Promoting Healthy Relationships in Women with Intellectual and Developmental Disabilities

Nicole Lucie Limper

Submitted under the supervision of Dr. Elizabeth Lightfoot to the University Honors Program at the University of Minnesota-Twin Cities in partial fulfillment of the requirements for the degree of Bachelor Science, Summa Cum Laude in Family Social Science.

April 18th, 2012
I would like to thank the following people for their support throughout my senior thesis. Thank you to Dr. Elizabeth Lightfoot for being my thesis advisor and providing me with support and guidance throughout this process. I would also like to thank Dr. Cynthia Meyer and Dr. Marlene Stum for being additional readers of this thesis. I also appreciate Dr. William Goodman, Bibiana Koh, Mark Bellcourt, and Kathryn Jensen for advising me throughout this process. I received tremendous support from the Arc Greater Twin Cities staff throughout my volunteer experience. Thank you to my supervisors at the Arc - Eve Lee, Michelle Theisen, Marianne Reich, and Paris Gatlin. I also would like to thank the abuse prevention and policy work team at the Arc Greater Twin Cities - Brad Hansen, Matt Ziegler, Georgann Rumsey, and Meredith Salmi. Finally, I greatly admire and appreciate the amazing women self-advocates that I have met during this journey. This thesis is dedicated to you.
Abstract

Women with intellectual and developmental disabilities are at a far greater risk to experience abuse within their life span. At the Arc Greater Twin Cities, advocates are attempting to address this problem through resource development, policy support, and education. Throughout this past year, I have completed over 180 hours at the Arc Greater Twin Cities in the areas of abuse prevention and public policy. I provided the Arc with support through developing, collecting, and organizing resources, developing partnerships with local community organizations, engaging in public policy work, and developing curriculum for use in “Girl Talk”, an abuse prevention effort for women with intellectual and developmental disabilities. This thesis will explore the issues at hand and the alarming rate of abuse against persons with intellectual and developmental disabilities. In the methods section, I explore my work at the Arc Greater Twin Cities. The conclusion of my thesis is the curriculum that I designed for “Girl Talk”. This curriculum is split into six modules exploring different types of relationships, boundaries within these relationships, and how self-advocates can be engaged with supporting abuse prevention efforts in this population. This curriculum is designed to address the fact that many women with disabilities feel that they themselves and their relationships are not valued. It gives these women a chance to advocate for themselves, to interact with other women, and to learn about different relationships and systems impacting their lives. The work that I contributed at the Arc Greater Twin Cities is imperative to the Twin Cities community, because unfortunately, there is insufficient support for women with intellectual and developmental disabilities to assist them in developing healthy relationships.

Keywords: intellectual and developmental disabilities, healthy relationships, abuse prevention
Literature Review

Understanding Intellectual and Developmental Disabilities

Intellectual and developmental disabilities impact many individuals throughout the world. Studies have found that approximately 4.6 million individuals in the United States have an intellectual or developmental disability (Larson et al., 2001). An intellectual disability is a disability that affects a person’s intellectual functioning and adaptive behaviors before the age of 18. This disability can impact a person’s skills in everyday life. In comparison, a developmental disability is a severe, chronic disability diagnosed before the age of 22 that impairs a person’s mental or physical capacities and limits their ability to function in major life activities. A major difference between intellectual and developmental disabilities is that developmental disabilities require a diagnosis of major functional limitations in three or more of the major life activities. The five major life activities are “self care, receptive and expressive language learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency” (Developmental Disabilities Assistance and Bill of Rights Act of 2000 Pub. L. 106-402, p.8, 2000). These limitations, however, do not hinder the person’s ability to be engaged in society and to lead happy lives. Unfortunately, abuse against these individuals can negatively impact their lives.

Definition of Abuse

Abuse against individuals with disabilities is widespread and needs to be addressed by our society. Abuse is intentional words or actions against another individual intended to harm that individual. Abuse can come in many forms including physical abuse, sexual abuse, emotional abuse, financial abuse, and neglect. Physical abuse is any physical action against another that inflicts pain, injury, and or suffering. Sexual abuse is any unwanted act that is of a sexual nature that can include rape, unwanted touching, and harassment. Emotional abuse is
violence that is intended to harm someone’s emotional state. Financial abuse is handling another person’s money, property, or assets in a harmful and illegal manner. Intentional neglect is the deprivation of one’s essential help or means to live that is harmful in nature (Jennifer Witt, personal communication, 2011).

**Theoretical Paradigm**

Abuse can also be viewed from a systemic paradigm. Utilizing the social-ecological model designed by Urie Bronfenbrenner (1977), an individual’s life can be viewed by different systems interacting with one another in order to enable or hinder a person to live life to its fullest. The model is divided into four different systems: micro, meso, exo, and macro. The microsystem is the closest system to the individual, which includes family and friends. This system tends to be a protective factor for the individual. However, this system may not be as strong within individuals with intellectual or developmental disabilities’ due to living in group homes or in social isolation.

The mesosystem is the next system, which incorporate institutional factors. The mesosystem of individual’s living with disabilities includes Direct Service Providers (DSP), Personal Care Assistants (PCA), paid caregivers, social workers, occupational therapists, and other community figures associated with particular institutions that come into direct contact with these individuals. Individuals with disabilities are taught to rely on these systems in order to live their lives. However, this can create a power imbalance where these systems that are meant to safeguard the individual from harm, may in turn do some of them harm.

The last two systems, the exosystem and macrosystem, are large systems interacting from a further distance. The exosystem is the community level support systems. Using an abuse perspective, this can include disability rights organizations and abuse prevention initiatives. The
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

exosystem within the Twin Cities has been strengthening its approach to abuse among individuals with disabilities with organizational collaboration and outreach. The macrosystem is the final system in Bronfrenbrenner’s social-ecological model. This system provides large influences and standards, including public policy that impacts the way we live our lives. Historically, the macrosystem has not safeguarded the rights of individuals with disabilities. However, after the fight for disability rights, our nation has begun to recognize the importance of individual with disabilities in our community and their right to live as they would like (Traci LaLiberte, personal communication, 2010).

    The Arc Greater Twin Cities is attempting to address these issues in their abuse prevention initiatives using a multi-pronged approach that addresses all of the different systems within the social-ecological model. This organization advocates for individuals with developmental or intellectual disabilities to “realize their goals of where and how they live, work, and play” (The Arc Greater Twin Cities, 2012). Currently, the abuse prevention initiative at the Arc Greater Twin Cities incorporates a systemic approach by educating, collaborating, and advocating on all levels for persons with a disability to realize their rights to live a life free from abuse.

    Melcombe (2003) found that individuals with disabilities are two to five times more likely to experience abuse compared to individuals that do not have disabilities. In addition, it has been found that women with disabilities experience sexual assault at a rate that is four times higher than women without disabilities (Martin et al., 2006). Notably, while the general public experiences sexual assaults at a rate of approximately 18% (Tjaden & Thoennes, 2006), women with developmental disabilities experience sexual assault at the even more alarming rate of approximately 68 to 83% (Tyiska, 1998). With these alarming rates, the Arc Greater Twin Cities
is engaged in prevention efforts in an attempt to reduce the amount of abuse perpetrated against individuals with developmental or intellectual disabilities.

**Risk Factors**

Many factors contribute to this increased risk of abuse in individuals with intellectual and developmental disabilities. Often times, perpetrators may select a person with a developmental or intellectual disability to victimize, because they are viewed as “easy targets.” This arises from a long history of individuals with disabilities being viewed by society as lacking intelligence, as being asexual, or as not being able to serve as credible witnesses (Andrews & Veronen, 1993). Furthermore, the victim may not fully recognize the abuse and may not disclose the information due to a woman’s particular disability. These disabilities may further impact how she seeks help for the abuse she experiences (Nosek et al., 2001).

Another aspect that increases the risk for abuse among individuals with developmental or intellectual disabilities is the lack of proper social networks and isolation. All too often, individuals with disabilities may lack social networks, or their interactions are limited to those with their caregivers. Many individuals with intellectual and developmental disabilities rely on caregivers, also known as personal care assistants or direct service providers. These individuals help the self-advocate with their major life activities including hygiene, feeding, and mobility. Caregivers can be family members, paid professionals, or both. The individual relies on the caregiver to ensure that his or her basic needs are met. The caregiver may also withhold financial support, food, shelter, care, and help with hygiene activity if any abuse activity is disclosed (Nosek et al., 2001). This can further lead to a relationship where the caregiver is given extreme power and control over the individual’s life, and the victim is reliant on their help to survive.
Abuse against individuals with developmental or intellectual disabilities can be even more complex than abuse against individuals without disabilities. The intrinsic reliance of individuals with intellectual or developmental disabilities on others often establishes an imbalance of power between the individual and their partner, family, or caregivers. While many power and control models explain the power imbalance between victims and perpetrators using examples of physical abuse, sexual abuse, emotional abuse, economic abuse, intimidation, coercion and threats, some very important features of caregiver abuse are often overlooked. Frequently, a caregiver may withhold, misuse, and delay support that is required by the victim. This can include destroying communication devices, ignoring requests for help, withholding essential medications, and restraining the individual (Gilson, Cramer, & DePoy. 2001). Prevention measures must take into consideration the complexities of these abusive relationships when dealing with both individuals with disabilities and their caregivers so to ensure that individuals with intellectual or developmental disabilities are insured safety within our society (Plummer & Findley, 2012).

**Women with Disabilities and Abuse**

Violence against women is a widespread problem that affects a significant proportion of our society. It has been found that women with developmental disabilities experience personal abuse at alarming rates (Chappell, 2003). Studies have found that women with disabilities are more likely to experience physical and sexual abuse compared to women without disabilities (Martin et al., 2006). It has also been learned that such individuals experience multiple forms of abuse, an increased severity of the abuse, and a longer duration of the abuse (Powers, Hughes, & Lund, 2009). A study conducted by Powers, Curry, Oschwald, Maley, Eckels, and Saxton (2002) determined that among women with disabilities, 67% have experienced some form of
physical abuse and 53% of these women have experienced some form of sexual abuse over the course of their lifetimes.

Milberger, Israel, LeRoy, Marti, Potter, and Patchak-Schuster (2003) found that out of the 85 women they interviewed, an overwhelming majority experienced some form of abuse (87% physical, 66% sexual, 35% personal need neglect, 19% refused an assistive device). The majority (31%) of the women in this study were abused by a family member. Some women in this study were abused by an acquaintances (15%) and caretakers (12%). Only 8% reported violence from a stranger in this particular study. Furthermore, only 33% of the women in this study sought help after the experience (Milberger et al., 2003).

Many women, especially women with disabilities, experience barriers that prevent them from receiving services. These barriers could include fear of losing independence, fear of losing loved ones, fear of further victimization, and fear of not being believed. Women report that they did not report or receive services, because of lack of knowledge about services, feeling embarrassed, and fears that the shelter could not handle her disability (Milberger et al., 2003). In addition, women with intellectual disabilities may face even greater barriers than women without intellectual disabilities (Powers, Hughes, & Lund, 2009). Another theme expressed by women with disabilities is that they did not recognize the action as abuse and therefore did not report the violence (Nosek et al., 2001). By not reporting the acts of abuse, many women do not receive the protective and support resources they need to recover. Such violent acts further negatively impact the ability of such individuals to live independently, to work productively, and to maintain their health.

Children with Disabilities and Abuse
In addition, children with developmental and intellectual disabilities are also far more likely than children without disabilities to experience abuse. Several studies have indicated that abuse among this population is alarmingly high. The Children’s Bureau (2007) concludes that children with a reported disability are 68% more likely to experience maltreatment than children with no reported disability. In cases of sexual abuse, children with intellectual disabilities are at a significantly greater risk than children without disabilities. Sullivan and Knutson concluded, following a study of 55,000 children from Nebraska, that children with intellectual disabilities are four times more likely to experience sexual abuse compared to their non-disabled peers (2000).

The U.S. Department of Justice found that violent victimization occurred at a rate of 61 per 1,000 in 2010 children with disabilities between the ages of 12 to 15 years of age. In comparison, children without a reported disability experienced violent victimization at a rate of 23 per 1,000 (Rand & Harrell, 2009). In an additional study examining Minnesota school children, it was learned that the rate of abuse against children with disabilities in a school setting was higher compared to children without disabilities (Minnesota Department of Health, 2007). In another study, the researchers found that 22% of all children with corroborated maltreatment in Minnesota had some form of a disability (Lightfoot, Hill, & LaLiberte, 2011).

Parenting a child with a disability can be frustrating, stressful, and many times, the parents and child may feel isolated and lacking the support they require. The social-ecological model explains how different systems interact to protect or hinder the individual. Utilizing the social-ecological model, when an individual is isolated he or she is more likely to be in an abusive situation, because they are not connected to the protective safeguards provided by other systems. It has been found that most children with disabilities who experience abuse are harmed
by family members who are their caregivers rather than non-related paid caregivers (Schormans & Brown, 2002). Children with disabilities rely directly on their parents and caregivers to meet their basic needs, and this isolation could perpetuate the maltreatment they experience (Jennifer Witt, personal communication, 2011). Parents may become abusers of their child with a disability because of stress, frustration, and lack of understanding the child’s development. Due to isolation and the feeling of being alone, they may not reach out to support systems that may help them cope with this stress and frustration (Rosenau, 2006).

Another possibility that Sobsey (1994) suggests as to reasons why parents may abuse their children with a disability is because these parents may feel that they “own” their child. Parents of children who have disabilities feel a deep responsibility, and this can transform to an unbalanced power dynamic. This power dynamic can make them feel as if the child must comply with their every wish and demand. Abuse by family members can progress to the point that child protective services (CPS) may become involved to protect the child. Lightfoot, Hill, and LaLiberte (2011) found that children with disabilities were 1.87 times more likely than children without disabilities to be placed outside the home by the child welfare system. The child welfare system should take into account the complex risk factors that children with a disability face. Lightfoot (forthcoming) suggests that child service workers should be competent in working with the disability community. I would agree with Lightfoot and suggest that the alarming rates of abuse among children with disabilities should also be taken into account by parents, disability service providers, researchers, medical professionals, and policy makers to safeguard children who rely on society to protect them from such abuse.

Abuse against women, men, and children with disabilities, especially developmental and intellectual disabilities, is greater than individuals without disabilities. This abuse is rooted in
societal views of individuals with disabilities as being “other,” and therefore placed in a different category of human beings compared to themselves. Abuse prevention efforts should address these alarming rates by implementing systems changes and having impactful conversations with service providers, self-advocates, and caregivers. This thesis will explore my journey to engage in abuse prevention efforts for individuals with intellectual and developmental disabilities at the Arc Greater Twin Cities.
Method

The basis of this thesis is inspired by the work I have completed at the Arc Greater Twin Cities as an abuse prevention intern. I logged over 180 hours at this organization from the months of September through March. My internship was supervised by Ms. Eve Lee (primary supervisor, Arc advocate), Ms. Paris Gatlin (secondary supervisor, Arc advocate), and Ms. Michelle Theisen (secondary supervisor, volunteer coordinator). As the abuse prevention intern, my main responsibilities were to assist the Arc’s abuse prevention team efforts in affecting systems change through advocacy and public policy efforts. As stated within my literature review section, individuals with developmental/intellectual disabilities are far more likely to experience all types of abuse. The abuse prevention team’s mission is to bring awareness to the high rates of abuse throughout the Twin Cities community. Other activities that the team engages in is to provide resources for family, service providers, and self-advocates, to connect with other abuse prevention organizations, to train self-advocates about abuse prevention and healthy relationships, to train sexual abuse service providers for working with individuals that have disabilities, to educate case managers about the unique challenges faced by abuse victims with disabilities, and to work with the Hennepin County SMART team, Ramsey County Sexual Assault Committee, and Carver County Sexual Assault Interagency Committee team to ensure that individuals with disabilities are served within the Twin Cities community.

The following section examines the approaches that I used to assist the abuse prevention team at the Arc Greater Twin Cities. These approaches include collecting, organizing, and developing resources, connecting with community organizations, creating brochures and Arc guides, engaging in public policy work, and creating and presenting the newly developed “Girl Talk” curriculum. All of these projects attempt to engage the different systems within a person’s
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

lives including family, caregivers, self-advocates, and disability and abuse service providers. These activities attempt to create knowledge within each level of the social-ecological model, while also creating conversation between the different levels. Our hope is that with this work, we are able to address the gaps within the systems and the social isolation that perpetuates this abuse.

**Resources for the Arc Greater Twin Cities**

**Purpose.**

A problem within the community is that while there are abuse prevention resources readily available in the public, disability specific resources, are harder for the general public to locate. Many of these resources are found in academic resources or through other states’ sexual assault coalitions. Minnesota’s sexual assault coalition has not developed resources specifically focused on individuals with intellectual and developmental disabilities. Furthermore, while we have some very knowledgeable individuals in Minnesota who specifically educate and perform research on this topic, these resources are not in one collective place. Our goal with this project at the Arc was to make these resources readily available to the public so that any individual searching for knowledge would have access to a “one-stop-shop” of information concerning abuse prevention. In addition, we wanted to categorize and organize these resources based upon the different sections of the social-ecological model (self-advocates, family, caregivers, disability service providers, domestic violence service providers) in order for individuals to have resources specifically targeted to their specific role within a person’s life.

**Activities.**

My first objective at the Arc was to research and compile a list of resources concerning abuse prevention for this program. These resources were added to the Arc Greater Twin Cities’
public library. Also, in collaboration with others, I placed these resources on the Arc’s website (http://www.arcgreatertwincities.org/abuse-prevention.aspx).

**Evaluation.**

I began by examining the resources that were already available in the Arc’s library and resources that the abuse prevention team members had personally accumulated. The abuse prevention team had acquired many great resources concerning Twin Cities’ community resources, resources for sexual assault service providers, and resources for disability service providers. However, I observed that there was not a great deal of information available for self-advocates and caregivers or family members of these individuals. I felt that it would be helpful to locate articles and resources specifically targeted to self-advocates, caregivers, and family members, since these groups represent the first and second lines of intervention against abuse.

While researching various resources, I began to collect resources both for self-advocates and caregivers but also for other topic areas as well. The articles I located were then cataloged in binders, which became available for anyone in the Twin Cities community to use. The topics of the binders included abuse prevention articles for self-advocates, abuse prevention articles for family, friends, and caregivers, abuse prevention curriculum tools, research articles surrounding abuse prevention concerning individuals with disabilities, reference articles on abuse prevention for service providers, information guide detailing the rights of crime victims, fact sheets about abuse prevention, and media articles covering abuse prevention. I created an index with the citation of the article and a summary of each piece so that individuals do not have to directly examine each article (Appendix A).

While I believe that I achieved my initial goal to research and compile a list of resources covering abuse prevention to help educate the Twin Cities community about abuse prevention,
after producing the binders I felt unsatisfied with the finished product. While the binders provide a great hardcopy resource, I felt that it was unrealistic that the public would readily use these binders to assist in abuse prevention and mitigation. On this basis, I sought to further expand my initial goal to reach my personal goal of helping the greater Twin Cities community become better educated about abuse prevention. As a next step, I worked to place these resources on the Arc’s website, where they would be freely available for anyone to use.

It is very gratifying that the Arc has received a significant amount of positive feedback concerning the utility of the website from the greater Twin Cities community and that many users find this to be an irreplaceable resource. I distributed the information about this resource to a variety of sexual abuse and disability organizations throughout the region. Interestingly, several organizations, that I had not contacted, learned about this resource and distributed the information about the Arc website in their newsletters. I am pleased that this resource is getting recognition and use throughout the Twin Cities community.

Connecting with Community Organizations

Purpose.

To strengthen service providers and responders to handle cases of abuse against individuals with disabilities, these sectors must come together and collaborate on projects taking a holistic paradigm. Currently, there are several holes in both disability and domestic violence service providers that contributes to the perpetration against women with disabilities. Examples of these gaps are that because of living situations and protocols within group homes, reporting incidences of violence may be delayed or not reported at all due to the isolation of the individual. Also, because of varying communication styles and needs, women with intellectual or
Developmental disabilities may struggle to receive the proper services and counseling they require when they attempt to contact sexual assault or domestic violence service providers. The Arc Greater Twin Cities is working to address these gaps across services by providing open conversation and collaboration with other disability organizations and violence initiatives.

**Activities.**

I connected the Arc Greater Twin Cities with other community resources, specifically sexual violence initiatives. These initiatives currently do not have a disability specific focus.

**Evaluation.**

While the Arc has attempted to make great strides in abuse prevention, they are unable to do so on their own. The Arc requires community partners to assist and synergize our growing effort to prevent abuse. Prior to my internship at the Arc, this organization was connected with Hennepin County SMART team, Ramsey County Sexual Assault Committee, Carver County Sexual Assault Interagency Committee, and various other community resources. I worked to add additional community resources to this base to further spread the impact of our efforts and to find collaborators for various projects.

Throughout my internship, I found that connecting with other community organizations would become the most challenging aspect of my project. I leaned that in the realm of non-profit organizations, there are often administrative and other obstacles that hinder the development of true collaborative efforts. As a first goal, I sought to identify various sexual violence organizations that the Arc Greater Twin Cities could possibly contact for collaborative efforts. I identified the MN Department of Health’s Sexual Violence Prevention team, CLUES, Minnesota Coalition Against Sexual Violence (MNCASA), Minnesota Indian Women’s Sexual Assault
Coalition, and Cornerstone as possible sexual violence organizations with which the Arc could form alliances. I initially used email conversations for communication between organizations.

During the first semester, I encountered a number of problems connecting with these various organizations. Examples of the problems included not being able to directly contact key individuals within the organization or having the organizational representative miss scheduled appointments to discuss collaborative efforts. Part of this missed communication was the fact that I was only able to contact the individuals through email rather than phone conversations. Since I had unique hours at the Arc, I did not have a reliable way to communicate through phone. I have recognized now that in the nonprofit world, sometimes it is easier to speak face-to-face or through phone conversations so that details are effectively communicated.

Another problem that I faced with the Minnesota Indian Women’s Sexual Assault Coalition was that the individual in charge of the MAPS project (a sexual violence project specifically targeting women with disabilities) had left the organization, and was replaced by another individual. Throughout this experience, I have found the need to be flexible with various organizations and to work diligently in order to build alliances for collaboration. This should provide an important basis for future work on specific events that require support from well-known abuse prevention initiatives. Examples of these future projects include a disability specific abuse prevention forum and expanding our service provider curriculum efforts.

Even though I faced many challenges connecting with some of the community organizations, I was able to make a few connections with the MN Department of Health, MNCASA, and Minnesota Indian Women’s Sexual Assault Coalition. The MN Department of Health’s Sexual Violence Prevention team was willing to meet and discuss the possibility of the collaboration. Ms. Lee and I met with Ms. Patty Wetterling and Ms. Amy Kenzie to discuss
possible collaborations. The Department of Health meeting went smoothly. This State organization has generated a toolkit addressing sexual violence in the state of Minnesota. The toolkit examines the cost of sexual violence to the state of Minnesota, along with ways to prevent sexual violence. The meeting was very successful and we were able to discuss major issues that face women with disabilities.

Next fall, the Arc Greater Twin Cities will be hosting a forum to discuss abuse and women with disabilities. During our meeting with Ms. Patty Wetterling and Ms. Amy Kenzie, these influential community members stated that they would be willing to serve as speakers at this forum. I was very excited that the Arc would have the opportunity to collaborate with such prominent individuals. Following our meeting, Ms. Wetterling and Ms. Kenzie published information about the Arc’s abuse prevention efforts along with the link to the resources available on the Arc’s website in the MN Department of Health monthly Sexual Violence Prevention Network newsletter. This important publication is sent out to thousands of individuals throughout Minnesota.

Besides connecting with sexual violence organizations, I have also attempted to establish relationships with disability organizations to present educational sessions directly to self-advocates. My abuse prevention team assigned me the county of Anoka in an attempt to address our lack of educational presentation in this area. While I located several group homes within the area, we elected to not reach out to these groups, because these presentations tended to have very limited audience size. I further researched community education groups within the Anoka area. My hope was that these groups would be able to reach broader audiences, and might have the opportunity to present more than one presentation at a given site. I discovered an organization named Project Power in Anoka County that provides community education resources to persons
with developmental disabilities. After struggling to get in touch with the director, I was finally able to connect with Project Power. They were extremely excited to collaborate with the Arc and host our advocates several times as a community education class. The Arc is scheduled to begin presentation to Project Power throughout the spring of 2012.

I believe that our goal to bridge the gap between abuse prevention initiatives and disability organizations was partially met. Several organizations have agreed to attend the forum in October, and a few are interested in presenting. However, my concern is that the relationships may not be ongoing after the presentation in the fall. To continue bridging the gap and having open discussions with other service sectors these connections need continued attention. It is not enough for the Arc to have knowledge of the other organizations. They need to continue to collaborate on future projects and to evaluate what needs to be improved to safeguard these individuals from harm.

**Brochure and Arc Guides**

**Purpose.**

To provide additional information about the Arc Greater Twin Cities’ resources and classes around abuse prevention, I created a brochure outlining what is available. Furthermore, I created three Arc Guides for self-advocates, family, and caregivers concerning different aspects of abuse against individuals with developmental and intellectual disabilities. These guides are helpful, easy-to-read fact sheets that give basic information and provide ways to advocate for oneself or others. These guides are a starting point for conversation in laymen terms. I created these guides, because many of the currently available resources are aimed towards professionals.
or academia and can be rather confusing for anyone that does not have a basic understanding of family violence or abuse against individuals with disabilities.

**Activities.**

For use by the Arc Greater Twin Cities’ advocates and community members, I designed a brochure and a series of Arc Guides concerning abuse prevention.

**Evaluation.**

The brochure (Appendix B) that I developed addressed the scope of the problem of abuse among individuals with disabilities. It also illustrated different ways that individuals can learn more about the issue of abuse through the Arc Greater Twin Cities resources, such as through community presentations and the resource library. The brochure is a helpful tool so that Arc staff members can provide it to various individuals who may be self-advocates or who work with self-advocates that are interested in abuse prevention. The brochure also is one additional means to disseminate the information about the resource library and website.

Arc Guides (Appendix C) are helpful information sheets that describe various topics that may be of interest to self-advocates and caregivers. Before I began my internship at the Arc, there were no Arc Guides covering abuse and abuse prevention. I created three Arc Guides around abuse prevention, which includes “statistics and definition about abuse,” “risk factors for abuse,” and “warning signs of abuse.” The guides lay out basic principles of abuse against individuals with disabilities. These Arc Guides will be available for staff to pass out to families and will also be available on the Arc’s website.

While we have not had formal feedback from current Arc members, many of the advocates of the Arc have commented to me that these will be helpful with self-advocates who have concerning relationships or have knowledge of other’s living in abusive situations. I am
proud of the work that I have produced. I believe that the Arc Guides are comprehensive, but not overwhelming with academic language or statistics. I think that it fit the purpose for which it was intended. The only thing that I am concerned about is distribution of these Arc Guides. I would really like social workers and others to have these fact sheets to more widely distribute the information. While many people know about the Arc in the Twin Cities area, we do not reach all individuals with developmental or intellectual disabilities. By giving these resources to social workers and disability service providers, I believe that we could reach beyond our own capacity in our work on abuse prevention.

Public Policy

Purpose.

Public policy greatly impacts both individuals and families that experience abuse, because it can create safeguards and lifelines against abuse. Utilizing the social-ecological model, public policy would be categorized as a macrosystem because it exerts large influence that impacts many other systems (micro, meso, and exo). If the macrosystem is not advocating for individuals with disabilities, major system changes can occur that would be detrimental. My goal with my work in public policy was to advocate for certain pieces of legislation that can safeguard individuals with disabilities from potential harm utilizing a broad, macrosystem approach.

Activities.

During my internship, I examined several pieces of key legislation that would significantly impact individuals with disabilities. Ms. Gatlin, Ms. Lee and I decided to focus on
two pieces of relevant legislation: sexual violence reporting and criminal neglect of vulnerable adults modifications (Appendix D).

**Evaluation.**

I, along with the Arc Greater Twin Cities, have tracked these bills, analyzed their content and scope, provided input to legislators, and supported the development of these pieces of legislation. Furthermore, I presented my efforts supporting these bills to the Arc Greater Twin Cities staff and provided my rationale why support of these efforts should continue after I have finished my internship. Another aspect of supporting public policy was interacting directly with representatives to present the reasons why I support this bill, and why I believe that it is necessary for them to vote for this piece of legislation.

Currently, the sexual violence reporting act has not been introduced into the MN House of Representatives or Senate. However, the Minnesota Coalition Against Sexual Violence (MNCASA) has made it a priority to pass this piece of legislation. This piece of legislation would assign responsibility to the MN Department of Health to track sexual violence throughout the state of Minnesota. The intention of MNCASA is that the state of Minnesota would be examined as a whole in terms of sexual violence. They hope to address demographics issues within this report (MNCASA, 2011). There currently exists no regular collecting and reporting system in Minnesota that addresses sexual violence against persons with a disability across the state. Nationally, individuals with a disability are believed to be victims of sexual violence significantly more often than other members of society. This piece of legislation would hopefully provide clear statistics as to how often individuals with a disability within Minnesota experience sexual violence. Such information would focus attention to a population that has been under-
researched and likely under reported in Minnesota who experience increased levels of sexual violence.

Another piece of legislation we have been engaged with would make intentional neglect of a vulnerable adult a felony. The Senate bill (SF1586) authored by Mr. Warren Limmer (R-Maple Grove) and House of Representative Bill (HF1945) sponsored by Mr. Steve Gottwalt (R-St. Cloud) was introduced on January 26th, 2012. The Hennepin county attorney, Mr. Michael Freeman, is also in support of this legislation. The bill would elevate the intentional neglect of a vulnerable adult to a felony charge rather than a gross misdemeanor. Minnesota is currently only one out of five states that does not levy felony punishment for intentional neglect (Public News Service, 2012). This legislation would make intentional neglect that results in great bodily harm punishable by a maximum ten-year prison sentence, a fine of $20,000, or both. In addition, this bill would render intentional neglect that results in substantial bodily harm punishable by a maximum five-year prison sentence, a fine of $10,000, or both. Any other cases would receive a maximum prison sentence of one year, payment of $3,000, or both (Limmer and Gottwalt, 2012). This piece of legislation would provide harsher penalties to individuals that intentionally neglect a vulnerable adult, and would bring Minnesota into step with the remainder of the country with respect to felony charges for neglect of vulnerable adults. For this piece of legislation, I was able to attend a committee hearing concerning this bill, which further confirmed my belief that this legislation would provide beneficial protection to vulnerable adults who experience neglect.

The Arc intends to track, research, and support both pieces of legislation throughout this legislative session. Currently, the progression of the intentional neglect bill has garnered a great deal of attention in the media. Many people are outraged that we do not have this type of statute already. We were able to inform Arc members about the current state of this bill in a “Policy
Preview” and many families have begun to place pressure on their representative to pass this important piece of legislation. I believe that the Arc has done a great job in advocating for individuals with disabilities in the public arena and help to create a large system of change necessary to safeguard these individuals. The Arc Greater Twin Cities needs to continue to follow these pieces of legislation and inform members of the disability community to continue to apply pressure on the larger macrosystem.

“Girl Talk” and Abuse Prevention Curriculum

Purpose.

A study found that in discussions surrounding dating and sexuality of people with intellectual or developmental disabilities (IDD), the voices of the individuals go unheard. All of the participants in the study believe that there was an absence of support for building relationships and for coping with relationship difficulties. Every participant varied in the type of relationship they wanted, but many felt devalued by society when they were not able to talk openly about their relationships (Lesselier & Van Hove, 2002). In an effort to address abuse within the disability community and the lack of communication about healthy relationships, the Arc Greater Twin Cities has begun to develop a “Girl Talk” curriculum. This “Girl Talk” curriculum gives women self-advocates the chance to be heard, to discuss, and to learn about healthy relationships and what they would like to experience in their lives. We would hope for every woman with an intellectual or developmental disability within the Twin Cities community to have the opportunity to speak out in a safe and open environment.

Activity.
In their efforts to address abuse within the disability community, the Arc Greater Twin Cities produces educational workshops for self-advocates and service providers concerning healthy relationships and abuse prevention. I had the opportunity to engage in workshops for self-advocates in the “It’s Your Choice” program and the newly formed “Girl Talk” program. I helped Eve Lee create the beginning stages of the “Girl Talk” curriculum. For the remainder of my thesis, I expanded the “Girl Talk” curriculum to provide a comprehensive overview of different types of relationships and advocacy.

Evaluation.

The self-advocacy workshops are a time to explore various aspects of interpersonal relationships including such topics as boundaries, different types of relationships, and keeping safe. In the past, the Arc Greater Twin Cities has produced two different types of self-advocate workshops: “Guy Talk” and “It’s Your Choice.” “It’s Your Choice” is co-educational curriculum designed to talk about different types of relationships, boundaries, and keeping safe. However, it is not specific to one gender. “Guy Talk,” led by advocate Brad Hansen, addresses the same issues to groups of young men. In the past, Arc did not provide a women specific group. “Girl Talk,” spearheaded by Ms. Eve Lee, addresses healthy relationships to groups of young women using a woman specific curriculum. The first “Girl Talk” presentation occurred on February 6th, 2012 at the Bloomington Learning Exchange. I had the opportunity to help Ms. Lee with the presentation.

In October, I was also able to attend the “It’s Your Choice” group in Bloomington, MN led by Mr. Brad Hansen. This co-ed group was comprised of adults of varying ages. Mr. Hansen addressed issues of keeping safe in the community and the group viewed a movie produced by Bill Sackter. The movie addressed the abuse faced by Bill Sackter while living in
an institution. I had a powerful experience during this group session. A self-advocate that I was sitting next to was at the same institution in which Bill Sackter resided. This institution was known for the caretakers’ abuse against the individual residents. The man retold his stories of the abuse that he experienced while living in that institution. I was heartbroken to learn that this man had to experience the pain and suffering that went on in such an institution. In my classes, I have learned about institutional abuse, but had never before had I experienced such a personal connection to such tragedies. This man provided a face to the horrors that can occur in such institutions, and strongly reminded me as to why I want to be involved in this work.

I was also excited to be involved with “Girl Talk,” because I have invested energy and commitment to this project. The first meeting in February involved a group of women who wanted to come together, relax, and chat about what it means to have healthy relationships. For this first meeting, Ms. Lee chose to focus on friendships, gossip, and boundaries within friendships. The coordinator for the Bloomington Learning Exchange wanted to explore these topics, because many of the women that she encounters have had difficulties with friendship boundaries being broken, and with gossip occurring within their living situations. I was fortunate to provide my input on the PowerPoint we used, and helped to create the handouts for the presentation (Appendix E).

We collected a survey after the class, which examined whether or not the women felt that they learned something from attending “Girl Talk.” An overall majority of the women felt that these workshops gave them new tools and knowledge. Many commented that they felt connected to other women with intellectual and developmental disabilities. Every time we have presented, the women asked us to come back and present again. In the future, we hope to design
a more comprehensive survey, which examines the specific knowledge the women learned in the “Girl Talk” groups.

Connecting with self-advocates concerning healthy relationships is extremely important to me. Often times, individuals with disabilities, especially women, do not have the chance to explore healthy relationships and boundaries. I used this opportunity to discuss with women more about healthy relationships and abuse prevention as the basis for the curriculum I helped create around healthy relationships for my thesis. I further expanded the “Girl Talk” presentation to include information about healthy relationships, types of relationships, healthy boundaries, and abuse prevention in different types of relationships. Furthermore, I learned that none of the abuse prevention curriculum provides a focus specifically for women. The remaining part of my thesis internship period will be to focus on helping develop an abuse prevention curriculum designed specifically for women with disabilities. I hope that in the future, the Arc Greater Twin Cities will be able to use some of this curriculum to further expand their abuse prevention efforts and “Girl Talk.”
“Girl Talk” Curriculum

“Girl Talk” and the future Voices of Women project are the products of the Arc Greater Twin Cities abuse prevention work team. The concept of these projects were to provide women self-advocates, targeting women ages 16-50, with the opportunity to explore healthy relationships, discuss with one another their hopes and dreams for relationships, and to advocate for a change within their relationships, community, and society. Unfortunately, many women with developmental or intellectual disabilities experience violence within their personal relationships and within their societal relationships. The project, initially conceptualized by Marianne Reich and Barb Lemke, and undertaken by advocates Eve Lee and Paris Gatlin, along with interns Nicole Limper and Jess Dubois, has been evolving over the past several years and launched its first event on February 6th, 2012.

Eve Lee and I developed the first stage of the curriculum for the first two events, which focused on healthy friendships. We also used an activity, the circle activity (Appendix F), developed for Arc’s Healthy Relationships curriculum. I believe that the Healthy Relationships (part of It’s Your Choice, Use Your Voice) curriculum developed by the Arc only scratches the surface of the subject matter and does not delve past defining different types of relationships and levels of trust. “Girl Talk” attempts to probe deeper within the subject of healthy relationships giving the women a chance to express herself and really grapple with pressing issues. The Arc Greater Twin Cities does not yet possess a fully mature “Girl Talk” curriculum focusing on healthy relationships for women. To begin to address this, I created the other curriculum sections required (“Types of Relationships and Boundaries,” “Healthy Families,” “Healthy Dating Relationships,” “Healthy Relationships with Staff and Community Workers, and “Being a Self-Advocate, Getting Active and Speaking Out.”) for this thesis and this expanded “Girl
Talk” curriculum will hopefully be used in the future. However, the other five modules have not been implemented by the Arc Greater Twin Cities at “Girl Talk” events.

When researching curriculum, I felt that many healthy relationships curriculum for individuals with disabilities were created for co-educational groups rather than specifically for women. I believe it is important, especially when discussing relationships and potentially abusive relationships that women feel that the interaction space is safe and that they can discuss whatever they desire. By having only women present within these discussions, I believe that many self-advocates will feel safe and more able to open up with their feelings compared to when men are present in the room. Furthermore, we also wanted to limit the number of staff members present within the room, and only extended the invitation to women personal care assistants or direct service providers. We wanted the women to feel completely comfortable within the environment, and created a supportive, welcoming atmosphere. My hope for this thesis is that Arc will use my curriculum to further enrich their current “Girl Talk” sessions.

February 6th, 2012 “Girl Talk” Event

On February 6th, 2012, I co-led with Ms. Eve Lee the Arc Greater Twin Cities’ first “Girl Talk” event. The Arc partnered with the Bloomington Learning Exchange, a community education group for individuals with disabilities. Five self-advocates attended this hour and a half event. Eve and I planned to engage the group in an interactive activity and discussion utilizing a PowerPoint presentation. As the discussion began, it soon became clear that the PowerPoint was not necessary, and that the women liked having a more open and less structured discussion. By eliciting questions and discussion points, I believe that the conversation was extremely rich and the women were engaged and happy to have a place where they could discuss
issues that are important to them. Based on the comments from the coordinator from the Bloomington Learning Exchange, Eve and I focused on healthy friendships and gossiping for our first interactive session. The coordinator discussed with us prior to the meeting that many women in this group have had a number of difficulties with negative friendships and gossip.

Living in a group home can create stressors from co-existing in a tight-knit environment where people often rely on one another and talk about each other. Similar to a college sorority, many women can feel isolated when some of there only friendships occur within their living environment and gossip occurs. I believe that the self-advocates latched onto this topic, and the conversation was filled with support and ideas from the women participants. The women were able to recognize that other individuals have had similar experiences of a close living environment that at times may have a negative impact on their friendships. By trying to fight the isolation of women that only interact with people in their residential situation, the women were able to explore and feel connected with other individuals through “Girl Talk”. I could see friendships begin to grow in the room, expanding the women’s circle to include others outside her immediate residency or work program.

While our discussion was extremely productive, we did not have time to undertake our planned structured activity, which was to make a collage centered on healthy friendships and what the self-advocates hoped for their relationships. I believe that it would be useful and enjoyable to incorporate this activity into follow-up sessions. However, I think that we could have actually incorporated this activity while discussing the subject manner in a more organic manner, rather than devoting separate time for the activity.

The women self-advocates became very comfortable with one another and with us as the session proceeded. At the end of the night, one of the women self-advocates approached Eve
and me to ask a question. She told us a story of how she was taking a cab ride, and the cab driver had wanted to get her phone number and locked the cab doors until she gave it to him. He was touching her legs, and she became very distressed. The self-advocate finally gave the man her actual phone number, and then proceeded to tell a few other residents after the situation. She had not told the staff at her residential home or the police. The other residents in her group home told her that this was the type of situation that she should expect and that it is what “normal” or typical people do. This woman did not know what to do during this situation, and unfortunately was being told by her peers to basically comply with the actions of “normal” individuals. Similar to the research, a major risk factor for abuse towards individuals with disabilities is the fact that they are told to comply and rely on others, especially “normal” (typical) individuals. Fortunately, our presence allowed us to constructively discuss with this self-advocate the numerous things that she could do if she or another self-advocate ever again encounters a similar situation. This moment provided concrete reinforcement to Eve and me just how important discussing healthy relationships, boundaries, and expectations is within this community.

**February 21st 2012**

Our second “Girl Talk” event was held on the evening of February 21st, 2012 in partnership with Washington’s county Ladies’ Night Out event. There were fifty women that attended the event located in a private room at a local restaurant. Dinner was served and each table had about eight people sitting at it. There were five Arc Greater Twin Cities staff leading this discussion. To attempt to get the same small group feeling, each of the staff/intern led discussions at two tables. We brought the tables together to try to enhance a more cohesive group arrangement.
While the first “Girl Talk” had very intimate discussions that delved deeply into the topic of healthy friendships and relationships, I felt that the physical arrangements at our second event did not create an optimal environment for conversation. It was relatively noisy in the room, and the meeting was often split into smaller conversations. Even though I felt that my group’s discussion was not as open and supportive as previously due to the arrangement of the venue, I still believed that the women had an enjoyable evening and ample opportunity to discuss what was on their mind. For future “Girl Talk” sessions, I believe that the group size should be kept to fewer than fifteen women with two to three advocates leading the discussion. This should provide a good compromise between a smaller group dynamic and still accommodating a reasonable number of women. In addition, I believe that serving dinner was a distraction to many of the women, and the conversation dwindled while the women were eating. It should be possible to still provide food at the event, but this should be limited to snacks that are not as distracting from the discussion purpose of the event. The second “Girl Talk” provided me with practical knowledge of what factors can be improved in coordinating the event to facilitate the most open and constructive discussion possible.

The Curriculum

“Girl Talk” is designed by the Arc Greater Twin Cities for women with intellectual or developmental disabilities. Ideally, approximately five to fifteen women self-advocates would take part in a “Girl Talk” group session led by two to three staff from the Arc Greater Twin Cities. This number was chosen, because it allows rich conversation where everyone has a chance to speak and be heard. “Girl Talk” should occur in a private room to allow for a safe space where the women feel free to talk openly, and to also minimize background noise. Each
part of the curriculum is designed to require an hour and a half of “Girl Talk” session time including engaging activities and discussion. Ideally, the group will proceed through the curriculum over six months, meeting once per month. Each meeting will cover a different aspect of healthy relationships, boundaries, and advocating for one’s self. The curriculum is designed to provide discussion points and questions. After leading “Girl Talk” group sessions, it has become apparent that the women’s conversations grow organically through their own discussions with the group leader. The group leader may add questions and stories as the discussions progress naturally. This curriculum will include various important discussion questions for each module, as well as a reinforcing activity that can be undertaken in correlation with the discussion questions. Ideally, the activity will be integrated within the discussion questions and talking points thereby allowing the conversation to proceed simultaneously.

**Ground Rules for Groups**

It is important at the beginning of each “Girl Talk” session that we establish as a group, both self-advocates and Arc staff, the ground rules for how the session is going to be run. These common ground rules include being respectful of one another, not interrupting each other, having fun, and not telling stories outside of the group. Other rules include not using names when telling a story in order to not identify other residents and respecting people’s sexuality. Overall, during the two “Girl Talk” sessions held thus far, people respected these rules. By establishing ground rules, the women know that the area is a safe space to discuss successes and struggles in their lives.

**Module One- Types of Relationships and Boundaries**
Discussion questions.

• Introduce ourselves
  - What are three things you like best about yourself?
  - What are three things you like to do for fun?

• What are the different types of relationships?
  - Strangers, Acquaintances, Community Helpers, Staff/Personal Care Assistant (PCA)/Direct Service Provider (DSP), close friends, other friends, family, and sweetheart/partner/dating relationships.

• How would you describe each type of relationship?
  - Strangers are people who do not know one another.
  - Acquaintances are people who know each other on a “surface” level. They may be people that are in your classes, are out in the community, or are in another area of your life. However, they do not know a great deal about you.
  - There are several different levels of friendships. Friends are people who you know well and probably have a very close relationship with you. Also, they are people who you like and typically trust.
  - Sweetheart is a person to who you are close and know very well. Sweethearts are also known as partners, boyfriends, girlfriends, husbands, wives, or dating partners. There may or may not be a sexual component with these relationships and typically involves an emotional, intimate component.
  - Providers/PCA/DSP are people who help you in your day-to-day activities either out in the community or in your place of residence. You may or may not have this type of support.
Community workers are people who help out in the community such as doctors, firemen, police officers, social workers, and clergy.

Family: A group of people who can be related by blood, marriage, or adoption to one another. They can also be people with whom you have an extremely close relationship to and that you trust and rely upon.

- What is the major difference between all of these relationships? The major difference in these relationships is that the level of trust varies between each type of relationship. People may be closer to certain individuals in the various types of relationships.

- What is trust? Trust is relying on one another, feeling safe with another individual, and having clear boundaries.

- What are boundaries? Boundaries establish how close we are with one another. What is allowed and not allowed in the relationship is explored within boundaries. Boundaries can be very clear and rigid, or flexible and ambiguous. The boundaries can change as the relationship progresses. However, some boundaries such as with service providers and community workers may never change. It is important to establish these boundaries, and advocate your right for safe and healthy relationships.

- What are the different types of boundaries?
  - Physical/Sexual
  - Emotional
  - Releasing Personal Information

- What can we do to ensure our boundaries? We can communicate our boundary wishes to the other individual in the relationship. You can say whether or not something makes you feel uncomfortable. Also, you should communicate if you feel unsafe.
• How do we respect others’ boundaries? If you are doing something that makes the other person uncomfortable, stop when he or she asks you to stop. Do not share things that are private and might be harmful if others know this information. If a person needs space, give it to them. Everyone has a level of comfort and boundaries, and these are different depending on the individual.

• What if those boundaries are crossed? Let the person know that it is not all right to cross these boundaries. Let another person who you trust know about the situation, such as family members, staff, or community workers. Make it very clear that you are not okay with the situation. If you are too nervous to confront the person, such as in the case of someone physically or sexually harming you, make sure you tell a trusted individual who can help. If you ever have questions that you feel your boundaries have been crossed, you can call the Arc and speak with an advocate who will help you through the issue.

• How do we know when our boundaries have been violated? When our boundaries are violated we often feel unsafe, uncomfortable, upset, and angry.

Activity for types of relationships and boundaries (See Appendix G).

The activity that the women will partake in for this module is relationship mapping. In the Arc’s current healthy relationship curriculum, there is a “mapping your relationships” activity. The activity is based on a bull’s-eye, where the person places herself in the center. They then place different relationships in the different rings of the bull’s-eye. Their closer relationships would be placed in a closer ring. We performed this activity at the second “Girl Talk” session. I thought that the women were confused as to whom they should place on the circle, and where they should place them. For this “Girl Talk” curriculum, I created a new mapping your relationship activity. The Arc will provide different dye-cut shapes, which
represents different categories of people (Themselves-Square, Dating Partner/Sweetheart-Heart, Family-Tree, Close Friends-Star, Community Worker-Cross, Service Provider/Staff/DSP/PCA-Triangle, Other Friends-Cloud, Roommates/Other Residents-House, Teachers-Apple). The women will be given a large sheet of paper where they can then place their different relationships. Similar to the bull’s-eye, they will place themselves in the center. The women will be instructed to place who they feel closest with nearest to them, and who they feel not as close to further away from themselves. The women then will have the opportunity to write the names, draw pictures, or glue real pictures of the people they have relationships with on the die-cut pieces. A square with a dashed line could separate categories of people as they are more closely related to the individual. This could include having the individual, their family, their close friends, and their sweetheart within a dashed square, while having service providers, community workers, and others outside the square. This will give the women an opportunity to choose what types of relationships they have and how close they are to those people, while still providing them direction about who they might include in various groups.

**Module Two-Healthy Friendships**

Note: This module has been previously implemented in the first two “Girl Talk” groups.

**Discussion Questions.**

- What are things that make a good friend? Does anyone have an example?
  - Trust
  - Respect
  - Loyalty
• What do you enjoy doing with your friends? Does anyone have an example?
  o Playing Games
  o Going to the Movies
  o Hanging Out

• What can make friendships hard at times?
  o Gossip
  o Jealousy
  o Hurt Feelings
  o Fighting/Conflicts
  o Resentment

• How can you make friends?
  o Develop a hobby that involves other people.
  o Share things about yourself with others.
  o Ask people questions about themselves.
  o Take a risk and ask someone to hang out or do an activity with you.

• What hurts friendships?
  o Gossiping
  o Jealousy
  o Fighting
  o Lying
  o Not saying how you really feel.
• What is gossip?
  o Gossip is when one person hears information that may or may not be true, and that person spreads the information to others.

• How do you find out about gossip?
  o There are many ways to find out about gossip such as through the Internet (Facebook), overhearing someone, or being told directly.

• Is some gossip more hurtful than others?
  o Gossip can be good or bad. The difficult thing is figuring out whether or not the gossip is true. Either way it is important to talk to the person involved directly.

• How can we stop or avoid gossip?
  o Choose not to hang out with people who gossip.
  o Do not participate in the gossip if you are with others who are gossiping.
  o Do not spread gossip that you hear from others.
  o Do not believe the gossip.
  o Stand up for the individual being gossiped about.
  o Explain to others who may gossip why it is hurtful.
  o Make a commitment not to gossip yourself.

• How do you spend time with some friends and not others while not hurting the other’s feelings?
  o Devoting time for each of the friends.
The important thing is to do our best to not hurt other people’s feelings when we make plans with some friends and not others. Excluding people intentionally does not feel good, and ruins friendships.

- How do you not take it personally when two of your friends do something together and not invite you along?
  - Just because your friend has other friends does not mean that they do not want to be your friend also. If you think your friend is excluding you on purpose or to be mean, find a time to sit down and talk about whether or not something is wrong.

- In your home, do all of your roommates have to do all the same things together? Why or why not?
  - We do not have to do things only with the people we live with, even if they may be our friends. It is important to be connected to a variety of people and to have many friendships. Sometimes the people we live with are the people we are closest to. However, we do not have to do everything with the people we live with just because we live with them.

- What can you do to have happy friendships?
  - Be a good listener and ask questions.
  - Share how you feel and be honest.
  - Respect your friend’s privacy and boundaries.
  - Include everyone.

- What does it mean to have good boundaries with friends?
  - Respecting their time and privacy.
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

- Being respectful of them as a person, and their choice to live their lives as they wish.

Friendship activity.

The women will create a collage that represents themselves and their friendships. Magazine, paper, scissors, and glue will be provided so that women may cut out words and pictures that represent healthy friendships. The women then will use this collage as a cover for their “friendship” journal that has the answers to the discussion question. They will be told that they do not have to share this journal with anyone, and it is for their personal use.

Module Three- Healthy Dating Relationships

Note: In this section we will be using the terms “sweetheart” and “partner” interchangeably. Many of the women prefer the term “sweetheart” or “boyfriend/girlfriend” rather than the academic term “partner.”

Note: Establish once again that we will respect each other’s sexuality, and that it is okay to say “sweetheart” or “partner” to not disclose the gender of the person you are dating. Also, remind the women that it is okay if they are not in a dating relationship. Many of the women still know how they would like to be treated whether or not they are dating someone. That is what we will be focusing on.

Discussion questions- healthy dating relationships.

- How are dating relationships different than friendships?
  - Dating relationships typically are people who you know very well and you are close to. You may have an emotional or physical attraction to this
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

person. These relationships can involve an emotional, intimate component.

- You have feelings for the person.
- You have an attraction to the person.
- You want to be around the person.
- You want to impress the person.
- The person is also attracted to you.
- You may be physically intimate.

- What are things that make a good dating relationship?
  - Trust
  - Respect
  - Loyalty
  - Having Fun Together
  - Good Listener
  - Find them cute/physical attraction
  - Feel safe with them

- What do you look for in a dating relationship?
  - We all may have an idea of the type of person who we would like to date.
    Women can use this time to come up with a list of what characteristics they would like in a partner.

- What do you enjoy doing with your sweetheart? Does anyone have an example?
  - Hanging out
  - Going to the movies
• Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

  o Being active
  o Going on dates

• What makes dating relationships hard sometimes?
  o Jealously
  o Resentment
  o Trying to divide time between sweetheart and friends
  o Not understanding each other

• Transition into different scenarios. Ask the women what they would do in each situation.
  o A person whom you just met asks you on a date. Would you go on the date if he or she was a stranger? Would you give that person your phone number? If you went on a date, what would you do? Would you meet in a public place?
  o One of your staff begins to talk to you about your dating and sexual life in detail. Would this make you uncomfortable? What if the staff member was male? Do you believe that this is okay? Why or why not? Would you tell another staff member?
  o A person in an Internet chat room asks you to meet them in person. What would you do? Are you okay with meeting the person? Where would you meet the person? Would you tell someone about the situation?
  o Your sweetheart wants to take your relationship to the next level physically. However, you are not comfortable with that. What will you
tell them? Do you think it is okay to do what your partner wants, even if it makes you uncomfortable?

- Your sweetheart wants you to only spend time with him/her. He/she is very controlling, and does not trust your friends. Would you continue to be in the relationship? What would you do? How would you handle your sweetheart’s emotions?

- How can you stay safe with the people you date?
  - Only do things with which you are comfortable. If you are not comfortable with something, make sure you say “no” and let the person know.
  - Hang out in groups of people at first until you trust the person.
  - Take your time getting to know the person. Open up after you trust the person.
  - Stay true to yourself. Do not change for the other person.
  - If you are sexually active, use protection and make sure you talk with your partner about what you are and are not willing to do sexually.

**Dating relationships activity.**

The women along with the advocates will play a game of “Chutes and Ladders.” This game of “Chutes and Ladders” is specifically designed to focus on healthy and unhealthy attributes in dating relationships. The board will be a typical “Chutes and Ladders” board where the ladders are healthy relationship qualities, and the chutes are unhealthy relationship qualities. When the women land on a ladder or chutes game space, they must draw from the respective pile. On the card will be a healthy or unhealthy characteristic of a dating relationship. The
leader will then ask why it is healthy or unhealthy. The goal of this game is for women to recognize healthy and unhealthy attributes in a dating relationship, and discuss openly the reasons behind these attributes.

**Module Four- Healthy Familial Relationships**

**Discussion questions.**

- Who is in your family?
  - People who may be in your family can include your mother, father, sister, brother, aunt, uncle, cousins, grandmother, grandfather, extended family, stepmother, stepfather, stepsister, stepbrother, god parents, pet, and friends.

- Can you have a family with people who are not related to you?
  - Yes, you can have a family with people who are not related to you. They may be related to you through marriage or adoption. Also, there may be a friend who is extremely close to you and who you rely on to support you.

- Can your friends become your family?
  - Yes, friends can become part of your family. Some people, because of a strained relationship, death, or living far away, may not have the full support from their biological/adoptive/foster family. Friends may take the place of your biological/adoptive/foster family. They can offer you support, and you may rely on them to live a happy life.

- What are your family’s strengths?
Families have different strengths. Some families are extremely close, and rely on one another to carry out normal everyday activities. They may rely on each other for emotional support and love. Families may use humor, love, support, trust, and respect of one another to succeed as a familial unit.

- What life events are hard on a family?
  - Some life events that are hard on a family include death, moving, divorce, loss of jobs, drug or alcohol dependency, stress, violence, and economic situations.

- How can families overcome problems?
  - Families can be extremely resilient. They may rely on one particular individual or several for support, and they may adjust how they function after a problem. Families may also use outside resources, such as counseling, to help. Remember, just because a family uses outside support does not mean that they are not loving and “damaged.”

- What does it mean to be in a family?
  - To be in a family means relying on one another for support. You may get support financially and emotionally. Families typically help raise children to become adults. Families may be structured in many different ways.

- What are things you do with your family?
  - Activities that a family may participate in include going on trips, having fun, eating meals together, teaching family members important traditions and rituals, and teaching about the family’s history.
• Are you closer with some family members compared to others?
  
  o You can be closer with some family members than other. Even if you are
closer, it does not necessarily mean that you may love someone more or
less.

• What makes these relationships different?
  
  o These relationships are different, because they may have a stronger
emotional bond. There may also be more trust and closer boundaries.

• What are boundaries that you have with your family members?
  
  o Boundaries should be established with family members. They can include
such things as that the parents may need private time or that you are
allowed to have time with your friends. They can also include that you are
not hurt physically, sexually, or emotionally.

• What should happen if those boundaries are crossed?
  
  o Make sure you say “no” when those boundaries are crossed. If you feel
uncomfortable, let the person know. If it involves physical, sexual,
financial, or emotional abuse let a trusted adult know. This could be
another family member, a staff member, or a community worker. If you
tell this person, and they will not listen to you, do not give up; find another
person who believes you and is willing to help.

• How do you have a healthy relationship with family members?
  
  o Make an effort to let your family members know how you feel about them
by showing your love and support. Also, make sure to spend quality time
with them and discuss how you can improve your relationship.
Healthy family activity.

The women will be making a picture frame to put a picture of their family in it. Cardboard picture frames will be provided for the women to place the picture in. The women can make a collage on the rim of the picture frame using words and pictures that describe their family. They can also draw pictures or decorations to personalize their picture frames. Often times, women with disabilities are living in a group home away from their families. By making a picture frame, the women will be able to feel connected to their families.

Module Five- Healthy Relationships with Staff and Community Workers

Note: Staff is not encouraged to attend this meeting so that the women feel open to discuss potentially sensitive topics. If staff must attend, encourage female workers only.

Discussion questions.

- Who are the different staff members that are involved in your life?
  - Staff involved in a person’s life may vary from person to person.
  - Examples of staff are direct service providers in group homes and personal care assistants.

- What do they help you with?
  - Staff helps to varying degrees depending on the person. They typically help with everyday activities including communicating, bathing, meal times, taking medications, and moving from place to place.

- What different community helpers are present within your life?
  - Different community helpers can include fireman, doctors, social workers, police officers, occupational therapists, and teachers.
What do they help you with?
  - They try to ensure safety and health within the community. Also, they can help when someone is in trouble or needs additional assistance.

What makes a good staff member or community helper? Does anyone have an example of a good staff member or community helper?
  - Someone who is trustworthy, respectful, helpful, a good listener, confidential, and can communicate with a variety of people.

What are characteristics of a “not so good” staff member or community helper? Does anyone have an example of a “not so good” staff member or community helper?
  - Someone who violates boundaries, is rude, not helpful, or disrespectful to people in the disability community.

Do you trust staff members? Why or why not?
  - We should be able to trust staff members. If we do not trust staff members, this should be addressed with their supervisor.

Do you trust community members? Why or why not?
  - We should also be able to trust community members. If we do not trust community members or boundaries are violated, we should address this with a trusted adult.

What boundaries should you have with staff members?
  - They should not ask you extremely personal question such as whether or not you are dating or sexually active. You should not date one of your staff members or become sexually involved with them; this crosses ethical
What boundaries should you have with community helpers?

- Community helpers are there to help us and know useful things about us. However, they should not know everything about you because this can cross boundaries. If a community member is making you feel uncomfortable, your boundaries have been violated.

- What if those boundaries are violated?

- Boundaries are what allow us to feel safe and comfortable with other people. We should be able to stand up for ourselves or tell someone we trust if a staff or community member has crossed our boundaries. Remind the staff or community member that you deserve respect. If you are in danger tell someone right away, and remove yourself from the situation if possible.

**Healthy relationships with staff and community helpers activity.**

Around the room, the Arc advocate will place different posters that have various types of community helpers/staff (i.e. doctor, social worker, PCA, police officer) pictures and titles. The woman will come together as a group to describe each type of individual, and whether or not they trust them. The Arc advocate will ask what ideal characteristics each type of staff or community helper should exhibit, and what type of characteristics they should not possess. The Arc advocate will then ask if it changes their opinion whether the staff/community helper is a man or a woman in terms of how they interact with them, what boundaries they have, and what
level of trust they experience. This activity can be used at the beginning of the discussion as a place to start to think about different types of community workers and staff.

**Module Six- Being a Self-Advocate, Getting Active and Speaking Out**

This last module will be a final celebration and conclusion of the “Girl Talk” program. At this time, the women will be given the opportunity and learn how to share their stories with others. If the participating women are comfortable and are in agreement, these stories may eventually be shared with public officials, service providers, or with the Arc Greater Twin Cities. The women will utilize the “Telling Your Story” (see Appendix D) template provided by the Arc to go through the process of standing up for what they believe in and advocating for themselves. Each woman will pick an issue that is important to her. We would like the women to have the chance to further explore and learn about any topic that they would be comfortable in sharing from their perspective. For instance, the individual might talk about abuse or sexual violence. With the women’s permission, such anonymized stories may be used to advocate for the Vulnerable Adult Neglect bill and the Sexual Violence Reporting legislation. Alternatively, the women may pick other topics such as health care, services, and voting. Our hope is that in the future the “Girl Talk” participants will continue to explore women specific issues. This session will give the women a chance to construct their stories, which will be used to put a “face” on the issue, and to encourage the “voice” of these women. If time allows and the women are comfortable, they will also put together a poster of pictures and quotes that expresses what it is like to be women with disabilities. The women will use their strengths and struggles to construct this poster. If they are willing, the Arc may use these posters in events such as in forums to explore how women with disabilities feel about healthy relationships and themselves. It must be
noted that the Arc will not be collecting specific identifying information about the women, and these posters will only have quotes and pictures that the women are comfortable sharing. Our hope is that every woman that attends a “Girl Talk” event will have the chance, if she desires, to explore what it means to have healthy relationships and to be a woman with a disability.
Conclusion

Abuse against individuals, especially women with developmental or intellectual disabilities, occurs at a startlingly high rate (Martin et al., 2006). Many risk factors contribute to this increased risk including societal views of individuals with intellectual and developmental disabilities as being asexual and not being credible witnesses, reliance on caregivers, intrinsic compliance with others, and possible social isolation. With many individuals in our society that are impacted by intellectual or developmental disabilities, family systems, service providers, community support systems and policymakers should take into account the complexities of abuse against these individuals. The social-ecological model (Bronfenbrenner, 1977) can be utilized to explore the different system interactions that can support or hinder individuals with disabilities who experience abuse. Abuse prevention initiatives may be effective if they use a multi-pronged approach of collaborating, educating, and bringing together all of the different systems involved in a person’s life.

The Arc Greater Twin Cities is attempting to address abuse among individuals with disabilities using a holistic, multi-pronged approach that not only educates all of the different systems, but also attempts to connect these systems together. This past year, I volunteered within the abuse prevention initiatives at the Arc Greater Twin Cities. During this time, I was able to engage in work on the micro-, meso-, exo-, and macrosystem levels. On the macrosystem level, I engaged in public policy efforts by tracking legislation and voicing my opinion on current abuse prevention bills within the Minnesota Senate and House of Representatives. On the exosystem level, I attempted to connect community sexual violence organizations with the Arc Greater Twin Cities in an attempt to collaborate and explore the unique situations that women with disabilities face that may lead to abuse. On the mesosystem and microsystem level,
I organized and created abuse prevention resources targeting family, friends, caregivers, and service providers who may be interacting with a loved one experiencing abuse. Lastly, for my thesis, I created for “Girl Talk”, a women specific curriculum that addresses the individual level of the social-ecological model.

The “Girl Talk” curriculum was designed to address the perpetration of abuse against women with intellectual and developmental disabilities, while giving these women a chance to speak out, interact, and learn more about healthy relationships. The socio-ecological model allows us to construct a disability paradigm, which demonstrates that many individuals with disabilities have social isolation that contributes to their shrinking microsystem and mesosystem. The microsystem (family and friends) are decreased due to many individuals having to live in assisted living facilities. Furthermore, the mesosystem (service providers, paid caregivers, and community workers) tends to have a power imbalance in which the individual with the disability is required to comply and rely heavily on the mesosystems. When examining the exosystem (community organizations including domestic violence service providers) and macrosystem (public policy), individuals with disabilities are frequently overlooked. While there have been great strides in the rights of the disabled, sometimes these systems do not fully protect and support these vulnerable individuals with respect to abuse.

Part of the perpetration of violence can be attributed to the lack of resources and knowledge in these different systems specifically concerning abuse prevention for women with intellectual and developmental disabilities. The Arc Greater Twin Cities is attempting to tackle this lack of knowledge within the Twin Cities community by generating resources and educating the local community and the various socio-ecological system levels on this issue. Before Arc’s abuse prevention initiative, it was extremely hard for family members, caregivers, and self-
advocates to gain the necessary knowledge and tools to safeguard their loved ones. Furthermore, individuals within the abuse prevention services were unsure how to properly handle cases that involved individuals with intellectual and developmental disabilities. There was very little communication and education between the abuse prevention community and disability community in the Twin Cities.

Women with intellectual and developmental disabilities felt as if they did not have a voice when it involved their own relationships (Lesselier & Van Hove, 2002). Every woman deserves the right to learn, interact with others, and advocate for herself and her relationships. “Girl Talk” provides the chance for women self-advocates to learn these skills. The women begin to understand how these different systems interact through discussion of family and friends (micro), activities surrounding caregivers and community workers (meso), and broader policy work (macro). My hope is that self-advocates learn through “Girl Talk” how to become engaged and active within the different systems, advocating for themselves if relationships become abusive, and knowing how to utilize other resources and rely on other parts of the social-ecological systems for assistance if this happens. From surveys collected after the two “Girl Talk” nights, a majority of the women felt that they learned something new about relationships (5/5 in the first group, and 7/8 in the second group). However, we do not yet have a formal method to test how these self-advocates interact with other systems after completing the “Girl Talk” curriculum. My hope for the future will be for the Arc to collect data to demonstrate whether or not these efforts are truly helping with promoting better system interactions and change.

The Arc Greater Twin Cities is striving to bridge this information gap through educational presentations and discussion groups for women, caregivers, and violence prevention
service providers. The curriculum I constructed for this thesis will hopefully be used by the Arc Greater Twin Cities in their effort to provide open, safe discussions about healthy relationships for women self-advocates. While these women have experienced unheard voices in the past, my hope is that “Girl Talk” and the abuse prevention initiative at the Arc Greater Twin Cities will give women with intellectual and developmental disabilities the opportunity to learn about healthy relationships and to create listening ears as these women advocate for themselves and their relationships.
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

References


Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES


Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES


Abuse Prevention Resources

Resources for Self Advocates:

- Guides for Self Advocates:
    - This information packet discusses definitions related to individuals with disabilities, myths and facts around disabilities, and different models for viewing disabilities. The packet covers people’s rights, statistics, sexual assault, abuse, neglect, and barriers to accessing sexual assault services. The packet concludes with information about leaving a partner and legislative rights.
    - This guide is written for women with disabilities who are experiencing abuse. A definition of abuse and a “warning signs” of abuse quiz are included. This guide features stories and advice from other women. Steps to protect oneself from abuse are included.
    - Chapter fourteen covers abuse, violence, and self-defense for women with disabilities. The chapter discusses different kinds of abuse, preventing abuse, support for women leaving violent partners, sexual violence, abuse in institutions, and what to do to be safer. It utilizes different cultures throughout the world to express that abuse can happen to anyone from anywhere.
  - Planned Parenthood. (2011). Are you Safe in your Relationship?
    - This article examines relationship abuse and whether a relationship is unsafe or not. It also examines what happens if children are involved. The article covers whether or not to end a relationship, where to receive help, and how to leave an unsafe relationship.
  - Planned Parenthood. (2008). Is your Relationship Good for You?
    - This article examines what a healthy relationship looks like. It includes what is involved in making a healthy relationship, and how do you know
if you are in a healthy relationship. Furthermore, it includes ways to develop healthy relationships, and how can you improve your relationships. It concludes with information about what to do if you are not in a healthy relationship.

  - This article examines responsibilities in a relationship. These responsibilities include being listened to, honesty, disagreeing, support, forgiveness, and respect.

- Recognizing and Interrupting Abuse of Adults with Disabilities.  
  - The guide asks questions for an individual to recognize the signs of abuse by a family member or caregiver. Also, reasons why people may be abused are included along with ways to stop the abuse.

- Texas Association Against Sexual Assault. Sexual Abuse of People with Developmental Disabilities.  
  - This resource is developed for individuals with a developmental disability who may have experienced sexual assault. The resource examines self-protection, risks, safety techniques, and how to be critical of a living environment.

  - A guide for anyone in an abusive relationship. This guide includes a checklist of common characteristics of abusive relationships, and tips for avoiding potentially harmful relationships. Also, the guide examines common myths about relationships, dating violence, what power and control is, and warning signs of abusive relationships. The guide examines the cycle of violence, effects of dating violence, what to do if you are in a bad relationship, safety planning, and how to get an order for protection.

- Articles for Self Advocates:  
    - This article explores the relationship between violence and women with disabilities. It explores how isolation of women with disabilities, economic resources, and exclusion to services continues the cycle of violence. The article also explores how this cycle leads to system-based violence.
  ▪ Newsletter published by the University of Minnesota’s Institute on Community Integration featuring violence against women with disabilities. Articles include a woman’s account of the violence she experienced from her partner, statistics about the different types of violence including intimate partner and caregiver violence, policy implications, and the Violence Against Women Act 2000. Additional articles include combating discrimination, recognizing and responding to violence, service accessibility, advocating for women in the judicial system, recognizing caregiver abuse, promoting healthy relationships, deaf women advocacy, educating law enforcement, and victim services.

• Articles about Bullying:
  o Healthy Place. (2008). What To Do If You Are Bullied.
    ▪ This site gives concrete ideas of what to do if you are be bullied. It also gives an idea of what to do if someone else is being bullied.
  o Michigan Technological University Affirmative Programs Office. (no date). The Workplace Bully.
    ▪ This brochure discusses how to identify bullies in the workplace, what the signs of being bullied are, and what can cause this behavior. Also, the brochure includes what to do if you are bullied and where to receive help.
  o Reach Out. (2009). Bullying- How to get Help if you are Being Bullied.
    ▪ This guide includes advice for individuals who are being bullied. The site includes what actions you can take if you are bullied, how to ask for help, and tips for getting help. Also, it includes information about bullies and how to be confident around bullies.
    ▪ This site includes knowledge about bullies in bullet points. This includes general information about bullies themselves and what to do if you are bullied.
  o U.S. Department of Health and Human Services. What Should I Do If I’m Bullied? Stop Bullying Now! Take a Stand, Lend a Hand.
    ▪ This site addresses different issues of bullying. In this sheet the information includes what is bullying and how to deal with bullies.

• Power and Control Wheels for Self Advocates:
  ▪ Power and Control wheels are a tool for understanding relationships and abuse. Areas of abuse are explained. Also, information about healthy relationships and respect are included.
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

- National Center on Domestic and Sexual Violence. Equality Wheel: People with Disabilities and Caregivers.
- Safe Place. People with Disabilities in Partner Relationships Respect Wheel.
- Safe Place. People with Disabilities in Partner Relationships Power and Control Wheel.

Resources for Family, Friends, and Caregivers:

- Newsletters for Family, Friends, and Caregivers:
    - This question and answer guide gives an overview of sexual violence perpetrated against individuals with intellectual disabilities. The article examines risk factors, definitions, perpetrators, statistics, effects, and treatment.
    - This article explores raising daughters with disabilities. It explores issues of independence, role models, and work in relation to parenting daughters. It also gives parent’s concrete idea of parenting their daughters in regards to sexuality.

- Guides for Family, Friends, and Caregivers:
  - Fitzsimons, N. (2009). Indicators of Abuse
    - This information sheet lists indicators of abuse. It provides indicators for physical assault, neglect, financial exploitation, sexual assault, and psychological abuse.
    - This resource is developed for family, friends, and caregivers of children with developmental disabilities who may have experienced violence. The resource examines types of abuse (including definitions), risk factors, and indicators of abuse. Also, information about how to report child abuse, safety techniques, and how to help your child is included.
  - Pennsylvania Coalition Against Rape. (No Date). A guide for Friends, Family, & Care Providers of Sexual Violence Survivors who have Disabilities.
This guide is developed for family, friends, and caregivers of people with disabilities who have experienced sexual violence. The resource examines how to deal with the situation immediately, what type of evidence to collect, and how to report. The guide includes how to communicate with a victim. Also, this article includes information about child sexual abuse, male sexual abuse, and acquaintance rape. The article explores effects on the victim and family members. Finally, the guide concludes with risk-reduction recommendations and definitions.

- This resource is developed for family, friends, and caregivers of people with developmental disabilities who may have experience sexual assault. The resource examines types of sexual assault, broad statistics, and indicators. Prevention techniques, grooming techniques, and how to respond is also covered.

**Information about Bullying:**
  - A guide for parents to identify if their child is being bullied. It also gives examples of unacceptable peer behavior, and compares it to spousal abuse.

  - This comprehensive article addresses bullying in relation to children with disabilities. The article covers the definition of bullying, teasing, and disability harassment. Also, the article includes statistics about the problem, how to address the problem, and how to create caring communities. The article concludes with prevention techniques and creating anti-bullying programs in schools.

  - This site examines common myths about bullying. It examines myths such as girls do not bully, bullying makes kids tougher, and bullying is a normal part of childhood.

  - Information for parents with children who have disabilities about what bullying is and what bullying is not.

- PACER Center. (2009). Why are Kids Targeted by Bullying?
  - This article examines why certain kids are targeted for bullying. It lists the four common traits of children who are bullied.
Resources for Service Providers:

- Resources for Healthcare providers:
    - This newsletter article argues that abuse by a caregiver should be included in the definition of domestic violence. It examines the power dynamic between women and their caregivers in regards to abuse. Also, a power and control model unique for women with disabilities is included. Different types of abuse are explained in detail. The article ends with suggestions for healthcare providers to screen and deal with women who have experienced abuse.
    - Information for physicians who are dealing with women who have a disability and are facing violence. Explores why the patient may not tell the physician about the abuse and reasons why the physician may not ask about the abuse. It also explores possible signs of abuse from the medical record and physical examination. The information gives a guideline that physician may use for dealing with an abused patient.

- Resources for Criminal Justice System:
    - This research article explores police officers and their perceptions and attitudes around disabilities. The article shows how many police officials mistake disability for mental illness. They tend to have a negative perception towards disability, because of their negative perception of mental illness. The article also examines how these perceptions shapes the police officer’s attitude towards people with disabilities.
    - This bulletin is designed for people in the criminal justice system and service providers. It examines how individuals with disabilities are treated when they are victims of crime. The article explores common myths, barriers, the background of disabilities and crime, unique issues, and recommendations.

- Resources for Forensic Interviewers:
Running head: PROMOTING HEALTHY RELATIONSHIPS IN WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

  - This newsletter article describes the process of interviewing children with developmental disabilities who have experienced abuse. Information about how a forensic interview team should prepare is given in detail in the newsletter. Also, special considerations which may change the interview are also listed.

- Resources for Disability Service Providers:
    - This newsletter examines a situation where a man was sexually abusing clients in a group home setting. The group home and parents’ reaction to the situation were explored. It also gives an overview of how to handle and respond to violence and abuse.
    - A review for service providers on how and when to share confidential information about women with a disability who experiences violence. Reviews types of consent, HIPPA, and sharing information. Note: Addresses Wisconsin state laws.
    - This is a guide for Minnesotans around child abuse and neglect. This resource explores who is mandated reported, when to report, and where to report. It also examines what happens when a report is made, what types of questions will be asked, and what happens when abuse happens in a school/facility. Also, it explores relevant Minnesota statutes on child abuse and neglect.

- Resources for Domestic Violence Service Providers:
    - This tool for domestic violence advocates strengthens their knowledge around safety planning and disabilities. It examines policies for the program, potential barriers victims face, and sample question to ask a victim. The questions are helpful to include in basic safety planning questionnaires.
This tool for domestic violence agencies allows them to examine their screening and intake process to include questions about accommodation needs of the victim. The document establishes how screening practices should take into account disabilities from the initial contact to providing services. A checklist of accessibility issues is provided for agency’s to review their own services.

  - A resource for service providers to assess their understanding and accessibility of people with disabilities who experience violence. Focuses on whether or not the staff understands, how to access the facility, whether or not the building itself is accessible, whether or not the program addresses disability issues, whether or not the community is aware of the service’s accessibility, and reviewing existing policies.

  - Examines issues facing victims with disabilities, how abuse differs, specific factors that increase abuse, and who are the abusers. This article also examines the fear of disclosure, if a perpetrator has a disability, and domestic violence that results in a disability. It is also a guide for sexual violence service providers to ask about disabilities and learn about the different types of disabilities.

- North Carolina Coalition Against Sexual Assault. Sexual Violence and People with Disabilities.
  - A guide for sexual violence advocates for working with clients who have a disability. The brochure examines how to better serve those clients, risks, and other types of abuse a person may experience.

  - A resource for domestic violence and sexual assault service providers to review their accessibility of services. This resource includes an assessment for agencies to address issues around accessibility and attitudes around disabilities. Also, the guide includes definitions/language issues, a spectrum of violence, types of communication and physical barriers, a resource guide, and current policies.

- Resources for Any Type of Service Providers:
This information describes collaboration between advocacy organizations and violence programs on the issue of violence against women with disabilities and Deaf women. It focuses on alliance structure and strategies. Also, the information examines why it is important to collaborate across different sectors who work with women who experience violence.

  - A resource guide for domestic victim services and disability organizations on collaboration. Offers recommendations for collaboration as well as practical strategies for this process.
  - This is a resource for anyone who provides service, advocacy, or support to women with disabilities who have experienced violence. This workbook explores the definition of domestic violence, sexual assault, stalking, and disabilities. It also examines the individual’s understanding of the victim’s disability and screening for violence.

**Crime Victims Rights Information Guide:**

  - Minnesota rights for victims who experience crime. The text includes the rights and resources available to crime victims. Also, current Minnesota statues and rules and the Crime Victim’s Bill of Rights that are relevant crime victims are included.

**Media Articles around Violence against Individuals with Disabilities:**

  - A federal class-action lawsuit over improper restraints and seclusions were charged against the Minnesota Extended Treatment Option. METO placed unnecessary, violent restraints on individuals and also secluded them for a long period of time where they were not allowed to see family members.
  - James and Lorie Jensen sued a residential treatment program in Cambridge, Minnesota after their son, Bradley, was put in excessive restraints (metal handcuffs, leg shackles, and nylon straps). This facility has already had violations for excessive use of restraint.
This article describes a survey where the researchers found that nine out of ten Massachusetts parents said that their child with Autism has been a victim of bullying. The bullying ranged from verbal abuse to physical contact.

  - James Straicha was charged from stealing over $35,000 from a man with autism. Straicha used the man’s identity to apply for credit cards.

  - Follow up article to the Simons and Smith’s article. It describes how the police found the final suspect in the Lakeville case. Also, it describes how Hamilton was impacted by the physical torture.

- Shapiro, J. (2009). Abuse at Texas Institutions is Beyond ‘Fight Club’. *NPR.*
  - This article examines how workers at a state institution staged fights against residents. The fights which included workers physically abusing residents, were filmed by another worker. State institutions in Texas have a long history of abuse, and the U.S. Department of Justice is urging them to change their system.

  - A mom in Saint Louis Park began driving her son to treatment after the Minnesota Non-Emergency Transportation van service failed to take him to treatment. Complaints against the company range from having children ride without safety seats to having a broken car seat.

  - A ten-year-old boy with autism may have been killed by his mother, Patricia Brecht. The case seems to be a botched homicide-suicide attempt.

  - This article illustrates the story of a 24-year-old man with disabilities who was tied to a tree and physically assaulted. It is believed that the motive for the violence was because the man befriended a 16-year-old girl. One of the charged men was employed by an organization that works with disabled adults.

  - This article describes how a male nurse at the Mayo Clinic in Rochester, MN was fired, because of having sex with a patient at the hospital. According to the Mayo Clinic the nurse was fired over unprofessional conduct and maltreatment of a vulnerable adult. The woman was in the psych ward when the sex occurred. However, the Minnesota Health Department says that there were no violations under the law, because it was “consensual” according to the women.

  - This article describes how Ludusky Hotchkiss was charged for starving her 10-year-old daughter with cerebral palsy to death. The woman did not feed her since 2006 and she lost 34 percent of her body weight. Also, a personal care assistant who was employed did not do his duties. The PCA and mother
planned to split the wages, without the PCA working at all. The PCA has not been charged at the time.

Research Surrounding Abuse and People with Disabilities:

  - This research study analyses sexual assault prevention programs and women with intellectual disabilities. The authors examined sexual assault prevention programs, and the impact of them on women with intellectual disabilities. They found that four sexual assault prevention programs were specifically designed for women with disabilities. The authors examined these programs, and concluded with recommendations for future sexual assault prevention programs.
  - This article analyses sexual abuse perpetrated against women with disabilities. The article gives an overview of sexual abuse, and issues facing the research on this topic. It examines prevention strategies. It concludes with current efforts to battle sexual assault against women with disabilities.
  - This article analyses intimate and caregiver violence against women with disabilities. The article begins with current federal statutes relating to domestic violence and women with disabilities. The article provides a definition and scope of the problem. Furthermore, the article examines the intersection of domestic violence and disability. The criminal justice system’s response is explained along with abuse tactics. The author explains specific issues relating to women with disabilities and domestic violence.
  - This is a good overview of violence and abuse against people with disabilities. Also, it discusses using person first language and the social model of disability. Part two describes how to recognize abuse and perpetrators. It discusses common barriers for individuals who experience abuse including economic barriers, communication barriers, and system barriers. The article ends with the spectrum of prevention, and what can be done as an advocate.
  - This article analyses recent research regarding women with disabilities and interpersonal violence. The article includes statistics of how frequently women experience violence and information about how they experience the violence.
It has been found that women with disabilities are more likely to experience violence, experience multiple forms of violence, and have longer duration of the violence. It addresses prevention programs and their effectiveness, consequences of violence, and violence of women from diverse backgrounds. It concludes with policy suggestions, service suggestions, and information about violence against men with disabilities.

  - Statistics of individuals with disabilities and the rate in which they experience violence. Explores different situations including sexual assault, robbery, aggravated assault, and simple assault. Addresses factors including gender, age, types of disabilities, drugs/alcohol. Includes perceptions of attack, resistance to attack, injury, whether or not the offender was armed, reporting to police, police response, and use of victim assistance programs.

  - This research study analyses recent policies around sexual assault from a disability paradigm. Recent policies increase penalties for crimes committed against individuals with cognitive disabilities. However, the authors believe that these policies stem from a history of oppression of individuals with disabilities. The authors also examine how many policies deny individuals with disabilities of their civil rights.

- Wisconsin Coalition Against Sexual Assault. (2003). People with Disabilities and Sexual Assault. Fact Sheet.
  - This fact sheet reports statistics around sexual assault and people with disabilities. The fact sheet also includes definitions of sexual assault and violence.

Abuse Prevention Curriculum:

  - This program is designed to teach children and youth with disabilities about healthy relationships, sexuality, safety, and abuse prevention. Components include curriculum designed for children, teenagers, professionals, and parents. It is suggested that the program be completed in a classroom environment. The intended audience for this document is staff at sexual violence agencies who want to start or expand a school-based violence prevention program for youth with disabilities.

This learning tool is aimed teaching self-advocates. The mission is to teach individuals with disabilities to recognize, report, and respond to abuse and mistreatment. Ideas include a card game to recognize non-abuse, questionable, and abusive behavior.

  - This program is designed to teach adult and care givers about personal safety and abuse prevention. Components include curriculum, PowerPoint, journals, and visuals. Module one is about keeping personal items safe. Module two explores neglect, and module three explores physical and verbal abuse. Module four provides information about sexual abuse. The last module is designed for caregivers.
Abuse Prevention

People with disabilities are at a far greater risk for abuse than people without disabilities and most abuse is unreported. The Arc Greater Twin Cities has made abuse prevention a priority and is working closely with the Ramsey County Sexual Assault Committee, Carver County Sexual Assault Interagency Committee and Hennepin County SMART team to make sure the needs of people with disabilities are served.

Scope of Problem

- Studies have found that women with disabilities compared to women without disabilities are more likely to experience physical and sexual violence, an increased severity of violence, multiple forms of violence, and longer duration of violence (Powers, Hughes, & Lund, 2007).

- Women with developmental disabilities have among the highest rates of physical, sexual, and emotional violence by spouses, ex-spouse, boyfriends, and family members of all women with and without disabilities (JBD Stuart, 2008).

- Children with disabilities are 68% more likely to experience maltreatment compared to children without a disability (Children’s Bureau, 2007).

- Men with a disability are at an increased risk to experience sexual assault (Stermac, et al., 2004).
Abuse Prevention at The Arc Greater Twin Cities

Learn More about the Issue
The Arc Greater Twin Cities offers different trainings around abuse prevention for self advocates and professionals.

Professional Trainings
- **Stop The Abuse**: This training is designed for professionals, caregivers, and parents.
- **People with Disabilities and Abuse**: This training is designed for professionals who work in abuse prevention or the response field, but are less familiar with abuse as it relates to people with disabilities.

Self Advocate Training
- **Girl Talk**: A chance for women/young women to get together and talk about healthy relationships in a safe, open environment. This training provides a chance for women self-advocates to learn about healthy boundaries in relationships, how to be safe, and how to stand up for themselves.
- **Guy Talk**: This training is designed for men/young men to talk about healthy relationships, boundaries, keeping safe, and advocating for themselves.
- **It's Your Choice, Use Your Voice**: This six part curriculum is designed to teach self-advocates how to have healthy relationships, how to keep safe, and how to advocate for oneself. The six modules are:
  - All About Me: Individuals will explore themselves their likes, dislikes, strengths, and dreams for the future.
  - Self Advocacy and School: Individuals will learn what self-advocacy is, how to speak up for oneself in a school setting, and how to plan for the future.
  - Healthy Relationships: Learn to identify different relationships, understand boundaries, how to have trust in a relationship, and gain skills to get along with others.
  - Keeping Safe: Learn how to be safe in your home and the community. Self advocates will develop a plan to keep safe.
  - Your Rights: Learn what rights are and the different types including civil rights, human rights, and disability rights. Self advocates will explore why rights are important.
  - Get Active: Individuals will learn how to get involved in the community to make change. This session will explore public policy, how to bring forward concerns or issues, and how to tell your story.

Resources
The Arc Greater Twin Cities currently has an in house library resource related to abuse prevention, which also includes information specifically about sexual violence and people with disabilities. Many of the resources can be found on our website at www.arcgreatertwincities.org. The resource library provides information for self-advocates, service providers, and caregivers. The resource library also includes media articles, and current research on the topic of abuse prevention for persons with disabilities. Anyone can access the resource on our website as well as by coming to our in house library located at 2446 University Ave W Ste. 110. If interested, individuals can check out materials from the on-site library.

Call The Arc Greater Twin Cities at 952-920-0855 for more information about trainings or abuse prevention.
What is abuse?

Abuse is destructive words or actions enacted by a person intended to harm another. There are several different types of abuse including physical abuse, neglect, financial exploitation, sexual abuse, and emotional abuse.

- Physical abuse is any physical act that is not accidental with the intention of causing pain, injury, or suffering in another.

- Neglect is the failure to carry out responsibilities intended to help another. This can include not providing reasonable care, not fulfilling basic physical, emotional, or medical needs, and not protecting another person.

- Financial exploitation is handling another person’s money, assets, or property illegally or improperly. The individual committing financial exploitation does not have the person’s informed consent or obtains consent using coercion, bullying, or fraud.

- Sexual violence, assault, and abuse are using force or coercion on another person to engage in or observe sexual acts. This includes rape, unwanted touching, and harassment.

- Emotional (psychological) abuse is any act intended to harm another person’s feelings or emotional state. This includes both physical and verbal acts intended to humiliate, degrade, or frighten another individual.

How common is abuse among persons with disabilities?

- Studies have found that women with disabilities compared to women without disabilities are more likely to experience physical and sexual violence, an increased severity of violence, multiple forms of violence, and longer duration of violence (Powers, Hughes, & Lund, 2009). Women with disabilities are four times more likely to experience sexual assault than women without disabilities (Martin et al., 2006). One study found that 83% of women with disabilities experience sexual abuse. Furthermore, of women with disabilities who are abused 66% are physically or sexually assaulted before they are teenagers (J&D Stuart, 2008).
• Women with developmental disabilities have among the highest rates of physical, sexual, and emotional violence by spouses, ex-spouses, boyfriends, and family members of all women with and without disabilities (J&D Stuart, 2008).

• Children with disabilities are 68% more likely to experience maltreatment compared to children without a disability (Children’s Bureau, 2007).

• Men with a disability are at an increased risk to experience sexual assault (Stermac, et al., 2004).

• A study found that 45.8% of survivor sexual assault survivors with disabilities have difficulty finding appropriate services. Over half of these problems were due to a lack of resources. Also, it was found that only 20% of services successfully helped clients with disabilities (Sobsey & Doe, 1991).

• Often the victims of abuse and violence know their perpetrator. A study showed that 44% of abusers had a relationship to the survivor that was specifically related to the survivor’s disability. The study also showed that in 95% of cases involving sexual assault and persons with a disability the survivor knew the perpetrator. However, only 22.2% of perpetrators were charged, and only 8% of perpetrators were convicted of sexual assault (Violence Against Women, 2001).
Appendix C

Arc Guide to Risk Factors for Abuse

Risk Factors for Abuse

There are a number of factors that increase the risk for individuals with disabilities to experience abuse. Individuals with disabilities tend to experience abuse more and at a higher severity than individuals without disabilities. Some of these risks include:

- Offenders may view people with disabilities as easy targets.
- Reliance on others for independence.
- Often times society views people with disabilities as not credible witnesses, lacking intelligence, and non sexual.
- May lack social networks and contact with others may be mainly limited to caretakers. Social isolation is associated with an increase risk of all types of abuse.
- May have limited social outings and be denied appropriate relationships with other people.
- May have a different communication style, be non-verbal, or not have an appropriate translator.
- Abuse among individuals with disabilities is underreported.
- Others may have difficulty recognizing abuse, because the individual may be assaulted during a daily hygiene care.
- An individual may not recognize that they are being abused, because they may be abused by someone close to them and are not sure what is considered abuse.
- The perpetrator may withhold necessary services such as food, healthcare, and transportation. The victim may be reliant on the offender to survive.
- The service provider may not question the caretaker’s actions.
- Disability service providers are often taught to contact the common entry point first rather than 911. This could lead to cases of abuse not being reported to authorities in an efficient and effective manner.
- Victims may be reliant on offender for financial support.
- Domestic and sexual violence service providers may not have the appropriate resources and or knowledge to care for someone with a disability.
Risk Factors for Abuse

There are a number of factors that increase the risk for individuals with disabilities to experience abuse. Individuals with disabilities tend to experience abuse more and at a higher severity than individuals without disabilities. Some of these risks include:

- Offenders may view people with disabilities as easy targets.
- Reliance on others for independence.
- Often times society views people with disabilities as not credible witnesses, lacking intelligence, and non sexual.
- May lack social networks and contact with others may be mainly limited to caretakers. Social isolation is associated with an increase risk of all types of abuse.
- May have limited social outings and be denied appropriate relationships with other people.
- May have a different communication style, be non-verbal, or not have an appropriate translator.
- Abuse among individuals with disabilities is underreported.
- Others may have difficulty recognizing abuse, because the individual may be assaulted during a daily hygiene care.
- An individual may not recognize that they are being abused, because they may be abused by someone close to them and are not sure what is considered abuse.
- The perpetrator may withhold necessary services such as food, healthcare, and transportation. The victim may be reliant on the offender to survive.
- The service provider may not question the caretaker’s actions.
- Disability service providers are often taught to contact the common entry point first rather than 911. This could lead to cases of abuse not being reported to authorities in an efficient and effective manner.
- Victims may be reliant on offender for financial support.
- Domestic and sexual violence service providers may not have the appropriate resources and or knowledge to care for someone with a disability.
Hello. My name is Nicole Limper and I am a personal care assistant in Rochester, MN. I am also an undergraduate student at the University of Minnesota - Twin Cities in the Family Social Science and Family Violence Prevention program. I have worked with children that have developmental disabilities since high school, and I feel privileged to be a part of their lives. These children and their families have embraced me and have become a significant source of joy in my life.

Children and adults with disabilities are true blessings and it is our responsibility as members of the community to ensure that these vulnerable individuals are protected from harm. My clients have taught me many life lessons and I value what they can offer our community. Unfortunately, other people do take advantage of these individuals and may bring them harm. As a student in the Family Violence Prevention program I have learned how many children and adults with disabilities are harmed and are left unprotected within our community. Several research studies confirm that individuals with disabilities are significantly more likely to experience violence compared to individuals without disabilities (http://new.vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf). It is alarming that individuals with disabilities too often face violence within relationships, families, group homes, schools, and other community settings.

At the University of Minnesota, I have learned that a key means to prevent violence is by strengthening community and governmental responses and policies. Several bills pertaining to violence and harassment against individuals with disabilities are scheduled for discussion this legislative session. These bills include the Safe Schools Act and the Seclusion and Restraint Bill. Such legislative proposals will be extremely helpful in reducing violence toward individuals with disabilities in the school community. The Safe School Act, as extended to people with disabilities, will make a difference for these groups of students who are often the targets of harassment and bullying. In addition, by limiting the use of seclusion and restraint measures, violence could be further reduced in the school setting. Action to extend and amend these laws will greatly impact generations of children with developmental disabilities and will send a strong message that violence in our community will not be accepted.

Thank you for your consideration of these important pieces of legislation.

Nicole Limper

2123 Fox Valley Dr. SW Rochester, MN 55902

507-261-4157

limp0009@umn.edu
Appendix E

“Girl Talk”

Having Healthy and Safe Relationships

Name: ________________________________
Let’s Explore Ourselves!

What are three things you like best about yourself?

What are three things you like to do for fun?
Let’s Explore Our Friendships!

What are things that make a good friend?

- Trust
- Respect
- Loyalty
- Having Fun Together
- Good Listener
- And Much More!

What do you enjoy doing with your friends?

- Playing Games
- Going to the Movies
- Hanging Out
- And Much More!

What can make friendships hard at times?

- Gossip
- Jealousy
- Hurt Feelings
- Fighting/Conflicts
- Resentment
How can you make friends?

• Develop a hobby that involves other people
• Share things about yourself with others
• Ask people questions about themselves
• Take the risk. Ask someone to hang out, or do an activity with you.

What hurts friendships?

• Gossiping
• Jealousy
• Fighting
• Lying
• Not saying how you really feel
Let’s Explore GOSSIP....

What is gossip?

- Gossip is when one person hears information that may or may not be true, and that person spreads information to others.

How do you find out about gossip?

- There are many ways to find out about gossip such as: through the Internet (Facebook), overhearing someone, or being told directly.

Is some gossip more hurtful than others?

- Gossip can be good or bad. The difficult thing is figuring out whether or not the gossip is true.

How can we stop or avoid gossip?

- Choose not to hang out with people who gossip.
- Don’t participate in the gossip if you are with others who are gossiping.
- Don’t spread gossip that you hear from others.
- Don’t believe the gossip.
- Stand up for the individual being gossiped about.
- Explain to others who may gossip why it is hurtful.
- Make a commitment not to gossip yourself.
Balancing Friendships.

How do you spend time with some friends and not others that do not hurt feelings?

• Devoting time for each friend.
• The important thing is to do our best to not hurt other people’s feelings when we make plans with some friends and not others. Excluding people intentionally does not feel good and ruins friendships.

How do you not take it personally when two of your friends do something together and don’t invite you along?

• Remember, just because your friend has other friends they do things with doesn’t mean they don’t want you as their friend. If you think your friend is excluding you on purpose or to be mean find a time to sit down and talk about whether or not something is wrong.

In your home, do all of your roommates have to do all the same things together? Why or why not?

• We do not have to only do things with the people we live with, even if they may be our friends. It is important to be connected
to a variety of people and to have many relationships. Sometimes the people we live with are the people we are the closest to, but we do not have to do everything with the people we live with just because we live with them.

How to have happy friendships!

What can you do to have happy friendships?

• Be a good listener and ask questions
• Share how you feel and be honest
• Respect your friend’s privacy and boundaries
• Include everyone
• Do things you have

What does it mean to have good boundaries with friends?
• Respecting their time and privacy.
• Being respectful of them as a person and their choice to live their lives as they wish.
My relationships....

(Hint: You are in the middle, write down the people in your life and how close they are to you in the center).
Strangers: People who do not know each other such as someone you meet at your favorite store
Community helpers: People who support you in the community such as Police Officers
Acquaintances: People you know a little bit such as a family member of your close friend
Friends: People you know well and have frequent contact with
Sweetheart: A person you are very close to such as a boyfriend or girlfriend
Providers/staff: People who help support you such as staff in your group home
Trust in Relationships!

The key differences in these relationships is a level of trust.

What is trust?

What can you do if you don’t trust somebody?
My relationships....

(Hint: You are in the middle, write down the people in your life and how close they are to you in the center).
Appendix G
Appendix H

Arc Volunteer Hours Fall Semester 2011 and Spring Semester 2012:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>19th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>21st</td>
<td>9 to 2:30</td>
<td>and 6 to 8</td>
</tr>
<tr>
<td>26th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>28th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>SEPTEMBER</td>
<td>22.5 hours</td>
</tr>
<tr>
<td>HOURS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>10th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>12th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>17th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>19th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>24th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>26th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>31st</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>OCTOBER</td>
<td>40 hours</td>
</tr>
<tr>
<td>HOURS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

November 2011

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>7th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>9th</td>
<td>8:30 to 2</td>
<td>(5.5 hours)</td>
</tr>
<tr>
<td>14th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>16th</td>
<td>9 to 2</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>23rd</td>
<td>8:30 to 1:30</td>
<td>(5 hours)</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>28th</td>
<td>9 to 2 (5 hours)</td>
<td></td>
</tr>
<tr>
<td>30th</td>
<td>9 to 2 (5 hours)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL NOVEMBER HOURS</strong></td>
<td><strong>40.5 hours</strong></td>
<td></td>
</tr>
</tbody>
</table>

**December 2011**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>7th</td>
<td>12 to 5 (5 hours)</td>
</tr>
<tr>
<td>12th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>14th</td>
<td>8:30 to 3:00 (6.5 hours)</td>
</tr>
<tr>
<td><strong>TOTAL DECEMBER HOURS</strong></td>
<td><strong>21.5 hours</strong></td>
</tr>
</tbody>
</table>

**January 2012**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>18th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>25th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>30th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td><strong>TOTAL JANUARY HOURS</strong></td>
<td><strong>15 hours</strong></td>
</tr>
</tbody>
</table>

**February 2012**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>2nd</td>
<td>1 to 2:30 (1.5 hours)</td>
</tr>
<tr>
<td>6th</td>
<td>9 to 2 and 6:30 to 8:30 (7 hours)</td>
</tr>
<tr>
<td>8th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>13th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>15th</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>16th</td>
<td>1 to 2:30 (1.5 hour)</td>
</tr>
<tr>
<td>21st</td>
<td>5:30 to 7:00 (1.5 hours)</td>
</tr>
<tr>
<td>22nd</td>
<td>9 to 2 (5 hours)</td>
</tr>
<tr>
<td>29th</td>
<td>9 to 11 (2 hours)</td>
</tr>
<tr>
<td>TOTAL FEBRUARY HOURS</td>
<td>38.5 Hours</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>March 2012</strong></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td>10 to 12 (2 hours)</td>
</tr>
<tr>
<td><strong>TOTAL MARCH HOURS</strong></td>
<td>2 Hours</td>
</tr>
<tr>
<td><strong>Extra Hours</strong></td>
<td></td>
</tr>
<tr>
<td>November Super Saturday Sibshop (11/12/11)</td>
<td>9 to 2:30 (5.5 hours)</td>
</tr>
<tr>
<td>Arc Gala (2/11/12)</td>
<td>2 to 8 (6 hours)</td>
</tr>
<tr>
<td>March Super Saturday Sibshop (3/31/12)</td>
<td>2 to 6:30 (4.5 hours)</td>
</tr>
<tr>
<td><strong>TOTAL EXTRA HOURS</strong></td>
<td>16 Hours</td>
</tr>
<tr>
<td><strong>TOTAL ABUSE PREVENTION HOURS</strong></td>
<td>180 Hours</td>
</tr>
<tr>
<td><strong>TOTAL EXTRA HOURS</strong></td>
<td>16 Hours</td>
</tr>
<tr>
<td><strong>ALL HOURS AT THE ARC GREATER TWIN CITIES</strong></td>
<td>196 Hours</td>
</tr>
</tbody>
</table>
February 23, 2012

Dr. Elizabeth Lightfoot and Dr. William Goodman
University of Minnesota

Re: Confirmation on Internship hours for Nicole Limper

Dear Dr. Lightfoot and Dr. Goodman,

It is my privilege to write this internship hours acknowledgement letter for Nicole Limper. From September 2011 thru February 2012, Nicole interned with The Arc Greater Twin Cities, a grassroots advocacy organization serving people with intellectual and developmental disabilities and their families. Intellectual and developmental disabilities include Down syndrome, autism, fetal alcohol spectrum disorder, cerebral palsy and other related conditions. During this time, Nicole completed over 180 hours of work on our abuse prevention initiative.

Nicole is highly intelligent and has outstanding leadership skills. As part of her work at The Arc Greater Twin Cities, Nicole demonstrated her research skills when she completed a series of community resources related to abuse prevention for individuals with intellectual and developmental disabilities. These resources are available online and in The Arc’s Resource Center. In addition, Nicole supported women who have been abused through a program called Girl Talk. As a member of The Arc’s policy and abuse prevention teams, she consistently demonstrates the ability to listen to all points of view and then articulate her opinion in a thoughtful and direct manner.

Nicole has strong communication and organizational skills as well. Her ability to organize vast amounts of research in easy to find and easy to read formats was remarkable. This has been the first time The Arc has had such resources available to the public on abuse prevention. Nicole continues to impress me with her ability to talk to individuals with disabilities and their families as easily as the professionals-an invaluable quality for anyone pursuing public service.

Nicole will be a great leader and advocate for those individuals disadvantaged and disillusioned in our community. If I can be of any further assistance or provide you with any further information, please do not hesitate to contact me.

Sincerely,
Michelle Theisen
Volunteer Development Manager, Program Services
The Arc Greater Twin Cities
2446 University Ave W, Ste 110
St. Paul, MN 55114
(952) 920-0855 / michelletheisen@arcgreatertwinities.org

CC: Nicole Limper
   Eve Lee