Individuals with developmental disabilities have increased risk for trauma, chronic stress, and adversity

- Increased risk for abuse as compared to the general population (Gil, 1970; Mahoney & Camilo, 1998; Ryan, 1994)
- Over four times as likely to be victims of crime as the nondisabled population (Sobsey, 1996)
- Two - ten times more likely to be sexually abused than those without disabilities (Westat Ind., 1993)
- Often experience rejection and loneliness (Pitonyak)
Interactive Impact

Abuse and neglect have profound influences on brain development. The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur.

Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.

Joan Gillece, Ph.D.

People with disabilities may also experience:

- Cognitive and processing delays that interfere with understanding of what is happening in abusive situations, and
- Feelings of isolation and withdrawal due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.

Joan Gillece, Ph.D.
Trauma and Disability: Hidden in Plain Sight

We see the impact of trauma ...

- “Behavior Disorder”
- “Aggression”
- “Manipulation”
- “Self Injury”
- “Criminal behavior”
- “At risk behavior”

But often fail to see or understand the person’s trauma experience

A Vicious cycle

Person experiences Trauma, Chronic Stress, or Adversity

Person seeks help

Helping organization fails to recognize trauma

Person is blamed and labeled

Person experiences further trauma
System Indicators of failure to recognize and address Trauma

Increase in number of people with DD who:
✓ have a co-occurring mental health issue
✓ have criminal justice histories
✓ are incarcerated
✓ cycle across systems and/or across providers
✓ are at risk for harm to self or others

Hot Spots

People with disabilities who have unrecognized trauma often get services that cost more, yet don’t address the underlying trauma:
• Behavior plans that attempt to reduce or eliminate the person’s response to trauma
• Medications
• Higher staff ratios in day programs
• Higher cost living arrangements
What First Steps Can We Take?

- Help staff in day and residential programs understand the prevalence of trauma and its impact on the body, brain, and development
- Find safe and helpful ways to inquire and assess for trauma
- Develop approaches and practices to mitigate the impact of trauma and develop resiliency
- Design intensive trauma-responsive practices and supports for people with disabilities who have experienced significant trauma

A New and Virtuous Cycle

Person experiences trauma, chronic stress, or adversity

Person seeks help

Person is asked: “What happened to you?”

Services and supports are designed to mitigate the impact of trauma and build resiliency

Less stress, more healing and recovery, better health, more efficient and effective services