or disability harassment.

The first letter was written on July 25th in the year 2000. It was a -- issued by the office of civil rights and the office of special education and rehabilitative services that initial letter was sent to quote develop greater awareness of the issue of bullying and to remind interested persons of the legal and educational responsibilities that institutions have to prevent and appropriately

respond to harassment end quote.

A second letter was sent in 2010, this letter was sent by solely, and it was issued to remind school districts that their laws that prohibit discrimination and harassment based on the basis of race, color, national origin, sex, disability, and religion.

The last letter was issued two years ago now on August 20th, 2013.

This guidance was issued to the state holders on the manner of students with disabilities. This guidance letter reiterated a school district's responsibility to ensure that students with disabilities who are subject to bullying continue to receive a free appropriate public education as required under idea.

These three important letters can be found our web page at pacer.org/bullying, one should click on resources and bullying info and facts.

They're great resources when trying to resolve disability harassment and or bullying because they lay out the expectations at a federal level.

As mentioned, students with disabilities who are eligible for special education under idea will have then an individualized education plan or an

IEP. This IEP can also be used as a helpful tool in a bullying prevention plan. Well, it's not often utilized, we want to make sure that we encourage people to use it as a great deal tool to deal with bullying prevention.

Again, every student is entitled to a free public education, and sometimes bullying can be an obstacle to receive that education. So an IEP team can identify some evidence based strategies that might be written into an IEP to stop bullying and it may be helpful to include the child when appropriate in the decision-making process.

Some suggested strategies might include identifying an adult in the school who the child can report to or go to for constants. Determining how school staff will document and report incidents. Allowing the child to leave class early to avoid hallway incidents. And holding separate isn't services for school staff and classroom peers to help understand a specific child's disability.

Educating peers and school district on school district policies on bullying behavior. Ensuring regular reinsurance from school staff to the student that he or she has a right to be safe and that bullying is not his or her fault.

And lastly shadowing a student that has been bullying. School staff can shadow a student in hallways, and play grounds for their protection. Again, let me reiterate if there Air Force assigned go to person in the school, that person should be someone who, again, reassures that student that they have a right to be safe and come up with a plan to ensure their safety.

Last slide I want to talk about some resources that we have available at pacers national bullying prevention web page. The first one is template letters to improve bullying behavior.

Parents should contact school staff each time their child informs them that he or she has been bullied. These letters contain standard language and fill in the blank spaces, so the letter can be customized for the child's situation. Our sample letters conserve two purposes. First the letter will alert the school administration of the bullying and your desire for is interventions against the bullying, and if you see the letter, we ask you to give the school a very specific deadline of when you would like that to be completed.

Second is your written record when referring to events. The record or letter should be factual

of opinions or emotionally statements. As I mentioned earlier, there are three sample floaters parents to choose from. There's one for all children, one for students with 504 plans, and the third one is for students with IEPs.

It is very important. If information is not in writing, it does not exist, so parents should be sure to keep a copy of the letters for their records. These records can help parents keep a concise and accurate timeline of events. Again, these sample letters are available on our web page pacer.org/bullying.

The second resource I wanted to share with you is the student action plan. This should be used only once a student has an understanding of how to recognize bullying. But if they do, it's a great tool to help students think through options and resolve the bullying to be involved in the solution.

The format of the student action plan includes three simple steps that provide the opportunity to explore specific and tangible actions to address the situation. This can provide the student who has been bullied in school a sense of control over the situation. It can help them recognize that you

are willing to listen to them and take action and it reassures them that their opinions and ideas are important.

A reminder it's never up to the child to fix the situation, but it's important for them to be part of the solution and have a voice if appropriate. So the student action plan is a three step process essentially. The first step sunk about the child -- the child should think about the bullying that they've experienced. Secondly consider how the situation could be different, and last think about the steps that those changes need to happen.

I'll give you a perfect example that I have used this student action plan with a student. I'm going to call this student Johnny, and he's a fourth great student, and he qualifies for a IEP under the ASD or autism spectrums disabilities category.

And when we ask Johnny to explain step one, the bullying he experienced, he explained it like this. He said when he went into the lunchroom and got his tray of food and went to a table, if the table was empty, he would sit down and start eating and not know other students would join him for

lunch. If on the other hand he joined a table where there were students sitting at the table, the students would then get up from the table and leave Johnny to sit alone by himself.

When we asked Johnny to consider how he would like that situation to look differently, of course Johnny's response was I would like to eat lunch with other kids like everyone else. And when it came time to come up with the steps needed to make the chances, this bright, young, beautiful 1st grade student said I have some ideas that I would like to share with you.

And so as the IEP team sat around the table, Johnny said here's my idea. I would like to have a VIP table in the lunchroom and at six years old he knew what VIP meant, and he said I would like to invite four of my friends to my VIP table every day, and I would like for us to be able to go through the lunch line for an extra dessert every day, so he would get two desserts.

And the IEP team thankfully decided two desserts was something that they would be able to do to support this student. The IEP team decided that they would come back in two weeks to see how the situation is going for Johnny, well, we met two

weeks later. Johnny's response was it's going well, but there's more work to do, so I would like to continue the process but change it a little bit.

And so the team was eager to hear from this bright young man, and he said for the next two weeks, mom, I would like for you to come to my school every day for lunch, and you can imagine her joy that Johnny was inviting her to school lunch, and he promptly said, no, that's not actually the plan, mom, the plan is that you would drive through the McDonald's drive through, pick up five Happy Meals, and drop them off at the office every day for my VIP table, and we'll pick them up for a period of two weeks and take them to our VIP table.

Very bright young man as I said.

When the team came together two weeks later, it was a beautiful story in which Johnny felt completely fulfilled, he felt as though the students instead of recognizing Johnny as a messy artery, a know-it-all, they now saw Johnny as a really bright young man, someone who knew more about rockets than anyone else they knew, he could tell great jokes, and he was very funny and had a great laugh.

Let me say had a we also hear from school

districts themselves who are using the student action plan with students who are using bullying behavior and need some assistants with changing their behaviors. So while it wasn't intended to be a tool in that way, schools are seeing that great success.

The last program that I wanted to highlight today is our peer advocacy program, and we can never underestimate the power of bystanders in bullying situation. The two, that have become a target of bullying, are social isolation and invulnerable reaction to behavior.

So as you can imagine, students with disabilities may have few or no friends. It's much easier for someone who bullies or picks on students to do that when a student is alone and doesn't have a friend looking on the for them.

So pacers peer advocacy program creates a form process that identifies, trains, and supporters a designated group of students who watch out for students with disabilities. The process establishes a supporter system for peers as well as logistics for adult supervision and supporter.

Such power for peers to intervene in systemic ways is a powerful step to reducing bullying.

Parent engagement reducing bullying in the school climate.

Research has shown that 50 percent more bullying stops when a peer intervenes. Peer fluency is very powerful.

A free and downloadable tool kit to start a peer advocacy program is available at pacer.org/bullying, one then would click on resources, then students with disabilities, and lastly peer advocacy. If you try to sell this program to a school all right, and you look the our video, it there's a video of the students who have used the peer advocacy program, and out of the mouths of these that went through this junior high program is some very powerful information about the information and knowledge and experiences that they have received by participating in the peer advocacy program.

Lastly I want to state that anyone may please feel free to contact pacer's national bullying prevention center for more specific guidance as necessary. Thank you so much for your time.

>> Just the number of -- make sure I'm not on mute, the no of resources that you were able to share with us in a short amount of time, and I want

to remind everyone that you will be able to see all of that information in the white paper as well. So we would like for you to make sure you get -- if you want more information on this topic to look at the white paper.

And also a shout out to Julie, who is the director of pacer's national bullying prevention center who helped coauthor this white paper and just for all the wonderful work that Paris has done around this issue of bullying, we really appreciate your work on that.

And now we want to move along to Beverly France, who was with University's institute on disabilities. She will be speaking on complex communication needs, she coordinates the criminal justice initiative there at the university. In her area of concentration for the past ten or so years has been the development and implementation of sexual violence, risk reduction awareness programs for people with disabilities and their support systems.

She's published several articles and has been developed safety sexual abuse curriculum with adults and she is -- serves on our national advisory committee for NCCJD. And without further

adieu, if you want to take over and begin your presentation.

>> Thank you, Leanne.

What I want to talk to you about very briefly is about the issue of individuals with complex communication needs. And our current level of knowledge, policy, and practices are really insufficient to address the issues of people with complex communications, especially when they come in contact with a criminal justice system as victims, witnesses, or offenders.

And individuals who have complex communication for this presentation and in a general sense are people who have significant speech difficulties that make it very hard for someone else to understand them, especially somebody who isn't familiar with their communication style. Particularly when you think of the criminal justice system, the system works very rapidly.

And people with complex communication, it takes them a longer time to be able to communicate what they're being asked to tell, it makes it very difficult for them to be able to report or disclose abuse. So let me see about the next slide.

Kathryn, okay. Thank you. I want to talk

about the importance of being able to communicate because that is the key in disclosing, reporting any type of criminal activity, or basically any human need that you want. And it's particularly important when you're testifying in court.

If the judge can't hear you, and it's not just being able to have a microphone to help your voice seem louder, but it's being able to understand all the new nuances and utterances in your language. And it's also key in receiving services and support. So if somebody isn't being heard, then it's very difficult for them to get the services that they need.

So I want you to think for a moment. People with significant speech disabilities did not communicate in a manner that is readily understood. So probably all of you may know somebody that has some difficulty communicating, but I'm talking about people who have really significant speech disabilities and how difficult it is to understand them. They may use some type of assistive technology, but in a courtroom setting, that poses a lot of issues, somebody who might use a dinobox or picture book, the defense will often argue, well, who put those pictures or icons in there?

Were they in there prior to the incident? And usually if it's of a sexual nature, a lot of times we find that sexual -- pictures of the body or different types of interaction with other people are not in those pictures books, they're not in those icons.

So the defense argues strongly that somebody put them in and may be leading the witness. And it's really critical that criminal justice and victim service professionals understand that people with complex communication can and do communicate effectively. They have a voice, it needs to be heard, it might take a little time in figuring out how to do that, but they definitely have a voice and need to be heard.

So what I want to do recipient to give you an example of why this so important. There was a young woman who disclosed to a teacher that she had been raped. The teacher handled it appropriately, the police were called, but the responding officers really didn't understand her. And they looked to the teacher for assistants and the teacher said you have to talk to her. She was the one who was the victim. And so they did take a statement and what they wrote in their statement was that the

assailant was named Jerry and that was it.

And they went back and they told the district attorney and they talked about whether this was a case that they thought they could win, and it was pretty iffy, but there was some pressure put on because of the young girl's age and because of the circumstances that they really did need to try to take this. And what the district attorney said was if the DNA test comes back and confirms the identification, then we'll take the case forward and we'll proceed.

Well, wouldn't you know, the DNA test came back and it revealed that the person that the victim identified was not the assailant. And so therefore it was, like, well, not the assailant, so she got it wrong. And when we think of victim blaming, victim blaming looks different in all types of situations. So the question that we had to ask was did the victim incorrectly identify her assailant? And the answer was, no, she knew exactly who had raped her.

Did the police misunderstand the victim and incorrectly record a similar sounding name in their report, and that's what they did. So instead of it being Jerry, they wrote Jerry with a J, it was

Jerry with a G. Very easy to misunderstand. They did that. And that's what was written in the report. These were family -- were related family members, so the DNA said, no, it's not this guy, but it's another family member. However, the district attorney said we're not going to take the case forward. She said it was person A, DNA came back said it was person B, I don't care if they live in the same household, I don't care if they are family members, we have a wrong identification therefore the case is going to be thrown out.

So she was left to live in the same home with her assailant. And that makes her so much more -- had the ability to be victimized so much more. So many more times. And what we found out was the detectives and even the ADA, who was going to prosecute the case, they never really listened to her either because -- and we understand how bias works, but the original officers who took the report wrote down a name and neither did the detectives, nor the ADA, did they ever stop to ask the victim. They just kept repeating the name that was said, and she heard it the way she wanted her to hear it, and when she tried initially to say "no," she thought there was something wrong with

her, that maybe there was just something not right.

And because they were authority figures and they just kept repeating this, she went along with it. So we have a victim of sexual assault who was left in that same situation because of her complex communication needs.

So when we think about the number of people who come to victim service centers who contact police, how many of them have complex communication? And I would suggest that there aren't that many. And the reason there aren't that many is who's going to help them manage the system?

And we don't have a lot of people who are familiar with complex communication, we don't think -- a lot of times we don't understand them, and we don't take the time to understand them, and so it's an area that this population is just so right to be victimized and never have their cases go through the criminal justice system. So it's something to really think about. The institute of disabilities is working on a payroll to help for witnesses and offenders because we want everyone to receive equal justice. To help them make sure they are heard in court.

So with that, I want to thank you for your

participation today.

>> Thank you so much, and your work is so important just because of the issue of the credible witnesses within the criminal justice system. That's something we hear about within the center time and time again, and I know I've had those discussions with people being able to be seeing as credible witnesses, so this is very important and we look forward to seeing the protocol that the institute is working on. I would like to move ahead and go with Don Davis who will be speaking with us on trauma informed care. Don is a licensed therapist who has over 21 years of experience providing psychological support with individuals with intellectual disabilities. She's with the art of Baltimore, where the training of direct support professionals to incorporate trauma informed interventions with everyday interactions with the people they support. And she's also consulted with the Maryland commission for effective inclusion with individuals with IDD in the development of the trauma informed care component of the training for law enforcement.

So we are very excited to have her join us today. This whole issue of trauma informed care as

it applies to people with disabilities is so important to this work. So we look forward to hearing your presentation and then learning more about that in the white paper. So I will turn it over to you, Dawn.

>> Hi, good afternoon. Can you hear me?

>> Yes. I can hear you.

>> Okay. Great. Thank you for this opportunity. I'm really excited to be able to talk to such a big crowd about trauma informed care today.

There's been a lot of talk in the mental health field for many years, actually, about trauma informed care, but it hasn't really come to light within the intellectual and developmental disabilities world until the past couple of years. Karen Harvey has been a huge proponent in incorporating trauma care into approaching working with people with intellectual and developmental disabilities.

I've worked with her for many years and throughout that, we've really come to believe that and know that really the trauma informed approach is a way to really help people get through the trauma they've experienced and come to healing it

through the process.

Now, a trauma informed approach really relies on three separate elements. First is actually realizing that how much trauma the people that we support have been through throughout their lives. That's a really critical component of this because there are times when the trauma has not been documented and because it's not documented, it's assumed that it hasn't happened, and that couldn't be further from the case.

The second pillar of the trauma informed approach is to recognize how that experience of trauma impacts what the person in front of you is doing in the here and now. We'll talk in depth of that.

The last part of it is given all of that knowledge of, you know, realizing how prevalent the trauma is, and recognizing how its impacting the person, how do you put that knowledge into practice? How does that drive how you approach a person that you're supporting or that you're coming upon that has an intellectual and developmental disability who's come in contact with the criminal justice system?

So -- first we're going to start with

realizing the prevalence of trauma. What trauma refers to is an intense and physical or psychological stress reaction that could be as a result of a single event, multiple, eventual, or set of circumstances. And is experienced by the individual by something that is physically or emotionally harmful or threatening and has a potential of having a long term lasting effects when person physical, social, emotionally, and social well-being.

So trauma is not just the every night. It actually -- encompasses the psychological scars that are left behind from those events that could be influencing what the person is doing today.

Now, given that, you know, it's, like, what's the prevalence of trauma? You know, there was a large-scale survey that was done a couple of years ago of people with all different types of disabilities. They weren't saying just people with certain types of disabilities. It was a large-scale study and they did break people into groups when they had that information, but just overall, what they found so that 70 percent of the people that were completing the survey reported being victims of abuse. With 62 percent reporting

that they were abused -- 62 percent with the intellectual disabilities reported that they had experienced abuse. 90 percent of the people reported that it happened on more than occasion with 39 percent reporting that it happened more than ten times. This is a huge number with a huge impact on people with intellectual and developmental disabilities.

And in the majority of cases in over 60 percent of the cases, the abuse was not reported to the authorities. Reasons they gave? You know, futility. It's not, if I reported it, it's not going to make a difference. Fear. Fear of retribution, you know, I'm still going to be left with the person who I just said abused me and actually did abuse me, but nobody is going to believe me, and I fear that, I fear that kind of retribution. Or and sadly lack of information.

They didn't know either who they could report it to, how they could report, that's really -- you know, incredibly impactful that, you know, these are the reasons why it wasn't reported.

When it -- getting down to bullying, which really amounts to emotional abuse. More than 73 percent of people reported being victims of

bullying and it occurring on multiple occasions with 38 percent of those reporting it saying it happened over a course of multiple years. And that was occurring not only in one setting, it most of the time it was reported to happen in school but also was occurring in the neighborhood or in the home or even in the work setting. And 89 percent of people with autism that were surveyed said that bullying occurred more than once with 44 percent of them saying it happened 10 or more times.

This is a huge impact on people with intellectual and developmental disabilities. So it is very prevalent in something when you come upon somebody with intellectual and developmental disability that it could have happened. It's something that should be on the radar of anyone that is working with or coming in contact with a person with intellectual or developmental disability that this could be something that you're encountering, that the things that are happening today could go back to these experiences of trauma.

What are some of the specific things that we see in our work here at the arc? What are some of the specific things that people with intellectual and developmental disabilities experience? The big

things people think about are the physical and sexual abuse. It is things that people don't necessarily think of is the big traumas. Are things like bullying, which we already talked about today. You know, just being identified as being different, you know, exclusion from events, community events, segregation, you know? It's the -- when I ask a student, you know, did you have people with intellectual and developmental disabilities in your school when you were growing up. A bunch of hands going up, yeah, we had people with those types of disabilities in the school. When I asked were they in every class with you? The response I get most of the time is no.

And it's, like, okay. So what class is it? Was it usually art, music, PE, are the ones that people report that that's where the classes they were in. Then I ask the question, when they weren't in class with you, where did they go? And the answer usually is they went back to the special ed wing. They went back to their classroom.

Just being sent back to that is segregation and exclusion from the greater school community. So, you know, people that we support just by the nature of the supports that they've received

throughout their life may have been traumatized by the very things we've done to help them be included within the settings that most kids or even adults their age are doing.

Other experiences, you know, there are many, many institutions across the country that have thankfully closed. But there's still are institutions that are open throughout the country. Anyone that's seeing the willow video, knows the horror of the neglect and the abuse that was occurring in that -- in those situations. And many times, you know, somebody was removed from a family that loved them. You know, many families -- it wasn't -- sending their child to a institution was not something that they necessarily wanted, but this is what they were advised to do. You know, this child or young adult that was sent to the institution against their will, take them from everything that they know, and perhaps it wasn't communicated with them, you know, this is what's happening. This is what's going on.

Just that trauma of being removed from family and sometimes, you know, being in multiple foster care placements, you know, being taken from one setting, placed in another when you don't know

what's going on. That's a traumatic experience. Even when the place is appropriate, being removed from one setting and placed in another one, it really isn't in the best interest of the person. Still, there's that trauma that goes away, it goes along with everything that you know being taken from you.

All that, you know, people experience the uncertainty of safety in other basic needs being that, you know, in if you don't know when your next meal is, I've worked with a number of people over time who experienced hopelessness along with their intellectual and developmental disability as a child. And, you know, it's, like, they never had anything. They would to -- it really fight for anything even to, you know, the scrap of food. Those kinds of needs being met innocent -- not being satisfied and leave long-standing scars for a person.

So, you know, knowing all the stuff about, you know, the types of trauma that people have experienced, how often it's occurring, you know, how does this impact what the person is doing in front of you in the hearing now?

Now, one thing that we know is that people

with developmental disabilities are seven times more likely to come in the law enforcement than the population, or were a victim crime. This is why it's so important to work with law enforcement and the criminal justice system in general to help create on how do you interact and how do you approach people with intellectual and developmental disabilities in ways that don't re-traumatize the person.

Why are some specific ways that person may contact law enforcement? Maybe in the course of a medical emergency. Remember I was working with a gentleman who he actually fell down and broke his arm and the 9-1-1 was called, the ambulance came, and when they arrived and started providing medical treatment to him, he started becoming very physically aggressive toward the EMTs, so the police arrived. Come to find out, what we knew was that this gentleman had a lot of bad experiences with any kind of medical treatment. So the EMTs came on the scene, started doing some stuff to treat him, and he out of just complete fear and desperation started being physically aggressive toward the EMTs. The police arrived and the police officer recognized what was going on and it was his

approach that I actually helped to deescalate the situation, the person was able to take the ride to the hospital in the ambulance and receive treatment because of the way the officer approached the person.

And that's why it's so important that we work with law enforcement to teach them effective ways of approaching people who may have been traumatized.

Another thing is if, you know, they may come in contact with law enforcement because of suspected abuse. It maybe have been reported to the police that we suspected this person has been abused, for whatever reason. That suspicion comes up. So it, you know, the officers need to really have an idea of how to -- and everybody in the criminal justice system, how to interact with a person that in a not a leading way, but in a way that really recognizes that there may be other factors here that are influencing the answers that the person is giving you. Maybe fear that I'm still going to be with my abuser, maybe an experience in the past that I wasn't listened to or then I was then abused more afterwards.

So, you know, we need to be very sensitive of

that. Or people talk about coming in contact with law enforcement because of whatever, quote, unquote, behaviorally emergencies. People being physically aggressive, engaging in property destruction, yelling, theft, or, you know, running away or the person being a missing person, you know? They've run away from their home.

But, you know, that running away could all go back to an experience of trauma that occurred long in the past.

So knowing those things, the first two points, how do you respond by putting that knowledge into practice? You know, first, you know, it's, like, law enforcement in criminal justice system need -- can recognize that, you know, sometimes the behaviors you're seeing in front of you today have the roots and things that occur years, decades ago. Long ago and that -- if people go into the interactions with people with intellectual and developmental disabilities with the awareness that it could have everything to do with this influence before, it could be fluency how you interact with the person in the way with the risk of re-traumatization.

So it, you know, the things to be aware of,

you know, being sensitive to the fact that the person may be very sensitive to the person's tone of voice, the body language, and the words that are being used. One of the things that we talk about when doing trainings with police officers and new recruits, is, you know, that assessment process as, you know -- as I'm talking to someone, if I say something and I see this reaction, you know, is that really a reaction where I need to come in closer to the person, do I need back up? Do I need adjust what I'm doing so that I can bring the person back to a state of calm?

Another thing that I find in experiences of the people that I've supported that it makes them so mad when people don't communicate directly with them. The last speaker who was talking about how, you know, it may be difficult to understand the person. If they take time and slow down, I keep on hearing from officers when doing trainings that it's, like, we're taught to come on scene and assess it within 30 seconds and know where we're going within 30 seconds. Well, somebody with complex communication difficulties, it's -- it may take you a full 30 seconds to get it to even begin the conversation with the person.

So slowing down and taking the time to communicate directly with the person. Also not assuming that the person cannot communicate. Everybody has some ability to communicate in some way or form. Taking their time to get to know that is invaluable in the overall outcome of interactions.

And also, you know, talking with officers about being aware of your behaviorally of what your normal behavior is communicating and adjusting the approach based on what you see happening.

Another thing. Talking with officers about the fact that people can be very sensitive to touch. That it, you know, if necessary -- if and if it's necessary to touch the person. If they need to put handcuffs on the person, to tell the person exactly what you need to do and what you need them to do in taking that time to do that, can be invaluable. Some people just simply being touched is enough to elicit a reaction that could lead to all sorts of other police reactions that involve much more restrictive and techniques.

So, you know, just taking that moment and communicating with the person can really help to avoid the -- any further escalation in the

situation.

The other thing is letting officers know it's okay to reassure the person. You know, reassuring that I'm here to help and saying that you want to hear what had have to say. Depending on the situation, you know, if you're coming onto a case where, you know, the person's potentially a victim of a crime, just making the statement you're not in trouble here can be incredibly powerful. Letting people know that these small things that really seem like really small things can be huge things in the ultimate outcome with any personal with intellectual and developmental disabilities.

Now, taking away from this. One thing that I want you to take from here is that the people that we support with intellectual and developmental disabilities, when they engage in the behaviors that we see in the environment now, you know, whether it be, it could be physical aggression, it could be a loping, it could be property destruction, or it may not be any of those things.

These behaviors develop out of the need to cope with traumas that have occurred in the past. So the person is not -- the person is not doing these things with mal-intent. The person is doing

them as a reaction to trauma. They may be completely freaked out and this is the way that they can cope with whatever is going on around them. And when we take that mal-intent out of it and recognize that oftentimes the things that we're seeing are ways of coping that have developed that have worked for the person over time, it -- it really -- colors the interaction very differently.

And I also want you to take from here that simple adjustments can really make a big difference and the more that we can teach every officer these techniques and everybody in the criminal justice system, the better the outcomes will be for them.

So thank you very much for your time.

>> Great. Thank you so much, Dawn, that was a wonderful presentation and such an important topic, and I'm glad you mentioned one example you gave is people with disabilities who are already sensitive to touch, such as a person with autism, but then you add that the person has trauma issues. And you can see where someone could react very quickly to a situation and an officer might think that they are responding in a negative way towards them personally when they are just responding out of a situation. You know, these are -- looking at the

trauma issues are so important, So that's why we felt it was great to have you on the webinar today, and I appreciate you being here with us. And also the information that will be in the white paper, it goes into more depth on the topic.

So thank you, Dawn, and now we'll move on to Kathy Mitchell, who is with the national organization on fetal alcohol disorder, and she's going to talk more about issues specific to victims who have this type of disability. And Kathy is the vice president and international spokesperson and a noted speaker on women with editions. She served on many panels and committees including the world's health organization, is U.S. national task force on FAS, and FAS center for excellence. And she's written several chapters and articles on FAD and the no fast guide book for parents and caregivers.

And Kathy and I have spoken before and worked on this issue around victims with FASD, so I'm so excited to invite her to today's webinar and thank her as well for the contributions that she provided for the white papers. So, Kathy, if you're ready.

Can he we hear you?

>> Can you hear me?

>> Yes. Great.

>> Of course. As you, you know, as things go, it's actually thunderstorming outside my house right now. So if you hear any of that, I apologize.

I just wanted to thank Leanne and Kathryn for including me in this, and I really am so honored and already learned so much. I mean what a lineup. This work is so important, and I want to thank the art for what you do on this topic because it's certainly a topic that's near and dear to my heart and one that we certainly need to do more awareness on.

Do I -- okay. Moving the slides. There you go. Can you see the slides as I'm moving them?

So today I want to give you just a brief overview of fetal alcohol spectrum disorders and how are victim I said. And I think talking about FASD is that a lot of folks really don't know what FASD is. So in this particular presentation, I have to give a little bit of an overview of the disorder just so we all understand what, you know, who is affected and what FASD looks like, basically.

And FASD is caused by drinking alcohol during pregnancy, so there's no other cause for FASD and

of course alcohol is a toxin, so if a pregnant mother drinks any alcohol during pregnancy at any time, it can result in a number of anomalies, or birth defects, and the real issue with this is of course is the lifelong brain damage.

And I'll walk you through some of the ways this can manifest. So people don't out grow FASDs. FASD as I'm talking this afternoon and saying FASD, I'm referring to a umbrella term that would include all the diagnoses with pregnancy. So of course there's fetal alcohol syndrome, which is the one that most people are familiar with. That is the one that's most visible or the easiest one to actually diagnose. And the criteria for a diagnosis of FASD includes specific facial features, some growth retardation at any one point in the person's life, and some measurable central nervous system or brain damage.

And partial FAS, is where the individual would not meet the full criteria but has some of the partial he needs to go. And FAS and partial FAS, a physician, you know, of course always wants some very concrete reporting of maternal alcohol exposure, but they can diagnose without the mother stating that she actually drank, because so often

individuals have been diagnosed -- excuse me adopted from other countries or maybe the mother is deceased and so on and so fourth.

Alcohol related neuro-developmental distort and then the newest disorder known as NDPAE, neuro developmental disorder associated with prenatal alcohol extraordinary, that's with individuals who have brain damage but don't have the visible facial features nor the growth retardation.

And of course under the FASD umbrella, we also know that fetal and prenatal alcohol exposure.

So when we talk about FASD, one of the issues has been the prevalent studies. FASD is really tough to measure for because we've got not only people not being diagnosed, but we have, you know, individuals that don't meet the full criteria of course and a lot of individuals their affects don't really show up until they are of school age or sometimes even older than that.

Now, some of the newest NIAAA or national institutes on health, prevalence rates show 1 and 50 school age children with an FASD. And you can go to the NIAAA website to read about Dr. May's newest rates there, and so if you were to add up, you know, add the numbers of disabilities or

syndromes that are much more commonly known and identified, FASD are higher than all of this listed combined.

And there's a lot of threat which there should be, other recreational drugs, cocaine, heroin, we've got a heroin epidemic, opiates, prescription opiates, but the fact of the matter is that according to the institute of medicine of all substances of abuse, including heroin, cocaine, and marijuana that alcohol is going to produce by far the most serious neuro-behavioral affects in the fetus.

And just a little bit about NOFAS, I've been involved since the very early years, we are celebrating our 25th year -- well, we just recently celebrated our 25th years, and our vision is a global communicate free of alcohol exposed prosecutions and a society support of individuals living with FASD. So of course is this effort here is something that we feel very strongly about and care deeply about.

If you go to our website, you can find all kinds of information. I will bring your attention to the fact that we do have a weekly online newsletter known as the no fast round up, you can

contact me directly I'll give you my e-mail after this to go to the website and sign up for that, and I would strongly encourage everybody to do that.

And we also have -- we participant in Twitter, we have a Facebook, and it would be really great to get folks to sign up and like us and to connect with -- with your organizations.

And we also have two DVDs that I wanted to mention, which was developed by Jan Evenson, and Jan Lotky through the acreage school district and through our own words, our media expert at NOFAS created that video and it's individuals with FASD telling their story.

So I think it's a great way to learn about FASD.

>> Kathy, can you move your screen down a little, we can't see your face right now.

>> Will sorry. I had to switch commuters. My computer locked up.

>> Thank you.

>> So most cases of FASD are never diagnosed. I have mentioned before and few physicians and health care professionals are trained on how to diagnose.

You know, I always include a little bit of a

story whenever I present, and it's a little challenging in this short amount of time, but just to put a face to the issue, you know, in 1977, I had already had three children, I started having children way too young, I grew up in a alcoholic home, and as a result had a lot of the behaviors and characteristics that go along with growing up in a pretty chaotic environment.

I -- I was, you know, a child of the '60s, and it was drug, sex, rock 'n' roll, and, you know, these are photo of my three children in 1977. And I think for me one of the things that happened was I was using a whole host of illegal drugs, but when I found out I was pregnant, I would get clean because I was pregnant and wanted to have a healthy baby and would drink basically wine, I drank wine, not every day, but on the weekends.

And, you know, I'll tell you, I'm a woman in recovery today and with over 30 years of recovery, you know, I can look at this picture and I'm still learning about some of the ways my children have been affected because I think one of the things we're learning is that some of the effects from being prenatally exposed may not manifest become a parent until individuals grow up and they become

adults because there's certainly a lot of the physical issues, diseases, and autoimmune issues and things like that that my children live with are probably due to being prenatally exposed.

So in 1977, as far as I knew, my children were all healthy, little kids. And so I have no idea that alcohol was causing disastrous effects on my children and, you know, no one ever addressed the fact that you shouldn't drink during pregnancy, and of course the paper didn't even come out in the U.S. until 1973, I had already had two children.

But, unfortunately, I continued to drink throughout additional pregnancies and here in 1983, here is my daughter Carly, she is the artist that created the logo for NOFAS that you saw in the first slide, and she has full blown fetal alcohol syndrome, but at that point in her life, we thought she had Cerebral Palsy, and I think this picture is important because we can look at Carly's face and see that she's got a very thin upper lip and the area above her lip, it is very flat across, and if you were to measure the openings of her eyes, you would find that her openings are just a little bit smaller than what would be in the normal percentages.

And her head size couple forensic was small, so she had path microcephaly, she was very therein and had a hard time gaining weight.

So these are all of the kind of aspects or syndromes from being prenatally exposed to alcohol.

And in 1983, what had just happened was I had just buried my 5th child who I found lifeless in her crib when she was three months of age. She died from sudden infant death syndrome. And two years before my daughter had died, my son had died at birth, and, again, I had no idea that both of those deaths were probably a direct result of me drinking during pregnancy. No one had ever mentioned it, and if anything I thought maybe the drugs I had used, especially earlier when I was younger maybe played a role in some of the things that happened with my children.

I had no idea that it could have been alcohol.

So Carly was diagnosed at age 16, and, unfortunately, that's still the story for so many families is they spend years and years trying to figure out, you know, what's happening with their kids and it turns out that they, you know -- when they get the diagnosis much FASD, they just can't believe that it took so many years and seeing so

many health professionals. And the fact of the matter for us, you know, once Carly got the diagnosis, I was new and in recovery, it really helped us as a family. It helped Carly. We -- we worked on a show for law and order to help educate people about FASD, and we've been able to do a lot of things that I believe have helped a lot of people.

But, unfortunately, doing all that good work doesn't mean that we haven't had some really tough days as well. And I just wanted to tell you a quick story, and it really ties in so well with a lot of the information that we've already heard today.

And, you know, Carly, has been victimized, has been victimized, you know, not once but twice, and both in her situation both times she was in transit with people that were hired to drive people with disabilities.

So the first time it happened with she was on her way home from her job and she was in a metro access bus, and instead of bringing her right home, the driver took her to the park across the street and, you know, molested her and Carly came back and told me the story of exactly what happened. Of

course I called the police. Carly, we filed a report and did all the things that you should do, help supporter Carly, we got her counseling, and she had to get on that bus not once, but twice to retell the story, and she did not miss a beat. with telling exactly what happened and exactly what was said and done to her.

And, you know, the prosecutor here in Maryland met with us as a family and said now, this driver has failed his polygraph not once but twice. We know this happened. She said Carly didn't miss a beat. We know what happened, but we are not going to charge him and exactly for what was being discussed earlier. Carly does not make a credible witness, and it's my job to win cases.

So that was my first introduction to what goes on in this world. I -- you know, it's -- I call it a conspiracy because so many people are aware of it, but nothing happens. And, unfortunately, we went through a couple of years of being very fearful, of course the only way for Carly to get to her job that she loved so much was to take public transportation. She didn't want to get on a bus anymore and of course we honored that. And we get her cabs through metro access. So we worked with

them to try to get a regular driver and they refused to work with us. And low and behold, Carly was picked up by a car a few years later, and instead of taken to a job, she was taken to a park where she was violently raped.

And the great news is that, you know, she survived it. The I think the compelling part of this story is he drove her to work afterwards and told her that she owed him \$1.50 which was her discounted rate for being disabled, and Carly went in her purse and paid this man \$1.50. The great news is that he is serving a 20 year sentence because we took it all the way and this guy was charged. But one of the things that's very disturbing is to find out this man had a long record that was not even accessible to the police because he had done some horrific things I know to one child in Texas, and he had served seven years for some heinous crime, but it was Cadillac a sealed envelope crime because they wanted to protect the victim.

So those reasonable medical probability of the issues I think we need to figure out how to get around. But anyway.

Now I'm going to transition very quickly into

just telling you about the FASD because I really want the audience today to really understand this disability. Again, alcohol is an agent that can kill cells, it causes cell death and cell anomalies, and any time during pregnancy, the fetus can be affected because the brain is growing every single day.

So depending on when the drinking occurs, we'll predict the type of Beth defect we might expect to see.

And even if the children were -- or the individual has the facial features like these three here shown in this slide, it doesn't mean that it's visibility to the majority of people. So you can easily see how these children could be in a classroom or a setting where people don't quite understand that they have a very significant developmental disability.

So, again, it really is about the brain. Sometime the brain can be so affected that it's visible to the human eye as in that photo there. And if you look at the left side here, you see a list of issues of domains that most individuals with FASD have some issues in. So with FASD, they can really appear from mild to severe and of course

the environment can play a huge role in the severe in some of those issues.

Now, it's also important to note it -- my daughter has FASD, the majority of people do not test out to have intellectual disability, so they don't get the support services that they may need in school or that they may need for the rest of their lives. So that's where it really becomes invisible.

And this is just a list of some of the behaviors that puts people at risk for victimization so, again, they function at a lower developmental age, but they appear to be higher functioning, they have problems with stranger safety, difficult with abstract thinking and predicting, future behaviors and social cues, they have difficulty comparing and contrasting.

And, again, I think I spoke with this, but I think we really need to revisit this, to revise this system, you know, in the UK if a person with a disability needs a cab, they send a female driver or have two people in the cab. That is a very easy way to fix some of the issues that we have in public transportation.

So I'm going to go ahead and skip through this

slide because the slides will be available I believe only on the arc's website.

So, again, with the FASD, it's not that people won't do what they're being asked, it's that they can't and need support and many times for the rest of their lives. The American Bar Association has put out a resolution urging the passing of laws and policies to support individuals with FASD that end up in the criminal justice system, either as victims or as perpetrators.

The person academy of pediatricians has a great tool quit on their website, the CDC has an appear, ACOG has a web page, and certainly the arc has a whole website devoted to FASD.

And here contact information, so if you want to sign up for the roundup or if you have any specific questions, please feel free to contact me any time and, again, I thank you so much, and I'm sorry for some of the technical issues that I had. I had to switch computers really quickly, so with that, I'm going to close.

>> I've been able to hear Kathy speak whether it's about just restoring as your family got started and especially about Carly and the issues that she experienced as a crime victim. It just

inspires me further to continue this work, and I'm just so thankful for you to be on this webinar today, and not just today, all the future speaking out that you will do on this topic. So truly I thank you for being here and for everything that you submitted for the white paper as well.

So let's move on to Carolyn, she will be speaking to us on the topic of victims with autism spectrum disorder, and she is with lean on us. She's with the executive director of lean on us, which is an organization of cofounder founded in 2002, and she serving on a number of boards of disability organizations and communities in the past 16 years and has also served her community as a law enforcement officer for 21 years. So she has a very unique perspective on this issue due to her professional volunteer, and personal background. She has a sibling, her brother with epilepsy, and also has a son with autism. She also serves on our national advisory committee and we welcome you, Carolyn, and we are ready to listen to your presentation. Thank you for being with us today.

Thank you, left knee an. I just want to apologize for not being on video, we're actually on a college campus doing a training today, so I had

to run off and squeeze this in.

>> Go ahead.

>> Can you hear me now?

>> Yes. Go ahead.

>> Okay. I wanted to first thank you for having this webinar and for inviting me to present today, and I apologize for not being on video. We're actually training at a college campus today, so I had to run and I'm using my phone, so I do appreciate the time. I also want to thank you and the center for producing the white paper and wanted to tell the attendees that are additional resources available on the National Center on Criminal justice and disability website on autism.

We were, unfortunately, limited to two or three pages for the white paper, and that's very hard to do, on any subject matter, especially for me, so I do want to say thank you. It's been a wonderful resource and I would ask everyone to please share it with as many people as possible. Leanne is also advised you on my background and why I'm involved in this matter. We actually -- my brother had epilepsy as I grew up, so I was the sibling, and this was involved in my life, so it was an everyday normal in an instance. Today he

would also be diagnosed on the autism spectrum because he had very many of the behaviors and characteristics that people with autism have.

He actually died in 1999 from a restrained death, so that's one of the reasons too we developed to ensure that our son, who was autism doesn't have that type of encounter.

And today, one of the things too that I would like to ask is that everyone have an open mind. When you work with law enforcement because obviously every day we see some type of story within the media, and it's very difficult, it's very difficult occupation. It's a very difficult to make a decision or actually recognize the characteristics of an individual within seconds of responding to that person.

So that's one of the reasons too that we are involved with this aspect of educating professionals on the field, especially on disabilities that they may not be familiar with.

So I'm going to tell you a little bit about autism. It does affect our son, who is now a 23-year-old young man and is attending college. So he's actually a success story. However, there are many people that have much more challenging -- many

more challenges, and are often victimized. I'm going to give you a little bit of information about autism because I don't know as far as everyone on the call today or webinar or what your expertise is, so I'm going to give you a couple of statistics and advise you on what autism actually is.

Autism is a neurological condition, and it affects males five times more than females. Currently in the U.S. it affects 1 in 68 children. And since 2004, it has increased by over 200 percent.

Most people with autism have some type of difficulty with communication and social understanding. So this gives them and sets them up more for victimization and abuse situations. One of the things that we do in training is often we evaluate individuals with autism in their trainings or other disabilities and we do a full course training, and we often use this photo in front of you as a training tool. This is the cover from the advocate magazine, and we also ask the attendees that are training with us, of which our sons in this photo has autism? And many times they are inaccurate, up to 75 percent inaccurate, and they often choose the young man on the left, and it's

actually the son on our right who has autism. So that's one of the reasons that we also do these trainings is because we want people to familiarize and know the characteristics of what people with autism may present and how to assist them and support them if they do become crime victims in the future.

Some of the things that have already been discussed have been things about ensuring that proper communication support is provided and I just want you to know that 30 to 50 percent of individuals on the autism spectrum may have difficult speaking and verbal identifying. So it's very important when you're working with victims that have autism that you ensure they have a viable means of communication or they have somebody with them that can assist them in communicating.

Additionally they may have a low tolerance for a victim of crime for actually communicating with crime victim professional. So that's one of the reasons that we always suggest that either professionals in the field of a crime victims services is contacted, even within the initial contact with law enforcement and to ensure that the person is able to communicate. We've also heard

stories from a couple of people about how those miss communications can deter prosecution for a person with disability. So it's very important that communication needs are assessed accordingly and that identification of certain things that may lead a person's abuse unknown prior to providing services for that person.

Some of the things you see on the screen here are characteristics of a person with autism that has been a victim of a crime. Or may allow them or not allow them, but actually make them more vulnerable to victimization. Oftentimes question those in authority figures, them not be of service, them not be taught how to advocate for themselves. So it's often these are things that would lead them to more of a victimization.

Additionally it's very important due to the nature of how autism presents that we are able to understand the -- why victimization actually occur for a person with autism.

These are some of the factors that was involved why somebody would have an increased or heightened victimization rate. Some of those things would include the individual's reduced privacy, lack of teaching regarding sexuality and

decision-making. Are you do you say with others, limited friendships, and increased social isolation, as well as negative attitudes toward disabilities.

One of the things that we've seen recently, and it's already been addressed about how victimization occurs in the area in harassment. With individuals with autism, this seems to be on the increase. We actually recently did a presentation regarding hate crimes against individuals with disabilities and we've seen quite a few public displays of harassment or bullying of individuals with autism. One of the most televised was the incident of a young man who was 15 years old in Ohio who had been treated terribly by some other individuals, teenagers, who was his friends. That video was shown across the country and it is an example of what's transpiring for many teens and adults with autism.

And this happens that there are no age limits of what is transpiring and this has been happening across the country and in more -- in the public eye recently, unfortunately.

In assisting individuals with autism, it's very difficult to assess, and what we do ask is

that those crime victim professionals that do assist individuals with autism realize that many times during these heightened anxiety situations, a person with autism can lose up to 30 percent of cognitive's ability if they are in heightened anxiety situation for more than five minutes. This actually happens to all of us and is not specific to autism, but will also happens to do officer or emergency medical professionals that's assisting the person at the time of the incident. If they are responding when it had just occurred. So oftentimes during these contacts there are many chances to ensure that individuals with autism are properly served. In 2006, the county chapter of the autism society of America did a networking national grant with the department of justice. During that grant, a survey was taken of over 1,500 individuals on the autism spectrum and their caregivers, and it was revealed that 35 percent had been victims of crime. Additionally 29 percent had indicated they were victims of bullying or harassment, 17 percent reported physical abuse and assault, 13 percent reported being survivors of sexual abuse. Nine percent sexual assault and 8 percent neglect. However, we knew at this time

that these types of crimes are severely under reported and when we won't consider them, many of those individuals that responded that had autism were thankful that somebody was finally listening.

Many people indicate that they had attempted to seek justice and report that they had been victimized but their cases did not go to prosecution because of a variety of reasons. That was one of the reasons that we actually did -- and we created a training program that is called the crime victims with autism assistants education and training. And this was funded by the DOJ project. And part of it was developing fact sheets for crime victim professionals in the area of law enforcement, child abuse counselors, judicial sector, domestic violence sexual assault, and social worker and counselors.

We, additionally, created two brochures, and if you go to the link that's up on your screen right now, you can actually download every one of these resources free. And the sheets themselves are four pages of information regarding the specifics of those types of crimes victim professionals and assist each professional area with tips, characteristics that they may see with

encountering people with autism and additionally resources that are nationally known to assist individuals with autism and the people that are supporting them in the field.

The two brochures that you see here additionally are available. One is for victims of crime that have autism, and one is for caregivers of crime who have autism.

And both of those have a variety of resources, and they also list information that is relevant to being a victim of crime that many of us feel or somebody that has been a victim that are orphan overlooked for victims of vague as to time that have a disability.

One of the things that we've included on those brochures is actually information regarding crime victim's rights. Because we found that working in with individuals who have autism, they often are not educated in this area how to properly advocate for themselves.

So these brochures actually cover victim's rights and discuss the right to be notified about court proceedings related to the events that occurred. The right to be reasonably protected, the right to have important sentencing, the right

to information about conviction of a person and perpetrator involved in the incident. And the right to order restitution from the convicted offender.

We also ensure that the person has known resources that they can call that they can get immediate response when something like this happens. Because navigating the criminal justice system as you know or ever been a victim of a crime is very difficult for anyone and anyone, especially with a disability. I also wanted to discuss quickly -- we haven't mentioned it today, but the fact that many individuals with disabilities may have coexisting conditions that also should be considered when you are providing support to a victim of a crime that has a disability.

For individuals with autism, clinic seizure disorders are often present for 30 percent of the populous. Additionally individuals with autism may have fetal alcohol syndrome disorder, they may also have a mental health disorder that should be considered and many have been found to suffer from post traumatic stress disorder from a variety of situations that has not been addressed.

So within the white paper, that's also

addressed for victims of autism because this has been one of the challenging areas that have been a bear with individuals with autism, because it's very difficult for not only who have autism, but communication disorders.

So I'm trying to wrap up now and probably leave more time for questions because I do feel that if you click on the link for any of these resources, you will find a variety of tips regarding what that selected crime victim professional occupational is.

And I'll just give you an example for one of them. And that would be the emergency medical professionals. We actually have several tips on what appropriate services would take place within emergency medical situations. And for crime victims, this is very important because not only will there be situations you would have to collect evidence while treating an injury, but also in circumstances related to survivors of sexual assault. So we have a full page of tips, the 12 tips on their form for emergency medical professionals. Another one that we had some excellent feedback on is our fact sheet for the judicial sector, which covers not only judges, but

attorneys and advocates.

And within that fact sheet, we offer information on what's the appropriate services would be regarding court preparation and also assisting in preparing for a case and obtaining appropriate forensic interviews, identifying expert witnesses, and also preparing the victim crime of autism for the judicial process.

So we've had some very good feedback on that fact sheet. So I'm going to turn it back over, and thank you, everyone, today for being on the webinar, just because each of you being here today has assisted, and I'm going to go over a couple of more things before I leave. These are some facts or suggestions on creating an environment for system change. And within that, one of the things that we're really working on is showing a market increase in the number of pretexts. Because currently those pretexts are only taking place three to five percent of the time, and I think that if there were any other populations that were having that low of a prosecution rate, I think it would be of concern.

Because when we have perpetrators left out in the field, they will perpetrate again. And so it's

a very important that we show that this is what's transpiring to decrease this type of victimization. So thank you, Leanne.

>> Thank you so much for coming. Thank you for taking time out of a busy day to be with us and share with us all of the important resources that you've been working on over the past few years in this field, and we are so thankful for all of the time and effort that you put into this and being on the national advisory committee as well. So thank you.

And now we would like to close with Keisha, who is with the board of resource center. She is an active self and peer advocate. She's a member of the California state counsel on developmental disabilities and chair of the California employment first committee. And she's been serving on the California health and human development services task force since 2013. She's also employed by UCLA as the self advocacy liaison, and she has a deep interest in awareness. And as I mentioned earlier in the webinar, she's a coproducer of the abuse persons with disabilities, the silent epidemic. And we just felt it's very important to highlight the word of people with disabilities who are taking

steps to actively educate people with and without disabilities about this important topic and also thank you to Keisha for serving on our national advisory committee with NCCJB.

So I will pass it over to Keisha to do her presentation.

>> Thank you so much, Leanne. It is great pleasure to be here. Like Leanne said, I am on the state -- California state department of disabilities, and one of them personal missions on the state counsel is to bring abuse prevention for the for front. These are quotes from victims with disabilities. People should not able to shut relevant hurt us and get away with it.

People need to be held responsible for their crimes that they commit against people with disabilities. I may not talk as good as you, but I know what happens, and I know who did it. Just because I have difficult saying what happened, it doesn't mean that I don't know what happened.

The detective and my lawyer, they believed me. Makes me feel validated. We know what happened. It is important that the people who are there to protect us believe us.

Education equals prevention. Remember abuse

can happen to anyone at any time. We are victimized at a higher rate than those without disabilities. We play an important role in educating criminal justice professionals. When people with intellectual disabilities are overlooked by criminal justice professionals, services are denied and we feel unimportant. The outcomes of not being believed can mean that the bureau is still in the person's life.

In some cases, the victim may have to interact with the bureau on a daily basis. It could be a caregiver, a family member, or even a neighbor.

Prevent abuse. Make a safety plan. Have a person to call when feeling unsafe. Know ways to stay safe. Know who to call to report abuse. Remember to keep important numbers for local police and adult protective services in your cell phone like I do.

Examples of people, a family member, a care provider, a social worker, or someone from your church or other religious organization are all examples.

My personal care -- my personal safety plan includes not going out after dark. Or when I do have to go out after dark, I take a taxi or I take

a ride with a trusted person. I never take the bus. And when I do take the bus, in the daylight hours, I always sit closest to the bus driver as possible for protection.

Criminal justice professionals. Talk about safety in ways that do not scare or overwhelm the person. Use everyday language. Be familiar with different types of disabilities. Be knowledgeable about ways people -- about ways people communicate with you. Have an ongoing interaction with people with people with intellectual disabilities.

I'm going to tell you a story about a abuse incident on a bus about how I talked about -- I'll just get into the story. I was on a bus that made infrequent stops. There was a man beside me, he leaned over and he touched me inappropriately. I was scared. I felt trapped. I did not know what to do. I endured. When I got home, I talked to my trusted friend. We went to the police station. We filed a complaint. I stuttered when I was trying to file the complaint. The police officer, he got frustrated with me because I cannot recall all the details. But I finally filed a police report.

But the thing is is that I know how to better take care of myself, and I have a safety plan. I

know how to protect myself.

This is why people do not report. Fear of not being believed. More abuse. Of being blamed. Of losing services. Of losing their home, of their jobs, of their family. Losing their friends, not belong. Not being educated about their rights. Of not -- don't want -- because as friends, we are taught not to make waives. We are taught to be compliant. We are rewarded for being quiet and respectful to authority figure. Even though they're harsh and mean to us.

How to talk with people with disabilities. People with intellectual disabilities. And what the person needs to make the interview safe. Allow plenty of time. Use everyday words that everybody understands. Meet one to one with the person, include their trusted person if requested. Meet in a comfortable place with few distractions.

Give the person time to tell their full story. Ask open ended questions, like, can you tell me more about. Avoid rapped firing or why questions. Always avoid a person nonverbal.

Asking me questions can cause principle to stutter and become frustrated. Asking other people rapid fire questions can cause them to become

silent, asking me why reporting a crime can cause me to become confused.

What should we do next? Talk about abuse and how to stop it. That's very important. Learn how to support people who report. Continue training law enforcement personnel. And here's my favorite. Include people with disabilities in training teams.

The reason why is a great idea to include people in teams is that we can speak from the first person's perspective. And that is important to remember.

And this is abuse -- this is our -- this is abuse of person's silent epidemic. This is the video that Molly Kennedy and I, just like Leanne Davis, set up at the top of my presentation, we coproduce, wrote, and made for other self advocates to teach them about what abuse is and how to help empower other self advocates and other people out in the field about abuse.

And it's on YouTube and how you search is as you put in abuse of people with disabilities. A silent epidemic. So let's all raise our voices to stop the silent epidemic. Thank you for allowing me to present and thank you for your time.

>> All right. Thank you, so much, Kiesha.

Both you and Molla have done such a great job, and that is certainly -- that is on our website at the National Center on Criminal justice and disability, and advocates who are making a difference and talking about these issues, whether it's with victim advocates in their communities, police officers, and legal professionals.

It's really making a difference when we can equip those with difficulties to talk about those issues. So we're excited to have Kecia with us on the and just so happy that she's able to join us today, Kecia.

So I'm just going to thank everyone for being on the webinar today, we did run out of time for the Q and A, however, we can definitely follow up with each and we ever one of these questions, which we will do after the webinar today. And Kathryn, I wanted you to talk a little bit about the next webinar since you are overseeing that with sexual offenders with intellectual and developmental disabilities.

>> Yeah. So our next wannabe narrow is on July 30th, and it's going to deal with issues with sex offenders with intellectual disabilities, looking at problems and solutions from around the

nation we're really excited about this paper because we do a lot of information referral here at NCCJD, and we're getting multiple cases across the country of people getting convicted of sex offenses, but it looks like they were victims of some kind of sexual assault. And our laws aren't supporting these people, so we're gathering experts around the country to talk about these issues and talk about how we can move forward and hopefully get some better outcomes for some of these people.

So registration is now open on our website, and you know that you can use our technical service and referral others here as well. You can share your story and help us raise awareness about these issues, and if you have any questions contact us at NCCJD info at the arc.org. And down there at the bottom of the screen, there's the information where you can download the white paper today. So it's the arc.org/NCCJD/publications. And there's a brief survey that will come to you as soon as you exit WebEx, and it helps us understand better who was on the call and what you thought of the webinar. So if you have any questions, please feel free to contact us, and otherwise thank you so much. Attending, everyone will get an e-mail and the

recording as soon as we can get it posted on our
website. So thank you for attending.