

Surviving Trauma

Understanding the Impact of Trauma
and Abuse for People with
Developmental Disabilities
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Trauma and Developmental Disability

- Not enough definitive studies, but experience and anecdotally we know the rates are higher than the general population
- Defining "Trauma and Abuse" legally, medically, clinically, differing Definitions
- Although there is little empirical research, Sobsey et al. in 1995 suggests people with developmental disabilities are 4 to 10 more likely to be victims of crimes

Definitions cont'd

- Violent Crimes –higher rates of sexual assault and assault
- Caregiver Violence- most prevalent category of offenders (Sobsey 1994)
- Family Violence , withdrawal, maltreatment, neglect, financial abuse, emotional abuse, under-reported
- Non-criminal abuse assault by peers, bullying, emotional abuse
- Institutional Abuse

Compassion first

- Because the rates of trauma are high we must be compassionate and resolve to try to work with people in a way that respects their experiences and helps them to resolve their pain

Mary's Story

- Mary is a 34 year old woman who was referred because she disclosed, to her nephew that she had been involved in a sexual relationship with a married neighbour while on afternoon walks with her dog
- Mary's family were outraged, they called the police, they took her to their family Dr.
- Mary gave a statement to the Police, when the investigation was complete they agreed that Mary had been "taken advantage of" but could not charge the alleged perpetrator because they did not feel Mary would be a reliable witness and there was no prospect of a conviction

Mary's story continued

- When I met with Mary I traveled to her family home
- I met first with Mary, her brother and Sister-in-law
- I spent time alone with Mary in a private and she showed me around her home. She introduced me to her pet dog and rapport was easily established

Setting our path

- I quickly realized that Mary's brother and sister – in –law were vicariously traumatized and angry by what had occurred , part of my role became helping them to walk through the process and understand the legal outcomes
- In order to support Mary they needed assistance to express their feelings and be in a place where they could calmly make decisions and problem solve with Mary

Walking with Mary

- Mary was in pain because she felt her family disapproved of her actions
- She did not understand the “Moral” outrage her family was experiencing
- Mary did not realize that she was being “sexually assaulted” she was passive and compliant and had been groomed by her neighbour and although she sensed their “secret” was wrong she had difficulty with the level of anger and upset the disclosure had caused within the family

Steps we took

- Mary told me her story in as clear a way as she could
- Mary was upset because she got the neighbour in trouble and she felt ashamed, she had trouble understanding and needed support to know she had not done anything wrong “it was not her fault”
- The family became over protective and fearful for Mary

Family healing

- Mary's family needed time to absorb the shock of what had happened and to cope with the anger toward the neighbour, the justice system, and to feel safe in their own neighbourhood, they felt violated
- Each time I visited I spent some time with Mary's brother and Sister In law
- Eventually they were able to come to some acceptance and make some plans with Mary for the future that felt safe and healthy

Mary's healing

- Mary needed help to understand the actions of the neighbour and why her family was mad
- Mary's primary goal was to earn her brother's trust so she could go on independent walks again with her dog
- Mary was lonely and needed opportunities to be with friends

Mary's outcomes

- Mary and I spent a lot of time talking about healthy relationships and abuse
- Mary wanted to be trusted
- Mary needed and received the opportunity to make friends and to get more connected with peers

Protective or resiliency factors

- A supportive and caring family
- Access to counselling
- A sensitive response by police
- A safe environment

Risk or fragility factors

- Lack of understanding and social sexual awareness
- Lack of self protection
- Compliance
- Isolation/loneliness, lack of access to services and supports, opportunity for safe relationships

Increased Risk?

1. Dual diagnosis such as mental health conditions
2. Higher rates of physical poverty
3. Accompanying difficulty in communication and as such increased challenges in advocating for oneself
4. Social isolation over a lifetime
5. Higher risk of being prescribed psychotropic medications (often in higher doses and in combination)

Increased Risk

6. Decreased level / quality of education and difficulty with decision making
7. Often in a position of being reliant on others for support in the areas of personal care and daily routines and management of finances
8. Societal attitudes that are devaluing

Increased Risk of Abuse/Trauma

- 9) Reliance on caregivers who may lack training and support
- 10) Lack of opportunity to gain socio-sexual knowledge or access social interactions
- 11) Lack of empowerment and concurrent emphasis on compliance

Griffiths et. Al., 2002.

Sara's Story

- Sara was referred due to many problems with self harm and high risk behaviour ... she had set fire to her parents home.
- Sara had a history that included suspected physical and sexual abuse before the age of 2, neglect and malnutrition..she was adopted at age 3
- Sara spent time in jail for fire setting, she was diagnosed with Borderline Personality Disorder and Anti-Social personality

Sara's journey

- Sara began a course of trying to manage anger and self harm by assisting her to gain some insight into why she chose such destructive behavior, to understand her triggers
- Sara and I worked with her support team, her adoptive family to develop a safe caring consistent environment

Specialized Support

- Coupled with a team approach Sara has an incentive program that she follows and she earns bonus time in the community for special events and outings
- Sara has 1:1 staffing and a secure setting to live in

Sara's support plan

- Sara sees her Psychiatrist regularly
- Sara and I try to focus on triggering events and improving her coping ie. Positive self statements, understanding that she deserves to be healthy and loved, finding ways to cope instead of self harm
- Diary writing, and pictures help Sara express her thoughts and feelings
- Self love is the key for Sara, she is attending fitness, and TOPs losing weight, gaining work experience and improving her self-worth

Protective/ Resiliency Factors

- Insight into her actions
- A family and support team very dedicated to her success
- A improving social network
- A Psychiatrist willing to try to assist with using Dialectical Behaviour Therapy strategies and modify this approach for sue with someone with an intellectual disability

Risk or fragility Factors

- Mental Health diagnosis, Borderline and Anti Social personality
- Attachment disorder/Dependency issues
- Low self esteem
- Poor self protective factors

Herman's Stages of Recovery

- Stage 1: Alliance on the Principle of Safety
- locus of control with the survivor
- Therapist role is ally witness
- Stage 2: uncover and proceed in small steps
- New memories evoke grief, process is integration, understanding, new meaning emerges
- Stage3: develop mutual peer relationships
- Develop intimate relationships, renegotiate family relationships, become involved in social action

Ben's Journey

- Ben's staff were concerned because he had difficulty sleeping and was often anxious and agitated
- When I met Ben rapport was easily established he liked Wrestling and we could talk about this and he would relax and tell me about various characters
- Ben's support staff initially sat in with us so I would have assistance understanding him

Ben's Story

- Ben was referred due to depression and sadness
- Ben had lived for over 30 years in an institution
- Ben spoke quickly and was difficult to understand

Ben's journey

- Ben began to become quite animated when I would take out my notebook
- He wanted me to write things down that he said
- He talked about a man named Mike taking him through the tunnel
- He was assaulted by Mike

Ben's journey

- Ben wanted me to understand
- I was familiar with the layout of the institution having worked there years before, I understood what the tunnel meant
- Ben and I drew pictures
- Ben dictated a report, he wanted me to report what happened to him, this was important

Ben's journey

- Ben needed to know he was believed and that I know he had been hurt by Mike
- Ben needed reassurance that Mike was not longer able to hurt him
- Ben and I practiced grounding and relaxation
- I made a tape for Ben

Outcomes for Ben

- Ben became more relaxed in in his new home
- Ben began to make new friends
- Ben was able to sleep more comfortably, we provided him with a night light and he felt safer and more secure

Protective or Resiliency factors

- Ben's determination to be understood
- Access to counselling
- A sensitive and caring support team
- A safe environment
- Community Connections

Risks or fragility factors

- Institutional care
- Isolation
- Difficulty communicating
- Years of not being heard

Summary

- Three case studies many stories
- Factors such as length of time the abuse took place, who was the abuser, damage to personal self worth, what protective/risk factors were in place prior to the trauma
- What protective /risk factors followed the trauma
- PTSD or Complex PTSD needs an understanding Psychiatrist or Psychologist to make the diagnosis

Suggested Reading

- Sobsey D., **Violence and Abuse in the lives of People with Disabilities** Paul H. Brookes, 1994.
- The Roeher Institute., **Harm's Way**, The Roeher Institute, 1995.
- Griffiths D., Stavrakaki C., Summers J. Editors, **Dual Diagnosis**, Habilitative Mental Health Resource Network, 2002.

Suggested Reading

- John N. Briere and Diana M. Elliott, "**Immediate and Long-Term Impacts of Child Sexual Abuse**," *Future of Children* 4:2 54-69 (1994).
- Schiraldi, Glenn R., "**The PTSD Sourcebook: a guide to healing, recovery and growth**", 1999.

Suggested Reading

- National Academy Press, Washington D.C. "**Crime Victims with Developmental Disabilities**" 2001
- Herman J.L. **Trauma and Recovery**. New York: Basic Books, 1992

Suggested Reading

- Razza N.J., Tomalsulo D.J., "Healing Trauma The Power of Group Treatment for People with Intellectual Disabilities" American Psychological Association, 2005.
- Mansell S, and Sobsey D., "Counselling People with Developmental Disabilities Who Have been Sexually Abused" NADD Press, 2001.
