

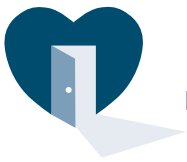


Kid&TeenSafe

An Abuse Prevention Program for Youth with Disabilities

Developed by
SafePlace: Domestic Violence and Sexual Assault Survival Center
Austin, TX

Published by
National Resource Center on Domestic Violence
Harrisburg, PA



SafePlace

Envision a future without violence.

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Sexual Assault Survival Center**

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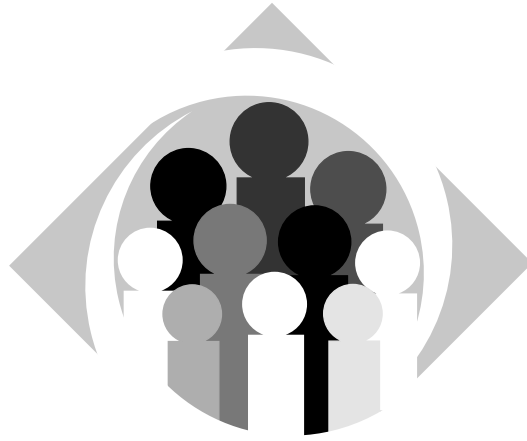
512-385-5181
www.austin-safeplace.org



National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300
Harrisburg, PA 17112

800-537-2238 • 800-553-2508 (TTY)
717-545-9456 (Fax)
www.vawnet.org



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An Abuse Prevention Program for Youth with Disabilities

SafePlace: Domestic Violence and Sexual Assault Survival Center
Austin, Texas

Authors

Wendie H. Abramson
Director of SafePlace's Disability Services,
A Safety Awareness Program (ASAP)

Iracema "Cema" Mastroleo
Disability Services ASAP Educator

Published by

National Resource Center on Domestic Violence

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SAFEPLACE

SafePlace: Domestic Violence and Sexual Assault Survival Center is the primary provider of comprehensive sexual and domestic violence prevention, intervention, education and advocacy services in Austin, Texas. Since the inception of *SafePlace's* parent agencies in the mid-1970s, the organization has developed and provided domestic violence and sexual assault and abuse services in response to the needs of the community.

SafePlace Executive Director

Kelly White

Kid&TeenSAFE Staff

Wendie H. Abramson

Iracema "Cema" Mastroleo



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As a source of comprehensive information, training and technical assistance on community response to and prevention of domestic violence, the NRC supports the capacity of organizations and individuals working to end violence in the lives of women and their children. The NRC's first priority is to proactively support the work of national, state and local domestic violence programs. It also places an emphasis on increasing organizational responsiveness to the needs identified by communities of color and other traditionally underserved populations. The NRC is a project of the Pennsylvania Coalition Against Domestic Violence, a pioneering leader in policy development, training and technical assistance in the movement to end domestic violence.

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The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the CDC.

For additional information on these and other public education efforts, contact the NRC Public Education Specialist who can be reached at:

National Resource Center on Domestic Violence

6400 Flank Drive, Suite 1300 • Harrisburg, Pennsylvania 17112

Phone (800) 537-2238 • TTY (800) 553-2508 • Fax (717) 545-9456

www.vawnet.org



ABOUT THE AUTHORS

Wendie H. Abramson is the Director of *SafePlace's* Disability Services ASAP (A Safety Awareness Program), a comprehensive sexual, domestic and caregiver violence prevention, education and intervention program for Texans with disabilities. Ms. Abramson began working in the disability field in 1989 and has worked with persons with physical, cognitive, sensory and/or psychiatric disabilities. Her professional experiences include case management, technical assistance, mentoring, community education, grant writing and program development. She was the editor for *Stop the Violence, Break the Silence Training Guide and Resource Kit*, as well as *Impact: Feature Issue on Violence Against Women with Developmental or Other Disabilities*. She is a licensed master social worker and a graduate of the University of Texas at Austin.

Iracema “Cema” Mastroleo holds a Master of Education degree in Rehabilitation Counselor Education from the University of Texas at Austin. Ms. Mastroleo has over 20 years experience working with children and adults with disabilities in both the United States and in Brazil. As a Disability Services ASAP Educator, she provides abuse prevention and personal safety workshops and trainings for children with disabilities, their parents, family members and professionals. She is fluent in English, Portuguese and Spanish.

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PREFACE

SafePlace is the primary provider of comprehensive sexual and domestic violence prevention, intervention, education and advocacy services in Austin, Texas. Since the inception of *SafePlace*'s parent agencies in the mid-1970s, the organization has worked to develop and provide domestic violence and sexual assault services that address the needs of the community.

Responding to requests from local school counselors in the late 1980s, *SafePlace* staff began counseling students in school, implementing a nationally-recognized dating and sexual violence prevention and intervention program now known as **Expect Respect**. After more than a decade, **Expect Respect** continues to provide school-based counseling to children and youth who have experienced abuse, and to provide educational programs on the prevention of dating violence, sexual assault, sexual harassment and bullying.

A second component of *SafePlace* is **Kid&TeenSAFE**, a project of *SafePlace*'s Disability Services ASAP (A Safety Awareness Program). **Kid&TeenSAFE** provides abuse intervention and prevention services for children and youth who have disabilities. The focus is to prevent and reduce the risk of abuse by educating this population, as well as parents, caregivers and professionals, about personal safety issues.

Expect Respect and **Kid&TeenSAFE** had their beginnings in separate agencies (Center for Battered Women and Austin Rape Crisis Center) that merged in 1998 to become *SafePlace*. Each has a unique history and evolution shaped by the particular needs of the community. These programs operate independently with separate directors and staff. This publication details the **Kid&TeenSAFE** project. A companion NRC publication from *SafePlace* profiles information and history on the **Expect Respect** program.

Goals of this Document

The goals of this document are to encourage community-based programs and schools to join forces in providing comprehensive prevention and intervention services that address the problems of abuse in students' lives. It describes the effects of interpersonal violence on children and youth, the increased vulnerability of those with disabilities and how the **Kid&TeenSAFE** project functions in Austin and other area schools. The intent is to provide a rationale for addressing these issues within the context of a school-based environment; a description of **Kid&TeenSAFE** and its development, implementation and evaluation; and recommendations for replication. Sample forms, handouts and flyers are included in the Appendix, as well as specific resources for those interested in replicating this program. Additional materials for both **Kid&TeenSAFE** and **Expect Respect** may be obtained through *SafePlace* (see contact information on page 34).

Audience

This document is primarily intended for use by staff in domestic violence and sexual assault agencies who are interested in beginning or expanding school-based programs. Agency staff are encouraged to work with local school district personnel to design comprehensive programs that include intervention services (assessment, counseling, support groups) as well as prevention components (staff training, curricula for students, parent seminars). By working together, local domestic violence/sexual assault programs and schools can maximize their resources for responding to the needs of children who have been hurt, and for preventing future violence. A strong partnership offers potential results that neither could achieve alone.

ABUSE TO CHILDREN AND YOUTH WITH DISABILITIES

Effects of Violence and Abuse on Children

Children who live with violence and abuse are denied a fundamental necessity – safety in their home, school or other environment where the abuse is occurring. Not only are they at risk for witnessing brutal acts, but they also can become targets of violence and abuse. In many cases, men who abuse their female partners also abuse their children (Wilson, 1997). As a result, children who witness or experience victimization may learn that it is acceptable for a parent, other family member or caregiver to cause emotional and/or physical pain to another person.

Research indicates that children who are abused or who witness violence may experience emotional, developmental and/or physical consequences. Some examples are low self-esteem, anxiety, sleeping difficulties, feelings of powerlessness, loneliness, isolation, fear, developmental delays, physical injuries and/or additional disabilities. Those who experience sexual assault or long-term sexual abuse may exhibit difficulties with eating, sleeping and concentrating; feelings of being unclean; mood swings with no apparent cause; nightmares; intrusive thoughts of the assault; flashbacks; and feelings of guilt, anger, fear and shame. Some children may respond aggressively or withdraw socially from others. Over time, if support is not received, these children may demonstrate a general lack of trust, a decrease in self-confidence, and problems with substance abuse, eating disorders, depression and/or mental illness.

The reactions of children who experience abuse vary according to age, developmental stage, frequency and nature of the violence, the number of repeated moves the family has made to stay safe, and other variables. Children brought up in a violent home lack the benefits of a nurturing childhood. Support systems available through domestic violence shelters, schools, rape crisis centers, children's shelters and advocacy centers, and other community organizations can be valuable resources to help these children heal from abuse, succeed in school and learn skills for healthy relationships.

Abuse and Children with Disabilities

Although all people are at risk for violence, many children and youth with disabilities face increased vulnerability factors for assault, abuse and/or neglect. Although many of the studies on abuse against people with disabilities consist of small samples or are limited in scope, the findings overwhelmingly point to the fact that children with disabilities are more vulnerable and face increased risks for abuse than children without disabilities (Sobsey, 1994).

A child with a disability who is abused may not be aware that abuse happens to other people as well. S/he may feel embarrassed or ashamed. Some children with disabilities may not understand the difference between a sexual touch, an affectionate touch or a hygienic touch. They may not be able to distinguish when they are being abused. Interviews with abuse survivors who have disabilities suggest that long-term effects include difficulties in developing trust and forming close relationships with other people. Other behaviors of survivors with

disabilities may be social withdrawal, problems with identity formation, difficulties with self-protection, overly compliant behavior, alienation and dissociation.

A common misperception is that individuals with disabilities are asexual and are not at risk for sexual or other forms of abuse or neglect. Additionally, there are family members or professionals who believe that children with certain types of disabilities (i.e., cognitive disabilities) cannot benefit from abuse prevention education. Many people with disabilities have never received correct information or education about abuse prevention, sexuality and self-protection strategies or been provided education on ways to develop and maintain healthy, respectful and supportive relationships.

Risk Factors

Children with disabilities may experience violence and abuse in their daily lives at home, in school, on a bus, in a group home or residential facility, etc. The problem of assault and abuse against persons with disabilities is complicated by the fact that most of the abuse is perpetrated by someone (e.g., family member, intimate partner or personal care provider) with whom the individual has an established relationship (see *Incidence*, page 6).

People with disabilities traditionally have been oppressed through their segregation from the community by placement into congregate care residential facilities (e.g., group homes, state schools, nursing homes, foster homes) or educational settings. Crossmaker (1991) asserts that people with mental illness, mental retardation or developmental disabilities face increased risks for abuse when they reside in an institution. In many residential facilities, there is an unequal balance of power between residents with disabilities and the staff. Staff may make decisions for residents rather than involving them in decisions that effect their lives. In most instances, children with disabilities who live in institutions and are abused have difficulty reporting to outside sources. Residents of institutions tend to lack access to telephones, family, social supports, police or advocates.

Generally, social isolation is associated with a higher risk for abuse as well as creating barriers for disclosing abuse. When family violence is present, isolation is often a factor that limits social and therapeutic support for the person(s) experiencing abuse. If, or when, families seek crisis support services (e.g., domestic violence shelter or sexual assault counseling), they may not be accessible for individuals with disabilities. Structures may not be designed to accommodate those with physical disabilities; intake forms may not be available in alternate forms, such as large print, Braille or audio; there may be no one to interpret sign language or no access to a telecommunication device for the deaf (also referred to as a TTY or TDD). For mothers seeking services who bring a child with disabilities, existing children's programming may not be suitable or meaningful.

***Although all people are at risk
for violence, many children
and youth with disabilities face
increased vulnerability
factors for assault, abuse
and/or neglect.***

The following are examples of risk factors for abuse or exploitation:

- Children with physical disabilities may depend on others to meet some or all of their basic needs. Care providers, including family and paid or unpaid personal care workers, may be involved in close, frequent contact in the most intimate and personal parts of the individual's life (e.g., assistance with bathing, toileting, changing clothes, other hygiene-related tasks), which can increase the opportunity for sexual or other abusive acts. Persons with physical disabilities may be less able to defend themselves or escape abusive situations.
- A desire to please or make friends is common among individuals who have not been offered the opportunity to interact in society. Youth with cognitive disabilities may be overly trusting of others and easier to trick, bribe or coerce, especially when offered friendship, money or a gift. These youth may unknowingly participate in activities that may be exploitative or illegal.
- Children with cognitive disabilities may not understand the difference between sexual and non-sexual touches and, if they are abused, may not understand that the violation is not normal, especially in cases of sexual abuse.
- Children who are blind or have low vision may not be fully aware of their surroundings, especially on public transportation or within the community. This can make them vulnerable to exploitation by others.
- Many persons who are blind or deaf/blind are taught mobility and Braille by guided physical contact. An individual may be conditioned to touch due to ongoing personal care or other disability or medical-related services. Being touched, often without permission, can provide confusing messages about space, boundaries and physical contact with others.
- Some persons with disabilities may have limited vocabulary or communication skills that can pose barriers to disclosing abuse or assault. If reporting by telephone, a child with a speech-related disability might be misunderstood or viewed as making a prank call. Some people who have speech impairments utilize communication boards; many of these devices, however, do not include vocabulary for reporting abuse or other victimization. Individuals who are deaf may experience barriers with disclosing abuse without an interpreter or other assistive devices such as a TTY or TDD. Perpetrators may believe they can get away with abusive behavior if their victims cannot report it due to a disability.
- Many individuals with disabilities are taught in school, through service providers and family members to do as they are told, to comply with requests of others, and to control difficult behaviors. Youth with disabilities often are not taught about boundaries, assertiveness, or the right to say no – especially to authority figures – to painful or other unwanted touches. Compliance training can make the individual vulnerable to abuse or exploitation.
- Quite often, parents, caregivers and special education teachers do not teach children with disabilities about sexuality, abuse prevention, self-protection or personal safety strategies, in an effort to “protect” the child. Thus, children with disabilities may lack knowledge about their bodies, healthy relationships and how to protect themselves.

Incidence

There are an estimated 54 million children and adults with physical, cognitive, and emotional disabilities in the United States (U.S. Department of Justice, Office for Victims of Crime, 1998). According to a Census Bureau Brief, about 20 percent of Americans have a disability and 10 percent have a severe disability (U.S. Department of Commerce, December 1997). Among children in the United States, 9-15 percent have a disability and approximately 175,000 to 300,000 children with disabilities experience maltreatment each year (Crosse, 1993).

Several studies document that children with disabilities are vulnerable to mistreatment and abuse, yet it is difficult to ascertain the true scope of the problem. Much of the existing research is based on small-scale studies and is becoming increasingly dated. However, the following findings are worth noting:

- Children with disabilities are about two times more likely to be neglected or physically or sexually abused than children without disabilities (Sullivan, Knutson, Scanlan & Cork, 1997).
- Persons with disabilities often experience multiple victimizations over their lifetime and researchers suggest that people with disabilities may be abused 3 to 10 times as often as their peers without disabilities (Sobsey & Doe, 1991).
- Sobsey and Doe estimate that more than half of the abuse perpetrated against people with disabilities is generally by family members and peers with disabilities, and that disability professionals (i.e., paid or unpaid caregivers, doctors, nurses) are generally believed to be responsible for the other half (Sobsey & Doe, 1991).
- Based on interviews with 17 persons with disabilities, Wescott (1993) reports that sexual abuse was the most prevalent form of abuse, while emotional and physical abuse were slightly less common.
- A review of the literature of small-scale studies from 1984-1987 suggests that 10 percent of hearing boys and 25 percent of hearing girls report sexual abuse, whereas 54 percent of deaf boys and 50 percent of deaf girls report sexual abuse (Sullivan, Vernon and Scanlon, 1987).
- A 1993 national study sponsored by the National Center on Child Abuse and Neglect documents that children with disabilities are abused at a rate of 1.7 times that of children without disabilities (as found in *Abuse and Neglect of Children with Disabilities*, 1999).
- *SafePlace* found that between 1996-1998, 57 percent of sexual assault survivors who received counseling services reported multiple perpetrators and 86 percent of the sexual violence perpetrators were not strangers to their victims (*SafePlace*, 2000).

THE NEED FOR SCHOOL-BASED PROGRAMS

School-based counseling and groups for boys and girls can educate students and support them in achieving relationships based on personal safety, equality and respect. It is important that children with disabilities be included, as this population is vulnerable to abuse, yet often excluded from receiving information and education pertaining to violence prevention, sexuality, healthy relationships and personal safety.

Children who witness domestic violence need specialized services. This type of abuse not only affects the spouse or partner being directly victimized, but can have emotional and psychological effects on all family members. Schools may be a source for increasing children's immediate safety, providing social support and teaching skills for non-violent relationships.

The Individuals with Disabilities Education Act (IDEA), first known as the Education for All Handicapped Children Act, is federal legislation, passed in 1975, that guarantees a free and appropriate education for children and youth with disabilities. IDEA exists to ensure that the rights of children with disabilities are protected, and that students with disabilities have their unique needs met to prepare for employment and independent living. Personal safety is vital to productively working and living in the community. Children with disabilities should be given access to information and education (adapted to their individual learning needs) in school about abuse prevention, respect, assertiveness, boundaries, healthy relationships, personal safety and related topics. An Individual Education Plan is developed (with input from educators, parents and the child) for students who receive special education services in public schools. Educational goals and objectives related to learning about abuse prevention and personal safety can be included in a student's Individual Education Plan.

Parents or other family members can assist with educating their children on abuse prevention. They should be aware of what will be taught in the classroom and have access to copies of the curriculum. They may want to express their concerns or fears about the vulnerabilities that their child faces. Family members often have valuable input about teaching their child who has a disability. Including them in the process can both reinforce the

Children with disabilities deserve the right to personal safety as well as to learn strategies to protect themselves... education and training efforts that include sexuality awareness, violence and abuse prevention and assertiveness training help to prevent abuse against people with disabilities.

information presented, while incorporating individual family, religious and cultural values. Parental involvement also creates consistency between information that is taught at school and information provided in the home environment.

Children with disabilities deserve the right to personal safety as well as to learn strategies to protect themselves. Moreover, children need to understand that if they are violated, the act(s) is wrong, they are not to blame, and they have the right to report the abuse. Research has shown, as well as anecdotal evidence from the **Kid&TeenSafe** project, that education and training efforts that include sexuality awareness, violence and abuse prevention and assertiveness training help to prevent abuse against people with disabilities (Haseltine and Miltenberger, 1990).

KID&TEENSAFE PROJECT HISTORY

In 1995, staff from *SafePlace* and the Center for Disability Studies (formerly the University Affiliated Program) at the University of Texas at Austin began to discuss the need for expanding sexual abuse/assault prevention and intervention services to include persons with disabilities. The initial conversations included identifying other interested community stakeholders, including Arc of the Capital Area and United Cerebral Palsy of the Capital Area, Inc., to invite them to brainstorming sessions on service expansion, as well as to identify available services and gaps in services for persons with disabilities who experience abuse.

SafePlace and the Center for Disability Studies developed and distributed a community needs assessment survey to gather data on the need for sexual abuse prevention/intervention and sexuality education for all community members with developmental disabilities. (*A copy of the Needs Assessment Tool is available as Appendix A.*) The survey was distributed to professionals in the disability field (including persons who have disabilities) and parents of children or adults with disabilities. The Arc of the Capital Area and the Center for Disability Studies provided agency database records for the survey mailing.

Needs Assessment

The needs assessment asked professionals to provide demographic information on their client base, while parents were asked to provide data on their child(ren) with disabilities. Professionals and parents rated the need for sexual abuse/sexual assault prevention and sexuality education for persons with developmental disabilities. The results of the needs assessment indicated that:

- 79 percent of parents felt that there was a critical need for sexual abuse prevention and sexuality education for persons with disabilities;
- 96 percent of professionals identified a moderate to critical need for abuse prevention; and
- 99 percent of professionals indicated a moderate to critical need for sexuality education.

Professionals prioritized sexual abuse prevention, relationship skills and appropriate touching as the three most critical areas of education needed for persons with developmental disabilities.

Parents prioritized sexual abuse prevention, rape prevention, healthy sexuality, parenting skills and appropriate touching as the most critical areas of need for their child or adult family member with a disability.

In addition, the survey results revealed the following:

- Professionals gauged that 16.8 percent of their clients had experienced sexual abuse/assault and 35.3 percent of persons served by the agency experienced sexuality-related difficulties or challenges in the past year that could have been assisted by either training or counseling.

- Almost one-third – 29 percent – of parents indicated that their family member with a disability experienced sexuality-related difficulties or challenges in the previous year that could have been assisted by either training or counseling.
- A majority – 83 percent – of parents indicated that they did not utilize sexual abuse prevention or sexuality education programs and 88 percent did not solicit counseling for their family member to address these needs.

The results of the needs assessment indicated both professional and family interest in developing sexuality education and abuse prevention education for children and adults with developmental disabilities in the central Texas area. *SafePlace* subsequently included this data in a grant application for program funding.

While waiting for funding approval, community stakeholders organized two activities designed to educate other local disability service providers about sexuality, sexual abuse and people with disabilities. The stakeholders coordinated a panel presentation to inform disability service providers about the service systems that a person with a disability who is sexually assaulted/abused might access. Panelists included representatives from *SafePlace*, Adult Protective Services (a division of the Texas Department of Protective and Regulatory Services), a local hospital, City of Austin Victim Services and the District Attorney's Victim Witness Program. The stakeholders also co-sponsored a teleconference for disability service providers on the topics of disability, sexuality, sexual orientation and consent. There was a large audience of providers at both events and participants expressed an interest in additional training on these topics.

Disability Services ASAP utilized the data from the needs assessment to develop a continuum of risk reduction and crisis intervention services for children and adults with disabilities. The initial focus was to provide sexual abuse prevention and intervention services for adults with disabilities. The program offered sexual abuse prevention and sexuality classes at local group homes, and an ongoing class at the independent living center. It also provided individual counseling for youth and adults with disabilities who experienced sexual violence. The program soon expanded to offer statewide domestic/caregiver abuse prevention and local crisis counseling for adult survivors who have disabilities. Abuse prevention education is now offered at state schools, shelter workshops, day programs, supervised living programs and independent living centers throughout the state. Additionally, staff began offering prevention programs to disability service providers, professionals in the crisis fields and family members of persons with disabilities. The programs were designed to increase awareness of the risks for abuse faced by people with disabilities, enhance skills for providing support and prevention education to individuals with disabilities, as well as to promote accessible crisis services for persons with disabilities. Disability Services ASAP then established the Kid&TeenSAFE component to extend abuse prevention services to children with disabilities.

Project Expansion

Kid&TeenSAFE first began by targeting children with disabilities in kindergarten through sixth grade, their family members and teachers. Staff identified available curricula for teaching abuse prevention education and recruited professionals in the disability field (including a person with a severe physical disability and the parent of a young adult with severe mental retardation) to make recommendations on strategies for educating children with various types of disabilities. Project staff began marketing the availability of abuse prevention education within the local school district and began offering training sessions for students with disabilities, their families and teachers.

After two years, the program was expanded to include students through the 12th grade and also offered services in nearby school districts. In addition, staff began offering “Train the Trainer” workshops for educators throughout Texas. Now recognized internationally, this program has won awards for innovation, excellence and outreach to people with disabilities who have historically been an oppressed and underserved group.

KID&TEENSAFE OVERVIEW

Goals

Kid&TeenSAFE works to:

- reduce the risk of sexual, physical and/or emotional abuse or exploitation faced by many children and youth with disabilities;
- increase the ability of children and youth with disabilities to identify, prevent and report abuse;
- enhance awareness and strengthen skills of family members, teachers and other professionals to prevent, detect and report abuse of children with disabilities; and
- promote ongoing abuse prevention education for children and youth with disabilities.

Staffing

Staffing for this project originally included one part-time education coordinator, one part-time public relations coordinator, the program director, administrative support, a social work intern and volunteers. After a year, the program reorganized the two part-time positions into one full-time position (**Kid&TeenSafe** educator) that combined the responsibilities of marketing, coordinating and delivering abuse prevention sessions to students with disabilities. The social work intern would be responsible for developing educational materials for families and teachers, as well as providing case management and resource referral for families as needed. Volunteers would assist with role plays and evaluation activities during educational sessions.

Components

- I. **Classroom Presentations.** Staff and volunteers provide a series of three to four educational presentations for children with disabilities in kindergarten through 12th grade on topics such as personal safety, abuse prevention, healthy sexuality, bullying and harassment.
- II. **Professional and Family Training.** Staff provide training and workshops for special education teachers and other professionals who work in the disability field, as well as family members. The sessions focus on providing information on risk factors related to abuse, incidence and indicators of abuse, detecting and reporting abuse, and strategies to reduce the risk of abuse of children with disabilities.
- III. **National Resource Library.** Access to over 350 items related to violence against people with disabilities, abuse prevention, sexuality, personal safety, healthy relationships and other pertinent topics is offered through the project's library. Educational materials include curricula, books, videos, journals, anatomically correct models and dolls, and other resources.

PROGRAM COMPONENTS

I. Classroom Presentations

The **Kid&TeenSAFE** project provides school-based abuse prevention education to empower children and youth with disabilities about their rights to personal safety and to teach them skills to protect themselves from abuse. Sessions are offered to elementary, middle/junior and high school students with disabilities and usually last three to four sessions.

Presentations are customized to the learning needs of each group, i.e., visual materials are described for those who are blind, information is presented in concrete terminology for persons with cognitive disabilities, etc. Classes are held primarily in special education classrooms and residential schools for students who are blind or deaf, but are also offered at the local children's shelter, the state hospital, summer camps, congregate homes for children with disabilities, and non-profit agencies that serve children with disabilities and their families.

The main teaching concepts include:

- building awareness of emotions and personal boundaries;
- identifying various types of touches;
- asserting an individual's right to say "no" to unwanted touches;
- escaping abusive or potentially abusive people and situations;
- identifying and telling trusted adults if abuse occurs; and
- other relevant topics that may be identified by youth, families or service providers.

Participants include children with physical, cognitive, learning, sensory, psychiatric, behavioral and/or multiple disabilities. The program has served children who have the following diagnoses: mental retardation, cerebral palsy, muscular dystrophy, autism, Down syndrome, pervasive developmental disorder, attention deficit hyperactive disorder, traumatic brain injury, deaf, blind, visually impaired, behavioral or emotional disorder and speech impairment.

Prior to the first session, the educator obtains the following information from the teacher: size of the class, age of students (for determining age appropriate topics and role plays), types and severity of students' disabilities; best learning strategies for specific students; language to utilize in the classroom (medical terminology vs. other phrases when teaching about the private parts of the body), examples of actual situations to address during role play activities, as well as concerns about past, present or suspected abuse. The educator requests information on the disciplinary, sexual harassment and bullying policies of the host school (or school district) prior to teaching so that the information can be incorporated into the training. The educator also requests that a special education teacher and/or aide be present during the sessions to assist with children who have behavioral challenges, or to talk privately with any child who may become upset. Some children with disabilities need information repeated many times, so it is also helpful for

the teacher to be present so that s/he can reinforce the teaching concepts throughout the school year.

Teaching abuse prevention in a group setting will also demonstrate that abuse or assault is not a shameful secret, but can and should be discussed frankly and honestly. As a result of these sessions, children with disabilities build awareness, knowledge or skills in the following areas:

- emotions and personal boundaries;
- types of touches;
- rights to personal safety;
- strategies for safety in potentially dangerous situations; and
- what to do if abuse occurs.

A typical abuse prevention series will frequently model the following schedule:

Day 1

- Define personal safety
- Identify and discuss feelings
- Identify and discuss types of touches and words
 - “okay” touches/ “okay” words
 - “not okay” touches/ “not okay” words
 - confusing touches (optional)
- Overview of safety rules
 - say No!
 - go away and/or yell
 - other ways of communicating
 - tell trusted adults

Day 2

- Review previous lesson
- Identify body parts, including private parts
- Discuss secrets: fun secrets and hurtful, “special” secrets
- Address bullying and sexual harassment in a safe manner

Day 3

- Role-plays using safety rules

Day 4 (for teens)

- Healthy sexuality education or other suggested topics (e.g., puberty, dating, violence at home)
- Additional topics may be added, based on student interests, age and needs

Daily sessions usually last 30-60 minutes, depending upon the attention span of the students. The educator utilizes an interactive format that focuses on non-violent ways to respond to abuse, bullying or harassment. Teaching strategies for children and youth with disabilities include discussions, drawings, the use of anatomically correct dolls/models and role-playing activities. The educator encourages participation, but also respects and honors a student's choice not to actively participate. The educator primarily uses the following curricula and teaching aids (as determined by chronological age):

- *No-Go-TELL!*
- *Safe and Okay*
- *Teach a Body Doll*
- *LifeFacts: Sexual Abuse Prevention*
- *LifeFacts: Sexuality*
- *LifeFacts: Managing Emotions*
- *Changes in You*

(A listing of recommended curricula and other resource materials is available as Appendix B).

Strategies for Educators

The following are strategies that the educator utilizes in teaching students with disabilities:

Teaching about Feelings, Touches and Words

- Define feelings. With student input, develop a list of basic emotions, such as happy, sad, scared, angry and safe. Provide examples of situations when people may have these feelings.
- With student participation, create a list of touches that are okay and can make us feel good. Make linkages to the relationship that is appropriate for each touch, e.g., a hug from Mom is okay, but not from a stranger.
- Explain that there are touches that are not okay and can make us feel bad or confused. Provide concrete examples.
- Tell the group that it is not okay for anyone to touch them without their permission unless it is to protect their health or safety; talk about sexual touches as part of this discussion.
- Explain the exceptions to touches on the private parts of the body (e.g., health care reasons).
- Acknowledge the fact that both males and females can receive abusive touches and that both males and females can be persons who give abusive touches.
- Use similar strategies for discussing words that are okay versus not okay.

Teaching No-Go-TELL!

The ability to assertively say No! to inappropriate requests, advances and perceived harm, even to an authority figure, is an important skill. In some potentially abusive situations, if a child can say No! effectively, the offender may leave that child alone.

- Teach the child that saying No! can mean using other forms of communication, such as sign language, facial expressions, head shaking, a direct look in the offender's eyes or leaving the environment.
- Practice these assertiveness skills with the child. The strategy of just saying No! is not always effective for stopping abuse; however, all children should have the opportunity to practice the skills, including saying No!
- Having the verbal ability or the assistive devices to make loud noises is an important safety measure for students who cannot leave or remove themselves independently from a potentially dangerous environment. For students who are non-verbal and have no other forms of communication, adaptive devices to call attention to potentially dangerous situations are recommended. Some suggestions are a horn, whistle or a communication device (may require an assessment by a speech therapist).

- Assist those students who use communication boards or other augmentative communication devices in updating the board or device with words or symbols to communicate about issues relating to personal safety.
- Teach children to tell a trusted adult(s) about abuse, bullying or harassment. This may help prevent future victimization and increase the child's safety, if the adult takes action. Unfortunately, adults do not always believe children who disclose abuse or may not take action to prevent a situation from escalating. If the child tells more than one person about an abusive incident, there is a higher likelihood that someone will believe the child and intervene. It is important that a child is able to identify several trusted adults to tell if someone hurts or tries to hurt him or her.
- Ask students whom they would tell if someone tried to hurt them. If a child says that s/he would tell a brother or sister, ask how old the sibling is. Explain that they also need to tell an adult (someone 18 years or older) who is able to help them in a non-violent way.
- If the child says that s/he would call 9-1-1, practice role-playing as the 9-1-1 operator and allow the child to practice calling 9-1-1. If the student is deaf or has a speech impairment and would need to use a TTY or other communication device to disclose abuse, make sure s/he has access to a device at school and home and knows how to operate it.

Teaching about Body Parts

- Check with the school about district policies for educating students about the private parts of the body. Obtain parental permission, if required.
- Ask students what their preference is for separating males and females in the class. Some teenagers feel more comfortable and are more open to looking at pictures, asking questions, and participating, if they are among same-gender peers.
- Use curricula designed for teaching children with disabilities about anatomy or abuse prevention.
- Encourage the students to participate by asking them to name the various parts of the body.
- Include the names of body parts that are the same for males and females such as eyes, nose, arms, hands, back, legs, feet and navel.
- When teaching students who are blind about the body parts, bring anatomically correct dolls or models of males and females for students who need a tactile learning experience.
- Teach students the names of the private parts for both genders.

- If the group is separated, bring the group back together after the information has been presented to briefly recap the information and to ensure an atmosphere of respect and trust for both genders.
- As children develop vocabulary for the body parts, they may be able to discuss related health concerns with physicians or nurses and be better able to disclose if abuse occurs.

Teaching about Sexual Harassment/Bullying

The goal of teaching about harassment and bullying is for students to understand what sexual harassment is, the difference between teasing and bullying, the difference between telling and being a tattletale, as well as what to do if one is being harassed, teased or bullied.

- Check with the school district or school administration about policies and procedures for responding to sexual harassment or bullying incidents. The procedures (or lack thereof) vary from campus to campus. Some schools need help in developing procedures, others with enforcing existing rules or policies.
- Hold a discussion about the topics and ask students to define the concepts of sexual harassment and bullying and provide examples.
- Discuss the consequences of sexual harassment and bullying.
- Expand upon student examples by explaining that bullies and harassers are people who pick on other people and use aggressive behavior to intentionally harm or hurt someone.
- Encourage students to have confidence, to speak up and protect themselves and others if, or when, bullying or harassment occurs. Participating in role-plays in the safety of the classroom can help students develop responses in the event they are teased, bullied, sexually harassed, or if they observe someone else being bullied or harassed.

Role-play Examples:

- A student calls another student ugly, fat, stupid, retarded, sissy or another offensive name.
- A boy uses force to back a girl up against her locker.
- A male student teases another to wrestle with him.
- An adult exposes himself to a girl outside the school.
- A man asks a girl to take a surprise from his pocket.
- A stranger in a store offers to buy a game or CD for the student.
- The student is on the Internet in a chat room and someone asks to meet her/him in person.

Teaching Healthy Sexuality Education

It is recommended that sexuality be included as a component of abuse prevention so the child learns that it is not shameful to discuss sexuality and personal safety issues. Sexuality education also helps children with disabilities learn about socially appropriate behaviors and provides them with a sense of ownership of their bodies.

- Check with the school about district policies for providing information related to healthy sexuality education to students. Sometimes written parental permission is necessary prior to providing sexuality education.
- Strive to create an educational atmosphere in which students can feel comfortable and safe talking about and asking questions related to sexuality.
- Direct student questions about sexuality to family members or other trusted adults, should your community prohibit teaching about sexuality. Also suggest, when appropriate, researching in encyclopedias or science books at the school or public library. If students have questions about their ability to have erections, orgasms, menstruation, or to get pregnant or impregnate, encourage them to ask a family member, doctor or nurse.
- Take advantage of natural teaching moments that come about based on where the students are developmentally. For example, younger children may ask where babies come from or older children may ask about something they have seen or heard from other kids. These are opportunities to answer honestly, with a developmentally appropriate response, and engage the child(ren) in discussions on topics they are interested in and/or curious about.

Evaluation Methods and Results

Evaluation Checklist

Staff developed an Evaluation Checklist to collect data on each student's knowledge/skills in the following areas:

- identification of touches that are “okay”;
- identification of touches that are “not okay”;
- identification of own gender;
- identification of anatomically correct private parts for males and females;
- ability to recall/demonstrate the No-Go-TELL! prevention strategy sequence;
- identification of a trusted adult(s);
- communicative ability (spoken or sign language) to refuse an unwanted touch;
- behavioral ability to refuse an unwanted touch; and
- ability to verbally or behaviorally report an unwanted touch.

(A copy of the Evaluation Checklist is available as Appendix C.)

Child Evaluations

During calendar year 1999-2000, 849 children participated in abuse prevention education sessions and information was collected on 94 percent of the children. Not all participants were included because some were absent on the last session, some were non-responsive throughout the sessions or to particular questions by choice, and some students had disabilities that were too severe.

Prior to the training, the educator asks each student what s/he would do if someone tries to hurt them. A correct response is coded if the student indicates (without prompting) that s/he would tell the person No!, leave the situation, tell an adult, or a similar reply. The same question is asked after the abuse prevention information is taught. Responses indicated that 21 percent of students showed increased knowledge of personal safety strategies after the training when asked what they would do if someone tried to hurt them.

At the end of the sessions, the following were able to respond correctly without prompting:

- 68 percent could identify “okay/alright” touches;
- 77 percent could identify “not-okay/not-alright” touches;
- 88 percent could identify their own gender (male/female);
- 64 percent could identify anatomically correct private areas;
- 73 percent could recall/demonstrate the No-Go-TELL! prevention strategy sequence; and
- 86 percent could identify one known, trusted adult.

Teen Evaluations

Also during the same time period, 93 teens took part in abuse prevention education sessions. A separate evaluation tool was administered to those able to complete a written survey (primarily students who do not have a “cognitive disability” label). Students were asked to complete the survey that was distributed at the end of the final class to gauge whether participants had learned new information about abusive behaviors and respectful relationships as a result of the training. A majority – 74 percent – of students indicated that they learned new information about abuse and 73 percent reported that they gained knowledge about respectful relationships as a result of participating in the training. Some teens also offered written suggestions of other related topics to include in future sessions. Others provided written comments indicating the most important information they learned from classes. Examples included:

- There is such a thing as marital abuse/rape;
- Abuse is not okay;
- A definition of sexual harassment;
- There are different types of abuse that exist;
- Respect others’ space and body;
- Ask before touching someone else;
- No! means No!; and
- Have respect for others.

(A copy of the Evaluation Survey is included as Appendix D.)

Observer Feedback

In 2001, **Kid&TeenSAFE** began asking teachers and other personnel who observe the abuse prevention classes to complete a survey. The purpose of the survey is to provide feedback about the classes, course content, presenter’s teaching style, etc. This will allow the project to make adaptations to the classes as needed. *(A copy of the Feedback Form is included as Appendix E.)*

Challenges in Working with Children and Youth with Disabilities

Kid&TeenSAFE works with children and youth with any type or severity of disability. Thus, the educator must be able to work with children with diverse learning needs. Language may need to be adapted and used in basic, concrete terms for students with mental retardation or other cognitive disabilities. This can become complex in a classroom that includes several students with different types of disabilities and distinct learning needs. Some students have learning needs that require an individualized presentation and further adaptation of materials.

It is common to encounter children and youth with disabilities who have speech impairments or are non-verbal and yet do not have communication devices. It then becomes very difficult to have an interactive session with these children. Some children with disabilities take medications to prevent seizures, manage spasticity, etc. This can present a problem if children are heavily medicated and fall asleep during the presentation.

Some children disclose abuse during the presentation. This can be a complex situation because the educator wants to acknowledge the child for disclosing abuse, but does not want to engage other students in a discussion about the child's experience. When this situation arises, the educator acknowledges the situation and offers to discuss the matter privately after the class session ends. **Kid&TeenSAFE** does not offer a counseling component, but does make referrals to the parent organization's (*SafePlace*) Children's Counseling Program, as appropriate.

The project also relies on volunteers to participate in role-plays and assist in evaluation activities with students. Classes are scheduled according to the availability of teachers, so there is no consistency in the day of the week or time that abuse prevention sessions are held. Some weeks the educator has full days of presentations scheduled throughout the week; at other times, classes may be scheduled only on a particular morning or afternoon. As with any project that utilizes volunteers, it can be challenging to recruit and maintain participation in activities due to such irregular scheduling.

II. Professional and Family Training

The **Kid&TeenSAFE** project also provides abuse prevention education to family members, guardians, special education teachers, school personnel (including teacher's aides, school counselors, nurses, bus drivers, cafeteria and hall monitors), child care and other professionals who serve children with disabilities, as well as university students in human services-related courses. These trainings primarily are held at public schools, disability service agencies and state and national conferences.

Parental support is an important component for successfully carrying out project activities. Information is provided to families so they are aware of the content that will be taught in school and can ask questions and provide input. Families are encouraged to reinforce the concepts that will be taught to their son or daughter in the classroom as well as incorporate their own cultural and religious values. Families learn about the availability of the resource library where they can borrow curricula, videos and other materials for teaching about abuse prevention, personal safety and sexuality for their child with a disability(ies). Family sessions are held on a weekday evening or on the weekend and are offered in English and Spanish.

Many schools prefer that teacher presentations occur during regular staff meetings, in-service training days, lunch, after school hours, etc. These trainings offer the opportunity for participants to learn about the topics, ask questions and schedule presentations for students with disabilities.

Presentations for family members and professionals usually last 60-90 minutes and topics generally include the following:

- vulnerability of children with disabilities to abuse and neglect;
- incidence of abuse perpetrated against children with disabilities;
- possible indicators/impact of abuse;
- responding to disclosures of abuse;
- reporting abuse to Child Protective Services or other investigating authority;
- strategies for providing abuse prevention education to children and youth with disabilities; and
- community resources (*See Appendix F for National Resources*).

The **Kid&TeenSAFE** educator also offers "Train the Trainer" workshops throughout Texas for special education teachers and other school personnel who are interested in incorporating abuse prevention education on an ongoing basis. The workshops are sponsored and advertised to school district personnel by the regional Education Service Centers or directly through school districts. These six-hour workshops provide an overview of types and prevalence of abuse to children with disabilities, vulnerability factors, and strategies for detecting, responding to and reporting abuse. Also included is instruction on techniques for teaching abuse prevention to children with a wide range of disabilities and an opportunity for trainees to become familiar with abuse prevention curricula, practice delivering an abuse prevention session and obtain peer feedback.

Whether abuse prevention is being presented to children with disabilities, family members or professionals, it is suggested that the educator encourage people to ask questions and be willing to volunteer during interactive workshop sessions. Developing a presentation philosophy grounded in respect for the humanity of others is as essential as providing prevention information.

Evaluation Methods and Results

The evaluation tool for professionals and family members is a written survey (*included as Appendix G*). The purpose of the survey is to collect information about increased awareness as a result of attending the presentation or training session(s). Participants are asked whether or not they learned new information about the major topics presented and, if so, to share the most important thing they learned. Professionals and family members are also asked to provide information about the usefulness of the presentation content to their professional or personal life.

Approximately 80 percent of family members and professionals who attend the trainings fill out an evaluation survey. The following data represent 239 parents and professionals who completed evaluation surveys during calendar year 1999-2000:

- 85 percent learned new information about issues relating to signs, symptoms and abuse prevention;
- 85 percent learned new information about vulnerabilities to abuse faced by children with disabilities;
- 90 percent learned new information about sexual abuse/assault and people with disabilities;
- 77 percent increased their knowledge about abuse prevention strategies for children with disabilities; and
- 93 percent indicated that the information presented would help them and/or their organization.

Respondents identified the most important information they learned through this training as:

- recognizing possible signs of abuse;
- how to talk to children about different types of touches;
- information about different forms of abuse;
- power and control as the basis of abuse;
- prevalence of abuse against individuals with disabilities;
- vulnerability factors;
- how to respond when abuse is reported; and
- reporting laws.

Challenges in Working with Families and Professionals

Protocols and policies for providing abuse prevention education differ among school districts. Some school district administrators coordinate meetings/trainings with parents and school personnel. This frequently leads to scheduling classroom presentations for students with disabilities almost immediately. Other school districts require a more in-depth process to initiate abuse prevention education for students with disabilities (e.g., school board approval of all course topics, prior to presentations and trainings being scheduled).

Teachers generally have busy schedules that are planned well in advance, and some are unable to find the time to attend presentations or schedule sessions for their students. Some parents, teachers and service providers do not believe that students with severe disabilities can benefit from or understand the topics included, so it can be challenging to reach out to this population. For example, **Kid&TeenSAFE** has offered to provide training at intermediate care facilities for children; however, some of these establishments have been resistant to personal safety training or abuse prevention education for their residents and staff.

Some family members and professionals feel uncomfortable about persons with disabilities receiving sexuality education. Some communities do not allow the use of medical terminology when teaching about the private parts of both genders. Despite the fact that knowing the names of private parts is effective for reporting related injuries, illnesses or sexual abuse, using phrases such as “private parts” or “parts covered by underwear or bathing suit” can customize sessions to relieve teacher and family concerns when teaching abuse prevention. It is important to respect family or school preferences; this type of sensitivity models respect and helps to build trust and a good working relationship between the **Kid&TeenSAFE** educator and the school. It can also mean the difference between students with disabilities receiving some information and education on abuse prevention as opposed to none.

The *SafePlace* experience has been that parents and guardians often do not attend presentations set up by the school, even when various scheduling options are made available (before school, evenings, weekends) and incentives, such as dinner and reimbursement for child care, are offered. The most effective way, thus far, to reach parents has been through presentations to an established parent group.

III. National Resource Library

The **Kid&TeenSAFE** project offers a national resource library that features curriculum kits, books, videos, anatomically correct dolls/models, professional journals, games and other materials related to abuse prevention, sexuality education, personal safety and healthy relationships for individuals with disabilities. A complete listing of the library items, as well as borrowing procedures, is available through the *SafePlace* web site and can be directly linked at www.austin-safeplace.org/programs/disability/resourcelist.htm. The purpose of the library is to make educational materials available for other professionals and families who can teach individuals with disabilities about preventing abuse and violence, sexuality, healthy relationships and other related topics. Individuals may borrow materials in person or by mail. Library patrons include professionals, family members and individuals with disabilities both within and outside the United States.

The project also offers a variety of informational fact sheets as well as a training guide and resource kit entitled, *Stop the Violence, Break the Silence*, which focuses on developing accessible abuse prevention and intervention programs for persons with disabilities. (*An order form for Informational Fact Sheets is included as Appendix H.*)

For a full description and ordering information for *Stop the Violence, Break the Silence*, go to the *SafePlace* web site at www.austin-safeplace.org/programs/disability/stopTV.htm.

IMPLEMENTATION ISSUES

Partners

Kid&TeenSAFE partners with a variety of different entities to carry out project activities. Primary partners include local independent school districts, parent groups, community groups, non-profit and government agencies that serve children with disabilities, regional Education Service Centers and summer camps.

Community Members

The program established an Advisory Council made up of community members who review program activities, make recommendations for future activities, problem solve, and provide feedback when barriers are encountered. The Advisory Council is comprised of persons with disabilities, family members, advocates and professionals who meet every other month. Currently, 38 percent of members have a disability, 12 percent are family members of a person with a disability, and the remaining 50 percent have extensive experience working with individuals with a variety of disabilities.

Since the program's inception, Advisory Council members have included representatives from Advocacy, Inc., Arc of Texas, Arc of the Capital Area, Capital Area Mental Health Center, Disabled Crime Victim Assistance, Planned Parenthood, Southwestern University, Texas Commission for the Blind, Texas Council on Developmental Disabilities, Texas Department of Protective and Regulatory Services, Texas School for the Blind and Visually Impaired, United Cerebral Palsy Association of the Capital Area, University of Texas at Austin, and Youth Options, as well as private practice therapists who specialize in working with children or adults with disabilities and their families.

School Districts

Since the project's primary focus is educating students with disabilities in public schools, gaining and maintaining independent school district support and cooperation is essential. Personnel in various school districts play a key role in linking the project staff to special education teachers, children with disabilities and family members. **Kid&TeenSAFE** staff work with the administration (principals, school counselors, life skills coordinators, special educator directors) of urban and rural independent school districts in the central Texas area.

The administrators play a key role in coordinating meetings (either district-wide or at specific schools) or trainings for special education teachers, parents and other family members. The special education teachers schedule abuse prevention sessions with the **Kid&TeenSAFE** educator for their students with disabilities.

Kid&TeenSAFE also works with regional Education Service Centers to coordinate "Train the Trainer" workshops for special education teachers and other personnel from area school districts.

Non-profit Organizations

Kid&TeenSAFE partners with various local non-profit organizations to carry out project activities. These relationships range from formal collaborative agreements in grant proposals to cross-training opportunities, developing needed resources and coordinating community outreach efforts to the target populations.

As part of the initial grant proposal, the project sub-contracted with Disability Assistance of Central Texas (formerly United Cerebral Palsy of the Capital Area) to recruit and supervise a social work intern for project-related activities. The project also sub-contracted with Deaf Abused Women and Children Advocacy Services (DAWCAS) to provide abuse prevention and sexuality education locally for deaf children and youth. All DAWCAS staff are fluent in American Sign Language and are considered the local experts for outreach and abuse prevention to the deaf community.

Other non-profit partners have included Communities in Schools, Central Texas Pebble Project and United Cerebral Palsy Association of Texas (UCPA/Texas). At the beginning of the project, Pebble Project staff provided extensive training to **Kid&TeenSAFE** staff on utilizing abuse prevention curricula. Pebble Project staff also offered **Kid&TeenSAFE** staff opportunities to observe in-school presentations for students without disabilities. UCPA/Texas staff assisted the project by developing a sample customized communication board for children with disabilities who do not use speech to communicate. Some electronic picture communication boards or electronic communication devices do not include vocabulary or icons relating to abuse. However, this particular board consists of icons and core vocabulary used for discussing personal safety strategies and reporting abuse, and includes icons representing different people, abusive actions, feelings, body parts, and places that abuse may occur, as well as safety strategies. The project utilizes the communication board to teach parents and professionals how children with speech impairments can disclose abuse. The communication board is included in the *SafePlace* curriculum, *Stop the Violence, Break the Silence*.

Additionally, **Kid&TeenSAFE** coordinates with the local Family Support Cooperative – a collaboration of three agencies that offer weekly meetings and trainings for professionals and parents of children with disabilities to provide outreach to other parents of children with disabilities. This is the primary vehicle the project is using to reach out to family members and provide educational sessions on topics, such as sexuality, puberty, personal safety and abuse prevention.

Funding

Initially, *SafePlace* applied for and obtained funding through the State of Texas Children's Trust Fund (CTF) for a three-year funding cycle. The agency also secured supplemental match funding through sexual assault funds from foundations, corporate sources and the Office of the Texas Attorney General. The non-residential Family Violence Program, through the Texas Department of Human Services, awarded continuation funding for **Kid&TeenSAFE** for two additional years at the end of the CTF grant. A two-year funding proposal to the Houston Endowment is currently pending to support project activities. Regional Education Service Centers also contract with the agency to provide "Train the Trainer" workshops to school district personnel throughout Texas. Additionally, the agency allocates unrestricted funds from private foundations and donations to support project activities.

Promoting Kid&TeenSAFE

The **Kid&TeenSAFE** project strives to reach multiple target populations: children and youth with disabilities, family members, special education teachers and other school personnel, and professionals who serve children with disabilities and their families. **Kid&TeenSAFE** works with several school districts in the central Texas area. Project staff have developed good working relationships with personnel at various levels within the public school systems, as well as other professionals within the disability field who help promote the project and link families and youth with disabilities to **Kid&TeenSAFE**.

Soliciting School Participation

Initially, project staff contact district or school personnel who have the authority to decide about scheduling abuse prevention education for staff, family members and students. This varies from school district to school district (e.g., school board, special education director, individual school principals, counselors or special education teachers). In some cases, the educator must speak and/or send literature to all of these people before approval is given to schedule presentations and trainings. In other districts, the educator simply coordinates teacher, parent and child presentations through special education teachers or counselors at individual schools. After teachers and other school personnel are familiar with the project and educational activities, they usually are interested in having the educator present to special education classes on an annual basis.

Marketing

The educator utilizes various approaches in publicizing and marketing **Kid&TeenSAFE**. The educator starts with the school district's special education director to explain the project and ask for assistance in coordinating a meeting or in-service training for special education teachers. The purpose of the meeting or training is to provide information about **Kid&TeenSAFE**, abuse prevention in general, answer questions, and schedule classroom presentations for students with disabilities.

If the special education director advises the educator to directly contact each school, then the educator sends **Kid&TeenSAFE** literature to all special education teachers, school counselors and principals of the district's elementary, middle/junior and high schools. The educator then makes follow-up phone calls to explain the program more fully and offers to schedule presentations/ trainings.

The educator staffs booths at resource fairs and distributes flyers about **Kid&TeenSAFE** to parents of children and youth with disabilities and disability service professionals. Disability service providers often have contact with families of youth with disabilities and school personnel (*sample flyer is included as Appendix I*).

The educator networks with professionals who work with children with disabilities, who in turn may refer families and school personnel to the **Kid&TeenSAFE** project for prevention education activities. The project also distributes informational flyers about **Kid&TeenSAFE** to Parent Teacher Associations, local public libraries and other agencies that serve children with disabilities. In addition, project staff have presented information and distributed literature about **Kid&TeenSAFE** to members of the Texas Education Agency's Continuing Special Education Advisory Committee.

Kid&TeenSAFE utilizes the Internet to market and publicize the project. Information about the project's services and upcoming "Train the Trainer" workshops are posted on the *SafePlace* web site as well as other relevant web sites to which users can link directly.

Community Awareness and Education

Along with providing information to special education teachers and other school personnel, **Kid&TeenSAFE** offers training and education to disability service providers (e.g., Travis County Mental Health /Mental Retardation, Child Protective Services, Arc of the Capital Area, Easter Seals, United Cerebral Palsy, etc.). Project staff present workshops at state and national conferences on disability, domestic/sexual violence and victim services, all designed to raise professional awareness of abuse against youth with disabilities. **Kid&TeenSAFE** also participates in other community task forces, coalitions, and committees (e.g., Shaken Baby Syndrome Prevention Coalition, Austin Child Abuse Prevention Coalition, Inclusive Childcare Task Force, Early Impact Team) to network and advocate for children with disabilities being included in community outreach and abuse prevention awareness efforts for children.

REPLICATION ISSUES

Establishing an outreach program to students with disabilities requires a commitment of staff and volunteer resources as well as adequate time for program planning, implementation and evaluation. Some considerations for replicating the **Kid&TeenSAFE** model include:

- conducting an assessment of the community;
- researching and soliciting solid program funding;
- building cooperative relationships with school systems;
- determining staff composition;
- obtaining necessary resource materials, including the appropriate curriculum;
- marketing the program.

Community Assessment

When initiating an abuse prevention program, a needs assessment may be performed to collect demographic data about the community that includes:

- number of children with disabilities in the school district(s);
- types and severity of disabilities;
- ages;
- languages spoken;
- residences of the children (e.g., family, intermediate care facility, nursing home, group home).

It also may be helpful to obtain the number of suspected abuse reports of children with disabilities from within the area, as well as solicit information from teachers and parents about the need for abuse prevention work. All of this data can be useful for preparing grant applications, as well as for marketing and customizing trainings that will meet the particular needs of the community. Acquiring this information may also assist in determining other community partners who should be engaged in project activities.

Funding

When seeking funding, some possible avenues may include city, county, state or federal funds and/or foundation support. One option includes applying for a grant through the state's Children's Trust Fund. Each state in the nation has a Children's Trust Fund which generally offers grants related to strengthening families and protecting children from harm. Another possible funding source may be the school district's Safe and Drug-Free School Program.

Building Relationships

Building relationships with the school or school district is an essential component for successfully initiating abuse prevention education for students with disabilities. It is always important to consider the political nature of the school system when initiating contact. In some school districts, it may be most effective to begin by contacting individual special education teachers or school counselors as a way to open the door; while in other districts it might be more productive to start with school administrators (school principals, superintendent, special education director or school board members). It may also be worthwhile to build a relationship with the state agency's special education personnel to help promote and endorse the program.

Staff Composition and Curriculum

Abuse prevention efforts may be undertaken by school counselors, special education teachers, staff/volunteers from rape crisis centers or domestic violence shelters, disability service organizations, parents or others. The person chosen for the role of providing abuse prevention education should have substantial experience working with people with disabilities and knowledge of issues relating to sexual abuse and/or domestic violence, public speaking experience, and an understanding of services and service barriers for children/youth with disabilities. It is essential that the individual who provides the training is comfortable working with persons who have disabilities and is knowledgeable about ways to adapt education for persons with various learning needs/styles. There are a variety of curricula designed for teaching children with disabilities about abuse prevention, healthy relationships and sexuality. Access to these materials will make an educator's job easier so that s/he will not have to create elaborate lesson plans

Marketing

Initially, the project may require intensive outreach and marketing and it is important to consider that some staff/volunteers may not be skilled and/or comfortable with this aspect of the project. It is recommended that a new project build in a considerable amount of time for publicizing, promoting and marketing the project. It may take time to fully establish a new project and promoting it may be an ongoing activity. Utilizing various promotional tactics, such as meeting with school personnel, networking with disability service providers, participating in abuse prevention task forces or coalitions, posting flyers at schools or libraries, or submitting presentation proposals for education, abuse prevention or disability related conferences can be effective for initiating the project in schools.

FUTURE DIRECTIONS

Project staff have a number of ideas for expanding the **Kid&TeenSAFE** project. The need to explore additional strategies for outreach to families has become increasingly apparent as trainings or presentations that are held for family members have generally had a low attendance rate (the exception being presentations to established family support groups). One strategy includes offering monthly facilitated parent discussion groups on topics such as sexuality, puberty, personal safety, etc. The parent discussion groups will be publicized by distributing flyers to professionals in the disability field, family support meetings and special education teachers who will be asked to send copies to family members of all students. There are also plans for outreach to families in rural communities by offering a mobile lending library of selected resource materials to parent groups in those areas.

Staff are also interested in expanding prevention education efforts to Child Protective Service (CPS) staff, professionals in the Early Childhood Intervention (ECI) and Planned Parenthood fields, university students majoring in special education, and children living in institutions. Staff plan to explore working with CPS and ECI to offer professional development opportunities on abuse to children with disabilities, as well as family violence issues. There are also plans to offer training for community educators at Planned Parenthood on the topic of sexuality education for people with disabilities.

Kid&TeenSAFE is also interested in working with local university special education departments to prepare future teachers to incorporate abuse prevention in their lesson planning. Special education majors will further their knowledge and skills about instructional methods, curriculum and adaptations for educating students with disabilities about abuse prevention and related topics.

Further outreach to children with disabilities who reside in institutions is also planned. This has been an extremely difficult population for the **Kid&TeenSAFE** project to reach; however, staff plan to continue to pursue this avenue, as these children may be most at risk of being abused.

Children and youth with disabilities deserve to live without abuse and violence and to learn about their rights to personal safety. Establishing abuse prevention programs can play a vital role in the prevention, identification and/or intervention of abuse and exploitation experienced by many individuals with disabilities.



SAFEPLACE/NRC CONTACT INFORMATION

For more information about Kid&TeenSAFE, contact:

SafePlace

Wendie H. Abramson, LMSW
Director of Disability Services ASAP
P. O. Box 19454
Austin, Texas 78760
(512) 356-1599
(512) 482-0691 (TTY)
(512) 385-0662 (fax)
wabramson@austin-safeplace.org
www.austin-safeplace.org

**For information on other school-based domestic violence prevention initiatives,
please contact:**

Public Education Specialist
National Resource Center on Domestic Violence
6400 Flank Drive, Suite 1300
Harrisburg, PA 17112
(800) 537-2238
(800) 553-2508 (TTY)
(717) 545-9456 Fax
www.vawnet.org

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APPENDICES

- Appendix A:** Needs Assessment Tool
- Appendix B:** Recommended Curricula and Other Resource Materials
- Appendix C:** Evaluation Checklist
- Appendix D:** Student Evaluation Survey
- Appendix E:** Feedback Form
- Appendix F:** National Resources
- Appendix G:** Evaluation Survey for Professionals and Family Members
- Appendix H:** Order Form – Informational Fact Sheets
- Appendix I:** Sample Flyer

APPENDIX A

Needs Assessment Tool



DEPARTMENT OF SPECIAL EDUCATION
THE UNIVERSITY OF TEXAS AT AUSTIN

*Texas University Affiliated Program for Developmental Disabilities • Education Building, Room 306 (D5300)
Austin, Texas 78712-1290 • 512/471-7621 • FAX 512/471-7549 • TDD 512/471-1844*

February 1, 1995

Dear Parent:

As you may be aware, the Austin Rape Crisis Center (ARCC) is interested in expanding its services to people with disabilities throughout Travis County and surrounding areas. ARCC has teamed up with the Texas University Affiliated Program (UAP) at the University of Texas at Austin to develop a sexuality education and sexual abuse prevention program for individuals with disabilities.

As a part of our program development activities, we are interested in assessing the needs of individuals with disabilities and their families relating to sexuality education and sexual abuse prevention. We are particularly interested in your perspective as a parent.

We are enclosing a brief survey designed to assess the needs of individuals with disabilities and families in Texas for sexual abuse prevention and sexuality education. Through this survey, we hope to evaluate the need for training and counseling, as well as to identify specific topic areas which are not currently being addressed.

Please take the time to complete this survey and return it to the UAP in the enclosed self-addressed envelope. Your input will be very valuable as we determine program goals and objectives.

Thank you for your participation. If you have any questions, please feel free to call the UAP at (512) 471-7621.

Sincerely,



Sheryl Robinson, Ph.D.
Director of Interdisciplinary Training
Texas University Affiliated Program



Ileana Corbelle, LMSW-ACP
Director of Client Services
Austin Rape Crisis Center



Texas University Affiliated Program/Austin Rape Crisis Center PARENT SURVEY

The following survey is designed to assess the needs of individuals with disabilities and their families in Texas for sexual abuse prevention and sexuality education. Please answer all questions to the best of your knowledge, based on your experiences with your family member and others you may know.

1. What is the age of your child with a disability?

- infant/young child
 adolescent
 adult
 older adult

2. Where does your child/family member live?

- At parents' home
 Independently
 Group Home
 Residential Program
 other _____

3. How would you rate the need for sexual abuse/sexual assault prevention training for people with developmental disabilities?

- | 1 | 2 | 3 | 4 |
|---------|-------------|---------------|---------------|
| No Need | Slight Need | Moderate Need | Critical Need |

4. How would you rate the need for human sexuality education in general for people with developmental disabilities?

- | 1 | 2 | 3 | 4 |
|---------|-------------|---------------|---------------|
| No Need | Slight Need | Moderate Need | Critical Need |

5. Based on your son or daughter with a disability, please rate the need for education among people with developmental disabilities in each of the following areas:

- | | 1 | 2 | 3 | 4 |
|----------------------------|---------|-------------|---------------|---------------|
| | No Need | Slight Need | Moderate Need | Critical Need |
| a. rape prevention | | | 1 | 2 3 4 |
| b. sexual abuse prevention | | | 1 | 2 3 4 |

5. (Continued)

	1 No Need	2 Slight Need	3 Moderate Need	4 Critical Need
c. AIDS/sexually transmitted diseases			1	2 3 4
d. birth control			1	2 3 4
e. relationship skills			1	2 3 4
f. healthy sexuality			1	2 3 4
g. masturbation			1	2 3 4
h. appropriate touching			1	2 3 4
i. gay/lesbian issues			1	2 3 4
j. parenting skills			1	2 3 4

6. Please prioritize the three most critical areas of need for sexuality education (from above):

1. _____
2. _____
3. _____

7. Has your child with a disability experienced sexuality-related difficulties or challenges in the past year that could have been assisted by either training or counseling? _____

8. Have you utilized any educational programs addressing these needs?
 _____no _____yes

9. Have you utilized any counseling programs addressing these needs?
 _____no _____yes

10. Are you currently aware of any programs in your community that you believe are effective in providing this type of education or counseling?
 _____no _____yes

If yes, please list: _____

11. How interested would you be:
- a. ...in receiving parent training on sexuality and sexual abuse issues?
____ Very Interested
____ Somewhat Interested
____ Slightly Interested
____ Not at all Interested
- b. ...in receiving resource materials on sexuality and sexual abuse issues?
____ Very Interested
____ Somewhat Interested
____ Slightly Interested
____ Not at all Interested
- c. ...in having family or individual counseling on sexuality issues?
____ Very Interested
____ Somewhat Interested
____ Slightly Interested
____ Not at all Interested

12. In which of the following topics would you like to receive training?
- | | |
|---|---------------------------|
| ____ rape prevention | ____ parenting skills |
| ____ sexual abuse prevention | ____ healthy sexuality |
| ____ AIDS/sexually transmitted diseases | ____ masturbation |
| ____ birth control | ____ appropriate touching |
| ____ relationship skills | ____ gay/lesbian issues |

13. Additional comments? _____

14. Would you like to be added to the UAP/Austin Rape Crisis Center mailing list? If so, please complete the following information:

NAME: _____
ADDRESS: _____
PHONE: _____

Thank you for your participation!

APPENDIX B

Recommended Curricula and Other Resource Materials

1. *No-Go-TELL!* – Protection Curriculum for Young Children with Special Needs, 1991, Elisabeth Krents, James Stanfield Company, 800-421-6534, \$225 (www.stanfield.com) (curriculum)
2. *Safe & Okay – A No-Go-TELL!* Child Protection Curriculum for Disabled Children (Grades 3-6) The Lexington Center Inc., James Stanfield Company, 800-421-6534, \$225 (www.stanfield.com) (curriculum)
3. *Curriculum Changes in You: An Introduction to Sexual Education Through an Understanding of Puberty.* For students with special needs grades 3-9. Peggy Siegel, M.S., James Stanfield Company, 800-421-6534, \$199 (www.stanfield.com) (curriculum)
4. *LifeFacts: Essential Information about Life...for Persons with Special Needs*, James Stanfield Company, 800-421-6534, \$199 each (www.stanfield.com) (curricula – available on “Sexual Abuse Prevention,” “Managing Emotions,” “Sexuality”)
5. Teach-A-Bodies Male and Female Dolls/Children and Adults, 888-228-1314, (www.teach-a-bodies.com) (anatomically correct dolls)
6. *Yello Dyno’s Cant’ Fool Me!*, 1994, Yello Dyno Publishing, 512-288-2882, \$15 (www.yellodyno.com) (audio tape/cassette)
7. *Bellybuttons are Navels*, 1990 Prometheus Books, Inc., 716-691-0133 (videotape and book)
8. Series on Friendship, Relationships, and Sexuality for people with mental retardation/developmental disabilities, YAI/National Institute for People with Disabilities, www.yai.org, (212) 563-7474 \$350 for each of the series (video tapes)
9. *A Very Touching Book...For Little People and For Big People*, 1983, Jan Hindman, Alexandria Associates 503-889-8938, \$13 (book)
10. *The Playbook for Kids about Sex*, 1980, Joani Blank, Yes Press, California, \$15 (book)
11. *Sexuality & People with Intellectual Disabilities*, 1993, L.Fegan, Paul Brookes Publishing Company, 410-337-9580, \$30 (book)
12. “BIGmack” – One-Step Communicator, Ablenet, Inc., 800-322-0956, \$99 (www.ablenetinc.com/ideas/index.html) (switch)
13. Boardmaker™, Mayer-Johnson Co. 800-588-4548, \$399 (www.mayer-johnson.com) (communication software)

APPENDIX C

Evaluation Checklist

Kidd&TeensAFE - Evaluation Checklist Organization: _____ Dates of training: _____ Grade level: _____

Please write in the proper disability code numbers above each individual's name. 1- deaf/hard of hearing (HH) 5-down syndrome 9- mental retardation 2- blind/visually impaired (VI) 6-mobility impairment 10-speech impediment 3-autism/PDD 7-behavior disorder 11-ADD/ADHD 4-cerebral palsy 8-emotional disorder 12-other	Individuals' age>>>										
	Name	1	2	3	4	5	6	7	8	9	10
INSTRUCTIONS TO RATERS: 1. Please write the first name and last initial of each individual in the boxes to the right >>>> 2. Please rate each individual on the items using the following scale. Place the corresponding number in the box beside the item and below each individual's name: 1-The individual was not given an opportunity to respond to the item. 2-The individual was not able to correctly respond to the item. 3-The individual responded correctly to the item with prompts. 4-The individual responded correctly to the item with no prompts.											
* What would you do if a person tries to hurt you? Codes 2 or 4/No/good will											
1. Individual can identify "Okay"/"Alright"/ Touches.	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4	Code I-4
2. Individual can identify "Not-Okay"/"Not-alright"/ Touches.											
3. Individual can identify their own gender (boy or girl).											
4. Individual can identify their anatomically correct private areas.											
5. Individual can recall/demonstrate the NO-GO-TELL! Prevention strategy sequence.											
6. Individual can identify one known and trusted adult.											
7. Individual can verbally (spoken or signed language) refuse unwanted touch.											
8. Individual can behaviorally (hands out or move away) refuse unwanted touch (NOI).											
9. Individual can verbally or behaviorally report unwanted touch.											

Summary/Additional remarks about training: _____

APPENDIX D

Student Evaluation Survey

Educator: _____

Please complete the following information about today's TeenSAFE presentation.
Topics: abuse prevention, what is abuse, what is respect, and healthy relationships.

Organization: _____ Date of Training: _____

1. Did you learn new information about abuse?

Yes No

2. What is one new thing that you learned about abuse? _____

3. Did you learn new information about respectful relationships?

Yes No

4. What is one new thing that you learned about respectful relationships? _____

Thank you!

APPENDIX E

Feedback Form



SafePlace
Envision a future without violence.
CALL US 202-546-5466

SafePlace's Disability Services ASAP Feedback Form

Presenter _____

Place _____

Number of Participants _____

Date _____

Thank you for completing this evaluation form. Your comments and suggestions will be helpful in improving and developing future programs.

1. Did you learn new information and/or techniques for providing abuse prevention education?
Yes _____ No _____

If yes, what techniques could you apply in the future?

Please Circle:

Trainer's Knowledge of Subject

Not Informed

Informed

Length of Program

Too Short

Just Right

Presenter's Style

Dull

Stimulating

Applicability to Students

Irrelevant

Relevant

Sufficient Participation

Not Enough

Enough

2. What did you like most about the program?

3. What do you suggest to improve the program?

4. What other topics would you like covered in future presentations?

5. Additional Comments:

APPENDIX F

National Resources

Organization	Phone	Web Site
Disability and Business Technical Assistance Center (DBTAC)	800-949-4232 Voice/TTY	www.adata.org
Disability Services ASAP (A Safety Awareness Program) of SafePlace	512-356-1599	www.austin-safeplace.org
James Stanfield Company	800-421-6534	www.stanfield.com
National Clearinghouse on Child Abuse and Neglect Information	800-394-3366	www.calib.com/nccanch
National Domestic Violence Hotline	800-799-SAFE (7233) 800-787-3224 TTY	www.ndvh.org
National Information Center for Children and Youth with Disabilities	800-695-0285 Voice/TTY	www.nichey.org
National Resource Center on Domestic Violence	800-537-2238 Voice 800-553-2508 TTY	www.vawnet.org
Rape Abuse Incest National Network (RAINN)	800-656-HOPE (4673)	www.rainn.org
YAI/National Institute for People with Disabilities	212-563-7474	www.yai.org
National Sexual Violence Resource Center	877-739-3895 717-909-0715 TTY	www.nsvrc.org
Prevent Child Abuse America	312-663-3520	www.preventchildabuse.org

APPENDIX G

Evaluation Survey for Professionals and Family Members

Educator: _____

Please complete the following information about today's presentation.

Affiliation (Optional): _____ Date: _____

Training site: _____ City: _____

Please () check if you are a professional family member of a person with a disability.

1. Did you learn new information today about abuse and children and youth with disabilities?

Yes No

1a. What is the most important information you learned today? _____

2. Will the information presented today help you and/or your organization?

Yes No

Please explain: _____

3. Overall, please rate today's presentation on a scale of 1 - 5.

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

4. Comments or suggestions: _____

Thank You!

APPENDIX H

Order Form – Informational Fact Sheets

Date mailed: _____



Disability Services ASAP (A Safety Awareness Program) Informational Fact Sheets

Single copies of fact sheets are available free of charge. Additional copies (up to 25) are available for \$3 per title. Please indicate if you would like materials in English, Spanish (when available), or audio.

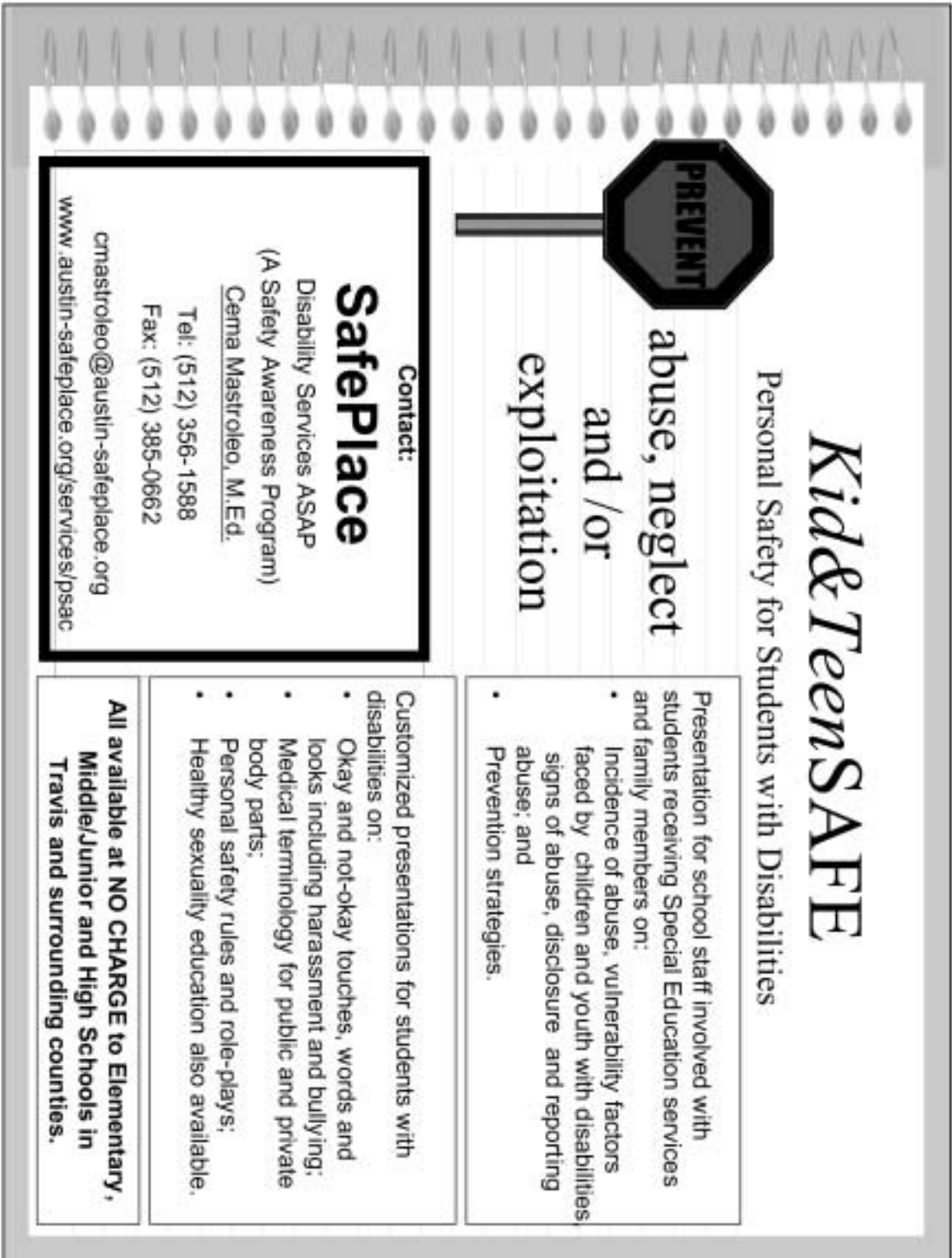
Name: _____ Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone #: _____ E-mail Address: _____

<input type="checkbox"/> A Story of Murder Committed by a Family Guardian (English/Audio)
<input type="checkbox"/> Accessibility within Domestic Violence and Sexual Assault Agencies (English/Audio)
<input type="checkbox"/> ADA Legal Definition of Disability, ADA Resources (English/Audio)
<input type="checkbox"/> Checklist for People with Disabilities - What to Take with You When You Leave an Abusive Relationship (English/Spanish/Audio)
<input type="checkbox"/> Dynamics of Caregiver Abuse (English/Spanish/Audio)
<input type="checkbox"/> Facts about Guardianship (English/Spanish/Audio)
<input type="checkbox"/> General Facts about Sexual Abuse and People with Mental Retardation (English/Spanish/Audio)
<input type="checkbox"/> Identifiers of Caregiver Abuse (English/Audio)
<input type="checkbox"/> Indicators or Reactions to Abuse and Neglect (English/Spanish/Audio)
<input type="checkbox"/> People First Language (English/Spanish/Audio)
<input type="checkbox"/> People with Disabilities Bill of Rights and Declaration of Independence (English/Audio)
<input type="checkbox"/> Personal Safety Planning for Explosive Incidents (English/Spanish/Audio)
<input type="checkbox"/> Questions to Consider When Hiring Your Own Personal Care Attendants (English/Audio)
<input type="checkbox"/> Red Flags for an Abusive or Potentially Abusive Caregiver (English/Spanish/Audio)
<input type="checkbox"/> Safety Planning for Persons with Disabilities Preparing to Leave an Abusive Situation (English/Spanish/Audio)
<input type="checkbox"/> Screening Practices for Hiring People to Work with Individuals with Disabilities in Need of Support (English/Spanish/Audio)
<input type="checkbox"/> Sexual Abuse of Deaf Children and Youth (English/Audio)
<input type="checkbox"/> Similarities and Differences in Domestic Violence for People With and Without Disabilities (English/Spanish/Audio)
<input type="checkbox"/> Tips for Communicating with Survivors with Developmental Disabilities (English/Spanish/Audio)
<input type="checkbox"/> Tips for Parents: Talking to Your Child with a Disability about Sexuality (English/Spanish/Audio)
<input type="checkbox"/> Tips for Staying Safe from Sexual Assault (English/Audio)
<input type="checkbox"/> Tips for Working with Sexual Assault Survivors who have Disabilities (English/Spanish/Audio)
<input type="checkbox"/> Tips on What to Do if an Individual with a Disability Discloses Abuse (English/Audio)
<input type="checkbox"/> Tips to Consider When Hiring Personal Care Attendants (English/Audio)
<input type="checkbox"/> Vulnerability of People with Disabilities to Abuse/Neglect (English/Spanish/Audio)

SafePlace (512) 267-SAFE (512) 927-9616 TTY (512) 385-0662 Fax www.austin-safeplace.org
 1515-A Grove Boulevard P.O. Box 19454 Austin, Texas 78760

APPENDIX I

Sample Flyer



PREVENT

Personal Safety for Students with Disabilities

Kid & TeenSAFE

abuse, neglect
and /or
exploitation

Contact:

SafePlace

Disability Services ASAP
(A Safety Awareness Program)

Cerna Mastroleo, M.Ed.

Tel: (512) 356-1588
Fax: (512) 385-0662

cmastroleo@austin-safeplace.org
www.austin-safeplace.org/services/psac

Presentation for school staff involved with students receiving Special Education services and family members on:

- Incidence of abuse, vulnerability factors faced by children and youth with disabilities, signs of abuse, disclosure and reporting abuse; and
- Prevention strategies.

Customized presentations for students with disabilities on:

- Okay and not-okay touches, words and looks including harassment and bullying;
- Medical terminology for public and private body parts;
- Personal safety rules and role-plays;
- Healthy sexuality education also available.

All available at NO CHARGE to Elementary, Middle/Junior and High Schools in Travis and surrounding counties.

