

# Talk About Sexual Violence

A GUIDE FOR  
HEALTH CARE  
PROFESSIONALS  
& ADVOCATES

The *Talk About Sexual Violence* initiative prepares health care professionals and advocates to have meaningful conversations about sexual violence with men who have intellectual and developmental disabilities (I/DD).

*It takes all of us to stop this silent epidemic!*

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## PURPOSE

This Guide is a companion piece that accompanies the Talk About Sexual Violence videos. Health care professionals can use this Guide, along with the PowerPoint slides and online resources, to learn about ways to talk about sexual violence with men who have I/DD. It provides practical approaches health care professionals can use to create safe environments to openly talk about this topic.

## NEED

Every day, in every community across the U.S., people with I/DD experience sexual violence. Too many want to tell their stories, and yet few are ever heard. *Talk About Sexual Violence* addresses the widespread, and often unrecognized, sexual violence<sup>1</sup> of men with intellectual/developmental disabilities (referred to as I/DD). About one in six of all men experience sexual violence during their lifetime. However, men with disabilities are **more than twice as likely** as those without disabilities to experience sexual violence other than rape. Researchers also found the prevalence of lifetime sexual victimization was 14 percent among men with disabilities compared to four percent among men without. Transgender and non-binary individuals also face staggering rates of sexual violence. Preliminary research points to nearly half experiencing sexual assault at some point in their lifetimes, while in communities of color, numbers are even higher.

For these compelling reasons, it is critical that health care professionals and their patients begin having honest conversations about sexual violence. *Talk About Sexual Violence* provides tools to help create a safe space to have such conversations. With awareness of this prevalence and use of effective communication strategies, health care professionals can engage patients to talk about sexual violence and what they can do if they choose to report the crime.

<sup>1</sup> The term sexual violence refers to a broad range of sexual victimization that people with I/DD may experience. It is an all-compassing, non-legal term that refers to crimes like sexual assault, rape, and sexual abuse. Note that these terms may be used interchangeably throughout the Guide. For more information, see: <https://www.rainn.org/types-sexual-violence>

# Project Leaders & Consultants



## JAMES MEADOURS

"Since 2007 I have been speaking out to people with disabilities and people without disabilities about self-advocacy and ways to advocate for yourself, but it wasn't until I was older that I started talking about the sexual violence that happened to me.

Sexual assault is a part of my life I have hidden and did not want people to know about. I am telling you about this because we need to keep people—kids, teenagers, and adults—safe from sexual violence.

Men with disabilities and other marginalized people in our society are especially alone and need outreach now more than ever. Join us in the movement to talk about sexual violence."



## KECIA WELLER

"As self-advocates, we created the public service video 'Abuse of People with Disabilities: A Silent Epidemic' to encourage people with disabilities to speak up about abuse. It called all of us to work together to stop cycles of abuse. We need health care providers to join our fight and help us stop sexual violence and help more people report."

*Building capacity of health care professionals to discuss sexual violence lays the groundwork for preventing sexual violence and empowering their patients. Health care professionals play a unique role in the life of a person with disabilities, in that they are in a frontline position to act and prevent violence. However, many providers have little experience talking about sexual assault with male patients with disabilities.*

*In addition, many men with I/DD are unlikely to raise the topic on their own. They may be too scared to say anything or may not know what constitutes sexual victimization or how to describe it.*



## CHRIS MILLER

“For as long as I can remember society has had the idea that men do not show emotion. We are told to be strong, not to cry or share feelings. People don’t believe that rape and assault happen to us, but the fact is that 1 in 6 men have been victims of sexual assault and the rate of men with disabilities is even higher. Many of us do not believe there will be any consequences if we tell someone about what happened to us. Every sexual assault survivor needs to know they matter, are respected and can be safe.”

*Often people with disabilities encounter criminal justice and health care practices that produce outcomes far from helpful or healing. Misunderstandings or miscommunications can lead to survivors falling through cracks in systems of care and justice. Talk About Sexual Violence underscores the urgent need for collaborative reform and provides tools that allows organizations and systems to work together to better serve all people in our communities.*

# Training Tools

Engaging the project's target audiences in development of meaningful content and accessible language was essential to creating effective and easy-to-use materials. With guidance from the project's advisory members (including health care providers, psychologists, persons with disabilities, sexual assault survivors, and adult protective services professionals), *Talk About Sexual Violence* tools were designed with this audience-centered approach.

These tools enable health care professionals to learn at a pace that suits their busy schedules. The user-friendly approaches seek to increase comfort, confidence, and engagement with the topic, which leads to more effective support for men with I/DD who experience sexual violence.

## WEBSITE ([talkaboutsexualviolence.org](http://talkaboutsexualviolence.org))

The website provides direct and easy access to project materials. It includes two short videos and supplemental resources which are meant to be shared with health care professionals through 15-minute online or in-service mini-trainings. A third video is available for use by persons with I/DD, caregivers, and social service agency personnel that help them know how to educate their health care professionals about this topic. The site also provides essential sexual violence prevention resources.



## VIDEOS

Brief videos can be an especially effective tool for learning. They are easily accessible across many formats, including computers, smartphones, and tablets, and are especially useful for professionals when time is short.

The *Talk About Sexual Violence* three-minute training videos provide basic guidance on setting the right tone with patients, communicating effectively, and

supporting a male patient with I/DD who has experienced sexual violence. Health care providers who use these approaches can learn how to reduce their own fears or concerns about addressing this topic, encourage trust with their patients, and respond to and report disclosures of sexual violence effectively.



## VIDEO 1

“How to Have the Conversation” is the first video, which describes straightforward measures to take and tips to follow during a routine appointment.



## VIDEO 2

“James Meets with his Doctor” is the second video, which includes a short vignette demonstrating the use of approaches illustrated in the first video.



## VIDEO 3

“Peer Advocates Talk about Sexual Violence” is the third video which can be used by persons with I/DD to learn how to have conversations with their peers about sexual violence, prevention, and reporting.

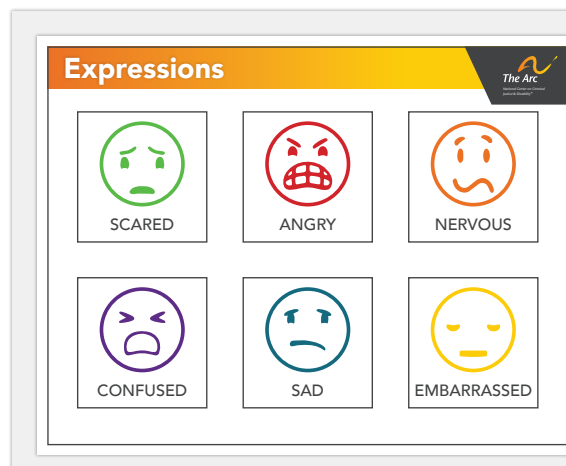
## POWERPOINT SLIDES

PowerPoint slides guide health care professionals through the patient-centered strategies highlighted in the videos. Topic areas include:

- Purpose
- Research
- Patient-Centered Appointments
- Know Your Reporting Requirements
- Victim Resources

## AUGMENTATIVE/ALTERNATIVE COMMUNICATION CHARTS

Augmentative/Alternative Communication (AAC) charts are other helpful tools that health care professionals may want to use when talking to people with I/DD or those with some form of communication disability. AAC includes all forms of communication (other than oral speech) used for expression. People with severe speech or language difficulties rely on AAC to supplement existing speech or replace it altogether.





# Training Tips

Your patients must feel safe so they can describe what happened and work with you to report what is disclosed. In addition to strategies described in the videos, Project Advisors offer these tips for using a patient-centered approach:

## FOSTER RELATIONSHIPS

- Ask patients to share what they can, and do not interrupt
- Give patients plenty of time to respond and to communicate
- Don't assume patients with I/DD lack comprehension
- Listen actively, and avoid rapid-fire questions
- Ask direct, open-ended questions using everyday language
- Do not ask 'why' questions to avoid the appearance of blaming the victim

## COLLABORATIVE DECISION MAKING

- Ask patients for permission to examine them, explaining necessity for exam
- Explain your professional obligation to report sexual violence
- Ask and assist patients to report to caseworker, and other authorities
- Thank them for talking with you, remind them that you are there to help
- Reinforce what happened is not their fault, and that help is available

## REPORTING

- Know your mandated reporting requirements
- Ask if patients feel safe with caregivers (who may be possible perpetrators)
- If the patient does not feel safe due to potential abuse, report to authorities
- Inform patients they can also report to authorities, or talk to a trusted friend
- Provide contact information for local victim services agencies

## TEACH BACK

- Ask patients to describe what they learned from your conversation about sexual violence
- Repeat the important points from the conversation

## REMINDERS

- Meet with your patient alone if needed
- Focus on what your patient saw, heard, and felt
- Use alternative communication charts (AAC) with picture icons, if needed
- Explore website resources and links
- Know your state mandated reporting requirements
- Seek additional training on this topic

## FINAL WORDS

### JAMES

"I was too ashamed to tell anyone, because I thought nobody would believe me. The sexual assault scared me and I struggled with feeling more vulnerable to people. I thought I lost the power to stand up for myself and didn't have confidence. With help from counselors, I learned the tools for coping and became a strong and passionate advocate for sexual assault survivors. It's not a women's issue or a man's issue, it's a people issue. It's also a disability issue."

### KECIA

"Abuse is often ignored, excused or denied when reported by people with intellectual/developmental disabilities. Many people experience abuse time after time in their lives, like I did. And victims usually know the person who is the abuser. We all need to be aware of what is really going on, who is doing it, and how to prevent it. We can't stop it alone!"

# About

## WITH FOUNDATION, NCCJD, AND BRC

*Talk About Sexual Violence* was developed by the Board Resource Center and The Arc's National Center on Criminal Justice and Disability, with guidance from an advisory group that included health care providers, social workers, men and women with intellectual/developmental disabilities, and care providers. The project was funded by the WITH Foundation.

## WITH FOUNDATION

The WITH Foundation focuses on organizations and projects that promote the establishment of comprehensive and accessible health care for adults with intellectual and developmental disabilities. It funds programs that improve health care delivery and are designed to address fundamental and unique needs of individuals with various health care conditions.

## The Arc's NATIONAL CENTER ON CRIMINAL JUSTICE AND DISABILITY®

The Arc promotes and protects human rights of people with intellectual and developmental disabilities (I/DD). One of its core initiatives, funded in part by the U.S. Department of Justice, is The National Center on Criminal Justice and Disability (NCCJD) which advocates for both victim and suspect/defendant issues involving people with I/DD. NCCJD is the national focal point in the U.S. for collection and dissemination of resources, serving as a bridge between justice and disability professionals.

## BOARD RESOURCE CENTER

The Board Resource Center (BRC) is directed by its founding principle Making Complex Ideas Simple to assist organizations integrate person-centered services and promote inclusion. It provides leadership development for organizations and agencies that advocate for and provide services to underserved community members. BRC leads in developing adapted multi-media materials aimed at community inclusion, personal safety, civic engagement, and policy making, especially focused on individuals with intellectual/developmental disabilities.

# Acknowledgments

The Board Resource Center and The Arc's National Center on Criminal Justice and Disability® are grateful to the people and organizations that made this project possible. Due to the high rate of sexual victimization among people with I/DD and gender non-conforming individuals, many suffer in silence unless and until someone notices and begins to carefully ask questions.

Thank you to James Meadours and Kecia Weller for their leadership in this movement to openly talk about personal experiences and their willingness to spend countless hours creating powerful training tools for the health care profession.

We also appreciate the WITH Foundation, who validated the critical need to educate health care professionals about sexual violence of people with disabilities in California and throughout the U.S.

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**2005 study by the U.S. Centers for Disease Control, reported 16% of males were sexually abused by the age of 18** (Dube, S.R., Anda, R.F., Whitfield, C.L., et al. Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28, 430-438.)

**2003 national study of U.S. adults reported 14.2% of men were sexually abused before age of 18.** (Briere, J. & Elliot, D.M. Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women. *Child Abuse & Neglect*, 27, 1205-1222.)

**1998 study reviewing research on male childhood sexual abuse concluded the problem is "common, under-reported, under-recognized, and under-treated."** (Holmes, W.C., & Slap, G.B. Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of the American Medical Association (JAMA)*, 280, 1855-1862.