Strategies to Empower People

AND

California Supported Living Network

CONFERENCE APRIL 19, 2013

SAN DIEGO, CA

KEYNOTE:

REDUCING THE RISK OF ABUSE FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

HANDOUT PACKET

PRESENTED BY:

DR. NORA J. BALADERIAN

LICENSED PSYCHOLOGIST

2100 Sawtelle Blvd. #204 norabaladerian@me.com

Los Angeles, CA 90025 www.norabaladerian.com

PRESENTATION OUTLINE

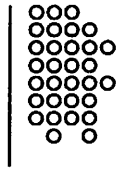
- Defining Sexual Abuse continuum
- Barriers often encountered to respond
- Language about disabilities/sexuality/abuse
- Data on abuse re. individuals with disabilities
- 2-Part approach
    - Focus on adults: authorities, agencies, household
    - Focus on individuals with disabilities & time frames
- Building an Individualized Response Plan
    - Sample plan and outcome
    - Resources

PURPOSE FOR THE TRAINING

Equip participants to design an Individual Response Plan and practices for risk reduction through:

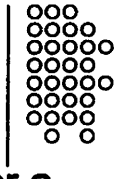
Examining how abuse occurs
Identifying Risk Reduction Strategies
Clarifying your expectations
Identification of sources of danger
Identification of persons known to clients Developing effective
Policies & Practices using "PODER" model
Writing your Individual Response Plan

PRACTITIONER SELF-CARE AND SELF-AWARENESS



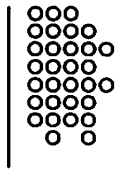
- Whereas…
  - Many helpers here are also victims
  - Many victims/survivors recall and may experience re-traumatization when discussing sexual matters and sexual violence
  - For those who have healed from the trauma, it is likely that memories of their assault will be triggered and may cause distress or distraction
  - We should pay special attention to these facts and prepare for the day psychologically

PRACTITIONER SELF-CARE AND SELF-AWARENESS



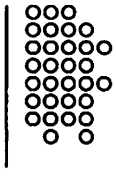
- THEREFORE, we will mentally prepare for a day that may stir up old feelings, or cause a deeper understanding of the sexual abuse.
- For those who have never been a victim of abuse, we ask your indulgence and participation in healing practices, to set the stage for a day of learning, and focus on helping others. However it is likely that you have been affected by the abuse of someone you know.

PRACTITIONER SELF-CARE AND SELF-AWARENESS



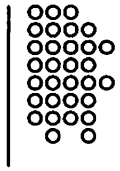
- Four proven processes to help restore well-being.
  - Guided imagery – Say goodbye to the pain
  - Guided imagery - Fill yourself with peace & nurturing from nature's bounty
  - Tapping – Release trauma from the body & the psyche, release anxiety/fear, instill well-being
  - Healing through song & movement

PRACTITIONER SELF-CARE AND SELF-AWARENESS



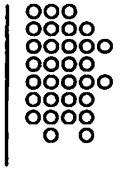
- Visualize a circle of any size, and place within it all of the pain, anger, shame, guilt, and other feelings around the assault(s) you have experienced.

PRACTITIONER SELF-CARE AND SELF-AWARENESS



- Mother Earth and Father Sky as Healers and Providers of all the nourishment and nurturing we want and need.

PRACTITIONER SELF-CARE AND SELF-AWARENESS



- Thought Field Therapy – Releasing
  - Trauma
  - Shame
  - Embarrassment
  - Anger
  - Rage
- Clearing toxins (feelings & body)
- Instant "Valium" Relaxation technique

MOTHER EARTH AND FATHER SKY

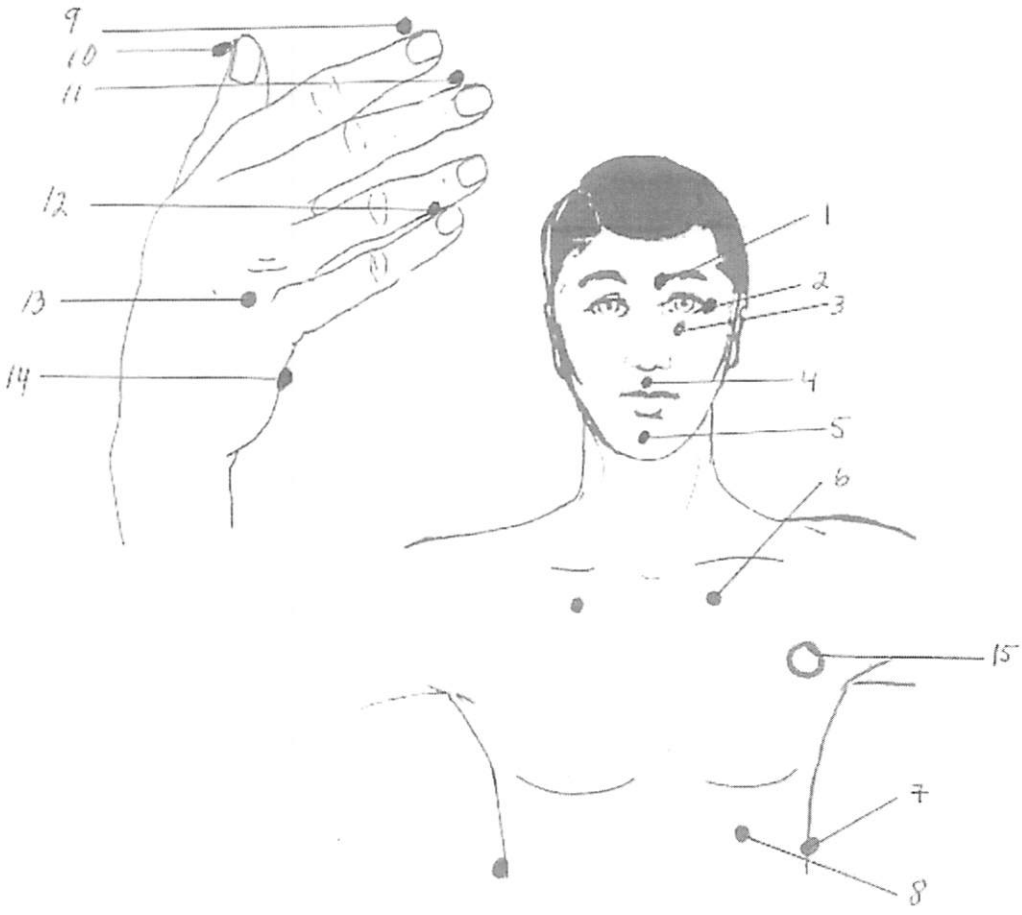
Place your feet on the floor. Stand if you can or remain seated with both feet on the floor. To enhance this experience, close your eyes and imagine that you are standing on grassy ground, and there is plenty of grassy ground around you. Perhaps you are on a hill, in a huge park, in your back yard, or even a forest. Notice the feeling of the beautiful rich dark earth beneath your feet. Allow yourself to get the sense of connection with the earth. Imagine you are barefoot. Even if we are physically in a building using the power of your mind you can visualize that the building is built upon the earth. Allow the good feeling of Mother Earth to come into your body through your feet. Think of all the wondrous gifts we receive and you are receiving right now from Mother Earth as you bring that energy into your entire body through your feet. The nurturing safety of the ground beneath you, the richness of the nourishment of the ground, that feeds and supports all of the plant life on the planet...providing safety, comfort, security, nourishment, a sense of peace, calmness...sustenance that continues forever and there is plenty for you and everyone; feel the wisdom of Mother Earth, the love, the pleasure of the sensation of the ground and the grass. Bring into your body, mind and spirit all of these gifts of Mother Earth. Allow those feelings to come into your body through your feet, up the legs up into the body, up your trunk, down the arms into your fingers, from the body up the neck all over your head, and back down the body to your toes, and feel the beautiful spiritual nourishment coursing through your body. Feel the constancy of the love of Mother Earth.

Allow this great feeling of calm, nourishment and love to continue while you shift your focus to the gifts of Father Sky. It is from Father Sky that we receive the warmth and beauty of the sun. Feel the warmth on your face and your body, and take in this source of nourishment from Father Sky. Feel, too, the softness of a slight breeze that touches your skin every so slightly, offering the flexibility and changes afforded by Father Sky. Enjoy the breath of life from the air and the brilliance of the earth to convert to oxygen the other gases needed for other plants and animals with whom the planet is shared. Enjoy the gifts of support of Father Sky including the dependability of a new day each morning and bring into your mind's eye the wonder of a sunrise and the beauty of a sunset...that then allows us to see the moon and the stars that bring us the opportunity to wish upon a star and delight in the dream of things we desire to add into our life. Focus on the guidance, the love, support, strength and constancy of Father Sky. Move this energy down from your head, into your neck and shoulders, down your arms, down your trunk into your legs, feet and toes, then allow it to complete the circle through your body.

Visualize the loving energies of Mother Earth and Father Sky coursing throughout your body, and your mind and spirit. Take in all the love you wish to. Feel loved and cherished. Appreciate yourself for taking the time to bring in these gifts of nature.

Now, slowly, begin to shift your focus from Father Sky to your own body, and from Mother Earth to your own body. Feel your body in place, your body in it's position sitting or standing, and your location in this room. Take in a deep breath or two to enjoy one last uninterrupted moment of fully bringing in these energies, and mark in your mind the fact that you have actually been nourished through this process. When you are ready, open your eyes and fully return to this room, and your participation in this Conference.

Tapping Points



1- eyebrow
2- outside of eye
3- under the eye
4- under the nose
5- chin
6- collarbone spot
7- under the arm

8- liver
9- index finger
10- outside of thumb
11- middle finger
12- little finger
13- gamut spot
14- side of hand (karate side)

THOUGHT FIELD THERAPY: Treatment points

For most tapping points, you will tap on the point on either side of the body, it does not matter, and it does not matter if some you tap on one side of the body and some you tap on the other side. Many people prefer to tap on both sides of the body at once, in other words, using both hands, tapping on the eyebrow spots. Some people prefer to gently rub or massage the points, rather than to tap, which is just fine. Just make sure to do so gently, and for the same amount of time you would have tapped.

The treatment points or tapping points are on the face, chest and hands. See the diagram on page 8 for pinpointed depictions of the points. It is essential to tap on the exact point, and in the correct order!

You will notice that the first three are all on the bone of the eye socket.

The "collarbone spot" is not on the collarbone, but just below it. To find it, place your index finger on the "v" just under the throat, move the finger down about 1-1/4 inches and over either direction 1-1/4 inches.

The under the arm point is located about 4 inches down from the armpit, just about where the bra strap sits on a woman.

The liver point is just under the center of the last rib, in line with the nipple.

The points on the fingers are all on the "inside" of the finger, the side facing the thumb, and the point on the thumb is the same but seems to be the "outside" of it.

The gamut spot is found by making a fist, then with the index finger of the other hand, placing it between the last 2 knuckles, then moving the finger back toward the wrist about ¼ inch. You will feel a depression, that is, you can push the finger into the back of the hand. This is the gamut spot. Once you locate it, relax your hand.

The side of the hand is generally tapped with the four fingers of the opposite hand on the "karate chop" side of the hand.

The sore spot (#15) is located by extending your left arm out directly from the body, with the hand in a fist but the thumb sticking out parallel to the floor. Then, without moving the arm, bend it from the elbow until the thumb touches your upper chest. Right where the thumb touches the chest, or very close to that location, you will notice that if you just push in gently, it will be quite painful. This is the "sore spot"!

INSTANT RELAXATION TAPPING SEQUENCE

Floor to Ceiling Eye roll

Tap the gamut spot, and holding your head still, look down toward the floor and then, gradually, to the count of 6 or 7, vertically raise your eyes until looking at the ceiling. Then slowly lower your eyes until you are looking straight across the room.

This is often referred to as the "instant Valium" treatment as it provides instant relief and relaxation of the body. It is often used as an "emergency" intervention for panic attacks or sense of panic for example public speaking. It does not matter if the person is blind, it is the act of moving the eyes while tapping on the gamut spot. The body is smart and knows the intention and thought and responds.

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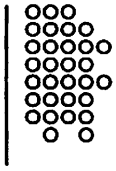
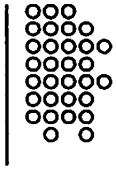


- Singing and Moving
  - GET UP. WE ARE SINGING THE HOKEY POKEY...EVERYBODY IN!!!

PRACTITIONER SELF-CARE AND SELF-AWARENESS: PURPOSE & AFFIRMATION



- Purpose
  - Write down, or think about, what Is your purpose in attending this Keynote presentation today?
- Affirmation or Intention
  - A sentence affirming your status. For example:
  - I intend to enjoy my way through the day.
  - I am excited to learn what I need to know
  - Through learning I grow and I like that!

The Hokey Pokey

You put your **right hand** in, You put your right hand out,
You put your right hand in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **left hand** in, You put your left hand out,
You put your left hand in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **right foot** in, You put your right foot out,
You put your right foot in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **left foot** in, You put your left foot out,
You put your left foot in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **head** in, You put your head out,
You put your head in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **butt** in, You put your butt out,
You put your butt in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

You put your **whole self** in, You put your whole self out,
You put your whole self in, And you shake it all about,
You do the hokey pokey and you turn yourself around...***That what it's all about.***

What is it all about...loving yourself, enjoying yourself, and experiencing joy!

CONTINUUM OF SEXUAL ABUSE

Abuse of Sexuality

-Harassment that occurs when somebody does not conform to traditional gender stereotypes or being punished through the use of sex

Witness Activity

-Showing a child pornographic materials

-Unwanted exposure to one or more other people engaging in sexual behavior

Advances/Seduction

-Unwanted sexual advances

-Situations in which seductive dynamics are disguised or confusing

Pressure

Being pressured into participating in unwanted sexual activity

Physical Manipulation

-Placing a child's hand on another person's genitals or other body location(s) that stimulate erotic response

-Touching a child's genitals or other body location(s) that stimulate erotic response

Sexual Invasion

-Insertion or penetration of any orifice of a child's body (mouth, vagina, anus) with a penis, finger, or an object of any sort for erotic or sexual response

Forced Sexual Invasion

-Same as Forced Sexual Invasion, except with the use of any level of force, coercion, or violence – may involve the use of alcohol, drugs, weapons, etc.

Institutionally Sanctioned Sexual Contact

Overt or covert sexual contact by anyone representing or perceived to be representing an institution
-This may include. institutions/agencies such as caretaking, religious, recreational, educational, etc

Prepared By: **Jim Struve, LCSW - Salt Lake City, UT.**
www.mindfulpresence.com

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics

October 2011, NCJ 235777

National Crime Victimization Survey

Crime Against Persons with Disabilities, 2008-2010 - Statistical Tables

By Erika Harrell, Ph.D., *BJS Statistician*

Persons age 12 or older who had disabilities experienced an estimated 567,000 nonfatal violent crimes in 2010 (table 1). This number represents a 25% decrease from 2009, when persons with disabilities experienced more than 753,000 nonfatal violent crimes. Nonfatal violent crimes include rape, sexual assault, robbery, aggravated assault, and simple assault. Between 2008 and 2009, no measurable difference occurred in the levels of violent crime against persons with disabilities.

The findings in this report are based on the National Crime Victimization Survey (NCVS), a household survey that collects data on the civilian resident U.S. population (excluding those living in institutions). The NCVS defines disability as a sensory, physical, mental, or emotional condition lasting 6 months or longer and causing difficulty in activities of daily living. Disabilities are classified according to six limitations:

- Hearing limitation entails deafness or serious difficulty hearing.
- Vision limitation is blindness or serious difficulty seeing, even when wearing glasses.
- Cognitive limitation includes serious difficulty in concentrating, remembering, or making decisions because of a physical, mental, or emotional condition.
- Ambulatory limitation is difficulty walking or climbing stairs.
- Self-care limitation is a condition that causes difficulty dressing or bathing.
- Independent living limitation is a physical, mental, or emotional condition that impedes doing errands alone, such as visiting a doctor or shopping.

The NCVS adopted survey questions from the U.S. Census Bureau's American Community Survey (ACS) to identify respondents with disabilities. Data from the ACS were used to estimate victimization rates for persons with and without disabilities. NCVS does not identify persons in the general population with disabilities. The Methodology further details data sources and data limitations.

Statistical tables in this report detail nonfatal violent victimization against persons with disabilities. The tables detail the level and rates of victimization of persons with and without disabilities, describes the types of disabilities, and compares victim and crime characteristics.

TABLE 1
Violent victimizations, by type of crime and disability status, 2008–2010

	Number of violent victimizations against—					
	Persons with disabilities			Persons without disabilities		
Type of crime	2008	2009	2010	2008	2009	2010
Total	729,980	753,450	567,310	4,312,190	3,737,680	3,378,960
Serious violent crime	271,080	270,830	282,460	1,369,980	1,264,490	1,144,960
Rape/sexual assault	40,040	32,410	34,750	181,280	111,480	161,640
Robbery	115,840	108,330	97,970	451,040	436,970	393,180
Aggravated assault	115,200	130,100	149,730	737,660	716,050	590,140
Simple assault	458,900	482,630	284,850	2,672,210	2,473,190	2,234,000

Note: Based on the noninstitutionalized U.S. resident population age 12 or older. This table refers to nonfatal violent crimes (rape/sexual assault, robbery, aggravated assault, simple assault).

Source: National Crime Victimization Survey, 2008–2010.

Age-adjusted rates of violent victimizations

Direct comparisons of the victimization rate between persons with and without disabilities without taking into account the differences in age distributions between the two populations can be misleading. The age distribution of persons with disabilities differs considerably from that of persons without disabilities, and violent crime victimization rates vary significantly with age. To compare rates of violent victimization by disability status, an age adjustment method was used to handle the differences in age distributions of persons with disabilities and without disabilities. According to the ACS, persons with disabilities are generally older than persons without disabilities. For example, in 2009 about 41% of persons with disabilities were age 65 or older, compared to 11% of persons without disabilities. The age adjustment standardizes the rate of violence for persons with disabilities to show what the rate against them would be if they had the same age distribution of persons without disabilities.

In generating the age-adjusted rates, unadjusted rates of violent crime by age group were calculated by dividing the number of violent incidents against persons with disabilities in a specific age group by the number of persons with disabilities in that age group. The proportion of the particular age group among the number of persons without disabilities are calculated and multiplied by the unadjusted rate for that age group. This is done for each age group and the results are summed, generating the age-adjusted rate. Both age-specific rates of violent crime and age distribution of the population contribute to the age-adjusted rates presented in this report.

In 2010, the unadjusted rate of violent victimization was similar for both populations (16 violent victimizations per 1,000 for persons age 12 or older with disabilities and 15 violent victimizations per 1,000 persons age 12 or older without disabilities). However, the age-adjusted rate of violent crime against persons with disabilities (28 violent victimizations per 1,000 persons) was higher than the rate for persons without disabilities (15 violent victimizations per 1,000 persons). (See *Methodology* for more information.)

Data limitations

The NCVS does not survey persons living in institutions, such as adult correctional facilities, nursing facilities, or patient hospice facilities. According to the ACS, about 1.6 million persons age 65 or older living in institutions had disabilities. Because persons in these facilities would not be covered in the survey, estimates of violence against them are not counted. In addition, certain aspects of the NCVS design may also contribute to an underestimation of violence against persons with disabilities. For details, see Limitations of the Estimates in *Methodology*.

Disability population in the U.S.

In 2009, according to the ACS, an estimated 14% of the U.S. population age 12 or older living outside of institutions had a disability. Characteristics of the population with and without disabilities are compared in appendix table 13. Among the noninstitutionalized persons with disabilities, 47% were male and 53% were female. Whites accounted for 77% of the population with disabilities, blacks 14%, other races 7%, and multiple races 2%. About 10% were Hispanic. Slightly more than 68% of the population with disabilities was age 50 or older, compared to 32% in the population without disabilities. The sex, race, Hispanic origin and age distributions of persons with a disability living outside of institutions did not change substantially between 2008 and 2009, as measured by the ACS. The 2010 population estimates for persons with a disability were based on the 2009 population distributions. (See *Methodology* for more information.)

Crime Victims with Disabilities Awareness Act (Public Law 105-301), 1998

The Crime Victims with Disabilities Awareness Act mandates that the National Crime Victimization Survey (NCVS) include statistics on crimes against people with disabilities and the characteristics of the victims of those crimes. The act was designed "to increase public awareness of the plight of victims of crime with developmental disabilities, to collect data to measure the magnitude of the problem, and to develop strategies to address the safety and justice needs of victims of crime with developmental disabilities." Section 5 of the act directed the Department of Justice to include statistics relating to "the nature of crimes against people with developmental disabilities; and the specific characteristics of the victims of those crimes" in the NCVS.

This is the third report in the Bureau of Justice Statistics (BJS) series on crime against people with disabilities. The first two reports in this series, *Crime Against People with Disabilities, 2007* (NCJ 227814) and *Crime Against People with Disabilities, 2008* (NCJ 231328), are available on the BJS Website. Because of changes in the questionnaire, comparisons between 2007 data and later years should not be made. (See *Methodology* for more information on changes to the NCVS and ACS questionnaires.)

Summary Findings

Violent crime by type of crime

- In 2010, the age-adjusted violent victimization rate for persons with disabilities (28 violent victimizations per 1,000) was almost twice the rate among persons without disabilities (15 violent victimizations per 1,000) (table 2).
- In 2010, serious violence (rape/sexual assault, robbery, and aggravated assault) accounted for about 50% of violence against persons with disabilities, up from 36% in 2009. This increase was driven primarily by a decline in simple assaults (down 41%) rather than an increase in serious violence.
- Between 2009 and 2010, the number of violent victimizations against persons with disabilities dropped 25%.
- In 2010, the age-adjusted rate of serious violent victimization (rape/sexual assault, robbery, and aggravated assault) was 16 per 1,000 persons with disabilities, compared to 5 per 1,000 for persons without disabilities.
- From 2008 to 2010, the age-adjusted rate of violent crime against persons with disabilities decreased from 40 per 1,000 to 28 per 1,000. By comparison, the rate of violent crime against persons without disabilities decreased from 20 per 1,000 in 2008 to about 15 per 1,000 in 2010.
- In 2010, the age-adjusted rate of simple assault against persons with disabilities was 12 per 1,000, compared to a rate of 10 per 1,000 for persons without disabilities.

Violent crime rates by victim characteristics

Age

- In 2010, among persons age 12 to 15, persons with disabilities had an unadjusted rate of violent victimization (61 per 1,000) that was at least twice that of persons without disabilities (23 per 1,000) (table 3).
- Between 2008 and 2009, the violent crime rate for persons age 12 to 15 with disabilities declined from 135 per 1,000 to 79 per 1,000.
- In 2010, the unadjusted rate of violent crime against persons age 65 or older did not differ by disability status, about 2 to 3 victimizations per 1,000 persons.
- From 2009 to 2010, unadjusted violent victimization rates declined for persons age 25 to 34 with disabilities (from 51 per 1,000 to 26 per 1,000).
- From 2009 to 2010, among persons without disabilities, the violent crime rates decreased for persons age 12 to 15 (from 35 per 1,000 to 23 per 1,000) and decreased slightly for persons age 35 to 49 (from 15 per 1,000 to 13 per 1,000).

Sex

- In 2010, for both males and females the age-adjusted rate of violent crime was greater for those with disabilities than the rate against those without disabilities. The rate for males with disabilities was 23 per 1,000, compared to 16 per 1,000 for males without disabilities; for females with disabilities the rate was 26 per 1,000, compared to 15 per 1,000 for females without disabilities (table 4).
- Among persons with disabilities, females with disabilities (26 per 1,000) had a slightly higher age-adjusted rate than males with disabilities (23 per 1,000) in 2010; among persons without disabilities, males (16 per 1,000) and females (15 per 1,000) had similar rates of violent victimization.

Race and Hispanic origin

- From 2009 to 2010, among persons with disabilities, the age-adjusted rates of violent victimization decreased for whites (from 38 per 1,000 to 23 per 1,000), blacks (45 per 1,000 to 23 per 1,000), Hispanics (33 per 1,000 to 24 per 1,000), and non-Hispanics (38 per 1,000 to 24 per 1,000).
- In 2010, among whites, other races, and persons of two or more races, those with disabilities had higher age-adjusted violent victimization rates than those without disabilities: whites (23 per 1,000 compared to 15 per 1,000), persons of other races* (22 per 1,000 compared to 6 per 1,000), and persons of two or more races (93 per 1,000 compared to 22 per 1,000).
- Among blacks, the age-adjusted rate of violent victimization did not differ by disability status in 2010 (23 per 1,000 blacks with disabilities compared to 23 per 1,000 blacks without disabilities).
- In 2010, there was no difference in the age-adjusted rate of violent crime against whites (23 per 1,000), blacks (23 per 1,000), and persons of other races* (22 per 1,000) with disabilities.
- In 2010, Hispanics and non-Hispanics with disabilities had the same age-adjusted violent victimization rate (24 victimizations per 1,000 persons), and Hispanics and non-Hispanics without disabilities had the same rate (15 victimizations per 1,000 persons).

*Persons of other races include American Indians, Alaska Natives, Asians, Native Hawaiians, and other Pacific Islanders.

Types of disabilities

- In 2010, among the disability types measured, persons with cognitive disabilities had the highest rate of violent victimization (30 per 1,000) (table 5).
- In 2009 and 2010, there were no measurable differences by sex in the rates of violent crime by disability type (table 6).

Among males with disabilities—

- The rate of violent victimization for males with vision disabilities increased slightly, from 17 per 1,000 in 2008 to 29 per 1,000 in 2009. From 2009 to 2010, the violent victimization rate for males with vision disabilities decreased slightly to 18 per 1,000.
- For males with ambulatory disabilities, the rate of violent victimization increased from 11 per 1,000 in 2008 to 20 per 1,000 in 2009. There was no measurable change in the violent victimization rate from 2009 to 2010 (16 per 1,000).

Among females with disabilities—

- Between 2008 and 2009, the rates of violent victimization against females with hearing disabilities (19 per 1,000 compared to 14 per 1,000) did not vary, but it decreased slightly from 2009 to 2010 (8 per 1,000).
- There was no measurable difference between the 2008 and 2009 rates of violent victimization against females with vision disabilities (19 per 1,000 to 22 per 1,000); however, the rate decreased slightly from 2009 to 2010 (13 per 1,000).
- For females with ambulatory disabilities, the rate of violent victimization increased slightly from 2008 to 2009 (14 per 1,000 to 21 per 1,000) and decreased from 2009 to 2010 (11 per 1,000).
- For females with self-care disabilities, the rate of violent victimization increased from 2008 to 2009 (9 per 1,000 to 18 per 1,000). There was no measurable change in the 2009 and 2010 (13 per 1,000) rate of violent victimization against persons with self-care disabilities.

Victim/offender relationship

- In 2010, offenders were strangers to the victim in 33% of violent victimizations against persons with disabilities, compared to 41% of violent victimizations against persons without disabilities (table 7).
- In 2010, intimate partner violence accounted for 13% of violence against persons with disabilities, similar to the percentage of violence against persons without disabilities (14%).
- In 2010, persons with disabilities (40%) were more likely than persons without disabilities (31%) to be attacked by persons well known to them or who were casual acquaintances of the victim.
- The percentage of violence against persons with disabilities that was committed by intimate partners rose from 15% in 2008 to 23% in 2009 and declined to 13% in 2010; for persons without disabilities, this percentage remained relatively consistent, from 13% in 2008 to 14% in 2010.
- While the percentage of violence against persons with disabilities committed by persons well known to them or casual acquaintances of the victim did not change significantly between 2008 and 2009, the percentage increased slightly from 31% in 2009 to 40% in 2010. The percentage did not significantly change from 2008 (32%) to 2010 (31%) for persons without disabilities.
- In 2010, in about 17% of violence against persons with disabilities, the victim reported that they believed they had been targeted due to their disabilities (not shown in table).

Victim resistance

- In 2010, victims with disabilities (55%) were as likely as victims without disabilities (57%) to use any type of resistance during a violent crime, including threatening or attacking the offender (table 8).
- Between 2009 and 2010, there were no measureable differences in the percentage of victims in either disability status who resisted their perpetrator; however, between 2008 and 2009, there was an increase in the percentage of victims with disabilities that resisted the offender.
- In 2010, about half of victims with disabilities (46%) or without (51%)disabilities used nonconfrontational tactics (such as yelling at offender or cooperating with offender) in resisting their offender.
- From 2008 to 2010, the percentage of violent crime victims with and without disabilities who used nonconfrontational tactics decreased slightly.

Offender weapon possession

- In 2010, victimizations against persons with disabilities (30%) were more likely than victimizations against persons without disabilities (21%) to involve an armed offender (table 9).
- The offender was armed with a firearm in about 14% of victimizations involving persons with disabilities, compared to 8% of victimizations against those without disabilities in 2010.
- Among persons with disabilities, the percentage of violence in which the victim faced an armed offender increased from 20% in 2008 to 30% in 2010.

Victim injury

- In 2010, about a third of victims with and without disabilities suffered an injury during the event (table 10).
- Persons with disabilities who were injured during a violent victimization (20%) were more likely than persons without disabilities (12%) to receive medical treatment in 2010.
- The percentage of violence against persons with disabilities in which the victim was injured remained steady from 2008 (27%) to 2010 (33%).
- The percentage of violence in which the injured victims with disabilities received medical treatment increased from 11% in 2008 to 20% in 2010.

Police notification and use of non-police victim service agencies

- In 2010, about 41% of the violent victimizations against persons with disabilities were reported to police, compared to about 53% of victimizations against persons without disabilities (table 11).
- In 2010, robbery (39%) and aggravated assault (40%) against persons with disabilities were less likely to be reported to police than similar crimes against persons without disabilities (63% reported for robbery and 65% for aggravated assault).
- Police notification of serious violence against persons with disabilities declined from 62% in 2008 to 42% in 2010, while police notification of serious violence against persons without disabilities remained relatively steady (58% in 2008 compared to 62% in 2010).
- In 2010, about 9% of victimizations of persons with disabilities used victim service agencies other than the police (table 12).

What is Child Sexual Abuse?

Child molestation usually begins with a sex offender gaining a child's trust and friendship. The offender then begins "testing" the child's ability to protect themselves by telling sexual jokes, engaging in horseplay, back rubs, kissing or sexual games. If the child appears comfortable with or curious about this type of behavior, (and most healthy, normal children are) the offender will slowly increase the amount and type of touching to include more direct sexual touching. Child sexual abuse can include exposing, fondling, masturbation, oral sex, intercourse, and pornography. Many children do not understand that what is happening is sexual or wrong. Most offenders know that if they physically harm a child while molesting them, the child is more likely to tell. They are also clever enough to make the child feel as if they are equally responsible for the contact. Children become trapped and are unable to tell anyone what is happening.

Research has demonstrated that most of our school based child abuse prevention programs do not prevent children from being abused and have little impact on reporting. The reason for the lack of impact on abuse is that children are not in a good position to protect themselves from adults, especially if the adult offender is a parent or caretaker. Given the way child molesters operate, it is imperative that adults, not children become educated about child abuse, supervise their children more closely and take action if they suspect someone of abusing a child. Parents, schools, churches and community groups must also work together to develop prevention programs that incorporate parent training into prevention programs and encourage reporting. The information in this pamphlet was compiled and written by several sex offenders in treatment with CBI. We hope that this pamphlet will help protect children by better educating community members about child sexual abuse.

Cory Jewell-Jensen M.S.
Co-Director

Steve Jensen, M.A.
Director, CBI

Indications That a Child is Being Molested

Because each child is unique, symptoms of sexual abuse vary and can be hard to identify in some cases. Here are some things to watch for:

- Behavioral symptoms can include a change in modesty, ranging from becoming overly concerned about their body to engaging in inappropriate sexual behaviors.
- Physical symptoms can include genital pain, itching, discharge and bleeding. Children can also develop stomachaches, headaches, and a variety of other physical complaints.
- Other changes can include sleep disturbances, bed wetting, unexplained fears or refusal to go certain places or be with certain people. School problems, difficulties with peers, excessive crying or depression, clinginess, aggressiveness or secretiveness are also common.
- Children who are being abused sometimes try to deal with their problems by engaging in "escape" behavior. This may involve running away, drug or alcohol use, day dreaming or becoming more isolated.
- Some children may not demonstrate any type of negative symptoms. Some offenders are able to "groom" children for abuse in a manner that makes the child feel comfortable, close to and even protective of the offender.

Remember, if your child demonstrates any abrupt change in behavior, he or she may have something they need to talk about. Repeated inquiries and supportive information may be necessary. If a child molester has begun isolating and manipulating your child, he or she may feel very confused about telling. The child may believe that if they tell, they will be the one in trouble or that they will lose their "friend" or parent.

Where Can You Get Help?

Sexual abuse is a crime. If you believe I have molested your child or any other child, don't try to handle it yourself! I will always promise you that it was the first time and that I will never do it again. I will be lying and I'm good at it. Call the police! The best thing you can do for your child and my past and potential victims is to report me to the authorities. If I molested your child, I'll do it to someone else's child unless you stop me!

To report child abuse, call your local police department or ONE of the following Child Abuse Hotlines:

Clackamas County	503-657-2112
Clatsop County	503-325-9179
Columbia County	503-397-3292
Lane County	541-686-7555
Lincoln County	541-265-8557
Linn County	541-967-2060
Marion County	503-378-6800
Polk County	503-623-8118 x266
Umatilla – Pendleton County	541-276-9220
Washington County	503-648-8951
Yamhill County	503-472-4634 x240
Multnomah County	503-731-3100

This brochure was developed and written by child molesters in treatment at The Center for Behavioral Intervention.

For additional copies, contact
Center for Behavioral Intervention
503-644-2772
or
Impact Printing
503-643-2722

Established in 1982 by Steven H. Jensen, CBI provides comprehensive treatment for sex offenders mandated to receive treatment within a community setting. Placing community safety as our first priority, CBI has become one of the largest and most respected community based sex offender treatment programs in the United States.

Protecting Your Children:

Advice From Child Molesters

Center for Behavioral Intervention

4345 SW 109th
Beaverton, Oregon 97005
(503) 644-2772
Fax: (503) 644-2127

Printing courtesy of Mid-Valley Partnership

Who Are Child Molesters?

Research indicates that 25% of children are sexually abused prior to their 18th birthday. Most children are molested by someone they are related to or know very well like relatives, neighbors or family friends. One study indicated that one out of every 10 men has molested a child. Despite the high rate of child sexual abuse, only 16% of child victims are able to tell someone that they are being abused and only 3% of sex offenders are caught and prosecuted. Most offenders are able to "get away with" molesting children for years before they are reported to law enforcement.

What these facts tell us is that all parents, caretakers and community members must educate themselves about sexual abuse and child molesters in order to improve their ability to protect children. It is important for people to understand how "normal" child molesters look and how easily they can gain access to children, isolate them and manipulate them into thinking that the abuse is "ok." Offenders also make children feel guilty and responsible for the abuse. These dynamics make it very hard for children to tell anyone what is happening to them. We hope this brochure will help you protect children from people who molest and abuse children.

Who is the typical child molester?

- I am probably well known and liked by you and your child.
- I can be a man or a woman, married or single.
- I can be a child, adolescent, or adult.
- I can be of any race, hold any religious belief, and have any sexual preference.
- I can be a parent, step-parent, relative, family friend, teacher, clergyman, babysitter or anyone who comes in contact with children.
- I am likely to be a stable, employed, respected member of the community.
- My education and my intelligence don't prevent me from molesting your child.

I can be anybody.

Parents can defeat me if they work together.
Educate yourself, your family, and your community.

How Child Molesters Gain Access to Your Child

It is very easy to gain access to your child.

- I pay attention to your child and make them feel special.
- I present the appearance of being someone you and your family can trust and rely on.
- I get to know your child's likes and dislikes very well.
- I go out of my way to buy gifts or treats your child will like.
- I isolate your child by involving them in fun activities so we can be together — alone.
- If you are a single parent, I may prey on your fears about your child lacking a father figure or stable homelife.
- If my career involves working with children, I may also choose to spend my free time helping children or taking them on "special outings" by myself.
- I take advantage of your child's natural curiosity about sex by telling "dirty" jokes, showing them pornography and playing sexual games.
- I will probably know more about what kids like than you do; i.e., music, clothing, video games, language, etc.
- I make comments like "Anyone who molests a child should be shot!" or "Sexually abusing a kid is the sickest thing anyone can do."
- If I am a parent, it is even easier for me to isolate, control and molest my own children. I can sexually abuse my children without my wife ever suspecting a thing. I gradually block the communication between my children and their mother, and make it look like I'm the "good guy."
- I may touch your child in your presence so that he/she thinks you are comfortable with the way I touch them.

Why Don't Child Molesters Always Get Caught?

Remember, once I start, I will do everything possible to continue molesting your child. I am sexually turned on by kids and I enjoy being sexual with them. If I have had a lot of practice, I can become very skilled at offending. I will not stop on my own.

I am very selfish and do not care if my behavior is hurting your child.

After I've begun molesting your child, I maintain their cooperation and silence through guilt, shame, fear and sometimes "love":

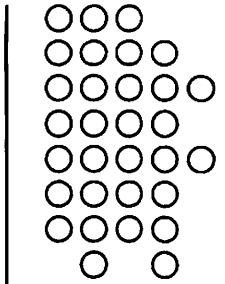
- I convince your child that they are responsible for my behavior.
- I make your child think no one will believe them if they tell on me.
- I tell your child that you will be disappointed in them for what they have done "with" me.
- I warn your child that they will be the one who will be punished if they talk.
- I may threaten your child with physical violence against them, you, a pet or another loved one.
- I may have gotten the child to feel sorry for me or believe that they are the only one who understands me.
- If I am a parent or live in a home with children, my behavior may look accidental. I may "accidentally" expose myself or "accidentally" walk in on children while they are using the bathroom or changing clothes.
- If I am a father, my behavior might look "normal" to other people. I may use situations like tucking the kids in at night to touch them sexually.
- I may have told my children that "this is what all fathers do with their children" so they don't know to tell.
- I may be so good at manipulating children that they may try to protect me because they love me.

Prevention

Don't feel that your child is safe from me! At least one out of every four children will be molested by the age of eighteen. Here are some ways to protect children from me.

- Don't expect your child to be able to protect themselves from me or assume that they will be able to tell you that I am abusing them.
- Communication: listen, believe and trust what your child tells you. Children rarely lie about sexual abuse.
- Education: teach your child healthy values about sexuality. If you don't teach your child…I will.
- Watch for any symptoms of sexual abuse your child might demonstrate.
- An excellent guide for teaching children about sexual abuse is A Very Touching Book by Jan Hindman: for teens No Is Not Enough by Caren Adams, Jennifer Fay, and Jan Loreen-Martin; for adults By Silence Betrayed by John Crewdson.
- Give your child specific information about where on their body they should not be touched or touch others.
- Let them know that people who touch children's private parts need help because they have a problem with touching.
- Remind your child that "secret touching" is never the child's fault. Talk to your child about the ways someone might try to "trick" them into going along with the "secret touching" or not telling you that it is happening to them.
- Make sure your child knows that you want them to tell you immediately if something should happen and that, despite what anyone else may tell them, they will not be in trouble.
- Get to know your child's friends and the homes in which your child plays.
- Be wary of older children or adults who want to spend a lot of time alone with your child.
- Trust your intuition: if you feel something is not right in your child's relationships, act on it.
- Learn about the prevention program that your school uses and discuss it with your children. Have "safety talks" with your children several times a year. Add information about the risk of encountering sexually explicit materials and adult offenders in the community and on the Internet.
- Almost one quarter of children are exposed to "unwanted" pornography via the Internet. Use an ISP that offers screening for obscenity and pornography.

Risk Reduction Plan



ADULT				PERSON WITH A DISABILITY			
PARENTS				BEFORE			
SERVICE PROVIDERS				DURING			
COMMUNITY - NEIGHBORS				AFTER			

List of people in the life of your child & safety check-ins Last Update _____

	ROLE	NAME	CONTACT INFO	CREDENTIAL # AND EXPIRATION DATE	DATE OF LAST BACKGROUND CHECK	NAME & CONTACT FOR REFERENCES AND PRIOR EMPLOYMENT
	SCHOOL – DAY ACTIVITY					
	Director/Principal					
	Teacher/Direct Care Provider + Alternate					
	Aide					
	TRANSPORTATION					
	Driver					
	Alternate					
	Aide					
	Coordinator					
	MENTAL HEALTH					
	Therapist					
	On-site Counselor					
	OT					
	Speech Therapist					
	Physical Therapist					
	Physical Education					
	Resource Room					
	Behaviorist					
	Nutritionist					
	RECREATION					
	Sports Coach					
	Tutor					
	MEDICAL					
	Physician					

Risk Redu

KNOWLEI OR INFORMA
COMMUNI
PHYSICAL
SOCIAL SK
INTUITION SKILLS
COGNITIVI SKILLS

Risk Reduction Plan – ADULT ROLE

	BEFORE	DURING	AFTER
PARENTS			
SERVICE PROVIDERS			
COMMUNITY MEMBERS			

RISK AND IMPACT OF ABUSE

ROLES	ADULTS & CAREGIVERS			KIDS & ADULTS WITH DISABILITIES			
PARENTS	KNOW ABUSE EXISTS LEARN SIGNS OF ABUSE	ASSESS & DOCUMENT CHILD'S COMMUNICATION SKILLS	PRACTICE TALKING ABOUT ABUSE, &WHAT TO DO,	**BEFORE**	BUILD AWARENESS BUILD UNDERSTANDING OF ABUSE	RECOG-NIZE ABUSE	DEVELOP IRP
	DEVELOP YOUR IRP*	DEVELOP DISCLOSURE SCRIPT/METHOD	FUNNY FEELINGS SIGNAL PROBLEMS – ACT ON THEM		PREPARTION SKILL BUILDING	SIGNS OF DANGER	RECITE: MY POWER IS AFTER
	PRACTICE YOUR IRP	ASKABILITY – ANSWER YOUR CHILD'S QUESTIONS & ENCOURAGE AWARENESS OF THEIR CONDUCT	ASKING "WHAT'S THAT?" TO ENCOURAGE DIALOGE AND INCREASE AWARENESS		DISCUSSION OF FEELINGS AND SAFETY	HONOR & PRACTICE 6TH SENSE AKA INTUITION	GAIN SKILLS IN RECOGNIZ-ING ABUSE ON TV, IN PUBLIC PLACES, AT SCHOOL
SERVICE PROVIDERS	ANNUAL BACK-GROUND CHECKS	DISCUSS YOUR OPEN ABUSE AWARENESS + REPORTING	REVIEW EMPLOYMENT APPLICATION VERIFY CREDENTIALS	**DURING**	RECORD IN YOUR MIND WHAT YOU EXPERIENCE: SEE, HEAR	DO NOT TALK *DO RESIST WHEN	RECORD IN YOUR MIND EVERY DETAIL OF THE

		ATMOSPHERE "TRUST & VERIFY"	& CURRENT STATUS GOOGLE THEM REGULARLY		FEEL, SMELL TASTE & SENSE	SAFE AND POSSIBLE	ASSAULT
	MONITOR & ROTATE STAFF	TAKE NOTE OF CHANGES IN THE CLIENTS' MOOD, BEHAVIOR AND PATTERNS	HOST REGULAR SCAN TEAM MEETINGS		NOTICE WHAT YOU ARE FEELING WITH YOUR BODY AND WITH YOUR EMOTIONS (SCARED, SURPRISED)	*SAY OR INDICATE "NO" IF YOU CAN AND IT IS SAFE DO SAY "NO" ALOUD IF POSSIBLE	
	OPEN ABOUT RECOGNIZING & REPORTING SUSPECTED ABUSE	ABUSE AWARENESS: WE KNOW SIGNS OF ABUSE AND WE REPORT	DO "SPOT" CHECKS, AND CHECK IN WITH THE PARENTS OR CAREPROVIDERS		REPEAT YOUR MOTTOS IN YOUR MIND: MY POWER IS AFTER	I HAVE THE POWER NOW TO RECORD ALL THAT IS HAPPENING	MY POWER IS NOW AND AFTER
COMMUN-ITY MEMBERS	THEY ARE EDUCATED ABOUT ABUSE BY FAMILY	THEY ARE INFORMED THAT THE FAMILY IS AWARE OF THE METHODS PERPETRATORS USE TO GAIN ACCESS TO CHILDREN	THEY KNOW THE FAMILY PRACTICES SAFETY MEASURES	**AFTER**	*TELL TRUSTED ADULT * USE IRP SKILLS *DON'T CHANGE CLOTHES	TELL ALL YOU RECORDED: ALL THAT YOU SAW, HEARD, SAID, SMELLED,TASTED, FELT IN YOUR	NOTICE YOUR BODY FEELINGS AND EMOTIONS

		AND OTHERS				BODY AND FELT WITH YOUR FEELINGS	
	THEY ARE AWARE FAMILY IS EDUCATED ABOUT ABUSE	THE FAMILY HAS TOLD THEM THEY ARE AWARE OF GROOMING TECHNIQUES	THE FAMILY HAS SAID THEY KNOW MOST PERPS ARE NEVER CAUGHT		*RECOGNIZE THAT NOW YOU ARE SAFE NOW	ACKNOWL EDGE THAT YOU USED THE IRP…IT WORKED!	YOU DID IT!
	THEY KNOW THIS FAMILY WILL REPORT SUSPECTED ABUSE	MOST PERPS ARE VERY NICE, RESPECTABL E COMMUNITY MEMBERS	THE FAMILY EMPLOYES THE "TRUST AND VERIFY" METHOD OF FRIENDSHIP		SAY "I AM POWERFUL"	SAY "I HAD A PLAN AND IT WORKED"	SAY "I DID GREAT EVEN IN A BAD SITUATION "

*INDIVIDUAL RESPONSE PLAN

"GROOMING" =Gentle preparation of victim. Perpetrator is nice, offers help outside of normal duties. Grooming builds trust and thus access to victim and victim's family.

A Guide on Responding to Suspected Abuse of People with Developmental Disabilities

(for Parents or Family Members whose Loved One Receives Residential, Transportation, Day Program or other Services)

by Nora J. Baladerian Ph.D.

1. Know and believe that abuse can happen to your loved one

2. Become familiar with the signs of abuse. Any signs of injury, changes in behavior, mood, communication, sleep or eating patters are included.

3. When you suspect something is wrong honor your feeling and take action immediately. See #4.

4. When you suspect abuse, call a Child or Adult Protective Services agency and the police.

5. Do not discuss your suspicions with anyone at the program where you believe abuse is occurring, as they may deny any problem, punish your loved one, and attempt to destroy any evidence that may exist.

6. Remove your loved one from the program immediately.

7. If there are injuries or physical conditions, take your loved one to a physician, not only to diagnose and treat the condition, but create documentation of your visit and the findings. Take your loved one to a mental health practitioner who can document the changes in his or her behavior and mood and who can document what your loved one's memories are of the abuse.

8. Create a document in which you write all of your activities. Begin with when you first suspected abuse or neglect. What were the signs or signals you noticed? Write the dates of these, and if there were injuries, detail what they were, their appearance, and where on the body you saw them. If staff gave an explanation, record this in your file. Write down when you called the police or protective services agency, the name of the representative, time and date of the call and what was said. If a staff member discussed this with you, write down what they said and their name and the date and time of the discussion.

9. Notify the Regional Center representative of your findings, suspicions and actions or your disability program in your state.

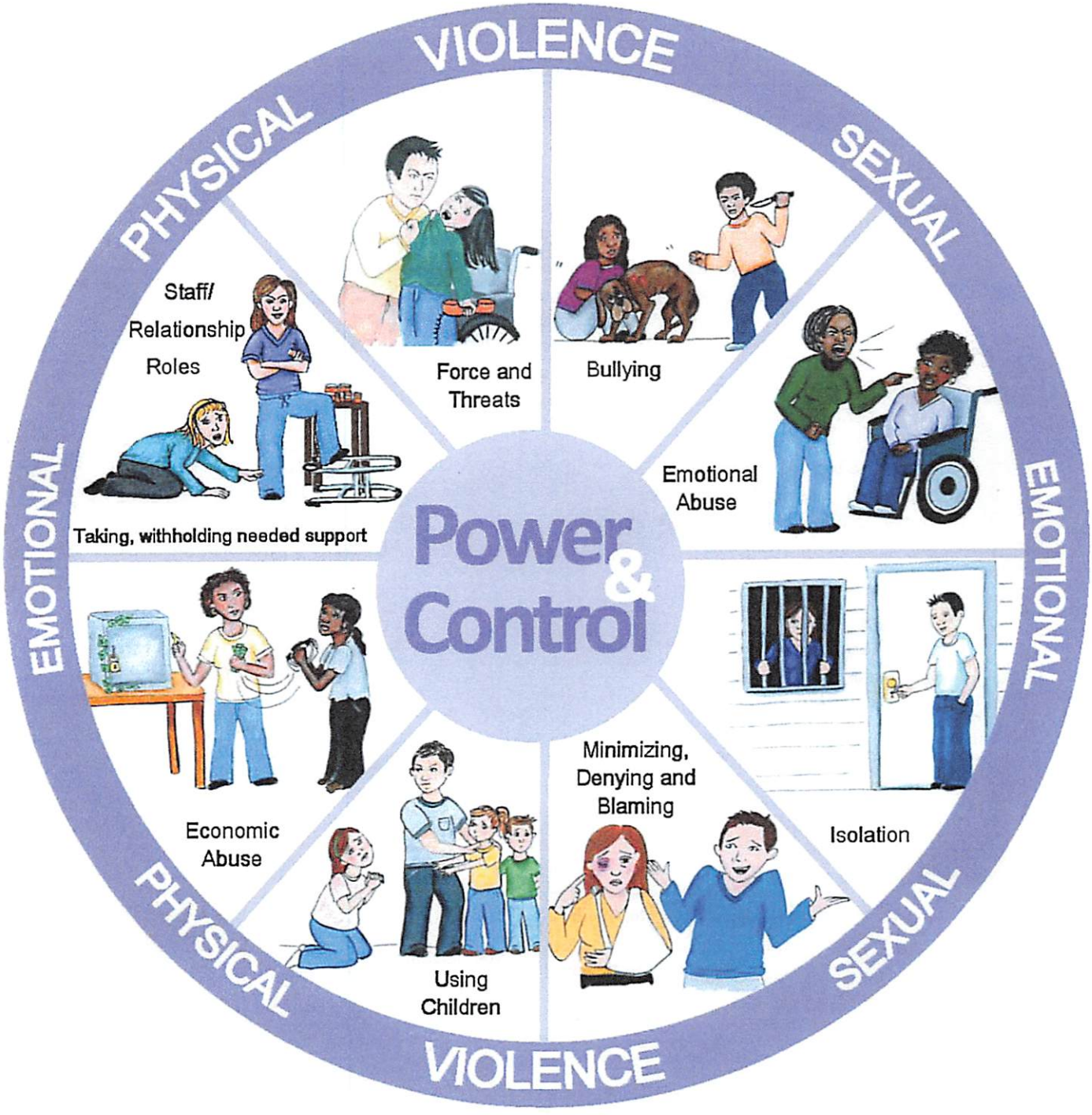
10. Get a police report. Contact the Victims of Crime program in your area and seek their support for reimbursement of costs and therapy for the family.

Produced by the Disability and Abuse Project of Spectrum Institute
www.disabilityandabuse.org

PROJECT PEER

Power and Control Wheel

for Women with Developmental Disabilities and/or Mental Health Issues



Washington DC's Project Peer, c/o DC Quality Trust for Individuals with Disabilities, can be reached at 202-448-1450.

This diagram is based on the Power and Control wheel developed by the Domestic Violence Intervention Project, Duluth, MN, and the Abuse of People with Developmental Disabilities by a Caregiver wheel developed by the Wisconsin Coalition Against Domestic Violence, Madison, WI.

Project Peer was supported by Grant No. 2007-FW-AX-K010 from the Office on Violence against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of DOJ-OVW.

Artwork by Megan McCune

PROJECT PEER

Power and Control Wheel for Women with Developmental Disabilities and/or Mental Health Issues

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Designed by Keri Darling DVAS
(Deaf Vermonters Advocacy Services)

Battering is a system of tactics aimed at maintaining power and control over another person (these are examples for victims who have a hearing loss)