

Quality Is No Accident

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DID YOU KNOW?

- Incidents of Inappropriate Sexual Behavior represent a very small percentage (1 %) of all reported HCSIS events.
- The vast majority (72 %) of these incidents are classified as “misbehavior,” not “aggressive”.

Supporting Healthy Sexuality

Rights and Risks

Friendship and intimacy are an important part of all people’s lives yet achieving meaningful relationships is an ongoing challenge for many people who are supported by DDS. This brief describes incidents reported through the HCSIS system and highlights activities that are underway, as well as selected strategies to promote values and policies that support individuals to develop satisfying and safe relationships. Consider the following factors:

- ❖ DDS regulations and policies promote and protect people’s rights to privacy, self-determination and to experience typical developmental experiences, “even though such experiences may entail an element of risk”.
- ❖ People with disabilities have been shown to be at greater risk of sexual abuse, in part because they may have difficulty recognizing the cues that indicate a person’s intent. For some, the close personal support needed for activities of daily living and care giving heightens an individual’s vulnerability and understanding of intimacy.
- ❖ Our culture represented in the media heightens the confusion for everyone in society but more so for people with a disability who may struggle to understand sexual feelings and the human need for companionship and love. (See side bar data on incidents of inappropriate sexual behavior).

Moving from values to action

Many agencies have developed policies that affirm people’s rights to experience full, adult lives, and create environments and opportunities to support these rights. Self-advocates are pushing the boundaries of what is known, believed and expected of them, speaking up to be appreciated for their full humanity and identity. All of these efforts encourage us to turn our beliefs and our mission statements into actions.

“We must challenge ourselves to act in ways that are congruent with what we say we believe. Our conversations should focus on identifying the skills people need to pursue healthy relationships, and creating environments where it can happen with manageable risk. We need to teach people social skills and the legal, social and safety rules that guide healthy relationships.” ~ Pat Carney, TASH 2008

Quality Is No Accident was developed by the Center for Developmental Disabilities Evaluation and Research (CDDER) of the E.K. Shriver Center/University of Massachusetts Medical School in collaboration with the Massachusetts DDS.

Feedback from the Field

What are Providers doing in this Area?

In 2010, DDS surveyed¹ providers regarding sexual abuse prevention and healthy sexuality. Forty-two responses were received.

What did we learn from the survey?

Training:

- Healthy sexuality and relationship training is provided to some individuals by 71% of respondents.
- 55% of respondents identified individuals for training *after* direct support professions reported problematic sexual behaviors. Only 7% of respondents provide education for all individuals served by the agency.
- 41% of agencies use Certified Sexuality Educators as trainers.
- 57% reported encountering resistance from friends/family/guardians when providing education.

Policy:

- 65% of respondents do not have an active policy in their agency to encourage healthy sexuality and relationships.
- Most respondents (68%) do not have a formal assessment process to review individuals' knowledge of healthy sexuality.

The most frequently included topics in training to individuals are:

- | | |
|-------------------------------|--------------------|
| ○ Public & Private Activities | 80% of respondents |
| ○ Social Skills | 77% of respondents |
| ○ Abuse prevention | 69% of respondents |
| ○ Intimate relationships | 64% of respondents |

State Initiatives

Building Partnerships for the Protection of Persons with Disabilities (BPI)

DDS and the Disabled Persons Protection Commission (DPPC) recognize the challenges of supporting people with intellectual disabilities in the area of healthy sexuality. BPI developed an Awareness and Action training on Recognizing, Reporting and Responding to Abuse of Persons with Disabilities². This is a FREE 3 hour training that was developed and is taught by people with disabilities and others. Participants gain the knowledge and tools to recognize and report abuse. Contact Lesley Hughes at Mass Advocates Standing Strong if you are interested in hosting a training at your agency: 1-866-426-2253 or mass1998@earthlink.net

State Agency Collaboration

DDS collaborates with the Disabled Person Protection Commission (DPPC) and the Department of Public Health on several initiatives aimed at prevention strategies and support when sexual abuse is reported. Activities include joint training with Rape Counseling Centers and Family Planning Centers as well as a number of brochures specifically geared to parents and caregivers of youth with disabilities.

¹ Survey conducted with the Department of Public Health as part of a grant from the Centers for Disease Control

² This project supported by a grant from the US Department of Justice

Does Your Agency Support Healthy Sexuality?

Ask Yourself...	Yes	No	I need more information
My agency has a policy that affirms the right of individuals to experience healthy and safe social interactions			
Staff are supported in understanding and imbedding healthy and safe social interactions in their work			
We help families and guardians to support individuals' healthy expressions of sexuality			
We use a standard curriculum to educate and inform individuals about healthy expressions of sexuality			
We provide or encourage individuals to participate in events or activities that develop and support healthy expressions for social connections and intimacy			
Staff know who is able to participate in consensual activity because we use a formal assessment process to determine an individual's ability to understand and provide consent			
Staff know when and where sexually inappropriate behavior is likely to happen (check out page 4 for analysis in this area)			
Staff are trained to recognize and report sexual abuse			

Resources

Training Curricula

- 1) Circles: Intimacy & Relationships
<http://www.php.com/services/circles>
- 2) F.L.A.S.H.:
<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/flash.aspx>
- 3) SAFE Program:
www.intentionalfamilywellness.com/ifi-safe.html
- 4) Life Horizons:
<http://www.steppingtonesres.org/lifeskills/305-life.htm>
- 5) YAI: The Relationship series:
www.yai.org/

Formal Assessments

- 1) The Woodvale Sexuality Assessment:
<http://www.baldeagle-assessments.com/services5.html>
- 2) Sexuality Assessment (Roslyn Kramer Monat-Haller)
- 3) Edwards Assessment of Social-Sexual Skills (Dr. Jean P. Edwards)
- 4) Personal Sexual Assessment (Toni Davies, in Kempton)
- 5) Socio-Sexual Knowledge and Attitudes Assessment Tool (Griffiths & Lunsky)
- 6) Verbal Informed Consent Tool/Evaluation of Responsible Sexual Behavior (YAI)

Healthy sexuality & relationship policies may include:

- ✓ Statements that individuals have a right to form healthy relationships
- ✓ Healthy Sexuality training & education provided to all staff and individuals
- ✓ Safe boundaries and privacy of information, space, and personal care
- ✓ Support to individuals with maintaining relationships and increasing knowledge, skill and ability to consent for mutual sexual expression and personal sexual expression
- ✓ Access to information about STD Prevention, Reproductive Health Care, Birth Control, Pregnancy, and Parenting

<http://www.farnorthernrc.org/mylifemychoice/Policy%20Standards.htm>

Analysis of Incidents of Inappropriate Sexual Behavior

FY 2010 HCSIS Data¹

Overview: The DDS Incident Reporting and Management System, HCSIS, gathers information on incidents alleged to be “inappropriate sexual behavior.” This category contains two secondary classifications: aggressive sexual behavior and sexual misbehavior. Incidents are reported as either alleged “victim” or “perpetrator.”

Summary:

- There were 189 alleged incidents of inappropriate sexual behavior reported. Of these, 72% (137) were allegations of sexual misbehavior.
- 13 people had more than one allegation reported in the year.

Injuries: Very few alleged incidents (5) had injuries associated with them.

Seasonal patterns: There did not appear to be any relation between the number of allegations and any particular month or season.



WHEN and WHERE do most sexually inappropriate incidents occur?

- Alleged incidents were more likely to occur on weekdays than on weekends.
- Most alleged incidents occurred between the hours of 8am and 4pm.
- The most frequently reported location(s) for:
 - Alleged perpetrators of aggressive sexual behavior were day programs.
 - Alleged victims of aggressive sexual behavior were individual residences, particularly the **bedroom** or **living area**.
 - Alleged perpetrators of aggressive sexual behavior were day programs (particularly the **common area and bathroom**), followed by work sites. Individual residences, the community, and vehicles were the next most common locations.
 - Alleged victims of sexual misbehavior were individual residences, followed by day programs. Work sites and vehicles were the next most common locations.

¹This information only includes those incidents that occurred during the provision of DDS-funded services.

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