

Trauma Informed Care:  
Understanding Sources of and  
Treatment for Trauma for People  
with I/DD.

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# Intellectual and Developmental Disabilities

- The term developmental disability refers to intellectual disabilities and other chronic physical disabilities

A developmental disability can be a severe, long term disability that can affect cognitive ability, physical functioning, or both

Stemming from genetic or other causes (lead exposure, alcohol exposure, etc.)

- Source: American Association on Intellectual and Developmental Disabilities (AAIDD)

# Intellectual and Developmental Disabilities

- Intellectual disabilities are disorders characterized by a limited mental capacity

Individuals with ID may have difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions

Typically originates before the age of 18

May result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness

- Source: American Association on Intellectual and Developmental Disabilities (AAIDD)

# Sexual Assault vs. Abuse

**Sexual abuse** is a *pattern* of unwanted and inappropriate sexual behavior that is ongoing whereas **sexual assault** is a *single event*.

# Some Examples of Sexual Violence

- Verbal harassment & inappropriate sexual language
- Unwanted sexual touching or private parts
- Unwanted display of sexual parts (pornography, exhibitionism)
- Sexual assault (i.e., stranger, acquaintance)
- Tricking or manipulating into sexual activity.
- Exposure to pornographic materials.
- Forced abortion, sterilization or pregnancy.
- Pursuing sexual activity when the victim is not fully conscious, or is not asked, or is afraid to say no.
- Hurting the victim physically during sex, or assaulting his/her genitals, including use of objects or weapons intra-vaginally, orally or anally.

# Physical Impacts of Abuse

- Pregnancy
- Sexually transmitted infections
- Physical injury
- Psychosomatic symptoms can occur
  - Stomach aches
  - Headaches
  - Seizures
  - Difficulty sleeping

# Psychological Impacts

- Depression
- Anxiety, panic attacks
- PTSD
- Decreased self-worth
- Feelings of shame and guilt
- Overall feeling of helplessness
- Flashbacks
- Dissociation
- Eating disorders
- Lack of trust

# **Abuse impacts thoughts, behaviors and decision making.**

- **Feeling–**
  - Feelings of blame, shame and embarrassment, loss of trust, fear of safety, anger and betrayal, anxiety and depression
- **Thinking –**
  - “I’m alone”
  - “I’m stupid”
  - “I have no control”
  - “I can’t change things”
- **Doing –**
  - Avoidance, confused personal boundaries with others, trouble saying no, over or non compliance, difficulty trusting, poor emotional regulation



# Therapeutic Interventions for People with I/DD

- Therapy has been shown to be beneficial, even if the individual is non-verbal.
- Therapists providing treatment should be trained in counseling for victims of abuse as well in counseling for individuals with I/DD.
- The Arc stresses that the therapist be trained in non-verbal mind-body healing modality that do not require an intellectual processing component of the therapy.

# Trauma Informed Care

“Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.”

Source: [traumainformedcareproject.org](http://traumainformedcareproject.org)

# What Differentiates Trauma Informed Care?

- Emphasizes **physical, psychological** and **emotional safety** for consumers (clients and their families) and providers (staff at all levels)
- Helps survivors rebuild a sense of control and empowerment.

# Four essential elements of Trauma Informed Care for both clients and staff

- **Connect**- focusing on the importance of relationships
- **Protect**- promoting safety and trustworthiness
- **Respect**- engaging in choice and collaboration
- **Redirect** – encouraging skill building and competency

# **Core components of a trauma-informed evidence-based treatment model are:**

- Therapeutic relationship
- Psychoeducation: normal responses to trauma
- Parent / caregiver/staff support, therapy, or training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing
- Construction of a coherent trauma narrative
- Gradual exposure to traumatic memories and feelings
- Personal safety training/empowerment activities
- Resilience and closure

# Some Examples of Trauma Informed Evidenced-Based Treatments

- Child Parent Psychotherapy (CPP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma Focused-Cognitive Behavior Therapy (TF-CBT)
- Seeking Safety, and Trauma Recovery and Empowerment Model (TREM)

# What about individuals with I/DD?

- **Children with disabilities are 2- 3x more likely to be bullied than non-disabled peers.** National Bullying Prevention Center, [Stop bullying.gov](http://Stopbullying.gov)
- Individuals with disabilities are 4 to 10 times more likely to be **abused** than their peers without disabilities.

- **90%** of women with I/DD will experience some form of sexual abuse during their lifetime. Curry, et al,2011
- **92% -98%** of victims reportedly knew the abuser. Mansell & Sobsey, 2001
- **44%** of survivors of sexual abuse with I/DD had a relationship with the perpetrator specifically related to their disabilities.
- Only **1-3%** of all incidents of sexual abuse are perpetrated by strangers. Baladerian, 1991



# Why are people with I/DD more vulnerable?

- View everyone as a friend.
- Limited social opportunities.
- Low self-esteem and strong need for acceptance.
- Lack of assertiveness.
- Frequently fail to disclose because of fear of not being believed or taken seriously.
- People are not taught to reduce their risk of abuse.

# Why are people with I/DD more vulnerable to abuse?

- Lack of understanding of what constitutes abuse. May not realize that sexual abuse is abusive, unusual or illegal.
- People with I/DD are not TAUGHT refusal or non-compliance. Compliance is overly reinforced at home and within other systems.
- Are not taught to challenge authority. Do not believe that they have the right or choice to refuse.
- May live in strictly controlled environment in which tools to communicate are hidden/restricted.

# Under-reporting

- An estimated 1 in 30 instances of sexual abuse against individuals with I/DD are reported successfully. Among the general population the statistic is 1 in 5.
- Only 3% of sexual abuse cases involving people with developmental disabilities are ever reported.

# Under-reporting.....Why?

- Client may be coerced into not saying anything via threats to hurt them or loved ones
- Client may feel shame or believe it is their fault.
- Client may fear getting in to trouble if they report it.
- May not understand that what happened or is happening is abuse
- Limited ability to communicate / report abuse
- Dependency. Fear of loss of support or what is “familiar”.
- Tools of communication restricted or controlled by abuser.

# How Do I Respond?

- If you suspect sexual abuse and/or a person reports sexual abuse, reach out for help. **Call the Sexual Assault Center in your county.**
- **SUPPORT** the victim because most likely that individual is fearful that you won't believe them and/or won't be accepting of them. **Be non-judgmental and use non-judgmental language.**
- Feelings and memories of the abuse makes it hard to talk about it for most survivors. **Avoid pressuring the person to talk.**

# How Do I Respond?

- Do not interview the victim. Leave interviewing to specially trained professionals.
- Do not involve more people than necessary.
- Document and report the details disclosed, provided resources and make appropriate referrals.
- Familiarize yourself to your organizations reporting policies and procedures.

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