PREVENTING SEXUAL ABUSE IN ARIZONA SCHOOLS

2021

Suggested Protocols for Students with Intellectual, Developmental, and Other Disabilities

Supported by the

Arizona Response to Sexual Violence & I/DD Collaborative

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Introduction

The prevention of sexual abuse is a critical concern amongst school-age children.[1] Research shows that 1 in 4 girls and 1 in 13 boys experience childhood sexual abuse before they turn 18.[2] Furthermore, youth with disabilities are at far greater risk for sexual abuse and exploitation. The Bureau of Justice Statistics (2017) cited that individuals with intellectual and developmental disabilities (I/DD) are seven times more likely to be sexually assaulted or raped; this statistic increases to a 12 times greater likelihood if the individual is female.[3] And compared to youth with no disability, youth with disabilities were more likely to report coercive sex (18.6% vs. 12.1%), forced sex (13.2% vs. 7.9%), and sexual abuse (8.4% vs. 4.8%).[4] In a national study of youth Internet behavior, youth with disabilities reported more sexualized behaviors online than youth with no disability (20% vs. 13%) and more sexual solicitations from others (14%), including distressing solicitations (7%).[5] Additionally alarming is that girls with I/DD experience a higher risk of human trafficking than their peers, as they are more vulnerable overall to sexual exploitation and manipulation.[6]

While child abuse, including sexual abuse, is prevalent among youth with disabilities, it is underreported and often unrecognized as a significant issue in school, as well as in other settings.[7] Further, statewide policies to support abuse prevention and education are nonexistent, leaving district and charter schools to create their own. Where policies do exist to support school staff (e.g., administrators, teachers, and support staff) and students, they are enforced inconsistently and often exclude the students with I/DD and other disabilities. The increased rates of abuse among youth with disabilities make it even more necessary that schools implement standard safety procedures that are inclusive of this population.

Schools are the cornerstone of our communities. Students spend more time together in the school setting than they do anywhere else. School professionals play important roles in children's lives. Often, they are the first to know when something is not right for students, but school personnel can sometimes abuse power and harm students. This is one among many reasons why policy recommendations are necessary. Clarity and guidance must be provided on where policy can be stronger to prevent sexual abuse and protect students with I/DD and other disabilities. A school's culture should prioritize addressing sexual abuse as an issue that could impact any of its students.

Acknowledging the prevalence of sexual abuse happening amongst youth with disabilities, intervention efforts alone will not be enough to stop sexual abuse. Efforts to prevent both the victimization and perpetration of sexual abuse should also take place to ensure a comprehensive and effective strategy. The following recommendations for school professionals were compiled after an exhaustive literature review and were vetted by an external group of diverse stakeholders. The purpose of the following five recommendations is to help schools create a climate where all students are protected from sexual abuse and harassment and equipped to have healthy interactions with surrounding peers and adults.

NOTE: Many youth with disabilities do not know what to do on their own when faced with a complicated and potentially abusive situation. They need a trusted team of supporters they can turn to. Therefore, the following recommendations incorporate opportunities for supportive adults, such as trusted teachers and family members, to play an active role in the prevention of sexual abuse. These recommendations are evidence-informed and comprehensive; however, some may not be feasible to implement in certain locations. There are recommendations around implementing procedures to minimize known risk factors for abuse and properly training staff. There is also a recommendation on comprehensive health education, which includes sexual health, to help reduce sexual abuse in children. It is advised that schools and districts implement the recommendations they can, to ensure that students with I/DD and other disabilities are kept safe and supported and receive equitable access to information that can help protect them.

1. ADOPT COMPREHENSIVE AND INCLUSIVE HEALTH EDUCATION CURRICULA, POLICIES, AND MATERIALS

A. Adopt evidence-informed health education curricula, policies, and materials in K-12 schools that incorporate sexual health and violence prevention topics. Districts and school administrators should acquire curricula and materials for teachers' use that is accessible to all students, including students with I/DD, and that emphasizes family involvement in learning about these topics.

1. Ensure that adopted curricula is factually accurate, developmentally appropriate, and aligned with the most current *National Sexuality Education Standards,* as significant evidence supports the connection between content aligned with these standards and sexual abuse prevention.

2. Teach the curricula to all students across the district, intentionally including students with disabilities in any instruction and content.

- The curricula should include lessons, materials, and examples that are accessible and inclusive across different age groups, abilities, and comprehension levels.
    - See Appendix for Accessibility Considerations, Recommended Curricula, as well as sample Learning Standards by grade level per National Sexuality Education Standards.

3. Align curriculum with best practices in sexual abuse prevention education, including, at a minimum, such topics* as:
    I. Healthy & Unhealthy Relationship Behaviors
    II. Personal boundaries
    III. Consent
    IV. Interpersonal violence (to include sexual abuse)
    V. Advocating for self & others

*NOTE: All above topics would be included in any curriculum that is aligned with National Sexuality Education Learning Standards.

B. Involve parents, guardians, and families: The district should make reasonable efforts to involve parents and families in health education content that includes sexuality education.

1. Per Arizona Revised Statute ARS §15-102, districts must notify parents and get permission for instruction.

2. Efforts should be made to hold events and provide materials to families to engage them in the content and help them continue the conversation at home, incorporating their own family and cultural values. Curriculum and materials will consistently refer students to their families and other trusted adults in their life (e.g. faith leaders, family friends, medical professionals, etc.) for discussion of cultural and family values as it pertains to the instructional content.

3. Opportunities for parent and family involvement in the classroom content should be integrated into lesson design as often as possible (e.g., take-home handouts, voluntary family discussion questions, etc.).

C. Designate a person or team: A designated person or team in each school district with both experience in curriculum design and working with students with disabilities is responsible for ensuring accessibility of the content and materials for all students regardless of age, developmental stage, and ability. The designation should occur during the school board approval process when a district is implementing or modifying its sex education curriculum, per Arizona Administrative Code, Section R7-2-303.

D. Develop a media campaign that includes physical and digital materials for students that will increase awareness of healthy and unhealthy behaviors and school reporting policies.

1. The campaign should contain inclusive and accessible information about topics such as reporting protocol, healthy boundaries, consent, and healthy communication.

2. Materials should be distributed and displayed throughout various school spaces, including but not limited to school grounds and classrooms (specifically in the classroom for students with disabilities), district offices, official social media accounts, and websites.

Background: The recently released 2021 report *Comprehensive Sexual Education for Youth with Disabilities: A Call to Action* highlights the urgency around sex education inclusion of youth with disabilities nationally. Data from the National Longitudinal Study of Adolescent to Adult Health shows that youth with disabilities are sexually active. While youth with disabilities who have the most significant support needs are less likely to report sexual activity than youth with no disability, teens with mild to moderate physical disabilities report similar rates of sexual activity,[8] yet they are left out of sex education efforts. In a 2012 national survey of special education students, only 53.1% of youth with disabilities participated in sex education.[9] Further, youth with disabilities are less likely to learn about sexuality from their parents[10] or healthcare providers.[11] Instead, youth with disabilities report learning about topics like sexually transmitted infections and contraceptives from television/radio, the Internet, or even pornography.[12]

Similarly, another recently released 2021 study Sexual Violence Against Individuals with I/DD in Arizona finds that families and individuals state that they lack information around prevention they sorely need. One caregiver described her experience with prevention related to her teenage loved one with I/DD as "walking in the dark." Another stated, "We've been extremely protective. We are not comfortable with her doing normal things like going to the movies. Honestly, we've stifled her growth." With increased apps and social activities as their children grow up, families feel like they need more information on what to do. Families recognize that their children with I/DD may have more hands on them and may be involved in different therapies that teach them to comply: "Teaching compliance without also teaching boundaries, safety and a sense of self,] is extremely dangerous. It makes people with I/DD more vulnerable to sexual violence/abuse," stated one caregiver. Further, family caregivers in the study expressed a desire for readily available sexual health training for their loved ones with I/DD – "a training that is developmentally appropriate and more comprehensive than abstinence-based trainings."

> "We spend a lot of time making [individuals with I/DD] fit in," said one caregiver, and not enough time on who they are and helping them to develop a sense of self."
> *Sexual Violence Against Individuals with I/DD in Arizona*

Research shows that exclusion from sex education is correlated with disproportionate rates of sexual abuse experienced by many in this population.[13] Students with disabilities not only have the right to learn about the natural functions of their bodies, but they require this information to protect themselves and to be better equipped to identify and report problematic and/or abusive behavior. Without this foundational knowledge, young people are especially vulnerable to sexually abusive or exploitative behavior as they may be unable to identify what is considered abuse. In essence, this education helps young people protect themselves and cultivate healthy relationships with their surrounding peers and adults. (For a sample of some of the topics featured in this curricula for grades K-5, see Appendix.) Receiving ineffective or inaccessible sex education, or no sex education at all, is a correlating factor in the sexual abuse of youth with disabilities.[14]

Sexual abuse prevention is a critical reason why major public health, medical, parent, and advocacy organizations, including the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, The Arc, and the Organization for Autism Research, are in

favor of sex education for youth with disabilities. Evidence shows that comprehensive health education that includes sexual health, that is accessible and inclusive of youth with disabilities, and is guided by the National Sexuality Education Standards supports the prevention of child sexual abuse. It teaches young people core concepts, such as anatomically correct names of body parts, bodily autonomy, and communication skills necessary for the prevention of abuse.

The Centers for Disease Control & Prevention (CDC) released its evidence-based guidance document *STOP SV: A Technical Package to Prevent Sexual Violence*. Health education that includes information on healthy sexuality, namely sexuality education that addresses consent, respect, and communication, is listed as a key prevention strategy. It also mentions several other strategies to prevent sexual violence, such as social-emotional learning, teaching healthy and safe dating and bystander intervention, and addressing gender dynamics. These strategies would be encapsulated in any district-wide implementation of a health education program that aligns with National Sexuality Education Standards.

> The inclusion of youth with disabilities in all parts of the educational curriculum—with appropriate accommodations so that students can understand the content—teaches other children that youth with disabilities are no different from themselves in terms of their basic humanity, need for social relationships, and rights to sexual health and safety. Educators can counter stereotypes about disability and emphasize the need for education, safety, and protection for all people regardless of disability status.
>
> *Comprehensive Sexual Education for Youth with Disabilities: A Call to Action*

Youth with disabilities should begin receiving sex education at the same time and as often as their peers without disabilities; it should occur early and often; and the content should be based on age rather than on developmental abilities.[15] Disability impacts how content is taught but not what content is taught. In addition, critical components of effective sex education for youth with disabilities are: inclusion in general education classes; learning accommodations; and specially designed curricula that is easy to understand and apply in their daily lives.

State policies should also support the rights of youth with disabilities to have accessible sex education. The focus should not just be on if the student is present for the lesson but is the lesson also accessible or understandable to them. For example, for students who are non-verbal and use augmentative communication devices, these devices need to be customized with vocabulary on gender identity, sexual orientation, sexuality, and relationships. This means communication between educators, families, and speech pathology staff to make sure these changes occur. Youth must also be directly taught how to use specific vocabulary, particularly for saying no, reporting abuse, and for requesting more information about a topic.[16]

2. STRENGTHEN DUTY TO REPORT STATE LAWS AND DISTRICT/CHARTER POLICIES

A. Develop school-wide policies and procedures and require training around reporting sexual abuse and sexual harassment of students that explicitly address how to report suspected perpetrators. This includes, but is not limited to: reporting a classmate, a school employee, and non-school personnel. These policies and procedures should be transparent, expedient, accessible, and trauma-informed.[17] They should:

- include an explicit and detailed walkthrough of the reporting process, investigation policy and procedures, confidentiality and any limitations for confidentiality for individuals involved, and follow-up procedures;
- include processes of ensuring communication accessibility for students with I/DD and other disabilities when a report does occur (i.e., providing a licensed interpreter rather than an educational interpreter or ensuring the student has access to their communication device);
- address reporting sexual harassment and sexual assault witnessed between other students;
- and provide clear and accessible information in plain language about reporting policies to all students, including students with I/DD and other disabilities and their families.

B. Each individual district and charter should require at least annual mandatory reporter training as part of required teacher training materials. All school staff (including teachers, aides, and all support staff) should be required to participate. As a result of the training, staff should be ready and able to immediately execute reporting procedures.

C. Legislatively require that those applying for fingerprint clearance cards receive mandatory reporter training.

Background: Sexual abuse and harassment is reported in school settings, and in the large majority of cases of abuse, the abuser is well-known to the victim.[18] According to ARS §13-3620, every school professional in the state of Arizona has the duty to report any witnessed or suspected abuse. Failure to report is prosecutable by law and could result in felony charges in severe cases. However, school professionals in the state of Arizona do not receive consistent training regarding their role as mandated reporters, leaving some to be unclear what constitutes abuse and where to call. Requiring training not only helps alleviate confusion, it can also reduce implicit biases in which reporting may become discriminatory toward certain groups. Training resources are available to address this need from the Arizona Department of Education, the Arizona Department of Child Safety, Southern Arizona Children's Advocacy Center, and ChildHelp Advocacy Center.

Arizona could be a leader by implementing policies to adequately train school personnel in the mandatory reporting process, much like the policies already in place in other states (i.e.,

Iowa). To ensure that Arizona school personnel receive appropriate training, the legislature should require charter and public schools to implement a training curriculum on state mandatory reporting laws for public school personnel. State law should also require public schools to enforce that employees take the training.[19] Additionally, charter and public schools should require school personnel to complete this training when receiving fingerprint clearance and at least annually thereafter.

3. CREATE AND IMPLEMENT POLICIES THAT PROMOTE SUPERVISION

School districts and charters should increase safety in Arizona's schools by minimizing instances in which students with I/DD and other disabilities and adults are alone with one-on-one contact.

Two staff should be required with individual students, including in the following situations:

- busing, driving, or in other school transportation;
- during all school activities, including field trips; and
- before, during or after-school extra-curricular activities.

Background: Research has suggested that perpetrators will look for windows of time when a vulnerable individual is left alone for them to abuse that individual.[20] These incidences may be increased for students with I/DD, who may require more physical assistance for self-care or other daily activities. Under certain circumstances, two staff may not always be available, and staff should ensure that other staff are nearby and aware of the activity. For instance, diapering may need to occur one-on-one; but staff could notify others and prop open the door so that the student's privacy and dignity are maintained, and one-on-one contact time is minimized. A "no closed doors" policy may also minimize abusive contact when staffing shortages make supervision with two staff to one student difficult.

4. SET STRICT COMMUNICATION POLICIES FOR PROFESSIONAL STAFF

To limit the potential for abuse, Arizona school districts and charters should create and implement specific policies to define the parameters of communication between school professionals and students. Specific policies should include the following:

1. Communication between school professionals and students should be limited to school-regulated channels only.

2. Each district and charter should implement policies regarding social media use between school professionals and students.

3. School staff should maintain professional roles to the greatest degree possible while in contact with students and their families. They should limit the extent to which they engage in relationships outside of their defined school role.

4. If communication on non-school monitored platforms does occur, no individual student should receive contact without an additional school staff member or family member of the student included in the communication. These communications include texts, Zoom or other online conferencing platforms, email, and in-person visitations.

Background: Abusers look for opportunities to defy professional roles and become socially close to individuals with I/DD and other disabilities and their families.[21] School staff often seek additional professional appointments in students' homes as respite providers or other paid support positions for students with disabilities. It is understood and acknowledged that those roles are important. These additional appointments should require similar levels of professionalism to their appointments in the school system.

5. SUPPORT STUDENTS WHO REPORT

Provide an inclusive, accessible, and trauma-informed list of resources for students with I/DD and other disabilities who disclose sexual abuse or harassment and help students and families to access these resources. Resources should include 24-hour hotlines, peer support and youth advocates, mental health practitioners, and sexual and domestic violence programs. The following is a sample list of hyperlinked local resources:

- Personal support resources
  - Trusted Adult
    - Counselor, social worker, teacher, faith leader, etc.
  - Family
  - Friends
- Local to Arizona
  - Bloom 365
  - Teen Lifeline
  - Arizona Coalition to End Sexual and Domestic Violence
  - Arizona Domestic and Sexual Violence Programs
- National
  - Hotlines/ chatlines
    - National Sexual Assault Hotline
    - National Domestic Violence Hotline
    - Crisis Textline

Background: Developing a protocol for supporting students who disclose sexual abuse is a key part of prevention. A recent study found that when survivors were asked why they didn't report sexual assault immediately, they cited that they felt like they wouldn't be believed and that the situation would only worsen if they reported. Survivors also mentioned victim blaming and lack of support from family, friends, and others as additional reasons why they didn't come forward.[22] Because of these and supplementary factors, sexual assault is one of the most underreported crimes to law enforcement.[23] Moreover, young people with I/DD

and other disabilities who have been sexually assaulted are frequently not believed, as there are pervasive implicit biases against those with disabilities, particularly I/DD. They are seen as not credible, and often their disclosures are discounted or not taken seriously.[24]

Students will feel more supported and be more likely to report when the following occurs in their school environment:

- there are systems in place with clear guidelines and procedures surrounding reporting;
- protocols and policies are led by evidence-based research;
- and resources and services are victim-centered and trauma-informed.

To help create a culture of prevention in schools, it must be clear to students that if they report sexual abuse or harassment they will be supported, respected, have their report fully investigated, and have access to resources as needed.[25]

CONCLUSION

The CDC's *STOP SV: A Technical Package to Prevent Sexual Violence* reports that sexual abuse disproportionately affects young people with disabilities; Black, Indigenous, and People of Color (BIPOC); and LGBTQ young people. Knowing that all young people hold intersectional identities, many students with disabilities are experiencing significant oppression that affects their ability to heal from trauma, like sexual abuse. This can have long-term implications for their well-being in their school communities and their mental health, including risk for suicidal ideation. Current sex education courses frequently use materials that only represent white bodies and experiences, erasing the identities of BIPOC, LGBTQ, and youth with disabilities who sit in those classrooms.[26] Comprehensive health and sexuality education could facilitate racial and disability justice by examining and challenging inaccurate representations and the frequent lack of representation of BIPOC, LGBTQ, and youth with disabilities in sex education classrooms, curricula, and policies.[27]

While school abuse statistics are gathered by the U.S. Department of Education, Office of Civil Rights, there are no state level statistics on the victims' backgrounds or disability types. Without appropriate and complete data, it is impossible to know whether ongoing prevention efforts show effectiveness. Therefore, to enhance a culture of safety in Arizona schools, the state should implement data collection systems that document incidents of abuse, as well as details regarding the disability type of the victims and the perpetrators, when applicable. These data are required to understand all facets of abuse. Reporting systems should also implement standard measures of sexual abuse to enable the quality and comparability of data across schools and partnering organizations.

With an increase in reporting and data collection in school settings, there will be a more comprehensive understanding of sexual abuse that can guide and inform school abuse prevention efforts to be more inclusive of students with I/DD and other disabilities. Further, prevention efforts will benefit from more streamlined, accessible, and trauma-informed responses to sexual abuse, so that everyone can feel safe and supported at school. It is essential that our school communities act now to implement the previous recommendations to establish a climate that supports the well-being of all students.

APPENDIX:
Accessibility Considerations, Sample Learning Standards, and Recommended Curricula

Accessibility Considerations

Accessibility is defined as:

- Curricula, learning materials and resources that are suitable for different ages and developmental stages, various learning styles, and all abilities (e.g., accounting for students who are blind or who have limited vision, students with limited speech, students who are deaf or hard of hearing, etc.).
- Examples include but are not limited to: materials offered in plain language in print that can be easily read, varied methods of instruction, use of classroom aids and/or interpreters as needed, and additional activities and resources to adapt lessons as needed.

NOTE: Accessibility should also account for intersectional representation of students' various identities (race, gender, sexual orientation, ability, etc.). Diverse identities should be represented and accounted for in curricula and learning materials, and curricula should also be trauma-informed, accounting for various student experiences.

Sample Learning Standards for Grades K-2 and Grades 3-5, National Sexuality Education Standards, (Located here on pages 13 and 15: https://siecus.org/wp-content/uploads/2018/07/National-Sexuality-Education-Standards.pdf)

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PERSONAL SAFETY								
By the end of the 2nd grade, students should be able to:	Explain that all people, including children, have the right to tell others not to touch their body when they do not want to be touched **PS.2.CC.1**		Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched **PS.2.AI.1**	Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable **PS.2.IC.1**			Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable **PS.2.SM.1**	
	Explain what bullying and teasing are **PS.2.CC.2**							
	Explain why bullying and teasing are wrong **PS.2.CC.3**		Identify parents and other trusted adults they can tell if they are being bullied or teased **PS.2.AI.2**	Demonstrate how to respond if someone is bullying or teasing them **PS.2.IC.2**				

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION								
By the end of the 5th grade, students should be able to:	Describe the process of human reproduction **PR.5.CC.1**							
SEXUALLY TRANSMITTED DISEASES AND HIV								
By the end of the 5th grade, students should be able to:	Define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission **SH.5.CC.1**							
HEALTHY RELATIONSHIPS								
By the end of the 5th grade, students should be able to:	Describe the characteristics of healthy relationships **HR.5.CC.1**	Compare positive and negative ways friends and peers can influence relationships **HR.5.INF.1**	Identify parents and other trusted adults they can talk to about relationships **HR.5.AI.1**	Demonstrate positive ways to communicate differences of opinion while maintaining relationships **HR.5.IC.1**			Demonstrate ways to treat others with dignity and respect **HR.5.SM.1**	
PERSONAL SAFETY								
By the end of the 5th grade, students should be able to:	Define teasing, harassment and bullying and explain why they are wrong **PS.5.CC.1**	Explain why people tease, harass or bully others **PS.5.INF.1**	Identify parents and other trusted adults they can tell if they are being teased, harassed or bullied **PS.5.AI.1**	Demonstrate ways to communicate about how one is being treated **PS.5.IC.1**			Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied **PS.5.SM.1**	Persuade others to take action when someone else is being teased, harassed or bullied **PS.5.ADV.1**
	Define sexual harassment and sexual abuse **PS.5.CC.2**		Identify parents or other trusted adults they can tell if they are being sexually harassed or abused **PS.5.AI.2**	Demonstrate refusal skills (e.g. clear "no" statement, walk away, repeat refusal) **PS.5.IC.2**				

Recommended Curricula

- Sexuality Education Curricula:
  - National Sex Education Standards
    - Should be used as a guide when evaluating curriculum.
  - Family, Life, and Sexual Health (FLASH) Curricula
    - Evidence-informed, comprehensive sex ed curricula for 4th-12th grade with a curriculum for special education settings. Available online through a yearly subscription, or hard copies can be purchased.
  - Rights, Respect, Responsibility Curriculum
    - Evidence-informed, comprehensive sex ed curricula for K-12th grade modeled closely after the National Sex Education Standards. Free curriculum, available online. Available in English and Spanish
  - Unhushed Curriculum
    - Evidence-informed, comprehensive curricula for K-12th grade (with a birth-pre-K section coming soon). The curricula is participant-focused and digitally based so that the materials are consistently up-to-date and aligned with best practices (must pay a yearly subscription). Available in English and Spanish.

- Supplemental Materials to Increase Accessibility for Students with I/DD:
    - Arizona Sexual Violence Prevention & I/DD Collaborative Trainings Guide, 2021
        - Guide to current, available training and resources on preventing and responding to sexual abuse of people with I/DD and other disabilities.
    - Sex Ed Mart
        - Various activities and materials that can supplement sexuality education curriculum and help increase accessibility for students with I/DD.
    - Amaze
        - Supplemental videos on sexuality education topics (e.g., consent, healthy relationships, sexuality & disability, etc.) offered in plain language and for various ages. Includes resources for educators and caregivers on how to talk about these topics with youth. Available in English, Spanish, and several other languages.

ENDNOTES:

[1] Sexual abuse includes the coercion of individuals to engage in sexual acts, and can include behaviors such as fondling, penetration, or exposing the vulnerable individual to other sexual activities.

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[16] https://siecus.org/wp-content/uploads/2021/03/SIECUS-2021-Youth-with-Disabilities-CTA-1.pdf

[17] Trauma-informed care is "an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment." More information can be found here: http://www.traumainformedcareproject.org/

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