

# Notes Template

## Upper Valley Community Health Needs Assessment Summit: Disabilities Focus

Date	February 8, 2019
Note Taker Name	Nicole LaBombard
Topic	Child Abuse/Domestic Violence

*How many people participated in this round? 7*

For people in our communities living with disabilities, what does this community concern look like?

- Troubling risk associated with this group is sexual assault. Area of huge risk.
- People talk about it, but don't feel like they have solutions to it
- Children who are non-verbal – how are they able to tell someone?
  - Troubling when they can't talk about it. Or people don't believe them. When they say, "my teacher's dragging me down the hall"
- Special Needs Support Center hears about potential abuse and neglect inside the school system. Usually reported by parents.
- There are lots of efforts happening in school around trauma informed care to support teachers– this work does reach students with disabilities in some schools, depending on the level of commitment
- Have seen a higher number of cases around kids with ACEs out in more rural areas. Schools in rural areas have fewer resources, but they are the places that have the need.
- Outside of school, caregivers aren't always properly screened or trained. Not enough resources to provide a safe space.
- Children at risk across all environments, not just at home. School, community.

- Videos, daycare – media is talking about it more (example: NPR show about sexual violence and adults with cognitive disabilities)
- We need better communication. Example: a child’s medication is changed dramatically, but parents don’t want to tell school, so school was seeing dramatic changes in behavior and didn’t know why.

Socio-economic disparities:

- People who are underprivileged with disabilities don’t always know where to go for help.
- Observation: people who come from affluence are better advocates for their children compared to people from lower socio-economic backgrounds
- People with access to resources can access higher level of interventions (compared to people who have to rely on Medicaid and there are limits of what is available to them)
- Vulnerability for neglect or abuse with a paid one-on-one provider is really high. Family more well off can hire someone directly, have more control over the process, have cameras in their house

Resources:

- Hartford regional resource center – for high school aged students. Coordinator offers sexual education for her students.
- Number of curriculum resources available
- Green Mountain Self Advocates – developed a program around peer-to-peer education
- Vermont Disability Advocacy Council – would have access to material.
- “We R hope” program in Thetford – clinical psychologist working with school teams to coach them around working with kids with disabilities.
- WISE has a good program in place to respond to domestic/sexual violence broadly (not specific to people with disabilities though)

If you had a magic wand, how would things look different three years from now?

- Need more sexual education for adults with disabilities (Woman from Lebanon did a master’s thesis on this, and created a book for adults with cognitive disabilities about sexual health – Kristin Coats)

- Need support for parents of adult children w/ disabilities around sexual health. There can be generational resistance.
- Take away the stigma of talking about it
- Partner with WISE to create a program specific to people with disabilities (WISE has expressed interest in this). Program would include training for staff, schools and the public.
- Accessible adult education course for people with cognitive disabilities which offers, at the same time, a parent peer support program that follows the curriculum. Host it somewhere comfortable, with couches.
- Follow-up conversations after junior and high school.
- Biggest preventative tool we have is building teams around kids – multiple people who are paying attention
- Pay the agencies more, try to address the burn out and turnover.
- “I wish people could be more involved in the hiring of the staff that work with their children”
- Support families with young children.
- Access to transportation – can people leave unsafe situations? Isolation means people aren’t seeing or noticing abuse.
- Continue advocacy for universal pre-k especially for kids that are at risk.