Intersectionality, Disability, and Victimization

Serving and Supporting Survivors with Disabilities

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Purpose of this presentation:

- This webinar will provide a high-level overview on supporting survivors with disabilities in an intersectional manner. We will discuss recognizing the wide-spread nature of trauma and its effects, which can, in and of itself, cause disability, understanding the potential avenues for recovery and healing, which may or may not include a person's support team, and being able to identify signs and symptoms of trauma in persons served, particularly those who do not and/or have limited ability to communicate verbally. We will address a complete integration of trauma-related knowledge and information inclusive of disability into policies, settings, practices and procedures. Furthermore, the webinar will discuss barriers implicit bias presents to service delivery in a trauma-informed manner, and exacerbation of harm, particularly when the person served is multiply-marginalized.

About today's presenter:

- Reyma McCoy Hyten, MA
- She/her
- National Human Trafficking and Disabilities Working Group- steering committee member
- First Black woman to serve as Commissioner for the US Administration on Disabilities
- 20+ years experience as a disability service provider
- Facilitator on trainings regarding implicit bias, privilege, disability/diversity/intersectionality, and trauma internationally
- 2019 AT&T Humanity of Connection Award honoree

Reyma’s story:

- I was diagnosed with autism at age six prior to becoming a ward in 1986.
- I exited the foster care system in 1990 when my mother regained custody of me.
- I experienced extensive abuse from mother and, after she attempted to murder me by forcing me to overdose on her medication, I was taken in by neighbors, who promised a better living situation, in 1993.
- I experienced trafficking via forced labor and benefits theft, under threat of being returned to the foster care system if I told, from 1993-1997.

And, now

Let’s begin.

A high-level overview of

Working survivors with disabilities in an intersectional manner.

Disclaimer:

- Person-first (“person with a disability”) and identity-first (“disabled person”) language will be used interchangeably throughout this presentation to respect the diverse preferences of the disability (largely led by parents/guardians/professionals/advocates who do not experience disabilities) and disabled (led by those who experience disabilities) communities.

Disability is not a monolithic experience:

- Some disabled survivors will have physical support needs, some otherwise.
- Some survivors with disabilities will disclose disability, some will not.
- Two survivors with the same disability can present very differently- particularly if they are of different races.
- A survivor can experience a disability (or more than one) and not realize that they are a person with a disability.

Inclusion, accommodation, or both?

- Not every single unique disability experience can be anticipated by providers at all times
- Accommodations will always be a necessity to meeting the needs of survivors with disabilities
- Service providers can- and should- certainly expect to serve disabled people regularly, which presents the opportunity to foster a culture of inclusion as a component of intersectional care- to everyone.
- Not all disabilities are apparent- and, to reiterate, not all survivors with disabilities are cognizant of the fact that they have a disability.

Put simply, intersectional care is also Trauma Informed Care:

- Trauma-informed care means using information about how trauma affects people to provide them better treatment.
- Trauma is when a person experiences an event, series of events, or situation that causes lasting negative effects.
- People with disabilities have a greater risk of experiencing trauma, because they are more likely to experience unfair treatment, **especially if they are racially marginalized and/or gender diverse**.

Disabled Survivors

- Survivors who were not previously disabled may develop disabilities as a result of being victimized.
- People with disabilities may be targeted and groomed by victimizers because of their vulnerabilities.
- Survivors with disabilities can experience inadequate supports from both disability AND victim assistance service providers- which can cause and/or retrigger traumatization.

People with disabilities and victimization:

- Individuals who rely on others to support them in their Activities of Daily Living- both in the community and in institutional settings- are inherently vulnerable.
- Vulnerability can lead to unequal power dynamics between disabled people and care providers.
- Isolation can lead people with disabilities to engage in activities with ambiguous consent.
- Those with cognitive limitations may not realize they are being exploited.

Got Credibility?

Disabled people- especially those who are also racially marginalized and/or gender diverse- are not seen as reliable narrators of their own experiences in the eyes of law enforcement officers and other professionals affiliated with the judicial system. Traffickers know this and take advantage accordingly.

A few signs/symptoms that a person with a disability is being victimized:

- Abrupt change in temperament around a particular provider of direct support.
- Discomfort when discussing compensation/SSI/SSDI, particularly if the individual has a guardian and/or representative payee.
- Crying/duress when engaged in hygiene activities and/or when in bed.
- Cryptic communications, which can be verbal, written (including texts, social media, etc), or nonverbal (slouching, sneering, and/or other shifts in body language when a particular person walks in the room, for instance).
- Drastic shifts in overall demeanor (anger, rage, silence, despondence, appetite changes).

Supporting survivors with disabilities to recover- and heal:

- **SAFETY:** Many disabled survivors experience trafficking as a result of their contact with “The System” and will need assurance that the victim assistance “system” will not compound this trauma.
- **TRUSTWORTHINESS:** Survivors with disabilities should be able to trust professionals- AND professionals must acknowledge/overcome biases they may have regarding perceptions around credibility of people with disabilities.
- **CHOICE:** ALL survivors should have choice in how they are supported- including those who are disabled. Do not assume that, if a guardian is ok with a course of action, that the survivor with a disability who is their charge will be.
- **COLLABORATION:** Survivors with disabilities may- or may not- have- or want- a support team, which can include parent(s), guardian(s), case manager, care coordinator, significant other, etc.
- **EMPOWERMENT:** Like all other survivors, disabled survivors should be asked “how can I support you”, as well.

Barriers to serving and supporting

Disabled survivors in an intersectional manner.

Implicit bias:

- Implicit bias can be defined as attitudes and/or stereotypes that affect our **understanding**, **actions**, and **decisions** in an unconscious manner.

A few examples of implicit bias and people with disabilities:

- “They have an IQ of 74- how can I be certain they know what they’re talking about?”
- “I hear what they are saying, but their guardian says something else, so I will go with what the guardian says.”
- “They have Down Syndrome- I just don’t see them being trafficked for sex.”
- “Taking someone’s benefits isn’t REALLY trafficking- their caregiver probably knows how to use the money to assist the beneficiary better than the beneficiary does.”

Implicit bias and the disability experience itself:

- White, apparently disabled people are seen as the default setting for “person with a disability”.
- Most empirical data pertaining to disability is obtained through the study of white disabled people.
- Most disability service providers are trained to work with white disabled people.
- Therefore…

Racially marginalized disabled people:

- The disability experience of racially marginalized people is largely not understood by professionals, providers, and society, at large.
- Black and Brown disabled children are misdiagnosed, underdiagnosed, overdiagnosed, diagnosed later, or not diagnosed at all, in stark contrast with white disabled peers.
- Black and Brown disabled people, as a result, are pathologized, interfacing with the preschool to prison pipeline at astonishing rates, compared to white disabled people.
- Pervasive encounters with culturally incompetent service providers can lead racially marginalized people with disabilities feeling angry and unheard- and not cared about.

Racial marginalization compounds the vulnerability factor people with disabilities experience with regards to susceptibility for trafficking- but their responses to the trauma of trafficking can,

thanks to race-based implicit bias, be misconstrued as “interfering behaviors”.

When supporting racially marginalized survivors with disabilities, trauma-informed care…

Isn’t necessarily only about the trauma of being victimized.

Overt Racism: causes of racial trauma

- Police brutality
- Hate crimes
- Genocide
- Being singled out in foster care/group home/institutional settings for abuse because of one's race

Covert racism: causes of racial trauma

- Being misdiagnosed/underdiagnosed/overdiagnosed with a disability/mental illness/behavioral disorder
- The preschool to prison pipeline
- “Childhood denied”- the pathologization (“adultification”) of Black children that causes them to be viewed as older than they actually are
- Health disparities
- Police presence in racially marginalized areas
- Conflict with “helping” authority figures, including teachers, case managers, healthcare professionals, law enforcement officers, and social workers

Unchecked Implicit Bias: causes of racial trauma

- “I’m here to help less fortunate people- ie BLACK and BROWN people.”
- “This Latina mom is very angry and I can’t help her until she calms down.”
- “Those Black children are disruptive and need to behave before I can help them.”
- “She’s been in and out of prison her whole adult life- how can I trust that she’s telling the truth about her experience?”

Unchecked implicit bias pertaining to racially marginalized survivors…

Causes us to see “behavior” as a “problem” and not a sign of trauma.

You either have unchecked implicit bias and may or may not be retraumatizing racially marginalized survivors- with or without disabilities

Or you are providing care in an intersectional manner.

You can’t have one and do the other.

“This is ridiculous- I don’t see color when I am working with survivors- I focus on their needs and ignore the divisive stuff.”

- “Not seeing color” can actually cause racial trauma.
- We cannot effectively provide trauma-informed care without actually SEEING people- including their color.

Solutions that support symptomatic and systemic change

Needed to ensure effective- and intersectional- care is being provided.

Personal (Symptomatic) Change, immediate:

- Use plain language and speak directly to survivors.
- Give time to ask questions and repeat them when necessary.
- Be prepared to give extra time for the survivor to articulate responses.
- Try to create a streamlined support approach that prioritizes safety, trustworthiness, choice, collaboration, and empowerment for survivors over bureaucracy (ie monotone delivery of directives, presenting large amounts of paperwork at inopportune times, operating with an “I’m just doing my job” attitude).
- Stop calling the police on “disruptive” consumers and/or survivors.

Personal (Symptomatic) Change, long-term:

- Assess/address/confront implicit biases that impact serving survivors with disabilities- especially racially marginalized ones.
- Seek out professional development opportunities pertaining to this issue.
- If you are a victim assistance service provider: incorporate goals pertaining to disability, intersectionality, and racial justice into your annual performance review.
- If you are a disability service provider: incorporate goals pertaining to the disability experience of racially marginalized people, intersectionality, and victim assistance into your annual performance review.

Organizational (systemic) change for victim assistance providers, immediate:

- Ensure that you have reasonable accommodation for major access needs.
- Acquire and furnish auxiliary aids when needed/requested.
- Organizations may need to modify organizational rules or requirements (such as arriving on time for appointments, completing specific requirements, or attending regular appointments) for clients who are unable to comply with those requirements due to their disabilities and/or trauma.
- Remove any policies/procedures/guidelines regarding calling the police on “disruptive” consumers- IMMEDIATELY.

Organizational (systemic) change for victim assistance providers, longterm:

- Assessment of policies, procedures, protocols, guidelines to determine gaps that could impact the delivery of trauma-informed care for survivors who are disabled.
- Incorporate goals pertaining to inclusion of disabled survivors (not just as clients, but as staff, board members, and other stakeholders) into strategic plan.
- Willingness to step out of the silo of “victim assistance providers” in the interest of ensuring the holistic needs of survivors- including survivors who are disabled- are met.

Organizational (systemic) change for disability service providers, immediate:

- Recognize that it's not a question of *if* your agency might work with survivors but *when has* your agency worked with survivors.
- Ironically enough, many disability service providers struggle to meet accommodation needs. Ensure that you have accommodation for access needs specific to trauma.
- Connect staff with on-demand, online training and technical assistance through an entity like Office for Victims of Crime Training and Technical Assistance Center.
- Remove any policies/procedures/guidelines regarding calling the police on "disruptive" consumers- IMMEDIATELY.

Organizational (systemic) change for disability service providers, long term:

- Assessment of policies, procedures, protocols, guidelines to determine gaps that could impact the delivery of trauma-informed care for consumers who are survivors.
- Incorporation of prevention efforts into consumer service plans.
- Willingness to step out of the silo of “disability service providers” in the interest of ensuring the holistic needs of consumers- including consumers who are survivors- are met.
- Prioritize the inclusion of survivors- not just as consumers, but as staff, board members, and other stakeholders.

In closing:

- Disability service providers: you are already working with survivors. What barriers are they experiencing within your agency?
- Victim assistance providers: you are already working with people with disabilities. What barriers are they experiencing within your agency?
- All providers: you have an immediate need to acknowledge and address intersectional gaps in your service delivery models.
- All providers: until your organizations are intersectional in word and deed, cross movement collaborations and partnerships are essential to addressing the increasingly diverse needs of the people who seek out your services and supports.
- All individuals: acknowledge and address how your implicit biases are impacting your ability to provide trauma-informed care.
- All: Calling the police on people you serve is not trauma-informed care.

Questions?

Thank you!

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