Interpersonal Violence & IDD Support, Collaboration, Prevention

State Consumer and Family Advisory Committee March 13, 2024

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Interpersonal Violence (IPV)

Interpersonal violence is an umbrella term. IPV involves the intentional use of power against other persons by an individual or small group of individuals. Interpersonal violence may be physical, sexual, psychological, or emotional, and it may involve deprivation and neglect.

IPV can be further divided into family, caregiver, or partner violence and community violence:

- Family, caregiver, or partner violence refers to violence within the family or between intimate partners. It includes child maltreatment, dating and intimate partner violence, and elder maltreatment.
- *Community violence* occurs among individuals who are not related by family ties but who may know each other. It includes youth violence, bullying, assault, rape or sexual assault by acquaintances or strangers, and violence that occurs in institutional settings such as schools, workplaces, and prisons.

World Health Organization

Domestic Violence (DV)

Domestic Violence is a pattern of coercive behavior in which one person attempts to control another through threats or actual use of tactics, which may include economic, verbal, psychological, physical, and/or sexual abuse during the relationship or after the relationship has ended.

- Increases & worsens with time
- Leaving is the most dangerous time in an abusive relationship
- Domestic violence is a series of learned behaviors, beliefs, and attitudes
- Many marginalized communities experience higher rates of domestic violence and experience deeper impacts related to domestic violence

1 in 3 women, **1 in 4** men, and **half** of trans/nonbinary people will be physically and/or sexually abused by an intimate partner at some point in their lifetime. (NCCADV & CDC)

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Sexual Violence (SV)

Sexual violence is a non-legal term that refers to crimes like sexual assault, rape, and sexual abuse. It includes any unwanted sexual touch and/or attention.

Sexual violence can occur in person, online, or through technology, such as posting or sharing sexual pictures of someone without their consent or non-consensual sexting.

The perpetrator of SV is usually someone the survivor knows.

Over 50% of women and 30% of men have experienced SV involving physical contact during their lifetime. Rates are highest in the BIPOC and LGBTQIA+ communities. Violence Prevention CDC

Violence

Power

& Control

Violence

Peer Pressure

physical Threating to expose someone's weakness or spread rumors Telling malicious lies about an individual to peer groups

Isolation/Exclusion

Controlling what another does, who he/she sees, and talks to, what he/she reads, where he/she goes . Limiting outside involvement . Using jealously to justify actions

Sexual Coercion

Manipulating or making threats to get sex . Getting her pregnant . Threatening to take the children away Getting someone drunk or drugged to have sex

Threats

Making and/or carrying out threats to do something to hurt another . Threatening to leave, to commit suicide, to report him/her to the police Making him/her drop charges Making him/her do illegal things

Sexua Anger/Emotional Abuse

Putting him/her down · Making him/her feel badly about him or herself . Name calling . Making him/her think he/she, is crazy . Mind games: Humiliating him/her

· Making him/her feel guilty

Using Social Status

Treating her like a servant Making all the decisions · Acting like the "master of the castle" . Being the one to define men's and women's roles

Intimidation

Making someone afraid by using looks, actions, gestures Smashing things:

- Destroying property
- Abusing pets

Sexua

Displaying weapons

Minimize/ Denv/Blame

Making light of the abuse and not taking concerns about it seriously Saying the abuse didn't happen . Shifting responsibility for abusive behavior . Saving he/she caused it

Privilege (Ableism)

Overprotects • Makes decisions alone • Creates physical barriers to getting around (moves furniture, leaves cluttter) - Keeps tabs on partner for "safety" reasons because of disability - Takes over tasks to make partner more dependent

Economic Abuse

Controls all money • Uses partner's disability income for self • Does not share expenses because being partner to person with a disability is a "favor" Does not allow partner to work and be economically independent

Targets Disability with Physical and Sexual Abuse Withhold

and Threats

Threatens to leave or to take children - Says will kill partner, children, pets or service animals Threatens to have partner arrested or institutionalized Forces use of alcohol or drugs on addicted partner Makes partner steal or buy drugs

Sexual Abuse

Forces sex when partner unable to physically resist Humiliates sexually because of disability • Makes decisions about birth control/pregnancy Cheats and lies (does not think partner will know because of disability) Pressures partner into

Support or Treatment

Steals or throws away medication Doesn't provide medicine or support when needed - Doesn't allow needed medical treatment To increase dependence, breaks or does not let partner use assistive devices (phone, wheelchair, cane, walker, etc.)

Emotional Abuse

Insults and shames about disability • Gives conflicting messages by both helping and hurting - Sneaks up to startle - Abuses more as partner becomes independent • Drives dangerously to scare - Disrespects boundaries - Talks down to partner Torments by not letting partner sleep

Isolation

Pressures to give up disability services Confines and restrains to restrict access to others • Exposes disability (AIDS, mental illness, etc.) to others to isolate - Limits contact with others Threatens friends • Says no one else cares

Minimize. Denv and Blame

Lies about abuse to others (says partner is crazy, fell out of wheelchair, is forgetful, just didn't take medications) - Blames disability for abuse • Twists reality, says abuse did not happen

Targets Disability with Physical and Sexual Abuse

Created by

with in-depth input from people with disabilities.

Power and

Control

Prevalence S Vulnerablity

IDD







Intellectual & Developmental **Disability (IDD)**

- People with IDD are sexually assaulted at a rate at least **7x** the rate of people without any disability. <u>Abused And Betrayed</u>
- More than 80% of women with IDD have been sexually assaulted—half of those women have been assaulted more than **10 times**. <u>People with</u> **Disabilities and Sexual Assault**
- Approximately 30% of men with IDD have been sexually assaulted. **<u>People with Disabilities and Sexual Assault</u>**

Intellectual & Developmental Disability (IDD)

- Between 97-99% of abusers of people with IDD are known and trusted by survivors and may include family members or other caretakers, home-health aides, and livingfacility attendants. <u>People with Intellectual Disabilities and Sexual Violence</u>
- Children with disabilities are **3x** more likely than children without them to be victims of sexual abuse, and the likelihood is even higher for children with intellectual or mental health disabilities. Vera Institute
- An estimated 70-85% of cases of abuse against adults with disabilities go unreported. <u>Domestic Violence and People with Disabilities</u>

Intersection of IPV with Brain **Injury and Substance Use**

- Substance use is common among women exposed to intimate partner violence, who are more at-risk for transitioning from substance use to disorder and demonstrate greater SUD symptom severity.
- Brain injury is highly prevalent in IPV-exposed women and is also itself associated with substance use and SUD.
- Substance use, mental-health diagnoses, and brain injury, which are highly comorbid, can increase risk of revictimization.

(Mehr et al., 2023)

Vulnerability in Disability

- Victims with disabilities may face greater intimidation and retaliation from their abusers if they report the abuse. Reporting abuse may increase the safety risk for victims with disabilities.
- People with disabilities often face barriers to accessing essential services due to limited resources, transportation issues (particularly in rural areas), and physical accessibility limitations within facilities.
- People with disabilities have an increased risk of being inappropriately placed in institutions or losing their decision-making rights based on the perception that they cannot care for themselves without their abuser's help.

Domestic Violence and People with Disabilities

Vulnerability in Disability

- Survivors with disabilities may be subjected to victim-blaming or have their experiences questioned due to societal biases; some people see disabled people as less credible than nondisabled victims.
- Dangerous misconceptions may lead some individuals to view abuse towards people with disabilities as justifiable or necessary for their care, perpetuating a culture of silence and inaction.
- Service providers lack adequate training and awareness in supporting people with disabilities who have experienced IPV.

<u>Domestic Violence and People with Disabilities</u>

Making Connections Across Silos

- Less than **20%** of direct service providers report feeling adequately prepared to address co-occurring IPV, mental health, and substance use.
- Those who received an educational intervention showed statistically significant increases in knowledge (42%), positive beliefs (17%), and skills (24%) related to supporting women with co-occurring IPV and mental health/substance use.

Intimate partner violence, mental health, and substance use

Barriers to Support

- Mental health, i.e., anyone's normal response to continued trauma
- **Disability** (IDD, TBI, ASD, Physical, Cognitive, Injury, etc.)
- Justice-system involvement
- Homelessness
- Documentation status, spoken language, lack of services in native language
- Lack of Accessible Communication
- Experiences of Racism, Sexism, Misogyny, Homophobia, Transphobia, **Ableism** (Worse outcomes for marginalized populations)

Relational & Sexual Health Equity



Education Training Community Partnerships Policy Advocacy The NC Relationships Initiative 2012 http://www.nccdd.org/

Analyzing Gaps in Health Equity in NC's Sexual Violence Prevention Data and Programming 2023 <u>NCCASA</u>



Improved Outcomes:

Claiming Dignity Self-Determination Reduced Loneliness Healthy Relationships

Recommendation I

Annual IPV Training for IDD Support Staff

We recommend the Department mandate an annual two-hour training for direct support providers, managers, and care coordinators working with people with IDD, to include information about the dynamics of interpersonal violence and how to identify signs and symptoms, be trauma-responsive, and make an effective referral.



Recommendation II

Accessible IPV Prevention Curriculum for IDD Clients

We recommend the Department require that every IDD service provider offer each client an accessible prevention curriculum that addresses healthy relationship dynamics, communication, and sexual-health information.

Recommendation III

Accessible IPV Intervention Services for IDD Clients

We recommend the Department develop and implement a plan to improve collaboration between LME/MCOs, IDD provider agencies, and IPV networks and providers to ensure a comprehensive and coordinated response to the needs of people with IDD who experience IPV, to include reciprocal partnership relationships and referral capacities for every IDD service provider with at least one IPV provider.



North Carolina Coalition Against Sexual Assault

Questions?





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